

State of Alaska Mike Dunleavy, Governor	Alaska Workers' Compensation Division PO Box 115512 Juneau, Alaska 99811-5512		
Department of Labor and Workforce Development	BULLETIN	Number 18-08	Date December 31, 2018
Dr. Tamika L Ledbetter, Commissioner	SUBJECT	Filing Requirements for the 2018 Annual Report; Paying SIF Contributions; Paying Workers' Safety and Compensation Fees	
	REFERENCE	AS 23.30.155 & 8 AAC 45.136; AS 23.30.040; AS 23.05.067	

The following are filing requirements for annual reports under AS 23.30.155 & 8 AAC 45.136; paying Second Injury Fund (SIF) contributions under AS 23.30.040; and paying Workers' Safety and Compensation Administration Account (WSCAA) fees under AS 23.05.067 for self-insured and uninsured employers.

This bulletin supersedes and replaces all prior bulletins regarding filing of annual reports, and SIF & WSCAA contributions.

These requirements are effective for the calendar year 2018 annual report, due starting January 1, 2019. Reports received after March 1, 2019 are late. The Department of Labor expects each insurer, self-insurer, and uninsured employer to submit the Annual report through Electronic Data Interchange (EDI) on all claims with any payments between January 1, 2018 and December 31, 2018. The report must include all financial activity for the entire claim. Paper Claims filed through the flat file process must meet the minimum reporting requirements as outlined in our Jurisdictional Requirements tables and formatted according to the tables starting on page 7.

Please review the filing requirements carefully to ensure that your filing is in compliance, and to avoid penalties and interest for incorrect filings.

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Address any questions concerning the annual report filing or the SIF and WSCAA fees to the following Division of Workers' Compensation Department of Labor and Workforce Development point of Contact:

Contact	Phone/Email	Mailing Address	Physical Address
Ted Burkhart	(907) 465-6055 Ted.Burkhart@alaska.gov	PO Box 115512 Juneau, AK 99811-5512	1111 W. 8 th Street, Ste. 305 Juneau, AK 99801

Annual Reports of Insurance Distributions

Alaska Statute 23.30.155(m) requires that each insurer or adjuster file a report annually with the Alaska Workers' Compensation Board on claims with any compensation and expense payment activity for the previous year. All annual reports must submit through EDI by use of the "AN" report transaction. Paper submissions through the prescribed paper form (form 07-6115) must meet the minimum requirements outlined in the Jurisdictional Requirements Tables in order to submit through EDI. **The report is due starting January 1, 2019 and late after March 1, 2019. Each insurer or adjuster must also submit the following assessments and fees, at the same time of the annual report filing, no later than March 1, 2019.**

Assessments and Fees

Together with the annual report, each insurer *or* the insurer's claims adjuster (not both), uninsured employer, or self-insured employer must submit payment of their Second Injury Fund (SIF) contribution and their Workers' Safety and Compensation Administration Account (WSCAA) fees.

Second Injury Fund Contribution

1. The Second Injury Fund (SIF) contribution is due at the time of the annual report filing, **starting January 1, 2019 and late after March 1, 2019** (AS 23.30.040).
2. SIF contributions assess against *each claim that results in temporary total disability, temporary partial disability, permanent partial disability, or permanent total disability*. *The contribution is based on the year of the injury and the SIF contribution rate in effect at that time* (see Table 1). The contribution rate is posted via bulletin to <http://www.labor.state.ak.us/wc/bulletins.htm>.
3. SIF contributions are due and payable for the report year on **ALL claims**, irrespective of whether SIF reimbursement is currently being received on the claim or an overpayment of benefits was made on the claim or benefits were paid by the employer. A SIF payment is not due and payable for a claim where the SIF assessed amount due is less than \$20.00.

Workers' Safety and Compensation Administration Account Fee (WSCAA)

1. Insurance companies, self-insured employers, and uninsured employers are required to a pay a service fee for state administration of workers' compensation (AS 23.05.067).
2. **Insurance companies.** Under AS 21.09.210, the service fee is included in the annual premium tax assessment. The Division of Workers' Compensation has no additional filing requirements for WSCAA. The Alaska Division of Insurance will process the fee transfer.
3. **Self-Insured Employers.** Under AS 23.05.067, a service fee payment is required with annual report due **starting January 1, 2019 and late after March 1, 2019**. The amount of the service fee is a percentage of the total payments reported on the annual report, excluding the amount of the SIF contribution. The contribution rate for calendar year 2018, due by March 1, 2019 is 2.90% (see Table 2).
4. **Uninsured Employers** must submit a service fee with their annual report due **starting January 1, 2019, late after March 1, 2019**. The amount of the service fee is a percentage of the total payments reported on the annual report, excluding the amount of the SIF contribution. The contribution rate for calendar year 2018, due by March 1, 2019 is 2.90% (see Table 2).

