



# WCIRB Indemnity Data Call Reporting Guide

February 2024



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## **Section 1 — Introduction**

### **Overview**

The WCIRB Indemnity Data Call Reporting Guide outlines the general rules, indemnity data call structure, record layouts, data dictionary, reporting rules, editing and other validation procedures pertaining to the reporting of California indemnity data to the Workers' Compensation Insurance Rating Bureau of California (WCIRB).

### **Indemnity Data Call Background**

At the December 7, 2016 meeting, the WCIRB's Governing Committee adopted a plan to facilitate the voluntary collection of claims and indemnity data for California using the Division of Workers Compensation (DWC) Workers Compensation Information System (WCIS) First Report of Injury (FROI) and Subsequent Report of Injury (SROI) record layouts mandated pursuant to California Code of Regulations, Title 8, Section 9702 with certain personal information removed. The plan was adopted to enhance the WCIRB's pure premium ratemaking and research capability by enhancing the WCIRB's understanding of trends in claims frequency by industry, region or claim type; allowing the WCIRB to better analyze trends in claims patterns by employment status and duration of employment; and allowing the WCIRB to evaluate the impact of legislative, regulatory and judicial changes on claims components such as temporary disability duration on a more contemporaneous basis. Voluntary participation of some WCIRB members began as of 2017.

At the December 12, 2018 meeting, the WCIRB's Governing Committee reviewed the results of the WCIRB's voluntary claims and indemnity data collection program and adopted a plan to require the collection of this data using the WCIS standard with certain personal identification information redacted for insurers meeting defined eligibility requirements. In December 2018, the WCIRB was also directed by the Insurance Commissioner to collect claims and indemnity data using the FROI and SROI record on this basis in order to support advisory pure premium ratemaking.

The Indemnity Data Call (Call) began with all FROI and SROI transactions submitted to WCIS in the second quarter of 2020 which were required to be reported to the WCIRB by September 30, 2020.

At the December 12, 2020 meeting, the WCIRB's Governing Committee adopted a reduction in the eligibility threshold to 0.5% of calendar year written pure premium, ensured that indemnity transactions must be submitted daily, weekly or monthly and are due no later than two months after the month in which they were submitted, and adopted the Transaction Data Quality Program to promote the timeliness, completeness and accuracy of reported indemnity transaction data.

### **WCIRB Indemnity Data Call Contacts**

If you have any questions about the Indemnity Data Call, please contact the WCIRB Transaction Data team at [transactiondata@wcirb.com](mailto:transactiondata@wcirb.com).

## Section 2 — General Rules

### Scope and Effective Date

Call transactions means any and all transactions subject to FROI and SROI reporting to WCIS pursuant to the California Code of Regulations, Title 8, Sections 9701 and 9702 and as indicated in the current version of *Workers' Compensation Information System (WCIS) California EDI Implementation Guide for First and Subsequent Reports of Injury*.

### Participation / Eligibility

Beginning with transactions occurring on or after July 1, 2022, National Association of Insurance Commissioners (NAIC) Groups that write at least 0.5% of the California workers' compensation market, as determined by written pure premium in the most recent calendar year, are required to submit indemnity transaction data to the WCIRB. Once an NAIC Group is required to submit the Call, it is required to report data even if its California market share declines to less than the eligibility threshold 0.5%.

Annually, the WCIRB evaluates market share and notifies all newly eligible NAIC Groups of their participation requirement. The eligibility notification letter will include details regarding data submission certification and production data reporting timeline requirements.

#### 1. Insurer Participation

When an NAIC Group is required to submit the Call, all Insurers that fall within that Group are required to report under the Call.

Insurers within the NAIC Group may elect to submit the indemnity transaction data as one or more separate business subset groupings instead of reporting the entire NAIC Group's data as a group.

#### 2. Participation Timeline

Once notified of their eligibility to report, Insurer Groups must complete testing, receive certification approval and begin to submit production data to the WCIRB no later than one year from the date of notification of eligibility.

