

SECURE FILE TRANSFER PROTOCOL (SFTP) STANDARDS



TEXAS DEPARTMENT OF INSURANCE
DIVISION OF WORKERS' COMPENSATION

VERSION 3.00
NOVEMBER 20, 2020

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OVERVIEW

The Secure File Transfer Protocol (SFTP) Standards 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.

This document is online at www.tdi.texas.gov/wc/carrier/efileoptions.html**Error! Hyperlink reference not valid..**

TABLE OF CONTENTS

OVERVIEW	II
TABLE OF CONTENTS	III
SFTP STANDARDS	1
File Location.....	1
File Formats	1
1. BENEFIT REVIEW CONFERENCE (BRC) EXCHANGE, CONTESTED CASE HEARING (CCH) EXHIBITS AND RELATED FILES	1
Contents	1
File Format.....	1
Required File Naming Convention.....	2
2. SUBSEQUENT INJURY FUND (SIF) REIMBURSEMENT REQUESTS	3
Contents	3
File Format.....	3
Required File Naming Convention.....	3
3. AUDIT, COMPLAINT, OR PERFORMANCE BASED OVERSIGHT (PBO) FILINGS	3
Contents	3
File Format.....	3
Required File Naming Convention.....	4
4. CLAIM AND DISPUTE SPECIFIC FILINGS.....	4
Contents	4
File Format.....	4
Required File Naming Convention.....	4
5. INSURANCE COVERAGE AND NON-SUBSCRIBER FORMS	5
Contents	5
File Format.....	5
Required File Naming Convention.....	5
6. OFFICE OF THE MEDICAL ADVISOR (OMA) FILINGS	6
Contents	6
File Format.....	6
Required File Naming Convention.....	6
7. OTHER FILINGS.....	7
Contents	7
File Format.....	7
Required File Naming Convention.....	7

SFTP STANDARDS

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

File Location

Place all document files in the "To_DWC" folder.

Note: DWC will not accept document files placed in any other directory or subfolder within the SFTP account.

File Formats

The types of files that DWC accepts are explained for each category of documents. If you would like to submit other types of files, please contact DWC at eFiling-Help@tdi.texas.gov.

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. For other types of documents, including motions, request for subpoenas, DWC Form-045, *Request to Schedule, Reschedule or Cancel a Benefit Review Conference*, and DWC Form-032, *Request for Designated Doctor Examination*, (see sections [4. Claim and Dispute Specific Filings](#) and [6. Other Filings](#)).

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.

File Format

DWC accepts the following file formats. Compressed or "zipped" files are not accepted.

- Audio Interchange File Format (.aif, .aifc, .aiff)
- Audio for Windows (.wav)
- Audio Visual Interleave (.avi)
- CD Audio Track (.cda)
- Indeo Video Technology (.ivf)
- MPEG-2 TS Video file (.m2ts)
- MP4 Audio file (.m4a)
- Musical Instrument Digital Interface (.mid, .midi, .rmi)
- Portable Document Format – PDF
- QuickTime Movie file (.mov)
- Sun Microsystems and NeXT (.au, .snd)
- Windows audio file (.aac, .adt, .adts)
- Windows Media Download Package (.wmd)
- Windows Media formats (.asf, .wma, .wmv, .wm)

- MP4 Video file (.mp4, .m4v, .mp4v, .3g2, .3gp2, .3gp, .3gpp)
- Microsoft Digital Video Recording (.dvr-ms)
- Moving Pictures Experts Group (.mpg, .mpeg, .m1v, .mp2, .mp3, .mpa, .mpe, .m3u)
- Windows Media Metafiles (.asx, .wax, .wvx, .wmx, .wpl)
- Windows Media Player Skins (.wmz, .wms)

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"> • Exchanges and exhibit – <i>Scheduled Date of the BRC or CCH</i> • Scheduling Order status reports – <i>Date of Report</i> 	“YYYYMMDD” must be eight-digits
Space or underscore	“ ” or underscore “_”
Submitting party	“IE” = injured employee “IEC” = injured employee representative “IC” = insurance carrier “ICR” = insurance carrier representative “SUB” = subclaimant
Space or underscore	“ ” or underscore “_”
Document description	“BRC Exchange” “Supplemental BRC Exchange” (includes audio and video recordings) “Scheduling Order Status Report” “CCH Exhibits” “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

- *DWC Number-Sequence Number YYYYMMDD IE BRC Exchange Jim James.PDF*
- *DWC Number-Sequence Number YYYYMMDD Claimant Exhibits Reni Gonzales.PDF*
- *DWC Number-Sequence Number YYYYMMDD IC_CCH Exhibits_Janet Lake.WMA*
- *DWC Number-Sequence Number YYYYMMDD IE Supplemental BRC Exchange.PDF*
- *DWC Number-Sequence Number YYYYMMDD IE Status Report for Scheduling Order .PDF*

2. SUBSEQUENT INJURY FUND (SIF) REIMBURSEMENT REQUESTS

Contents

Each SIF reimbursement request should contain:

- DWC-095 and all documentation supporting the request;
- table of contents;
- numbered pages; and
- searchable text, unless the document is an image.