Annual Penalty Assessment Reports

Upon completion of the annual report data review, the Workers' Compensation Division will return a preliminary annual report penalty assessment. **The insurer or adjuster, uninsured employer or self-**

insured employer has 30 days to submit corrections to the original annual report filing. After 30 days, all penalties are final.

After March 1, 2019, trading partners will need to submit “AN” corrections to ADOL on form 07-6115 for any AN reports accepted through EDI. Trading partners may submit missing “AN” reports through EDI until December 31, 2019 if it is the first filed “AN” on the claim. Workers’ Compensation form 07-6115 is the only approved paper “AN” file format and available at: <http://www.labor.alaska.gov/wc/er-profit.html>. The form submits through EDI and must meet all Jurisdictional Requirements for EDI submission.

Final penalty assessments may be appealed by petition to the Alaska Workers’ Compensation Board.

The Penalty report will include the following:

- An assessment for unpaid SIF contributions, **payable to SIF.**
- An assessment for unpaid Workers’ Safety and Compensation fees, **payable to WSCAA.**
- SIF penalties for late compensation report filing, pursuant to AS 23.30.155(c), **payable to WSCAA.**
- Waiver of 155(c) penalties pursuant to AS 23.30.155(m). Waiver of penalties is based on total late payments for reporting year / total all payments for reporting year (p. 82, Legislative Audit Report, No. 07-4601-00, October 31, 1999).
- Civil penalties for late annual report filing pursuant to AS 23.30.155(m) **payable to WSCAA.**
- Error listing and civil penalty for incomplete and inaccurate report, pursuant to AS 23.30.155(m) and 8 AAC 45.136 **payable to WSCAA.**

ASSESSMENT RATE FOR ALL COMPENSATION REPORTING FOR CALENDAR YEAR 2018

Table 1 - Second Injury Fund Rate			Table 2 - WSCAA					
Year	Rate	Calculated On	2001	2002	2003	2004 – 2017	2018	
1959-1966	2%	PPD						
1966-1970	5%	PPD						
1971-1981	8%	PPD						
1982-1985	6%	TTD,TPD,PPI, & PTD						
1986	5%	TTD,TPD,PPI, & PTD						
1987-1989	0%							
1990	3%	TTD,TPD,PPI, & PTD						
1991	5%	TTD,TPD,PPI, & PTD						
1992-1994	6%	TTD,TPD,PPI, & PTD						
1995	5%	TTD,TPD,PPI, & PTD						
1996	6%	TTD,TPD,PPI, & PTD						
1997-1998	5%	TTD,TPD,PPI, & PTD						
1999	6%	TTD,TPD,PPI, & PTD						
2000	5%	TTD,TPD,PPI, & PTD						
2001-2008	6%	TTD,TPD,PPI, & PTD						
2009	5%	TTD,TPD,PPI, & PTD						
2010	4%	TTD,TPD,PPI, & PTD						
2011	5%	TTD,TPD,PPI, & PTD						
2012-2018	6%	TTD,TPD,PPI, & PTD						
2019	5%	TTD,TPD,PPI, & PTD						
			Insurance Companies**	2.31%	2.17%	2.03%	1.82%	2.5%
			Self Insurers	0.90%	1.70%	2.40%	2.90%	2.90%
			Uninsured Employers	3.60%	3.40%	3.20%	2.90%	2.90%
			** Insurance Companies: service fee is included in the annual premium tax assessment under AS 21.09.210					

PAYMENTS

Second Injury Fund and Workers Safety and Compensation Administration Account assessments are due by March 1, 2019.

Send payments to:

Ted Burkhart	
Labor and Workforce Development	
Workers' Compensation Division - Second Injury Fund	
Mailing Address PO Box 115512 Juneau, AK 99811-5512	Physical Address 1111 W. 8 th Street, Ste. 305 Juneau, AK 99801
Contact Information Phone: (907) 465-6055 Email: Ted.Burkhart@Alaska.gov	

Submit all checks payable to the Second Injury Fund and/or WSCAA between January 1, 2019 and March 1, 2019. Interest and penalties will be applied to filings and/or payments received after March 1, 2019.

To ensure proper recording of SIF and WSCAA payment on a claim:

1. **Each unique insurer will submit a single aggregate check for SIF and/or WSCAA, rather than a separate check for each claim.** Please do not combine SIF and WSCAA payments into one check.
2. **Multiple Claim Payments:** A separate spreadsheet must accompany each payment submitted and due between January 1, 2019 and March 1, 2019. The spreadsheet format layout will be JCN (AWCB#), SIF amount due, and/or WSCAA amount due (in this order, no dollar signs) with an excel extension of .xlsx. **The spreadsheet must be emailed separately to Ted Burkhart.**

JCN/AWCB Number	SIF	WSCAA
2016XXXXXXXX	30.00	400.00

3. **Single Claim Payments:** If there is only one claim to report, ensure the check documentation displays – SIF Contribution Year, JCN (AWCB#), SIF amount due, and/or WSCAA amount due.
4. **Civil Penalty Payments:** Please submit preliminary or final audit spreadsheet with civil penalty payment and make payable to the WSCAA.