#### 3. Reporting Responsibility

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

- (a) Submitting all of their Call data directly to the WCIRB; or
- (b) Authorizing a third party entity<sup>1</sup> (TPE) to report the data directly to the WCIRB. To authorize a third party business partner to report data directly to the WCIRB, each Insurer must first complete WCIRB Form 902, *Third Party Entity Registration* for each third party (TPE) authorized to report on its behalf. This form will be provided along with the eligibility notification letter or participants may contact WCIRB's Transaction Data Unit to obtain a copy.

The Data Submitter must report the standard WCIS record layout with the specified personal information data elements redacted. Refer to *Section 4 – Record Layouts* of this Guide.

The Insurer is responsible for data completeness and data quality regardless of which entity is designated as the Data Submitter. Although data may be provided by an authorized vendor on behalf of an Insurer, quality, completeness and timeliness of the data is the responsibility of the Insurer.

### Reporting Frequency and Duration

Data Submitters may elect to report FROI and SROI transactions on a daily, weekly or monthly basis, and must maintain a consistent file submission frequency. Data reporting frequency cannot be less than monthly. The Due Date for monthly Indemnity Data Call submissions is the last calendar day two months from the end of the month the transactions were submitted to WCIS as per the following schedule:

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<sup>1</sup> Third party entity or TPE can be described as Third party Administrators (TPAs), EDI Trading Partners, etc.

Transaction Month	Due Date
January	March 31
February	April 30
March	May 31
April	June 30
May	July 31
June	August 31
July	September 30
August	October 31
September	November 30
October	December 31
November	January 31
December	February 28/29*

\* Due Date will be February 29th for leap years

Call transactions are required to be reported until transactions no longer occur for the claim in which a Final Transaction (FN) is generated with the Claim Status (DN73) set to 'closed' as specified in the WCIS EDI reporting requirements.

### Submission of Indemnity Transactions

Call transactions are to be submitted electronically to the WCIRB via secure transfer to the WCIRB's File Transfer Protocol (FTP) server as a *flat file*.<sup>2</sup> Files submitted in Unix are considered 'Invalid' and will not be processed by the WCIRB indemnity data submission module. All Call transactions must contain a header record at the beginning of the file and a trailer record at the end of the file as specified in the reporting requirements and record structure in the current version of *Workers' Compensation Information System (WCIS) California EDI Implementation Guide for First and Subsequent Reports of Injury (FROI/SROI)*. For more details regarding these records, refer to *Section 4 — Record Layouts* of this Guide.

Before Data Submitters can send Call production files using FTP, an Insurer Group location must be established, and each Data Submitter's electronic data submissions must pass Certification Testing.

### Business Exclusions Options

All of the transactions from workers' compensation claims subject to FROI and SROI reporting which are incurred by a participating NAIC Group in the state of California, including Medical Only claims for which no indemnity payment has been incurred, must be reported in the Call. In addition, once a claim has been reported under the Call, all related transactions must be reported according to the reporting requirements for the Call.

The WCIRB recognizes that, in certain very limited circumstances, it may be an extreme hardship for an Insurer to comply with reporting 100% of these expected FROI and SROI transactions subject to the Call. Accordingly, an Insurer participating in the Call may request permission to exclude data for the state of California from its reporting requirement. This option may be utilized for small subsidiaries and/or business segments (e.g., TPAs, legacy claims) for which the Insurer asserts that it would be an extreme hardship to develop the necessary infrastructure to create the necessary record(s). Any request for Business Exclusion must be based on a business segment and may not be based on the claim type or claim characteristics. All requests for such exclusions must be approved by the WCIRB and are subject to re-evaluation. Insurers participating in the Call are required to submit their request for exclusion to the WCIRB for review and approval using WCIRB Form 105, *California Indemnity Data Call—Business Exclusion Request Form*. This form outlines method for estimating the proportion of business excluded in addition to an option to request to exclude run-off business. Claim count details are required to assess the impact of the business exclusion request.

All exclusion requests must include the following documentation:

<sup>2</sup> ANSI X 12 format should not be used for the Call records.

