



Loss Data Specification Version *PRISM Data and Analytics Database (DnA Database) Revision 3.5*

Workers Compensation

Date Published: 7/1/2018
Request Type: Full historical workers' compensation loss history (all years maintained in your claims management system)
Frequency: Monthly
Evaluated: The last day of the month being reported
Due: The third business day of the following month
Accepted File Formats: Microsoft Excel (2007 and above - .xlsx)
Pipe Delimited Text
***Secure File Submission:** <https://csaceia.sharefile.com/share/upload/r01c8209519241958>

Data and Submission Contacts: *PRISM Data and Analytics (D&A)*

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What to Include

All Claims: All workers' compensation claims including Future Medical, Indemnity, Medical Only, First Aid and Incident Only (Record or Notice only) records

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 payment and/or reserve by any recovery amounts)

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 specified in the "Name" column). However, we understand that the format of the column headers may vary depending on your system configurations. If necessary, you may remove/replace the spaces with an underscore(s) and/or use upper, lower, or mixed case for the column headers.

We also recognize that many claims management systems use standardized coding for the following requested fields: Location (No. 3), Department (No. 4), Gender (No. 9), Marital Status (No. 10), Occupation (No. 12), Claim Type (No. 16), Settlement Type (No. 26), Fatality (No. 30), Litigation (No. 31), Examiner (No. 32) and/or Status (No. 43). To help simplify the process, you may use your system's codes for these fields. However, if codes are used instead of descriptions, we will need to be provided with mapping to the character descriptions for each encoded value.

*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.

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Col. No.	Name	Type	Length/Format	Description	Comments
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	
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).
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. NOTE: As an alternative, if location is unavailable and the organization maintains more than one level of "department", "organization" or "unit", then optionally Location can contain the highest level and Department can contain the next level down.
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. NOTE: As an alternative, if location is unavailable and the organization maintains more than one level of "department", "organization" or "unit", then optionally Location can contain the highest level and Department can contain the next level down.
5	Claim Number	Text	40	Unique claim / claimant identifier	Must remain consistent between evals. If claim numbers have changed then a map of the new claim number to the old claim number must be provided.
6	Claimant First Name	Text	40	First name of the claimant	
7	Claimant Last Name	Text	80	Last name of the claimant	
8	Date of Birth	Date	mm/dd/yyyy	Claimant's date of birth	
9	Gender	Text	1	Claimant's gender - M=Male, F=Female, U=Unknown	If codes are provided then a map of gender codes and their descriptions must be provided
10	Marital Status	Text	1	Claimant's marital status - M=Married, S=Single, D=Divorced, W=Widowed, U=Unknown	If codes are provided then a map of marital status codes and their descriptions must be provided
11	Hire Date	Date	mm/dd/yyyy	Claimant's date of hire	
12	Occupation	Text	120	Claimant's occupation at the time of injury/illness	If codes are provided then a map of occupation codes and their descriptions must be provided
13	Class Code	Text	4	California WCIRB standard 4 digit classification code	
14	Safety	Text	1	Y = the claimant is eligible for full salary benefits under Labor Codes (LC) 4850 and 4856, N = not eligible	
15	Average Weekly Wage	Currency	\$zzz,zzz,zz0.00	Claimant's average weekly wages at the time of injury/illness	Code as \$0.00 if unknown
16	Claim Type	Text	2	IO = Incident (or Record or Notice) Only, FA = First Aid, MO = Medical Only, TD = Temporary Disability, PP = Permanent Partial Disability, PT = Permanent Total Disability (100%), PD = Permanent Disability, DC = Death Claim, IN = Indemnity, FM = Future Medical	If codes are provided then a map of claim type codes and their descriptions must be provided
17	Cause of Injury Code	Text	3	This is the DN37 code from Section N of the California EDI implementation guide (pages 90-92)	
18	Cause of Injury Description	Text	120	Cause of Injury Description	
19	Nature of Injury Code	Text	3	This is the DN35 code from Section N of the California EDI implementation guide (pages 85-86)	
20	Nature of Injury Description	Text	120	Nature of Injury Description	
21	Parts of Body Code	Text	3	This is the DN36 or DN83 code from Section N of the California EDI implementation guide (pages 87-89)	
22	Parts of Body Description	Text	120	Parts of Body Description	
23	PD Rating	Percent	zz0.0%	Percentage permanently disabled rating established by the TPA, State, or independent rater (0.0-100.0)	
24	PD Amount	Currency	\$zzz,zzz,zz0.00	Amount associated with the permanent disability rating above. \$0.00 if not permanently disabled	
25	Permanent Stationary Date	Date	mm/dd/yyyy	Date of permanent stationary determination. Blank if not permanent stationary	
26	Settlement Type	Text	2	CR = Compromise and Release, FA = Findings and Award, ST = Stipulated Award, OS = Other Settlement Type, NS = No Settlement, UT = Unknown Settlement Type	If codes are provided then a map of settlement type codes and their descriptions must be provided
27	Settlement Amount	Currency	\$zzz,zzz,zz0.00	Amount of settlement agreed by all parties and approved by a WCAB judge. \$0.00 if not a settled claim (Settlement Type = NS)	
28	Settlement Date	Date	mm/dd/yyyy	Date the settlement was approved. Blank if not a settled claim (Settlement Type = NS)	