Frequently Asked Questions (FAQ's)

Are benefit totals just for calendar year or are they cumulative?

Answer: To be compliant with IAIABC standards, “sweep” benefit segment rules apply. **Report all Indemnity benefit payments (cumulative values), all other benefit types (expenses) paid, and any currently active Adjustment, Credit or Redistributions on the claim from the Date of Injury through 12/31/2018.**

For a paper submission, who do I contact to confirm match data on reports of injuries with the Division?

Answer: Due to varying reasons, paper submissions frequently have incorrect match data values populated on the paper form. Sometimes this will cause a delay in submitting paper annual reports. If you need assistance with ensuring your files have the correct match data, an extract of current match data is available upon request. Please submit a Request for Release of Information Form 07-6121, supply a list of AWCB

numbers required and email your request to Michael Christenson, michael.christenson@alaska.gov.

I am having trouble with rejected transmissions through EDI, whom do I contact for assistance?

Answer: We have contracted with Verisk Insurance Solutions (ISO) to provide technical assistance with claims reporting issues through EDI. Send all questions related to general EDI support issues to adoledi@iso.com.

Will ADOL accept a SROI AN on legacy claims (JCN<201320000)?

Answer: Annual Reports for all claims submit through EDI. ADOL expects the SROI AN report submitted through EDI by registered EDI filing Trading Partners. Paper filers should submit their AN report on form 07-6115. A Legacy claim must be prepared to accept the annual report through EDI. A legacy claim will accept EDI submission of the AN report after a FROI UR, AQ, or AU has been accepted on the claim. The FROI UR can only be filed once and prepares the legacy claim to receive only the AN, FN or 04 transaction. Legacy claims **must** submit all other compensation reports to the division on paper. If you need assistance with determining if a claim is ready for an EDI submission, please contact adoledi@iso.com or Michael Christenson, michael.christenson@alaska.gov.

How do I report lump sum payments?

Answer: All lump sum payments are initially reported with the PY report and additionally required on the AN and should match the values reported on the claim.

What is required by the Trading Partners concerning reporting of the SIF contribution or WSCAA assessment due?

Answer: Please reference the payments section on page 4. ADOL has a separate business process for reporting SIF and WSCAA payments. Until further notice, the SIF and WSCAA payment report is due to the Division starting January 1, 2019 through March 1, 2019. The report **must** be submitted via spreadsheet and include the JCN/AWCB number, SIF due, and WSCAA due.

Will the Division calculate the SIF contribution or WSCAA due?

Answer: At this time, ADOL will not send out a preliminary SIF and/or WSCAA invoice prior to March 1, 2018. Our current process projects SIF and WSCAA on all open/closed claims with reported or expected compensation payments for the reporting year. Reported compensation without a subsequent report to change or terminate benefits are subject to this estimated payment calculation. However, it is our goal for future reporting.

ANNUAL REPORT FILING REQUIREMENTS

Each Insurer must submit the annual report on each claim that incurred workers' compensation claims expenses in the calendar year of 2018. The report may be submitted by either the insurer or the insurer's claims adjuster, **but not both**.

Electronic Data Interchange (EDI) Trading Partner

The SROI AN (Annual Report) is due annually beginning January 1, 2019 and late after March 1, 2019, for all claims having compensation or expense payments in the previous calendar year. The AN report must meet the minimum requirements as outlined in the Alaska Department of Labor Workers' Compensation Division Elements Requirements Tables found at <http://www.adoledi.info/>.

ADOL expects that only one SROI AN for each JCN/AWCB number be reported starting January 1, 2019 and late after March 1, 2019. **To be considered a timely filed report, the SROI AN report (or latest submission) must be accepted (TA or TE Acknowledgement returned) by the March 1, 2019.** Any AN report that fails reporting requirements and returns a TR acknowledgement is considered unreported, including paper submissions.

Once the AN report has been accepted, any required corrections can be submitted through a new SROI AN

report until March 1, 2019. After March 1st, please submit corrections on form 07-6115 and email to the Division, to Ted.burkhart@alaska.gov. Please submit all preliminary corrections on or before October 1, 2019. Final corrections may be made up to December 31, 2019.

Please refer to ADOL's Element Requirement Table for data element requirements on the SROI AN. The MTC AN is expected for all claims where any compensation or expense payments occurred during the previous calendar year (January 1, 2018 through December 31, 2018), even if unreported by a SROI AP, IP, PY, RB . . . etc.. **The SROI FN or SX transactions are not accepted as substitute filings for the AN report. When reporting the AN report, report all benefits and claim expenses paid by the employer, insurer, or adjuster from the Date of Injury to December 31, 2018.**

For more information, please visit www.adoledi.info or contact the ADOL EDI Support Team at dol.workerscomp.edi@alaska.gov.

