

Loss Data Specification

Medical Malpractice I or II (MM1 or MMII)

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* = 12/31 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.
- 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 12/31 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/record_number	Text (10)		Claim suffix in the event this is a multiple occurrence
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	claim_type	Text (3)	MM	MM = Medical Malpractice
13	description	Text (255)		Free form text description of loss contained in the data record.
14	date_of_loss	Short Date	m/d/yyyy	Date the incident or loss occurred.
15	Claims_made_date	Short Date	m/d/yyyy	Date the claim was made. (Date claim was verified with the governing board or reported to the EIA or insurer for purposes of triggering coverage)
16	date_closed	Short Date	m/d/yyyy	Date the claim was closed (if not closed then leave blank).
17	status	Text (2)	OP, CL, RO, or RC	Status at the time of valuation; OP = Open, CL = Closed, RO = Re-opened, or RC = Re-closed.
18	paid_Indemnity	Currency	\$\$,##0.00	Amount paid for bodily, personal injury, and/or property damage
19	paid_expense_legal	Currency	\$\$,##0.00	Amount paid for legal fees.
20	paid_expense_alae	Currency	\$\$,##0.00	Amount paid for loss adjusting expenses.
21	paid_expense_other	Currency	\$\$,##0.00	Amount paid for other expenses; excluding legal or adjusting expenses.
22	paid_total	Currency	\$\$,##0.00	Total paid for the claim. Sum of fields (18+19+20+21)
23	reserved_Indemnity	Currency	\$\$,##0.00	Outstanding or remaining reserve for bodily, personal injury, and/or property damage
24	reserved_expense_legal	Currency	\$\$,##0.00	Outstanding or remaining reserve for legal fees

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#	Data Field Name	Data Type	Format	Definition
25	reserved_expense_alae	Currency	\$\$,###0.00	Outstanding or remaining reserve for adjusting expenses
26	reserved_expense_other	Currency	\$\$,###0.00	Outstanding or remaining reserves for other expenses; excluding legal or adjusting
27	reserved_total	Currency	\$\$,###0.00	Total outstanding or remaining reserves on the claim. Sum of fields (23+24+25+26)
28	incurred_Indemnity	Currency	\$\$,###0.00	Total incurred for for bodily, personal injury, and/or property damage. Sum of fields (18+23)
29	incurred_expense_legal	Currency	\$\$,###0.00	Total incurred for legal fees. Sum of fields (19+24)
30	incurred_expense_alae	Currency	\$\$,###0.00	Total incurred for adjusting expenses. Sum of fields (20+25)
31	incurred_expense_other	Currency	\$\$,###0.00	Total incurred for other expenses; exclude legal & ALAE. Sum of fields (21+26)
32	incurred_total	Currency	\$\$,###0.00	Total Incurred losses for the claim. Sum of fields (22+27)
33	subro_recovery_amount	Currency	-\$,###0.00	Amount recovered for subro and/or recovery; excluding excess reimbursements. Should be reflected as a negative
34	excess_recovery_amount	Currency	-\$,###0.00	Total excess recoveries; including EIA and other carrier reimbursements. Should be reflected as a negative

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 "AlamedaCounty_MMI_123115"
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 "Alameda County MMI Annual Loss Data Submission 12/31/2015. 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