

New Hampshire, Department of Labor EDI Claims Process (FROI) Overview

Workers' compensation claims are handled by diverse organizations: large multi-state insurance companies, smaller specialty insurance carriers, self-insured employers, and third-party administrators handling claims on behalf of insured and self-insured employers. These organizations have different information systems and capabilities. The NHDOL EDI process has been designed to be flexible in the support of a variety of EDI systems.

File Transfer Protocol (FTP) is the transmission method used to send data files to New Hampshire, Department of Labor. The NHDOL is supporting a file format, known as IAIABC Release 3, a "flat-file" format. This method is described more fully in Section H-File Formats and Supported Transactions and Section I-Transmission Modes.

Claim administrators can avoid the details of EDI by selecting among several firms that sell EDI-related software products, consulting, and related services.

The Three Step Process of EDI--From Testing to Production

Full production EDI reporting status is a three step process. Each step of the process is described in more detail in Section G- Test and Production Phases of EDI. These steps should be repeated each time the claims administrator is ready to move into a new transaction type, i.e., the First Reports and Subsequent Reports.

Step 1. EDI Trading Partner Profile

The claims administrator first provides an EDI Trading Partner Profile to the Division at least 30 (thirty) days before its first submission of EDI data. The Trading Partner Profile form is provided in Section F-Trading Partner Profile. The Trading Partner Profile is used to prepare NHDOL for your data transmission: what file format to expect, where to send an acknowledgment, and similar information. The trading partner also completes a Sender's transmission profile sheet presenting detailed information about the transmission. We also require a list of insurers for whom a trading partner will be sending data. Once we receive the Trading Partner Profile forms a FTP mailbox and account will be set up for the drop off and pick up of data files. The FTP mailboxes are located on a State of New Hampshire FTP server. We have created two folders in the mailbox; TONHDOL and FromNHDOL. The ToNHDOL folder is where you will place the files to be processed. The department will be responsible for clearing the ToNHDOL folder after processing. Acknowledgments will be placed in the FromNHDOL folder for you to pick up, you will be responsible for clearing the FromNHDOL folder after picking up the acknowledgments. The data transmitted to New Hampshire may be encrypted, should you have that as a requirement. Encryption keys will be exchanged after the setup of the FTP account and mailbox.

Step 2: Testing

The claims administrator runs a preliminary test by transmitting a test file to ensure that the NHDOL system can read and interpret the data. The claims administrator has passed the test when minimum technical requirements are met: NHDOL recognizes the sender, the file format is correct, and the claims administrator can receive electronic acknowledgments from NHDOL. During the Testing step, data submissions are analyzed for completeness, validity, and accuracy. The data should meet minimum data quality requirements in order to complete the testing state.

Step 3: Production

In Production, data transmissions will be monitored for completeness, validity, and accuracy. Each Trading Partner will be routinely monitored for their data quality. You will be contacted

should your data quality begin to fall out of our expected data quality standards. Those in Production status for EDI First Reports will no longer be required to send paper copies of the Employer's Report (Form 8WC) to the Department of Labor, Division of Workers' Compensation.

Acknowledgements

The Department of Labor (NHDOL) will pick up files from the FTP mailboxes daily at around midnight. Processing takes place overnight and an acknowledgement is generated. The acknowledgement reports back to the sender the status of the transmissions sent to the department. The reported status, as per IAIABC are:

TA - Transaction Accepted

The transaction was accepted by the department and no errors were detected in the data provided. This First Report is considered filed and no other actions are required.

TE - Transactions Accepted with Errors

The transaction was accepted by the department, errors were detected however the errors were not severe enough to not file the report in our system. You may consider the report filed. When the department returns a TE, the errors are reported in the acknowledgement. In New Hampshire it is not mandatory to send corrections to correct reported errors however we will accept changes and corrections should you desire to correct the First Report.

TR - Transaction Rejected

The transaction had errors such that the department could not properly process the transaction. The transaction is not added to our system and is NOT considered filed. In these cases the transaction will have to be resent to the department. Rejections should be addressed immediately because you run the risk of the report being filed late should you get a rejection. The acknowledgement will indicate the reason for the rejection should that be possible.

Acknowledgments will be sent to the mailboxes the next day at about 9:00 am and will contain the Jurisdiction claim number for the claim.

State of New Hampshire
Division of Workers' Compensation
EDI Implementation Guide
for
First Report of Injury

September 2006

(Updated March 2014 and May 2015)



NEW HAMPSHIRE DEPARTMENT OF LABOR

JAMES CRAIG - COMMISSIONER

C. J. STONE – DIRECTOR, WORKERS' COMPENSATION

DIVISION OF WORKERS' COMPENSATION

January 12, 2006

Dear Claims Administrators:

Welcome to Electronic Data Interchange (EDI). The New Hampshire Department of Labor, Division of Workers' Compensation is pleased to introduce its system for receiving workers' compensation first reports of injury data via EDI. This data will be integrated with other data to make up our Workers' Compensation Information System, which will become a rich resource for analyzing the performance of New Hampshire's workers' compensation system.

This manual, the *State of New Hampshire Department of Labor, Division of Workers' Compensation EDI Implementation Guide for First Reports of Injury*, is intended to be a primary resource for the organizations that will become the Division's claims administrators for New Hampshire workers' compensation claims – "Trading Partners".

Some organizations already have substantial experience with EDI, and transmit data to workers' compensation agencies in many states. For them, this *Implementation Guide* can serve as a reference for New Hampshire-specific protocols. While we have adhered to national EDI standards, New Hampshire's implementation does have minor differences from other states.

The *Implementation Guide* also includes background information for organizations new to EDI. If your organization is just getting started, the "Overview of EDI" and the "Managers' Guide" are for you. You will also find numerous valuable resource materials.

This *Implementation Guide* will be posted on our Web site at <http://www.nh.gov/labor/workers-comp/electronic-data/downloads.htm>

We hope that the start-up of EDI data reporting in New Hampshire will be as smooth and as painless as possible, both for the Division and for our EDI trading partners. New Hampshire, Department of Labor, Division of Workers' Compensation is dedicated to full, open communication as a cornerstone of a successful start-up process, and this *Implementation Guide* is a key element of that communication.

Sincerely,

Henry J. Vincent
EDI Project Manager

State of New Hampshire
Department of Labor
Division of Workers' Compensation

EDI IMPLEMENTATION GUIDE
FOR
FIRST REPORTS OF INJURY

January 2012

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EDI – Electronic Data Interchange

Electronic Data Interchange (EDI) is the computer-to-computer exchange of data or information in a standardized format. In workers' compensation, EDI refers to the electronic transmission of claims information from claims administrators (insurers, self-insured employers, and third party administrators) to a State Workers' Compensation Agency.

Data are transmitted in a format standardized by the International Association of Industrial Accident Boards and Commissions (IAIABC). The IAIABC is a professional association of workers' compensation specialists from the public and private sectors and has spearheaded the introduction of EDI in workers' compensation. For further details, see Section O–IAIABC Information. All collected data elements are reviewed for valid and standardized business definitions and formats.

Benefits of EDI within Workers' Compensation

- **Allows state agencies to respond to policy makers' questions regarding their state programs**

EDI allows states to evaluate the effectiveness and efficiency of their workers' compensation system by providing comprehensive and readily accessible information on all claims. This information can then be made available to state policy makers considering any changes to the system.

- **Avoids costs in paper handling-**

EDI reduces costs in the processing of paper documents for the claims administrator and the jurisdiction: mail processing costs, duplicated data entry costs, shipping, filing and storage costs.

- **Increases data quality**

EDI has built-in data quality checking procedures that are triggered when data are received by the state agency. Many claims administrators choose to replicate these data-checking procedures to reduce the cost of data correction.

- **Simplifies reporting requirements for multi-state insurers**

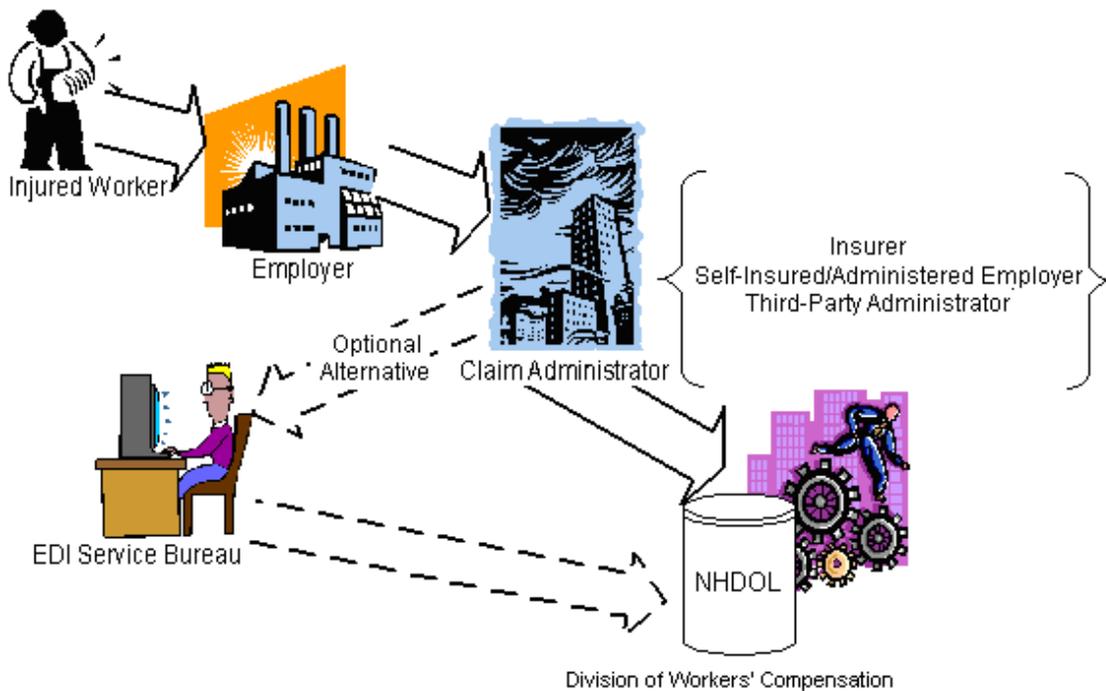
EDI helps claims administrators cut costs by having a single system for internal data management and reporting.

Sending Data to the NHDOL

Workers' compensation claims are handled by diverse organizations: large multi-state insurance companies, smaller specialty insurance carriers, self-insured employers, and third-party administrators handling claims on behalf of insured and self-insured employers. These organizations have different information systems and capabilities. The NHDOL EDI process has been designed to be flexible in the support of a variety of EDI systems.

There are three methods of transmitting data from claim administrators to NHDOL. They are: secure Internet e-mail attachments, commercially owned Value Added Networks (VANs), and File Transfer Protocol (FTP). The NHDOL is supporting a file format, known as IAIABC Release 3, a "flat-file" format. This method is described more fully in Section H—File Formats and Supported Transactions and Section I—Transmission Modes.

Claim administrators can avoid the details of EDI by selecting among several firms that sell EDI-related software products, consulting, and related services.



The Three Step Process of EDI--From Testing to Production

Full production EDI reporting status is a three step process. Each step of the process is described in more detail in Section G--Test and Production Phases of EDI. These steps should be repeated each time the claims administrator is ready to move into a new transaction type, i.e., the First Reports and Subsequent Reports.

Step 1: EDI Trading Partner Profile

The claims administrator first provides an EDI Trading Partner Profile to the Division at least 30 (thirty) days before its first submission of EDI data. The Trading Partner Profile form is provided in Section F--Trading Partner Profile. The Trading Partner Profile is used to prepare NHDOL for your data transmission: what file format to expect, where to send an acknowledgement, and similar information. The trading partner also completes a Sender's transmission profile sheet presenting detailed information about the transmission. We also require a list of insurers a trading partner will be sending data for as well as a location list of the administrators that will be sending data.

Step 2: Testing

The claims administrator runs a preliminary test by transmitting a test file to ensure that the NHDOL system can read and interpret the data. The claims administrator has passed the test when minimum technical requirements are met: NHDOL recognizes the sender, the file format is correct, and the claims administrator can receive electronic acknowledgements from NHDOL. During the Testing step, data submissions are analyzed for completeness, validity, and accuracy. The data should meet minimum data quality requirements in order to complete the Testing stage.

Step 3: Production

In Production, data transmissions will be monitored for completeness, validity, and accuracy. Each Trading Partner will be routinely monitored for their data quality. Those in Production status for EDI First Reports will no longer be required to send paper copies of the Employer's Report (Form 8WC) to Department of Labor Division of Workers' Compensation. You will be contacted should your data quality begin to fall out of our expected data quality standards.

Section B

Where to Get Help – Contacting New Hampshire Department of Labor and Other Information Resources

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Where to Get Help – Contacting NHDOL and Other Information Resources

Starting up a new EDI system isn't simple. It requires detailed technical information, as well as close cooperation between the organizations that send data – in this case you, the Trading Partner – and the organization that receives data – us, the New Hampshire Division of Workers' Compensation (NHDOL).

The following is a list of resources available to you for information and assistance.

New Hampshire Division of Workers' Compensation

Our Web Site

Visit our web site at <http://www.nh.gov/labor/workers-comp/electronic-data/downloads.htm> to:

- Download the latest version of the *New Hampshire EDI Implementation Guide, Trading Partner Agreement Forms, etc.*
- Get answers to *Frequently Asked Questions*,

Your NHDOL Contact Person

Each NHDOL Trading Partner will be assigned a NHDOL contact person. This person will help answer your questions about EDI in New Hampshire; this contact will work with you during the Test-Production process, and be an ongoing source of support during production.

Your NHDOL contact can be reached by phone, e-mail, or mail. When initially contacting us, be sure to provide your company name and sender ID so that you may be directed to the appropriate NHDOL staff.

By phone: (603) 271-8309

By fax: (603) 271-6149

By e-mail: <mailto:edi@dol.nh.gov>

By mail: NH Dept. of Labor
Attn: EDI
95 Pleasant St.
Concord, NH 03301

EDI Service Providers

Several companies can assist you in your efforts to report data via EDI. A range of products and services are available, including:

- software that works with your organization's computer systems to automatically transmit data,
- systems consulting, to help get your computer systems EDI-ready,
- data transcription services which accept paper forms, keypunch data, and transmit the data via EDI.

IAIABC

The International Association of Industrial Accident Boards and Commissions (IAIABC) is the organization that sets the national standards for the transmission of workers' compensation claims data via EDI. The IAIABC publishes these standards in their EDI Implementation Guide.

For more information about the IAIABC and how to purchase the EDI Implementation Guide, see Section O—IAIABC Information, and/or visit the IAIABC web site at www.iaiaabc.org.

Section C

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1. Get to know the basic requirements.

Starting up a new EDI system can be a complex endeavor. Make sure you understand all that is required *before* investing resources. Otherwise, you may end up with a collection of piecemeal fixes rather than a comprehensive solution.

This guide has much of the information needed to implement EDI in New Hampshire. As more information becomes available it will be posted on our Web site at:

<http://www.nh.gov/labor/workers-comp/electronic-data/index.htm> .

2. Assign responsibilities for implementing EDI.

Some organizations put an Information Systems (IS) manager in charge, while others designate a claims manager. Implementing EDI will affect your information system, flow of claims information and your business process. The most effective approach may be to have Claims and Information Systems departments collaborate on the project.

Regardless of who is assigned primary responsibility, make sure that both Claims and IS departments maintain continual oversight as your solution is designed and implemented.

3. Decide whether to contract with an EDI service provider.

Formatting electronic records and transmitting them by EDI generally requires some specialized automated routines. Programming a complete EDI system also requires in-depth knowledge of EDI standards and protocols.

Some organizations choose to develop these routines in-house, especially if they have an IS department that is familiar with EDI and is efficient in bringing new technology online.

Other organizations choose to contract with vendors for dedicated EDI software or services. Typically, an EDI vendor's products interface with your organization's data to produce EDI transactions in the required formats. The benefit is that no one in your organization has to learn all the intricacies of EDI. The service provider takes care of file formats, record layouts, and many other details that may seem foreign to your organization. Some EDI vendors can also provide full-service consulting, helping you update your entire data management process for electronic commerce.

4. Organizations that will not use an EDI service provider, the file format and transmission mode for your data must be supported by NHDOL.

Contracting with an EDI service provider would relieve your organization of the detailed mechanics of EDI, such as file formats and transmission modes. If you decide to develop your own system, you will have some important development work.

NHDOL EDI requirements are that your data will be packaged as "flat files" NOT as "ANSI X12 files." More information on flat files is provided in Section H—File Formats and Supported Transactions. All trading partners should be working on developing IAIABC Release 3 Flat File to work with New Hampshire's Workers' Compensation Division.

Information about file formats can be found in the *IAIABC EDI Implementation Guide*, at www.iaabc.org. This guide is essential if you will be programming your own EDI system.

You will also need to choose a transmission mode that NHDOL supports: 1) commercial Value Added Networks or data integrators, 2) File Transfer Protocol. See Section I—Transmission Modes for further information.

5. Make sure your computer systems contain all the required data.

You'll have a hard time submitting data by EDI if the data are not readily accessible on your systems. Give your Information Systems department a copy of Section K—Required Data Elements.

If all are available and readily accessible, then you are in great shape. If not, the Claims and IS departments will need to develop and implement a plan for capturing, storing, and accessing the necessary data.

6. Determine who will handle error messages sent by NHDOL.

Your organization will receive “error messages” from NHDOL if you transmit data that cannot be interpreted or do not meet the regulatory requirements to provide complete, valid and accurate data.

Some glitches are inevitable. You'll need a system for forwarding any error messages to people who can respond as necessary.

Establish a procedure for responding to error messages before you begin transmitting data by EDI. Otherwise, your organization may find itself unprepared for the inevitable.

Typically, errors related to technical problems may be aggravating when a system is new, but they quickly become rare. Error messages related to data quality and completeness are harder to correct, and you can expect them to present an ongoing workload that must be managed.

7. Decide whether your organization could benefit by adding data edits.

Data you transmit to the NHDOL will be subjected to edit rules to assure that the data are valid and consistent with data previously reported for a particular claim. For example, one edit rule would reject an injury date of February 31. Another rule would reject a benefit notice if a First Report had not been previously filed. These edit rules are detailed in Section K—Required Data Elements, Section L—New Hampshire-Specific Data Edits, and Section M—System Specifications. Data that violate these edit rules will cause transmissions to be rejected or will be returned with error messages.

Correcting erroneous data often requires going to the original source, perhaps the applicant or the policyholder. In some organizations, the data passes through many hands before it is transmitted to NHDOL. For example, the injury type and cause may be initially reported by the applicant, then go through the employer, a claims reporting center, a data entry clerk, a claims adjuster, and an Information Systems department. Any error messages would typically be passed through the same hands in the opposite direction.

An alternative is to install in your system, as close as possible to the original source of data, data edits that match the NHDOL edit rules. As an example, consider a claims reporting center in which claims data are entered directly into a computer system, and the system has data edits in place. Most data errors could be caught and corrected while the

employer was still on the phone. This eliminates the expense of passing bad data from hand to hand and back again.

8. Install any software and communications services you will need.

Once your system is planned, you will need to purchase and/or develop any software and services for your system

Most systems will need at least the following:

- ◆ software (or other means) to identify events that trigger required reports,
- ◆ software (or other means) to gather required data elements from your databases,
- ◆ software (or other means) to format the data into an approved IAIABC Release 3 Flat File, EDI file format,
- ◆ A File Transfer Protocol (FTP) client to send EDI files to our State FTP Servers.
- ◆ An FTP client to receive acknowledgements and error messages from NHDOL, and to send EDI files to NHDOL.

Some organizations, especially those that handle few New Hampshire claims, may wish to contract for EDI services rather than handle EDI in-house. EDI service providers offer all the services listed above.

9. Test your system internally.

Not every system works perfectly the first time. Make sure your system gets thoroughly tested before you begin reporting data to NHDOL. Catching any bugs internally will spare you the blizzard of error messages that a faulty system can cause.

Include in your internal tests some complex test cases as well as simple ones. For example, challenge your system with claims that feature multiple episodes of disability and partial return to work. Fix any identified problems before you try transmitting EDI data to NHDOL.

10. Move through the Test, stages to reach the Production stage of EDI transmission.

Complete an EDI Trading Partner Profile--see Section F--Trading Partner Profile and the Sender's Transmission Profile. The Profile is used to prepare NHDOL for your data transmission: what file format to expect; where to send your acknowledgements; when you plan to transmit reports; and similar information. A Trading Partner User account and Password will be set up once the profiles are completed and on file at NHDOL.

Once you have completed successful testing and verified that your transmissions match our technical specifications, NHDOL will advise you with a determination that you have demonstrated capability to transmit complete, valid, and accurate data. You will then be authorized to move into the Production stage, routinely transmitting your data via EDI. (DN104 to "P")

11. Evaluate the efficiency of your EDI system and consider future refinements.

Many organizations find that implementing EDI brings unexpected benefits. For example, EDI may provide an opportunity to address long-standing data quality problems.

Arrange a review session after your system has been running for a few months. Users will be able to suggest opportunities for future refinements. Managers from departments not directly affected may also be interested in participating because EDI may eventually affect many business processes in other departments.

Please let us know if you have any comments on this Manager's Guide.

We can't anticipate every challenge you may face in implementing EDI data reporting. Please e-mail any comments or suggestions you may have to EDI@dol.nh.us.

Section D

Authorizing Statutes – Title XXII LABOR Chapter 281-A Workers Compensation

RSA 281-A:53. Responsibility of Employer to Provide Vital Information..... 2

SB 58-FN Amendment. Section 281-A:53 add III 3

RSA 281-A:53. Responsibility of Employer to Provide Vital Information

I. Every employer or self-insurer shall record in sufficient detail and shall report or cause to be reported to the commissioner any injury sustained by an employee in the course of employment as soon as possible, but no later than 5 days after the employer learns of the occurrence of such an injury. If an injury results in a disability extending beyond 3 days, the employer shall file with the commissioner a supplemental report giving notice of such disability as soon as possible after such waiting period, but no later than 7 days after the accidental injury. The employer shall supply a copy of either report to the nearest claims office of the employer's insurance carrier. A self-insurer need not file the supplemental report with the commissioner and may keep the insurance copy of the employer's first report as a file copy. If any employer fails without sufficient cause as determined by the commissioner to file a first report as set forth in this paragraph, the commissioner shall assess a civil penalty of up to \$2,500. If any employer fails to pay a civil penalty, the commissioner shall recover such penalty payment by a civil action in the superior court of the county of jurisdiction. Civil penalties owed under this section shall be paid to the commissioner, who shall deposit them with the state treasurer.

II. Any employer who consistently fails to make available to the commissioner and to that employer's insurance carrier the information required by the carrier to make payment of disability compensation in a manner consistent with RSA 281-A:42 shall, after such employer has been given due notice of noncompliance and an opportunity to comply, be assessed by the commissioner a civil penalty of not more than \$100. If an employer fails to pay such penalty or to comply with the requirements of paragraph I, the commissioner shall recover the penalty and petition for an injunction in a civil action in the superior court of the county of jurisdiction.

Source. 1988, 194:2. 1990, 254:31, eff. Jan. 1, 1991

**SB 58-FN Amendment.
Section 281-A:53 add III**

State of New Hampshire
General Court

Bill Status

Bills Found = 1

[SB58-FN](#)

Session Year: 2005

[Docket](#) | [Bill Text](#)

G-Status: **SIGNED BY GOVERNOR** Chapter #: 0085

H-Status: **PASSED / ADOPTED** S-Status: **PASSED / ADOPTED WITH AMENDMENT**

Next/Last Hearing: **LABOR, INDUSTRIAL AND REHABILITATIVE SERVICES** 4/12/2005 10:45:00

AM RM307,LOB

(New Title) making certain changes in the workers' compensation law.

85:5 New Paragraph; First Report of Injury. Amend RSA 281-A:53 by inserting after paragraph II the following new paragraph:

III. On or after July 1, 2006, all "First Reports of Injury" shall be filed by the insurance carrier or self-insured employer electronically in a manner prescribed by the department. The commissioner may grant an insurance carrier or self-insured employer a variance if the carrier or self-insured employer documents to the satisfaction of the commissioner that compliance would cause the carrier or self-insured employer "undue hardship" which, for the purposes of this section, means significant difficulty or expense.

Section E
Legal Authorities

Pertinent LABOR Regulations.....2

Pertinent LABOR Regulations

The regulations pertinent to NHDOL are stated in TITLE XXIII LABOR, New Hampshire Administrative Rules, Sections 281-A: 53. They are available at: <http://www.gencourt.state.nh.us/rsa/html/indexes/default.html>, where you can search NH Regulations.

Letter from DIR regarding electronic filing

November 7, 2005

To: New Hampshire Workers' Compensation Insurers and Self-Insured Employers

Re: Electronic Filing of the Employer's First Report of Occupational Injury or Disease (Form 8WC)

Labor Code TITLE XXIII LABOR, New Hampshire Statutes, RSA 281-A: 53 require that both workers' compensation insurers and self-insured employers file with the New Hampshire Department of Labor (NHDOL) a complete report of every occupational injury or disease. The report must be filed within five days after obtaining knowledge of the injury or illness.

Please be advised that on or after July 1, 2006, all "First Reports of Injury" shall be filed by the insurance carrier or self-insured employer electronically in a manner prescribed by the department. The commissioner may grant an insurance carrier or self-insured employer a variance if the carrier or self-insured employer documents to the satisfaction of the commissioner that compliance would cause the carrier or self-insured employer "undue hardship" which, for the purposes of this section, means significant difficulty or expense

Thank you for your anticipated cooperation in this matter. Information about the NHDOL EDI System, including a technical description of the prescribed computer input media and implementation guide can be found on the Department's Web site at <http://www.nh.gov/labor/workers-comp/electronic-data/index.htm>. Any inquiries should be made to Division of Workers' Compensation, EDI, located at 95 Pleasant St., 3rd Floor, Concord, New Hampshire, 03301. The EDI contact can be contacted by telephone at (603) 271-8309 or by e-mail at <mailto:EDI@labor.state.nh.us>.

Sincerely,

C.J. Stone

Director of Workers' Compensation

New Hampshire, Department of Labor

Section F

Trading Partner Profile

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TRADING PARTNER INSURER LIST	8
THIRD PARTY ADMINISTRATOR LOCATION LIST	9

Who Should Complete the Trading Partner Profile?

A separate Trading Partner Profile form should be completed for each Sender ID that will be used in EDI transmissions sent to NHDOL. The Sender ID, which is composed of the trading partner's "Master FEIN" and physical address postal code (see profile form instructions), must be reported in the header record of every transmission (DN0098). The Sender ID is used by NHDOL to identify communication parameters as specified on the Trading Partner Profile form.

For most organizations, the Claim Administrator FEIN (Federal Employer Identification Number) provided on each transaction will always be the same as the Sender ID's Master FEIN. If there is no Claims Administrator FEIN (DN0187), NHDOL substitutes the Insurer FEIN (DN0006) for the claims administrator FEIN.

Other organizations may have multiple claim administrator FEINs for their various operating units. If the transactions for these various claim administrators will be sent from their location we want a Sender's Trading Partner Profile, and a Sender's Transmission Profile from each organization. This will allow us to complete testing and certify each trading partner. However if the transmissions for these subsidiaries will be sent from one single location then we want the Trading Partner Profiles from that organization and we want the subsidiaries listed on the Third Party Administrator Location list.

For example, the information systems department of a single parent organization might wish to send transactions for two subsidiaries batched together within transmissions. In such a case, the parent organization could complete one Trading Partner Profile--providing the Master FEIN for the parent company in the Sender ID--and could then transmit transactions from both subsidiaries, identified by the appropriate claim administrator FEIN on each transaction.

The NHDOL uses the claim administrator FEIN to process individual transactions. Transactions for unknown claim administrators will be rejected by NHDOL. For this reason, it is vital for each NHDOL Trading Partner Profile to be accompanied by a list of all claim administrator FEINs whose data will be reported under a given Sender ID. Since the profile form does not have any place to provide this list, NHDOL asks that it be submitted on the Third Party Administrator Location List. If such a list is not provided, NHDOL will assume that the only claim administrator FEIN reportable by that trading partner will be the Master FEIN from the trading partner's Sender ID.

State of New Hampshire
DEPARTMENT OF LABOR
DIVISION OF WORKERS' COMPENSATION



EDI SENDER'S TRADING PARTNER PROFILE

Date: _____

Trading Partner Type:

- Jurisdiction Insurance Carrier Service Bureau Third Party Administrator Self Insured Employer
Other (Please specify)

Trading Partner Information:

FEIN
Name
Address
City State Postal Code

Mailing Address:

Address
City State Postal Code

Contact Information:

Business Contact

Name
Title
Telephone
FAX
E-Mail
Mailing
Address

Technical Contact

Name
Title
Telephone
FAX
E-Mail
Mailing
Address

Business Contact

Name
Title
Telephone
FAX
E-Mail
Mailing
Address

Technical Contact

Name
Title
Telephone
FAX
E-Mail
Mailing
Address

Return Completed form to: NH Department of Labor Att: EDI, 95 Pleasant St., Concord, NH 03301, or E-Mail to EDI@dol.nh.gov

INSTRUCTIONS / DEFINITIONS for NHDOL_TPP, EDI Sender's Trading Partner Profile

This form is used to communicate the Sender's contact information. New Hampshire Department of Labor Division of Workers' Compensation (NHDOL) is responsible for providing contact information on the Receiver form. The completed forms are exchanged between the Receiver and Sender.

Date	Enter the date the Trading Partner Profile is completed by the Sender.
Trading Partner Type	Check the appropriate category reflecting the Sender's business type. If other, please specify.
Trading Partner Information	This section provides identifying information about the trading partner information.
FEIN	Enter the Federal Employer Identification Number (FEIN) of the Trading Partner that will transmit workers' compensation data. This must match the FEIN supplied on the entity's "Transmission Profile" form. This, along with the 9-digit postal code (Zip+4) in the Trading Partner address field, will be used to identify a unique Sender.
Name	Enter the name of your business entity corresponding with the FEIN that will be transmitting detailed workers' compensation information to NHDOL. This must match the Name supplied on the entity's "Transmission Profile" form.
Address	Enter the street address of the physical location of your business entity. It will represent where materials may be received regarding this Sender if using a delivery service other than the U.S. Postal Service.
City	Enter the city portion of the street address of your business entity.
State	Enter the two (2) character standard state abbreviation of the state portion of the street address of your business entity.
Postal Code	Enter the nine (9) digit postal code of the street address of your business entity. This field, along with Trading Partner FEIN will be used to uniquely identify a Trading Partner. This must match the postal code supplied on the entity's "Transmission Profile" form.
Mailing Address (Including City/ State/Postal Code)	Enter the mailing address used to receive deliveries via the U.S. Postal Service for your business entity. This should be the mailing address for receiving materials pertaining to this Trading Partner agreement. If this address is the same as the above street address, indicate "Same as above".
Contact Information	This section provides the ability to identify individuals within your business entity who can be used as contacts for this Trading Partner relationship. Room has been provided for three business contacts and three technical contacts. The BUSINESS CONTACT is the individual most familiar with the transmission and business processes, as well as data quality issues, within your business entity. He/she may be the project manager, business systems analyst, etc. This individual should be able to track down the answers to any issues, which may arise from your Trading Partner that the technical contact cannot address. The TECHNICAL CONTACT is the individual to be contacted if issues regarding the actual transmission process arise. This individual may be a telecommunications specialist, computer operator, and programmer analyst etc.
Name	Enter the name of the Business/Technical contact.
Title	Enter the title of the Business/Technical contact or the role that contact performs within a given Trading Partner relationship.
Telephone	Enter the telephone number at which that Business/Technical contact can be reached. Include extension, if applicable
Fax	Enter the telephone number of the FAX machine to use for the Business/Technical contact
E-Mail	Enter the e-mail address at which that Business/Technical contact can be reached.
Mailing Address	Enter the mailing address at which that Business/Technical contact can be contacted if different than the Trading Partner mailing address

State of New Hampshire
DEPARTMENT OF LABOR
DIVISION OF WORKERS' COMPENSATION



EDI SENDER'S TRANSMISSION PROFILE

Date: _____

Receiver Information:

Name: New Hampshire Department of Labor, Division of Worker's Compendation

FEIN: 02-6000618

Zip Code: 03301 - 3852

Sender Information:

Name: _____

FEIN: _____

Zip Code: _____

Trading Partner Type:

- Jurisdiction
- Insurance Carrier
- Service Bureau
- Third Party Administrator
- Self Insured Employer
- Other (Please specify) _____

Transaction Information: Release: 3.0 Projected Number per Transaction: _____

Transmission Method:

NHDOL FTP

Return Completed form to: NH Department of Labor Att: EDI, 95 Pleasant St.,
Concord, NH 03301, or E-Mail to EDI@dol.nh.gov

INSTRUCTIONS / DEFINITIONS for NHDOL, EDI Sender's Transmission Profile

This form is used to communicate all allowable options the Sender of workers' compensation data will provide to the New Hampshire Department of Labor Division of Workers' Compensation (NHDOL). NHDOL is responsible for providing the information on the Receiver form, indicating all their requirements and where applicable, the supported options from which the Sender can select. The Sender will then complete the Sender's Response form providing data in the allotted spaces and indicating selections where the Receiver provides choices. This information is then returned to the Receiver.