Paper Filer Trading Partner

Paper Filers must use form 07-6115 when submitting their AN report to the Division. This form, when populated correctly, submits through EDI by the Division of Workers' Compensation staff. The document is available through download at <http://www.labor.alaska.gov/wc/forms/wc6115.xlsx>. ADOL reviews each submission for errors or omissions and returns the document back to the sender for any required corrective action. **The AN report for each AWC# is considered received only after its acceptance through EDI submission.** Rejected reports will require corrections and resubmissions from the trading partner.

Flat file data fields are subject to match data rules and data formats as indicated in EDI implementation guide and our requirement tables. **The following are required fields on the AN report submission to EDI: DN0006, DN0187, DN0188, DN0015, DN0005, DN0074, DN0073, DN0270, DN0042/0153/0152/0156, DN0043, DN0044, DN0031, and DN0314 (highlighted in yellow on the current form).** Missing or incorrectly formatted data within these fields will cause delays in processing the report. The PAPER FILER ANNUAL REPORT – RECORD LAYOUT FORMAT section on page 7 describes the proper formatting required. Any delays in processing the AN paper submission due to an incorrect or incomplete report is the responsibility of the trading partner. ADOL reviews each paper submission for errors and then processes any deemed ready for submission. After March 1st, outstanding reports will be subject to a late file penalty assessment until the report accepts into EDI. Incomplete filings are any Annual report sent back for corrective actions and not returned by December 31, 2019.

Submit reports electronically on an encrypted disk or via secure email using the Paper Filer Trading Partner Record layout format; hard-copy paper reports are not accepted. **Organize all reports into a Single file for each unique Insurer; files for combined Insurer groups are unacceptable.** Submit all reports in the format described below. **Reports returned for not meeting the described format may be subject to late filing penalties upon resubmission.**

- **Files contain sensitive data. Submit secured records electronically only. Acceptable methods of transmissions are:**
 - Data on encrypted CD ROM disc, acceptable formats: form 07-6115 excel spreadsheet saved as xlsx extension (see record layout, only accept excel version 2007 and above).
 - Attached document in secure e-mail file. Acceptable format: form 07-6115 excel spreadsheet saved as xlsx extension (see record layout, only accept excel version 2007 and above).
 - An Insurer Group may submit multiple files in a single email or CD, but must include a file for each unique Insurer within the group.
- **Submissions by hard-copy paper or by electronic means other than listed above are shredded or deleted and considered not received by the Division.**
- Each insurance company must submit a separate annual report file. The remitter must identify each file submission by name of insurance company and the insurance company's unique FEIN number.
- Each submission must clearly state:

- Person responsible for annual report filing.
- Remitter’s phone number, e-mail address, and mailing address.
- **This information must be on a label adhered to each CD ROM or set out in the body of the e-mail filing.**
- **DO NOT** file by out of state TPA name or by business account.
- When triggered by any payment in 2018, the AN report should include aggregate values of each Benefit or Other Benefit type paid by employer, the insurer, or the adjuster from the Date of Injury through December 31, 2018.
- **The file must be in the same data sequence as indicated in the enclosed record layout.**
- An extract of match data elements as current on the claim is available upon request. Please email requests to Michael Christenson, michael.christenson@alaska.gov along with a Request For Release of Information Form, 07-6121.
- **Submit annual reports to:**

Ted Burkhart	
Labor and Workforce Development Workers’ Compensation Division - Second Injury Fund	
Mailing Address PO Box 115512 Juneau, AK 99811-5512	Physical Address 1111 W. 8 th Street, Ste. 305 Juneau, AK 99801
Contact Information Phone: (907) 465-6055 Email: Ted.Burkhart@Alaska.gov	

PAPER FILER ANNUAL REPORT – RECORD LAYOUT FORMAT

Download the Annual Report Record Layout spreadsheet (Form 07-6115) by visiting <http://www.labor.alaska.gov/wc/forms/wc6115.xlsx>.

Record Layout:

Cell A1: Paper filer trading partner name

Cell A2: Paper filer Trading partner FEIN

Line 6 is the first claimant record, followed by line 7 (A7, B7, C7 etc...)

Data Format Overview for Form 07-6115:

All cells on the form should default to a text format to eliminate any data conversion issues. The only exception would be for date fields and should follow the format described below. Our conversion processes this form into a text file to match the approved IAIABC transmission format and forwarded to ISO for requirement edits. Each data element has a defined data format, an assigned position in the record, and all match data must equal the data already reported on the claim. Each highlighted column is required to be on the final report. **Yellow highlights are required data elements for the AN report and must have the appropriate formatted data.** Orange highlights represent conditionally required data elements when the condition noted in the cell comment is true. Populate all other fields if applicable to the report. Each field, when populated, should conform to IAIABC constraints for that data element as defined by R3.0 Implementation Guide and meet the following formats within this spreadsheet.

