

**TITLE 11      LABOR AND WORKERS' COMPENSATION**  
**CHAPTER 4    WORKERS' COMPENSATION**  
**PART 2        DATA REPORTING AND SAFETY REQUIREMENTS**

**11.4.2.1        ISSUING AGENCY:** Workers' Compensation Administration.  
[11.4.2.1 NMAC - Rp, 11.4.2.1 NMAC, 11/7/25]

**11.4.2.2        SCOPE:** These provisions govern all employers subject to the act.  
[11.4.2.2 NMAC - Rp, 11.4.2.2 NMAC, 11/7/25]

**11.4.2.3        STATUTORY AUTHORITY:** The director is authorized by Section 52-5-4, NMSA 1978, to promulgate rules to implement the act. The rules implementing the safety program requirements are adopted pursuant to Section 52-1-6.2, NMSA 1978. The rules on gathering and reporting of statistical data are adopted pursuant to Sections 52-1-58, 52-1-59, 52-1-60, 52-3-51, 52-3-52, 52-5-3, NMSA 1978.  
[11.4.2.3 NMAC - Rp, 11.4.2.3 NMAC, 11/7/25]

**11.4.2.4        DURATION:** Permanent.  
[11.4.2.4 NMAC - Rp, 11.4.2.4 NMAC, 11/7/25]

**11.4.2.5        EFFECTIVE DATE:** November 7, 2025, unless a later date is cited at the end of a section.  
[11.4.2.5 NMAC - Rp, 11.4.2.5 NMAC, 11/7/25]

**11.4.2.6        OBJECTIVE:** The objective of 11.4.2 NMAC is to establish reporting and safety requirements for employers. This rule creates a standardized method for reporting data on work accidents, notifying workers about legal requirements for making a claim, and complying with mandatory safety provisions of the act.  
[11.4.2.6 NMAC - Rp, 11.4.2.6 NMAC, 11/7/25]

**11.4.2.7        DEFINITIONS:**

**A.        "EDI claim administrator"** means a claims administrator that provides claim processing services for a workers' compensation claim that involves an EDI data reporting responsibility. An EDI claim administrator may be a self-administered statutory reporting party or a separate entity designated by a statutory reporting party. A separate entity designated as an EDI claim administrator may serve as the trading partner for EDI data submission or may submit EDI data using the statutory reporting party's trading partner profile when the statutory reporting party is a registered trading partner.

**B.        "Contracted EDI vendor"** means a third-party entity contracted by the WCA to facilitate and manage the EDI reporting process. This vendor is responsible for processing, validating, and transmitting EDI claims data submitted by trading partners in compliance with the WCA's reporting standards.

**C.        "Corrective action plan"** means a written directive issued by the director identifying specific deficiencies or patterns of noncompliance and requiring a trading partner to implement corrective measures within a specified timeframe to bring the trading partner into compliance with EDI reporting requirements.

**D.        "Date of filing"** means the date that EDI data is sent to the WCA or contracted EDI vendor, provided that the transaction is subsequently acknowledged as accepted. The date of filing is used to determine compliance with EDI and statutory reporting requirements.

**E.        "EDI"** means electronic data interchange, a computer-to-computer exchange of business data in a standardized electronic format between trading partners for the transmission of structured information related to workers' compensation claims.

**F.        "EDI claims standards order"** means an official directive issued by the director that establishes and specifies the technical standards, data elements, submission formats, and procedural requirements for electronic reporting of workers' compensation claims information. The EDI claims standards order serves as the authoritative reference for determining the current requirements for EDI data submissions.

**G.        "EDI data"** means any workers' compensation claim information submitted electronically to the WCA using a standardized EDI format, including legacy or current EDI formats adopted or recognized by the WCA. EDI data includes first report of injury and subsequent report of injury transactions, and any other required electronic submissions as specified in 11.4.2 NMAC or an EDI claims standards order.

**H. "Experience modifier"** is a calculation that compares the losses of an individual employer's risk to average losses for all other risks in that industry classification and state. The experience modifier is used to adjust the insurance premiums of an individual risk according to the risk's loss experience.

**I. "Filing method"** means the technical approach or channel used by a trading partner to submit EDI data to the WCA. Filing methods include SFTP direct connection, the WCA web entry system, or submission through a third-party EDI service vendor.

