

**State of California Department of Industrial Relations
Division of Workers' Compensation
Workers' Compensation Information System (WCIS)**

TABLE 8b. WCIS Acknowledgment Archive Table Report on FROI (148) and SROI (A49)

Distribution of Accepted (TA), Accepted with Error (TE), and Rejected (TR) Acknowledgment Records by **Data Element**

Period Covered: Between Jan 1, 2013 and Dec 31, 2013 - 4,416,277 Total Acknowledgment Records (1,988,109 unique JCNs)

TRANSACTION	DN	DN NAME	ACCEPT (TA)	ACCEPT with ERRORS (TE)	REJECT (TR)	TOTAL ACK_RECS
148	0	Create Acknowledgment, No Errors (TA)	964,021			964,021
	2	Maintenance Type Code			122,748	122,748
	3	Maintenance Type Code Date			149	149
	4	Jurisdiction			9	9
	6	Insurer Fein			51,167	51,167
	7	Insurer Name		4	1	5
	8	Third Party Administrator FEIN			60,356	60,356
	9	Third Party Administrator Name		23,244		23,244
	14	Claim Administrator Postal Code		3,396	699	4,095
	16	Employer FEIN		32,435		32,435
	18	Employer Name		827	1	828
	23	Employer Postal Code		6,653		6,653
	24	Self Insured Indicator		1,627	63	1,690
	25	Industry Code		1,129,202		1,129,202
	28	Policy Number		62,429		62,429
	29	Policy Effective Date		18,648		18,648
	30	Policy Expiration Date		19,364		19,364
	31	Date Of Injury			72	72
	33	Postal Code of Injury Site		12,762		12,762
	35	Nature of Injury Code		6,366		6,366
	36	Part of Body Injured Code		4,592		4,592
	37	Cause of Injury Code		4,492		4,492
	40	Date Reported to Employer		32,908		32,908
	41	Date Reported to Claim Administrator		1,748		1,748
	42	Employee Social Security Number		6,611		6,611
	43	Employee Last Name			21	21
	44	Employee First Name			15	15
	52	Employee Date of Birth		8,493		8,493
	53	Gender Code		824		824
	55	Number of Dependents		81		81
	59	Class Code		85,060		85,060
	60	Occupation Description		20,263		20,263
	63	Wage Period		44,547		44,547
Total, FROI Acknowledgments			964,021	1,526,576	235,301	2,725,898
A49	0	Create Acknowledgment, No Errors (TA)	1,258,151			1,258,151
	2	Maintenance Type Code			52,192	52,192
	3	Maintenance Type Code Date			742	742
	4	Jurisdiction			1	1
	6	Insurer Fein			3,769	3,769
	8	Third Party Administrator FEIN			1,600	1,600
	14	Claim Administrator Postal Code		118	770	888
	31	Date Of Injury			26	26
	55	Number of Dependents		2		2
	56	Date Disability Began		20,296		20,296
	57	Employee Date of Death		3,568		3,568

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TRANSACTION	DN	DN NAME	ACCEPT (TA)	ACCEPT with ERRORS (TE)	REJECT (TR)	TOTAL ACK_RECS
	62	Wage		2,527		2,527
	63	Wage Period		2,654		2,654
	70	Date of Maximum Medical Improvement		3,091	10,414	13,505
	71	Return to Work Qualifier		3,249		3,249
	72	Date of Return/Release to Work		6,893		6,893
	73	Claim Status		243		243
	78	Number of Permanent Impairments		88,820		88,820
	83	Permanent Impairment Body Part Code		214		214
	84	Permanent Impairment Percentage			4	4
	85	Payment/Adjustment Code			17,678	17,678
	86	Payment/Adjustment Paid to Date			127	127
	87	Payment/Adjustment Weekly Amount			25,703	25,703
	88	Payment/Adjustment Start Date			74,401	74,401
	89	Payment/Adjustment End Date			77,137	77,137
	90	Payment/Adjustment Weeks Paid			14,283	14,283
	91	Payment/Adjustment Days Paid			14,500	14,500
	92	Benefit Adjustment Code			820	820
	94	Benefit Adjustment Start Date			27	27
	95	Paid to Date/Reduced Earnings/Recoveries Code			5,489	5,489
	96	Paid to Date/Reduced Earnings/Recoveries Amount			428	428
	240	Unknown		442		442
Total, SROI Acknowledgments			1,258,151	132,117	300,111	1,690,379
Total, FROI and SROI Acknowledgments			2,222,172	1,658,693	535,412	4,416,277