- **Dates:** Type = DATE: mm/dd/yyyy (format as English *3/14/2012)
- **Monetary Amounts:** Type = 9.20 (format as text, 2 decimal points required (9.00))
 - Monetary amounts must be > 0.00 when reported. **Monetary Amount fields should be blank when there is nothing to report.**
 - Valid entries consist of ten numeric digits with the **dollar sign excluded and the decimal point included to the hundredths place.**
 - **Negative** amounts are not valid.

- **Numeric:** Type = N (format as text, no punctuation, no decimals)
 - Numeric fields populate only when applicable to the report. When populated, a zero is allowed as the actual value of the data element. **Claim weeks and days can be zero and reported as such, if applicable. Claim Days cannot exceed the value of six.**
 - Data elements assigned the format of N should be populated with only valid text characters. Valid text values consist of 0 – 9 only when a value is applicable.
- **Alphanumeric:** Type = A/N (format as text)
 - Data elements that assigned the format of A/N consist of a sequence of any characters from common character code schemes of EBCDIC, ASCII, and CCITT International Alphabet 5. Alphanumeric character set includes those selected from the uppercase letters, lower case letters, numeric digits, space character, and special characters as follows: A...Z, a...z, 0...9, < .>/? ; : ' " [{] } \ | ` ~ ! @ # \$ % ^ & * () - _ = + (space). Use of any special characters as record delimiters is subject to the trading partner agreement identifying delimiters. Use of any of the alphanumeric characters is permitted in data elements with the alphanumeric data type unless otherwise indicated in a Data Population Rule.
 - For this form, all cells populate as reported in previous reporting through EDI. For paper claims, matching previous values reported can be tricky for the trading partner. An extract of match data elements as current on the claim is available upon request. Please email requests to Michael Christenson, michael.christenson@alaska.gov, along with a Request for Release of Information Form 07-6121.

Cell	Data Element Title	DN #	Data Format	Definition
A1	Paper Filer Name		Alpha	Paper filer trading partner name
A2	Paper Filer FEIN		Numeric (text)	Paper filer trading partner FEIN
A6	Insurer FEIN	DN0006	9 Numeric (text)	The Federal Employer Identification Number reported for this claim.
B6	Claim Administrator FEIN	DN0187	9 Numeric (text)	The Federal Employer Identification Number of the claim administrator reported for this claim.
C6	Claim Administrator Name	DN0188	40 Alpha Numeric	The legal name of the claim administrator reported for this claim.
D6	Claim Administrator Claim Number (CACN)	DN0015	25 Alpha Numeric	The unique Claim Administrator Claim Number reported on this claim.
E6	Jurisdiction Claim Number (JCN)	DN0005	25 Alpha Numeric	The number assigned by the Alaska Workers' Compensation Division to identify a specific claim.
Cell	Data Element Title	DN #	Data Format	Definition
F6	Claim Type Code	DN0074	1 Alpha Numeric	<p>A code representing the current classification of the claim as interpreted by the jurisdiction (B, I, L, M, N, P, W).</p> <p>B= Became Medical Only I= Indemnity for Lost Time L= Became Indemnity for Lost Time M= Medical Only N= Notification Only - NA on AN</p>

				P= Indemnity without Lost time past Waiting period W= Lost time with no Paid Indemnity
G6	Claim Status Code	DN0073	1 Alpha Numeric	A code representing the current claim status (C, O, R, X). C= Closed O= Open R= Re-Opened X= Re-Open Closed
H6	Employee ID Type	DN0270	1 Alpha Numeric	Identifies the employee ID reported on the claim (E, G, P, S). E= Employment Visa (DN0152) G= Employee Green Card (DN0153) P= Passport Number (DN0156) S= Social Security Number (DN0042)
I6	Employee ID Number	DN0042	09 Alpha Numeric 15 Alpha Numeric 15 Alpha Numeric 15 Alpha Numeric	DN0042 = Social Security Number DN0152 = Employment Visa DN0153 = Green Card DN0156 = Passport Number
J6	Employee Last Name	DN0043	40 Alpha Numeric	The employee's last name as currently reported on the claim.
K6	Employee Suffix	DN0255	4 Alpha Numeric	The employee's suffix as reported on the claim (Jr., Sr., II, III etc.)
L6	Employee First Name	DN0044	15 Alpha Numeric	The employee's first name as currently reported on the claim.
M6	Employee Middle Name/Initial	DN0045	15 Alpha Numeric	The employee's middle name or initial as currently reported on the claim.
N6	Date of Injury	DN0031	Date *3/14/2012	The date of reported injury as currently reported on the claim.
O6	Insured FEIN	DN0314	9 Alpha Numeric	The Federal Employer Identification Number (FEIN) of the Insured as currently reported on the claim.
Cell	Data Element Title	DN #	Data Format	Definition
P6	Concurrent Employer (1) Name	DN0141	40 Alpha Numeric	The legal name of a concurrent employer during the period when the injury occurred.
Q6	Concurrent Employer (1) Contact Business Phone	DN0142	15 Alpha Numeric	The phone number associated with the Concurrent Employer Name.

