Loss Data Specification Version	*PRISM Data and Analytics Database (DnA Database) Revision 3.5*
Medical Malpractice	
Date Published:	2/1/2019
Request Type:	Full historical medical malpractice loss history (all years maintained in your claims management
Frequency:	Monthly
Evaluated:	The last day of the month being reported
Due:	The third business day of the following month
File Format:	Microsoft Excel (2007 and above - .xlsx)
	Tab or Pipe Delimited Text
*Secure File Submission:	https://csaceia.sharefile.com/share/upload/r01c8209519241958
Data and Submission Contacts:	*PRISM Data and Analytics (D&A)*
	1.916.850.7300
Tiana Randazzo:	trandazzo@prismrisk.gov
Margaret Crossland:	mcrossland@prismrisk.gov
Danielle Heim:	dheim@prismrisk.gov
Fred Treffinger:	ftreffinger@prismrisk.gov
What to Include	
Suffix Level:	All medical malpractice suffixes including claimant and coverage combinations for all Medical malpractice claims
Complete Loss History:	Complete loss history for the organization(s) included
Gross Loss Amounts:	First dollar, full value, complete loss information (do not provide net loss amounts, or reduce any

Please recognize that after the initial review and mapping process is completed, the **loss data submissions are processed by automated systems - not by PRISM staff**. Any comments, notes, formatting, etc. will not be used in the process. If errors or problems are found with the file and D&A staff requests fixes or changes, the data file itself must be corrected so that it can be reloaded - communication of why problems exist, how to resolve issues, or what needs to be changed cannot normally be incorporated into the load process without manual intervention.

Please utilize the following specifications to format the loss data, we request that the first row of the file be the column names (as

*Currently, SFTP, ShareFile upload link above or a secure file submissions via our website (encrypted during transfer) are the only acceptable methods to supply data. Providing data as E-mail attachments is NOT an acceptable submission method. If data is submitted via the e-mail system, EIA staff will inform the primary member contact that their experience data has been put at risk. If assistance is needed in submitting the data file(s), please contact Tiana Randazzo: trandazzo@prismrisk.gov, Danielle Heim: dheim@prismrisk.gov or Fred Treffinger: ftreffinger@prismrisk.gov, or call (916) 850-7300.