Although one profile will satisfy most needs, it should be noted that if transmission parameters vary by transaction set IDs, you could specify those differences by providing more than one profile.

Receiver Name, Receiver FEIN, Receiver Postal Code, will be pre-filled by NHDOL

Master Trading Partner Sender Information

- Name** Enter the name of the business entity that will be extracting and transmitting detailed workers' compensation information to NHDOL. This should be the name that appears on the "Trading Partner Profile" form.
- FEIN** Enter the Federal Employer Identification Number (FEIN) of the trading partner that will transmit workers' compensation data. This must match the FEIN supplied on the entity's "Trading Partner Profile" form.
- Postal Code** Enter the nine (9) digit postal code associated with the Sender Trading Partner's physical address, which together with the Sender FEIN, will be used as the identifier of this trading partner. This must match the postal code supplied on the entity's "Trading Partner Profile" form.
- Trading Partner Type** Check the appropriate category reflecting the Sender's business type. If other, please describe.

Transaction Information

- Release** Specify if you will be supporting IAIABC Release 3 or IAIABC Release 1*
- Projected # per Transaction** Specify the projected average number of detail records for a given Transaction Set ID that will be sent to the Receiver Trading Partner. This will be used for planning purposes
- Encryption** Specify if you will encrypt data files sent to NHDOL. (NHDOL supports PGP encryption) Notify us and send your public key if you wish acknowledgements encrypted

Transmission Method

- NHDOL FTP** Check this option to support uploading files to the New Hampshire FTP Servers
- NHDOL Secure E-Mail** Check this option to send files to NHDOL via Secure E-Mail attachments. Provide the receiver E-Mail address for Acknowledgements

State of New Hampshire
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EDI RECEIVER'S TRADING PARTNER PROFILE

Date: _____

Trading Partner Type:

- Jurisdiction
 Insurance Carrier
 Service Bureau
 3RD Party Administrator
 Self Insured Employer
 Other (Please specify) _____

Trading Partner Information:

FEIN	<u>02-6000618</u>		
Name	<u>State of NH</u>	<u>Dept. of Labor</u>	<u>Worker's Comp Division</u>
Address	<u>95 Pleasant St</u>		
City	<u>Concord</u>	State <u>NH</u>	Zip Code <u>03301 - 3852</u>

Mailing Address:

Address	<u>Same</u>		
City	_____	State _____	Zip Code _____

Contact Information:

Business Contact

Name	<u>C. J. Stone</u>
Title	<u>Director, Worker's Compensation</u>
Telephone	<u>(603)271-3599</u>
FAX	<u>(603)271-6149</u>
E-Mail	<u>Cindy.Stone@dol.nh.gov</u>
Mailing Address	<u>95 Pleasant St</u> <u>Concord, NH 03301-3852</u>

Technical Contact

Name	<u>Henry Vincent</u>
Title	<u>Technical Support Spec. V</u>
Telephone	<u>(603)271-8309</u>
FAX	<u>(603)271-6149</u>
E-Mail	<u>Henry.Vincent@dol.nh.gov</u>
Mailing Address	<u>95 Pleasant St.</u> <u>Concord, NH 03301-3852</u>

Business Contact

Name	<u>Sandy Cote</u>
Title	<u>FROI Administration</u>
Telephone	<u>(603)271-8319</u>
FAX	<u>(603)271-6149</u>
E-Mail	<u>Sandra.Cote@dol.nh.gov</u>
Mailing Address	<u>95 Pleasant St</u> <u>Concord, NH 03301-3852</u>

Technical Contact

Name	<u>Joe Nadeau</u>
Title	<u>Information Technology Manager</u>
Telephone	<u>(603)271-6872</u>
FAX	<u>(603)271-6149</u>
E-Mail	<u>Joseph.Nadeau@doit.nh.gov</u>
Mailing Address	<u>95 Pleasant St.</u> <u>Concord, NH 03301-3852</u>

State of New Hampshire
DEPARTMENT OF LABOR
DIVISION OF WORKERS' COMPENSATION



THIRD PARTY ADMINISTRATOR LOCATION LIST

Trading Partner Name _____ Date _____

Enter the FEIN and nine-digit Postal Code that will be used by your company as the SENDER ID in the Header Record of all EDI transactions. This should match information submitted on your Master Trading Partner Profile.

Master FEIN _____ Postal Code _____
Address _____
City, State _____

Please provide the FEIN, New Hampshire Department of Labor Division of Workers' Compensation TPA Code, if known, address, and nine-digit postal code for each location of the Third Party Administrator that will be transmitting data. We will notify you of any discrepancy between the identifying information, including the mailing address and the present records of the Division of Workers' Compensation. It is understood that this list will have entries added or removed from time to time.

Table with 4 columns: FEIN, TPA Name, Address, Postal Code. Multiple rows of blank lines for data entry.

The FEIN and the postal code must match the DN 8 and DN 14, respectively, submitted in your transmissions. Attach additional sheets as needed.

Section G Test and Production Phases of EDI

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Test and Production Phases of EDI

This section is a step-by-step guide to becoming a successful EDI Trading Partner with the New Hampshire Department of Labor. Attaining EDI capability can be viewed as a three step process: 1) begin with completing a Trading Partner Profile, 2) send test transmissions to make sure your system and the NHDOL system can communicate with each other, and to check for complete, valid, and accurate data, 3) attain and maintain full production capability. The steps outlined below are meant to help you through this process by providing you with information on what to expect in terms of electronic acknowledgments, what could go wrong along the way, and how to fix problems as they arise. Your NHDOL contact person is available to work with you during this process to make sure that the transition to attaining Production status in New Hampshire workers' compensation EDI is as successful as possible.

Step 1. Complete an EDI Sender's Trading Partner and Transmission Profile

Completing a Trading Partner Profile and Sender's Transmission Profile form is the first step in reporting workers' compensation EDI data to NHDOL. The form should be submitted to the Division at least 30 days before the first transmission of EDI data--at least 30 days before the Trading Partner sends the first test transmission (see Step 2). See Section F of this guide for details on who should complete a Trading Partner Profile and a Sender's Transmission Profile form.

1. Get a copy of the Trading Partner and Sender's Transmission Profile form

Form NHDOL_TPP and NHDOL_STP (Revised 01/12), entitled *EDI Sender's Trading Partner Profile, and Sender's Transmission Profile*, is available from the following sources:

- Section F--Trading Partner Profile.

New Hampshire Department of Labor, Division of Workers' Compensation web site at:

<http://www.nh.gov/labor/workers-comp/electronic-data/index.htm>

-
- Call or e-mail your NHDOL contact--see Section B--Where to Get Help.

When contacting us, please provide your name, company, and the e-mail or mailing address you would like the form sent to, and we will mail you a copy.

2. Complete the form

The form contains instructions about how to complete it. If you need additional help completing the form, contact your NHDOL contact. The Trading Partner Profile form asks you to provide the following information:

- Your business name, FEIN, 9-digit postal code, address, and type of business (insurer, employer, TPA etc.).

- Name, phone, fax, and e-mail of 2 business contacts
- Name, phone, fax, and e-mail of 2 technical contacts

(When using a third party service provider use their technical contact as one of the technical contacts on this form)

Sender's Transmission Profile form asks you to provide the following information:

- Transmission mode (FTP)

On a Third Party Administrator Location List compile a list of all claim administrator names and FEINs whose data will be reported under the Sender ID of the Trading Partner profile (see Section F for more information). The NHDOL uses the claim administrator FEIN to process individual transactions. Since transactions for unknown claim administrators will be rejected by NHDOL, it is imperative that this information be provided along with the Trading Partner Profile form.

Trading Partners submitting reports for a number of carriers and/or self insured must complete a Trading Partner Insurer List form, (NHDOL_TPIL) On the Trading Partner Insurer List provide the FEIN and legal name for each carrier's and self-insured's FROIs you will be transmitting

3. Return the completed form to the Division

Mail or fax the Trading Partner, and Sender's Transmission Profile form and, if applicable, a list of claim administrator names and FEINs reported under that profile and the FEIN and legal name for each carrier's and self-insured's FROIs you will be transmitting to the state for, to the attention of your NHDOL contact person:

NHDOL Trading Partner Profile
Attn: NHDOL Contact
Division of Worker' Compensation
EDI Unit, Information Systems
95 Pleasant St.
Concord, NH 03301
E-Mail EDI@dol.nh.gov
Fax: (603)-271-6149

4. Wait for approval of your Trading Partner Forms

- Your NHDOL contact person will review your Trading Partner and Sender's Transmission Profile for completeness and accuracy. If there are any questions, you will be notified.
- Upon approval of your application a mailbox, user account and ID, will be setup for using the New Hampshire FTP servers, you will be notified when this is set up. You are now ready to move into the Test phase and may begin sending test files (see Step 2) to assess the capability of your system to send transmissions to NHDOL.

Step 2. Complete the Test Phase

Purpose

The purpose of the Test phase is to make sure that your transmissions meet certain technical specifications. NHDOL needs to be able to recognize and process your transmissions, and your system needs to be able to recognize and process transmissions from NHDOL. The following are checked during the test:

- The **transmission mode** (FTP Mailbox) for both report and acknowledgment files is functional and acceptable for both receiver and sender,
- The **sender ID** is valid and recognized by the receiver and vice versa,
- The **file format** (flat file) matches the file format specified in the Trading Partner Profile of the sender and is structurally valid,
- The **batch format** of files sent by the Trading Partner is correct, (i.e., each batch contains an appropriate header record, one or more transaction records, and a trailer record, and the number of records sent matches the number indicated in the trailer).

Order of Testing

The Test (Step 2), phase is done separately for each transaction type supported by NHDOL: (MTC's 00, 01, 02, CO)

Test Criteria

In order for your system and the NHDOL system to communicate successfully, the following conditions must be met:

- No errors in header or trailer records,
- TP can receive electronic acknowledgment (AKC/148) reports.

1. Prepare a test file

Trading Partners send data to NHDOL in **batches**. A batch consists of 3 parts:

- a header record which identifies the sender, receiver, test/production status, time and date sent etc.
- one or more transactions (First Reports of Injury),
- a trailer record which identifies the number of transactions in the batch.

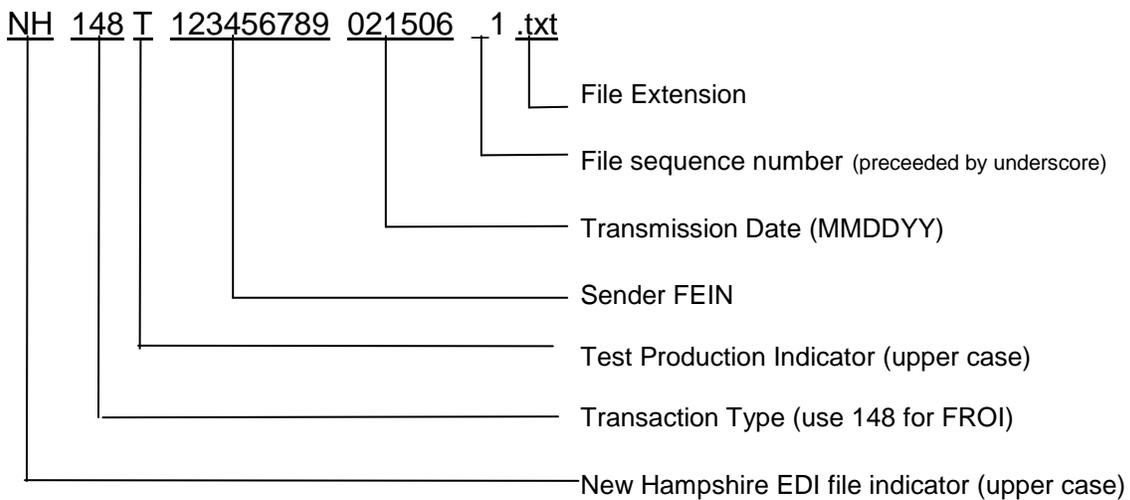
We suggest that the test file consist of one batch of 5 production-quality reports of unique claims, real or simulated. Each test file must have the Test/Production indicator (DN104) located in the Header record and in the filename set to "T".

EDI Transmission File Naming Convention

NH DOL will require a special naming convention be used for the EDI file sent. The naming convention for EDI files sent to NHDOL is as follows, and the filename should be upper case characters:

NH148T123456789021506_1.txt

Where:

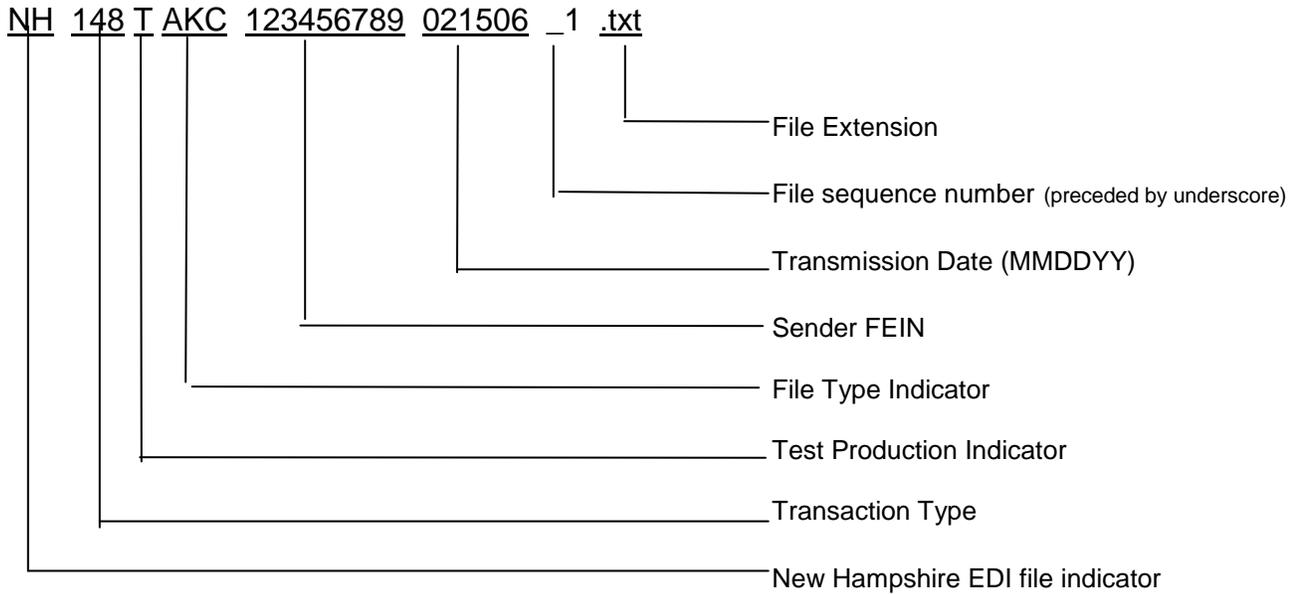


We will emulate the file name used by the sender i.e. if the sequence number for the incoming file was 2212 then the acknowledgement will use the same sequence number

The naming convention for the returned acknowledgment file is as follows:

NH148TAKC123456789021506_1.txt

Where:



2. Send the test file

Send the test file to NHDOL. The test data you send, if successful, will be posted to our test database. They will not be posted to the NHDOL production database. This means that any live New Hampshire claims sent as test data will have to be sent to NHDOL again as production data using your current sending method, in order to be posted to the NHDOL production database. You may also receive some number of errors based on the employer FEIN not being in our testing database.

3. Wait for electronic acknowledgment from NHDOL

Trading Partners must be able to receive and process an electronic acknowledgment--AKC (flat file) from NHDOL. When a test file has been processed, an electronic acknowledgment will be transmitted to the Trading Partner's mailbox. The acknowledgment will report whether the transmission was successful or not, and, if not successful, any errors that occurred.

Note that if the test file is missing the header, or if the sender ID in the header is not recognized by NHDOL, no acknowledgment will be sent.

NHDOL Edit checks and Error reporting are detailed in the NHDOL “Release 3-FROI Requirements Table”.

Trading Partners should receive an electronic acknowledgment within 2 business days of sending the transmission. If you do not receive an acknowledgment within 2 business days, contact your NHDOL contact person. NHDOL schedules files to be picked up from the mailboxes once per day. Keep this in mind when assigning file sequence numbers, should another file come in with the same name before we process; the previous file may be overwritten.

4. Process the acknowledgment and correct any errors

If you receive an acknowledgment error (Application Acknowledgement Code (DN 111) = TR or “transmission rejected”), you will need to check the batch’s file format, and make corrections before re-transmitting the file to NHDOL. Note that processing of the file will stop on finding the first Fatal Error. If the acknowledgement indicates a Transmission Rejected then the entire file should be looked at for structural correctness and Fatal Data Elements. Acknowledgements that indicate TR (transaction rejected) will not be entered into the NHDOL database and risk late filing penalties.

If the acknowledgments have a TA code (“Transaction Accepted”), skip to step 6.

Should the Acknowledgement have a “TE” Transaction accepted with errors the report will be added to the NHDOL database. It is up to you as to whether or not you want to correct the error or not. In production mode you may get a call from someone at the NHDOL asking you to send a correction to correct the field that was in error. (typically employer FEIN)

5. Retransmit corrected file to NHDOL

Send the corrected file to NHDOL. If your test fails again, repeat steps (2) through (5) until your test file is accepted by NHDOL (no TR code). You may send as many test files as you need to but each test file should have a different file name, new date or sequence number. Let your NHDOL contact know if you have any questions or problems along the way.

6. Notify the Division when you are ready to move on to the Production Phase

When NHDOL accepts your test transmission without technical errors, this means that your system and the NHDOL system are able to successfully communicate with each other and your files are in a format readable by NHDOL. We suggest you send some original first reports, MTC00, then follow that up with corrections or changes (MTC02 and MTC CO). Note you must send the jurisdiction claim number (DN0005) supplied in the acknowledgement of the original first report in corrections or changes. Let your NHDOL contact know when you have successfully transmitted test files.

If you feel confident from the acknowledgements you are getting from NHDOL, contact your contact person and your Trading Partner Profile on the NHDOL system will be updated to prepare NHDOL for your production files.

Your NHDOL contact will notify you when the NHDOL system is ready to accept your production data. You may then begin transmitting production data as described in the next Step in the next section.

Data Quality Criteria

Reports transmitted to NHDOL via EDI, are tested for **completeness** and **validity** using automatic built-in data edits on the NHDOL system. NHDOL suggests that these claims should meet or exceed the following two data quality criteria:

- No more than 5% of transmitted reports are rejected (Application Acknowledgment Code = TR or “transaction rejected”). This is the same as saying that at least 95% of transmitted reports are free of any errors in mandatory/fatal or conditional/fatal data elements, AND
- Of the accepted reports ($\geq 95\%$ of transmitted reports), no more than 10% contain errors (Application Acknowledgment Code = TE or “accepted with errors”). This is the same as saying that at least 90% of the accepted reports are free of any errors in mandatory/serious or conditional/serious data elements.

** NHDOL will continue to monitor data for the above data quality standards. Should you continue to fall below these standards you will be notified and risk losing production status which will result in you having to revert to your old method of sending FROI’s on paper or get late filing penalties. **

The data reporting requirements for each data element are listed in Section K– Required Data Elements.

Test/Production Indicator

The Test/Production indicator (DN104) located in the Header record and the Test Production indicator in the filename is set to “P” during the production stage. Data are posted to the New Hampshire NHDOL live database.

Maintenance Type Codes supported

The following are the maintenance type codes supported in New Hampshire for FROIs at this time:

NHDOL First Report of Injury (FROI) Maintenance Types Supported		
MTC	Description	Definition

00	Original	The original/initial first report transmitted between partners, including the re-transmission of a first report that was rejected due to critical error
01	Cancel	The original first report was sent in error
02	Change	The claim administrator initiates a Change MTC when it identifies a change in a data element designated on the Element Requirement Table.
CO	Correction	Corrected data element values are transmitted in response to an acknowledgement containing non-critical errors.

During the Production process, Trading Partners may also need to submit reports with MTC CO (Correction) in order to correct data reported in error or to fill in missing data. Trading Partners may also submit reports with MTC 02 (Change) to update any previously reported data elements that were accepted without error. Whenever a correction or a change is sent be sure to include the jurisdiction claim number (DN0005) supplied in the acknowledgement of the original first report filing.

After a report type has been successfully tested, all other maintenance type codes for that report type become reportable. For example, once a Trading Partner has successfully tested Original First Reports, the 01, 02, and CO maintenance type codes for first reports are reportable. Depending on overall Trading Partner performance, New Hampshire may later choose to incorporate additional maintenance type codes into the testing requirements.

Moving to Production Status

When the data quality criteria of the Test phase have been met for given transactions, the Trading Partner will be approved for Production status for those transactions. Once Production status for a transaction type has been granted, you will no longer be required to send the corresponding paper report to the Department of Labor, Division of Worker's Compensation.

Step 3. Production

Congratulations! You are now officially in Production for EDI reporting of workers' compensation FROI data with the State of New Hampshire Division of Workers' Compensation. During Production, the following conditions apply:

Paper Reports

The EDI First Report fulfills the requirement to submit paper copies of the Employer's Report (Form 8WC) to the New Hampshire Department of Labor, Workers Compensation Division, pursuant to Labor Code RSA 281-A:53 III

Data Quality Requirements

Data sent to NHDOL will continue to be monitored for completeness and validity. The following are guidelines for data quality that Trading Partners should strive to meet or exceed:

- At least 95% of transmitted reports should be free of any errors in *mandatory/fatal* and *conditional/fatal* data elements,
- At least 90% of accepted reports should be free of any errors in *mandatory/serious* and *conditional/serious* data elements.

** NHDOL will continue to monitor data for the above data quality standards. Should you continue to fall below these standards you will be notified and risk losing production status which will result in you having to revert to your old method of sending FROI's or get late filing penalties.**

Data Quality

NHDOL monitors the quality of data received from Trading Partners during the Testing and Production phases. The system tracks all outstanding errors. You will be notified should we find that you are consistently falling out of the aforementioned data quality standards, and you may risk losing your production trading partner status.

Trading Partner Profile

Trading Partner Profiles must be kept up-to-date. The Division must be notified of any changes to the Trading Partner Profile, since these may affect whether NHDOL recognizes your transmissions. Note that if the transmission mode (FTP) or transmission specifications (flat file) are changed, this may require re-testing some or all types of transactions.

Section H

File Formats and Supported Transactions

Supported Transactions2

Supported Transactions

The NHDOL accepts transactions in the Release 3 flat file format, which is the current IAIABC standard. Since the IAIABC no longer supports the Release 2 format, NHDOL does not accept Release 2 transactions. It is important that NHDOL trading partners begin development on Release 3.

Understanding ANSI and Flat Files

The IAIABC has approved two file formats for the electronic submission of Release 3 transactions: ANSI X12 formats – based on the American National Standards Institute (ANSI) X12 EDI standard – and proprietary IAIABC “flat file” formats.

First Reports	ANSI X12 Release 3 (Version 3041) IAIABC Flat File Release 3 IAIABC Flat File Release 1
---------------	---

ANSI X12 is the primary EDI standard for electronic commerce in a wide variety of applications. Data elements are strung together continuously, with special data element identifiers and separator characters delineating individual data elements and records. ANSI X12 is extremely flexible but also somewhat complex, so most X12 users purchase translation software that handles the X12 formatting. Because X12 protocols are used for many types of business communications, X12 translation software is commercially available. Some claim administrators may already be using X12 translation software for purchasing, financial transactions, or other business purposes.

The IAIABC’s proprietary flat file formats were designed specifically for transferring workers’ compensation data via EDI. Data elements are placed in assigned character positions within each record. Different records are presented on separate lines of the file. Flat files have the disadvantage of being inflexible and not easily modified. The Release 1 version of the flat files is fairly straightforward to implement without translation software. NHDOL will only support Release 3 Flat Files.

New Hampshire will only support the IAIABC Flat File format. We will support the IAIABC Release 3 format.

Section I

Transmission Modes

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Transmission Options Available

There are two options available to claims administrators for transmitting data to the NHDOL:

Value Added Networks (VAN)

A Value Added Network (VAN) is a commercially owned network that provides specific services, such as access to a specialized database for a fee, which is restricted to users. VAN service organizations act as intermediaries during electronic message exchange. VAN customers typically purchase leased lines that connect them to the network or use a dial-up number, given by the network owner, to gain access to the network.

The advantages of using a VAN include security, auditing, and tracking capabilities, and in some cases, formatting services.

Several EDI service providers provide VAN services. Be aware that billing can be complex, and it typically consists of per byte charges and per “envelope” charges, which vary depending on how the user sends the information.

Note: the Division of Workers’ Compensation does not pay VAN charges for either incoming or outgoing EDI transmissions. VAN messages will not be transmitted if the trading partner does not specify that it will accept charges for both incoming and outgoing transmissions. NHDOL will not connect to a VAN host computer for file transfer. We will allow a VAN to establish a trading partner profile for NHDOL then upload EDI files to our FTP Servers (Mailbox).

If you are at the point where you can send a properly formatted file to a VAN then that file can be sent directly to a NHDOL mailbox, without the need for the VAN. In cases where the VAN or service provider formats data for EDI, we want that vendor to establish a trading partner relationship with NHDOL and deposit the file in their NHDOL mailbox.

File Transfer Protocol (FTP)

NHDOL will poll State of New Hampshire File Transfer Protocol (FTP) servers to receive and send data. The Internet Engineering Task Force and the Internet Engineering Steering Group define the Internet file transfer protocol in RFC 959. Data files will be confidential and secure using the New Hampshire Secure FTP server.

The State of New Hampshire will provide a secure FTP server that is accessible by trading partners. NHDOL will only pull data and push acknowledgement to the state FTP Servers. NHDOL will not accommodate PGP encrypted files. The Secure FTP server will accommodate a HTTP/SSL (HTTPS), FTP/SSL (FTPS), FTP/SSH (SFTP).

For more information, see “Storing and Receiving Data with File Transfer Protocol” in this section.

HTTPS File Upload (WEB)

The State of New Hampshire' Secure FTP server supports a WEB interface for the manual uploading of EDI transmission files. This provides the means to upload your EDI files to the Secure FTP Server without the need for FTP development to automatically upload and download files. This method of transmitting files to the NHDOL is a manual process. Note: This is not the NHDOL Web Site but an HTTP interface to the New Hampshire Secure FTP Server, and the file must meet the IAIABC Release 3 specification.

Storing and Receiving Data with File Transfer Protocol

Certain processes and procedures must be coordinated to ensure the efficient transmission of data and acknowledgement files via FTP.

Trading Partner Profile

Complete the Trading Partner Profile form as instructed in Step 1 of Section G. Be sure to indicate that the transmission mode is FTP. Acknowledgments will be returned by FTP, the acknowledgement will be placed in the NH FTP mailbox with a file extension of .txt. After the Trading Partner Profile form is completed, follow the steps below. Upon completion of the below steps, return to Section G, Step 2: Complete the Test Phase.

FTP Server Account and Password

NHDOL requires an account and password to access the New Hampshire FTP servers. This account and password will be assigned when the trading partner agreement has been accepted and is in place. The FTP account information will be provided in a password protected document. You will have to call the department to get the password for the account information.

FTP Connectivity

Before sending any files test your FTP connectivity. You can test connectivity by attempting to transfer any file to the server. You may also connect using the HTTPS URL to test the account access to the mailbox.

The FTP servers for EDI mailboxes are State FTP servers. The FTP server can be accessed using this Uniform Resource Locator (URL) (e.g.; <https://nhftp.nh.gov/>) If the address of the FTP server changes, NHDOL will contact our trading partner contacts to update your Trading Partner profile information.

Polling Processes

NHDOL will poll New Hampshire FTP servers on a daily basis, typically just around midnight. An FTP client program will log onto the New Hampshire server and it will download all files in a directory, NHDOL has created two directories for files, the ToNHDOL directory (folder) is where

you will place files directed to NHDOL, and the FromNHDOL is the folder where NHDOL will place acknowledgements, on the FTP server. After all the files are retrieved, the client program will delete all files in the ToNHDOL directory on the FTP server, You will be responsible for deleting acknowledgements in the FromNHDOL folder. Files received will then be processed by NHDOL and acknowledgements created. NHDOL will typically upload acknowledgement files around 9:00AM the next morning.

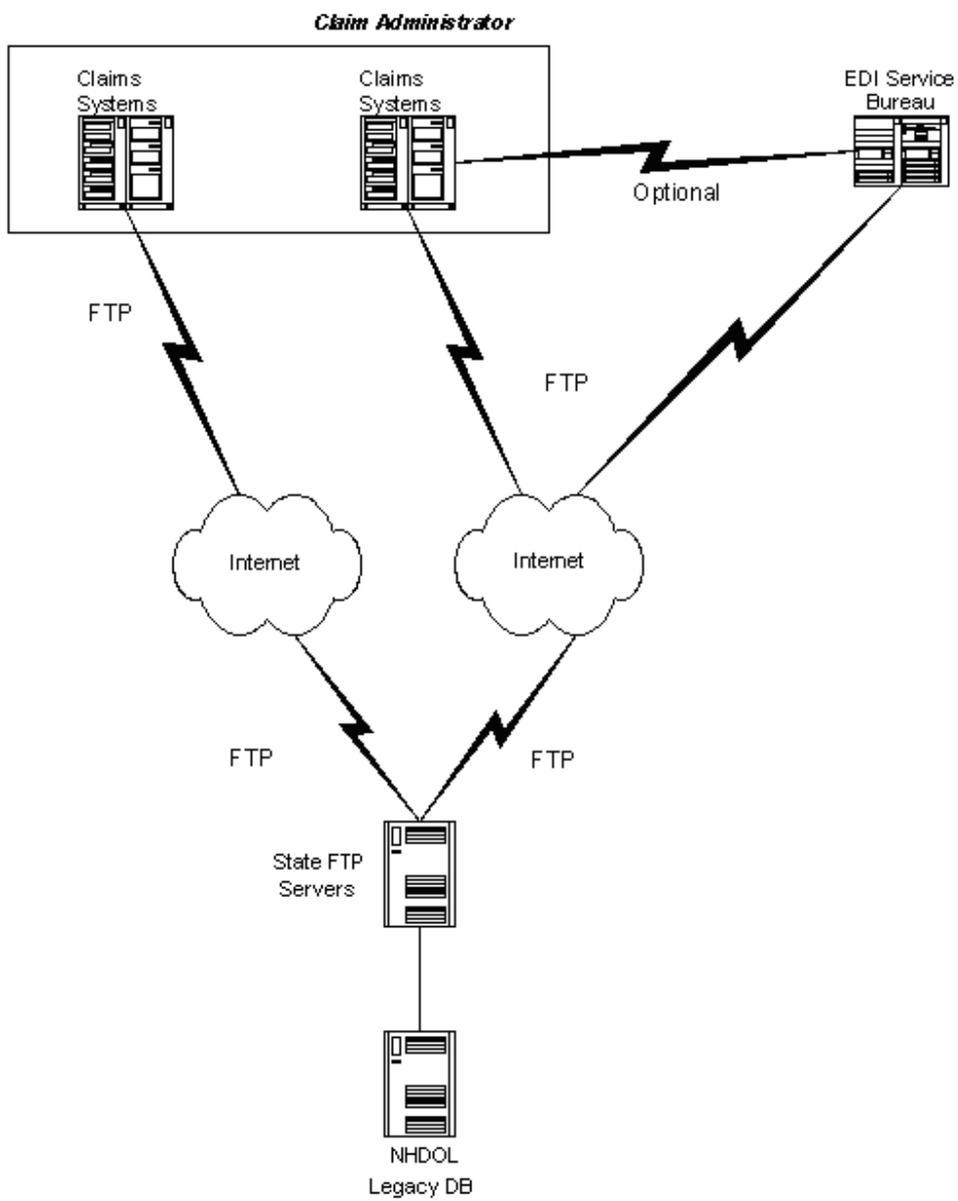
NHDOL will send acknowledgment files to trading partners using the same State of New Hampshire Secure FTP servers. Trading partners that send us data via FTP will get acknowledgements placed into the FromNHDOL directory on the FTP server. NHDOL will maintain an archive copy of acknowledgements.

