



ELECTRONIC LOSS DATA REPORTING OPTION

To: Self-Insured Member

From: Florida Self-Insurers Guaranty Association, Inc.

Subject: Form SI-17 (Self-Insurer Unit Statistical Report)
Electronic Loss Data Reporting Option

Date: March 5, 2009

The Division of Workers' Compensation is now offering self-insurers the option of submitting their loss data electronically. Accordingly, the formatting specifications for electronic submission of Form SI-17 (Self-Insurer Unit Statistical Report) are attached for your review and programming.

Future requests for Form(s) SI-17 (Self-Insurer Unit Statistical Report) will include forms for both electronic or paper filing of required loss data. Upon receipt of such request,

1) If you would like to participate in the testing phase for electronic filing of Form SI-17, please provide loss data for all requested periods in a single file and transmit the file on a CD accompanied by an executed copy of the transmittal memorandum. During this testing phase, the Division of Workers' Compensation has requested that completed paper Forms SI-17 also be submitted.

2) If you would prefer not to participate in the testing phase for electronic filing of Form SI-17, the paper forms accompanying the request should be completed and submitted in the usual manner.

Please contact Debra Compton as shown below or by email at debracompton@fsiga.org, if you have any questions.

DJC/

Enclosure



Brian D. Gee, Executive Director

Self-Insurance Loss Data File Formatting Specifications for the Electronic Submission of Form SI-17 (Self-Insurer Unit Statistical Report)

This form is to be utilized for reporting loss data for experience modification purposes. The file must be in a fixed field length and text file format and should be submitted on a CD to the Florida Self-Insurers Guaranty Association, Inc. (“FSIGA”) as shown below, along with contact information for the person making the submission (see request memorandum).

An **Excess Claim** is a single claim for which the paid amount plus the reserves (incurred loss) is greater than \$5,000, as of the Evaluation Date (see request memorandum). These claims must be reported on an individual basis and cannot be grouped.

A **Non-Excess Claim** is a single claim for which the paid amount plus the reserves (incurred loss) is less than or equal to \$5,000, as of the Evaluation Date (see request memorandum). These claims can be grouped together, by injury code, class code and claim status.

File Format

<u>Field Name</u>	<u>Size</u>	<u>Columns</u>	<u>Data Filled</u>
Filler	3 Characters	01 – 03	Required
Self-Insurance Carrier Code Number	5 Characters	04 – 08	Required
Accident Date or Beginning Date	8 Characters	09 – 16	Required
Ending Date	8 Characters	17 – 24	Required
Class Code	4 Characters	25 – 28	Required
Report Number	1 Character	29	Required
Claim Status	1 Character	30	Required
Injury Code	2 Characters	31 – 32	Required
Claim Number/Number of Claims	9 Characters	33 – 41	Required
Medical Incurred Amount	9 Characters	42 – 50	Required
Indemnity Incurred Amount	9 Characters	51 – 59	Required
Catastrophic Indicator	1 Character	60	Optional
Company Federal FEIN	9 Characters	61 – 69	Required

(All columns in all required fields must contain either the requested data as specified below or a zero to fill the space, only the optional column 60 may be blank)

1427 East Piedmont Drive, 2nd Floor – Tallahassee, FL 32308
 Telephone (850) 222-1882 – Fax (850) 222-2926 – E-Mail: fsiga@fsiga.org

Field Descriptions

Field Name

Descriptions/Values

Filler	This field will always have the value of '999'.
Self-Insurance Carrier Code Number	This is the self-insurer's assigned four (4) digit carrier code number preceded by a "0" (zero)
Accident Date or Beginning Date	The format is CCYYMMDD. <ul style="list-style-type: none">• For an Excess Claim, this field must contain the Date of Accident for the claim.• For a Non-Excess Claim, this field is the beginning date of the specified reporting period (see request memorandum) that includes the Dates of Accident in the group.
Ending Date	The format is CCYYMMDD or all zeroes. <ul style="list-style-type: none">• For an Excess Claim, this field should contain all zeroes.• For a Non-Excess Claim, this field is the ending date of the specified reporting period (see request memorandum) that includes the Dates of Accident in this group.
Class Code	This is the payroll job class code associated with a claim or group of claims. Only those class codes reported on Form SI-5 (Self-Insurer Payroll Report) for the corresponding period can be utilized.
Report Number	This field indicates how many times a given period has been eligible to be used in the calculation of the self-insurer's experience modification. Please assign the specified numeric value to each eligible period (see request memorandum). If no claims were incurred for an eligible period, please so indicate in the specified box (see request memorandum).
Claim Status	This is "0" (zero) for an open case or "1" for a closed case.