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Col. No.	Name	Type	Length/Format	Description	Comments
29	Future Medical Award Date	Date	mm/dd/yyyy	Date of determination that the claim will remain open to monitor for future medical care. Blank if no future medical awarded	
30	Fatality	Text	1	Y = the injury or illness caused or allegedly caused the claimant's death, N = Not a fatal injury/illness	If codes are provided then a map of fatality codes and their descriptions must be provided
31	Litigation	Text	1	Y = the claimant is or was represented by an attorney, or the employer retained legal representation at some point in time, N = No litigation involved	If codes are provided then a map of litigation codes and their descriptions must be provided
32	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
33	Description	Text	255	Free form text description of the loss	
34	Date Accepted	Date	mm/dd/yyyy	Date the claim, or a portion of the claim, was accepted	
35	Date Delayed	Date	mm/dd/yyyy	Date the claim, or a portion of the claim, was delayed	
36	Date Denied	Date	mm/dd/yyyy	Date the claim, or a portion of the claim, was denied	
37	Date of Loss	Date	mm/dd/yyyy	Date the incident, injury, or illness occurred	
38	Date Reported	Date	mm/dd/yyyy	Date the incident was reported to the employer	
39	Date Received	Date	mm/dd/yyyy	Date the claim was received by claims administrator	
40	Date Entered	Date	mm/dd/yyyy	Date the claim was entered into the claims system	
41	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	
42	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	
43	Status	Text	2	Claim status as of the evaluation date - OP = Open, CL = Closed, RO = Re-Opened, RC = Re-Closed	If codes are provided then a map of status codes and their descriptions must be provided
44	Paid PD	Currency	\$zzz,zzz,zz0.00	Amount paid Permanent Disability; Excludes 4850	
45	Paid TD	Currency	\$zzz,zzz,zz0.00	Amount paid Temporary Disability; Excludes 4850	If 4850 TD (TTD) is provided as a separate column Exclude TD related 4850 values. Excludes 4850 differential between maximum TD and full salary
46	Paid TD 4850 (TTD)	Currency	\$zzz,zzz,zz0.00	Amount paid Temporary Total Disability for public safety officer loss per Labor Code Sec 4850, portion below 4850 differential salary continuation	4850 TD (TTD), the maximum TD amount below 4850 differential to full salary, excluding non 4850 related TD
47	Paid 4850 Differential	Currency	\$zzz,zzz,zz0.00	Differential Amount paid for public safety officer loss per Labor Code Sec 4850; salary continuation separate from indemnity benefits	Differential between maximum TD and full salary, separate from indemnity benefits. If value provided underlying TD (TTD) must be provided as well.
48	Paid Other Indemnity	Currency	\$zzz,zzz,zz0.00	Amount paid for all other indemnity such as death benefits or penalties; excludes 4850, TD, and PD	
49	Paid Medical	Currency	\$zzz,zzz,zz0.00	Amount paid for medical benefits.	
50	Paid Voc Rehab	Currency	\$zzz,zzz,zz0.00	Amount paid for vocational rehabilitation / vouchers	Includes Supplemental Job Displacement Benefits (SJDB)
51	Paid ALAE	Currency	\$zzz,zzz,zz0.00	Amount paid for other expenses, excluding legal expenses	
52	Paid Legal Expense	Currency	\$zzz,zzz,zz0.00	Amount paid for legal expenses (fees for defense attorney and depositions)	
53	Paid In House-Counsel	Currency	\$zzz,zzz,zz0.00	Amount paid for in-house counsel (if maintained separately from legal)	
54	Paid Total	Currency	\$zzz,zzz,zz0.00	Total gross amount paid on the claim. Sum of fields 44+45+46+47+48+49+50+51+52+53	
55	Reserve PD	Currency	\$zzz,zzz,zz0.00	Outstanding or remaining reserve for Permanent Disability; Excludes 4850	
56	Reserve TD	Currency	\$zzz,zzz,zz0.00	Outstanding or remaining reserve for Temporary Disability; Excludes 4850	If 4850 TD (TTD) is provided as a separate column Exclude TD related 4850 values. Excludes 4850 differential between maximum TD and full salary
57	Reserve TD 4850 (TTD)	Currency	\$zzz,zzz,zz0.00	Outstanding or remaining reserve for Temporary Total Disability for public safety officer loss per Labor Code Sec 4850, portion below 4850 differential salary continuation	4850 TD (TTD), the maximum TD amount below 4850 differential to full salary, excluding non 4850 related TD
58	Reserve 4850 Differential	Currency	\$zzz,zzz,zz0.00	Outstanding or remaining reserve for Differential Amount above TD capped amount for public safety officer loss per Labor Code Sec 4850; salary continuation separate from indemnity benefits	Differential between maximum TD and full salary, separate from indemnity benefits. If value provided underlying TD (TTD) must be provided as well.
59	Reserve Other Indemnity	Currency	\$zzz,zzz,zz0.00	Outstanding or remaining reserve all other indemnity such as death benefit; excludes 4850, TD, and PD	
60	Reserve Medical	Currency	\$zzz,zzz,zz0.00	Outstanding or remaining reserve for medical benefits	
61	Reserve Voc Rehab	Currency	\$zzz,zzz,zz0.00	Outstanding or remaining reserve for vocational rehabilitation / vouchers	Includes Supplemental Job Displacement Benefits (SJDB)
62	Reserve ALAE	Currency	\$zzz,zzz,zz0.00	Outstanding or remaining reserve for other expenses, excluding legal expenses	
63	Reserve Legal Expense	Currency	\$zzz,zzz,zz0.00	Outstanding or remaining reserve for legal expenses (fees for defense attorney and depositions)	