FTP File Conventions

Files should follow these conventions:

- Data files should contain no more than 500 FROI transactions.
- Data file names must be unique see section G on the data file naming convention.
- Acknowledgement files will be unique following the name of the file that was received.
- The EDI filename should be limited to no greater than 28 characters plus the file extension “.txt”.

Transmission Pathways



SECTION J

Events that Trigger Required EDI Reports

Release 3	2
First Report of Injury	2

Release 3

First Report of Injury

For claims filed July 1, 2006 or later.

MTC [†]	Event	Time Report is Due
00	No later than 5 days after the employer learns of any injury sustained by an employee in the course of employment	Within 5 calendar days (report all data known to the claims administrator)
01	A previously sent First Report was sent in error.	Anytime
02	Previously sent First Report was incomplete.	Anytime
02	Data in previous First Report has changed.	Anytime
CO	Correction of previously reported data, in response to an error message from NHDOL.	Anytime

[†]MTC is the Maintenance Type Code and is included in all EDI transactions to identify the type of transaction that is being reported. Definitions and technical specifications for each MTC can be found in the IAABC EDI Implementation Guide at www.iaabc.org.

Section K

Required Data Elements

This section indicates the data elements that are to be included in EDI transmission of First Reports of Injury. Specific requirements depend upon the type of transaction reported (original report, change, correction, etc.) The transaction type is identified by the Maintenance Type Code, or MTC.

To fully understand the reporting requirements for each data element, please see **both** the data requirement tables and the associated conditional rules and implementation notes. The Conditional Rules and Implementation Notes tables provide specific details on when conditional requirements for each data element apply, as well as New Hampshire implementation notes.

NHDOL Data Requirement Codes2

NHDOL Data Requirement Codes

The NHDOL incorporates flexible data handling. Rather than requiring all data elements on all reports, NHDOL specifies a minimal list of data items that must be provided in a given situation. Each data element is designated as Mandatory, Conditional, or Optional for each transaction type. Validity errors for required data elements are designated Fatal, Serious, or Minor.

The table below describes the designations of data requirements for NHDOL. The data requirements table that follow specify which designation applies for each data element on a given transaction.

Code		Description
E	Expected	The data element is expected, but the transaction will be accepted with errors if validation rules fails.
EC	Expected /Conditional	The data element is expected when conditions dictate but the transaction will be accepted
F	Fatal	Records cannot be accepted without these data element, the transaction will be rejected, no acknowledgement will be sent.
IA	If Available	If this element is available NHDOL will expect it.
M	Mandatory	Validity errors are fatal and will result in the rejection of the faulty record.
MC	Mandatory /Conditional	Based on another field conditionally validity errors are fatal and will result in the rejection of the faulty record.
N/A	Not Applicable	Reporting is Optional. No error messages will be produced.

Note: Error severity levels may evolve over time. Changes will be posted on the NHDOL web site and trading partners will be provided 90 days notification of any planned changes.

See the NH R3 Element Requirement Table_FROI.xls.

Section L

New Hampshire-Specific Data Edits

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New Hampshire-Specific Data Edits

The New Hampshire-specific data edits supplement the standard IAIABC edits, which are a part of the NHDOL system. See the *IAIABC EDI Implementation Guide*, available at www.iaiacb.org for information on the standard IAIABC edits.

Current Edits

At this time, data sent to the NHDOL system is subjected to the New Hampshire-specific edits: Jurisdiction Code (DN 4) must be “NH” and Date of Injury (DN 31) must be on or after July 1, 2006, as well as the edits listed in the tables below.

New Hampshire EDI to 8WC Crosswalk

8WC Question #	Element Name	Release 3 DN #	Requirement
1a	Employee First Name	DN0044	M
1b	Employee Middle Name/Initial	DN0045	IA
1c	Employee Last Name	DN0043	M
2	Employee Date of Birth	DN0052	M
3	Age	N/A	
4	Employee Gender	DN0053	E
5	Employee ID	DN0042* (ssn)	MC
6a	Employee Mailing Pri. Address	DN0046	E
6b	Employee Mailing City	DN0048	E
7	Employee Mailing State	DN0049	E
8	Employee Mailing Postal Code	DN0050	E
9	Employee Phone Number	DN0051	IA
10	Youth Employment Certificate on File	N/A	
11	Occupation description	DN0060	IA
12	Regular Occupation	N/A	
13	Wage	DN0062	IA
14	Number Hours Worked/Day	N/A	
15	Number Days Work/Week	DN0064	IA
16	Average Weekly Earnings	DN0063	IA
17	Was injured hired in NH	N/A	
18	Employee Date of Hire	DN0061	E
19a	Date of Injury	DN0031	M
19b	Time of Injury	DN0032	IA
20	Date disability began	DN0056	IA
21	Full wage paid for date of injury	DN0066	IA
22	Date employer had knowledge of injury	DN0040	E
23	Name of person notified	N/A	
24a	Accident site location name	DN0120	IA
24b	Accident site city	DN0121	IA
24c	Accident site street	DN0122	IA
24d	Accident site state	DN0123	IA

25	Accident/Injury description Narrative	DN0274	IA
26	Witness Name	DN0238	IA
27	Part of Body Code	DN0036	E
28	Estimated Length of Disability	N/A	
29	Return to work with same employer	DN0228	IA
30	Return to Work Date	DN0068	IA
31	At what Occupation or Job	N/A	
32	Physical restrictions indicator	DN0224	IA
33	Equipment causing injury	N/A	
34	Were safeguards in place	N/A	
35	Cause of Injury	DN0037	E
36	Initial Treatment Code	DN0039	IA
37	Treating Physician	N/A	
38	Employee Date of Death	DN0057	MC
39	Employer Name	DN0018	M
40	Employer FEIN	DN0016	E
41	If leased or temp worker client's business name	N/A	
42	Employer physical primary address	DN0019	IA
43a	Employer physical City	DN0021	IA
43b	Employer physical State	DN0022	IA
44	Employer physical postal code	DN0023	IA
45	Employer contact business phone number	DN0159	IA
46	Insurer Name	DN0007	IA
47	Managed Care organization name	DN0209	IA
48	Number of Employees Full time	N/A	
49	Written Safety Plan in Force	N/A	
50	Active Safety Committee	N/A	
51	Industry Code	DN0025	IA
52	Type or Nature of Business in NH	N/A	
53	If sent by Ins. Agency Name	N/A	
54	Employer Signature	N/A	
55	Printed Name and Title	N/A	
56	Employee signature	N/A	
57	Header Record - Original Transmission Date	DN0102	F

New Hampshire EDI IAIABC Element Requirements

REC	DN#	DATA ELEMENT NAME	FORMAT	00	01	02	CO
148	0001	Transaction Set ID	3 A/N	F	F	F	F
148	0002	Maintenance Type Code	2 A/N	F	F	F	F
148	0003	Maintenance Type Code Date	DATE	F	F	F	F
148	0004	Jurisdiction Code	2 A/N	F	F	F	F
148	0005	Jurisdiction Claim Number	25 A/N	NA	M	M	M
148	0006	Insurer FEIN	9 A/N	F	F	F	F
148	0012	Claim Administrator Mailing City	15 A/N	E	E	E	E
148	0013	Claim Administrator Mailing State Code	2 A/N	E	E	E	E
148	0014	Claim Administrator Mailing Postal Code	9 A/N	E	E	E	E
148	0015	Claim Administrator Claim Number (Key Match)	25 A/N	F	F	F	F
148	0016	Employer FEIN	9 A/N	E	E	E	E
148	0021	Employer Physical City	15 A/N	IA	IA	IA	IA
148	0022	Employer Physical State Code	2 A/N	IA	IA	IA	IA
148	0023	Employer Physical Postal Code	9 A/N	IA	IA	IA	IA
148	0025	Industry Code (Formerly "SIC Code")	6 A/N	IA	IA	IA	IA
148	0027	Insured Location Identifier	15 A/N	NA	NA	NA	NA
148	0028	Policy Number	18 A/N	IA	IA	IA	IA
148	0029	Policy Effective Date	DATE	NA	NA	NA	NA
148	0030	Policy Expiration Date	DATE	NA	NA	NA	NA
148	0031	Date of Injury	DATE	M	M	M	M
148	0032	Time of Injury	HHMM	EC	IA	IA	IA
148	0033	Accident Site Postal Code	9 A/N	IA	IA	IA	IA
148	0035	Nature of Injury Code	2 A/N	E	E	E	E
148	0036	Part of Body Injury Code	2 A/N	E	E	E	E
148	0037	Cause of Injury Code	2 A/N	E	E	E	E
148	0039	Initial Treatment Code	2 A/N	IA	IA	IA	IA
148	0040	Date Employer Had Knowledge of the Injury	DATE	E	E	E	E
148	0041	Date Claim Administrator Had Knowledge of Injury	DATE	E	E	E	E
148	0044	Employee First Name	15 A/N	M	M	M	M
148	0048	Employee Mailing City	15 A/N	E	E	E	E
148	0049	Employee Mailing State Code	2 A/N	E	E	E	E
148	0050	Employee Mailing Postal Code	9 A/N	E	E	E	E
148	0052	Employee Date of Birth	DATE	M	M	M	M
148	0053	Employee Gender Code	1 A/N	E	E	E	E
148	0054	Employee Marital Status Code	1 A/N	NA	NA	NA	NA
148	0055	Employee Number of Dependents	2 N	NA	NA	NA	NA
148	0056	Initial Date Disability Began	DATE	IA	IA	IA	IA
148	0057	Employee Date of Death	DATE	MC	MC	MC	MC
148	0058	Employment Status Code	2 A/N	NA	NA	NA	NA
148	0059	Manual Classification Code	4 A/N	NA	NA	NA	NA
148	0061	Employee Date of Hire	DATE	E	E	E	E
148	0062	Wage	\$9.2	IA	IA	IA	IA

148	0063	Wage Period Code **	2 A/N	IA	IA	IA	IA
148	0064	Number of Days Worked Per Week	1 N	IA	IA	IA	IA
148	0065	Initial Date Last Day Worked	DATE	NA	NA	NA	NA
148	0066	Full Wages Paid for Date of Injury Indicator	1 A/N	IA	IA	IA	IA
148	0068	Initial Return to Work Date	DATE	IA	IA	IA	IA
R21	0001	Transaction Set ID	3 A/N	F	F	F	F
R21	0295	Maintenance Type Correction Code	2 A/N	X	X	X	F
R21	0296	Maintenance Type Correction Code Date	DATE	X	X	X	IA
R21	0186	Jurisdiction Branch Office Code	2 A/N	NA	NA	NA	NA
R21	0015	Claim Administrator Claim Number (Key Match)	25 A/N	F	F	F	F
R21	0187	Claim Administrator FEIN	9 A/N	F	F	F	F
R21	0188	Claim Administrator Name	40 A/N	E	E	E	E
R21	0135	Claim Administrator Mailing Information/Attention Line	50 A/N	IA	IA	IA	IA
R21	0010	Claim Administrator Mailing Primary Address	40 A/N	E	E	E	E
R21	0011	Claim Administrator Mailing Secondary Address	40 A/N	IA	IA	IA	IA
R21	0136	Claim Administrator Mailing Country Code	3 A/N	EC	EC	EC	EC
R21	0270	Employee ID Type Qualifier	1 A/N	M	M	M	M
	0042	Employee SSN	15 A/N	MC*	MC*	MC*	MC*
	0152	Employee Employment Visa	15 A/N	MC	MC	MC	MC
	0153	Employee Green Card	15 A/N	MC	MC	MC	MC
	0154	Employee ID Assigned by Jurisdiction	15 A/N	MC	MC	MC	MC
	0156	Employee Passport Number	15 A/N	MC	MC	MC	MC
R21	0255	Employee Last Name Suffix	4 A/N	IA	IA	IA	IA
R21	0150	Employee Authorization to Release Medical Records Indicator	1 A/N	NA	NA	NA	NA
R21	0157	Employee Social Security Number Release Indicator	1 A/N	NA	NA	NA	NA
R21	0043	Employee Last Name	40 A/N	M	M	M	M
R21	0045	Employee Middle Name/Initial	15 A/N	IA	IA	IA	IA
R21	0046	Employee Mailing Primary Address	40 A/N	E	E	E	E
R21	0047	Employee Mailing Secondary Address	40 A/N	IA	IA	IA	IA
R21	0155	Employee Mailing Country Code	3 A/N	EC	EC	EC	EC
R21	0051	Employee Phone Number	15 A/N	IA	IA	IA	IA
R21	0146	Death Result of Injury Code	1 A/N	MC	MC	MC	MC
R21	0290	Type of Loss	2 A/N	IA	IA	IA	IA
R21	0228	Return to Work with Same Employer Indicator	1 A/N	IA	IA	IA	IA
R21	0189	Return to Work Type Code	1 A/N	NA	NA	NA	NA
R21	0224	Physical Restrictions Indicator	1 A/N	NA	NA	NA	NA
R21	0314	Insured FEIN	9 A/N	EC	EC	EC	EC
R21	0017	Insured Name	40 A/N	EC	EC	EC	EC
R21	0184	Insured Type Code	1 A/N	NA	NA	NA	NA
R21	0026	Insured Report Number	25 A/N	NA	NA	NA	NA
R21	0007	Insurer Name	40 A/N	IA	IA	IA	IA
R21	0185	Insurer Type Code	1 A/N	IA	IA	IA	IA
R21	0292	Insolvent Insurer FEIN	9 A/N	NA	NA	NA	NA
R21	0249	Accident Premises Code	1 A/N	M	M	M	M
R21	0118	Accident Site County/Parish	20 A/N	NA	NA	NA	NA
R21	0119	Accident Site Location Narrative	50 A/N	IA	IA	IA	IA
R21	0120	Accident Site Organization Name	50 A/N	IA	IA	IA	IA

R21	0121	Accident Site City	15 A/N	IA	IA	IA	IA
R21	0122	Accident Site Street	40 A/N	IA	IA	IA	IA
R21	0123	Accident Site State Code	2 A/N	IA	IA	IA	IA
R21	0280	Accident Site Country Code	3 A/N	NA	NA	NA	NA
R21	0281	Date Employer Had Knowledge of Disability	DATE	IA	IA	IA	IA
R21	0018	Employer Name	40 A/N	M	M	M	M
R21	0329	Employer UI Number	15 A/N	NA	NA	NA	NA
R21	0019	Employer Physical Primary Address	40 A/N	IA	IA	IA	IA
R21	0020	Employer Physical Secondary Address	40 A/N	IA	IA	IA	IA
R21	0164	Employer Physical Country Code	3 A/N	IA	IA	IA	IA
R21	0159	Employer Contact Business Phone Number	15 A/N	IA	IA	IA	IA
R21	0160	Employer Contact Name	40 A/N	E	E	E	E
R21	0163	Employer Mailing Information/Attention Line	50 A/N	NA	NA	NA	NA
R21	0165	Employer Mailing City	15 A/N	M	M	M	M
R21	0166	Employer Mailing Country Code	3 A/N	NA	NA	NA	NA
R21	0167	Employer Mailing Postal Code	9 A/N	M	M	M	M
R21	0168	Employer Mailing Primary Address	40 A/N	M	M	M	M
R21	0169	Employer Mailing Secondary Address	40 A/N	IA	IA	IA	IA
R21	0170	Employer Mailing State Code	2 A/N	M	M	M	M
R21	0060	Occupation Description	50 A/N	IA	IA	IA	IA
R21	0199	Full Denial Effective Date	DATE	X	X	X	X
R21	0073	Claim Status Code	1 A/N	NA	NA	NA	NA
R21	0074	Claim Type Code	1 A/N	IA	IA	IA	IA
R21	0077	Late Reason Code	2 A/N	NA	NA	NA	NA
R21	0273	Employer Paid Salary in Lieu of Compensation Indicator	1 A/N	NA	NA	NA	NA
R21	0274	Number of Accident/Injury Description Narratives	2 N	F	F	F	F
R21	0277	Number of Full Denial Reason Codes	2 N	F	F	F	F
R21	0276	Number of Denial Reason Narratives	2 N	F	F	F	F
R21	0278	Number of Managed Care Organizations	2 N	F	F	F	F
R21	0279	Number of Witnesses	2 N	F	F	F	F
R21	0038	Accident/Injury Description Narrative	50 A/N	M	M	M	M
R21	0198	Full Denial Reason Code	2 A/N	X	X	X	X
R21	0197	Denial Reason Narrative	50 A/N	X	X	X	X
R21	0207	Managed Care Organization Code	2 A/N	IA	IA	IA	IA
R21	0209	Managed Care Organization Name	50 A/N	EC	EC	EC	EC
R21	0208	Managed Care Organization Identification Number	40 A/N	NA	NA	NA	NA
R21	0238	Witness Name	40 A/N	IA	IA	IA	IA
R21	0237	Witness Business Phone Number	15 A/N	IA	IA	IA	IA
		Rows in yellow are 8WC fields					

NHDOL Requirement Conditions

DN#	DATA ELEMENT NAME	BUSINESS CONDITION(S)	TECHNICAL CONDITION(S)
DN0019	Employer Physical Primary Address	Expected if United States	Expected if DN 0023 is a US ZIP Code
DN0005	Jurisdiction Claim Number	Will be supplied in the Acknowledgement of the original FROI. Must be used in all future transactions.	Insert in all transactions beyond the original
DN0025	Industry Code	NH DOL will be using NAICS codes with the implementation of EDI	
DN0031	Date of Injury	When the date of injury is not clear (cumulative disorder) Use the date you use in your data system.	Should we have to correspond regarding this we will be speaking the same language
DN0032	Injury Time	We will want the Time if two different first reports are require for the same claimant on the same day	In the event two different first reports are required for a claimant for the same day this will allow us to differentiate the two.
DN0035	Nature of Injury Code	In the past NH DOL performed the coding from the description. With EDI we will expect this to be coded.	We have adopted the WCIO Codes for EDI.
DN0036	Part of Body Injury Code	In the past NH DOL performed the coding from the description. With EDI we will expect this to be coded.	We will not use the sub-codes ie the alpha portions of these codes. We have adopted the WCIO Codes for EDI.
DN0037	Cause of Injury Code	In the past NH DOL performed the coding from the description. With EDI we will expect this to be coded.	We have adopted the WCIO Codes for EDI.
DN0040	Date employer had knowledge of the injury	This is the date used to determine if penalties must be levied against the employer for late filing.	The date the employer had knowledge (DN0040) is compared to the Transmission Date in the Header of the EDI file. If the difference between Date Employer had Knowledge (DN0040) and the Date Transmission Sent (DN0100), is greater than the 5 days as outlined in statue, the filing will be considered late. When Date Employer had Knowledge (DN0040) is zeros or blank, Date of Injury (DN0031) will be used

DN0270	Employee ID Type Qualifier	At this time NH DOL supports all IAIABC specified ID types. The SSN is our preferred employee type ID.	When using Type A "Jurisdiction Assigned" enter the claimants birth date in the ID field (DN0154) in the form YYYYMMDD and an internal ID will be created.
DN0136	Claim Administrator Mailing Country Code	The country code will be used to check the Postal Code. No alpha characters if the Country code is blank or other than US	NHDOL does not check zip codes against a national table, we will check that if it is a US zip then it is all numeric
DN0155	Employee Mailing Country Code	The country code will be used to check the Postal Code. No alpha characters if the Country code is blank or other than US	NHDOL does not check zip codes against a national table, we will check that if it is a US zip then it is all numeric
DN0164	Employer Physical Country Code	The country code will be used to check the Postal Code. No alpha characters if the Country code is blank or other than US	NHDOL does not check zip codes against a national table, we will check that if it is a US zip then it is all numeric
DN0166	Employer Mailing Country Code	The country code will be used to check the Postal Code. No alpha characters if the Country code is blank or other than US	NHDOL does not check zip codes against a national table, we will check that if it is a US zip then it is all numeric
DN0146	Death Result of Injury Code	If the employee was killed as a result of the injury this code is expected to be "Y" otherwise this can be blank or "N"	When this code is "Y" DN0057 the death date becomes mandatory.
DN0057	Employee Date of Death	If DN0146 indicates a death then the date of the death is mandatory.	When DN0146 is "Y" then the date of death is mandatory, otherwise blank

Section M

System Specifications

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Agency Claim Number/Jurisdiction Claim Number (JCN)

The Agency Claim Number is most often referred to as the Jurisdiction Claim Number (JCN). The JCN is a random Alpha/Numeric number created by NHDOL that uniquely identifies the claim. It is provided to the claims administrator on their acknowledgment of the Original First Report.

All future records regarding the FROI should have the JCN to identify the claim to NHDOL. Changes, Cancellations, and Corrections must all have the JCN otherwise the Change, Cancel, or Correction will be rejected. Likewise the New Hampshire EDI will also check that the Admin Claim number for the record to be changed, corrected, or cancelled against the original filing and if that does not match, the change, correction, or cancellation will be rejected, for this reason if you wish to change both the date of injury and the claim admin claim number we will require this be two separate filings, one to change the date of injury and the other to change the claim admin claim number.

Changed or Corrected Data

The NHDOL regulations require each claim administrator to submit to NHDOL any changed or corrected data elements. Correction reports (MTC=CO) are sent in response to an error message from NHDOL. Change Reports (MTC=02) are sent when the claim administrator becomes aware that the value of a data element has changed, e.g., Employee Address. If a claim administrator needs to make changes to some data elements while making corrections to other elements for a given claim, these can be combined on either a change or correction report with identical results. With the one exception mentioned above (DOI and Claim Number)

When submitting a change or correction report, the claim administrator should resubmit all known data elements, not just the data elements being changed or corrected. Data elements missing in a resubmission will not cause valid data already existing in the database to be overwritten; however the claim administrator will receive errors if the missing data elements are necessary for validation purposes. For example, if the Employee Date of Birth is absent on the change or correction report, NHDOL will not delete the Date of Birth stored in the NHDOL database, but the claim administrator will receive a TE error for having an expected data element missing. If a NHDOL data element allows for blanks or spaces then we will overwrite the database to spaces or blanks should the change or correction come in with spaces or blanks in that field.

A change cannot be submitted for an original in the same batch because you will not have the JCN at that time and the JCN will be required to make a change.

Transaction Processing and Sequencing

General Rules

The NHDOL processes batches within a transmission and transactions within a batch in the order in which they are received. If submitting more than one transaction for a single claim in the same batch or transmission, it is important that NHDOL receive the transactions in the proper sequence. Transactions should be submitted in logical business order or in the order they were entered into the claim administrator's system, according to the following general rules:

- The First Report for a claim must be submitted and processed by NHDOL before any Subsequent Reports are submitted for the claim. Subsequent Reports sent before the corresponding First Report has been received by NHDOL will be rejected.
First Report and Subsequent Report transactions must be submitted in separate batches by default. Combining First and Subsequent Reports in a batch is impossible because the two types of reports have different field layouts. If a First Report batch and Subsequent Report batch with the same claims are submitted to NHDOL on the same day, the Subsequent Reports may be rejected. The NHDOL will not automatically process the First Reports first. In order to avoid sequencing errors with First and Subsequent reports it is best to submit the reports on separate days.
- Incoming transactions with Maintenance Type Code (MTC) dates, DN 3, that are later than the current processing date (system date) will be rejected. For example, a transaction with an MTC date of 11-01-03 that is processed on 10-31-03 will be rejected. In addition, the MTC date must be between '1900' and the current date.
- Should a change or cancel be rejected due to the FROI not being on file here at the NHDOL then you must resend the change or cancellation again after we have processed the original FROI.

If the claim administrator is not sure of the business order, the following general sort orders are suggested:

- Primary sort order is MTC date. Multiple transactions for a claim should be sorted by MTC date so that NHDOL processes the oldest MTC date first. This will help avoid unnecessary sequencing errors.
- Secondary sort order is MTC code. MTC codes should be sorted in business event order. See the next sections for further explanations specific to First Reports and Subsequent Reports.

First Reports

This section is intended to aid you in understanding the general sequence or order in which Maintenance Type Codes may be used to report claim events for First Reports. Maintenance Type Codes are used to define the specific purpose of a transaction. There are two types of First Report Maintenance Type Codes, initial First Reports (00), the very first report sent; and other First Reports (01, 02, CO, AQ, AU), not the initial first report sent. First Report Maintenance Type Codes are grouped in the following tables to clarify their purpose and to demonstrate a logical order for their use. If transactions for a claim are not received in the proper sequence, whether they are submitted in one transmission or several, they will be rejected. If transactions are rejected due to processing/sequencing errors, then the claim administrator is responsible for resubmitting the transactions.

Initial First Reports: This Maintenance Type Code is used to report new claims. This Maintenance Type Codes must be the initial First Report sent to NHDOL.

MTC Code	MTC Name
00	Original

Other First Reports: After the initial First Report has been filed, the following First Report Maintenance Type Codes can be submitted to reflect/report additional information about the claim not known at the time of original reporting.

MTC Code	MTC Name
01	Cancel
02	Change
CO	Correction

First Report Transaction Sequencing Requirements Summary

MTC	Description	Type	Sequence Requirements
00	Original	Initial	No previous accepted transaction
01	Cancel	Other	Must follow <u>original</u> First Report.
CO	Correction	Other	Must follow <u>original</u> First Report
02	Change	Other	Must follow <u>original</u> First Report

Related Business Rules

NHDOL Matching Rules and Processes

Match Data for a Claim

Agency Claim Number/Jurisdiction Claim Number, DN0005/DN0015

How NHDOL Matches Incoming Transactions to Existing Claim Records

The NHDOL uses the Jurisdiction Claim Number (JCN) as the primary means for matching transactions representing the same claim. The NHDOL JCN is necessary to affect any changes, cancellations, or corrections to the original First Report.

Transactions that can never be initial First Reports (MTC = 01, 02, CO, and all subsequent reports) will be rejected if they cannot be matched to existing claims on the NHDOL database. This matching is based on the JCN.

State of NH First Report of Injury Late Filing Determination

With the advent of EDI Late First Report of Injury determination will change slightly. Following are the factors used in determining whether a First Report of Injury should be considered late or not.

TITLE XXIII LABOR

Chapter 281-A Workers Compensation Section 281-A:53

Responsibility of Employer to Provide Vital Information

I. Every employer or self-insurer shall record in sufficient detail and shall report or cause to be reported to the commissioner any injury sustained by an employee in the course of employment as soon as possible, but no later than 5 days after the employer learns of the occurrence of such an injury. If an injury results in a disability extending beyond 3 days, the employer shall file with the commissioner a supplemental report giving notice of such disability as soon as possible after such waiting period, but no later than 7 days after the accidental injury. The employer shall supply a copy of either report to the nearest claims office of the employer's insurance carrier. A self-insurer need not file the supplemental report with the commissioner and may keep the insurance copy of the employer's first report as a file copy. If any employer fails without sufficient cause as determined by the commissioner to file a first report as set forth in this paragraph, the commissioner shall assess a civil penalty of up to \$2,500. If any employer fails to pay a civil penalty, the commissioner shall recover such penalty payment by a civil action in the superior court of the county of jurisdiction. Civil penalties owed under this section shall be paid to the commissioner, who shall deposit them with the state treasurer.

Data and method used to determine filing timeline:

Date Employer had Knowledge (DN0040 Expected): This date is compared to the Transmission Date in the Header of the EDI file. If the difference between Date Employer had Knowledge (DN0040) and the Date Transmission Sent (DN0100), is greater than the 5 days as

outlined in statute, the filing will be considered late. When Date Employer had Knowledge (DN0040) is zeros or blank, Date of Injury (DN0031) will be used.

Date of Injury (DN0031 Mandatory): We will compare Date of Injury (DN0031) to Date Transmission Sent (DN0100) when Date Employer had Knowledge (DN0040) is zeros or blank. The current method that is employed by our legacy system, uses the Received Date (Received Stamp) compared to the Date the employer had knowledge; when Date Employer had Knowledge (DN0040) is zeros or blank the injury date is used

If we get a file with errors: If we reject the entire transmission all records in the file will be rejected, and late filing determination will occur when a valid record is processed.

If we reject a single record in the file: The rejected record will not be accepted and the late filing determination will occur on the successful processing of the record.

Section N

Code Lists

This Section lists valid codes for several data elements. The original source of each code list is noted. These valid code lists are provided as a convenience for our data providers, and are intended to be a simple repetition of code lists available elsewhere. In no case have codes been purposely omitted or deleted. If at any time you believe that NHDOL is rejecting a valid code, please let us know by sending e-mail to: EDI@dol.nh.gov

These codes are the current code tables as defined by Workers Compensation Insurance Organizations, <https://www.iisprojects.com/WCIO/bin/view/PublicView/ProductsWCIO>.

Industry Codes: Up till now NHDOL has used SIC codes for industry codes, NHDOL will adopt the North American Industry Classification System (NAICS) industry codes for purposes of EDI. <http://www.census.gov/epcd/www/naics.html> this code list is too big to publish in this document. The current Code list of industries can be found at their WEB site.

Nature of Injury Codes (DN0035)	2
Part of Body Codes (DN0036)	5
Cause of Injury Codes (DN0037)	7
Other Code Values (DN0002,0004,0039,0053,0063,0074,0146,0185,0249,0270,0290)	10

Nature of Injury Codes (DN 35)

Code	Narrative Description
I. Specific Injury	
01. No Physical Injury	i.e., Glasses, Contact Lenses, Artificial Appliance, Replacement of Artificial Appliance
02. Amputation	Cut Off Extremity, Digit, Protruding Part of Body, Usually by Surgery, i.e. Leg, Arm
03. Angina Pectoris	Chest Pain
04. Burn	(Heat) Burns or Scald. The Effect of Contact with Hot Substances. (Chemical) Burns. Tissue Damage Resulting from the Corrosive Action Chemicals, Fume, Etc. (Acids, Alkalis)
07. Concussion	Brain, Cerebral
10. Contusion	Bruise - Intact Skin Surface. Hematoma
13. Crushing	To Grind, Pound or Break into Small Bits
16. Dislocation	Pinched Nerve, Slipped/Ruptured Disc, Herniated Disc, Sciatica, Complete Tear, HNP Subluxation, MD Dislocation
19. Electric Shock	Electrocution
22. Enucleation	Removal of Organ or Tumor
25. Foreign Body	
28. Fracture	Breaking of a Bone or Cartilage
30. Freezing	Frostbite and Other Effects of Exposure to Low Temperature
31. Hearing Loss or Impairment	Traumatic Only. A separate Injury, Not the Sequelae of Another Injury
32. Heat Prostration	Heat Stroke, Sun Stroke, Heat Exhaustion, Heat Cramps and Other Effects of Environmental Heat. Does not Include Sunburn
34. Hernia	The Abnormal Protrusion of an Organ or Part Through the Containing Wall of its Cavity
36. Infection	The Invasion of a Host by Organisms such as Bacteria, Fungi, Viruses, Mold, Protozoa or Insects, With or Without Manifest Disease.
37. Inflammation	The Reaction of Tissue to Injury Characterized Clinically by Heat, Swelling, Redness and Pain
40. Laceration	Cut, Scratches, Abrasions, Superficial Wounds, Calluses. Wound by Tearing
41. Myocardial Infarction	Heart Attack, Heart Conditions, Hypertension. The Inadequate Blood Flow to the Muscular Tissue of the Heart.