R6	Concurrent Employer (1) Wage	DN0143	9.20 (text)	The average wage the employee was earning from the concurrent employer at the time of the injury as currently reported on the claim.
S6	Concurrent Employer (2) Name	DN0141	40 Alpha Numeric	The legal name of a concurrent employer during the period when the injury occurred.
T6	Concurrent Employer (2) Contact Business Phone	DN0142	15 Alpha Numeric	The phone number associated with the Concurrent Employer Name.
U6	Concurrent Employer (2) Wage	DN0143	9.20 (text)	The average wage the employee was earning from the concurrent employer at the time of the injury as currently reported on the claim.
V6	Death Result of Injury Code	DN0146	1 Alpha Numeric	A code that indicates whether the worker's death was a result of the injury. NA if claimant is still living. Y = Yes N = No U = Unknown
W6 – AH6	Dependent/Payee Relationships	DN0097	2 Alpha Numeric	The code identifying the relationship of the qualified dependent(s)/payee(s) to the deceased employee. First number represents the relationship. 2 = Widow 3 = Widower 4 = Son or Daughter 5 = Brother or Sister 6 = Mother or Father 7 = Disabled Child 8 = Jurisdiction Fund(s)/Estate 9 = Other Second Digit is the Birth Order 0 – 9 Birth order for each Relationship classification
Cell	Data Element Title	DN #	Data Format	Definition
AI6	Medical Lump Sum Payment/ Settlement	BTC 501 DN0086	9.20 (text)	Cumulative lump sum payment amount to end past, present, and/or future medical exposure through this report year.
AJ6 et al.	Start Date	BTC 501 DN0088	Date *3/14/2012	First reported Start date of the reported Benefit Type Code.
AK6 et al.	Through Date	BTC 501 DN0089	Date *3/14/2012	Last reported through date of the reported Benefit Type Code for the report year.
AL6	Total Payments to Physicians	OBT 350 DN0215	9.20 (text)	Cumulative value of services paid to physicians through this report year.

AM6	Total Hospital Costs	OBT 360 DN0215	9.20 (text)	Cumulative value of services paid to hospitals through this report year.
AN6	Total Other Medical	OBT 370 DN0215	9.20 (text)	Cumulative value of medical services not otherwise reported paid through this report year.
AO6	Total Unallocated Prior Medical	OBT 440 DN0215	9.20 (text)	Cumulative value of prior medical paid by the previous CA through this report year.
AP6	Total Pharmaceutical Costs	OBT 450 DN0215	9.20 (text)	Cumulative value of prescribed pharmacy costs paid through this report year.
AQ6	Total Dental Expenses	OBT 455 DN0215	9.20 (text)	Cumulative value of dental expenses paid through this report year.
AR6	Temporary Total Benefits	BTC 050 DN0086	9.20 (text)	Cumulative Value of Temporary Total Benefits paid through this report year.
AU6 et al.	Claim Weeks	DN0090	4 Numeric	The actual number of weeks (7 days) the claimant is paid through the report year for this benefit type.
AV6 et al.	Claim days	DN0091	1 Numeric	The residual number of days remaining after determining the number of weeks the claimant is paid through the report year for this benefit type.
AW6	Employer Paid Temporary Total	BTC 250 DN0086	9.20 (text)	Cumulative value of wages paid by the employer in lieu of Temporary Total Benefits through this report year.
BB6	Temporary Total Lump Sum Payment/Settlement	BTC 550 DN0086	9.20 (text)	Cumulative lump sum payment amount to end past, present, and/or future Temporary Total Benefits paid through this report year.
BE6	Temporary Partial	BTC 070 DN0086	9.20 (text)	Cumulative Value of Temporary Partial Benefits paid through this report year.
BJ6	Employer Paid Temporary Partial	BTC 270 DN0086	9.20 (text)	Cumulative Value of Employer Paid Temporary Partial Benefits paid through this report year.
Cell	Data Element Title	DN #	Data Format	Definition
BO6	Temporary Partial Lump Sum Payment/Settlement	BTC 570 DN0086	9.20 (text)	Cumulative lump sum payment amount to end past, present, and/or future Temporary Partial Benefits paid through this report year.
BR6	Permanent Partial Scheduled	BTC 030 DN0086	9.20 (text)	Cumulative payment amount for ongoing permanent partial benefits paid through this report year.
BW6	Employer Paid Permanent Partial Scheduled	BTC 230 DN0086	9.20 (text)	Cumulative payment amount for employer paid ongoing permanent partial benefits paid through this report year.