File Format

DWC accepts electronic SIF reimbursement requests in Portable Document Format – PDF only.

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, COMPLAINT, OR PERFORMANCE BASED OVERSIGHT (PBO) FILINGS

Contents

Each Response should contain:

- the Audit, Complaint, or Performance Based Oversight (PBO) received from Division of Workers’ Compensation;
- table of contents;
- numbered pages; and
- searchable text, unless the document is an image.

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

File Format

DWC accepts electronic audit, complaint, or Performance Based Oversight (PBO) responses and filings in Portable Document Format – PDF, Microsoft Excel – xlsx and xls or compressed/zip file format only

Required File Naming Convention

Element	Format or Values
Document description	“Audit” “Complaint” “PBO”
Space or underscore	“ ” or underscore “_”
Audit number Problem Report ID (PRI) number PBO carrier name	Examples: “IP-##-###” “PRI-#####” “American Insurance Company”

Sample File Names

- Audit IBA-##-###.pdf
- Audit MBP-##-###.pdf
- Complaint PRI-#####.pdf
- PBO Insurance Company.pdf
- PBO ABC Carrier Resp Workbook.xls (xlsx)

4. CLAIM AND DISPUTE SPECIFIC FILINGS

Contents

These files should contain one (1) document for one (1) claim. To submit more than one form or filing for a claim send them in separate files. To send the same form for multiple claims send them in separate files.

File Format

DWC prefers filings in Portable Document Format – PDF only.

Required File Naming Convention

Element	Format or Values
Document description For DWC Forms and Notices, use the form or notice number; a short document description	Examples: “DWC045” - Request for BRC “PLN011” – Notice of Disputed Issue(s) and Refusal to Pay Benefits “ASR” – DD Appointment Selection Response Sheet (Initial Examination and Subsequent Examination) “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	Examples: Insurance carrier claim number Insurance carrier document type

Sample File Names

- DWC045 *DWC Number*.pdf
- Motion to Continue *DWC Number-Sequence Number YYYYMMDD*.pdf
- DWC032_ *DWC Number*_.pdf
- Request for Review *DWC Number-Sequence Number*.pdf
- DWC150_DWCUNK.pdf
- Appear_Telephonically_ DWCUNK_MyClaim.PDF
- *M4-Case Number* DWC060 Response ICClaim.pdf
- DWC032 DWCUNK.pdf

5. INSURANCE COVERAGE AND NON-SUBSCRIBER FORMS

Contents

Insurance coverage and non-subscriber files should contain one (1) document. To submit more than one form or filing for a claim, or the same form for multiple claims send them in separate files.

File Format

DWC prefers filings in Portable Document Format – PDF only.

Required File Naming Convention

Element	Format or Values
Document description For DWC Forms and Notices, use the form or notice number; a short document description	Examples: “DWC005” – Employer Notice of No Coverage or Termination of Coverage “DWC007” – Employer Notice of Non-covered Employee’s Occupational Injury or Disease “Coverage Inquiry”
Space or underscore	“ ” or underscore “_”
Company name	Examples: “ABC Construction” “Texas Insurance Company”
Space - only needed if using optional identifier	“ ” or underscore “_”
Optional identifier	Examples: Employer number “Injury Report” – insurance carrier document type

Sample File Names

- DWC027 Insurance Company
- DWC005 Houskeeping.pdf
- DWC007 Burgers.pdf

6. OFFICE OF THE MEDICAL ADVISOR (OMA) FILINGS

Contents

DWC OMA accepts electronic medical document exchange through SFTP.

File Format

DWC OMA accepts electronic files: Word, PDF, TXT, and ZIP.

Required File Naming Convention

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

Contents

All other filings should consist of one document type for one claim only. Submit multiple files for as many filings as needed in separate files.

File Format

DWC prefers filings in Portable Document Format – PDF only.

Required File Naming Convention

Element	Format or Values
Document description For DWC Forms and Notices, use the form or notice number; a short document description	Examples: “DWC154” – Workers’ Compensation Complaint Form “Medical Bills” “ASR” – DD Appointment Selection Response Sheet (Initial Examination and Subsequent Examination)
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	Examples: Insurance carrier claim number Patient tracking number