42. Poisoning - General (Not OD or Cumulative Injury)	A Systemic Morbid Condition Resulting from the Inhalation, Ingestion, or Skin Absorption of a Toxic Substance Affecting the Metabolic System, the Nervous System, the Circulatory System, the Digestive System, the Respiratory System, the Excretory System, the Musculoskeletal System, Etc. Includes Chemical or Drug Poisoning, Metal Poisoning, Organic Diseases, and Venomous Reptile and Insect Bites. Does NOT Include Effects of Radiation, Pneumoconiosis, Corrosive Effects of Chemicals; Skin Surface Irritations, Septicemia or Infected Wounds.
43. Puncture	A Hole Made by the Piercing of a Pointed Instrument
46. Rupture	
47. Severance	To Separate, Divide or Take Off
49. Sprain or Tear	Internal Derangement, A Trauma or Wrenching of a Joint, Producing Pain and Disability Depending Upon Degree of Injury to Ligaments.
52. Strain or Tear	Internal Derangement, The Trauma to the Muscle or the Musculotendinous Unit from Violent Contraction or Excessive Forcible Stretch.
53. Syncope	Swooning, Fainting, Passing Out, No Other Injury
54. Asphyxiation	Strangulation, Drowning
55. Vascular	Cerebrovascular and Other Conditions of Circulatory Systems, NOC. Excludes, Heart and Hemorrhoids. Includes, Strokes, Varicose Veins - Non Toxic
58. Vision Loss	
59. All Other Specific Injuries, NOC	
60. Dust Disease, NOC	All Other Pneumoconiosis
61. Asbestosis	Lung Disease, A Form Of Pneumoconiosis, Resulting from Protracted Inhalation of Asbestos Particles.
62. Black Lung	The Chronic Lung Disease or Pneumoconiosis Found in Coal Miners
63. Byssinosis	Pneumoconiosis of Cotton, Flax and Hemp Workers.
64. Silicosis	Pneumoconiosis Resulting from Inhalation of Silica (Quartz) Dust.
65. Respiratory Disorders	Gases, Fumes, Chemicals, Etc.
66. Poisoning - Chemical, (Other Than Metals)	Man Made or Organic
67. Poisoning - Metal	Man Made

68. Dermatitis	Rash, Skin or Tissue Inflammation including Boils, Etc. Generally Resulting from Direct Contact with Irritants or Sensitizing Chemicals such as Drugs, Oils, Biologic Agents, Plants, Woods or Metals Which May be in the Form of Solids, Pastes, Liquids or Vapors and which may be Contacted in the Pure State or in Compounds or in Combination with Other Materials. Do NOT Include Skin Tissue Damage Resulting from Corrosive Action of Chemicals, Burns from Contact with Hot Substances, Effects of Exposure to Radiation, Effects of Exposure to Low Temperatures or Inflammation or Irritation Resulting from Friction or Impact.
69. Mental Disorder	A Clinically Significant Behavioral or Psychological Syndrome or Pattern Typically Associated with either a Distressing Symptom or Impairment of Function. i.e. Acute Anxiety, Neurosis, Stress, Non-Toxic Depression
70. Radiation	All Forms of Damage to Tissue, Bones or Body Fluids Produced by Exposure to Radiation
71. All Other Occupational Disease Injury, NOC	
72. Loss of Hearing	
73. Contagious Disease	
74. Cancer	
75. AIDS	
76. VDT - Related Diseases	Video Display Terminal Diseases Other than Carpal Tunnel Syndrome
77. Mental Stress	
78. Carpal Tunnel Syndrome	Soreness, Tenderness and Weakness of the Muscles of the Thumb Caused by Pressure on the Median Nerve at the Point at which it Goes Through the Carpal Tunnel of the Wrist
79. Hepatitis C	
80. All Other Cumulative Injury, NOC	
III. Multiple Injuries	
90. Multiple Physical Injuries Only	
91. Multiple Injuries Including Both Physical and Psychological	

Part of Body Codes (DN 36)

Code	Description
I. Head	
10. Multiple Head Injury	Any Combination of Below Parts
11. Skull	
12. Brain	
13. Ear(s)	Includes: Hearing, Inside Eardrum
14. Eye(s)	Includes: Optic Nerves, Vision, Eye Lids
15. Nose	Includes: Nasal Passage, Sinus, Sense of Smell
16. Teeth	
17. Mouth	Includes: Lips, Tongue, Throat, Taste
18. Soft Tissue	
19. Facial Bones	Includes: Jaw
II. Neck	
20. Multiple Neck Injury	Any Combination of Below Parts
21. Vertebrae	Includes: Spinal Column Bone, "Cervical Segment"
22. Disc	Includes: Spinal Column Cartilage, "Cervical Segment"
23. Spinal Cord	Includes: Nerve Tissue, "Cervical Segment"
24. Larynx	Includes: Cartilage and Vocal Cords
25. Soft Tissue	Other than Larynx or Trachea
26. Trachea	
III. Upper Extremities	
30. Multiple Upper Extremities	Any Combination of Below Parts, Excluding Hands and Wrists Combined
31. Upper Arm	Humerus and Corresponding Muscles, Excluding Clavicle and Scapula
32. Elbow	Radial Head
33. Lower Arm	Fore Arm – Radius, Ulna and Corresponding Muscles
34. Wrist	Carpals and Corresponding Muscles
35. Hand	Metacarpals and Corresponding Muscles – Excluding Wrist or Fingers
36. Finger(s)	Other than Thumb and Corresponding Muscles
37. Thumb	
38. Shoulder(s)	Armpit, Rotator Cuff, Trapezius, Clavicle, Scapula
39. Wrist (s) & Hand(s)	
IV. Trunk	

40. Multiple Trunk	Any Combination of Below Parts
41. Upper Back Area	(Thoracic Area) Upper Back Muscles, Excluding, Vertebrae, Disc, Spinal Cord
42. Lower Back Area	(Lumbar Area and Lumbo Sacral) Lower Back Muscles, Excluding Sacrum, Coccyx, Pelvis, Vertebrae, Disc, Spinal Cord
43. Disc	Spinal Column Cartilage Other than Cervical Segment
44. Chest	Including Ribs, Sternum, Soft Tissue
45. Sacrum and Coccyx	Final Nine Vertebrae-Fused
46. Pelvis	
47. Spinal Cord	Nerve Tissue Other than Cervical Segment
48. Internal Organs	Other than Heart and Lungs
49. Heart	
60. Lungs	
61. Abdomen Including Groin	Excluding Injury to Internal Organs
62. Buttocks	Soft Tissue
63. Lumbar & or Sacral Vertebrae (Vertebra NOC Trunk)	Bone Portion of the Spinal Column
V. Lower Extremities	
50. Multiple Lower Extremities	Any Combination of Below Parts
51. Hip	
52. Upper Leg	Femur and Corresponding Muscles
53. Knee	Patella
54. Lower Leg	Tibia, Fibula and Corresponding Muscles
55. Ankle	Tarsal
56. Foot	Metatarsals, Heel, Achilles Tendon and Corresponding Muscles – Excluding Ankle or Toes
57. Toes	

Cause of Injury Codes (DN 37) Code	Description
I. Burn or Scald – Heat or Cold Exposures – Contact With	
01. Chemicals	
02. Hot Objects or Substances	
03. Temperature Extremes	
04. Fire or Flame	
05. Steam or Hot Fluids	
06. Dust, Gases, Fumes or Vapors	
07. Welding Operation	
08. Radiation	
09. Contact With, NOC.	
11. Cold Objects or Substances	
14. Abnormal Air Pressure	
84. Electrical Current	
II. Caught In, Under or Between	
10. Machine or Machinery	
12. Object Handled	
13. Caught In, Under or Between, NOC.	
20. Collapsing Materials (Slides of Earth)	Either Man Made or Natural
III. Cut, Puncture, Scrape Injured By	
15. Broken Glass	
16. Hand Tool, Utensil; Not Powered	
17. Object Being Lifted or Handled	
18. Powered Hand Tool, Appliance	
19. Caught, Puncture, Scrape, NOC.	
IV. Fall, Slip or Trip Injury	
25. From Different Level (Elevation)	Off Wall, Catwalk, Bridge, Etc.
26. From Ladder or Scaffolding	
27. From Liquid or Grease Spills	
28. Into Openings	Shafts, Excavations, Floor Openings, Etc.
29. On Same Level	
30. Slipped, Do Not Fall	

31. Fall, Slip or Trip, NOC.	
32. On Ice or Snow	
33. On Stairs	
V. Motor Vehicle	
40. Crash of Water Vehicle	
41. Crash of Rail Vehicle	
45. Collision or Sideswipe With Another Vehicle	Both Vehicles in Motion
46. Collision with a Fixed Object	Standing Vehicle or Stationary Object
47. Crash of Airplane	
48. Vehicle Upset	Overtuned or Jackknifed
50. Motor Vehicle, NOC.	
VI. Strain or Injury By	
52. Continual Noise	
53. Twisting	
54. Jumping	
55. Holding or Carrying	
56. Lifting	
57. Pushing or Pulling	
58. Reaching	
59. Using Tool or Machinery	
60. Strain or Injury By, NOC.	
61. Welding or Throwing	
97. Repetitive Motion	Carpel Tunnel Syndrome
VII. Striking Against or Stepping On	
65. Moving Part of Machine	
66. Object Being Lifted or Handled	
67. Sanding, Scraping, Cleaning Operation	
68. Stationary Object	
69. Stepping on Sharp Object	
70. Striking Against or Stepping On, NOC.	
VIII. Struck or Injured By	Includes Kicked, Stabbed, Bit, Etc.

IX. Rubbed or Abraded By	
94. Repetitive Motion	Callous, Blister, Etc.
95. Rubbed or Abraded, NOC.	
X. Miscellaneous Causes	
82. Absorption, Ingestion or Inhalation, NOC	
87. Foreign Matter (Body) in Eye(s)	
88. Natural Disasters	Earthquake, Hurricane, Tornado, Etc.
89. Person in Act of a Crime	Robbery or Criminal Assault
90. Other Than Physical Cause of Injury	
91. Mold	
96. Terrorism	
98. Cumulative, NOC	All Other
99. Other - Miscellaneous, NOC	
74. Fellow Worker; Patient	Not in Act of a Crime
75. Falling or Flying Object	
76. Hand Tool or Machine in Use	
77. Motor Vehicle	
78. Moving Parts of Machine	
79. Object Being Lifted or Handled	
80. Object Handled By Others	
81. Struck or Injured, NOC.	Includes Kicked, Stabbed, Bit, Etc.
85. Animal or Insect	
86. Explosion or Flare Back	

Other Code Values (DN 2,4,39,53,63,74,146,185,249,270,290)

Code values: Following are the code values that will be accepted but the NHDOL.												
DN	Element Name	Capture?										
0002	Maintenance Type Code (for FROI)	Y	00	01	02	CO	AQ	AU				
0004	Jurisdiction Code	Y	NH									
0025	Industry Code	Y	(NAIC Industry Codes)									
0035	Nature of Injury Code	Y	(WCIO Nature of Injury Codes)									
0036	Part of Body Code	Y	(WCIO Part of Body Codes)									
0037	Cause of Injury Code	Y	(WCIO Cause of Injury Code)									
0039	Initial Treatment Code (IA)	Y	0	1	2	3	4	5				
0053	Employee Gender Code (E)	Y	F	M	U							
0063	Wage Period Code (IA)	Y	01	02	04							
0074	Claim Type Code (IA)	Y	M	I	N	B	L					
0146	Death Result of Injury Code (NA)	Y	Y	N	U							
0185	Insurer Type Code (IA)	Y	I	S	G							
0249	Accident Premises Code (M)	Y	E	L	X							
0270	Employee ID Type Qualifier (M)	Y	E	G	P	S	A					
0290	Type of Loss Code (IA)	Y	01	02	03							

Section O

IAIABC Information

The following information about the International Association of Industrial Accident Boards and Commissions (IAIABC) was produced by the IAIABC. It is reproduced here by permission for users' convenience.

Organizations newly implementing an Electronic Data Interchange (EDI) system may need to obtain documents and/or a user agreement from IAIABC. You may contact the IAIABC for further information. Their website address is www.iaiabc.org.

The IAIABC asserts ownership of the intellectual property in the EDI transaction standards. It requires that any organization must obtain a license to use the standards to transmit workers' compensation data to any state. Contact the IAIABC for further information.

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II. WHAT IS ELECTRONIC DATA INTERCHANGE (EDI)?.....	3
A. STANDARDS.....	3
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I. HISTORY OF THE IAIABC AND EDI

In April of 1914, just six years after the enactment of the first Workers' Compensation Act in the United States, regulators from federal and state programs gathered in Lansing, Michigan and formed an association. The next year, a Canadian province joined and the International Association of Industrial Accident Boards and Commissions was formed.

Concurrent with the activities of the IAIABC subcommittee reviewing Basic Administrative Information Systems (BAIS), the National Association of Insurance Commissioners (NAIC) established a subcommittee to review the subject of data collection. The NAIC subcommittee was established at the same point in time that the IAIABC subcommittee was compiling the results of the second survey directed to the state agencies. Based upon the similarity of purpose in terms of expanded workers' compensation data collection, a joint working group composed of members of the IAIABC subcommittee and the NAIC subcommittee was formed.

In March of 1991, several carriers and associations met with the IAIABC in an effort to truly standardize the electronic reporting process. The result was the formation of the EDI Steering Committee. This working group within the IAIABC proceeded with the concept of moving the data collection project into an implementation phase. At the same time, a technical working group was established—composed primarily of insurance representatives, state agency personnel, and consultants—who have focused on the detail of defining the data elements and developing the format in which the data can be electronically transferred. This group, after reviewing all the various forms presently filed with state agencies, identified distinct phases that the project would follow. These phases reflect the various generic categories into which the various state reporting forms fell and include:

First Report of Injury—the initial report designed to notify the parties of the occurrence of an injury or illness.

Subsequent Payment Record—Consists of forms which gather information when benefit payments begin, case progress information, and paid amounts by benefit type when the claim is concluded.

Medical Data—Develops more refined data pertinent to the dates of service, diagnostic and procedure codes, and costs associated with the providing of medical care.

Vocational Rehabilitation Data—Monitors the incidence of vocational rehabilitation, the outcomes, and the costs associated with it.

Litigation Data—Reflects the incidence of disputes, issues in dispute, outcome results at various adjudication levels, and system costs related to litigation.

Each of these categories represents a separate project phase for the technical working group. Focusing first on the First Report of Injury (FROI), the working groups were able to create a standard reporting format that served the needs of virtually each one of the state agencies.

Efforts have also been directed at establishing the same standardized reporting formats for the Proof of Coverage (POC), the reporting of medical information, and the Subsequent Payment Report which contains all those claim derivatives—including the level and type of benefit payments—that occur following the initial reporting of the claim. The transaction standards for

FROI and Subsequent Reports have developed into a Release I version of the EDI Implementation Guide.

II. WHAT IS ELECTRONIC DATA INTERCHANGE (EDI)?

Electronic Data Interchange (EDI) consists of standardized business practices that permit the flow of information between organizations without the need for human intervention.

Imagine that an ambitious ant wanted to get from your left hand to your right hand. It would be a long journey for a little ant. Imagine next that you held a string between your fingers. The ant could cross that string and get there much faster in that situation. Finally, imagine that you took the two ends of the string and put them together. That is EDI. It is putting together the two points for instant travel.

Using technology enables trading partners to communicate with themselves and their jurisdiction. Someone gathers the information, types it into the computer and the computer does the rest. Information can be routed to the correct system regardless of whether the system resides in the next room or somewhere across the globe.

Electronic Data Interchange is a member of a family of technologies for communicating business messages electronically. This family includes EDI, facsimile, electronic mail, telex, and computer conferencing systems. Technically speaking, EDI is the computer application to computer application exchange of business data in a structured format. In other words, the purpose of EDI is to take information from one company's application and place it in the computer application of another company (or in EDI vocabulary – a trading partner.)

Here are three key components to EDI:

(1) Standards, (2) Software, and (3) Communications.

A. STANDARDS

Standards have three categories.

Transactions sets—a logical grouping of segments used to convey business data (also referred to as a document). These replace paper documents or verbal requests.

Data dictionary - defines the meaning of individual pieces of information (a.k.a. data elements) within a transaction set.

Systems - an electronic envelope where all of the information resides.

B. SOFTWARE

Software solutions for managing the system will be dictated by your communications technology. You will be reprogramming existing systems and purchasing a translator, purchasing an off-the-shelf solution, hiring an outside consultant, or using a 3rd party to collect the data.

The EDI translation software component converts the application data to a standard EDI format. The telecommunication software initiates the communication session, establishes protocol, validates security, and transmits the EDI data. The telecommunication network provides the medium to connect two or more computer environments.

C. COMMUNICATIONS

Communications is the technology that allows data to flow between one computer and another. The EDI telecommunications process involves a computer application to formulate the customized business partner's data. Communications technology is divided into software and network choices. The number of choices depends on the how you choose to implement EDI. The two choices are:

Communications Technology

Internal Systems Technology

The communications software you choose will be dictated by your choice of communications network and whether you are communicating with the same structure or need a translator between systems. The primary objective of communications relative to EDI is to transport information between business partners in a cost effective and efficient manner. A second critical objective is to assure the privacy and confidentiality of the information while it is being electronically exchanged.

Appendix A - Acronyms

Worker Compensation commonly used Acronyms

This section of acronyms is taken from The Workers Compensation Insurance Organizations a voluntary association of authorized or licensed rating, advisory, or data service organizations that collect workers compensation insurance information in one or more states.

ACRONYMS

AND

ABBREVIATIONS

INTRODUCTION TO ACRONYMS AND ABBREVIATIONS

The insurance industry's vocabulary is riddled with acronyms, abbreviations and 'catchy' names. A roadmap is essential to effectively move about the insurance world. For example:

Comp - free tickets to a Dolphins football game or a line of business in insurance, short for workers' compensation.

BEEP - a high-pitched sound of a horn or Bureau Entry and Edit Package developed by ACCCT.

Although entitled 'Acronyms and Abbreviations', this section also includes 'catchy' names. The acronyms and abbreviations in this section are not defined; however, their definitions can be found in the glossary under its full name; e.g. ASWG can be found under Advisory Statistical Work Group.

In the section titled Acronyms and Abbreviations, not all terms are insurance related, but are commonly used in the business and data reporting environment.

ACRONYMS AND ABBREVIATIONS

A	
AAA	American Academy of Actuaries
AAI	Alliance of American Insurers
AASCIF	American Association of State Compensation Insurance Funds
ACAS	Associate of Casualty Actuarial Society
ACORD TM	Association for Cooperative Operations Research & Development
ACCCT	American Cooperative Council on Compensation Technology
ACCEDE	Automated Carrier Call Edit and Data Entry (Minnesota)
ADQIP	Aggregate Data Quality Incentive Program (NCCI's)
AIA	American Insurance Association
AIDM	Associate Insurance Data Manager
AKA	Also Known As
ALAE	Allocated Loss Adjustment Expense
AMCOMP	The American Society of Workers' Compensation Professionals, Inc.
ANSI	American National Standards Institute
App	Short For Application
ARD	Anniversary Rating Date
ARAP	Assigned Risk Adjustment Program
ARP	Assigned Risk Plan
ASC	Accredited Standards Committee
ASCII	American Standard Code for Information Interchange

A (Continued)	
ASP	Application Service Provider
ASWG	Advisory Statistical Work Group
AWW	Average Weekly Wage
AY	Accident Year
B	
BBS	Bulletin Board Services
BBS	Bulletin Board Systems
BEEP	Bureau Entry & Edit Package (ACCCT's)
BSI 5/17	Bulk Self-Insured Premium (5) & Loss (17) Forms
BWC	Bureau of Workers' Compensation (Ohio)
C	
'C' Report	Correction Report
CAOM	Compensation Advisory Organization of Michigan
CAS	Casualty Actuarial Society
CAY	Calendar Accident Year (Report)
CAYAR	Calendar Accident Year Assigned Risk (Report)
CAYCM	Calendar Accident Year Capitated Medical (Report)
CAYE	Calendar Accident-Year Expense (Report)
CBA	Cost-Benefit Analysis

C (Continued)	
CCIA	Colorado Compensation Insurance Authority (Old Name for Colorado Fund)
CCO	Coordinated Care Organization
CEO	Chief Executive Officer
CEP	Company Edit Package
CFO	Chief Financial Officer
CIDM	Certified Insurance Data Manager
CIO	Chief Information Officer
CIGA	California Insurance Guarantee Association
Comp	Short for Workers' Compensation
COO	Chief Operating Officer
CNP	Closed No Payment
CPAP	Contractors Premium Adjustment Program
CPCU	Chartered Property and Casualty Underwriters
Crits	Short for Letters of Criticism
CSO	CompSource Oklahoma
CV	Critical Value
CWCI	California Workers' Compensation Institute.
CWP	Closed Without Payment
CY	Calendar Year (Report)
CYE	Calendar Year Expense (Report)

CYR	Calendar Year Reconciliation (Report)
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D	
D "Ratio"	Short for Discount Ratio
DASD	Direct Access Storage Device
DBA	Doing Business As
DCA	Data Collection Agency
DCI	Detailed Claim Information
DCO	Data Collection Organization
DCRB	Delaware Compensation Rating Bureau (also known as Delaware Bureau)
Dec Page	Short for Declaration Page
DEP	Direct Earned Premium
DNQ	Do/Does Not Qualify
DOI	Department/Division of Insurance
DP	Data Processing
DQ	Data Quality
DSC	Data Standards Committee
DSR	Designated Statistical Reporting
DWP	Direct Written Premium (Report)
E	
EBCDIC	Extended Binary Coded Decimal Interchange Code
EBNR	Earned But Not Reported

E Commerce	Short for Electronic Commerce
EDI	Electronic Data Interchange

E (Continued)	
EL	Employers' Liability
ELR Factor	Expected Loss Rate Factor
E-Mail	Short for Electronic Mail
E-Mod	Short for Experience Modification
EPO	Exclusive Provider Organization
ERM14	Experience Rating Modification – Change of Ownership Form
ERM6	Experience Rating Modification Form
ETD	Estimated Target Date
ERP	California Workers' Compensation Experience Rating Plan
Ex-Med	Short for Excluding Medical
F	
'F' Classes or Codes	Short for Federal Classifications or Codes
FCAS	Fellow of Casualty Actuarial Society
FCIP	Financial Calls Incentive Program (Minn)
FCOD	Financial Calls on Diskette® (NCCI's) software
FCRD	Financial Call Reporting by Diskette (Minn)
FDIP	Financial Data Incentive Program (DE/PA)

FDRA	Financial Data Reporting Application (DE/PA)
FCMHSA	Federal Coal Mine Health and Safety Act
FEIN	Federal Employer Identification Number

F (Continued)	
FELA	Federal Employers Liability Act
FROI	First Report of Injury
FTP	File Transfer Protocol
G	
GIGO	Garbage-In Garbage-Out
GUI	Graphic User Interface
H	
H/C	Hard Copy
HCFA	Health Care Financing Administration
HIPAA	Health Insurance Portability and Accountability Act of 1996
HMO	Health Maintenance Organization
HTTP	Hyper Text Transfer Protocol
I	
IAIABC	International Association of Industrial Accident Boards and Commissions

IBNR	Incurred But Not Reported
ICD Codes	International Classification of Disease Codes
ICRB	Indiana Compensation Rating Bureau
ICRs	Individual Case/Claim Reports

I (Continued)	
IDMA	Insurance Data Management Association
IDMS	Integrated Database Management System
IEE	Insurance Expense Exhibit
IIA	Insurance Institute of America
Ind(s)	Short for Independent State Rating Organization(s)
IPA	Individual Practice Association
IRIS	Insurance Regularoty Information System
IS	Information System
ISO	Insurance Services Office, Inc.
ISP	Internet Service Provider
IT	Information Technology
IWIF	Injured Workers' Insurance Fund (of Maryland)
J	
JCL	Job Control Language
JUA	Joint Underwriting Association

K	
KEMI	Kentucky Employers' Mutual Insurance
L	
LAE	Loss Adjustment Expense

L (Continued)	
LAN	Local Area Network
LOA	Letter of Authority
LWCC	Louisiana Workers' Compensation Corporation
M	
MAAA	Member of the American Academy of Actuaries
MCO	Managed Care Organization
MEM	Missouri Employers Mutual
MEMIC	Maine Employers Mutual Insurance Company
MGA	Managing General Agent
MIS	Management Information System
MO(s)	Medical Only(s)
Mod	Short for Experience Rating Modification
MSF	Monopolistic State Fund

MWCIA	Minnesota Workers' Compensation Insurers Association
N	
N/A	Not Applicable
NOC	Not Otherwise Classified
NAIC	National Association of Insurance Commissioners
NAICS	North American Industry Classification System

N (Continued)	
NAII	National Association of Independent Insurers
NAPEO	National Association of Professional Employer Organizations
NCCI	National Council on Compensation Insurance, Inc.
NCITS	National Committee for Information Technology Standards
NCRB	North Carolina Rate Bureau
NJCRIB	New Jersey Compensation Rating and Inspection Bureau (Also known as New Jersey Bureau)
NPD	No Payroll Developed
NPD	No Payroll Division
NOA	Notice of Assignment
NPE	No Payroll Expended
NYCIRB	New York Compensation Insurance Rating Board (Also known as New York Bureau)
NYFCIS	New York Financial Call Information System

O	
OD	Occupational Disease
OSHA	Occupational Safety and Health Administration
P	
“Page 15”	Short for Page 15 of the Insurance Annual Statement
PCRB	Pennsylvania Compensation Rating Bureau (Also known as Pennsylvania Bureau)
PEO	Professional Employer Organization
PICS	Policy Issue Capture System (NCCI’s)

P (Continued)	
PIF	Policies-In-Force
PIR	Pending Initial Rating
POC	Proof of Coverage
PPO	Preferred Providers Organization
PSP	Premium by Size of Policy
PY	Policy Year (Report)
PYAR	Policy Year Assigned Risk (Report)
PYCM	Policy Year Capitated Medical (Report)
PYF	Policy Year Federal (Classification Report)
PYLD	Policy Year Large Deductible (Report)

Q	
QC	Quality Control
QDWP	Quarterly Direct Written Premium (Report)
R	
'R' Report	Short for Replacement Report
Retros	Short for Retrospective Ratings
RFI	Request for Information
RFB	Request for Bid
RFP	Request for Proposal
RFQ	Request for Quote

R (Continued)	
RIMS	Risk and Insurance Management Society
RISK ID	Risk Identification Number
RM	Residual Market
RMAPS SM	Residual Market Application Processing System (NCCI's)
RY	Report Year
S	
Sched Z	Schedule Z
SAWW	State Wide Average Weekly Wage

SCAD	Program for Submission of California Aggregate Data
SCAD-ED1	Software for Entering and Validating Aggregate Financial Data (Calif.)
SCIF	State Compensation Insurance Fund (Calif.)
SF(s)	State Fund(s)
SFM	State Fund Mutual (Insurance Company of Minnesota)
SIC	Standard Industry Classification
SIF	Second Injury Fund
SIF	State Insurance Fund (of Oklahoma)
SIF(s)	Self-Insured Fund(s)
SIG(s)	Self-Insured Group(s)
SIIS	State Industrial Insurance System (of Nevada)
SRP	Schedule Rating Premium (Report)

S
(Continued)

SSN	Social Security Number
Stat	Short for Statistical, e.g., Stat Agent, Stat Plan, Stat Codes, etc.
SWIF	State Workers' Insurance Fund (of Pennsylvania)
T	
T/A	Trading As
TPA	Third Party Administrator
TRIA	Terrorism Risk Insurance Act

U	
U/R	Unit Report
ULAE	Unallocated Loss Adjustment Expense
Unit	Short for Unit Statistical Report
URC	Unit Report Control (NCCI's)
URE	Unit Report Expansion (NCCI's)
URQ	Unit Report Quality (NCCI's)
USL & HW or USL&H	United States Longshoremen and Harbor Workers
USR	Unit Statistical Report
USRP	California's Workers' Compensation Uniform Statistical Reporting Plan
V	
"Vol Comp"	Short for Voluntary Compensation
Vol	Short for Voluntary Insurance

V (Continued)	
VR	Short for Vocational Rehabilitation
VSAM	Virtual Storage Access Method
W	
WAN	Wide Area Network
WC	Workers' Compensation

WCCDCI	Workers' Compensation Detailed Claim Information (Electronic Format for DCI Data)
WCCNTL	Workers' Compensation Control (Electronic Format for the Control of Unit Report Data)
WCDM	Workers' Compensation Data Monitoring
WCESTAT	Workers' Compensation Error Statistical (Electronic Format for Unit Report Errors)
WCF	Workers' Compensation Fund (of Utah)
WCIO	Workers' Compensation Insurance Organizations
WCNOA	Workers' Compensation Notice of Assignment (Electronic Format for Notice of Assignment)
WCIRBC	Workers' Compensation Insurance Rating Bureau of California (Also known as California Bureau)
WCPOLS	Workers' Compensation Policies (Electronic Format for Policy Data)
WCRATE	Workers' Compensation Rate (Electronic Format for Rates)
WCRB	Wisconsin Compensation Rating Bureau
WCRI	Workers' Compensation Research Institute
WCRATING	Workers' Compensation Rating (Electronic Format for Rating Worksheets)
WCRIBM	Workers' Compensation Rating Inspection Bureau of Massachusetts (Also known as Massachusetts Bureau)

W (Continued)	
WCSTAT	Workers' Compensation Statistical (Electronic Format for Unit Report Data)
WSI	Workplace Safety and Insurance (North Dakota)
WWW	World Wide Web
X	
XML	Extensible Mark Up Language
X-Mods	Short for Experience Modifications
Y	
Y2K	Year 2000
Z	
ZIP CODE	Zoning Improvement Plan Code.
MISCELLANEOUS	
120-BYTE	Electronic Format for Pre-ASWG Unit Report Data (120 Positions)
250-BYTE INTERIM	Electronic Format for Pre-ASWG Unit Report Data, reported in the New ASWG Format (250 Positions)
250-BYTE FULL	Electronic Format for ASWG Unit Report Data (250 Positions)

Appendix B

Workers Compensation Glossary of Terms

This section of terms is taken from The Workers Compensation Insurance Organizations a voluntary association of authorized or licensed rating, advisory, or data service organizations that collect workers compensation insurance information in one or more states.

GLOSSARY

OF

TERMS

GLOSSARY

INTRODUCTION TO THE GLOSSARY

This glossary defines terms that are not all insurance related, but are commonly used in the business and data reporting environment. The terms have been defined in a simplified and nontechnical manner.

The definitions are not intended to and should not be used as the "legal" definitions of the terms. For example: Permanent Partial – this definition may vary by state.

The purpose of the glossary is to acquaint the reader with easy-to-understand definitions of workers' compensation terms.

Acronyms and abbreviations found in the Acronyms and Abbreviations section of this manual are defined in this glossary.

In an effort to keep the definitions simple, many of the terms in this glossary have been defined in greater detail throughout this manual; e.g., unit reports.

GLOSSARY**A****AAA –**

see definition for American Academy of Actuaries

AAI –

see definition for Alliance of American Insurers

AASCIF –

see definition for American Association of State Compensation Insurance Funds

ACAS –

see definition for Associate of Casualty Actuarial Society

ACCCT –

see definition for American Cooperative Council on Compensation Technology

ACORD™ –

see definition for Association for Cooperative Operations Research & Development

Accident Date

the month, day and year on which the injury occurred. For commulative injuries or disease injuries there may not be an actual accident date. In these cases the accident date may be the last date of exposure or last day of policy.

Accident Year –

the year in which the injury occurred

Accident State –

a state or foreign location that identifies where the accident took place or where a disease was first contracted.

Accredited Standards Committee (ASC) –

see definition for National Committee for Information Technology Standards

Actuary –

an individual who computes statistics relating to insurance, such as pricing and reserving.

Add (A)/Change (C)/Delete (D) –

a correction procedure in which an update type

code indicates that the correction is being done to add (A), change (C) or delete (D) exposure or claim information on unit stat data. The use of A, C, or D is not allowed in all jurisdictions.

Address Record –

a portion of data that identifies the address information of the insured.

Adjusting and Other –

a new term for Unallocated Loss Adjustment Expense. See definition for Unallocated Loss Adjustment Expense.

Adjuster –

an individual representing the insurance company in discussions to reach agreement on the loss amount. (Sometimes called a claim representative or claim adjuster.)

