



SEPTEMBER 28, 2021

PROOF OF COVERAGE

POC-ID-2021-02

Idaho—Proof of Coverage—Updated POC Reporting Requirements

ACTION NEEDED

As previously announced in Circular POC-ID-2021-01, dated July 28, 2021, effective January 1, 2022, the Idaho Industrial Commission (IC) will require the **Email Address** data element to be reported on all Idaho address records with Policy Effective Dates of January 1, 2022, and later.

Additionally, the Idaho IC has decided to require the **Industry Code** data element be reported on all Idaho address records with Policy Effective Dates of January 1, 2022, and later.

The Idaho IC will reject POC transactions if the Email Address and/or Industry Code data elements are missing or invalid for all Idaho employers.

On January 1, 2022, the Idaho IC will also transition from receiving the flat file of the International Association of Industrial Accident Boards and Commissions (IAIABC) Electronic Data Interchange (EDI) Proof of Coverage (POC) Release 3.0 to receiving the XML format. The change in format does not affect carriers writing Idaho workers compensation coverage.

Review the revised **Attachment A—Idaho IAIABC POC 3.0 Data Element Requirements**, which identifies the data elements required by the Idaho IC.

Please review this circular to ensure that any necessary procedural and/or program changes have been made within your company.

BACKGROUND

NCCI has been the approved IAIABC POC provider to the Idaho IC since August 1, 1997. Data providers are required to report all policy transactions to NCCI.

NCCI currently sends POC data files to the Idaho IC in the IAIABC EDI POC Release 3.0 format on behalf of data providers doing business in Idaho. Upon receipt of the POC data files, the Idaho IC acknowledges the data, applies its state edits, and then sends the data files back to NCCI with the results of its editing. With the data received from Idaho, NCCI distributes IAIABC POC reports to data providers for corrective action.

On January 1, 2022, Idaho will be transitioning to the IAIABC EDI POC XML 3.0; however, there will be no change to this current process.

IMPACT

With this transition effective January 1, 2022, the Idaho IC will require the **Email Address** and the **Industry Code** to be reported for all Idaho employers and will reject the POC data if these elements are missing or invalid.

Email Address

The Email Address is reported on the WCIO WCPOLS Address Record—Record Type 03. NCCI currently has Edit 0314-01 in place. This edit is currently a Data Grade 3 (Default edit). The edit description reads: “For Address Types 1 (Insured Mailing Address), 2 (Location), or 6 (No Specific Location), Email Address must be either all blanks or it must contain an “@” along with a valid domain name.” A valid domain name, for example, can be .com, .net, .org, etc. If NCCI defaults the Email Address data element field, it will be populated with blanks.

There are plans to create an additional Data Grade 7 edit to reflect the POC Critical Error when the field is missing or invalid for states that require the Email Address. This will alert you **before** NCCI sends the data to the POC state where they will reject it for a missing or invalid Email Address.

Industry Code

The Industry Code represents the nature of the employer's business at each location. These codes are contained in the North American Industry Classification System (NAICS). The Industry Code is also reported on the WCIO WCPOLS Address Record—Record Type 03. Effective in January, when Idaho begins to require the data element, NCCI will invoke Edit 0234 (a Data Grade 7 Critical POC edit) when the Industry Code is missing or invalid on Idaho address records. This will alert you **before** NCCI sends the data to the POC state where they will reject it for a missing or invalid Industry Code.

A valid Industry Code is one that is included in the listing(s) of approved NAICS codes. Idaho will be using the 2017 version of the NAICS codes to validate.

Review the revised **Attachment A**—Idaho IAIABC POC 3.0 Data Element Reporting Requirements, which identifies the data elements that are required by the Idaho IC.

NCCI ACTION

The *Policy and Proof of Coverage Reporting Guidebook* on ncci.com and the *POC State Guide* will be updated to reflect Idaho's revised data element requirements.

PERSON TO CONTACT

If you have any general data reporting questions, please contact NCCI's Customer Service Center at 800-NCCI-123 (800-622-4123), select **Option 6** or email us at data@ncci.com. We are here to assist you Monday through Friday, 8:00 a.m.–8:00 p.m. ET.



