Loss Data Specification
Excess Workers' Compensation (EWC)

Please submit **FULL HISTORICAL** loss data for those members in the program(s) listed below. The following selection criterion outlines the claims to be included in your loss data collection file submission(s).

SELECTION CRITERIA:

Evaluation Date =	06/30 of the reporting year
Full Historical =	the entire claim history; all claims for all years maintained in your claims information management system.
Full Amounts =	include full financial information; not limited to excess recovery or capped amounts for reserves or payments.
Per Claim Basis =	losses with multiple claimants that fall under one occurrence should be combined as one claim at the incident/occurrence level, *not* the claimant level
$ Amounts =	must be filled in with a number for currency; payments should not be negative amounts; CLOSED claims should have $0 outstanding or remaining Reserves.
LC4850 =	provide financial information for 4850 benefits separate from indemnity benefits; differential between maximum TD and full salary; do not include these amounts in the "Paid_TD", "Paid_PD", "Paid_unspecified_IN", "Reserved_TD", "Reserved_PD", "Reserved_unspecified_IN", or "Incurred_TD", "Incurred _PD", "Incurred _unspecified_IN" columns.
Entity List =	refer to membership list for UIDs and entities.

If no claims match the selection criteria, please send an e-mail with the Subject: NO KNOWN LOSSES to: lossdata@csac-eia.org

ELECTRONIC DATA FILE AND RECORD LAYOUT:
Please provide the EIA with an electronic data file in a Microsoft Excel file format (i.e. *.xlsx, *.xls or *.csv) in the order listed below. If there is no data for a specified field, please indicate by leaving it blank; DO NOT use spaces, NULL, UNKNOWN, or " " as a place holder. Please utilize the following specifications to format the data, and the first row of the file MUST BE the column names specified below in the Data Field Name column.

#	Data Field Name	Data Type	Format	Definition
1	evaluation_date	Short Date	m/d/yyyy	Should be 6/30 of the reporting year
2	entity_uid	Number (4)		EIA's internal number for the entity; refer to above list found next to entity name.
3	entity_level1_uid	Number (4)		EIA's internal number for the entity; refer to above list found next to entity name.
4	entity_name	Text (80)		Name of member entity, district, or employer. For members of a JPA this should contain the JPA name
5	Member_entity_name or location	Text (80)		Name of the claimant's assigned location, district, facility, school, division, or employer. For members of a JPA or group, this should contain the member/entity name. If the same as department leave blank)
6	department_name	Text (80)		Top level department name - department detail is also acceptable; org 1 & 2
7	claim_number	Text (40)		Unique Claim number for the record.
8	claim_suffix	Text (10)		Claim suffix in the event this is a multiple occurrence; **eg.: Claim number WC20130101-A, WC20130101-B Suffix's are A & B**
9	multiple_occurrence_flag	Text (1)	Y or N	Code Y if the claim is a multiple occurrence or an N if not. EIA defines multiple occurrence as the application of a single SIR over multiple claimants
10	claimant_first_name	Text (40)		First name of the claimant.
11	claimant_last_name	Text (40)		Last name of the claimant.
12	hire_date	Short Date	m/d/yyyy	Claimant hire of date
13	date_of_birth	Short Date	m/d/yyyy	Claimant date of birth
14	class_code	Number (4)		California WCIRB standard classification code from section 3; **eg: 7720**
15	occupation	Text (40)		Claimant specific Job title or WCIRB standard classification description; eg.: **Police Officers**
16	4850_eligible	Text (1)	Y or N	Code Y for safety officers eligible to receive 4850 per the CA Labor Code and N if not.
17	claim_type	Text (2)	IN, FA, FM, MO	In = indemnity, fa = first aid, fm = future medical, mo = medical only
18	cause_of_Injury_code	Number (3)		This is the DN37 code from Section N of the California EDI implementation guide (pages 90-92); **eg.: 75**
19	cause_of_Injury_description	Text (80)		Include cause of injury description; **eg.: Falling object**
20	nature_of_injury_code	Number (2)		This is the DN35 code from Section N of the California EDI implementation guide (pages 85-86); **eg.: 40**
21	nature_injury_description	Text (80)		Include Injury description; **eg.: Laceration**
22	Parts_of_Body_code	Text (3)		This is the DN36 or SN83 code from Section N of the California EDI implementation guide (pages 87-89); **eg.: 33**