Admiralty –

refers to the laws governing shipping, transportation, and fishing.

ADQIP –

see definition for Aggregate Data Quality Incentive Program (NCCI's)

Advisory Organization –

an organization that provides advisory rules and rates for the Insurance Industry.

Advisory Statistical Work Group (ASWG) –

Originally, ASWG referred to the group analyzing workers' comp statistical data collection. (See section on ASWG). 'ASWG' is now used to describe:

- 250-byte unit report format
- 250-byte unit report requirements - unit report form
- the Advisory Statistical Work Group

Agent –

an independent business person engaged in the activity of soliciting insurance coverage for one or more insurance companies.

Aggregate Data Quality Incentive Program (ADQIP) –

an NCCI program that rewards companies for filing aggregate (financial) data early, or fines for late or erroneous filings.

Aggregate Financial Data – see Financial data.

Aggregate Limit –
the maximum amount an insurer will pay for all claims covered by a policy during a policy period.

Aggregate Reports –
reports that aggregate data for all insurers reporting to a statistical agent in a state. There are three types of statistical data that may be aggregated:

1. Financial Data
2. Unit Report Data
3. Claim Information Data

AIA –
see definition for American Insurance Association

AIDM –
see definition for Associate Insurance Data Manager

ALAE –
see definition for Allocated Loss Adjustment Expense

Alliance of American Insurers (AAI) –
a National Insurance Trade Association of Property and Casualty member companies. Provides input on critical legislative and regulatory issues.

Allocated Loss Adjustment Expense (ALAE) –
an accumulation of expenses incurred in investigating and settling claims that are directly assignable to specific claims. Examples include: legal fees, adjusting fees, court costs, medical costs containment expenses, services required by law or insurance regulation.

Allocated Loss Adjustment Expense – Incurred –
a specific expense in whole dollars incurred, including paid and outstanding by an insurance company, when handling a claim that can be directly allocated to that particular claim.

Allocated Loss Adjustment Expense – Paid –
a specific expense in whole dollars paid by an insurance company when handling a claim that can be directly allocated to that particular claim.

Alpha (A) –
a field that contains only alphabetical characters. Data field is to be left-justified and right blank-filled.

Alphanumeric (AN) –
a field that contains alphabetic and numeric characters. Data field is to be left-justified and right blank-filled.

‘Alternative workers’ compensation coverage’ –
this is commercial insurance purchased on the voluntary market. The policy may consist of any combination of life, disability, accident, health or other insurance, provided that the coverage insures without limitation or exclusion any of the workers’ compensation benefits as defined in the law of the state.

A.M. Best Company –
a company that rates insurance companies based on their financial condition and operating performance

AMCOMP –
see definition for The American Society of Workers’ Compensation Professionals, Inc.

American (National) Standard Code for Information Interchange (ASCII) –
a table of values used for data transmission by minicomputers and personal computers.

American Academy of Actuaries (AAA) –
is the organization representing the entire U.S. actuarial profession. It serves the public and the actuarial profession both nationally and internationally through: (1) establishing, maintaining, and enforcing high professional standards of actuarial qualification, practice and conduct; (2) assisting in the formation of public policy by providing independent and objective information, analysis, and education; (3) advancing the actuarial profession with other organizations representing actuaries; and (4) increasing the public’s recognition of the actuarial profession’s value.

American Association of State Compensation Insurance Funds (AASCIF) –
an organization whose members are the state compensation insurance funds and the Workers’ Compensation Boards and Commissions of Canada.

American Cooperative Council on Compensation Technology (ACCCT) –
a workers’ compensation joint venture that shares ideas and technology and, jointly develops software programs and systems with the goal of operating more effectively and efficiently.

- American Insurance Association (AIA)** – a property and casualty insurance trade organization. Provides constructive solutions to issues facing the insurance industry.
- American National Standards Institute (ANSI)** – encourages the use of US standards internationally and the adoption of international standards as national standards.
- American Society of Workers' Comp Professionals, Inc. (AMCOMP)** – a not-for-profit corporation dedicated to the improvement of professional excellence in the multi-disciplined field of workers' compensation.
- Anniversary Rating Date (ARD)** – a term used in the experience rating process. In general terms, the anniversary rating date is normally the effective date of the policy.
- Annual Statement** – a detailed financial statement required to be reported by each insurer to the insurance department in its state of domicile. The annual statement includes a balance sheet, income statement, reinsurance information, and a breakdown of loss payments and reserves by line of business and accident year.
- ANSI** – see definition for American National Standards Institute
- Antitrust laws** – laws that prohibit companies from working as a group to set prices, restrict supplies, stop competition in the marketplace.
- APP** – see definition for Application
- Application (APP)** – a statement of information sent to an insurance company made by the insured or his agent to obtain an insurance policy.
- ARD** – see definition for Anniversary Rating Date
- ARAP** – see definition for assigned Risk Adjustment Program
- Assigned Risk Adjustment Program (ARAP)** – an additional adjustment to the experience modification factor, used in states to adjust premium for assigned risk policies.
- ARP** – see definition for Assigned Risk Plan
- ASC (Accredited Standards Committee)** – see definition for National Committee for Information Technology Standards
- ASCII** – see definition for American Standard Code for Information Interchange
- Assigned Risk** – an insured who is unable to acquire coverage in the regular (voluntary) market, and has been assigned to a company that will provide coverage.
- Assigned Risk Plan (ARP)** – an involuntary plan where a risk obtains insurance that is not available on the voluntary insurance market. Insurance is handled by a pool (Assigned Risk Pools) or assigned to insurers for which participation is mandatory. Under an assigned risk plan, the Plan Administrator assigns the account to licensed insurers and the insurers issue their own policies and retain the experience of the risk as direct business.
- (ACORD™)** – Association for Cooperative Operations Research & Development a non-profit standards developer for the insurance industry, a resource for information about object technology, EDI, XML and electronic commerce in the United States and other nations.
- Associate Insurance Data Manager (AIDM)** – to achieve the AIDM designation requires passage of four IDMA examinations.
- Associate of Casualty Actuarial Society (ACAS)** – an individual who has passed at least the first seven, but not all, of the examinations of the Casualty Actuarial Society, and has attained an Associateship status.
- Assumed** – to accept the risk from the ceding insurer
- ASWG** – see definition for Advisory Statistical Work Group

ASWG Committee –

see definition for Advisory Statistical Work Group

ASWG Unit Submission Code –

a code that indicates that the unit statistical data being reported in the ASWG format (see ASWG).

Audit –

an examination of the insured's books and records to determine actual payroll (exposure) for the purpose of computing premium. Audits are a requirement for workers' compensation.

AWW –

see definition for Average Weekly Wage

Average Weekly Wage (AWW) –

an average of an injured employee's weekly earnings over a period of time.

B**Basic Manual –**

a manual published by NCCI that contains the underwriting rules and rates for workers' compensation insurance. Other DCOs publish similar manuals under different titles.

BBS –

see definition for Bulletin Board Services

BBS –

see definition for Bulletin Board Systems

BEEP –

see definition for Bureau Entry & Edit Package (ACCCT's)

Benefits –

monetary payments and other services provided by the insurer.

Binder –

a legal agreement issued by an agent or company to provide temporary insurance coverage until a policy can be written.

Book of Business –

total amount of insurance on an insurer's books at a particular point in time.

Broker –

a licensed person or organization paid to look for insurance.

BSI 5/17 –

a form used by self-insured groups to report unit report data. Form BSI 5 is for reporting the premium information, and Form BSI 17 is for reporting loss information. BSI 5/17 reporting is unique, in that premium and losses are reported on separate forms. The primary use of each form is to obtain an experience modification.

Bulk Reserves –

an accumulated amount determined to provide for future loss of payments for known claims. These include case reserve inadequacies, additional case reserves, and claims that may reopen or other reserves not allocated to specific claims.

Bulk Self-Insured

Premium (5) & Loss (17) Forms – see definition for BSI 5/17

Bulletin Board Service (BBS) –

a communication medium to report data electronically by telephone, computer and modems.

Bulletin Board System (BBS, EBBS) –

a communicating computer equipped to provide informational messages, file storage, transfer and message exchange to dial-up data terminal or personal computer users.

Bureau –

an organization formed for checking rates, developing forms, rules and rates for a line of business. A bureau may be a department of the state or an independent entity.

A Bureau also collects and edits data.

The term 'Bureau' is often used to describe a rating bureau, audit bureau, advisory rating bureau, inspection bureau and Data Collection Organization, etc.

Bureau Entry and Edit Package (BEEP) –

a software package developed by ACCCT that permits insurance carriers and other reporting organizations to enter workers' compensation unit report information for transmission to any state insurance advisory and/or rating organization.

Bureau Rates –

refers to rates filed by a rating bureau (see bureau) and

approved by the insurance department for use in that state.

BWC –
see definition for Bureau of Workers' Compensation (Ohio)

Byte –
eight (8) bits (a binary digit is a basic binary unit for storing data, it can either be 0 (zero) or 1 (one)) treated as a unit and representing a character.

C

"C" Report or Correction Report –
a unit report used to correct any type of error or information on a previously filed unit report.

"Comp" –
short for workers' compensation.

'C' Report –
see definition for Correction Report

Calendar Year –
the year in which premiums and losses are booked.

Calendar Year (CY) Report –
a report submitted by companies to jurisdictions pertaining to financial data that provides detail information on the analysis of state(s) and countrywide trends.

Calendar Year Expense (CYE) Report –
a report submitted by companies to jurisdictions pertaining to financial data that is used to substantiate the expenses included in the rate filings.

Calendar Year Reconciliation (CYR) Report –
a report used to reconcile data reported on Line 16 of Page 15 of the Annual Statement with the data reported on aggregate financial calls.

Calendar-Accident Year Assigned Risk (CAYAR) Report –
a report that is the same as CAY, but only contains data of insureds in the involuntary market.

Calendar-Accident Year Capitated Medical (CAYCM) Report –

a report that is the same as CAY, but only contains data from insureds with capitated medical policies.

Calendar-Accident Year Expense (CAYE) Report –
a report that is used to substantiate the expenses included in the rate filings.

Calendar-Accident Year Report (CAY) –
a report that aggregates losses from accidents that occurred during a particular year regardless of when the losses were recorded or reported. For example, if an accident occurred on 12/31/99 but was not reported until 1/5/2000, the Calendar-Accident Year would be 1999.

California Workers' Compensation Institute (CWCI) –
an organization of insurers and self-insured employers conducting and communicating research and analysis to improve the operation of the California Workers' Compensation System.

Calls –
a term used for the request of data by an insurance department, DCO or others. For example, Policy Year "Call".

Cancelled Flat –
a policy that is terminated as of the policy effective date.

Cancellation –
a termination, by either the insured or company, of an insurance policy before its expiration date.

There are three types of cancellations. They are:

Flat – termination of the insurance back to the effective date of coverage without a premium charge.

Mid-Term – Pro Rata – termination where the premium is adjusted for the time the coverage was in effect. Cancellation at the request of an insurer is usually on a pro rata basis.

Mid-Term – Short Rate – termination at the request of the insured prior to the expiration date. Therefore, if cancelled by insured, an increased charge is made to cover expenses.

CAOM –
see definition for Compensation Advisory Organization

of Michigan

California Insurance Guarantee Association (CIGA) – if a carrier becomes insolvent in California, this organization settles unpaid claims and assesses each other carrier its proportional share.

Capitated (Contract) Medical – an arrangement/contract with an organization where the care of injured employees is administered by a managed care organization including when the provider is reimbursed on a percovered individual, rather than per specific treatment basis.

Card Serial Number – a number assigned, usually sequential, to the unit report.

Carrier – an insurance company that ‘carries’ the insurance coverage.

Carrier Code (Insurer) Number – a 5-digit numeric code identifying the reporting company (for most states).

Carrier of Last Resort – the insurance company designated to accept a risk after the risk has been refused coverage by all other insurance companies.

CAS – see definition for Casualty Actuarial Society

Case – another name for a claim.

Case Reserve – an accumulated amount that an insurer’s claim professional determines is appropriate to value the unpaid portion of a claim or a group of claims.

Casualty Actuarial Society (CAS) – an international research, examination and membership organization for actuaries in property and casualty insurance. It also administers a series of examinations leading to Associate status and then to Fellowship.

Catastrophe – an accident/occurrence that results in two or more claimants being injured.

Catastrophe Number – a sequential number for two or more claims resulting from the same occurrence, beginning with 01 for the first occurrence, 02 for the second occurrence, etc., and is usually assigned by the Data Collection Organization or the insurance company.

CAY – see definition for Calendar Accident Year (Report)

CAYAR – see definition for Calendar Accident Year Assigned Risk (Report)

CAYCM – see definition for Calendar Accident Year Capitated Medical (Report)

CAYE – see definition for Calendar Accident-Year Expense (Report)

CBA – see definition for Cost-Benefit Analysis

CCIA – see definition for Colorado Compensation Insurance Authority

CCO – see definition for Coordinated Care Organization

CEO – see definition for Chief Executive Officer

CEP – see definition for Company Edit Package

Cede or Ceded – to pass on to another insurance company all or part of the insurance written by the insurer.

Certificate Number – a number used to identify a risk covered under a master policy.

Certified Insurance Data Manager (CIDM) – to achieve CIDM designation requires completion of the four IDMA study courses plus additional course work from one of four recognized professional/programs; e.g., CPCU.

<p>CFO – see definition for Chief Financial Officer</p> <p>Charter Property and Casualty Underwriters (CPCU) – an organization of more than 28,000 insurance professionals. All members have passed examinations and fulfilled other requirements.</p> <p>Chief Executive Officer (CEO) – a title normally given to the highest ranking officer of a company.</p> <p>Chief Financial Officer (CFO) – a title normally given to the highest ranking financial/accounting officer of a company.</p> <p>Chief Information Officer (CIO) – a title normally given to the highest ranking information technology officer of a company.</p> <p>Chief Operating Officer (COO) – a title normally given to the second highest ranking officer of a company.</p> <p>CIDM – see definition for Certified Insurance Data Manager</p> <p>CIGA – see definition for California Insurance Guarantee Association</p> <p>CIO – see definition for Chief Information Officer</p> <p>Circulars – a term used to describe newsletters, bulletins, guidelines, etc., in the insurance industry.</p> <p>Claim – a demand by an individual or corporation to recover under an insurance policy for a loss.</p> <p>Claimant – a person who submits a claim to an insurance company for a loss.</p> <p>Claim Number – an alphanumeric code that uniquely identifies the claim.</p> <p>Claim Status –</p>	<p>a code that indicates whether a claim is opened, closed, reopened or resolved.</p> <p>Claimant's Attorney Fees – a whole dollar amount of paid plus outstanding reserves for claimant's legal representation during the settlement of the claim.</p> <p>Claims Missing From Subsequent List – a listing that contains claims that were open on a prior report but were not reported on a subsequent report. This list is applicable to Massachusetts only.</p> <p>Classification (Class) Code – a numeric code corresponding to the classification assigned to the insured according to the rules of the manual for workers' compensation or the statistical classification code defined by the rating organization.</p> <p>Client-Server – a common form of a system in which software is split between server tasks and client tasks. A client sends a request to a server, according to some rules, asking for information or action, and the server responds.</p> <p>For example, it is like a customer (client) who sends an order (request) to a supplier (server) who sends the goods (response).</p> <p>Closed Claim – a claim that has been settled with all payments having been made and one which has no case reserve.</p> <p>Closed No Payment (CNP) – a claim that has been settled with no payments made.</p> <p>Closed Without Payment – a claim that has been settled with no payments made.</p> <p>CNP – see definition for Closed No Payment or Closed Without Payment</p> <p>Colorado Compensation Insurance Authority (CCIA) – a quasi-public authority, self-supporting state fund. CCIA is the carrier of last resort in Colorado.</p> <p>Commissioner of Insurance – a state official charged with enforcement of the laws pertaining to insurance. Can be called Superintendent or Director of Insurance.</p>
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COMP –

see definition for Workers' Compensation. Short for Workers Compensation

Company Code –

see definition for Carrier Code

Company Edit Package (CEP) –

a general term that refers to the software and associated tools that assist the companies in editing and sometimes reporting the data.

Company Use Only Codes –

a special code designated for use within a company's own system to identify certain information.

Compensable –

a term used to describe a loss where an employee is entitled to compensation due to a work related injury.

Compensation Advisory Organization of Michigan (CAOM) –

an organization that captures and compiles workers' compensation data for the state of Michigan.

Competitive State Fund –

refers to a fund established by a state to write Workers' Compensation that also competes with private insurers.

Compilation Report –

a report that aggregates data and is normally used in a state that has multiple rating organizations or statistical agents.

CompSource Oklahoma (CSO) –

CompSource (CSO) is self-supporting and administered by a President/CEO. Formerly known as The Oklahoma State Insurance Fund (SIF).

Compulsory Insurance –

a type of insurance that is required for every insured by state or federal statute. Workers' compensation is compulsory in most states.

Contingent Mod –

a term used to describe an experience modification factor that has been produced from incomplete information. This mod, while temporary, is contingent upon the completion of the missing data,

i.e., company went bankrupt.

Contract Medical –

an agreement between an insurance company and doctor(s) that states that for a sum of money the doctor(s) will provide medical service for treatment of injuries sustained by the employees of a particular account insured by the insurance company.

Control List –

a listing of unit statistical reports produced by various DCOs, usually produced near the time of policy audit to assist carriers in identifying those unit reports that will become due. Timing and content vary by DCO.

COO –

see definition for Chief Operating Officer

Coordinated Care Organization (CCO) –

an organization licensed and certified to provide medical services to an injured worker.

Correction Report or "C" Report –

a unit report that is required to correct any type of error on a previously filed unit report.

Correction Sequence Number (Indicator) –

the number that corresponds to the number of correction reports submitted within a particular report level.

Correction Type –

the code that indicates the type of correction report being submitted.

Cost Benefit Analysis (CBA) –

a process used to compute whether the implementation of a procedure, development of a project, etc. is cost-justified, i.e., benefits outweigh the cost.

Countrywide Standard Earned Premium at Uniform Reporting Level –

a total premium that would have been earned if the rates were identical to each of the defined premium sizes for all states.

CPCU –

see definition for Chartered Property and Casualty Underwriters

Critical Value (CV) –

a term used to identify criteria for correcting potential errors; e.g., payroll amounts over \$100,000. Also a term used in the ratemaking process where the amount is used to limit losses in a given state.

'CRITS' –

see definition for Letters of Criticism

CSO –

CompSource (CSO) is self-supporting and administered by a President/CEO. Formerly known as The Oklahoma State Insurance Fund (SIF).

Cumulative Injury –

an injury which results in a disability or death and is not traceable to a definite compensable accident occurring during the employee's present or past employment.

CV –

see definition for Critical Value

CWCI –

see definition for California Workers' Compensation Institute

CWP –

see definition for Closed Without Payment

CY –

see definition for Calendar Year (Report)

CYE –

see definition for Calendar Year Expense (Report)

CYR –

see definition for Calendar Year Reconciliation (Report)

D

DASD –

see definition for Direct Access Storage Device

Data Collection Agency (DCA) –

see definition for Data Collection Organization.

Data Collection Organization (DCO) –

an organization that collects information. Organization can be a bureau, jurisdiction or

statistical agent.

Data Processing (DP) –

an old term that referred to the information technology area in a company.

Data Provider –

a company that reports data/information to a DCO.

Data Provider Code –

this is the 5-digit code corresponding to the originator of the transmission (data) or confirmation. If an insurer is the originator, then it is the 5-digit carrier code. If a DCO is the originator, then it is a 5-digit code consisting of 000 + the 2-digit state code of the DCO or 000XX for entities other than states.

Data Receiver Code –

this is the 5-digit code corresponding to the recipient of the transmission (data) or confirmation. If an insurer is the recipient, then it is the 5-digit carrier code. If a DCO is the recipient, then it is a 5-digit code consisting of 000 + the 2-digit state code of the DCO or 000XX for entities other than states.

Data Standards Committee (DSC) –

a committee formed by IDMA to review/study insurance data standards.

Date of Injury –

see definition for Accident Date

DBA –

see definition for Doing Business As

DCA –

see definition for Data Collection Agency

DCI –

see definition for Detailed Claim Information

DCO –

see definition for Data Collection Organization

Death Benefits –

indemnity benefits paid to a survivor of a worker whose injury resulted in death.

Dec Page –

see definition for Declaration Page

DCRB –

see definition for Delaware Compensation Rating

Bureau

of Delaware.

Declaration Page (Dec Page) –

a page (usually the first page) of an insurance policy that displays the coverage carried by the insured. The Declaration Page is now called the Policy Information Page.

Delinquent Listing –

a listing that alerts the insurers of the unit reports that have not been received by the DCO. It is usually produced in the 21 st month after policy effective date.

Deductible Amount Aggregate –

a maximum loss amount for all claims to be paid by the insured.

Department of Insurance (DOI) –

an area within a state's government charged with regulating the business of insurance.

Deductible Amount Per Claim/Accident –

the loss amount by claim/accident to be paid by the insured.

Designated Statistical Reporting (DSR) –

refer to the reporting of premium on financial calls. Premium is reported before the application of company deviations.

Deductible Percent –

the whole percent of the deductible to be paid by the insured.

Deposit Premium –

the premium deposit (usually first month estimated premium) paid by the insured when an application is made for an insurance policy.

Deductible Program –

deductible coding is made up of five deductible elements and two statistical codes.

Detailed Claim Information (DCI) –

an NCCI program that captures detailed claim data on indemnity losses on a sampling basis. The state of Texas has a detailed claim program that is NOT on a sampling basis.

Elements:

Deductible Type

Deductible Percent

Deductible Amount Per Claim/Accident

Deductible Amount Aggregate

Deductible Code (Loss)

Deviation(s) –

usually refers to using a rate other than the bureau rate. Each state has specific rules for deviations.

Deductible Reimbursement –

the whole dollar amount of reimbursement received by the data provider by which the reported gross is to be reduced in order to conform to state requirements for net experience rating.

Direct Premium –

premium collected by the insurer from policyholders, before reinsurance premiums are deducted.

Deductible Type –

the 2-segment 2-digit code that identifies the type of deductible being reported.

Direct Written Premium (DWP) –

a premium amount as reported on Line 16 of Page 15 of the Annual Statement.

Deductibles –

a clause in an insurance policy that relieves the insurer of responsibility in dollars, percentage of the total or percentage of the loss, before paying the loss.

Direct Written Premium Report (DWP) –

a report that is usually used to determine bureau assessments and pool participation.

Defense and Cost Containment Expense –

a new term for Allocated Loss Adjustment Expense. See definition for Allocated Loss Adjustment Expense.

Direct-Access Storage Device (DASD) –

an IBM mainframe terminology for a disk drive in contrast with a tape drive.

Delaware Compensation Rating Bureau –

the authorized data collection organization for the state

Disability –

a physical or mental impairment that limits

one or more of an individual's major life activities.

E

Disease B –

a disease arising out of and in the course of employment, not an ordinary disease of life to which the general public is exposed outside of the employment.

Dividend –

a return of premium, calculated after policy expiration, based on the over-all performance of the insurance company or of a group of insureds.

Division of Insurance (DOI) –

see definition for Department of Insurance

DNQ –

see definition for Do Not Qualify

Do Not Qualify (DNQ) –

a term used when an account does not qualify for experience rating.

DOI –

see definition for Department or Division of Insurance

Doing Business As (DBA) –

a phrase used to identify the insured's business trade name; e.g., Sammy Smith, DBA Bully Bulldozers, Inc.

DP –

see definition for Data Processing

D-Ratio –

a factor used in experience rating. It is the ratio of smaller losses (under \$2,000), plus the discounted value of large losses, compared to the total losses that might be expected of an insured in a particular type of business.

DSC –

see definition for Data Standards Committee

DSR –

see definition for Designated Statistical Reporting

DWP –

see definition for Direct Written Premium (Report)

E-MAIL –

see definition for Electronic Mail

Earned Premium –

a portion of the premium allocated to the expired portion of the policy. For example, a policy effective 1 / 1 /2000 to 1/1/2001 for \$1200 has an earned premium of \$100 as of 2/1/2000. It should be noted that there are formulas for determining earned premium.

EBCDIC –

see definition for Extended Binary Coded Decimal Interchange Code

EDI –

see definition for Electronic Data Interchange

EDI Committee –

a group composed of representatives of each member of the WCIO.

Effective Date –

a date that identifies when a transaction becomes effective. For Workers' Compensation insurance purposes this is normally the policy effective date.

EL –

see definition for Employers' Liability

Electronic Data Interchange (EDI) –

a general term used to describe the method by which carriers submit data to DCOs via magnetic tape, diskette, BBS, internet or other electronic transmissions.

Electronic Data Submission (Electronic Submission) –

a method by which companies submit data to DCOs via magnetic tape, diskette, BBS, internet, or other electronic transmissions.

Electronic Mail (E-Mail) –

a term that describes mail that is sent through a computer (PC).

E-Mod –

an acronym for experience modification. See definition for Experience Modification.

Employee Leasing Company –

see definition Professional for Employer Organization (PEO)

Employer's Attorney Fees –

a whole dollar amount of paid plus outstanding reserves for an employer's legal representation during the litigation of the claim.

Employers' Liability (EL) –

a coverage for the liability of employers for damage resulting from injuries by accident or disease sustained by employees in the course and scope of employment, but not covered, under the workers' compensation laws who choose to sue the employer denying benefits payable under the workers' compensation laws.

Employment Status–

a code that identifies an injured worker's employment status as of the date the claim was first reported to the insurer. For example: regular, part-time employee, etc. This information is captured on detailed claim reports and individual case/claim reports.

Endorsement –

a change to an insurance policy made by using a form containing the language for change.

EPO –

see definition for Exclusive Provider Organization

ERM14 –

see definition for Experience Rating Modification – Change of Ownership Form

ERM6 –

see definition for Experience Rating Modification Form

Error Listing –

a listing that alerts insurers of errors on the data reported to DCOs.

Estimated –

a general calculation of size. The term is usually used to describe premium, payroll, losses, etc.

Excess Policy –

a policy that provides coverage when a loss amount equals or exceeds a predefined amount.

Exclusion –

certain causes and conditions listed in the policy, which are not covered.

Exclusive Provider Organization (EPO) –

a coverage for services only from network providers.

Exclusive State Fund(s) –

Also referred to as monopolistic state funds. An entity that insures all of the employers (there may be few exceptions) in a state. An example of an exclusive state fund is the Ohio Bureau of Workers' Compensation (BWC). The private market is not allowed to compete with the BWC. It should be noted that even in a state with an exclusive state fund, employers may be self-insured and not use the fund.

Ex-Med (Excluding Medical) –

for data reporting, refers to files, reports or exhibits that excludes data for medical payments.

Expense Constant –

a charge applied to all policies to cover company expenses associated with issuing a policy.

Experience –

a term used to identify an insured's payroll and loss activity for a given period.

Experience Modification (E-Mod, X-Mod) –

a factor used to modify the computed premium based on an insured's payroll and loss record. The modification factor is determined by comparing actual losses to expected losses, and can be a debit (>1.00) or a credit (<1.00).

Experience Rating –

a term given to the procedure of comparing the insured's previous payroll and loss data over a three-year period to develop an experience modification. In developing a January 2000 modification, the data normally used is as follows:

<u>Year</u>	<u>Report</u>
98	1st
97	2nd
96	3rd

Experience Rating Modification Factor (E-Mod)

– see definition for Experience Modification

Experience Rating Modification – Change of Ownership Form (ERM14) –

a form used to report change of ownership, merger, etc. for experience rating purposes.

Experience Rating Modification Form (ERM6) –

a form used by self-insured groups to report unit report data. In most jurisdictions, ERM6 has been replaced with the ASWG Unit Report. Primary use of this form was to obtain an experience modification.

Experience Rating Status –

a code that indicates the status of the experience modification, final, not final or not applicable.

Expiration Date –

a date that identifies when a transaction ends. For workers compensation insurance purposes, this is normally the policy expiration date.

Exposure –

the basis against which losses are compared; i.e., the payroll or other measure of risk, by class.

Exposure Amount –

a whole dollar amount for each payroll classification assigned to the policy. Exposure amount is normally on a payroll basis. Exceptions include: per capita, seat surcharge.

Exposure Coverage (ACT) Code –

a code that identifies the type of exposure coverage.

Exposure Record/Section –

a portion of the unit report that identifies the *Exposure Information*- classification(s), audited payrolls, carrier rating values, premium amount, employer's liability, experience modification, and miscellaneous premiums and credits.

Exposure State –

a 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.

Extended Binary Coded Decimal Interchange Code (EBCDIC) – an IBM proprietary 8-bit code for data communications.**Extensible Markup Language (XML) –**

a data format that enables delivery of information for applications on the internet, intranet and extranet.

'External data set identifier' –

for a tape, cartridge or diskette. This is a label that is firmly glued to the tape, cartridge or diskette.

F**'F' Classes or Codes –**

see definition for Federal Classifications or Codes

'F' Classification (Federal Classification) –

a classification that is covered under the USL&HW Act.

Fellow of Casualty Actuarial Society (FCAS) –

a designation earned by passing a series of Casualty Actuarial Society examinations.

FCAS –

see definition for Fellow of Casualty Actuarial Society

FCIP –

see definition for Financial Calls Incentive Program (Minn)

FCOD –

see definition for Financial Calls on Diskette® (NCCI's) software

FCRD –

see definition for Financial Call Reporting by Diskette (Minn)

FDRA –

see Financial Data Reporting Application (FDRA) - an Internet-based system that allows carriers to enter, edit and submit Forms, Calls and Schedule W (for the Pennsylvania/Delaware Rating Bureau). The FDRA also includes product demo information.

FDIP –

see Financial Data Incentive Program for the Pennsylvania/Delaware Rating Bureau. Financial Data Incentive Program (FDIP) - Pennsylvania/Delaware Rating Bureau's program that rewards companies for filing financial data early, or fines for late or erroneous filings.

Federal Coal Mine Health and Safety Act (FCMHSA) – an act that provided benefits to coal miners.

Federal Employers' Liability Act (FELA) – a law that establishes benefits for certain employees, e.g., those engaged in interstate commerce by rail. An act that gives employees of interstate rail carriers an action in negligence against their employers.

Federal Employer Identification Number (FEIN) – a Federal Employer Identification Number of the insured.

FEIN – see definition for Federal Employer Identification Number

FELA – see definition for Federal Employer's Liability Act

Field(s) – a length of a data element within a format. For example: 2-digit code is referred to as a 2- digit "field".

File-and-Use States – states where insurers must file rate charges with the regulators, but don't have to wait for approval to put them into effect.

File Transfer Protocol (FTP) – a client-server protocol that allows a user on one computer to transfer files to and from another computer over a network.

Financial Call Incentive Program (FCIP) – a program of the Minnesota Workers' Compensation Insurers Association, Inc., that encourages the filing of financial data on a timely and accurate basis. The program applies to Policy Year Call, Policy Year Large Deductible Call, Calendar-Accident Year Call and Calendar-Accident Large Deductible Call.

Financial Call Reporting by Diskette (FCRD) – Minnesota's program for reporting financial data on diskette. It should be noted that there are specific rules that should be followed when using FCRD.

Financial Calls on Diskette® (FCOD) – software
an NCCI program for reporting certain financial data on diskette™.

Financial Data – a group of financial reports required by the different data collection agencies.

Fine List Final – a report that alerts the insurers of the unit reports not reported, reported late and subject to fines.

Fine List Original – a report that alerts the insurers of unit reports not reported or reported late and that may have appeared on overdue/delinquent lists.

First Report – a first reporting of audited payroll, premium and loss data to be filed as of the initial valuation date which is eighteen (18) months after the policy effective date.

First Report of Injury (FROI) – a report prepared by the employer or other parties that describes the events and injuries. May be called by other names, e.g., Employer's Report of Work-Related Accident/Occupational Disease.

Follow-up List Quality – a listing that alerts insurers that errors appearing on a previous error listing have not been corrected.

Fraud – intentional lying or concealment by policyholders to obtain payment of an insurance claim that would otherwise not be paid.

Fraudulent Claim Indicator – an indicator that identifies the involvement of fraud in the claim.

FROI – see definition for First Report of Injury

FTP – see definition for File Transfer Protocol

G

Garbage In - Garbage Out (GIGO) – a slang term for poor quality data going into a system, resulting in poor quality data going out from a system.