Col. No.	Name	Type	Length/For	Description	Comments	Reason Required
1	Evaluation Date	Date	mm/dd/yyyy	The date the loss data was evaluated, which should always be the last day of the month being reported		It is critical that all losses reported use a known evaluation date to allow for correct reporting. This field must be included, is a required field and the file cannot be processed without it, and, except in the case of a special request, should always be the last day of the reporting period (normally the last day of the month). This data element is also required for external reporting (excess / reinsurance).
2	Organization Name	Text	255	Name of the Public Entity or Agency (Entity or Member)	For JPA members, this should be the member name and not the JPA name. The name should be reported as it appears on the Memorandum of Coverage (MOC)	All claims are assigned to a public agency and this field is used to determine which agency the claim is assigned to. It is a key required field and the file cannot be processed without it. It can be an PRISM standalone member, a member of an PRISM JPA member, or in some circumstances a department of sub agency within an organization. This data element is also required for external reporting (excess / reinsurance).
3	Location Name	Text	120	Name of the claimant's assigned location, building, facility, or school at the time of injury/illness	If the claimant's location is unavailable or not retained within the claims system, then leave blank. If codes are provided then a map of location codes and their descriptions must be provided	Location based information provides PRISM and its members with additional reporting and geo-analytical capabilities - the ability to track losses by physical location. For members with multiple physical locations, this can be a key reporting element.
4	Department Name	Text	120	Name of the claimant's department at the time of injury/illness	If codes are provided then a map of department codes and their descriptions must be provided	Department provides PRISM and its members with additional reporting capabilities and more specifically is critical for PRISM benchmarking abilities - to allow members to benchmark their departments against other members departments. This data element is also becoming a required field for external reporting.
5	Claim Number	Text	40	Unique claim identifier		All claims must have a unique claim number to track and report them over time. This is especially important with market placement It is a key required field and the file cannot be processed without it. This data element is also required for all external reporting (excess / reinsurance).
6	Suffix Number	Text	40	Unique suffix, claimant, and/or coverage identifier	If no suffix number available, provide claimant number, claimant ID and/or Coverage	All suffixes (claimants and/or coverages) must have a unique suffix number to track and report them over time. This is becoming more important with market placement as carriers now require losses reported at the claimant level. It is a key required field and the file cannot be processed without it. This data element is also required for some external reporting (excess / reinsurance).
7	Claimant First Name	Text	40	First name of the claimant or blank (for business agency or carrier)	If a business, agency or carrier, leave blank	The claimant name is needed to be able to track losses over time especially if the claim# changes (usually from a claims conversion or TPA change). The first name is needed to track the individual claimants on a multi claimant claim.
8	Claimant Last Name	Text	255	Last name of the claimant or the business, agency or carrier name	If a business, agency or carrier, the name should included as the Last Name	The claimant name is needed to be able to track losses over time especially if the claim# changes (usually from a claims conversion or TPA change). The last name is usually more consistent and therefor more useful for tracking / reference. This data element is also required for virtually all external reporting (excess / reinsurance).
9	Date of Birth	Date	mm/dd/yyyy	Claimant's date of birth		For liability claims the birth date is now required for CMS reporting on all claims involving bodily injury. PRISM is capturing this field on liability to support additional possible reporting needs going forward.
10	Claim Type	Text	2	IO = Incident (or Record or Notice) Only, MM = Medical Malpractice		Claim type is a key required field and the file cannot be processed without it. This data element is used to verify that the claim is a reportable claim (for PRISM liability programs), if it is a notice or information only loss, and provides information as to the highest level of coverage for reporting purposes (AL/GL/E&O/EPL).
11	Coverage Type	Text	3	MED = Medical Malpractice		Coverage is a key required field and the file cannot be processed without it. This data element provides information as to the coverage for reporting purposes (ABI/APD,OBI/OPD/PI/E&O/EPL). This data element is also required for most external reporting (excess / reinsurance).
12	Type of Loss	Text	120	Type of Loss Description (aka "Incident Type" or "Loss Type")		Type of loss is not a required field, but provides a data element that can be used by the members to track specific things that they are interested in tracking that are not supported by the other descriptive fields (Coverage and Cause).
13	Cause of Loss Description	Text	120	Cause of Loss Description	May be blank if the EIA GL code is provided	This is the description that goes with the proprietary code in column 14 (Cause of Loss Code). Bot the code and description can be used for reporting. A cause description is normally required for external reporting (excess / reinsurance).
14	Outcome Code	Text	3	Standard EIA Outcome Code	See EIA Outcome Table for values, Outcome Id or Outcome Code are acceptable.	PRISM Outcome codes (attached - "PRISM Outcome" tab) are a standard set of outcome codes adopted by PRISM. PRISM is hoping all of its members adopt the codes to allow for PRISM program reporting and benchmarking by outcome.
15	Outcome Description	Text	120	Outcome Description		Same as above
16	Fatality	Text	1	Y = the injury or illness caused or allegedly caused the claimant's death, N = Not a fatal injury/illness		This provides additional reporting capability, is used for market placement and is normally required for external reporting (excess / reinsurance).
17	Litigation	Text	1	Y = the claimant is or was represented by an attorney, or the insured retained legal representation at some point in time, N = No litigation involved		Another critical field that allows for additional reporting capabilities and benchmarking (for example, allowing members to benchmark litigated claims only). This field is also normally required for external reporting (excess / reinsurance).
18	Covered Claim	Text	2	NC = the claim, claimant or coverage is Non-Covered, PC = Partially Covered Claim, CC = Covered Claim		If the claim is not covered under PRISM liability program, or is partially covered this field should reflect that. All other claims should be coded with a value of "CC". This allows PRISM to exclude these claims from specific information products (actuarial studies, premium allocations, etc.)
19	Date Denied	Date	mm/dd/yyyy	Date the claim, or a portion of the claim, was denied		Adds additional reporting capabilities for PRISM and the membership.
20	Examiner	Text	80	Current primary examiner or adjuster full name	If codes are provided then a map of examiner codes and their names must be provided	Adds additional reporting capabilities for PRISM and the membership. Allows the member to be able to receive reports and analysis by examiner.
21	Description	Text	255	Free form text description of the loss		Key required field needed by PRISM claims, underwriting, and risk control staff, market placement, and external reporting. Also allows for the determination of root cause and text based data mining for specific key words (types of claims). Provides the necessary information of claims selection for key studies or areas of focus.

