



**Division of Workers'  
Compensation**

PO Box 12050 | Austin, TX 78711 | 800-252-7031 | [tdi.texas.gov/wc](http://tdi.texas.gov/wc)

# Secure File Transfer Protocol (SFTP)

## Standards Guide

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## Overview

The Secure File Transfer Protocol (SFTP) Standards Guide document describes requirements for using SFTP to send and receive electronic documents with the Division of Workers' Compensation (DWC). Standards are included for the required file content (if applicable), file formats, and the required file naming convention for each document category DWC can accept by SFTP.

For more information, email [eFiling-Help@tdi.texas.gov](mailto:eFiling-Help@tdi.texas.gov).

This document is online at [www.tdi.texas.gov/wc/carrier/efileoptions.html](http://www.tdi.texas.gov/wc/carrier/efileoptions.html).

## Table of Contents

|  |                                     |
|--|-------------------------------------|
| Overview .....   | II                                  |
| Table of Contents .....  | III                                 |
| SFTP Standards .....   | 1                                   |
| File Location .....  | <b>Error! Bookmark not defined.</b> |
| File Formats .....   | <b>Error! Bookmark not defined.</b> |
| 1. Benefit Review Conference (BRC) Exchange, Contested Case Hearing (CCH) exhibits and related files ..... | 1                                   |
| Contents .....   | 2                                   |
| Formats .....  | 2                                   |
| Required File Naming Convention .....  | 3                                   |
| 2. Subsequent Injury Fund (SIF) reimbursement requests .....   | 3                                   |
| Contents .....   | 4                                   |
| File Format .....  | 4                                   |
| Required File Naming Convention .....  | 4                                   |
| 3. Audit and complaint filings .....   | 4                                   |
| Contents .....   | 4                                   |
| File Format .....  | 5                                   |
| Required File Naming Convention .....  | 5                                   |
| 4. DWC Forms and indemnity dispute filings .....   | 5                                   |
| Contents .....   | 5                                   |
| File Format .....  | 5                                   |
| Required File Naming Convention .....  | 6                                   |
| 5. Medical fee dispute resolution filings .....  | 6                                   |
| Contents .....   | 6                                   |
| File Format .....  | 6                                   |
| Required File Naming Convention .....  | 7                                   |
| 6. Office of the Medical Advisor (OMA) filings .....   | 7                                   |
| Contents .....   | 7                                   |
| File Format .....  | 7                                   |
| Required File Naming Convention .....  | 7                                   |
| 7. Other filings .....   | 8                                   |
| Contents .....   | 8                                   |
| File Format .....  | 8                                   |
| Required File Naming Convention .....  | 8                                   |

## SFTP Standards

Files submitted to DWC through an SFTP box must meet the standards defined in this document.

### Uploading filings and date stamp receipts

SFTP boxes include "To\_DWC" and "From\_DWC" subfolders. Place filings in the "To\_DWC" subfolder. All filings will be stamped with the date received and a copy will be placed in the "From\_DWC" subfolder. More information on SFTP file exchange can be found in the [Quick guide for document exchange](#).

The insurance carrier is deemed to have received the written communication on the first working day after DWC places a communication in the SFTP box.

For certain filings, such as BRC exchange and CCH exhibits, an Excel spreadsheet, acknowledging all documents received, is created daily and placed in the "From\_DWC" subfolder.

### File naming and standards

To ensure efficient delivery of filings, use the DWC form type followed by the DWC claim number if available in the naming convention. More information on file naming conventions for specific documents can be found in this guide.

### Other requirements

- DWC only accepts read-only Portable Document Format (.pdf) documents in the SFTP folder.
- There is no size limit, however if you must upload files larger than 1 GB, place them in the root directory (where you can see both the "To\_DWC" and "From\_DWC" folders). When the upload finishes, move the file to the "To\_DWC" folder.
- Remove your files in the "From\_DWC" subfolder upon receipt.
- DWC will remove files delivered in the "From\_DWC" subfolder after 30 days.

Email [eFiling-Help@tdi.texas.gov](mailto:eFiling-Help@tdi.texas.gov) for assistance uploading documents or when password reset is needed.