GIGO –

see definition for Garbage In-Garbage Out

Governing Class –

a classification, other than a standard exception classification (salespersons, clerical employees, etc.), to which the largest amount of payroll is assigned.

Graphic User Interface (GUI) –

a use of pictures to represent input and output of a program. For example, the program displays icons on the screen and the user controls it by using a mouse.

GUI –

see definition for Graphic User Interface

Grouped Claims –

a procedure where the insurer may opt to combine certain claims by classification and type of injury for reporting purposes.

‘Guaranteed Cost’ –

a premium charged on a prospective basis, fixed or adjustable, but never on the basis of loss experience.

Guaranty Fund –

the mechanism by which solvent insurers bail out the policyholders of companies that fail.

H**HC –**

see definition for Hard Copy

Hard Copy (HC) –

a paper copy of a data type which is submitted and processed through a data entry system.

HCFA –

see definition for Health Care Financing Administration

Header Record –

a portion of data that identifies the key *Policy Information* (policy number, carrier, effective/expiration date) *Report No.* and *Type* of report (correction type, number of report), *Policy Conditions* and *Deductibles*.

Health Care Financing Administration (HCFA) –

an organization that administers Medicare, Medicaid and children’s health insurance programs.

Health Insurance Portability and Accountability Act –

a federal law that allows persons to qualify immediately for comparable health insurance coverage when they change their employment relationships. The act also gives Health and Human Services the authority to mandate the use of standards for the electronic exchange of health care data.

Health Maintenance Organization (HMO) –

an entity that provides, offers or arranges for coverage of designated health services needed by plan members for a fixed, prepaid premium. Under the Federal HMO Act, an entity must have three characteristics to call itself an HMO:

1. an organized system for providing health care or otherwise assuring health care delivery in a geographic area;
2. an agreed-upon set of basic and supplemental health maintenance and treatment services;
3. a voluntarily-enrolled group of people.

HIPAA –

see definition for Health Insurance Portability and Accountability Act

HMO –

see definition for Health Maintenance Organization

HTTP –

see definition for Hypertext Transfer Protocol

Hypertext Transfer Protocol (http) –

the client server rules used on the world wide web for the exchange of documents.

I**IAIABC –**

see definition for International Association of Industrial Accident Boards and Commissions

IBNR –

see definition for Incurred But Not Reported

ICD Codes –

see definition for International Classification of Disease Codes

ICRB –

see definition for Indiana Compensation Rating Bureau

<p>ICRs – see definition for Individual Case/Claim Reports</p> <p>IDMA – see definition for Insurance Data Management Association</p> <p>IDMS – see definition for Integrated Database Management System</p> <p>IEE – see definition for Insurance Expense Exhibit</p> <p>If Any – a term used to indicate that coverage exists "if any" exposure/premium develops for a specific classification or state.</p> <p>IIA – see definition for Insurance Institute of America</p> <p>Impairment Percentage – a formula to provide an objective, fair and consistent method for evaluating the level of permanent impairment.</p> <p>Import – a process to bring data into a computer system from an external source.</p> <p>Incurred But Not Reported (IBNR) – loss amounts that are liabilities of an insurer, but which are not yet reported to a statistical agent or rating organization, nor recorded on the company's books.</p> <p>Incurred Indemnity – a whole dollar amount of compensation, including all paid and outstanding reserve benefits due an employee as a result of a work-related injury.</p> <p>Incurred losses – losses occurring within a fixed period, whether or not adjusted or paid during the same period.</p> <p>Incurred Medical – the whole dollar amount of hospital, physician and other medical benefits, including all paid and outstanding reserve benefits.</p> <p>IND(s) – see definition for Independent State Rating</p>	<p>Organization(s)</p> <p>Indemnity – the compensation paid an injured worker due to a work-related injury.</p> <p>Independent State Rating Organizations (INDs) – the following data collection organizations are considered independent state rating organizations.</p> <ul style="list-style-type: none"> • Workers' Compensation Insurance Rating Bureau of California • Delaware Compensation Rating Bureau, Inc. • Indiana Compensation Rating Bureau • Workers' Compensation Insurance Rating and Inspection Bureau of Massachusetts • Compensation Advisory Organization of Michigan • Minnesota Workers' Compensation Insurers, 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 <p>Indiana Compensation Rating Bureau (ICRB) – a private, non-profit unincorporated association of all insurance companies licensed to write workers' compensation insurance in the state of Indiana.</p> <p>Indicator – as used in data reporting, an indicator is not a code but rather a 'yes or no' type of identification. For example: Attorney involvement; yes (y) or no (n).</p> <p>Individual Case or Claim Report (ICR) – a detailed report on an individual claim which contains specific information pertaining to the claimant and the reserve calculation. The ICR is usually filed concurrently with the submission of the unit report. Reporting requirements vary with each jurisdiction.</p> <p>Individual Practice Association (IPA) – a network of physicians who will provide medical service to non-network patients covered by insurance.</p> <p>Individual Risk Rating – is the procedure an underwriter uses for classifying and rating any risk which presents</p>
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unique or unusual conditions, exposures or hazards for which he feels a commercial lines manual classification or rate is not appropriate.

Information Page –

usually the first page of the policy contract that contains information about the insured and the insured's coverage; e.g., name and address of insured.

Information System (IS) –

a general term used to describe programming/system development areas.

Information Technology (IT) –

a general term used to describe programming/system development areas.

Injured Workers' Insurance Fund of Maryland (IWIF) –

an independent entity created by state statute. IWIF is entirely self supporting and the market of last resort.

Injury Description Code –

a 6-digit segment that represents the part of body, nature of injury and cause of accident for a given claim.

Injury Type –

a code that identifies under which provision of the law benefits are paid or are expected to be paid.

Insurance –

a contractual relationship that exists when one party (the insurer) assumes a risk faced by another party (insured) in return for consideration (premium).

Insurance Commissioner –

see definition for Commissioner of Insurance

Insurance Company –

an organization chartered under state or provincial laws to act as an insurer.

Insurance Data Management Association (IDMA) –

a not-for-profit, independent professional association of insurance data managers.

Insurance Expense Exhibit (IEE) –

a requirement of the National Association of Insurance Commissioners (NAIC). The data is used to conduct a review of general and loss adjustment expenses by line of business.

Insurance Institute of America (IIA) –

a non-profit organization that offers education, certification, publications and research reports to businesses and individuals in risk management and property and liability insurance.

Insurance Services Office, Inc. (ISO) –

an organization that provides information, including statistics, underwriting and claims information, actuarial analyses, policy language, and consulting and technical services in connection with 18 lines of property/casualty insurance.

Insured –

a person or business (an employer) with whom an insurance contract is made.

Insured Address –

the street address, city, state and zip code of the insured.

Insured Name –

the name of the person or business (employer) with whom an insurance contract is made.

Insurer –

an organization that underwrites or covers an employer (insured) for workers' compensation insurance.

Insurer Code –

see definition for Carrier Code

Integrated Database Management System (IDMS) –

a network management system developed in 1972. It is a management system for integrating a database of pictures and alphanumeric data.

International Association of Industrial Accident Boards And Commissions (IAIABC) –

an organization where workers' compensation specialists from a number of disciplines interact. Government officials and regulators, business and labor leaders, medical providers, law firms, insurance carriers, rehabilitation and safety experts all make up the IAIABC.

International Classification of Disease Codes (ICD Codes) –

a list of diseases and conditions developed by and used by Physicians and hospitals to classify illness, injury or disease of patients.

Interstate –

an interstate account is an employer who operates in more than one state. Interstate rating is subject to different rules and is not applicable to all states. It also references the type of experience modification factor that has been developed for an insured.

Intrastate –

an intrastate account usually refers to an employer operating in only one state. It also references the type of experience modification factor that has been developed for an insured.

IPA –

see definition for Individual Practice Association

IS –

see definition for Information System

ISO –

see definition for Insurance Services Office, Inc.

IT –

see definition for Information Technology

IWIF –

see definition for Injured Workers' Insurance Fund (of Maryland)

J**Joint Coverage Claim –**

is a claim for which it has been determined by adjudication that the coverage furnished by other than the one policy for which the experience is being reported is pertinent to a division of the total incurred loss.

Joint Underwriting Association (JUA) –

an entity that allows a limited number of insurers to service certain risks on behalf of all insurers. Servicing carriers write the business on behalf of the JUA, usually on JUA policies, and are not required to retain any of these risks as direct written business. The JUA administrator distributes the collective experience of all policies written by servicing carriers to all insurers writing that particular line of insurance in the state.

Jones Act -

the federal act which provides for the covering of ships' crews under a Workers' Compensation plan.

JUA –

see definition for Joint Underwriting Association

Julian date –

for data reporting, the Julian date is the last two digits of the year and numerical day of the year. For example, 1/1/2002 = 02001.

Jurisdiction –

the limit or territory within which a state or regulatory body's authority may be exercised. Used to refer to a state requirement or applicability, when used, it is not necessarily referring to a DCO.

Jurisdiction State –

the state code of the governing jurisdiction that will administer the claim and whose statutes will apply to the claim adjustment process when that state is different from the exposure state.

K**KEMI –**

see definition for Kentucky Employers' Mutual Insurance

Kentucky Employer's Mutual Insurance (KEMI) –

a non-profit, independent, self-supporting, de -jure municipal corporation and a political subdivision of the Commonwealth of Kentucky. KEMI is a fully competitive state fund and the market of last resort.

L**LAE –**

see definition for Loss Adjustment Expense

LAN –

see definition for Local Area Network

Large Deductible –

a large deductible is usually defined as \$100,000 or more per claim or per accident that is the responsibility of the insured. Coverage is provided when this deductible is met.

Last Page Number –

the last page number of multi-page hard copy unit reports.

Legal Nature of Insured Code –

a two-digit numeric code that identifies the legal nature of the insured, e.g., partnership, corporation, etc.

Legal Nature of Entity Code –

see Legal Nature of Insured code.

Letter of Authority (LOA) –

a term usually associated with the experience rating process. It is a document that allows one rating organization to release data to another rating organization, insurer, broker or agent.

Letter of Transmittal –

a form used by the insurer when submitting data on hard copy to the rating organization. A letter of Transmittal is sometimes used with electronic reporting.

Letter of Criticism (Crits) –

a letter of “criticism” is issued by some rating organizations when a discrepancy or error in rates or other calculations 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.

Liability Over –

refers to a particular Employers Liability coverage situation where a third party, who is being sued by an employee, in turn sues the employer. Any damages incurred by the employer are classified as ‘liability over’, and are in addition to compensation payments made to the injured employee.

Link Data –

a set of data fields used to connect/match records to a policy, claim, etc.

LOA –

see definition for Letter of Authority

Local Area Network (LAN) –

a data communication network that allows easy interconnections of terminals, computers, etc.

Loss

a result of a claim for indemnity, medical costs or damages under the terms of a policy.

Loss Adjustment Expense (LAE) –

an expense incurred to investigate and litigate claims, but not the cost of the claim itself.

Loss Adjustment Expense (LAE) Report –

a report that is used to determine the loss adjustment expense portion that is to be included in the manual rate.

Loss Conditions –

a loss condition is made of the following 5 segments:

- Act
- Type of Loss
- Type of Recovery
- Type of Coverage
- Type of Settlement

Loss Constant –

a fixed amount added to the premium to offset losses considered too small to be recorded in the experience.

Loss Cost –

a dollar amount of loss per unit of exposure

Loss Coverage –

a basis under which the loss is covered by the policy. Loss coverage codes are usually used to describe the liability.

Loss Conversion Factor –

a term used in retrospective rating. It is a factor applied to the loss formula to give the insurer the funds needed to handle the investigation of the claim.

Loss Cost Multiplier –

a factor applied to a loss cost to develop a premium rate.

Loss Development Factor –

a factor that gives the insurer additional money to allow for the subsequent development of incurred but not reported (IBNR) and to reimburse for claim reported late to the insurer. Was introduced to address the effect of inflation on losses.

Loss Limitation –

a term used in ratemaking and retrospective rating. Limit the amount of large losses.

Loss Ratio –

incurred losses divided by earned premiums. a percentage of each premium dollar an insurer spends on claims.

Loss Record/Section –

a portion of the data that identifies the *Loss Information* reported during the policy term. It contains required and optional claim information

(claim number, accident date, indemnity and medical amounts, class code, injury code, status, etc.).

Loss reserves –
see reserves

Louisiana Workers' Compensation Corporation (LWCC) –
a private, non-profit mutual insurance corporation. LWCC is a competitive fund and the market of last resort.

Lump Sum –
for data reporting, is a claims settled by agreement of the insurer and claimant that the claimant will accept a specified amount of a specific award or benefit.

Lump Sum Indicator –
an indicator that identifies a lump sum agreement for the claim.

LWCC –
see definition for Louisiana Workers' Compensation Corporation

M

MAAA –
see definition for Member of the American Academy of Actuaries

Magnetic Tape Reporting –
a type of medium for reporting data.

Maine Employers Mutual Insurance Company (MEMIC) –
a private, taxable corporation that guarantees a workers' compensation market for all employers doing business in Maine.

Managed Care Organization (MCO) –
a general term describing associations, members, etc., providing health care, research, advice, etc. See Managed Health Care.

Managed Health Care –
a process that combines quality improvement, analysis, efficiency and accountability for health care systems and delivery. This is accomplished by:

- analyzing the process and results of medical

treatment

- developing and communicating guidelines
- building networks of doctors, hospitals and other health care providers
- seeking continuous quality improvement
- coordinating roles among the complex network of payers, providers and patients.

Management Information System (MIS) –
a name given to a company's internal system that provides data needed to manage the company's operations; e.g., number of policies per state.

Managing General Agent (MGA) –
an agent that has the right to bind coverage for an insured without prior approval.

Manual Premium –
premium obtained by applying classification manual rates to their respective exposures.

Manual Rate –
a charge per unit of exposure for each classification.

Maritime coverage –
is a term used to indicate coverage for marine shipping.

Maximum Medical Improvement –
the maximum level of medical improvement of an injured workers condition.

McCarran-Ferguson –
a federal law in which Congress declared that states would continue to regulate the insurance business.

MCO –
see definition for Managed Care Organization

Medical –
an amount paid or expected to be paid for the treatment of a workplace injury.

Medical Only(s) (MOs) –
an amount paid or expected to be paid for the treatment of a workplace injury that does not result in lost time from work or permanent disability.

MEM –
see definition for Missouri Employers Mutual

Member of the American Academy of Actuaries (MAAA) – see definition for American Academy of Actuaries

MEMIC –
see definition for Maine Employers Mutual Insurance Company

Merit Rating –
a process that applies prospective experience rating, retrospective experience rating and many other loss-based rating program that may be available in various states.

MGA –
see definition for Managing General Agent

Minimum Premium –
the lowest amount of money (premium) that the insured will pay for the coverage being provided.

Minnesota Workers' Compensation Insurers Association, Inc. –
the authorized data collection organization for the state of Minnesota.

MIS –
see definition for Management Information System

Missing First Reports List –
a listing that alerts insurers of the first unit reports that have not been received by the Worker's Compensation Rating and Inspection Bureau of Massachusetts.

Missouri Employers Mutual (MEM) –
a non-profit, mutual insurance company. MEM is a competitive fund.

MO(s) –
see definition for Medical Only(s)

Mod –
short for experience modification. See definition for Experience Modification.

Mod Effective Date –
the mod effective date is reported only when different from the policy effective date. If the anniversary rating date is different from the policy effective date, then the mod effective date may equal the anniversary rating date.

Modified Premium –
a premium charge derived from applying the experience modification factors to the manual premium.

Monopolistic State Fund(s) (MSFs) –
a self-supporting direct seller of workers' compensation insurance policies, who is the only provider of workers' compensation insurance in a particular jurisdiction. For example, the Ohio Bureau of Worker's Compensation Insurance (BWC) handles the state of Ohio. Monopolistic state funds are usually called exclusive state funds.

MSF –
see definition for Monopolistic State Fund(s)

Mutual Insurance Company –
a company that does not issue stock and is owned by its policy holders. Also known as a non-stock company.

MWCIA –
see definition for Minnesota Workers' Compensation Insurers Association, Inc.

N

N/A –
see definition for Not Applicable

NAIC –
see definition for National Association of Insurance Commissioners

NAICS –
see definition for North American Industry Classification System

NAII –
see definition for National Association of Independent Insurers

Name Record –
a portion of data that identifies the name information of the insured.

NAPEO –
see definition for National Association of Professional Employer Organizations

National Association of Independent Insurers (NAII)

–

a non-profit property and casualty trade association.

National Association of Insurance Commissioners (NAIC) –

an organization of the commissioners, directors, superintendents, or other officials who, by law, are charged with the principal responsibility of supervising the business of insurance within each state, territory or insular possession of the United States.

National Association of Professional Employer Organizations (NAPEO) –

an organization of professional employee leasing companies.

National Committee for Information Technology Standards (NCITS) –

a committee that produces market-driven voluntary consensus standards in the areas of multimedia, databases, security and programming language.

National Council on Compensation Insurance, Inc. (NCCI) –

a shared-services organization committed to the collection, management, and distribution of information that serves and adds value to the workers' compensation industry and all of its stakeholders.

NCCI –

see definition for National Council on Compensation Insurance, Inc.

NCITS –

see definition for National Committee for Information Technology Standards

NCRB –

see definition for North Carolina Rating Bureau

Net –

direct plus assumed minus ceded.

Net Investment Income –

is the revenue obtained from the investment of unearned premium and loss reserves.

New Jersey Compensation Rating and Inspection Bureau –

the authorized data collection organization for the state of New Jersey.

New York Compensation Insurance Rating Board –

the authorized data collection organization for the state of New York.

New York Financial Call Information System –

New York's program for reporting financial data on diskette.

NJCRI –

see definition for New Jersey Compensation Rating and Inspection Bureau

North Carolina Rating Bureau –

the authorized data collection organization for the state of North Carolina.

NOA –

see definition for Notice of Assignment

NOC –

see definition for Not Otherwise Classified

No Payroll Developed (NPD) –

at the time of audit, the state or classification that was covered on the policy with payroll/premium, developed no payroll.

No Payroll Expended (NPE) –

see definition for "No Payroll Developed"

Nonappropriated Fund Instrumentalities Act -

an act to make the provisions of the Longshoremen's and Harbor Workers' Compensation Act applicable to certain civilian employees of nonappropriated fund instrumentalities of the Armed Forces, and for other purposes.

Non-Compensable –

a term used for a claim or loss for which the injured worker is not entitled to compensation under Worker's Compensation laws.

Non-exclusive State Funds –

a self-supporting fund that can compete with the private market and may be the carrier of last resort. Some funds are non-profit and compete. Lately, some of the newer funds operate as a mutual insurance corporation.

Non-rated Policy -

for workers' compensation data reporting, refers to a policy that does not qualify for a rating plan (see rated policy). This is usually a policy with a small premium amount.

North American Industry Classification System (NAICS) –

a system that replaced the Standard Industrial Classification System (SIC codes) in 1997. It provides common industry definitions for Canada, Mexico and the United States.

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" in the jurisdiction(s) [rating organization(s)/bureau(s)/data collection organization(s)]. A field or record that is "Not Allowed" will be edited for compliance in some DCOs.

Not Otherwise Classified (NOC) –

a catch-all term used to indicate a business, that can not otherwise be more accurately described by the general classification descriptions.

Notice of Assignment –

a notification that a risk has been assigned to an insurer under an assigned risk program.

Notice of Fines –

a listing that alerts the insurers of unit reports not reported, or reported late, which will be subject to fines by Minnesota.

Notice of Loss –

see 'First Report of Injury'

NPD –

see definition for No Payroll Developed

NPE –

see definition for No Payroll Expended

Number of Claims –

a total of claims that have been grouped by a specific classification. Most companies no longer group claims but rather report them on an individual basis by claim number and accident date.

Numeric (N) –

field contains only numeric characters. Data field is to be right-justified and left-zero-filled.

NYFCIS –

see definition for New York Financial Call Information System

NYCIRB –

see definition for New York Compensation Insurance Rating Board

O**"Off The Record" –**

a term used to signify that the person(s) does not want the information being communicated to be attributed to them; i.e., Confidential.

Occupation Description –

an 18-digit alphanumeric narrative description of the regular occupation of the claimant.

Occupational Disease –

a type of condition that does not result from a specific accident covered under the workers' compensation laws. The condition is caused by repeated exposure overtime to risks inherent in a particular type of employment; e.g., fumes, chemicals, etc. Laws vary by state.

'Occupational Hazard' –

a condition in an occupation that increases the risk of an accident and sickness.

Occupational Safety and Health Act –

a federal law to ensure worker and workplace safety. The law also created the Occupational Safety and Health Administration (OSHA).

Occupational Safety and Health Administration (OSHA) –

a division of the Department of Labor that oversees the administration of the Occupational Safety and Health Act. It enforces standards in all 50 states.

‘Oil and other Mineral over Water’ –

refers to the state or federal acts on the transporting of oil and other mineral over water.

Open Claim –

a claim that has not been settled or on which payments are still being made. Sometimes referred to as an outstanding claim.

Open Competition States –

states where insurance companies can set new rates without prior approval, although the state’s commissioner can disallow the rates if they are not reasonable and adequate and are discriminatory.

Optional –

wherever a field or record is indicated as “Optional,” the field or record is not required to be reported to the jurisdiction(s) [rating organization(s)/bureau(s)/data collection organization(s)] indicated. Optional elements may be edited, captured or ignored by the DCO(s) if reported.

OSHA –

see definition for Occupational Safety and Health Administration

Outer Continental Shelf Lands Act –

An Act to provide among other things that the Longshoremen's and Harbor Workers' Compensation Act be extended to employees working on the Outer Continental Shelf in the exploration and the development of natural resources.

Outstanding Claim –

see definition for Open Claim

Overdue Report –

a listing that alerts insurers of the unit reports that have not been received by the DCOs. Also referred to as the Delinquent Listing.

Overdue Subsequent Reports –

a listing that alerts the insurers of subsequent unit reports that have not been received by the DCOs. It is produced on the same schedule as the Overdue/Delinquent listing for 1st reports.

P**Page Number –**

the page number of multi-page hard copy unit reports.

Paid Indemnity –

a whole dollar amount of compensation paid due to disability or inability to work. Also includes compensation paid to a deceased prior to death, burial expenses, survivor benefits, claimant’s attorney fees, vocational rehabilitation benefits, payments to the state and employer’s liability losses and expenses.

Paid Medical –

a whole dollar amount of paid physician, hospital or other medical treatment as of the loss valuation date.

Payroll –

an exposure basis for most Workers’ Compensation Classifications; refers to wages paid to employees.

Payroll Audit –

see definition for "Audit"

PCRB –

see definition for Pennsylvania Compensation Rating Bureau

Pending File Number –

a number that identifies the unit report in the rating organization’s system that the insurer wants to replace.

Pending Initial Rating (PIR) –

a procedure that is used when an account is close to qualifying for experience rating and the data will have to be linked.

Pension Tables –

are tables to be used to determine benefits to be paid to the injured worker, dependents, etc. Sometimes these tables can be found in the DCO's statistical plan.

Pennsylvania Compensation Rating Bureau –

the authorized data collection organization for the state of Pennsylvania.

PEO –

see definition for Professional Employer Organization

Per Capita –

a measure of exposure where the base is the number of units other than payroll.

Permanent Partial Disability –

an injury that, although permanent; e.g., loss of arm, results in partial disability.

Permanent Total Disability –

an injury that has left the worker permanently disabled and unable to return to work.

PICS –

see definition for Policy Issue Capture System (NCCI's)

PIF –

see definition for Policies-in-Force

PIR –

see definition for Pending Initial Rating

POC –

see definition for Proof of Coverage

Policies-in-Force (PIF)–

a number of policies that are active at a point in time. Companies maintain these figures on a state and countrywide basis.

Policy –

a written contract of insurance.

Policy Conditions –

an indicator that identifies whether the policy and/or unit has any of the following conditions: Coded: Y = Yes N = No

Three-Year Fixed Rate Indicator Multi-state Policy Indicator Interstate Rated Indicator Estimated Exposure Indicator Retrospective Rated Indicator Canceled Mid-Term Indicator Managed Care Organization Indicator

Policy Count –

a total of all policies written on a direct basis, including USL&HW, coal mine, assigned risk, etc.

Policy Effective Date –

the month, day and year upon which the policy became effective.

Policy Expiration Date –

the month, day and year upon which the policy expired.

Policy Information Page –

see definition for Information Page

Policy Issue Capture System (PICS) (NCCI's) – NCCI's policy database.

Policy Number –

the number that uniquely identifies the policy.

Policy Period –

the length of time between the policy effective date and policy expiration date.

Policy Surcharge Factor –

Second Injury Fund, Uninsured Employers Fund, and Plan Surcharge for Rejected Voluntary Coverage.

Policy Type ID Code –

the code that corresponds to the Type of Coverage, Plan Indicator and Non-Standard Indicator provisions of the policy.

Policy Verification Report –

a report that alerts the insurers of unit reports that are expected to be filed with the DCOs. This listing is issued in the 14th month for Minnesota, and in the 13th month for New York, Pennsylvania and Delaware.

Policy Year –

the year of the effective date of the policy.

Policy Year Assigned Risk (PYAR) Report –

a report that aggregates data by policy year for assigned risks.

Policy Year Capitated Medical (PYCM) Report –

a report that aggregates data by policy year for capitated medical only.

Policy Year Federal (PYF) Report –

a report that aggregates data by policy year for federal (F) classifications only.

Policy Year Large Deductible (PYLD) Report –

a report that is used to perform premium level analysis, test rate adequacy and reserve level changes for large deductible policies.

Policy Year Report (PY) –

a report that aggregates data by policy year from policies written in that year, regardless of when the accident occurred or when the loss was reported.

Pool –

insurance companies that have joined together for the purpose of sharing the risks. Term is mostly associated with the involuntary market; e.g., Assigned Risk Pool.

PPO –

see definition for Preferred Provider Organization

Pre-ASWG –

statistical reporting requirements that were required prior to implementation of the expanded ASWG data elements and format. Pre-ASWG filing requirements were for policies effective prior to 1-1-96 (for most states).

Pre-delinquent Report –

a listing that alerts the insurers of unit reports that are expected to be filed with the DCOs. Also known as the Pre-notification Listing.

Preferred Provider Organization (PPO) –

a program that establishes contracts with providers of medical care. Providers under such contracts are referred to as preferred providers. A PPO arrangement can be insured or self-funded. Providers may be, but are not necessarily, paid on a discounted fee-for-service basis.

Preliminary Fine List-Quality –

a listing that alerts insurers of unit reports that contain errors for which corrections have not been received.

Preliminary Modification –

a temporary experience modification factor that is issued to an insured until such time that the rates are approved in a given state.

Premium –

a money amount to be paid for coverage on an insurance policy.

Premium Amount –

by Extension of Payroll:
(Payroll x manual rate) divided by 100

Other premium:

As defined by the classification/statistical code or DCO statistical plan.

Premium by Size of Policy (PSP) Report –

a report used to determine premium discounts by

state.

Premium Deviation –

means to depart from the standard premium. There are many types of premium deviations.

Premium Discount (Amount) –

a discount in the price of an insurance policy attributable to proportionally lower expense costs for larger policies.

Premium Written –

the total premium on all policies written by an insurer during a specified period of time regardless of what portions have been earned.

Previous and Revised –

a reporting procedure requiring that both last report and revised data be submitted. These data segments are indicated by a **P** (previous) or **R** (revised) as shown in the *Update Type*. These indicators are used for correction reports and subsequent reports. Certain rating bureaus require Previous and Revised; they will not accept Add (A), Change (C) or Delete (D).

Prior Approval State –

states where insurance companies must file proposed rate changes with state regulators, and gain approval before the proposed rates can go into effect.

Professional Employer Organization (PEO) –

another name for an employee leasing company. It is a company that provides integrated human resource administration and risk management to its clients, including workers' compensation insurance arrangements. The PEO is legally the employer of record or co-employer for its clients' employees.

Program for Submission of California Aggregate Data (SCAD) – see definition for SCAD**Proof of Coverage (POC) –**

a process that is utilized by various rating organizations or states to verify the employer is covered for workers' compensation.

Protocol –

a set of formal rules describing how to transmit data.

PSP –
see definition for Premium by Size of Policy

Pure Premium –
a premium necessary to cover the expected loss for a policy. Some states define pure premium as containing no provision for expenses, profit, and contingencies; others include loss adjustment expenses as part of the definition.

PY –
see definition for Policy Year (Report)

PYAR –
see definition for Policy Year Assigned Risk (Report)

PYCM –
see definition for Policy Year Capitated Medical (Report)

PYF –
see definition for Policy Year Federal (Classification Report)

PYLD –
see definition for Policy Year Large Deductible (Report)

Q

QC –
see definition for Quality Control

QDWP –
see definition for Quarterly Direct Written Premium (Report)

Quality Control (QC) –
a term that collectively describes the efforts of a DCO, insurers, etc., to ensure that the data reported and collected is of the highest quality.

Quarterly Direct Written Premium (QDWP) Report –
is cumulative and is used to analyze the direct written premium in the voluntary market and to determine bureau assessments and pool participation.

Queries –
are issued by rating organizations when a discrepancy or error in rates or other calculations are found. Queries are used by some DCOs instead of error reports to request a correction to an error.

R

"Retros" –
see definition for Retrospective Ratings

'R' Report –
see definition for Replacement Report

Rate –
a cost for insurance for a unit of exposure, by classification (usually \$100 of payroll).

Rate Deviations –
a factor that an insurer applies to premiums or pure premiums filed by a statistical agent and/or approved by the department of insurance to determine the rates it will charge its policyholders.

Rate Effective Date –
a rate effective date is reported only when different from the policy effective date.

Rated Policy –
for workers' compensation data reporting, refers to a policy that qualifies for an experience rating plan, merit rating, schedule rating or other types of rating plans.

Rating Organization –
an entity, other than a single insurer, that assists insurers by compiling and furnishing loss or expense statistics and recommending, making or filing rates, forms or supplementary rate information.

Ratemaking –
a process used by the DCOs for determining the rates for a given state and classification.

Record Layout –
an older term that refers to the positions in the format of the data type. It was used to describe key punch card format.

Record of Transmittal –
an electronically filed "letter of transmittal".

Recovery –
a money amount received by an insurance company from a reinsurer or injury fund or by subrogation.

<p>Redundant Code – a same value that is reported more than once.</p> <p>Reinstatement – is the resumption of coverage under a policy that has lapsed. A provision is usually made for reinstating the policy to its original amount. Depending on policy conditions, it may be done automatically, either with or without premium consideration, or it may be done at the request of the insured.</p> <p>Reinsurance – insurance of all or part of one insurer’s risk by a second insurer, who accepts the risk in exchange for a percentage of the original premium. Reinsurance is usually classified as assumed or ceded. Assumed is to accept all or part of another company's liability or risk; ceded is to transfer all or part of the liability to another company.</p> <p>Reinsurance Pools (Facilities) – are entities created to allow all insurers to cede the experience of certain risks to a pool. The pool administrator distributes the collective experience of all ceded policies to all insurers writing that particular line of insurance in the state. Policies ceded to the pool are direct written risks that the insurer does not want to retain as voluntary business.</p> <p>Reissue – a policy that replaces a previously issued policy.</p> <p>Rejects – a transaction or unit statistical report that is not entered into the processing system. The transaction or unit report is usually missing a key field, e.g., policy number, state, etc. The errors are usually referred to as fatal errors.</p> <p>Remuneration – the basis for calculating workers’ compensation premium. Remuneration is primarily payroll, but may also include other forms of employee compensation.</p> <p>Renewal – a policy that has been continued past the original expiration date by the same insurer.</p> <p>Replace – a policy that replaces a previously issued policy due to changes.</p> <p>Replacement Report Indicator ('R' Report) –</p>	<p>indicates that a unit report should “replace” what the rating organization has in its system.</p> <p>Report Card – a performance report produced by the NCCI that grades an insurers reporting performance by data type.</p> <p>Report Number – a number code that corresponds to the report level based on the loss valuation date.</p> <p>Report Level – see definition for Report Number</p> <p>Request for Bid (RFB) – a letter with attached specifications detailing a service and requesting a bid on the service.</p> <p>Request for Information (RFI) – a request that solicits input on a process or project. May or may not request a bid.</p> <p>Request for Proposal (RFP) – a request for bids that indicates the specification for a project.</p> <p>Request for Quote (RFQ) – usually refers to the process whereby data is provided for certain questions, e.g., purchasing insurance online and a price or quote is received from the company.</p> <p>Reserved for Bureau Use – reserved for DCO use.</p> <p>Reserved for Carrier Use – companies may use this space for internal purposes.</p> <p>Reserves – insurer funds set aside to meet future obligations.</p> <p>Residual Market (RM) – a term used to describe the various types of insurance that is written on a non-voluntary basis. Collectively includes pools, assigned risk, joint underwriting associations, etc.</p> <p>Residual Market Application Processing SystemSM (RMAPSSM)– NCCI's online residual market application processing system.</p>
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Resolved claim –

a resolved claim is any case where an agreement between the parties has been reached, or where an award or judgement has been entered, reciting the specific terms of future indemnity payments but for which the final payment has not been made.