Field Descriptions – Continued

Field Name

Descriptions/Values

Injury Code

This is the numeric value for the type of injury received as specified below.

- Death is “1”, for which the indemnity amount should include all paid and outstanding benefits including compensation paid to the deceased prior to death as well as burial expenses.
- Permanent Total Disability is “2”, which is all claims that are adjudicated as, are defined by law as, or are expected to result in permanent total disability.
- Wage Loss without Impairment Benefit is “3”, which is all claims where wage loss benefits, but not impairment benefits, are paid or payable and for which the indemnity amount should include compensation for temporary disability.
- Wage Loss with Impairment Benefit is “4”, which is all claims where both wage loss and impairment benefits are paid or payable and for which the indemnity amount should include compensation for temporary and temporary total disability.
- Temporary Total or Temporary Partial Benefits is “5”, which is all claims where indemnity benefits are paid or expected to be paid, but which are not properly included in Injury Codes “1”, “2”, “3”, “4”, or “9”.
- Medical Only Claims are “6”, which is all claims for which only medical benefits have been paid.
- Contract Medical is “7”, which is medical costs that cannot be allocated to a specific claim.
- Impairment Benefit without Wage Loss is “9”, which is all claims where impairment benefits, but not wage loss benefits, are paid or payable.

Claim Number/Number of Claims

This is a numeric field, right justified with leading zeros as necessary.

- For an Excess Claim, this field is your assigned claim number.
- For Non-Excess Claims, this field should contain the total number of claims in the group.

Field Descriptions – Continued

<u>Field Name</u>	<u>Descriptions/Values</u>
Medical Incurred Amount	<p>This is a numeric field, right justified with leading zeros as necessary, which should contain only a whole dollar amount and no decimals.</p> <ul style="list-style-type: none">• For an Excess Claim, this field should contain the medical amount incurred for the claim as of the evaluation date.• For a Non-Excess Claim, this field should contain the total medical amount incurred for all of the claims in the group.
Indemnity Incurred Amount	<p>This is a numeric field, right justified with leading zeros as necessary, which should contain only a whole dollar amount and no decimals. If no amount has been incurred as of the evaluation date, this field should contain all zeroes.</p> <ul style="list-style-type: none">• For an Excess Claim, this field should contain the indemnity amount incurred for this claim as of the evaluation date.• For a Non-Excess Claim, this field should contain the total indemnity amount incurred for all the claims in the group.
Catastrophic Indicator	<p>If this is a catastrophic loss, which is any accident resulting in two or more claims, this field should contain a ‘C’, if not then just a space.</p>
Company Federal FEIN	<p>The self-insurer’s federal employer identification number.</p>

If the form is not completed in accordance with the instructions, it will be returned for correction unprocessed.

The next page contains a cross-walk from the paper Form SI-17 to the new electronic file. A blank paper Form SI-17 can be found on our website at www.fsiga.org under Forms and Documents.

Cross-Walk

Paper Form SI-17

Electronic Form SI-17 Field

Report No.

Report Number

FEIN Number

Company Federal FEIN

Carrier Number

Self-Insurance Carrier Code Number

Beginning Date

Accident Date or Beginning Date
(Non-Excess Claims only)

Ending Date

Ending Date

Claim Number or
Number of Claims

Claim Number/Number of Claims

Status

Claim Status

Injury Code

Injury Code

Payroll Class Code

Class Code

Date of Accident

Accident Date or Beginning Date
(Excess Claims only)

Incurred Loss - Medical

Medical Incurred Amount

Incurred Loss - Indemnity

Indemnity Incurred Amount

Catastrophic Indicator – New Field

TOTALS

No longer needed

Total Allocated Loss
Adjustment Expense Incurred

No longer needed