Col. No.	Name	Type	Length/For	Description	Comments	Reason Required
22	Date of Loss	Date	mm/dd/yyyy	Date the incident, injury, or illness occurred		Key required field. The data cannot be processed without a date of loss. The date of loss is required to determine coverage, places the claim in the correct program year, and necessary for all invoicing and external reporting. If any records are missing or have an invalid date of loss the loss data submission cannot be processed.
23	Date Claim Made	Date	mm/dd/yyyy	Date the claim was made		Key required field for MM. Not applicable for most PRISM coverages, but should be included if available. If it is a claim for a specific nose or tail coverage that is reported on a claims made basis this field is required and the file cannot be processed without it.
24	Date Reported	Date	mm/dd/yyyy	Date the incident was reported to the employer		The date the claim was reported to the member is an essential reporting element used to determine the amount of time between when a claim occurs, and when it is reported to the member.
25	Date Received	Date	mm/dd/yyyy	Date the claim was received by claims administrator		The date the claim was received by the claims administrator is an essential reporting element used to determine the amount of time between when a claim is reported to the member and when it is received by the claims administrator.
26	Date Entered	Date	mm/dd/yyyy	Date the claim was entered into the claims system		The entry date is another key field that is required. This field is key to verifying the contents of the file (e.g.: there are no records with entry dates after the evaluation date - which would b e in the future). This helps us track down processing errors or situations where not all fields are actually "as of" the evaluation date. The date the claim was entered into the claims system can also used to determine the amount of time between when a claim is received by the claims administrator and when it gets into the system.
27	Date Closed	Date	mm/dd/yyyy	For claims that have not closed leave blank, for closed claims include the most recent date closed as of the evaluation date		The closed date is another key field that is required (if the claims has closed). This field can help verify the claims status and the reserves. This helps us track down processing errors, situations where not all fields are actually "as of" the evaluation date, or the claims is actually closed with an incorrect status. The closed date is also needed to determine the amount of time between when a claim occurs and is closed and is a required data element for all external reporting requests.
28	Date Reopened	Date	mm/dd/yyyy	For claims that have not been re-opened leave blank, for reopened claims include the most recent date reopened as of the evaluation date		The reopened date is another key field that can help verify the claims status and the reserves. This helps us track down possible incorrect status codes or reserves. The reopened date can also be used to determine re-open ratios and is a required data element for many external reporting requests.
29	Status	Text	2	Claim status as of the evaluation date - OP = Open, CL = Closed, RO = Re-Opened, RC = Re-Closed		Key required field. The data cannot be processed without a status code. This field in used for almost all reporting requirements, is needed for market placement and all external reporting requirements.
30	Paid BI	Currency	$zzz,zzz,zz0.00	Amount paid for Bodily Injury		The more detailed the breakout of paid losses and case reserves available, the better the reporting opportunities and ways in which PRISM membership can use loss data to view claims activity., measure losses, and improve performance going forward. PRISM requests that each component of indemnity (BI, PI, PD) and expenses (ALAE, Legal, In-House Counsel and ULAE (TPA fees) be reported separately for the maximum benefit. To allow for this all loss amounts are broken out to the greatest extent possible. Losses should be reported at the greatest level of detail available in the member (or member TPAs) claims system. All other amounts should be included and reported as $0.00.
31	Paid PI	Currency	$zzz,zzz,zz0.00	Amount paid for Personal Injury		Same as above
32	Paid PD	Currency	$zzz,zzz,zz0.00	Amount Paid for Property Damage		Same as above
33	Paid Other Indemnity	Currency	$zzz,zzz,zz0.00	Amount paid for all other indemnity losses not included as BI, PI or PD		Same as above
34	Paid ALAE	Currency	$zzz,zzz,zz0.00	Amount paid for loss adjustment expense. Include all expenses excluding legal and ULAE	Do not include Unallocated Loss Expense (ULAE)	Same as above
35	Paid Legal Expense	Currency	$zzz,zzz,zz0.00	Amount paid for legal expenses (fees for defense attorney and depositions)	Excludes In-House Council if maintained separately from legal	Same as above
36	Paid In-House Counsel	Currency	$zzz,zzz,zz0.00	Amount paid for in-house counsel (if maintained separately from legal)		Same as above
37	Paid Total	Currency	$zzz,zzz,zz0.00	Total outstanding or remaining reserve on the claim. Sum of fields 30+31+32+33+34+35+36		The total amounts are redundant but important for us to verify that the Individual amounts are being reported properly, that all are included and that the losses are being reported on a gross basis (not net of recovery)
38	Reserve BI	Currency	$zzz,zzz,zz0.00	Outstanding or remaining reserve for Bodily Injury		Same as the paid elements, but it is important that all case reserves are set to $0.00 when the claims closed to insure correct loss reporting.
39	Reserve PI	Currency	$zzz,zzz,zz0.00	Outstanding or remaining reserve for Personal Injury		Same as above
40	Reserve PD	Currency	$zzz,zzz,zz0.00	Outstanding or remaining reserve for Property Damage		Same as above
41	Reserve Other Indemnity	Currency	$zzz,zzz,zz0.00	Outstanding or remaining reserve all other indemnity losses not included as BI, PI or PD		Same as above
42	Reserve ALAE	Currency	$zzz,zzz,zz0.00	Outstanding or remaining reserve for loss adjustment expense. Include all expenses excluding legal		Same as above
43	Reserve Legal Expense	Currency	$zzz,zzz,zz0.00	Outstanding or remaining reserve for legal expenses (fees for defense attorney and depositions)	Excludes In-House Council if maintained separately from legal	Same as above
44	Reserve In-House Counsel	Currency	$zzz,zzz,zz0.00	Outstanding or remaining reserve for in-house counsel (if maintained separately from legal)		Same as above
45	Reserve Total	Currency	$zzz,zzz,zz0.00	Total outstanding or remaining reserve on the claim. Sum of fields 38+39+40+41+42+43+44		Same as Paid Total
46	Incurred Total	Currency	$zzz,zzz,zz0.00	Total incurred loss and expenses for the claim. This amount excludes subrogation or excess recoveries and must equal to the sum of Paid Total (37) and Reserve Total (45)		Same as Paid and Reserve Total
47	Indemnity Recovery	Currency	$zzz,zzz,zz0.00	Amount recovered for indemnity; excluding excess reimbursements	Recoveries should be reported as negative amounts and should not be deducted from the paid, reserve or incurred amounts	The more detailed the breakout of recoveries available, the better the reporting opportunities and ways in which PRISM membership can use their loss data to view claims activity., measure losses, and improve performance going forward. PRISM requires that non excess recoveries are split into indemnity (BI, PI, PD) and expense (ALAE, Legal, In-House Counsel) recoveries for the maximum reporting benefit. IF non-excess recoveries are not split between indemnity and expense then they should be included in the indemnity column and $0.00 should be used for expense recoveries.