CB6	Employer Paid Unspecified	BTC 240 DN0086	9.20 (text)	Cumulative Wages paid by the employer in lieu of unspecified benefits paid through this report year.
CG6	Permanent Partial Scheduled Lump Sum Payment/Settlement	BTC 530 DN0086	9.20 (text)	Cumulative lump sum payment amount to end past, present, and/or future Permanent Partial Benefits paid through this report year.
CJ6	Permanent Total	BTC 020 DN0086	9.20 (text)	Cumulative payment amount for Permanent Total benefits paid through this report year.
CO6	Permanent Total Lump Sum Payment/Settlement	BTC 520 DN0086	9.20 (text)	Cumulative lump sum payment amount to end past, present, and/or future Permanent Total Benefits paid through this report year.
CR6	Total Penalties	OBT 310 DN0215	9.20 (text)	Cumulative amount of penalties paid through this report year including OBT 311.
CS6	Total Employee Penalties	OBT 311 DN0215	9.20 (text)	Cumulative amount of penalties paid to employee/dependents through this report year.
CT6	Fatal Benefits	BTC 010 DN0086	9.20 (text)	Cumulative amount of Fatal benefits paid to dependents through this report year.
CY6	Employer Paid Fatal Benefits	BTC 210 DN0086	9.20 (text)	Cumulative Wages paid by the employer in lieu of Fatal benefits paid through this report year.
DD6	Fatal Lump Sum Payment/Settlement	BTC 510 DN0086	9.20 (text)	Cumulative lump sum payment amount to end past, present, and/or future Fatal Benefits paid through this report year.
DG6	Rehab Evaluation Costs	OBT 380 DN0215	9.20 (text)	Cumulative value of vocational rehabilitation evaluation services paid through this report year.
Cell	Data Element Title	DN #	Data Format	Definition
DH6	Total Other Vocational Rehabilitation	OBT 400 DN0215	9.20 (text)	Cumulative value of vocational rehabilitation evaluation services not otherwise reported (Rehab Specialist Plan/Monitor Fees) paid through this report year.
DI6	Total Vocational Rehab Education	OBT 390 DN0215	9.20 (text)	Sum of Vocational Rehabilitation Education payments paid through this report year.
DJ6	Employer Paid Vocational Rehab Maintenance	BTC 242 DN0086	9.20 (text)	Cumulative value of employer paid wages in lieu of vocational rehabilitation maintenance paid through this report year.
DO6	Vocational Rehabilitation Maintenance	BTC 410 DN0086	9.20 (text)	Cumulative value of Vocational Rehabilitation Maintenance paid through this report year.

DT6	Vocational Rehabilitation Maintenance Lump Sum Payment/Settlement	BTC 541 DN0086	9.20 (text)	Cumulative lump sum payment amount to end past, present, and/or future Vocational Rehabilitation Maintenance benefits paid through this report year.
DW6	Total Interest	OBT 320 DN0215	9.20 (text)	Cumulative amount of Interest paid including OBT 321 through this report year.
DX6	Total Employee Interest	OBT 321 DN0215	9.20 (text)	Cumulative amount of Interest paid to Employee/Dependents through this report year.
DY6	Total Claimant's Legal Expenses	OBT 340 DN0215	9.20 (text)	Cumulative amount of Claimants legal expenses paid through this report year.
DZ6	Total Employer's Legal Expenses	OBT 330 DN0215	9.20 (text)	Cumulative amount of Employer's legal expenses paid through this report year.
EA6	Total Expert Witness Fees	OBT 420 DN0215	9.20 (text)	Cumulative amount of fees paid to witness through this report year.
EB6	Total Court Reporter Fees	OBT 421 DN0215	9.20 (text)	Cumulative amount of fees paid to court reporters through this report year.
EC6	Total Private Investigator Fees	OBT 422 DN0215	9.20 (text)	Cumulative amount of fees paid to private investigators through this report year.
ED6	Unspecified Lump Sum Payment/Settlement	BTC 500 DN0086	9.20 (text)	Cumulative lump sum payment amount to end past, present, and/or future unspecified benefits through this report year.
EG6	Employer Paid Lump Sum Payment/Settlement	BTC 524 DN0086	9.20 (text)	Cumulative lump sum payment amount to end past, present, and/or future unspecified benefits paid by the employer through this report year.
Cell	Data Element Title	DN #	Data Format	Definition
EJ6	Total Unallocated Prior Indemnity Benefits	OBT 430 DN0215	9.20 (text)	Cumulative amount of Indemnity benefits paid by the previous claim administrator through this report year.
EK6	Total Employee Medical-Legal Costs	OBT 480 DN0215	9.20 (text)	Cumulative amount paid for ordered evaluations, medical exams, and related non-treatment medical opinions selected by the employee and paid by the claim administrator for the purpose of adjudication or dispute resolution through this report year.
EL6	Total Employer/Claim Administrator Medical-Legal Costs	OBT 485 DN0215	9.20 (text)	Cumulative amount paid for ordered evaluations, medical exams, and related non-treatment medical opinions selected and paid for by the employer/claim administrator for the purpose of adjudication or dispute resolution through this report year.