## 1. Benefit Review Conference (BRC) Exchange, Contested Case Hearing (CCH) exhibits and related files

This section applies to:

- BRC exchange packets, supplemental BRC exchange packets, including audio and video recordings, and status reports for Scheduling Orders.
- CCH exhibits, including audio and video recordings.

This section does not apply to other types of documents such as:

- Motions and request for subpoenas,
- DWC Form-045, *Request to Schedule, Reschedule or Cancel a Benefit Review Conference*, or
- DWC Form-032, *Request for Designated Doctor Examination*.

See sections [4. DWC forms and indemnity dispute filings](#) and [7. Other filings](#) for more information.

## Contents

Exchange and exhibits submitted electronically should contain:

- a cover page (BRC) or carrier information page (CCH) which includes the DWC claim number and the location, date, and time of the scheduled proceeding;
- a table of contents or exhibit list;
- bookmarks or chapters for each exhibit (for example Carrier Exhibit A, Claimant Exhibit 1);
- numbered pages; and
- searchable text, unless the document is an image.

## Formats

DWC only accepts read-only Portable Document Format (.pdf) file format for electronic BRC exchanges and CCH exhibits. Compressed or “zipped” files are accepted. Non-compressed folders with documents are not accepted.

### Accepted audio and video file formats:

- Audio Interchange File Format (.aif, .aifc, .aiff)
- Musical Instrument Digital Interface (.mid, .midi, .rmi)
- Audio for Windows (.wav)
- Audio Visual Interleave (.avi)
- QuickTime Movie file (.mov)
- CD Audio Track (.cda)
- Sun Microsystems and NeXT (.au, .snd)
- Indeo Video Technology (.ivf)
- Windows audio file (.aac, .adt, .adts)
- MPEG-2 TS Video file (.m2ts)
- Windows Media Download Package (.wmd)
- MP4 Audio file (.m4a)
- Windows Media formats (.asf, .wma, .wmv, .wm)
- MP4 Video file (.mp4, .m4v, .mp4v, .3g2, .3gp2, .3gp, .3gpp)
- Windows Media Metafiles (.asx, .wax, .wvx, .wmx, .wpl)
- Microsoft Digital Video Recording (.dvr-ms)
- Windows Media Player Skins (.wmz, .wms)
- Moving Pictures Experts Group (.mpg, .mpeg, .m1v, .mp2, .mp3, .mpa, .mpe, .m3u)

## Required file naming convention

| Element  | Format or Values   |
|--|--|
| DWC claim number   | “NNNNNNNN” must be eight-digit   |
| Hyphen   | “-”  |
| DWC dispute sequence number  | “NN” must be two-digit   |
| Space or underscore  | “ ” or underscore “_”  |
| Date important for document <ul style="list-style-type: none"> <li>Exchanges and exhibit – <i>Scheduled Date of the BRC or CCH</i></li> <li>Scheduling Order status reports – <i>Date of Report</i></li> </ul> | “YYYYMMDD” must be eight-digits  |
| Space or underscore  | “ ” or underscore “_”  |
| Submitting party   | “IE” = injured employee<br>“IEC” = injured employee representative<br>“IC” = insurance carrier<br>“ICR” = insurance carrier representative<br>“SUB” = subclaimant  |
| Space or underscore  | “ ” or underscore “_”  |
| Document description   | “BRC Exchange”<br>“Supplemental BRC Exchange” (includes audio and video recordings)<br>“Scheduling Order Status Report”<br>“CCH Exhibits”<br>“CCH Exhibit 1 (or CCH Exhibit C)” when an exhibit requires a separate file, i.e. a video or audio recording. |
| Space or underscore  | “ ” or underscore “_”  |
| Injured employee name  | “John Doe”   |

### Sample file names

#### BRC file name examples

- *DWC Number-Sequence Number YYYYMMDD IE BRC Exchange Jim James.PDF*
- *DWC Number-Sequence Number YYYYMM DD IE Supplemental BRC Exchange.PDF*
- *DWC Number-Sequence Number YYYYMMDD IE Status Report for Scheduling Order .PDF*