Col. No.	Name	Type	Length/For	Description	Comments	Reason Required
48	Expense Recovery	Currency	$zzz,zzz,zz0.00	Amount recovered for expense and/or other credits; excluding excess reimbursements	Recoveries should be reported as negative amounts and should not be deducted from the paid, reserve or incurred amounts	Same as above
49	Excess Recovery	Currency	$zzz,zzz,zz0.00	Total excess recoveries on the claim; including EIA and other carrier reimbursements	Recoveries should be reported as negative amounts and should not be deducted from the paid, reserve or incurred amounts	Excess recoveries are to be reported separately so that they can be excluded from most reporting needs (which are first dollar, full value).
50	Paid ULAE	Currency	$zzz,zzz,zz0.00	Unallocated Loss Expense (if applied on a per claim basis)	These are the TPA Fees. Do not include in the other Paid, Reserve, or Incurred Loss Amounts	Expenses paid for TPA claims (if allocated on a claim level basis should be included in this column so that they can be reported separately from ALAE expense allowing for apples-to-apples reporting of expense dollars (not including TPA fees for some but not all).
51	Paid in Period	Currency	$zzz,zzz,zz0.00	Total gross amount paid during the current reporting period (current month)		Monthly paid changes allow for verification that losses are being reported correctly each month and allow PRISM staff to quickly check the financials being reported.
52	Reserve Change in Period	Currency	$zzz,zzz,zz0.00	Change in the outstanding or remaining reserve on the claim during the current reporting period (current month)		Same as above

EIA Standardized Outcome

Outcome Code	Outcome Description
UNK	Unknown Outcome
AMP	Amputation
DEA	Death
DIS	Disfigurement
HPA	HPAA or Confidentiality Violation
MAJ	Major Injury or Complication
MIN	Minor Injury or Complication
NEU	Neuro or Brain Damage
PRO	Property Damage
SEN	Sensory Damage
PRM	Serious Permanent Injury
SUI	Suicide