**J. "First report of injury"** means a transaction that provides initial notification to the WCA of a workplace injury or illness. A first report of injury contains information about the injured worker, employer, insurance coverage, and details of the injury or illness.

**K. "Industry"** means a business, or all businesses, as the context requires, that have identical two digit NAICS codes as determined by the WCA.

**L. "Legacy claim"** means any workers' compensation claim that was previously reported to the WCA where the date that the claim administrator had knowledge of the injury is prior to November 7, 2025. Legacy claims require special handling including the submission of update report transactions to establish proper claim history and data continuity.

**M. "NAICS code"** means a designator of the principal business of an employer assigned by the WCA pursuant to the current version of the North American Industry Classification System, a publication of the Executive Office of the President, Office of Management and Budget, United States.

**N. "SFTP direct connection"** means a secure file transfer protocol method used by trading partners to transmit EDI data directly to the contracted EDI vendor. An SFTP direct connection provides an encrypted channel for sending EDI transmissions securely over the internet and requires completion of a testing process to ensure compatibility with the WCA's EDI system.

**O. "Subsequent report of injury"** means a transaction that provides the WCA with ongoing information about a claim after an initial first report of injury has been filed. A subsequent report of injury reports benefit payments, claim status changes, denials, settlements, and other significant events occurring during the life of a claim.

**P. "Statutory reporting party"** means an employer subject to the act, the employer's workers' compensation insurance carrier, or the uninsured employers' fund, with a legal obligation to report workers' compensation claims information to the WCA under the Workers' Compensation Act, the New Mexico Occupational Disease Disablement Law, 11.4.2 NMAC, or an EDI claims standards order.

**Q. "Third-party EDI service vendor"** means an external entity selected by a trading partner as its filing method to assist with the preparation, formatting, and transmission of EDI data. While listed as a filing method in the trading partner profile, a third-party EDI service vendor is not a trading partner and does not assume any reporting responsibility under this rule.

**R. "Trading partner"** means an EDI claim administrator that submits EDI data to the WCA pursuant to an accepted trading partner profile. An employer may act as a trading partner only if it is both self-insured and self-administered.

**S. "Trading partner profile"** means the registration information submitted by a trading partner to the WCA through the trading partner registration system. The trading partner profile contains information about the trading partner including legal name, Federal Employer Identification Number, contact information, transmission method, security credentials, and the EDI claim administrators for whom the trading partner will submit EDI data. An approved trading partner profile is required before any trading partner may submit EDI data to the WCA.

**T. "Trading partner registration system"** means the online portal provided by the WCA or its contracted EDI vendor where trading partners register and maintain their trading partner profile. The trading partner registration system is used to collect and verify information about trading partners before they are approved to submit EDI data.

**U. "Triggering event"** means a claim-related event, action, or decision that requires the submission of EDI data to the WCA. Triggering events include initial filing of a claim, initial and subsequent payments, changes in benefit type or amount, suspensions, reinstatements, denials, corrections, and other claim-related actions that initiate a requirement for electronic reporting pursuant to 11.4.2 or an EDI Claims Standards Order.

**V. "WCA web entry system"** means the designated web-based portal provided by the WCA or its contracted EDI vendor for the manual entry and submission of EDI data through an online interface. This system is primarily intended for entities with a low volume of claims that do not utilize a third-party EDI service vendor. [11.4.2.7 NMAC - Rp, 11.4.2.7 NMAC, 11/7/25]

#### **11.4.2.8 ELECTRONIC CLAIMS DATA COLLECTION:**

**A. General Reporting Obligations:**

(1) It is a statutory reporting party's responsibility to ensure timely submission of accurate EDI data when a triggering event occurs as defined in Subsections F and G of 11.4.2.8 NMAC. This responsibility may be fulfilled through a designated EDI claim administrator. A statutory reporting party who subcontracts or otherwise delegates EDI data reporting obligations to an EDI claim administrator retains ultimate responsibility for compliance with all EDI data reporting obligations.

(2) Where a report is required under 11.4.2 NMAC or an EDI claims standards order and no statutory obligation to file exists, the employer subject to the act or its workers' compensation insurance carrier shall be treated as the statutory reporting party for the purpose of assigning responsibility under this rule.