- (a) The nature of the data to be excluded (e.g., any vendors or entities);
- (b) An explanation as to why reporting the data would result in extreme hardship (e.g., business is in run-off, reporting is by hard copy);
- (c) A unique policy numbering schema, claim numbering schema or list of policy and claim information, including claim and loss information used to identify the business segment;
- (d) Output used to demonstrate that the excluded segment(s) will be less than the maximum exclusion. Refer to WCIRB Form 105 for calculation method; and
- (e) Contact information for the individual responsible for the request.

### Section 3 — Indemnity Data Call Structure

#### General

Call data is based on the reporting requirements and record structure specified in the current version of *Workers' Compensation Information System (WCIS) California EDI Implementation Guide for First and Subsequent Reports of Injury (FROI/SROI)*. This implementation guide is posted on the California Division of Workers' Compensation [website](#).

The data elements that are to be included in FROI and SROI have specific requirements depending upon the type of transaction reported (original report, change, correction, etc.). The transaction type is identified by the Maintenance Type Code (MTC). Definitions and technical specification for each MTC and data element can be found in the International Association of Industrial Accident Boards and Commissions (IAIABC) FROI/SROI Release 1.0 standard at [www.iaabc.org](http://www.iaabc.org). To fully understand the reporting requirements for each data element, the conditional rules and implementation notes from the IAIABC EDI Implementation Guide, combined with the California implementation notes from the current version of *Workers' Compensation Information System (WCIS) California EDI Implementation Guide for First and Subsequent Reports of Injury (FROI/SROI)*, are incorporated by reference.

#### Redacted Data Elements

Certain data elements in the FROI and SROI record contain individually identifiable information that is linked to a uniquely identifiable employee, employer, claims administrator or any other person or entity. The WCIRB does not intend to collect or use individually identifiable injured worker information for the purposes of the Call. As a result, for WCIRB Indemnity Data Call records, certain data elements must be redacted in the FROI and SROI record and either zero filled when a numeric field or special character filled when alphanumeric. The field should not be truncated from the record to ensure that the record retains the same record length and formatting as expected for the FROI and/or the SROI record.

Individually identifiable information data elements to be redacted are:

Rec Type	Rec	DN	Data Element Name
FROI	148	0042	Social Security Number
FROI	148	0043	Employee Last Name
FROI	148	0044	Employee First Name
FROI	148	0045	Employee Middle Initial
FROI	148	0046	Employee Address Line 1
FROI	148	0047	Employee Address Line 2
FROI	148	0049	Employee State
FROI	148	0051	Employee Phone
SROI	A49	0042	Social Security Number

#### Optional Fields

##### *Not Required for WCIS Reporting*

Certain data elements in the FROI and SROI record are not required for WCIS reporting for California and may be blank filled or reported per IAIABC specifications. These fields are:

Rec Type	Rec	DN	Data Element Name
FROI	148	0017	Insured Name
FROI	148	0027	Insured Location Number
FROI	148	0034	Employers Premises Indicator
FROI	148	0064	Number of Days Worked
FROI	148	0066	Full Wages Paid for Date of Injury Indicator

Rec Type	Rec	DN	Data Element Name
SROI	A49	0069	Pre-Existing Disability
SROI	A49	0064	Number of Days Worked
SROI	A49	0075	Agreement to Compensate Code
SROI	A49	0097	Dependent/Payee Relationship

### Key Fields

The following data elements are considered key fields. They must be reported the same as on the original record for any change, correction or cancellation record related to any FROI or SROI transaction:

- Insurer FEIN (DN 6)
- Claim Administrator Claim Number (DN 15)
- Date of Injury (DN 31)
- Policy Number (DN 28)
- Policy Effective Date (DN 29)
- Agency Claim Number (DN 5)

Correctly reporting the key fields ensures the accurate linking and unique identification of the change, correction or cancellation record to the original record. The link data must adhere to the same reporting requirements and record structure as specified in the current version of the *Workers' Compensation Information System (WCIS) California EDI Implementation Guide for First and Subsequent Reports of Injury (FROI/SROI)* with one notable exception for WCIRB Indemnity Data Call reporting; **only the FROI 00 record may be reported without an Agency Claim Number (DN5).**

