

# Request for Detail Loss Information – Universal Electronic Loss Data Submission

## Workers' Compensation Claims Information Specifications – Tier 1

Rev. March 2015

The data outlined in this request will be utilized for the clients' actuarial studies and any management information reporting requirements. **Please provide an electronic data file in Microsoft Excel format that meets the following specifications.** If you are submitting data for more than one entity, please combine the data into a single Excel file. The requested file is a data file only, and should not contain any formatting, macros, formulas, hidden columns or rows, report headers or blank rows. Files will be accepted in Excel 1997-2003, 2007, 2010, and 2013 formats.

If you need any help generating the loss data file in the required format, please contact the Bickmore Risk Information Solutions Team at (916) 244-1136.

**When compiling your data, please pay careful attention to the following:**

- Data must be evaluated **as of the last day of the month being reported.**
- If you are providing the data for a JPA or SIG, ***please use the member/entity's name (or member/entity and JPA name) in the Entity Name field*** (described below) and not the just the JPA or SIG's name.
- Workers' compensation claims data ***should be provided for the entire claim history*** – all the years you maintain in your risk management/claims information system.
- Workers' compensation claims data transferred from any prior third party administrators ***shall be incorporated into the data submission.***
- Loss amounts should include the full amount of the claim and ***not be limited to any excess insurance recovery*** (please do not cap payment, reserve, or recovery amounts).
- Losses should be detailed on ***a per claim basis.***
- The file should include ***all open and closed workers' compensation claims*** including "Incident Only" (also known as "Information Only", "Record Only", or "Notice Only") and "First Aid" claims. Incident Only and First Aid claims must be identified using the "Claim Type" field (described below).
- ***Medical Management, Bill Review, and/or Cost Containment fees should be included in the individual claim paid and reserved medical loss amounts*** rather than as a separate claim record. Claims coded as "Bill Review", "Cost Containment", "Dummy", or "Ouch" will not be accepted.
- For claims involving LC4850 and LC4856 benefits, please be sure to include the claim information and show separately any payments and reserves specifically designated for LC4850 and LC4856 ("Paid 4850" and "Reserve 4850"). Do not include these amounts in the "Paid Indemnity" or "Reserve Indemnity" columns.
- ***Closed claims cannot have reserve amounts included.*** By definition, a closed claim cannot have case reserves. Therefore, closed claims with reserve amounts will not be accepted.

- **All paid, reserve, and incurred amounts must be “positive” numbers.** A negative amount may be listed only if it pertains to a subrogation or excess recovery (“Subrogation Recovery Amount” and “Excess Recovery Amount”).

## ELECTRONIC DATA FILE LAYOUT

***This information will only be accepted via our Secure Insurance data transfer web site accessible at <https://si.brsrc.com> (note that this is an SSL (secure) site and the prefix is https and not http).*** Files should be delivered to [VSoleshenko@bickmore.net](mailto:VSoleshenko@bickmore.net) using the Secure Insurance site. If you have not previously used the site to transfer data to Bickmore, you can easily register at the site by clicking on the registration link on the home page and entering your e-mail address and a password. If you need any assistance registering or submitting the data, please contact the Bickmore Risk Information Solutions Team at (916) 244-1136. If for any reason you are unable to use the data transfer site, please contact us for alternative electronic transfer solutions, or you can send the data via CD or DVD media through the U.S. mail.

Please utilize the following specifications when submitting your information to us. Each record must consist of the 69 data fields described below. If there is no data for a specific field, please indicate by leaving blank (null); do not use spaces, “NULL”, “UNKNOWN”, or “ / / “ as placeholders. Note that only fields 3 (Location Name), 7 (Claimant First Name), 11 (Occupation Code), and 39 (Date Closed) can be left blank, and only under specific circumstances. All numeric (amount) fields must be coded as a dollar amount. If there is no amount, code as “\$0.00”; do not leave blank. If using dollar signs (“\$”) and/or commas (“,”) in a loss amount field causes problems with your submission process, they can be omitted. The first row of the file must contain a header identifying the columns ***exactly*** as specified below. If using spaces (“ ”) in column names causes problems with your submission process, you may substitute underscores (“\_”) instead.

These specifications are also available for download at the secure data transfer site.