DATA ELEMENT/DESCRIPTION	WCPOLS RECORD DATA ELEMENT REPORTED ON	IDAHO 01/01/2022
TRANSACTION EFFECTIVE DATE The date that the transaction becomes effective depending on what type of transaction is being reported (e.g., Cancellation Effective Date on a Cancellation/Reinstatement Record).	DERIVED FROM TRANSACTION REPORTED	DERIVED (ALWAYS PROVIDED)
INSURER FEIN The Federal Employer Identification Number of the coverage provider assuming financial responsibility for the coverage. NCCI derives this FEIN from the NCCI Coverage Provider ID reported for the policy or, if different, reported for the state.	DERIVED FROM CARRIER CODE REPORTED IN LINK DATA	DERIVED (ALWAYS PROVIDED)
INSURER NAME The name of the coverage provider assuming financial responsibility for the coverage. NCCI will provide the Insurer Name to the state based on the NCCI Coverage Provider ID reported for the policy or, if different, reported for the state.	DERIVED FROM CARRIER CODE REPORTED IN LINK DATA	DERIVED (ALWAYS PROVIDED)
ISSUING OFFICE NAME The coverage provider's office (company name) responsible for the coverage. NCCI will provide the Issuing Office Name to the state based on the NCCI Coverage Provider ID reported for the policy or, if different, reported for the state.	DERIVED FROM CARRIER CODE REPORTED IN LINK DATA	DERIVED (ALWAYS PROVIDED)
ISSUING OFFICE ADDRESS The street address of the coverage provider's office responsible for the coverage.	ADDRESS RECORD	R
ISSUING OFFICE CITY The city of the coverage provider's office responsible for the coverage.	ADDRESS RECORD	R
ISSUING OFFICE STATE The state of the coverage provider's office responsible for the coverage.	ADDRESS RECORD	R
ISSUING OFFICE POSTAL CODE The postal code of the coverage provider's office responsible for the coverage.	ADDRESS RECORD	R
ISSUING AGENCY NAME The name of the agency/producer responsible for obtaining the business.	HEADER RECORD	C1
ISSUING AGENCY CITY The city of the agency/producer responsible for obtaining the business.	ADDRESS RECORD	C1
ISSUING AGENCY STATE The state of the agency/producer responsible for obtaining the business.	ADDRESS RECORD	C1

R = Required/Must be reported
 C = Conditional/Must be reported when condition present (see last page for description)
 O = Optional



DATA ELEMENT/DESCRIPTION	WCPOLS RECORD DATA ELEMENT REPORTED ON	IDAHO 01/01/2022
INSURED FEIN The Federal Employer Identification Number of the primary named insured.	NAME RECORD	R
INSURED NAME The primary named insured of the coverage.	NAME RECORD	R
INSURED ADDRESS The street or PO box of the mailing address of the primary named insured.	ADDRESS RECORD	R
INSURED CITY The city of the mailing address of the primary named insured.	ADDRESS RECORD	R
INSURED STATE The state of the mailing address of the primary named insured.	ADDRESS RECORD	R
INSURED POSTAL CODE The postal code of the mailing address of the primary named insured.	ADDRESS RECORD	R
INSURED TELEPHONE NUMBER The telephone number of the primary named insured.	ADDRESS RECORD	O
BUSINESS MARKET The identifier that determines the market in which the coverage is written (i.e., voluntary business or assigned risk).	HEADER RECORD	R2
WRAP-UP INDICATOR The identifier that specifies whether the coverage is for a specific job site that will include more than one insured.	HEADER RECORD	R2
LEGAL STATUS OF INSURED The business ownership/management of the primary named insured (e.g., corporation, partnership).	HEADER RECORD	R2
POLICY NUMBER IDENTIFIER The unique number assigned to the coverage by the coverage provider (i.e., certificate number) for the coverage period.	LINK DATA (REPORTED ON ALL RECORDS)	R
EMPLOYEE LEASING POLICY IDENTIFICATION The identifier that specifies whether the policy is a Professional Employer Organization (PEO) policy and the specific type of PEO policy.	HEADER RECORD	R2
MINIMUM PREMIUM INDICATOR The identifier that indicates whether the policy is issued as a Minimum Premium policy. This field is determined based on the presence of Statistical Code 0990 (the amount required to balance to the Minimum Premium) on the policy.	DERIVED FROM EXPOSURE RECORD	DERIVED (ALWAYS PROVIDED)