The key fields for the Call are not the same as those for WCIS claim matching in that the WCIRB relies on the Claim Administrator Claim Number and Policy Number fields to link this data to other data sets collected by the WCIRB. The Claim Administrator Claim Number, the Policy Number and the Policy Effective Date reported must match those reported in Unit Statistical data. If the Claims Administrator Claim Number reported at the time of the original FROI record does not match what will ultimately be reported in the Unit Statistical data for the claim, the Claim Administrator Claim Number must be corrected to match the Unit Statistical data claim number before the reporting of the FN record or the reporting of the First Unit Statistical Report, whichever occurs first. For older claims for which the final Unit Statistical valuation has been submitted, report the Claim Administrator Claim Number and Policy Number that identifies the claim in the Insurer's system as of the day the Insurer begins reporting. The Claims Administrator Claim Number and Policy Number must be consistent for all future reporting. Additionally, the reported Agency Claim Number must be consistent throughout the life of the claim.

## Section 4 – Record Layouts

### Overview

In order for the WCIRB to properly receive and quickly process data submissions, specific requirements regarding record layouts, data elements and link data are required when reporting the Call data.

### File Naming Convention

The WCIRB uses the same file naming convention as specified in the current version of the *Workers' Compensation Information System (WCIS) California EDI Implementation Guide for First and Subsequent Reports of Injury (FROI/SROI)* except that the WCIRB requires the Submitter FEIN in place of Trading Partner's Sender FEIN. The Data Submitter FEIN in the File Name must match the FEIN provided for the submitter in WCIRB Form 104 *Indemnity Transaction Data Submission Enrollment Form*. (e.g., for third party data submitters, use the Third Party Submitter's FEIN provided in Section C and/or for an Insurer Group which is self reporting, use the FEIN for the designated insurer within the group that has been identified as the data submitter. File names must be unique and cannot contain spaces.

The naming convention is as follows:

- Files must start with the three-character file type, 148 or A49, followed by an underscore “\_.”
- The 5<sup>th</sup> through 13<sup>th</sup> characters are the **Submitter** FEIN followed by an underscore “\_.”
- The 15<sup>th</sup> through 23<sup>rd</sup> characters are the Submitter's 9 digit zip code followed by an underscore “\_.”
- The 25<sup>th</sup> through 32<sup>nd</sup> characters are the Date Stamp of the 148 or A49 file (8-digit date, CCYYMMDD) followed by an underscore “\_.”
- The 34<sup>th</sup> through 39<sup>th</sup> characters are the Time Stamp of the 148 or A49 file (6-digit time, HHMMSS) followed by an underscore “\_.”
- The 41<sup>st</sup> character is the test/ production indicator: a “T” for Test or a “P” for Production followed by an underscore.
- The 43<sup>rd</sup> through 45<sup>th</sup> character are a unique 3-digit counter (001-999) for 148 and A49 files.
- Submitters can append up to 10-digit character starting from 46<sup>th</sup> character followed by an underscore for 148 and A49 files.
- All files will be named with a .txt extension. Files with any other file extensions will not be processed.

148 file name example:

148\_123456789\_999123456\_20211212\_141011\_T\_001\_ABC999999.txt

A49 file name example:

A49\_123456789\_999123456\_20211212\_141011\_T\_001\_ABC999999.txt

### Indemnity Data Call Record – First Report of Injury (FROI)

The First Report of Injury (FROI) record is a class of EDI transactions that include the same data provided on the First Report of Injury or Illness (California DWC Form 5020).

The IAIABC Data Elements for California are specified in California Code of Regulations, Title 8, Section 9702(b) and the rules and requirements for data reporting are defined in the current version of *Workers' Compensation Information System (WCIS) California EDI Implementation Guide for First and Subsequent Reports of Injury (FROI/SROI)*.

Maintenance Type Codes define the specific purpose of a transaction. There are two types of First Report Maintenance Type Codes: initial First Report (first report sent) and other First Reports (not the initial first report sent). Some Maintenance Type Codes belong in both groups; they can be the initial First Report sent or they can be the other First Report sent after the initial First Report. Some Maintenance Type

Codes can only be other First Reports and are expected to be preceded by an initial First Report. However, unlike with WCIS, if transactions for a claim are not received in the proper sequence, whether submitted in one transmission or several, they will not be rejected by the WCIRB.