EM6	Total Agreed Upon/ Directed Medical- Legal Costs	OBT 490 DN0215	9.20 (text)	Cumulative amount paid for ordered evaluations, medical exams, and related non-treatment medical opinions selected by either parties or jurisdiction and paid by the employer/claim administrator for the purpose of adjudication or dispute resolution through this report year.
EN6	Total Funeral Expenses	OBT 300 DN0215	9.20 (text)	Cumulative amount of funeral expenses paid through this report year.
EO6	Total Physical Therapy Costs	OBT 465 DN0215	9.20 (text)	Cumulative amount of relevant physical therapy costs paid through this report year.
EP6	Total Chiropractic Expenses	OBT 465 DN0215	9.20 (text)	Cumulative amount of relevant chiropractic expenses paid through this report year.
EQ6	Total Durable Medical Costs	OBT 470 DN0215	9.20 (text)	Cumulative amount paid for durable medical goods through this report year.
ER6	Total Medical Travel Expenses	OBT 475 DN0215	9.20 (text)	Cumulative amount paid for relevant medical travel expenses paid through this report year.
ES6	Special Fund Recovery	Rec 800 DN0225	9.20 (text)	Cumulative amount of monies recovered from special funds through this report year.
ET6	Subrogation Recovery	Rec 820 DN0225	9.20 (text)	Cumulative amount of monies recovered from subrogation through this report year.
EU6	Overpayment Recovery	Rec 830 DN0225	9.20 (text)	Cumulative amount of monies recovered for overpayment of indemnity, medical or expenses through this report year.
Cell	Data Element Title	DN #	Data Format	Definition
EV6	Unspecified Recovery	Rec 840 DN0225	9.20 (text)	Cumulative amount of monies recovered for salvage and all others not defined through this report year.
EW6	Apportionment/ Contribution Recovery	Rec 845 DN0225	9.20 (text)	Cumulative amount of monies recovered for due to apportionment/contribution because of shared or partial liability(s) for this report year.
EX6	Second Injury Fund (Reimbursement)	Rec 850 DN0225	9.20 (text)	Cumulative amount of monies recovered from a jurisdictional second injury fund for this report year.
EY6	Future Credit Amount	Rec 860 DN0225	9.20 (text)	The residual amount of monies available from a third party settlement after the insurer has recovered pre-paid benefits. Credit applied to future benefits.
EZ6	Vocational Rehabilitation	Rec 865 DN0225	9.20 (text)	Cumulative amount of monies recovered from a jurisdictional vocational rehabilitation fund for this report year. NA

FA6	Uninsured Employer	Rec 866 DN0225	9.20 (text)	Cumulative amount of monies recovered from a jurisdictional uninsured employer fund for this report year. NA
FB6	Other Funds	Rec 870 Dn0225	9.20 (text)	Cumulative amount of monies recovered from a jurisdictional special fund other than those listed for this report year. NA
FC6	Voided Indemnity Benefit Check Recovery	Rec 880 DN0225	9.20 (text)	Cumulative amount of monies recovered for all indemnity checks returned/cancelled or voided through this report year.
FD6	Voided Other Benefit Check Recovery	Rec 890 DN 0225	9.20 (text)	Cumulative amount of monies recovered for all other benefit checks returned/cancelled or voided through this report year.
FE6 et al.	Benefit ACR Code	DN0092	4 Alpha Numeric	Only reports the active weekly amount of any Adjustment, Credit, or Redistribution. First character is the code followed by the benefit Type applied to. Example: 1050 for Cost of Living Adjustment.
				A=Apportionment/Contribution
				B= Subrogation
				E= Employer Provided Pension
				I = Intoxication
				J= Appeal Adjustment
				L= Disability Insurance/Income
				N=Non-cooperation: Rehabilitation, Training, Education, and Medical
				R=Social Security Retirement
				S= Social Security Disability
				T= Acceleration of Benefits
				U= Unemployment Compensation
				W= Partial Wage Continuation
				X= Death Benefit Reduction
				1= Cost of Living Adjustment
2= Fraud/Misrepresentation				
3= Post Injury Wage Earning Capacity				
FH6 et al.	Benefit Adjustment Weekly Amount	DN0093	9.20 (text)	Only reports the active weekly amount of any Adjustment, Credit, or Redistribution.
				C= Overpayment
				M= Credit for Employer Provided Benefits IN excess of Covered Weekly Benefit
		DN0126	4 Alpha Numeric	P = Advance
		DN0130	4 Alpha Numeric	H= Court Ordered Lien.