(3) When a triggering event occurs, the resulting EDI data submission shall meet the following requirements to be considered timely filed:

(a) The submission is acknowledged as accepted by the WCA or the contracted EDI vendor;

(b) The date of filing complies with the EDI reporting timelines as defined in Subsections F and G of 11.4.2.8 NMAC;

(c) The date of filing is the date the EDI Data Transmission is sent to the WCA or its contracted EDI vendor, provided that the transaction is subsequently acknowledged as accepted; and

(d) EDI data is not timely filed if it contains incorrect information, if it does not accurately reflect the actions taken by the EDI claim administrator, or if it is missing required data that should have been included based on events in the claim, regardless of whether the WCA or contracted EDI vendor has issued an acknowledgement of acceptance.

(4) EDI data shall only be submitted through the prescribed EDI submission process as defined in 11.4.2 NMAC. Reports or filings submitted through any other method, channel, or system do not satisfy the EDI reporting requirements of 11.4.2 NMAC.

(5) When an EDI claim administrator receives information about a workplace injury or illness that may constitute a workers' compensation claim, that EDI claim administrator has a duty to file appropriate EDI data with the WCA in accordance with this section, even if the EDI claim administrator is uncertain whether they represent the named statutory reporting party or intends to deny the claim. This duty exists regardless of whether the statutory reporting party has been conclusively identified, and regardless of whether the claim is ultimately accepted or denied. An EDI claim administrator that has received a claim shall be deemed to represent a statutory reporting party for purposes of EDI data reporting requirements until EDI data has been submitted by the EDI claim administrator denying such representation.

(5) The uninsured employers' fund shall be deemed a statutory reporting party upon receipt of a complaint naming the fund unless the fund has reason to believe that a self-insured employer or an insurance carrier is responsible for the claim. If it is later determined that a self-insured employer or insurance carrier is responsible for the claim, the uninsured employers' fund may cease reporting activity and the identified party shall assume all applicable reporting obligations.

(6) It is the responsibility of the EDI claim administrator to provide a loss run to the WCA upon request.

**B. Electronic Filing Requirement:**

(1) EDI data shall be filed electronically in one of the following ways:

(a) Using an SFTP direct connection to the contracted EDI vendor;

(b) Using the WCA web entry system; or

(c) Using a third-party EDI service vendor.

(2) EDI data shall be submitted according to the standards and requirements set forth in the current EDI claims standards order adopted in Subsection C of 11.4.2.8 NMAC.

**C. Filing Standards:**

(1) The director shall issue EDI claims standards orders as needed to maintain the integrity of the EDI reporting system.

(2) Upon the issuance of a new EDI claims standards order, the order shall be controlling for all EDI data submissions on and after the date of the order.

**D. Trading Partner Approval Process**

(1) All entities submitting EDI data shall register as a trading partner by completing and submitting a trading partner profile through the trading partner registration system.

(2) The WCA shall review and approve all trading partner profiles before the trading partner may submit EDI data.

(3) Trading partners shall update their trading partner profile when there is any change to the following:

- (a) The trading partner's legal name or mailing address;
- (b) The filing method used for EDI reporting;
- (c) An EDI claim administrator's or statutory reporting party's office contact name, phone, or email; or
- (d) When a statutory reporting party not currently listed in the trading partner's profile designates the trading partner to submit EDI data on its behalf. An update shall not be submitted unless the statutory reporting party has written at least one policy in New Mexico.

(e) When a new EDI claim administrator not currently listed in the trading partner's profile is designated to submit or manage EDI data under the trading partner.

(4) Trading partners shall complete and submit a new trading partner profile when there is any change to the trading partner's Federal Employer Identification Number or postal code.

**E. Enforcement of EDI Reporting Requirements:**

(1) Any failure to submit required EDI data pursuant to the reporting requirements established in the act and in 11.4.2 shall be considered a violation of NMAC 11.4.2 and may subject the statutory reporting party or the EDI claim administrator to penalties or enforcement as prescribed by the act or this rule.

(2) An investigation of a pattern of noncompliance with 11.4.2 NMAC or an EDI claims standards order may be initiated by referring the matter to the WCA enforcement bureau pursuant to 11.4.5 NMAC.