When submitting a Change (02) or Correction (CO) Maintenance Type Code record for previously submitted data that was either incomplete or incorrect, the most recent submission will replace the existing data in the database and it will be considered as current.

All FROI records other than the Original (00) record, shall be reported with the Agency Claim Number (DN 5) populated. Records with a missing Agency Claim Number will be rejected and not processed (edit FR0005\_1).

All FROI records shall be reported with a valid WCIRB Class Code (DN59) except Denial (04) and Cancel (01). The Class Code is expected to be a class code which has been reported on the policy. Transactions with a missing or invalid Class Code will be rejected and not processed (edit FR0059\_1).

### **Indemnity Data Call Record – Subsequent Report of Injury (SROI)**

The Subsequent Report of Injury (SROI) record is a class of EDI transactions that include the types of data provided on California benefit notices. WCIS regulations stipulate when these transactions are required.

The IAIABC Data Elements for California are specified in California Code of Regulations, Title 8, Section 9702(d) and the rules and requirements for data reporting are defined in the current version of *Workers' Compensation Information System (WCIS) California EDI Implementation Guide for First and Subsequent Reports of Injury (FROI/SROI)*.

For Subsequent Reports, each Maintenance Type Code identifies a Benefit Event – an action occurring on one or more benefit types. Benefit Events are of three main types: (1) Open Benefits: the claim administrator is starting to pay ongoing benefits; (2) Close Benefits: the claim administrator is suspending ongoing benefit payments; (3) Update Benefit: the claim administrator is reporting a change to a benefit period that has already been reported to WCIS. The transaction sequencing rules which are applied at the Benefit Event Type level and not the specific MTC in WCIS are not applicable to the Call and will not cause a record to reject for improper sequencing of the claim event.

### **File Header and File Trailer**

The File Header record is the first record in a formatted EDI file and identifies the sender, receiver and file format version used. The Header Record's Sender FEIN must match the FEIN provided for the submitter in WCIRB Form 104, *Indemnity Transaction Data Submission Enrollment*. Receiver FEIN should be the WCIRB's FEIN (940358760) and Receiver Postal Code should be the WCIRB's 9 digit postal code (946121995).

The File Trailer is the last record in a formatted EDI file and indicates a count of transactions contained within the batch. The header and trailer records combine to create an "envelope" surrounding a batch of transactions.

## **Section 5 – Reporting Rules**

To provide additional guidance, the following reporting rules are provided.

### **Initial Reports**

All FROI and SROI transactions (existing claims and new claims) that occur within a specific month must be reported in that month's data submissions. Historical data for existing claims is not required to be reported.

Monthly submissions are due to the WCIRB by the end of the month two months later. For example, FROI and SROI transactions that occur in September are reporting in the submission due to the WCIRB by December 31 of the reporting year. For details on reporting options, refer to *Reporting Frequency* in *Section 2 – General Rules* of this Guide.

### **Updating Records**

When updating a record for previously submitted data, the new submission will update the existing data in the database. The most recently submitted data will be considered as current.

### **Cancellation Records**

The reporting of a FROI Cancel (01) transaction will remove all previously reported data from current status in the database. To re-establish a cancelled claim, all transactions, including the FROI Original (00), must be re-reported.

### **Employer Paid Benefits**

Under certain circumstances, such as collective bargaining agreements or if an employer provides paid sick leave specifically in response to COVID-19 under the Families First Coronavirus Response Act or Executive Order N-51-20, TD may not be paid by the claims administrator. Employer-paid benefits in lieu of TD benefits should be reported with SROI DN 0003 – Maintenance Type Code "FS" (Full Salary) and SROI DN 0085 – Payment/Adjustment Code "240" (Employer Paid).

### **Permanent Disability**

When Permanent Disability is reported in the SROI record as paid (Payment/Adjustment Code, 030, 040 or 530), the Permanent Impairment Body Part Code (DN0083) and Permanent Impairment Percentage (DN0084) must also be reported.