Retrospective Rating (Retros) –

a plan or program in which the premium is adjusted after the expiration of the policy based on taking into consideration the insured's actual losses and expenses.

RFB –

see definition for Request For Bid

RFI –

see definition for Request for Information

RFP –

see definition for Request For Proposal

RFQ –

see definition for Request For Quote

RIMS –

see definition for Risk and Insurance Management Society

Risk –

a term to describe the insured or account.

Risk and Insurance Management Society (RIMS) –

an organization that serves nearly 4500 businesses with risk management responsibilities throughout the United States and Canada. It provides products, services and information to manage all forms of business risks.

RISK ID –

see definition for Risk Identification Number

Risk Identification Number (Risk ID) –

the Number assigned to the risk by the rating organization issuing the experience rating.

RM –

see definition for Residual Market

RMAPSSM

see definition for Residual Market Application Processing System (NCCI's)

S**'S' Claims –**

a closed death claim compromised over the sole question of applicability of the workers compensation laws of California.

SCAD - EDI –

California's program for validating and reporting financial data on diskette or by modem.

SCAD (Program for Submission of California**Aggregate Date) –**

a program instituted by the Worker's Compensation Insurance Rating Bureau of California that encourages the filing of financial data on a timely and accurate basis. The program applies to quarterly and annual calendar year and accident year calls, the annual expense call and the annual aggregate indemnity and medical cost call.

Sched Z –

see definition for Schedule Z

Schedule Rating –

a plan, that alters the premium based on attributes that are not reflected in the experience of individual employers (insureds).

Schedule Rating Premium (SRP) Report –

a report used to validate premium data reported on other reports. Compilation of the premium data is used in analyzing competitive markets.

Schedule Z (Sched Z) –

a Schedule Z (Sched Z) is a report by:

- Classification Code
- Report Number (1-5 normally)
- Injury Code – on some Sched Zs, this field has a dual purpose and may be called a transaction code, where the first position of the transaction code is a 1, indicating losses. Therefore, medical only claim would be shown as transaction 16.
- Policy/Claim Count
- Exposure/Indemnity
- Manual Premium/Medical
- Standard Premium

Depending upon the DCO, the Sched Z may contain less or more information. The format can be

different by DCO. There is not a standard format utilized by the DCOs for the production of Sched Z data.

SCIF –

see definition for State Compensation Insurance Fund

Seat Surcharge –

an additional amount (surcharge) of premium that applies to the passenger seats on the aircraft.

Second Injury Fund (SIF) –

a trust established to reimburse insurers when a subsequent injury is caused by or made substantially greater due to the combined effects of physical impairment or previous accident, disease or congenital condition.

Self-Insurance –

a system whereby an employer sets aside an amount of money to pay for any loss that occurs.

Self-Insurance Groups (SIGs) –

see definition for Self-Insured Funds

Self-Insured Funds (SIFs) –

an organization of members or affiliates, usually in a common industry, that pay a fee to cover their workers' compensation losses. Self-insured funds should not be confused with insureds that pay for their own losses and are not insured.

Self-rating point -

The point when a risk becomes self-rated. In experience rating, the amount of expected losses necessary for a risk's own experience to solely determine its experience modification. However, under Revised Experience Rating Plan (RERP), the concept of self-rating no longer exists. Self-rating point is also used to limit the losses considered in experience rating to 10% and 20% of the self-rating point for single and multiple claims, respectively. Under RERP the State Reference Point limits losses for experience rating.

SF(s) –

see definition for State Fund(s)

SFM –

see definition for State Fund Mutual (Insurance Company of Minnesota)

Short-term Coverage –

insurance coverage that last less than one year.

SIC –

see definition for Standard Industry Classification

SIF –

see definition for Second Injury Fund

SIF –

see definition for State Insurance Fund (of Oklahoma)

SIF(s) –

see definition for Self-Insured Fund(s)

SIG(s) –

see definition for Self-Insured Group(s)

SIIS –

see definition for State Industrial Insurance System (of Nevada)

Social Security Number (SSN) –

the claimant's social security number on individually-reported claims.

Split Unit –

a unit report that is split to reflect an anniversary rating date that is different from the policy effective date.

SRP –

see definition for Schedule Rating Premium (Report)

SSN –

see definition for Social Security Number

Standard at Company Level –

is the accumulated earned premium for accounts after applying company deviations, schedule rating experience rating modification, company expense constants, company premium discounts, company loss constants, and merit etc.

Standard Industry Classification (SIC) –

a coding system that provided common industry definitions for classifying industries. It was replaced in 1997 with the North American Industry Classification System (NAICS).

Standard Premium –

an amount charged if there are no discounts or surcharges applicable to the policy.

STAT - short for statistical; e.g., stat agent, stat plan, stat codes, etc. – see definition for statistical agent, statistical plan, etc.

Stat Report –
see definition for 'Unit Report'

State Code or State Number –
a 2-digit code that identifies the state, territory or province. The numeric code was assigned when there were 48 states in the U. S. Once Alaska and Hawaii became states, the numbering was no longer alphabetical by state; e.g., Alaska = 54; not 02. The postal abbreviation, 2- position alpha code, is also used.

State Compensation Insurance Fund (SCIF) –
a self-supporting fund that competes with the private market and is the market of last resort in California.

State Effective Date –
the endorsement effective date, if the state coverage was endorsed mid-term.

State Fund Mutual of Minnesota (SFM) –
an independent self-supporting state fund that operates like a mutual insurance company in Minnesota.

State Funds (SFs) –
organizations that are either exclusive state funds or non-exclusive state funds. See definitions for exclusive and non-exclusive state funds.

State Industrial Insurance System of Nevada (SIIS) –
a discontinued name for the Employers Insurance Company of Nevada.

State Insurance Fund of Oklahoma (SIF) –
a self-supporting fund that competes with the private market, and is the market of last resort in Oklahoma.

Statewide Average Weekly Wage (SAWW) -
a computation used to determine compensation benefit amounts. See Average Weekly Wage.

State Workers' Insurance Fund of Pennsylvania (SWIF) –
a self-supporting fund that competes with the private market, and is the market of last resort in Pennsylvania.

Statistical Agent (Stat Agent) –
an organization, usually appointed by the states' insurance commissioner, that collects and consolidates insurance company data.

Statistical Code (Stat Code) –
a 4-digit code, captured in the classification code field, that identifies special premium programs, charges, discounts, etc.

Statistical Plan (Stat Plan) –
a manual of rules, guidelines and instructions for the reporting of workers' compensation data. Most statistical plans are filed with the states.

Stock Company –
a company owned by its shareholders.

Submission File –
a group of data formatted into a file according to standards. Submission files are usually created to transmit data to a jurisdiction, but may also be used to transfer data between workstations or from an external system to a software entry or edit package.

Subrogation –
a process by which losses incurred by an insurer due to the injury of an employee are reimbursed either in part or in whole by a third party deemed responsible in part or in whole for the injury.

Subsequent Report –
a unit statistical report submitted on a predetermined schedule after the first report. Subsequent unit statistical reports are valued at 12-month intervals after the first report.

Summary Reporting –
the reporting of data after applying changes; e.g., credits, debits, etc., at a given time.

Supplemental Loss Report Form –
a reporting form that used to update loss information as of the valuation date or as a correction report to change loss information previously submitted on unit statistical reports.

Surcharge –
a sum added to the usual premium to cover a specific type of coverage, e.g., terrorist insurance surcharge. Surcharges are used in many lines of insurance.

SWIF –

see definition for State Workers' Insurance Fund (of Pennsylvania)

T**Tax Factor (Tax Multiplier) –**

a factor applied in retrospective rating to a premium to cover state premium taxes.

Temporary Injury –

an injury that keeps the employee out of work, but that is reasonably expected to be cured or materially improved such that the employee can return to some employment.

Temporary Partial Disability –

an injured worker's status prior to maximum medical improvement is reached during which the worker can perform some work.

Term –

an indicator for the period covered by the policy.

Temporary Total Disability –

an injured worker's status prior to maximum medical improvement is reached during which the worker is unable to perform any work.

Third-Party Administrator (TPA) –

an organization hired to perform one or more of the business functions of another company.

Terrorism Risk Insurance Act – TRIA

Requires property and casualty insurers doing business in the United States to offer coverage for incidents of international terrorism; and reinsures a large percentage of that insured risk.

Total Allocated Loss Adjustment Expense – Incurred –

the total of the incurred expense amounts that are used to adjust claims that are reported for the state within the policy period. In the case of corrections and subsequent reports, this must be the revised total.

Total Allocated Loss Adjustment Expense – Paid –

the total of the paid expense amounts that are used to adjust claims that are reported for the state within the policy period. In the case of corrections and subsequent reports, this must be the revised total.

Total Claimant's Attorney Fees –

the total of the incurred claimant's attorney fees reported for the state within the policy period. In the case of corrections and subsequent reports, this must be the revised total.

Total Employer's Attorney Fees –

the total of the incurred employer's attorney fees reported for the state within the policy period. In the case of corrections and subsequent reports, this must be the revised total.

Total Incurred Indemnity –

the total of the incurred indemnity amounts for the state within the policy period. In the case of corrections and subsequent reports, this must be the revised total.

Total Incurred Medical –

the total of the incurred medical amounts reported for the state within the policy period. In the case of corrections and subsequent reports, this must be the revised total.

Total Modified Premium –

the total subject premium multiplied by the experience modification factor.

Total Number of Claims –

the total number of claims reported for the state within the policy period. In the case of corrections and subsequent reports, this must be the revised total.

Total Paid Indemnity –

the total of the paid indemnity amounts reported for the state within the policy period. In the case of corrections and subsequent reports, this must be the revised total.

Total Paid Medical –

the total of the paid medical amounts reported for the state within the policy period. In the case of corrections and subsequent reports, this must be the revised total.

Total Standard Exposure –

the sum of all payroll exposures.

Total Standard Premium –

the sum of all premium dollars excluding premium discount and retrospective rating adjustments, both subject and not subject to experience modifications, as defined by the individual jurisdiction's statistical plan.

Total Subject Premium's –

the sum of premium amounts subject to experience modification, as defined by the individual jurisdiction Statistical Plan Manual.

Totals Record/Section –

there are two types of total records – exposure and loss totals. The *Exposure Totals* provide total standard exposure and total standard premium. The *Loss Totals* provide number of claims, total paid/incurred indemnity and medical.

TPA –

see definition for Third Party Administrators

Transactional Reporting –

the reporting of data as the activity occurs.

Transmission –

a term used in data reporting indicating the communication of data between entities, usually electronically.

Transmittal –

a record or form used for control, balancing and communication on data submissions.

TRIA –

see Terrorism Risk Insurance Act
Terrorism Risk Insurance Act (TRIA) - requires property and casualty insurers doing business in the United States to offer coverage for incidents of international terrorism; and reinsures a large percentage of that insured risk.

Truncation –

to shorten a data element by dropping one or more digits or characters.

Turnaround Documents –

documents/listings that allow the company to correct the data on the document and return to the jurisdiction.

Twenty-four Hour Coverage –

generally means coverage for all medical services, whether work related or not, under one policy or

program. It sometimes refers to the combined administration of workers' compensation and general disability claims.

Type of Rate Data Code

A code in WCRATE that determines the applicable markets' rate used in pricing the premium.

U**U/R –**

see definition for Unit Report

ULAE –

see definition for Unallocated Loss Adjustment Expense

Unallocated Loss Adjustment Expense (ULAE) –

an expense pertaining to handling claims that cannot be specifically attributable to a claim.

Underwriter –

a person who selects risks for insurance and determines the terms and premium for which the insurance company will accept the account.

Underwriting –

the process of selecting applicants for insurance and classifying them according to the degrees of insurability so that the appropriate premium rates may be charged.

Unearned Premium –

the portion of the premium that applies to the unexpired period of the policy.

Unit –

short for Unit Report. See definition for Unit Report.

Unit Card –

see definition for Unit Report

Unit Report (UR) –

form submitted by companies for reporting workers' compensation insurance statistical data. It includes policy level detail regarding exposures, classifications and premiums; and losses at an individual employer level, by state. Unit reports are submitted on hard copy or by electronic transmission.

Unit Report Control (URC) –

the acronym URC is usually associated with NCCI's Unit Report Control System. However, most of the independent rating organizations have a unit report control system. Unit report control systems produce listings advising the insurer that a unit report is due or is late.

Unit Report Expected Report –

a report that alerts insurers of the unit reports that are expected to be filed with Minnesota, which is issued in the 18th month after the policy effective date.

Unit Report Quality (URQ) –

the acronym URQ is usually associated with NCCI's Unit Report Quality system. However, most of the independent rating organizations have a unit report quality system. Unit report quality systems unit advise the insurer of the types of errors found on the unit report.

Unit Stat –

Short for Unit Statistical Plan Data. See definition for Unit Report.

Unit Statistical Plan Manual –

a manual published by bureaus, data collection organizations and states that contains rules and procedures for the submission of data.

Unit Statistical Report (USR) – see definition for Unit Report**United States Longshoreman and Harbor Workers**

(USL&HW or USL&H) – identifies employee covered under the federal USL&HW Act. These employees include those working in loading, unloading, repairing, or building vessels. The USL&HW Act provides for a payment schedule of compensation to USL&HW employee different from that provided under most state worker's compensation laws.

Unity Mod –

a term used to describe an experience modification factor of 1.00.

Update Type –

a code that identifies the activity of an exposure record. Coding is the same as Update Type under the Exposure Information Section. Used on subsequent and correction reports only.

URC –

see definition for Unit Report Control

URQ –

see definition for Unit Report Quality

USL & HW or USL&H –

see definition for United States Longshore and Harbor Workers

USR –

see definition for Unit Report

V**Validate –**

a process of extended checking of data. The phrase 'Data has been validated' means the data has been checked and corrected if necessary.

Valuation Date –

the date at which losses are valued. Valuation dates begin on the 18th month after policy effective date for the 1st valuation and revalued at 12-month intervals thereafter.

Virtual Storage Access Method (VSAM) – an IBM disk file storage scheme.**'Voc Rehab' –**

Short for Vocational Rehabilitation

Voc Rehab Education (Training) Expense –

direct training costs, including, but not limited to, tuition, books, tools, transportation, and additional living expenses.

Voc Rehab Evaluation Expense –

the expense of evaluation, testing and counseling (provided by either the insurer's own personnel or outside vendors), including those expenses associated with a claimant for which no training or educational program was conducted.

Voc Rehab Maintenance Expense –

when an employee is determined to be medically eligible and chooses to participate in a vocational rehabilitation program, he or she may receive a maintenance allowance (dollar amount).

Vocational Rehabilitation –

a program to assist injured workers in their return to work. It can be in the form of education, training, job placement, etc.

Vocational Rehabilitation Indicator –

indicates the inclusion of vocational rehabilitation costs in the losses.

VOL –

short for Voluntary Insurance. See definition for Voluntary Insurance

Voluntary Compensation –

an endorsement to the standard workers' compensation insurance policy that extends coverage to employees not required to be Policy which extend required to be covered under the state's statutory workers' compensation provisions.

Voluntary Insurance (VOL) –

a term where an insurance company freely agrees to insure a risk, using its' own rules, rates and forms.

VR -

Vocational Rehabilitation

VSAM –

see definition for Virtual Storage Access Method

W

Wage Loss –

temporary disability benefits that may be paid when an employee returns to work at less than full earnings.

WAN –

see definition for Wide Area Network

WC –

see definition for Workers' Compensation

WCCDCI –

see definition for Workers' Compensation Detailed Claim Information (Electronic Format for DCI Data)

WCCDCI –

WCIO's electronic format for reporting Detailed Claim Information.

WCCNTL –

see definition for Workers' Compensation Control (Electronic Format for the Control of Unit Report Data)

WCCNTL –

WCIO's electronic format for reporting unit report data control listings; e.g. Pre-delinquent, Delinquent, etc.

WCDM –

see definition for Workers' Compensation Data Monitoring

WCESTAT –

WCIO's electronic format for reporting unit report errors.

WCF –

see definition for Workers' Compensation Fund (of Utah)

WCIO –

see definition for Workers' Compensation Insurance Organizations

WCIRB –

a non-profit statistical agent designated by the California Department of Insurance, whose members consist of all insurance companies licensed to write workers' compensation insurance in the state of California.

WCNOA –

WCIO's electronic format for reporting notices of assignment.

WCPOLS –

see definition for Workers' Compensation Policies (Electronic Format for Policy Data)

WCPOLS –

WCIO's electronic format for reporting policy, endorsement, cancellation and reinstatement data.

WCRATE –

see definition for Workers' Compensation Rate (Electronic Format for Rates)

WCRATE –

WCIO's electronic format for communicating rates.

- WCRATING** – WCIO’s electronic format for reporting experience and merit rating data.
- WCRB** – see definition for Wisconsin Compensation Rating Bureau
- WCRI** – see definition for Workers’ Compensation Research Institute
- WCSTAT** – see definition for Workers’ Compensation Statistical (Electronic Format for Unit Report Data)
- WCSTAT** – WCIO’s electronic format for reporting unit report and Individual Case/Claim Report data.
- Weekly Wage** – an injured employee’s weekly earnings.
- Wide Area Network (WAN)** – a network extending over distances.
- Wisconsin Compensation Rating Bureau** – the authorized data collection organization for the state of Wisconsin.
- Workers Compensation Insurance Organizations (WCIO)** – a voluntary association of statutorily authorized or licensed rating, advisory or data services organizations that collect Workers’ Compensation insurance information in one or more states.
- Workers' Compensation Statistical Plan** – see definition for Statistical Plan
- Workers’ Compensation Rating and Inspection Bureau of Massachusetts** – the authorized data collection organization for the state of Massachusetts.
- Workers’ Compensation (WC)** – The NAIC Statistical Handbook, Section 23, defines workers' compensation as:

"Insurance that employers are required (in most states and for most [employmentemployers](#)) to provide to cover employees against loss of income and/or medical expenses that result from job-related injury, disease or death."
- Workers’ Compensation Data Monitoring (WCDM)** – a program applicable to certain states to monitor the quality of workers' compensation data.
- Workers’ Compensation Data Specifications Manual** – a manual published and administered by the WCIO of electronic specifications that provides standardized formats for exchanging information on electronically, including policy, unit report and individual case report (ICR) submission requirements.
- Workers’ Compensation Fund of Utah (WCF)** – a self-supporting non-profit mutual insurance company, and the market of last resort in Utah.
- Workers’ Compensation Insurance** – coverage to insure the employer’s responsibilities for work-related injuries, including occupational diseases.
- Workers Compensation Research Institute (WCRI)** – an organization of insurers and Data Collection Organizations conducting research and analysis for the improvement of the workers’ compensation system.
- Workers’ Compensation Unit Report** – see definition for Unit Report
- Workforce Safety and Insurance (WSI)** - an exclusive, premium-financed, no-fault insurance system covering workplace injuries, illnesses and deaths. (North Dakota)
- WSI** - see definition for Workforce Safety and Insurance.
- ‘Write’** – to insure, underwrite, or accept an application for insurance.
- Written Premium** – the entire amount of premium written during a period regardless of whether the premiums are earned or unearned. See Premium Written.
- World Wide Web (WWW)** – a term used to indicate the client-server hypertext distributed information retrieval system which originated from the CERN High-Energy Physics

Laboratories in Geneva, Switzerland.

Wrap-up –
a policy that covers a large construction, erection or demolition project.

WWW –
see definition for World Wide Web

X

XML –
see definition for Extensible Markup Language

X-Mod –
short for experience modification. See definition for Experience Modification

Y

Year 2000 (Y2K) –
a common name for all the difficulties the turn of the century may bring to computer users. This was due to most programs storing only the last two digits of the year.

Y2K –
see definition for Year 2000

Z

ZIP Code –
Zoning Improvement Plan Code.

MISCELLANEOUS

120-Byte –
an electronic format for Pre-ASWG Unit Report Data (120 positions).

250-Byte Full –
an electronic format for the ASWG Unit Report Data (250 positions).

250-Byte Interim –
an electronic format for PreG Unit Report Data reported in the new ASWG format (250 positions)

Appendix C

Revision History – Summary of Principal Changes from Previous Versions

Revision History – Summary of Principal Changes from Previous Versions..... 1

NH EDI Implementation Guide Revision Control Log 2

NH EDI Implementation Guide Revision Control Log

Date Changed	Change Description	Changed By: (Initial)	Date In Current
02/06/2006	All Sections made "Current" and uploaded to WEB	GF	02/06/2006
02/06/2006	Removed mentions of Release 1 support.	GF	02/06/2006
02/10/2006	Section A two spelling errors corrected	HJV	03/01/2006
02/13/2006	Section C Typos in Header	HJV	03/01/2006
02/13/2006	Section D RSA 281-A:43 changed to A:53	HJV	03/01/2006
02/13/2006	Section E Spelling change Changed Date in footer	HJV	03/01/2006
02/13/2006	Section F Changed EDI Sender's Transmission Profile, Removed VAN account info for VAN contact info. Added zip+4 for DOL	HJV	03/01/2006
02/14/2006	Removed the 8WC crosswalk from section G as it is already in M and belongs in M	HJV	03/01/2006
02/15/2006	Removed references to the SROI Section G pg 5 Changed AKC/148	HJV	03/01/2006
02/15/2006	Added File Naming Convention for transmit file and acknowledgement Section G pg 6	HJV	03/01/2006
02/15/2006	Section H removed language about supporting Release 1	HJV	03/01/2006
02/15/2006	Section I Fixed Some typos, removed references to Release 1 acceptance	HJV	03/01/2006
02/15/2006	Section K Removed references to Release 1	HJV	03/01/2006
02/20/2006	Section L pg 2, removed "errors will be reported" for IA	HJV	03/01/2006
02/22/2006	Added IAIABC elements requirements to Section M	HJV	03/01/2006
02/27/2006	Added the remaining Code values to Section O	HJV	03/01/2006
02/27/2006	Added text to the file sequence of processing. Section N	HJV	03/01/2006
02/27/2006	Update file Naming convention Section G pg 6 Removed wording about auditing	HJV	03/01/2006
02/27/2006	Changed the revision to 1.2 to implement these changes. Section A Changed revision dates in the document to 02/27/2006	HJV	03/01/2006
03/01/2006	Change some of the wording regarding the use of VANs Section I pg 2	HJV	03/01/2006
03/01/2006	Update Vendor contact information Section J pg 4	HJV	03/01/2006
04/03/2006	Changed file naming convention Section G pg6 added Test/Production indicator to file name	HJV	04/03/2006
05/04/2006	Added file E8WC, sample electronic form	HJV	05/09/2006
05/25/2006	Changed element requirement table, Changed DN0119 Accident location narrative from (M) Mandatory to (EC) Expected conditional;	HJV	05/25/2006
06/19/2006	Changed Business contact telephone number on Receiver trading partner profile	HJV	06/19/2006
05/31/2007	Changed element requirement table to change employee date of birth from (E) Expected, to (M) Mandatory.	HJV	05/31/2007
01/09/2012	Complete review of all sections, Removed Section J and relabeled sections accordingly. Update all references to changed sections	HJV	01/09/2012
03/17/2014	Changed requirement for DN0207 to IA (If Available) to correct conflicting documentation	HJV	03/17/2014
03/21/2014	Changed Requirements Table for DN0146 and DN0057 to be MC, Conditional based on a death then mandatory	HJV	03/21/2014
05/05/2015	Updated Director's Name, other agency contact names and email addresses, EDI email, EDI web index page references in Sections A, B, C, E, F, G and N as appropriate.	MHH	05/05/2015

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Release 3-FROI Code Value Table

Code values: Following are the code values that will be accepted by the NHDOL.											
DN	Element Name	Capture?	Acceptable Code Value List								
0002	Maintenance Type Code (for FROI)	Y	00	01	02	CO					
0004	Jurisdiction Code	Y	NH								
0025	Industry Code	Y	(NAIC Industry Codes)								
0035	Nature of Injury Code	Y	(WCIO Nature of Injury Codes)								
0036	Part of Body Code	Y	(WCIO Part of Body Codes)								
0037	Cause of Injury Code	Y	(WCIO Cause of Injury Code)								
0039	Initial Treatment Code	Y	0	1	2	3	4	5			
0053	Employee Gender Code	Y	F	M	U						
0063	Wage Period Code	Y	01	02	04						
0074	Claim Type Code	Y	M	I	N	B	L				
0146	Death Result of Injury Code	Y	Y	N	U						
0185	Insurer Type Code	Y	I	S	G						
0249	Accident Premises Code	Y	E	L	X						
0270	Employee ID Type Qualifier	Y	E	G	P	S	A				
0290	Type of Loss Code	Y	01	02	03						
0207	Managed Care Type Code	Y	00	01	02	03	04	05			

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Release 3-FROI Error Message Table

This table contains the Error Codes used by the New Hampshire implementation, the fields for which they apply can be found in the Element Requirements Table.

Error Number	Description of Error
001	Mandatory field not present
018	Number of Days Worked must be 0-7
028	All digits must be 0-9
029	Must be a valid date (CCYYMMDD)
030	Must be A-Z, 0-9, or spaces
031	Must be a valid time
033	Must be <= Date of Injury
034	Must be >= Date of Injury
035	Must be >= Initial Date Disability Began
036	Must be <= Employee Date of Death
037	Must be <= Maintenance Type Code Date
038	Must be >= Start Date
039	No match on database
040	All digits cannot be the same
041	Must be <= current date
042	Not statutorily valid
044	Value is > required by jurisdiction
053	No matching First Report of Injury (148)
054	Must be valid occurrence for segment
055	Must be < Employee Date of Hire
057	Duplicate Batch/Transaction
058	Code/ID invalid
061	Event Table criteria not met
062	Required segment not present
063	Invalid event sequence
064	Invalid data relationship
065	Corresponding report/data not found
068	Must be <= Policy Expiration Date
101	MTC not approved for production
102	Must be <= Initial Date Disability Began
103	Same code received in multiple variable segments
104	Must be >= Current Date Disability Began
105	Must be <= Current Date Disability Began
107	Variable segment counter > maximum value allowed
108	Expected field not present
109	Must be >=Employee Date of Hire
111	Must be valid content
112	Must be >=Initial Date Last Day Worked
117	Match data value not consistent with value previously reported
118	Trading Partner not approved to submit data for Insurer/Claim Admin

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Release 3-FROI Element Requirements Table

REC	DN#	DATA ELEMENT NAME	00	01	02	CO	DESCRIPTION	ERROR MESSAGE CODES	BUSINESS CONDITION(S)	TECHNICAL CONDITION(S)	VALUES	COMMENTS
		M (Mandatory)					# Only IA or NA are valid					
		MC (Mandatory/Conditional)					@ Only MC or EC or NA are valid					
		E (Expected)					% Only MC or EC or NA are valid					
		EC (Expected/Conditional)					&					
		IA (If Available)					\$ Requirements applicable to the MTC being Corrected					
		NA (Not Applicable)					* Only MC or EC or NA are valid					
		F (Fatal)										
		X (Exclude)										
		FY (Fatal yes change) Essential data elements which are necessary for a transmission /										
		Y (Change allowed) limited to 02 Change										
		YC (Yes Change/conditional) limited to 02 Change										
		N (No Change) limited to 02 Change										
FROI MTC'S												
148	0001	Transaction Set ID	F	F	F	F	Fatal: Records cannot be accepted without these data elements, the transaction will be rejected no acknowledgement will be sent.	001, 058,				
148	0002	Maintenance Type Code	F	F	F	F	Fatal: Records cannot be accepted without these data elements, the transaction will be rejected no acknowledgement will be sent.	001, 042, 053, 057, 058, 061, 063, 065, 101, 117			00 01 02 CO	
148	0003	Maintenance Type Code Date	F	F	F	F	Fatal: Records cannot be accepted without these data elements, the transaction will be rejected no acknowledgement will be sent.	001, 029, 034, 041,				The Date the report was submitted for EDI transmission
148	0004	Jurisdiction Code	F	F	F	F	Fatal: Records cannot be accepted without these data elements, the transaction will be rejected no acknowledgement will be sent.	001, 042, 058, 117			NH	
148	0005	Jurisdiction Claim Number	NA	M	M	M	Not Applicable: validity errors are fatal and will result in the rejection of the faulty record. Any modifications to the original FROI must have the NHDOL Claim number Mandatory after original report.	001, 029, 039, 117		This will be the NHDOL AS 400 Employee System Key		
148	0006	Insurer FEIN	F	F	F	F	Fatal: Records cannot be accepted without these data elements, the transaction will be rejected no acknowledgement will be sent. MTC 02 can change	001, 029, 039, 040, 117, 118	Compare to NHDOL Carriers/TPA's Reject if not on file			
148	0012	Claim Administrator Mailing City	E	E	E	E	Expected: The data element is expected on the MTC the transaction will be accepted with errors if validation rule fails, MTC 02 can change	108				
148	0013	Claim Administrator Mailing State Code	E	E	E	E	Expected: The data element is expected on the MTC the transaction will be accepted with errors if validation rule fails, MTC 02 can change	058, 108				
148	0014	Claim Administrator Mailing Postal Code	F	F	F	F	Fatal: Records cannot be accepted without these data elements, the transaction will be rejected no acknowledgement will be sent. MTC 02 can change	001, 039, 058,				Used in Sender ID (FEIN + Postal Code = Sender ID)
148	0015	Claim Administrator Claim Number (Key Match)	F	F	F	F	Fatal: Records cannot be accepted without these data elements, the transaction will be rejected no acknowledgement will be sent. MTC 02 can change	001, 030, 064,	This key field is used to match the 148 record with the R21 record.	Every 148 Record must have a corresponding R21 Record. And these keys must match		This number is used to match the R21 record to the 148 record. This can be their claim number or internal tracking number, but must be there.
148	0016	Employer FEIN	E	E	E	E	Expected: The data element is expected on the MTC the transaction will be accepted with errors if validation rule fails, MTC 02 can change	028, 038, 039, 108	NHDOL will compare this value with our employer file, and coverage info.	Will report "Employer Not on File (Not Found)" But record will be accepted.		
148	0021	Employer Physical City	IA	IA	IA	IA	Expected: The data element is expected on the MTC the transaction will be accepted with errors if validation rule fails, MTC 02 can change	108		Expected if different from DN0165 (Employer Mailing City)		
148	0022	Employer Physical State Code	IA	IA	IA	IA	Expected: The data element is expected on the MTC the transaction will be accepted with errors if validation rule fails, MTC 02 can change	058, 108		Expected if different from DN0170 (Employer Mailing State Code)		
148	0023	Employer Physical Postal Code	IA	IA	IA	IA	Expected: The data element is expected on the MTC the transaction will be accepted with errors if validation rule fails, MTC 02 can change	039, 058,		Expected if different from DN0167 (Employer Mailing Postal Code)		
148	0025	Industry Code (Formerly "SIC Code")	IA	IA	IA	IA	If Available: data should be sent if it is available. MTC 02 can change if available, MTC CO can correct.	058			See NAIC Industry Code List	
148	0027	Insured Location Identifier	NA	NA	NA	NA	Not Applicable: Data will not be captured					
148	0028	Policy Number	IA	IA	IA	IA	If Available: data should be sent if it is available. MTC 02 can change if available, MTC CO can correct.					
148	0029	Policy Effective Date	NA	NA	NA	NA	Not Applicable: Data will not be captured					
148	0030	Policy Expiration Date	NA	NA	NA	NA	Not Applicable: Data will not be captured					

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Release 3-FROI Element Requirements Table

REC	DN#	DATA ELEMENT NAME	FROI MTC'S				DESCRIPTION	ERROR MESSAGE CODES	BUSINESS CONDITION(S)	TECHNICAL CONDITION(S)	VALUES	COMMENTS
			00	01	02	CO						
148	0031	Date of Injury	M	M	M	M	Mandatory: validity errors are fatal and will result in the rejection of the faulty record.	001, 029, 036, 037, 041, 101, 105, 109	Must be before or the same as the Employer Notification Date. This field will be used in determining late filing penalties.	Cannot be Blank, Cannot be Zeros. Duplicates will be reported in the ACK record.	When the actual injury date is unknown, use what you would store in place of the injury code. Or use the Employer Notification Date.	When the date of injury is not available (cumulative trauma), use the employer notification date instead.
148	0032	Time of Injury	IA	IA	IA	IA	If Available: data should be sent if it is available. MTC 02 can change if available, MTC CO can correct.	001, 031,	We don't care about Time of Injury except in those cases when we may have two reports for the same individual on the same day. The time will help us determine that this is in fact another first report.			
148	0033	Accident Site Postal Code	IA	IA	IA	IA	If Available: data should be sent if it is available. MTC 02 can change if available, MTC CO can correct.	039, 058,		Expected if Accident Premises Code (DN0249) = "L" (Lessee) or "X" (other) and Accident Site Location Narrative (DN0119) is blank		
148	0035	Nature of Injury Code	E	E	E	E	Expected: The data element is expected on the MTC the transaction will be accepted with errors if validation rule fails, MTC 02 can change	058, 108	We will accept all valid codes as per the WCIO. Invalid codes will generate a Error ACK. Blanks will be ignored however an Error Ack will be generated.	NHDOL will be producing periodic reports to look for Code abuse, ie too many Unknowns being used. We will notify in the revent this becomes a problem. While these codes are Expected today, in the future these codes will become Mandatory. You will be notified in that event.	We support the WCIO Nature of injury codes	While this field is expected today looking to the future this field may become mandatory.
148	0036	Part of Body Injury Code	E	E	E	E	Expected: The data element is expected on the MTC the transaction will be accepted with errors if validation rule fails, MTC 02 can change	058, 108	We will accept all valid codes as per the WCIO. Invalid codes will generate a Error ACK. Blanks will be ignored however an Error Ack will be generated.	NHDOL will be producing periodic reports to look for Code abuse, ie too many Unknowns being used. We will notify in the revent this becomes a problem. While these codes are Expected today, in the future these codes will become Mandatory. You will be notified in that event.	We support the WCIO Body part codes	While this field is expected today looking to the future this field may become mandatory.
148	0037	Cause of Injury Code	E	E	E	E	Expected: The data element is expected on the MTC the transaction will be accepted with errors if validation rule fails, MTC 02 can change	058, 108	We will accept all valid codes as per the WCIO. Invalid codes will generate a Error ACK. Blanks will be ignored however an Error Ack will be generated.	NHDOL will be producing periodic reports to look for Code abuse, ie too many Unknowns being used. We will notify in the revent this becomes a problem. While these codes are Expected today, in the future these codes will become Mandatory. You will be notified in that event.	We support the WCIO Cause of injury codes	While this field is expected today looking to the future this field may become mandatory.
148	0039	Initial Treatment Code	IA	IA	IA	IA	If Available: data should be sent if it is available. MTC 02 can change if available, MTC CO can correct.	058, 108			0, 1, 2, 3, 4, 5	From Data Dictionary
148	0040	Date Employer Had Knowledge of the Injury	E	E	E	E	Expected: The data element is expected on the MTC the transaction will be accepted with errors if validation rule fails, MTC 02 can change	029, 034, 037, 108	When injury date is unknow use this date in the Date of Injury Field.			This field is used in the timely filing determination.
148	0041	Date Claim Administrator Had Knowledge of Injury	E	E	E	E	Expected: The data element is expected on the MTC the transaction will be accepted with errors if validation rule fails, MTC 02 can change	029, 034, 037, 108				
148	0044	Employee First Name	M	M	M	M	Mandatory: validity errors are fatal and will result in the rejection of the faulty record.MTC 02 can change, MTC CO can correct.	001				
148	0048	Employee Mailing City	E	E	E	E	Expected: The data element is expected on the MTC the transaction will be accepted with errors if validation rule fails, MTC 02 can change	108				While this field is expected today looking to the future this field may become mandatory.