(3) A pattern of noncompliance may result in referral to the WCA enforcement bureau when recurring instances of any of the following occur:

- (a) Submission of incomplete, inaccurate, or untimely EDI data;
- (b) Failure to submit required EDI data for triggering events;
- (c) Refusal or failure to make reasonable amendments to previously submitted EDI data as requested;

(d) Non-compliance with the EDI claims standards order or other requirements related to EDI data submission; and

(e) As otherwise determined by the director that a referral is necessary to maintain the integrity of the EDI reporting system.

**(4) Offer of Corrective Measures:**

(a) Prior to the commencement of action pursuant to 11.4.5 NMAC, the director may offer an opportunity to take corrective measures through the issuance of a corrective action plan, in lieu of formal enforcement; and

(b) If the opportunity is accepted and the requirements of the corrective action plan are subsequently met, the matter shall be considered resolved and no further enforcement action will be taken.

**(5) Corrective Action Plan Requirements:**

(a) A corrective action plan issued by the director shall include a description of specific deficiencies or patterns of noncompliance and set forth the corrective measures required to address them;

(b) The plan shall include specific deadlines for completing each required corrective measure and may include interim progress reporting as required by the director; and

(c) The director may amend the corrective action plan as needed to address ongoing or unresolved noncompliance.

(6) If a party declines an offer of corrective measures or fails to comply with the requirements of a corrective action plan, the matter may proceed to commencement of action pursuant to 11.4.5 NMAC.

(7) Following hearing, any party found to have engaged in a pattern or practice of non-compliance may be required by the director to submit a corrective action plan, participate in additional training, pay fines, have their submission privileges suspended or revoked, or take any other remedial measures to ensure future compliance.

**F. First report of injury data shall be submitted when any of the following triggering events occur:**

(1) Within 10 days of notification, for all injuries or occupational diseases that result in more than seven cumulative days of lost time or death.

(2) Within 10 days of notification, for all claims for disablement subject to the New Mexico Occupational Disease Disablement Law, regardless of the amount of lost time.

(3) Within 10 days of the decision to deny, for any denied claim for which no payments have been made, regardless of any determination of compensability.

(4) Within 30 days of acquisition, for all open or reopened claims newly acquired by an EDI claim administrator.

(5) Immediately upon the rescission of a prior denial, for any denied claim for which no payments have been made and no first report of injury data other than a report of denial was previously submitted.

(6) When first report of injury data has been filed and the claim is subsequently cancelled in error, first report of injury data shall be refiled immediately to re-establish the claim.

(7) First report of injury data shall be timely submitted even if the claim is disputed.

(8) The EDI claim administrator shall furnish a copy of all first report of injury data to the worker and the employer at the time of electronic submission to the WCA. If the employer is uninsured, the employer shall furnish a copy of all first report of injury data to the worker.

(9) Immediately upon the employer's receipt of a complaint or an initial pleading involving an injury or illness that is not otherwise already supported by first report of injury data.

(10) The uninsured employers' fund shall submit first report of injury data within 10 days of determining that the employer is uninsured and the injury or illness is eligible for payment of benefits in accordance with applicable law. The uninsured employers' fund shall provide a copy of all first report of injury data to the worker.

(11) In addition to the specific triggering events listed in Subsection F of 11.4.2.8 NMAC, first report of injury data shall be submitted for any other event or circumstance that requires initial claim reporting under the EDI claims standards order adopted in Subsection C of 11.4.2.8 NMAC.

**G.** Subsequent report of injury data shall be submitted when any of the following triggering events occur:

(1) Within 10 days of the date of initial payment of the indemnity portion of any claim.

(2) Within 10 days of the first payment by an employer of salary paid in lieu of compensation for all injuries or occupational diseases that result in more than seven cumulative days of lost time or death.

(3) Within 10 days of the decision to deny, for any claim denied in full and for which a payment has been previously reported.

(4) Within 10 days of the date of the first indemnity payment made after an EDI claim administrator has acquired an open or reopened claim.

(5) Within 10 days of the first changed indemnity payment made for ongoing indemnity benefits at a new weekly net benefit amount or benefit type compared to previous ongoing benefits.

(6) Within 10 days of the last day of the covered benefits period prior to a full suspension of indemnity benefits, or the date of the first payment reinstating those benefits.