When reporting the Final (FN) SROI record with any Permanent Disability Payment/Adjustment Code, the impairment percentage must match that indicated in the settlement documents which is reported by the Workers' Compensation Appeals Board to the Social Security Administration.

### **Wages**

Wages (DN0062) must be reported with the correct Wage Period Code (DN0063) for both FROI and SROI records even if no indemnity benefits are paid. Employment Status Code An accurate Employment Status Code (DN0058) is to be reported in the FROI record.

### **Employment Status Code**

An accurate Employment Status Code (DN0058) is to be reported in the FROI record.

### **Claimant Death**

When a claimant dies causing benefits to cease, a SROI S4 (Claimant Death) or P4 (Partial Suspension – Employee death) transaction is to be reported with the Date of Death (DN0057) populated.

A SROI transaction CD (Compensable Death) or any payments to Dependents using Payment/Adjustment Codes 010, 210 or 510 is to be reported as appropriate and defined in the current version of *Workers' Compensation Information System (WCIS) California EDI Implementation Guide for First and Subsequent Reports of Injury (FROI/SROI)*.

### **Payment Adjustment Paid to Date**

Payment Adjustment Paid to Date Amount (DN0086) must accurately correspond with the Payment Adjustment Weekly Rate (DN0087) and the duration of the payment type reported in the Payment

Adjustment Weeks Paid (DN0090) and the Payment Adjustment Days Paid (DN0091). It is expected that rounding errors will be nominal.

### **Postal Code**

The Employer Postal Code (DN0023) in the FROI record is to be reported and is expected to match a location indicated on the Policy data reported to the WCIRB.

The Postal Code of the Injury Site (DN0033) in the FROI record is to be reported and must reflect the location where the injury occurred. Even when the Injury Site is the Employer's premises, this field must be reported.

### **Initial Treatment Code**

The Initial Treatment Code (DN0039) in the FROI record is to be consistently reported as 0 (No Medical Treatment), 1 (Minor On-Site Remedies by Employer), 2 (Minor Clinic/Hospital Remedies/Diagnostics), 3 (Emergency Evaluation, Diagnostic Testing and Medical Procedures), 4 (Hospitalization > 24 hrs) or 5 (Future Major Medical/Lost Time Anticipated) in FROI transactions. If the nature of the initial treatment is not known at the time of FROI Original reporting, the code shall be updated and reported when known.

### **Date of Representation**

The Date of Representation (DN0076) in the SROI record is to be reported using the execution date specified in the Attorney Fee Disclosure Statement Form pursuant to Title 8 California Code of Regulations Sections 10134 and 10135. This field is only to be left blank when the injured worker is not represented by counsel.

### **Legal Expenses**

Total Employer's Legal Expenses (Paid To Date/Reduced Earnings/Recoveries DN0095 Code 330) is to be reported in the SROI record when separately itemized. The Paid to Date Employer's Legal Expenses are expected to correlate to the costs reported in the Unit Statistical Data Reporting for the claim as defined in the *California Workers' Compensation Uniform Statistical Reporting Plan—1995*.

Total Claimant Legal Expenses (Paid To Date/Reduced Earnings/Recoveries DN0095 Code 340) is to be reported if such expenses are included in the award to, or incurred on behalf of, a claimant as defined in the *California Workers' Compensation Uniform Statistical Reporting Plan—1995*.

### **Duplicate Records**

Duplicate records may occur when a Redacted Data Element is changed, but no other information contained in the Call record has changed.

When submitting a Change (02) or Correction (CO) MTC record for previously submitted data that was either incomplete or incorrect, only the data that has changed from the previous submission will update the existing data in the database. The most recently submitted data will be considered as current.

## Section 6 – Editing and Other Validation Procedures

### Editing Process

The WCIRB's editing process is performed to ensure that the data is consistent with reporting requirements and that it meets quality standards. The edit process for the Call is based on three quality components:

- Completeness test (e.g., are the data elements appropriately populated?)
- Validation test (e.g., are the data elements populated with valid values?)
- Reasonableness test (e.g., is the distribution of data elements reasonable?)