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REC	DN#	DATA ELEMENT NAME	FROI MTC'S				DESCRIPTION	ERROR MESSAGE CODES	BUSINESS CONDITION(S)	TECHNICAL CONDITION(S)	VALUES	COMMENTS
			00	01	02	CO						
148	0049	Employee Mailing State Code	E	E	E	E	Expected: The data element is expected on the MTC the transaction will be accepted with errors if validation rule fails, MTC 02 can change	058, 108				While this field is expected today looking to the future this field may become mandatory.
148	0050	Employee Mailing Postal Code	E	E	E	E	Expected: The data element is expected on the MTC the transaction will be accepted with errors if validation rule fails, MTC 02 can change	039, 058, 108				While this field is expected today looking to the future this field may become mandatory.
148	0052	Employee Date of Birth	M	M	M	M	Mandatory: validity errors are fatal and will result in the rejection of the faulty record.	029, 033, 037, 055, 102, 108, 111				While this field is expected today looking to the future this field may become mandatory.
148	0053	Employee Gender Code	E	E	E	E	Expected: The data element is expected on the MTC the transaction will be accepted with errors if validation rule fails, MTC 02 can change	042, 058, 108,			M, F, U	From Data Dictionary
148	0054	Employee Marital Status Code	NA	NA	NA	NA	Not Applicable: Data will not be captured	058				
148	0055	Employee Number of Dependents	NA	NA	NA	NA	Not Applicable: Data will not be captured	028				
148	0056	Initial Date Disability Began	IA	IA	IA	IA	If Available: data should be sent if it is available. MTC 02 can change if available, MTC CO can correct.	001, 029, 034, 036, 037, 105, 112	The date the employee began losing time. This is the first day that the employee lost time.	Required if DN0074 (Claim Type Code) = "I" or "L"		
148	0057	Employee Date of Death	MC	MC	MC	MC	Mandatory Conditional: When the employee has died as a result of the injury this date becomes Mandatory	001, 029, 034, 041, 109	The date the employee died.	Expected if DN0146 (Death Result of Injury Code) is "Y"		
148	0058	Employment Status Code	NA	NA	NA	NA	Not Applicable: Data will not be captured	058, 064				
148	0059	Manual Classification Code	NA	NA	NA	NA	Not Applicable: Data will not be captured	058				
148	0061	Employee Date of Hire	E	E	E	E	Expected: The data element is expected on the MTC the transaction will be accepted with errors if validation rule fails, MTC 02 can change	029, 033, 102, 108				
148	0062	Wage	IA	IA	IA	IA	If Available: data should be sent if it is available. MTC 02 can change if available, MTC CO can correct.	028				
148	0063	Wage Period Code	IA	IA	IA	IA	If Available: The data element is expected on the MTC but the transaction will be accepted with errors if validation rule fails, MTC CO can correct.	042, 058,	We will calculate the average weekly wage from this information.	We will only accept the following Wage Period Codes	01, 02, 04	From the Data Dictionary
148	0064	Number of Days Worked Per Week	IA	IA	IA	IA	If Available: The data element is expected on the MTC but the transaction will be accepted with errors if validation rule fails, MTC CO can correct.	018, 028, 044				
148	0065	Initial Date Last Day Worked	NA	NA	NA	NA	Not Applicable: Data will not be captured	029, 034				
148	0066	Full Wages Paid for Date of Injury Indicator	IA	IA	IA	IA	If Available: data should be sent if it is available. MTC 02 can change if available, MTC CO can correct.	001, 058			Y, N	
148	0068	Initial Return to Work Date	IA	IA	IA	IA	If Available: data should be sent if it is available. MTC 02 can change if available, MTC CO can correct.	029, 034, 035				
R21	0001	Transaction Set ID	F	F	F	F	Fatal: Records cannot be accepted without these data elements, the transaction will be rejected no acknowledgement will be sent.					
R21	0295	Maintenance Type Correction Code	X	X	X	F	Exclude-Fatal: Records cannot be accepted without these data elements, the transaction will be rejected no acknowledgement will be sent.	001, 058, 065,				
R21	0296	Maintenance Type Correction Code Date	X	X	X	IA	Exclude/If Available: data should be sent if it is available. MTC 02 can change if available, MTC CO can correct.	001, 029, 041, 065				
R21	0186	Jurisdiction Branch Office Code	NA	NA	NA	NA	Not Applicable: Data will not be captured	058				
R21	0015	Claim Administrator Claim Number (Key Match)	F	F	F	F	Fatal: Records cannot be accepted without these data elements, the transaction will be rejected no acknowledgement will be sent.	001, 030, 064,				
R21	0187	Claim Administrator FEIN	F	F	F	F	Fatal: Records cannot be accepted without these data elements, the transaction will be rejected no acknowledgement will be sent.	001, 028, 039, 040, 108				
R21	0188	Claim Administrator Name	E	E	E	E	Expected: The data element is expected on the MTC the transaction will be accepted with errors if validation rule fails, MTC 02 can change	108				
R21	0135	Claim Administrator Mailing Information/Attention Line	IA	IA	IA	IA	If Available: data should be sent if it is available. MTC 02 can change if available, MTC CO can correct.					
R21	0010	Claim Administrator Mailing Primary Address	E	E	E	E	Expected: The data element is expected on the MTC the transaction will be accepted with errors if validation rule fails, MTC 02 can change	108				
R21	0011	Claim Administrator Mailing Secondary Address	IA	IA	IA	IA	If Available: data should be sent if it is available. MTC 02 can change if available, MTC CO can correct.					
R21	0136	Claim Administrator Mailing Country Code	EC	EC	EC	EC	Not Applicable: The data element is expected on the MTC when conditions dictate but the transaction will be accepted with errors if validation rule fails, MTC 02 can change if available, MTC CO can correct.	058, 108	Country Codes based on comparison to Claim Administrator mailing state code.	2 digit code required if NOT USA		

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REC	DN#	DATA ELEMENT NAME	FROI MTC'S				DESCRIPTION	ERROR MESSAGE CODES	BUSINESS CONDITION(S)	TECHNICAL CONDITION(S)	VALUES	COMMENTS
			00	01	02	CO						
R21	0270	Employee ID Type Qualifier	M	M	M	M	Mandatory: validity errors are fatal and will result in the rejection of the faulty record.MTC 02 can change, MTC CO can correct.	001, 058.			A, E, G, P, S	SSN is always the preferred employee ID, From Data Dictionary
R21	*	Employee ID	*One of the following Employee ID types may be populated in positions 232-246*One of the following Employee ID types may be populated in positions 232-246*One of the following Employee ID types may be populated in positions 232-246									
	0042	Employee SSN	MC*	MC*	MC*	MC*	Mandatory Conditional: When the employee ID type field is S then the SSN of the claimant becomes mandatory	001, 028, 039, 040, 111		When DN 0270 (Employee ID Type Qualifier) = S, then mandatory		Conditioned upon what employee type qualifier is sent
	0152	Employee Employment Visa	MC	MC	MC	MC	Mandatory Conditional: When the employee ID type field is E then the VISA number of the claimant becomes mandatory			When DN 0270 (Employee ID Type Qualifier) = E, then mandatory		Conditioned upon what employee type qualifier is sent
	0153	Employee Green Card	MC	MC	MC	MC	Mandatory Conditional: When the employee ID type field is G then the number on their Green Card of the claimant becomes mandatory			When DN 0270 (Employee ID Type Qualifier) = G, then mandatory		Conditioned upon what employee type qualifier is sent
	0154	Employee ID Assigned by Jurisdiction	MC	MC	MC	MC	Mandatory Conditional: When the employee ID type field is A then the birth date of the claimant, in this field, becomes mandatory			When DN 0270 (Employee ID Type Qualifier) = A, then mandatory		Conditioned upon what employee type qualifier is sent
	0156	Employee Passport Number	MC	MC	MC	MC	Mandatory Conditional: When the employee ID type field is P then the passport number of the claimant becomes mandatory			When DN 0270 (Employee ID Type Qualifier) = P, then mandatory		Conditioned upon what employee type qualifier is sent
R21	0255	Employee Last Name Suffix	IA	IA	IA	IA	Expected: The data element is expected on the MTC the transaction will be accepted with errors if validation rule fails, MTC 02 can change	111				
R21	0150	Employee Authorization to Release Medical Records Ind	NA	NA	NA	NA	Not Applicable: Data will not be captured	058				
R21	0157	Employee Social Security Number Release Indicator	NA	NA	NA	NA	Not Applicable: Data will not be captured	058				
R21	0043	Employee Last Name	M	M	M	M	Mandatory: validity errors are fatal and will result in the rejection of the faulty record.MTC 02 can change, MTC CO can correct.	001,				
R21	0045	Employee Middle Name/Initial	IA	IA	IA	IA	If Available: data should be sent if it is available. MTC 02 can change if available, MTC CO can correct.					
R21	0046	Employee Mailing Primary Address	E	E	E	E	Expected: The data element is expected on the MTC the transaction will be accepted with errors if validation rule fails, MTC 02 can change	108				
R21	0047	Employee Mailing Secondary Address	IA	IA	IA	IA	If Available: data should be sent if it is available. MTC 02 can change if available, MTC CO can correct.					
R21	0155	Employee Mailing Country Code	EC	EC	EC	EC	If Available: data should be sent if it is available. MTC 02 can change if available, MTC CO can correct.	058, 108	Country Codes based on comparison to employee mailing state code.	2 digit code required if NOT USA		
R21	0051	Employee Phone Number	IA	IA	IA	IA	If Available: data should be sent if it is available. MTC 02 can change if available, MTC CO can correct.	028				
R21	0146	Death Result of Injury Code	MC	MC	MC	MC	Mandatory Conditional: When the employee has died as a result of the injury this code "Y" becomes mandatory	001, 058	A code that indicates whether the employee's death was a result of a work related incident.	Expected if employee has died.	Y, N, U	From Data Dictionary
R21	0290	Type of Loss	IA	IA	IA	IA	If Available: data should be sent if it is available. MTC 02 can change if available, MTC CO can correct.	001, 058			01, 02, 03	From Data Dictionary
R21	0228	Return to Work with Same Employer Indicator	IA	IA	IA	IA	If Available: data should be sent if it is available. MTC 02 can change if available, MTC CO can correct.	058				
R21	0189	Return to Work Type Code	NA	NA	NA	NA	Not Applicable: Data will not be captured	058				
R21	0224	Physical Restrictions Indicator	NA	NA	NA	NA	Not Applicable: Data will not be captured	058				
R21	0314	Insured FEIN	EC	EC	EC	EC	Expected Conditional: The data element is expected on the MTC when conditions dictate but the transaction will be accepted with errors if validation rule fails, MTC CO can correct.	028, 039, 040, 108	Not expected if the same as Employer FEIN	Expected if different from DN0016 (Employer FEIN)		
R21	0017	Insured Name	EC	EC	EC	EC	Expected Conditional: The data element is expected on the MTC when conditions dictate but the transaction will be accepted with errors if validation rule fails, MTC CO can correct.	108	Not expected if the same as Employer Name	Expected if different from DN0018 (Employer Name)		
R21	0184	Insured Type Code	NA	NA	NA	NA	Not Applicable: Data will not be captured	058				
R21	0026	Insured Report Number	NA	NA	NA	NA	Not Applicable: Data will not be captured					
R21	0007	Insurer Name	IA	IA	IA	IA	If Available: data should be sent if it is available. MTC 02 can change if available, MTC CO can correct.	108				
R21	0185	Insurer Type Code	IA	IA	IA	IA	If Available: data should be sent if it is available. MTC 02 can change if available, MTC CO can correct.	058			I, S, G	From Data Dictionary
R21	0292	Insolvent Insurer FEIN	NA	NA	NA	NA	Not Applicable: Data will not be captured	028, 039, 040				

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REC	DN#	DATA ELEMENT NAME	FROI MTC'S				DESCRIPTION	ERROR MESSAGE CODES	BUSINESS CONDITION(S)	TECHNICAL CONDITION(S)	VALUES	COMMENTS
			00	01	02	CO						
R21	0249	Accident Premises Code	M	M	M	M	Mandatory: validity errors are fatal and will result in the rejection of the faulty record.MTC 02 can change, MTC CO can correct.	001,			E, L, X	From Data Dictionary
R21	0118	Accident Site County/Parish	NA	NA	NA	NA	Not Applicable: Data will not be captured	111				
R21	0119	Accident Site Location Narrative	IA	IA	IA	IA	If Available: data should be sent if it is available. MTC 02 can change if available, MTC CO can correct.	108	Either Accident Site Address or Accident Site Narrative is Expected if Accident Premises Code (DN0249) = "L" or "X"	Expected if Accident Premises Code (DN0249) = "L" (Lessee) or "X" (other) and Accident Site State Code (DN0123) is blank		
R21	0120	Accident Site Organization Name	IA	IA	IA	IA	If Available: data should be sent if it is available. MTC 02 can change if available, MTC CO can correct.	108	Either Accident Site Address or Accident Site Narrative is Expected if Accident Premises Code (DN0249) = "L" or "X"	Expected if Accident Premises Code (DN0249) = "L" (Lessee) or "X" (other) and Accident Site Location Narrative (DN0119) is blank		
R21	0121	Accident Site City	IA	IA	IA	IA	If Available: data should be sent if it is available. MTC 02 can change if available, MTC CO can correct.	108	Either Accident Site Address or Accident Site Narrative is Expected if Accident Premises Code (DN0249) = "L" or "X"	Expected if Accident Premises Code (DN0249) = "L" (Lessee) or "X" (other) and Accident Site Location Narrative (DN0119) is blank		
R21	0122	Accident Site Street	IA	IA	IA	IA	If Available: data should be sent if it is available. MTC 02 can change if available, MTC CO can correct.	108	Either Accident Site Address or Accident Site Narrative is Expected if Accident Premises Code (DN0249) = "L" or "X"	Expected if Accident Premises Code (DN0249) = "L" (Lessee) or "X" (other) and Accident Site Location Narrative (DN0119) is blank		
R21	0123	Accident Site State Code	IA	IA	IA	IA	If Available: data should be sent if it is available. MTC 02 can change if available, MTC CO can correct.	058,108	Either Accident Site Address or Accident Site Narrative is Expected if Accident Premises Code (DN0249) = "L" or "X"	Expected if Accident Premises Code (DN0249) = "L" (Lessee) or "X" (other) and Accident Site Location Narrative (DN0119) is blank		
R21	0280	Accident Site Country Code	NA	NA	NA	NA	Not Applicable: Data will not be captured	058, 108	Country Codes based on comparison to accident site mailing state code.	2 digit code Expected if Accident Premises Code (DN0249) = "L" (Lessee) or "X" (other), Accident Site Location Narrative (DN0119) is blank and NOT USA		
R21	0281	Date Employer Had Knowledge of Disability	IA	IA	IA	IA	If Available: data should be sent if it is available. MTC 02 can change if available, MTC CO can correct.	001, 029, 034, 104	The date the employer was notified or became aware of employee's work-related incapacity. This may be equal to DN0040 (Date Employer Had Knowledge of the Injury).	Required if DN0074 (Claim Type Code) = I = Indemnity L = Became Lost Time		
R21	0018	Employer Name	M	M	M	M	Mandatory: validity errors are fatal and will result in the rejection of the faulty record.MTC 02 can change, MTC CO can correct.	001,				
R21	0329	Employer UI Number	NA	NA	NA	NA	Not Applicable: Data will not be captured	001, 030				
R21	0019	Employer Physical Primary Address	IA	IA	IA	IA	Expected Conditional: The data element is expected on the MTC when conditions dictate but the transaction will be accepted with errors if validation rule fails, MTC 02 can change if available, MTC CO can correct.	108		Expected if different from DN0168 (Employer Mailing Primary Address)		
R21	0020	Employer Physical Secondary Address	IA	IA	IA	IA	If Available: data should be sent if it is available. MTC 02 can change if available, MTC CO can correct.	108				
R21	0164	Employer Physical Country Code	IA	IA	IA	IA	Expected Conditional: The data element is expected on the MTC when conditions dictate but the transaction will be accepted with errors if validation rule fails, MTC 02 can change if available, MTC CO can correct.	058, 108	Country Codes based on comparison to employer physical state code.	2 digit code required if NOT USA		
R21	0159	Employer Contact Business Phone Number	IA	IA	IA	IA	If Available: data should be sent if it is available. MTC 02 can change if available, MTC CO can correct.	028				
R21	0160	Employer Contact Name	E	E	E	E	Expected: The data element is expected on the MTC the transaction will be accepted with errors if validation rule fails, MTC 02 can change	108				
R21	0163	Employer Mailing Information/Attention Line	NA	NA	NA	NA	Not Applicable: Data will not be captured	111				
R21	0165	Employer Mailing City	M	M	M	M	Expected: The data element is expected on the MTC the transaction will be accepted with errors if validation rule fails, MTC 02 can change	108				
R21	0166	Employer Mailing Country Code	NA	NA	NA	NA	Not Applicable: Data will not be captured	068, 108	Country Codes based on	2 digit code required if NOT USA		

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REC	DN#	DATA ELEMENT NAME	FROI MTC'S				DESCRIPTION	ERROR MESSAGE CODES	BUSINESS CONDITION(S)	TECHNICAL CONDITION(S)	VALUES	COMMENTS
			00	01	02	CO						
R21	0167	Employer Mailing Postal Code	M	M	M	M	Expected: The data element is expected on the MTC the transaction will be accepted with errors if validation rule fails, MTC 02 can change	039, 058, 108				
R21	0168	Employer Mailing Primary Address	M	M	M	M	Expected: The data element is expected on the MTC the transaction will be accepted with errors if validation rule fails, MTC 02 can change	108				
R21	0169	Employer Mailing Secondary Address	IA	IA	IA	IA	If Available: data should be sent if it is available. MTC 02 can change if available, MTC CO can correct.	111				
R21	0170	Employer Mailing State Code	M	M	M	M	Expected: The data element is expected on the MTC the transaction will be accepted with errors if validation rule fails, MTC 02 can change	058, 108				
R21	0060	Occupation Description	IA	IA	IA	IA	If Available: data should be sent if it is available. MTC 02 can change if available, MTC CO can correct.	111				
R21	0199	Full Denial Effective Date	X	X	X	X	Exclude	001, 029, 034, 035,				
R21	0073	Claim Status Code	NA	NA	NA	NA	Not Applicable: Data will not be captured	058				
R21	0074	Claim Type Code	IA	IA	IA	IA	If Available: data should be sent if it is available. MTC 02 can change if available, MTC CO can correct.	001, 058			M, I, N, B, L	From Data Dictionary
R21	0077	Late Reason Code	NA	NA	NA	NA	Not Applicable: Data will not be captured	058				
R21	0273	Employer Paid Salary in Lieu of Compensation Indicator	NA	NA	NA	NA	Not Applicable: Data will not be captured	058, 108				
Variable Segment Counters												
R21	0274	Number of Accident/Injury Description Narratives	F	F	F	F	Fatal: Records cannot be accepted without these data elements, the transaction will be rejected no acknowledgement will be sent.	001, 028, 044, 054, 062, 107				
R21	0277	Number of Full Denial Reason Codes	F	F	F	F	Fatal: Records cannot be accepted without these data elements, the transaction will be rejected no acknowledgement will be sent.	001, 028, 044, 054, 062, 107				
R21	0276	Number of Denial Reason Narratives	F	F	F	F	Fatal: Records cannot be accepted without these data elements, the transaction will be rejected no acknowledgement will be sent.	001, 028, 044, 054, 062, 107				
R21	0278	Number of Managed Care Organizations	F	F	F	F	Fatal: Records cannot be accepted without these data elements, the transaction will be rejected no acknowledgement will be sent.	001, 028, 062, 107				
R21	0279	Number of Witnesses	F	F	F	F	Fatal: Records cannot be accepted without these data elements, the transaction will be rejected no acknowledgement will be sent.	001, 028, 044, 054, 062, 107				
Variable Segments												
Accident/Injury Description Narratives												
R21	0038	Accident/Injury Description Narrative	M	M	M	M	Mandatory: validity errors are fatal and will result in the rejection of the faulty record.MTC 02 can change, MTC CO can correct.	108				
Full Denial Reason Codes												
R21	0198	Full Denial Reason Code	X	X	X	X	Exclude					
Denial Reason Narratives												
R21	0197	Denial Reason Narrative	X	X	X	X	Exclude					
Managed Care Organizations												
R21	0207	Managed Care Organization Code	IA	IA	IA	IA	If Available: data should be sent if it is available. MTC 02 can change if available, MTC CO can correct.	058, 103				
R21	0209	Managed Care Organization Name	IA	IA	IA	IA	If Available: data should be sent if it is available. MTC 02 can change if available, MTC CO can correct.	111				
R21	0208	Managed Care Organization Identification Number	NA	NA	NA	NA	Not Applicable: Data will not be captured	039				
Witnesses												
R21	0238	Witness Name	IA	IA	IA	IA	If Available: data should be sent if it is available. MTC 02 can change if available, MTC CO can correct.	111				
R21	0237	Witness Business Phone Number	IA	IA	IA	IA	If Available: data should be sent if it is available. MTC 02 can change if available, MTC CO can correct.	028				

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Release 3-FROI Event Table

The **First Report of Injury (FROI)** Event Table is designed to provide information integral for a sender to understand New Hampshire's EDI reporting requirements. It relates EDI information to the circumstances under which they are initiated as well as the timeframes for sending the information. While this document currently addresses only FROI information. The Event Table is used to convey the level of EDI reporting currently accepted.

Interpreting New Hampshire's requirements: For a (Report Type) (Maintenance Type-Code) meeting (Event Rule Criteria) within (Event Rule Date range) where the (Trigger Criteria-Trigger Value), the Report is due (Report Due Value-Type) from the (Report Due-From) through (Event Rule Date-Thru). If the Event Rule Thru date is blank, reporting requirements apply until further notice. When a Follow-up Form is indicated, this implies that in addition to the EDI transaction, the form must be sent to the Receiver indicated.

<u>Report Type</u>	<u>Maintenance Type</u>		<u>Event Rule Date</u>			<u>Report Trigger</u>		<u>When is the Report Due?</u>		
	<u>Code</u>	<u>Description</u>	<u>Criteria</u>	<u>From</u>	<u>Thru</u>	<u>Criteria</u>	<u>Trigger Value</u>	<u>Value</u>	<u>Due Type</u>	<u>From</u>
FROI	00	Original	2	7/1/06		A	Any injury sustained by an employee in the course of employment, no later than 5 days after the employer learns of the occurrence.	5 days	C	C
FROI	01	Cancel	2	7/1/06		M	Cancellation of a previously submitted FROI to the NHDOL	n/a	n/a	H
FROI	02	Change	2	7/1/06		M	Any change initiated by the administrator of FROI data elements that are indicated with a FY, Y or YC on the FROI Element Requirement Table	n/a	n/a	H
FROI	CO	Correction	2	7/1/06		M	Correction of errors in response to FROI TE acknowledgment	n/a	n/a	H

LEGEND

Event Rule Criteria

- 1=Date of Injury
- 2=EDI Mandate Date
- 3=Jurisdiction defined

Report Due Type

- B = Business Days
- C = Calendar Days

Report Trigger Criteria Codes

- A = New Claim
- B = Cumulative Medical \$
- C = Lost Time
- D = Cumulative Wage Replacement
- E = Days Open
- F = Formula
- J = Jurisdiction Defined
- L = Determination of Compensable Death
- M = MTC Defined
- N = Cumulative Indemnity \$
- Q = Employee Death

Report Due From Codes

- A = From Date of Accident/Injury
- B = From Date of Disability
- C = From Employer Notification
- D = From Administrator Notification
- E = From Jurisdiction Notification
- F = From Carrier Notification
- H = Immediate
- I = From Date of Death
- J = From Report Trigger
- K = Prior to Final Report (FN)

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 Release 3-FROI Match Data Table

The Match Data Table is designed to convey which data elements should be used as primary or secondary “match” data elements. It is used to identify a transaction as a new claim to create, or match to an existing claim for duplicate checking, updating and deleting.

The suggested data element names are listed below. A “P” (primary) or “S” (secondary) in the appropriate column identifies the match data.

MTC and MTC Date are prepopulated for Corrections. If the jurisdiction intends to accept “Correction” transactions, they must be able to recognize the transaction being corrected.

GROUPING	DN	DATA ELEMENT NAME	MTC 00	MTC 01-02	MTC CO
Claim	0004	Jurisdiction Code	P	P	P
	0005	Jurisdiction Claim Number		P	P
	0015	Claim Administrator Claim Number			
Claimant		Employee ID	P	S	S
		▪ Employee SSN – Preferred (DN0042)			
		▪ Employee Green Card (DN0153)			
		▪ Employee Employment Visa (DN0152)			
		▪ Employee ID Assigned by Jurisdiction (DN0154)			
		▪ Employee Passport Number (DN0156)			
	0031	Date of Injury	P	S	S
	0032	Time of Injury	P	S	S
	0043	Employee Last Name			
0044	Employee First Name				
0052	Employee Date of Birth				
Claim Administrator	0187	Claim Administrator FEIN			
	0014	Claim Administrator Mailing Postal Code			
Employer	0026	Insured Report Number			
	0016	Employer FEIN	P	P	P
	0023	Employer Physical Postal Code			
	0028	Policy Number			
	0329	Employer UI Number			
Insurer Transaction	0006	Insurer FEIN			
	0295	Maintenance Type Correction Code (DN0002-From Original Transaction)**			
	0296	Maintenance Type Correction Code Date (DN0003-From Original Transaction)**			
	0002	Maintenance Type Code			
	0003	Maintenance Type Code Date			

Refer IAIABC Release 3 Error Correction Technical Rules in Section 4 of IAIABC FROI implementation guide

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Release 3-FROI Population Restrictions Table

DN	Data Element Name	Population Restriction	Error Message Number	Error Message Text	Comments
0002	Maintenance Type Code	The only MTC's being accepted by NHDOL will be 00, 01, 02, CO	042	Not Statutorily Valid	Values limited to 00, 01, 02, CO
0004	Jurisdiction Code	Not Statutorily Valid	042	Value must be "NH"	Value must be "NH"
0005	Jurisdiction Claim Number	Must be NH assigned JCN for MTC 01,02, CO	042	Not Statutorily Valid	Required on MTC 01, 02, CO
0025	Industry Code	Only NAIC Codes	042	Not Statutorily Valid	NHDOL supports the NAIC industry codes
0035	Nature of Injury Code	Only WCIO Codes	042	Not Statutorily Valid	NHDOL supports the WCIO Nature of Injury Codes
0036	Part of Body Injury Code	Only WCIO Codes : We will only accept the numeric portion of the body code table, I.e. 36A should just be sent as 36	042	Not Statutorily Valid	The WCIO table includes sub-classifications using Alpha characters, We will only accept the numeric portion of these codes
0037	Cause of Injury Code	Only WCIO Codes	042	Not Statutorily Valid	NHDOL supports the WCIO Cause of Injury Codes
0039	Initial Treatment Code	The initial treatment codes supported are 0, 1, 2, 3, 4, 5	042	Not Statutorily Valid	
0053	Employee Gender Code	Only F, M, U	042	Not Statutorily Valid	
0063	Wage Period Code	NHDOL will accept only 01, 02, and 04 Wage period codes	042	Not Statutorily Valid	Values limited to 01, 02, 04
0074	Claim Type Code	Only M, I, N, B, L	042	Not Statutorily Valid	
0146	Death Result of Injury Code	Only Y, N, U	042	Not Statutorily Valid	
0185	Insurer Type Code	Only I, S, G	042	Not Statutorily Valid	
0249	Accident Premises Code	Only E, L, X	042	Not Statutorily Valid	

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0270	Employee ID Type Qualifier	Only E, G, P, S, A	042	Not Statutorily Valid	
0290	Type of Loss Code	Only 01, 02, 03	042	Not Statutorily Valid	