#### CCH file name examples

- *DWC Number-Sequence Number YYYYMMDD IC\_CCH Exhibits\_Janet Lake.WMA*
- *DWC Number-Sequence Number YYYYMMDD Claimant Exhibits Reni Gonzales.PDF*

## 2. Subsequent Injury Fund (SIF) reimbursement requests

This section applies to the following SIF forms:

- DWC-095, *SIF Reimbursement Request Form - Overturned Order or DD Opinion*
- DWC-096, *SIF Reimbursement Request Form – Refund of Death Benefits*
- DWC-097, *SIF Reimbursement Request Form – Multiple Employment*
- DWC-098, *SIF Reimbursement Request Form – Pharmaceutical*

## Contents

Each SIF reimbursement request should contain:

- the SIF reimbursement request form and all documentation supporting the request;
- table of contents;
- numbered pages; and
- searchable text, unless the document is an image.

## File format

DWC only accepts read-only Portable Document Format (.pdf) file format for electronic SIF reimbursement requests. Compressed or “zipped” files are accepted. Non-compressed folders with documents are not accepted.

## Required file naming convention

| Element              | Format or Values                |
|----------------------|---------------------------------|
| DWC claim number     | “NNNNNNNN” must be eight-digits |
| Space or underscore  | “ ” or underscore “_”           |
| Document description | “SIF Request”                   |

## Sample file names

- *DWC Number SIF Request.PDF*
- *DWC Number SIF Request.pdf*

## 3. Audit and complaint filings

This section applies to documents filed with DWC, including:

- audit documentation requests
- complaint documentation requests

## Contents

Each response should contain the audit or complaint document request received from the DWC.

Submissions that contain more than one file or folders with multiple files should be compressed or “zipped” into a single file.

## File format

DWC accepts only read-only Portable Document Format (.pdf), Microsoft Excel (.xlsx and .xls) or compressed or "zipped" file formats for electronic audit or complaint responses and filings.

## Required file naming convention

| Element  | Format or Values   |
|--|--|
| Document description                           | "Audit"<br>"Complaint"   |
| Space or underscore                            | " " or underscore "_"  |
| Audit number<br>Problem Report ID (PRI) number | <b>Examples:</b><br>"IP-##-###"<br>"IBA-#####"<br>"MBP-#####"<br>"PRI-#####" |

## Sample File Names

- *Audit IBA-##-###.pdf*
- *Audit MBP-##-###.pdf*
- *Complaint PRI-#####.pdf*

## 4. DWC forms and indemnity dispute filings

This section applies to the following:

- *PLN-01, Notice of Denial of Compensability/Liability and Refusal to Pay Benefits*
- *PLN-11, Notice of Disputed Issues and Refusal to Pay Benefits*
- *DWC-045, Request to schedule, reschedule, or cancel a benefit review conference (BRC)*
- *DWC-032, Request for designated doctor examination and*
- *DWC-020SI, Self-Insured Governmental Entity Coverage Information*
- *DWC-121, Claim Administration Contact Information*
- *DWC-027, Designation of insurance carrier's Austin representative*
- Other claim specific forms and documents

## Contents

Each filing should contain documents for an individual claim as applicable.

## File format

DWC only accepts read-only Portable Document Format (.pdf) file format for electronic forms and indemnity dispute filings. Compressed or "zipped" files are accepted. Non-compressed folders with documents are not accepted.



## Required file naming convention

| Element  | Format or Values  |
|--|---|
| Document description<br>For DWC Forms and Notices, use the form or notice number; a short document description | <b>Examples:</b><br>"DWC045"<br>"PLN11"<br>"DWC020si"<br>"DWC121"<br>"DWC027"<br>"Request for Review" |
| Space or underscore  | " " or underscore "_"   |
| DWC claim number   | "NNNNNNNN" must be eight-digit or "DWCUNK" if no DWC claim number                                     |
| Space - only needed if using optional identifier   | " " or underscore "_"   |
| Optional identifier  | <b>Examples:</b><br>Insurance carrier claim number<br>Insurance carrier document type                 |