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DATA ELEMENT/DESCRIPTION	WCPOLS RECORD DATA ELEMENT REPORTED ON	IDAHO 01/01/2022
TRANSACTION ISSUE DATE The date that the reported transaction was processed on the coverage provider's policy issuance system.	LINK DATA (REPORTED ON ALL RECORDS)	R
POLICY EFFECTIVE DATE The date that the coverage period becomes effective.	LINK DATA (REPORTED ON ALL RECORDS)	R
POLICY EXPIRATION DATE The date that the coverage period expires. (Continuous coverage is captured as one-year periods.)	HEADER RECORD	R
PRIOR POLICY NUMBER IDENTIFIER The unique number assigned to the coverage by the coverage provider for the previous coverage period.	HEADER RECORD	C2
ASSIGNMENT DATE The date that the coverage notice is assigned to the coverage provider in the involuntary market (assigned risk).	HEADER RECORD	C3
JURISDICTION (STATE) The governing body or territory whose statutes apply to the coverage.	STATE PREMIUM RECORD	R
GOVERNING CLASS The four-digit classification code reflecting the largest payroll class for the state for the coverage period.	DERIVED FROM EXPOSURE RECORD	DERIVED (ALWAYS PROVIDED)
NAME TYPE CODE The type of insured or employer name reported (i.e., personal, commercial, or string).	NAME RECORD	O
TOTAL PAYROLL The sum of the payroll amounts, in whole dollars, for all classifications for the coverage period for the state.	DERIVED FROM EXPOSURE RECORD	DERIVED (ALWAYS PROVIDED)
LOSSES SUBJECT TO DEDUCTIBLE CODE The type of deductible being reported (e.g., no deductible, medical losses only).	DEDUCTIBLE ENDORSEMENT RECORD	C4
BASIS OF DEDUCTIBLE CALCULATION CODE The type of deductible being reported (e.g., no deductible, per-claim deductible amount).	DEDUCTIBLE ENDORSEMENT RECORD	C4
INSURED STATE PREMIUM The total estimated state standard premium reported on the policy.	STATE PREMIUM RECORD	R2

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DATA ELEMENT/DESCRIPTION	WCPOLS RECORD DATA ELEMENT REPORTED ON	IDAHO 01/01/2022
PEO OR CLIENT COMPANY CODE The indicator that specifies whether the primary named insured or employer is a Professional Employer Organization (PEO) or Client company on an Employee Leasing type policy.	NAME RECORD	R2
REASON STATE WAS ADDED TO POLICY CODE The reason that the state was added to the policy.	STATE PREMIUM RECORD	O
REASON FOR REINSTATEMENT TYPE CODE The reason that a reinstatement transaction is being generated.	CANCELLATION/ REINSTATEMENT RECORD	O
EMPLOYER FEIN The Federal Employer Identification Number for each employer covered.	NAME RECORD	R
EMPLOYER UI CODE The Unemployment Insurance Number (Unemployment Identification Number) assigned to each employer by the state.	NAME RECORD	O
EMPLOYER NAME An additional named insured covered for the coverage period.	NAME RECORD	R1
EMPLOYER ADDRESS An additional named insured's street address.	ADDRESS RECORD	R1
EMPLOYER CITY An additional named insured's city.	ADDRESS RECORD	R1
EMPLOYER STATE An additional named insured's state.	ADDRESS RECORD	R1
EMPLOYER POSTAL CODE An additional named insured's postal code.	ADDRESS RECORD	R1
INDUSTRY CODE The NAICS code that represents the nature of the employer's business.	ADDRESS RECORD	R
NUMBER OF EMPLOYEES The number of employees at each location of each employer at the time that the coverage period (anniversary date) is initially reported.	ADDRESS RECORD	O

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DATA ELEMENT/DESCRIPTION	WCPOLS RECORD DATA ELEMENT REPORTED ON	IDAHO 01/01/2022
LEGAL STATUS OF EMPLOYER The business ownership/management of each employer (e.g., corporation, partnership).	NAME RECORD	R2
EMPLOYER NOTIFICATION DATE The date that the coverage provider mails the cancellation or nonrenewal notification to the insured.	CANCELLATION/ REINSTATEMENT RECORD	O
EMAIL ADDRESS Email address of insured and employer(s).	ADDRESS RECORD	R
DEDUCTIBLE AMOUNT PER CLAIM/ACCIDENT The policy deductible amount by claim or by accident (multiple claims from one occurrence) to be paid by the insured, as defined by the deductible program.	DEDUCTIBLE ENDORSEMENT RECORD	C4

C1—Issuing Agency Name/Address: Required, but only if a producer or agent is involved with the coverage. When there is no producer or agent, leave the agent’s name and address blank and do NOT substitute with the coverage provider’s name and address.

C2—Prior Policy Number: Required only for Renewal coverage and should be reported on all subsequent full replacement policy transactions. If there is no prior term or policy (i.e., New Business policies) leave blank.

C3—Assignment Date: Required only for Assigned Risk Policies.

C4—Losses Subject to Deductible Code, Basis of Deductible Calculation Code, and Deductible Amount per Claim/Accident: Required if the policy has a deductible (Record Type 43—Deductible Endorsement Record must be reported).

R1—Employer Name, Employer Address (Street, City, State, Zip Code): Required for all transactions, except for Delete Jurisdiction, Cancellation and Nonrenewal Transactions, where the data element is optional.

R2—Business Market, Wrap-Up Indicator, Legal Status of Insured, Employee Leasing Code, Insured State Premium, PEO or Client Company Code, and Legal Status of Employer: Required for New Business, Renewal, Add Jurisdiction, and Miscellaneous Insured Change Transactions and Optional for all other transactions.

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