These tests will be performed within each data element and across Call elements as needed.

### Validating a Submission

A Call submission will go through both of the following edit types:

- File Acceptance and
- File Processing

#### 1. File Acceptance

In the File Acceptance stage, the entire file is either accepted or rejected.

File Acceptance submission level edits determine whether the:

- File name is valid per file naming conventions found in the current version of the *Workers' Compensation Information System (WCIS) California EDI Implementation Guide for First and Subsequent Reports of Injury (FROI/SROI)* and as specified in the File Naming Conventions section of this Guide
- Data Submitter is authorized to report Call data and to submit for the Insurers within the data reporting group
- The file contains no self-insured data
- Record length is correct and contains valid characters pursuant to the current version of the *Workers' Compensation Information System (WCIS) California EDI Implementation Guide for First and Subsequent Reports of Injury (FROI/SROI)*
- File contains a Header Record, pursuant to the current version of the *Workers' Compensation Information System (WCIS) California EDI Implementation Guide for First and Subsequent Reports of Injury (FROI/SROI)*, there is only one Header Record per file
- Submission Date is valid
- Record Total is valid and matches the number of records in the file
- Data elements are properly redacted as required in *Section 3, Redacted Data Elements*, of this Guide

Files that fail submission level edits are rejected and not processed. The Insurer and/or the Call Submitter are notified that the file was rejected.

Once a file passes the File Acceptance stage, all records will be processed.

#### 2. File Processing

To ensure the completeness and validity of specific data elements, certain fields are subject to additional editing. When a field fails an edit, the record is not consumed into the WCIRB's indemnity database. The WCIRB will hold those records that failed a file processing edit in an erroneous record staging area. If a matching successfully processed record is found in the database, the erroneous record is flagged as repaired and purged from the erroneous record staging area. Records for which no matching record is found are provided to the insurer and their data submitter in a monthly detail report for the submission period documenting the edit reason. It is expected that rejected records not repaired are then researched for potential further action including generation of a corrected record to WCIS and, subsequently, reported to the WCIRB as necessary.

File Processing level edits will be performed on the following data elements:

1. FROI
  - Maintenance Type Code
  - Maintenance Type Code Date
  - Date of Injury
  - Claim Administrator Number
  - Policy Number
  - Employee Date of Birth
  - Class Code
2. SROI
  - Maintenance Type Code
  - Maintenance Type Code Date
  - Date of Injury
  - Claim Administrator Number
  - Claim Status

More detailed information about which data fields will be edited can be found here: [Indemnity Data Call Edit Matrix](#). This online edit matrix is the most comprehensive resource for information on the WCIRB's Indemnity Data Call editing and can be used when researching rejected files and/or transactions.

When changes are made to the Indemnity Data Call Edit Matrix, Indemnity Data Call contacts that have been provided by each insurer will be notified and the updated edit matrix will be posted on the WCIRB website.

## **Section 7 – WCIRB Transaction Data Quality Program**

The *WCIRB Transaction Data Quality Program* (Program) is intended to promote the timely, complete and accurate submission of California indemnity transaction data information to the WCIRB as this data will be used for research and claim cost trend analysis and to enhance pure premium ratemaking. Analogous to other WCIRB data quality programs, Insurer Groups are subject to monetary fines and other administrative action for failure to submit data, or for failure to address documented data quality reporting issues, in a timely manner.

The *WCIRB Transaction Data Quality Program* includes both medical and indemnity transaction data. Administration of the Program applies to all Insurer Groups that are eligible to report the Indemnity Data Call. The Program is administered on a calendar quarter basis and applies to production Indemnity Data Call submissions made in accordance with the rules contained in this Guide and is effective January 1, 2022.

## Section 8 – Glossary

### Definition of Terms

**Calendar Year Premium** Associated with premium within a given calendar year period. Calendar Year Premium is final at the end of the period and does not change from valuation to valuation.

