

Instructions for Completion of the Claim Data Template Year Ending December 31, 2017

1. **The claim data template.** The link to a downloadable Excel spreadsheet is located on the Workers' Compensation Self-Insurance Unit's page of the WVOIC's website (www.wvinsurance.gov) in the Annual Claim Data Submission box. Please review the data template carefully and complete all fields. Data must be submitted in this format and should include the following information as of December 31, 2017:
 - a. **Total Paid and Total Reserve data as of 12/31/2017 for all years in which an employer has been/is self-insured.** Total Paid by Calendar Accident Year should not be reduced by excess insurance reimbursements. Total Reserves should not be capped for excess insurance limits. If no expense data is included, to estimate expense liabilities the WVOIC will use the total NCCI selected West Virginia Loss Adjustment Expense factor, which is currently 21.8%.
 - b. **Calendar Year 2017 Payroll categorized by NCCI Class Code.** The total of this payroll should match the total four quarters of payroll reported to the WVOIC on the quarterly Administrative/Regulatory Surcharge and Debt Reduction Assessment reports.
 - c. **A loss run as of 12/31/2017 containing all open/active claims in the data template format.** Data fields include a minimum of the following: WVOIC Jurisdictional Claim Number (as generated or assigned by the WVOIC, not a Claim Number assigned by a TPA. See NOTE below), Date of Injury/Date of Last Exposure, Claim Type, Total Indemnity Paid, Total Medical Paid, Total Expense Paid, Total Indemnity Reserve, Total Medical Reserve, and Total Expense Reserve. Paid amounts should not be reduced by excess insurance reimbursements. Reserves should not be capped at excess insurance limits. Excess insurance reimbursements can be included as an extra column on the loss run and should only include totals above the self-insured retention [SIR] level.

NOTE: The WVOIC JCN is required on the loss run to avoid requesting additional information from the self-insured employer or their TPA. The JCN is the claim number that is reported for EDI purposes. The JCN may be located "behind the scenes" in your system (FROI/SROI reporting for EDI: the JCN is DN# 0005). The TPA Claim Number may be included as an additional data column at the end of the loss run, but it should not be a substitute for the WVOIC JCN column. Data templates which do not include the exact information specified will be returned for revision and resubmission.
 - d. **A listing of claims that were closed during calendar year 2017.** In addition to the listing, for any Permanent Total Disability (PTD) claim closed during 2017, provide a copy of the written notice sent to the claimant's widow/widower/dependent, explaining his/her right to file for the 104-week and/or additional death benefits. If written notice was not sent, an explanation addressing the lack of notice must be provided including applicable documentation (i.e., copy of most recent "Alive and Well" questionnaire).
 - e. **A copy of your current excess workers' compensation insurance policy.** If you want credit for excess workers' compensation coverage reflected in your liability calculation, you must submit a copy of the policy to the Self-Insurance Unit.

Instructions for Completion of the Claim Data Template

Year Ending December 31, 2017

Page 2

- f. Questions related to the completion of the data template should be emailed to OICSIDataTempQ@wv.gov with a copy to your analyst (see email addresses in WVOIC Contact Information section at the bottom of these instructions).
 - g. The completed data template should be submitted electronically, **as an Excel document**, via the FTP site. The FTP site is accessed by clicking on the OIC Secure File Upload link located in the Annual Claim Data Submission box on the Workers' Compensation Self-Insurance page of the WVOIC's website, www.wvinsurance.gov.
 - h. **Data not submitted in the standard format will be returned to the employer or third- party administrator for correction.** The only exception is that columns may be added to the right of the required data fields if you wish to include additional individual claim data or explanations.
2. **Signed actuarial report if available.** Employers, who obtain a signed actuarial report from a qualified actuary, are still required to submit the report to the Self-Insurance Unit. Should the employer want to use the report in lieu of the WVOIC calculation, the report must clearly separate the employer's West Virginia self-insured workers' compensation liabilities from workers' compensation liabilities for other jurisdictions as well as from any other related liabilities. The report will then be reviewed for reasonableness by comparing results obtained using the WVOIC self-insured liability calculation. Verification of retained limits of liability will be necessary if they are used in the actuarial report.

WVOIC Contact Information

Becky Adams	Rebecca.A.Adams@wv.gov
Norma Cross	Norma.J.Cross@wv.gov
Carol Shelhammer	Carol.L.Shelhammer@wv.gov
Data Template Questions	OICSIDataTempQ@wv.gov