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#	Data Field Name	Data Type	Format	Definition
23	body_part_description	Text (80)		Include Body part description; **eg.: Lower Arm**
24	description	Text (255)		Free form text description of loss.
25	fatality_flag	Text (1)	Y or N	"Y" if the injury or illness caused or allegedly caused the claimant's death and "N" if not.
26	date_of_loss	Short Date	m/d/yyyy	Date the injury or illness occurred.
27	date_reported	Short Date	m/d/yyyy	Date the claim was reported.
28	date_closed	Short Date	m/d/yyyy	Date the claim was closed; if not closed then leave blank
29	status	Text (2)	OP, CL, RO, or RC	Claim status at time of valuation. OP = Open, CL = Closed, RO = Re-opened, RC = Re-closed.
30	paid_pd	Currency	$#,##0.00	Amount paid Permanent Disability; Excludes 4850
31	paid_td	Currency	$#,##0.00	Amount paid Temporary Disability benefit payable if a job-related injury or illness; Excludes 4850
32	paid_unspecified_in	Currency	$#,##0.00	Amount of all other paid indemnity such as death benefit; excludes 4850, TD and PD
33	paid_4850	Currency	$#,##0.00	Differential Amount paid for public safety officer loss per Labor Code Sec 4850; differential between maximum TD and full salary, separate from indemnity benefits.
34	paid_medical	Currency	$#,##0.00	Amount paid for medical benefits.
35	paid_vocational_rehab	Currency	$#,##0.00	Amount paid for vocational rehabilitation/voucher.
36	paid_expense	Currency	$#,##0.00	Amount paid for other expenses, including legal expenses.
37	paid_total	Currency	$#,##0.00	Total paid for the claim. Sum of fields (30+31+32+33+34+35+36)
38	reserved_pd	Currency	$#,##0.00	Outstanding or remaining reserve for Permanent Disability; Excludes 4850
39	reserved_td	Currency	$#,##0.00	Outstanding or remaining reserve for Temporary Disability; Excludes 4850
40	reserved_unspecified_in	Currency	$#,##0.00	Outstanding or remaining reserve all other indemnity such as death benefit; excludes 4850, TD, and PD
41	reserved_4850	Currency	$#,##0.00	Outstanding or remaining reserve for public safety officer per Labor Code Sec 4850; differential between maximum TD and full salary, separate from indemnity benefits.
42	reserved_medical	Currency	$#,##0.00	Outstanding or remaining reserve for medical benefits.
43	reserved_vocational_rehab	Currency	$#,##0.00	Outstanding or remaining reserve for vocational rehabilitation/voucher.
44	reserved_expense	Currency	$#,##0.00	Outstanding or remaining reserve for other expenses.
45	reserved_total	Currency	$#,##0.00	Total outstanding or remaining reserve on the claim. Sum of fields (38+39+40+41+42+43+44)
46	incurred_pd	Currency	$#,##0.00	Total incurred Permanent Disability (Excludes 4850). Sum of fields (30+38)
47	incurred_td	Currency	$#,##0.00	Total incurred Temporary Disability (Excludes 4850) Sum of fields (31+39)
48	incurred_unspecified_in	Currency	$#,##0.00	Total incurred all other indemnity such as death benefit; excludes 4850, TD, and PD. Sum of fields (32+40)
49	incurred_4850	Currency	$#,##0.00	Total incurred 4850. Sum of fields (33+41)
50	incurred_medical	Currency	$#,##0.00	Total incurred medical benefits. Sum of fields (34+42)
51	incurred_vocational_rehab	Currency	$#,##0.00	Total incurred for vocational rehabilitation/voucher. Sum of fields (35+43)
52	incurred_expense	Currency	$#,##0.00	Total incurred expenses. Sum of fields (36+44)
53	incurred_total	Currency	$#,##0.00	Total incurred for the claim. Sum of fields (37+45)
54	subro_recovery_amount	Currency	-$#,##0.00	Amount recovered for subro and/or recovery; excluding excess reimbursements. Should be reflected as a negative
55	excess_recovery_amount	Currency	-$#,##0.00	Total excess recoveries on the claim; including EIA and other carrier reimbursements. Should be reflected as a negative
56	accepted_flag	Text (1)	Y or N	Code Y if the claim or a portion of the claim is accepted or N if not.
57	delayed_flag	Text (1)	Y or N	Code Y if the claim was once or is currently delayed or N if not.

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#	Data Field Name	Data Type	Format	Definition
58	denied_flag	Text (1)	Y or N	Code Y if the claim or a portion of the claim is denied or N if not.

ELECTRONIC DATA FILE SUBMISSION:

For your convenience, loss data file(s) will be accepted via the secure transmission application offered on our website. If assistance is needed in submitting the data file(s), please contact the EIA.

1. Open your web browser to the following website: http://www.csac-eia.org/services/loss-data/upload-loss-data/

2. Log into the Upload Loss Data area with your Username and Password.

3. Click the "Browse…" button next to the "Choose Your File" field.

· File name format: "Entity Name_Program Name_Evaluation Date"; example "CityOfSanClemente_EWC_063015"

4. Browse to the directory where your file is located:

· Double-click on it OR click it once and select "Open".

5. Provide any pertinent information in the File Description field; example "City of San Clemente EWC Annual Loss Data Submission 06/30/2015. Contains summary of changes and explanations on summary sheet".

6. Click the "Upload" button. You will receive an email confirming a successful file upload. If you don't receive one, please contact the EIA