### Sample file names

- *PLN1 DWC Number.pdf*
- *PLN11 DWC Number.pdf*
- *DWC032\_DWC Number\_.pdf*
- *DWC032 DWCUNK.pdf*
- *DWC150\_DWCUNK.pdf*
- *DWC045 DWC Number.pdf*
- *Motion to Continue DWC Number-Sequence Number YYYYMMDD.pdf*
- *Request for Review DWC Number-Sequence Number.pdf*
- *Appear\_Telephonically\_ DWCUNK\_MyClaim.PDF*

## 5. Medical fee dispute resolution (MFDR) filings

This section applies to the following forms:

- DWC-060, *Medical Fee Dispute Resolution Request*
- M4 Fee Dispute Filings, including insurance carrier responses

### Contents

Each filing should contain documents for an individual claim.

### File Format

DWC only accepts read-only Portable Document Format (.pdf) file format for electronic MFDR filings. Compressed or "zipped" files are accepted. Non-compressed folders with documents are not accepted.

## Required file naming convention

| Element   | Format or Values  |
|---|---|
| Document description<br>Use the form number; a short document description | <b>Examples:</b><br>"DWC060" – Medical Fee Dispute Request                            |
| Space or underscore   | " " or underscore "_"   |
| DWC claim number  | "NNNNNNNN" must be eight-digit or<br>"DWCUNK" if no DWC claim number                  |
| Space - only needed if using optional identifier                          | " " or underscore "_"   |
| Optional identifier   | <b>Examples:</b><br>Insurance carrier claim number<br>Insurance carrier document type |

### Sample File Names

- *DWC060 Fee Dispute Packet.PDF*
- *M4-Case Number DWC060 Response ICClaim.pdf*

## 6. Office of the Medical Advisor (OMA) filings

This section applies to filings exchanged with DWC OMA as part of the medical quality review and performance review processes.

### Contents

Filings can be submitted as individual or combined documents.

### File format

DWC only accepts read-only Portable Document Format (.pdf), Microsoft Word (.doc and .docx), plain text (.txt), and "zipped" (.zip) file formats for OMA filings.

## Required file naming convention

| Element   | Format or Value   |
|---|---|
| Document description  | "DWCOMA"  |
| Space   | " "   |
| Medical Quality Review Number<br>Document Request ID<br>Type of DD Process Review | <b>Examples:</b><br>"##-## HCP"<br>"297700"<br>"DD Performance Review" or "DD Application Review" |
| Space   | " "   |
| MQRP member's last name   | Last Name   |

|              |                   |
|--------------|-------------------|
| Carrier Name | Insurance Company |
|--------------|-------------------|

### Sample File Names

- *DWCOMA ##-## DD John Doe.pdf*
- *DWCOMA 299866 Insurance Company.pdf*
- *DWCOMA DD Performance Review.pdf*
- *DWCOMA DD Application Review.pdf*
- 

## 7. Other filings

This section applies to forms such as:

- *DWC-153, Request for Record Check or Copies of Confidential Claim Information*
- *DWC-154, Workers' Compensation Complaint Form*
- *DWC-156, Prospective employment authorization and certification*

### Contents

All other filings should consist of only one document type for one claim. Submit a separate file for each claim and document type.

### File Format

DWC prefers filings in read-only Portable Document Format (.pdf) file format.

### Required File Naming Convention

| Element  | Format or Values   |
|--|--|
| Document description<br>For DWC Forms and Notices, use the form or notice number; a short document description | <b>Examples:</b><br>"DWC154" – Workers' Compensation Complaint Form<br>"Medical Bills" |
| Space or underscore  | " " or underscore "_"  |
| DWC claim number   | "NNNNNNNN" must be eight-digit or<br>"DWCUNK" if no DWC claim number                   |
| Space - only needed if using optional identifier   | " " or underscore "_"  |
| Optional identifier  | <b>Examples:</b><br>Insurance carrier claim number<br>Patient tracking number          |

### Sample File Names

- *DWC153 DWC Number.pdf*
- *DWC154 DWC Number.pdf*
- *DWC156 DWC Number.pdf*