(7) Within 10 days of the date of the initial payment of a medical-only claim with cumulative payments over \$300, provided, however, that a subsequent report of injury closing report shall be submitted with respect to all claims for which expenses have been previously reported. The initial and closing subsequent report of injury may be submitted on one form provided that no subsequent additional benefits are paid.

(8) Within 10 days of the date of any payment of any attorney fees or funeral expenses.

(9) Within 10 days of the date of any lump sum payment for or settlement of indemnity benefits.

(10) Within 10 days of the date of death for all claims for which a death has not otherwise been reported to the WCA, regardless of any determination of compensability.

(11) Within 30 days of the date of the claim administrator's decision to close any open claim for which payments have been previously reported.

(12) For all open or reopened claims, an annual report shall be filed each year until a closing report is filed. The first such report shall be filed no earlier than 30 days before the first anniversary of the date of injury and no later than 30 days after that anniversary. Each subsequent annual report shall be filed later than 30 days after the corresponding anniversary of the date of injury.

(13) In addition to the specific triggering events listed in Subsection G of 11.4.2 NMAC, subsequent report of injury data shall be submitted for any other event or circumstance that requires subsequent claim reporting under the EDI claims standards order adopted in Subsection C of 11.4.2.8 NMAC.

[11.4.2.8 NMAC - Rp, 11.4.2.8 NMAC, 11/7/25]

#### **11.4.2.9 SAFETY:**

A. Annual inspections:

(1) All employers, as identified in Section 52-1-6.2 NMSA 1978, are required to have an annual safety inspection. All other employers are encouraged to do so.

(2) Any employer who purchases or renews a policy of workers' compensation insurance with a premium liability of \$15,000 or more shall, within 60 days of the policy issuance or renewal, submit proof of an annual safety inspection to the WCA. Self-insured employers shall submit proof of an annual safety inspection to the WCA within 60 days of completing an inspection.

(3) Standards for annual inspections: The minimum standards for the annual safety inspection are contained in the WCA publication, annual safety inspections. This publication may be obtained from the WCA's website.

(4) Who may conduct the inspection:

(a) A safety consultant from the WCA.

(b) A senior manager or dedicated safety professional employed by the business.

The WCA may be contacted to provide training on how to conduct a proper safety inspection.

(c) A third party safety organization or safety professional.

(d) A safety professional from the insurance company.

(5) Employers shall submit an affidavit listing the address of all facilities that were included in the inspection to the WCA safety program on a form approved by the director. Though the responsibility for reporting is with the employer, the insurance carrier may report completed inspections, provided the insurance carrier or a safety organization or safety professional retained by the carrier conducted the inspection.

(6) Failure to comply with the annual safety inspection requirement may subject an employer to penalties under Section 52-1-6.2 NMSA 1978.

B. Risk reduction program:

(1) The extra-hazardous employer program is hereinafter referred to as the risk reduction program ("RRP").

(2) An employer may be classified for the RRP if its experience modifier (e-mod) is higher than the state average for that industry or if a safety audit reveals a need for assistance based on the employer's accident frequency or severity of injury caused by the accident(s).

(3) The WCA shall notify the employer and its insurance carrier if that the employer meets the criteria, under the above guidelines, to be enrolled in the RRP and is selected for enrollment in the RRP.

(a) Notice shall be given to the employer, and the insurer or self-insurance entity, if any, by personal service upon any person of suitable age and discretion at the business location or by certified mail addressed to the owner, proprietor, managing partner, president, majority stockholder, chief operational officer or manager of the business.

(b) Employers who have received a notice of classification shall have five days to file a written request for reconsideration with the director. The director may hold hearings upon a request for reconsideration and make a determination as appropriate. Appeal of a ruling by the director shall be by writ of certiorari to the district court, pursuant to S.C.R.A. Rule 1-075.

(4) Within 30 days of service of a notice of classification or within 30 days of the director's decision if a request for reconsideration is filed, an employer who is classified and enrolled in the RRP shall obtain a safety consultation. The consultation must be performed by a WCA safety consultant, the employer's insurer or a professional independent safety consultant approved by the director. A WCA safety consultant may assist employers in interpreting the requirement for a safety consultation and in conducting the consultation.