**Carrier** See *Insurer*.

**Carrier Group** See *Insurer Group*.

**Claim** A demand to recover from a loss or damage covered by a policy of insurance. A claim (identified by claim number) includes one or more FROI and/or SROI transactions. The Claim Number Identifier must match the Unit Statistical data claim number.

**Claimant** The person who makes a claim. The Claimant receives the medical services listed on the Bill(s) for the associated claim.

**Coverage Provider** See *Insurer*.

**Data Element** The smallest unit of physical data for which attributes are defined.

**Field** An area designated for a particular category of data.

**File** An organized, named collection of related records packaged collectively and reported electronically to the WCIRB. For Call data, a file may only include the data from one reporting entity, but data for multiple Carrier Codes within the reporting entity is acceptable.

**Flat File** An EDI file format in which data elements are placed in assigned positions within each record. Different records are presented on separate lines of the file. Proprietary flat file standards for use in workers' compensation have been developed by the IAABC.

**Gross Premium** The direct California workers' compensation premium prior to reinsurance or application of deductible credits.

**Data Submitter** Any unique data reporting entity that is authorized and certified to submit Call data to the WCIRB. This includes but is not limited to *Insurers*, *Third Party Administrators (TPAs)*, and *Trading Partners*. See also *Reporting Entity*.

**Insured** The policyholder. In workers' compensation insurance, the Insured is the person or organization (employer) that is protected (covered) by the insurance policy and is entitled to recover benefits under its terms. The Insured is designated in Item 1 of the policy Information Page.

**Insurer** All WCIRB member insurance companies, individually or as a group, providing workers' compensation insurance policies in California.

**Insurer Group** One or more Insurers within the same NAIC Group.

**Record** A collection of related data elements that are treated as one unit.

<b>Record Layout</b>	Defines the parameters for each data Field contained in the Record that is submitted electronically, including the data field's starting and ending positions on the record and the field's specific type/class (i.e., alpha, numeric or alpha/numeric). The consistent parameters allow for efficient processing, so the data contained within can be sorted, formatted and customized. The layout is as specified in the reporting requirements and record structure in the current version of <i>Workers' Compensation Information System (WCIS) California EDI Implementation Guide for First and Subsequent Reports of Injury (FROI/SROI)</i> .
<b>Redacted Data Elements</b>	Data elements in the FROI and SROI record which contain individually identifiable information that can be linked to a uniquely identifiable employee, employer, claims administrator or any other person or entity. These elements will be redacted or partially redacted in the record to maintain privacy.
<b>Reporting Entity</b>	An Insurer Group or the designated Data Submitter(s) that report the Call to the WCIRB on their behalf.
<b>Special Characters</b>	Refers to the additional characters other than letters A-Z and numbers 0-9 and does not include spaces.
<b>Submission</b>	A File transmitted to the WCIRB for a given Reporting Entity. Also referred to as a Transmission.
<b>Third Party Administrator (TPA)</b>	An entity who provides claims administration services on behalf of an Insurer.
<b>Third Party Entity (TPE)</b>	A Data Submitter approved and authorized to report insurance data to the WCIRB on behalf of an Insurer.
<b>Transaction</b>	Refers to either of the following: <ul style="list-style-type: none"> <li>• The FROI and SROI data transaction generated for reporting under this Guide. Use this definition for Maintenance Type Code Date.</li> <li>• The general term given to data transmitted from one computer system to another for the purpose of accessing, querying or updating a record, file or database. Use this definition for Maintenance Type Code.</li> </ul>
<b>Transmission</b>	See <i>Submission</i> .
<b>Unit Statistical Data</b>	Data submitted by the Insurer to the WCIRB pursuant to the <i>California Workers' Compensation Uniform Statistical Reporting Plan—1995</i> .
<b>Workers' Compensation Insurance</b>	Statutory coverage for employers subject to the workers' compensation law. It provides benefits to employees who are injured during the course of their employment.
<b>Workers' Compensation Information System</b>	The California Workers' Compensation Information System is maintained by the California Division of Workers' Compensation to collect First Reports of Injury (FROI) and Subsequent Reports of Injury (SROI). The reporting guidelines for these record types were implemented in 2000.

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