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64	Reserve In-House Counsel	Currency	\$zzz,zzz,zz0.00	Outstanding or remaining reserve for in-house counsel (if maintained separately from legal)	
65	Reserve Total	Currency	\$zzz,zzz,zz0.00	Total gross amount reserved on the claim. Sum of fields 55+56+57+58+59+60+61+62+63+64	
66	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 (54) and Reserve Total (65)	
67	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
68	Medical Recovery	Currency	\$zzz,zzz,zz0.00	Amount recovered for medical 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
69	Expense Recovery	Currency	\$zzz,zzz,zz0.00	Amount recovered for expenses; excluding excess reimbursements	Recoveries should be reported as negative amounts and should not be deducted from the paid, reserve or incurred amounts
70	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
71	Days Worked MD	Number	zzz,zz0	Number of days that the employee has worked under modified duty.	Code 0 if no modified duty
72	Days Paid TD	Number	zzz,zz0	Number of days that the employee has been paid Temporary Disability Benefits..	Code 0 if no Temporary Disability paid
73	Days Paid 4850	Number	zzz,zz0	Number of days that the employee has been paid LC 4850 or LC 4856 Benefits.	Code 0 if no 4850 paid
74	Days Lost OSHA	Number	zzz,zz0	Number of days the employee is away from work	Code 0 if no days lost
75	Paid in Period	Currency	\$zzz,zzz,zz0.00	Total gross amount paid during the current reporting period (current month)	
76	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)	