(5) The safety consultant performing the safety consultation shall submit within 10 days a written report to WCA and the employer detailing any identified hazardous conditions or practices identified through the safety consultation. The written report must be in a form acceptable to the director.

(6) Within 30 days of the submission of the written report concerning the safety consultation, the employer participating in the RRP shall submit a specific accident prevention plan to resolve the hazards and practices identified in the written report.

(7) The WCA may investigate accidents occurring at the work site(s) of an employer for whom a plan has been formulated under Paragraph (6) of Subsection B of this section and the WCA may otherwise monitor the implementation of the accident prevention plan as it finds necessary.

(8) Six months after the formulation of an accident prevention plan prescribed by Paragraph (6) of Subsection B of this section, the WCA shall conduct a follow-up inspection of the employer's premises. The WCA may require the participation of the safety consultant who performed the initial consultation and formulated the safety plan.

(a) If the WCA determines that the employer has complied with the terms of the accident prevention plan or has implemented other acceptable corrective measures, the WCA shall so certify.

(b) If, at the time of the inspection required under Paragraph (8) of Subsection B of this section, the employer continues to exceed the injury frequencies that may reasonably be expected in that employer's business or industry, the WCA shall continue to monitor the safety conditions at the work site(s) and may formulate additional safety plans reasonably calculated to abate hazards. The employer shall comply with the plans and may be subject to additional penalties for failure to implement the plan or plans.

(9) For good cause shown, the director may extend any time limit required by this part for up to 30 additional days.

(a) All applications for extension shall be submitted in writing and shall state with specificity the reasons for requested additional time.

(b) The director may hold hearings to determine the appropriateness of extensions of time for submission of specific accident prevention plans.

(c) The director's determination on a request for an extension is final.

(d) In the case of an RRP employer whose employees are assigned to furnish services to other employers, the responsibility for the development and submission of an accident prevention plan as required by these rules shall be with the employer who controls and provides direct on-site supervision of the workers who are exposed to the hazards and practices identified in the written report of the safety consultant.

(10) Any employer who fails to develop, submit, cause to be submitted, implement or comply with a specific accident prevention plan as provided for in these rules shall be subject to imposition of a penalty of up to \$5,000. Each incident of failure to formulate, submit, cause to be submitted, implement or comply with a specific accident prevention plan persisting for a period of 15 days shall constitute a separate violation and subject the employer to additional penalties. The enforcement procedures established in 11.4.5 NMAC shall be utilized in all proceedings under this subsection.

(11) An employer shall no longer be designated to participate in the RRP when the provisions of Paragraphs (4) through (8) of Subsection B of 11.4.2.9 NMAC, inclusive, have been satisfied.

C. The employer, its insurer and all agents of the employer or insurer have the duty of compliance with reasonable requests for information from workers' compensation administration personnel. WCA personnel shall collect data regarding all work-place fatalities in New Mexico.

[11.4.2.9 NMAC - Rp, 11.4.2.9 NMAC, 9/30/16]

#### **11.4.2.10 ACCIDENT NOTICE POSTERS AND ACCIDENT NOTICES:**

A. Every employer shall post and keep posted in conspicuous places on its business premises, in areas where notices to employees and applications for employment are customarily posted, an accident notice poster stating the requirement that workers notify employers of accidents. The accident notice poster is available at the WCA at no charge to the employer on a form approved by the director.

B. Every employer must keep attached to the accident notice poster an adequate supply of notice of accident forms approved by the director.

C. Any employer may submit to the director a proposal for approval of a notice of accident form or accident notice poster. No form shall be approved except in writing, signed by the director.

[11.4.2.10 NMAC - Rp, 11.4.2.10 NMAC, 9/30/16]

#### **HISTORY OF 11.4.2 NMAC:**

##### **Pre-NMAC History:**

The material in this part was derived from that previously filed with the State Records Center:

WCA 86-5, Final Notice of Final Payment of Compensation, filed 5/26/87.

WCD 89-5, Final Reports, filed 6/20/89.

WCA 86-6, Completed Supplement Report to Accident, filed 5/26/87.

WCD 89-6, Annual Reports, filed 6/20/89.

##### **History of Repealed Material:**

11.4.2 NMAC - Repealed effective 9/30/16.

11.4.2 NMAC – Repealed effective 11/7/25