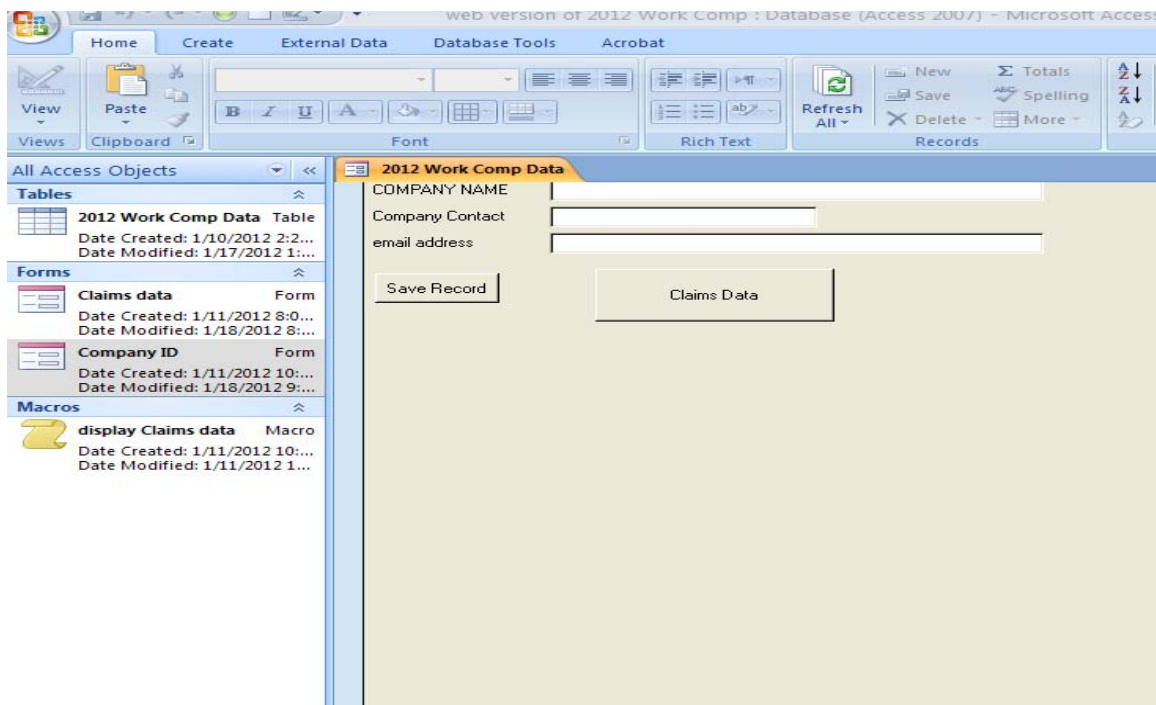


Data Filing Instructions: 2012 Workers Compensation Data Call

1. Navigate to the following web page:
http://insurance.illinois.gov/regulatory_filings/regulatory_filings.asp
2. Under the Heading: Workers Compensation Data Call double click on the “web version of 2012 Work Comp.accde” file.
3. Save the file to your desktop or local drive.
4. Double click the “web version of 2012 Work Comp.accde” application to begin reporting process.

The Company ID form should display when the application is opened. All information on the Company ID form must be provided prior to completing the claims data form. Selection of “Save Record” before proceeding will eliminate the need to input your company FEIN on the other form.

Company ID



The screenshot displays the Microsoft Access 2007 interface for the '2012 Work Comp Data' database. The ribbon at the top includes 'Home', 'Create', 'External Data', 'Database Tools', and 'Acrobat'. The 'All Access Objects' pane on the left shows a list of tables, forms, and macros. The 'Forms' section is expanded, showing 'Claims data' and 'Company ID'. The 'Company ID' form is currently open, displaying a form with the following fields and buttons:

- COMPANY NAME (text field)
- Company Contact (text field)
- email address (text field)
- Save Record (button)
- Claims Data (button)

Claims Data Form:

FEIN	
A formal request for payment related to an event or situation that is covered under an in-force insurance policy received by the insurer during the survey period.	
The number of claims that are opened during the survey period in which recovery was limited to medical expenses only.	
The number of claims that are opened during the survey period in which resolution was delayed due to a dispute regarding policy language or litigation was involved.	
The number of claims that are opened during the survey period in which the insurer has received notice that the insured has retained legal counsel.	
The number of claims that are opened during the survey period in which the insured incurred time off of less than 3 working days.	
The number of claims that are opened during the survey period in which the insured incurred time off of between 3 and 14 working days.	
The number of claims that are opened during the survey period in which the insured incurred time off of greater than 14 working days.	
The total number of man-hours allocated to adjust workers compensation claims received by the company during the survey period.	
The number of temporary total disability claims that are opened during the survey period in which temporary total disability benefits were not paid within 14 days from the first full day off, regardless of reason.	
The total number of medical bills paid during the survey period where the time between the date of service and the date paid was greater than 60 days.	
The average number of days for all claim payments identified above.	

The following steps will produce a Microsoft excel file containing the company data. By submitting data in an excel format companies are no longer required to submit data through the State's secured web portal. These instructions were written based on the use of Access 2007 and Excel 97-2007.

- Once the Company ID form is completed, the user may select the Claims Data tab. From this location the user will provide all data required for this data call.
- See below for a complete description for each of the requested data elements.
- Once all data elements are completed, the user must select the "Close Form" tab to return to the Company ID form.
- To return to the company record after closing the application simply select Company ID under the Forms Tab.
- Select "Tables" on left side if not already selected.
- Right click on "2012 Work Comp Data" file and select Export / Excel.
- Save in: local location, I suggest the desktop.
- File name: **PLEASE NOTE** - For data file consistency the DOI requests that all file names reflect the company FEIN or NAIC # of one of the companies included in the data file. If you submit data for multiple companies in the same file simply pick one of the companies. Do not include spaces in file name. For example, the properly formatted data file would resemble: 123456789.xlsx.
- Save as type: Microsoft Excel file: (*.xls) or (*.xlsx)
- Select Export / OK
- The completed (*.xls)/(*.xlsx) file must be submitted to the Department by email at: DOI.CostContainment@Illinois.gov. Please include "2012 WC data call" in the subject line of your email.

Please be advised that all companies licensed to write insurance in the State of Illinois, pursuant to Section 4, Class 2(d) are subject to this data call

The survey period for this data call is 1/1/2011 through 12/31/2011. A number of the items within the data call request data based on “claims opened during the survey period” and others request a response base on “all claims” open during the survey period. Each data point should be addressed as indicated in the table below.

Please note the following chart The Department will expect receipt of all data no later than **April 1, 2012.**

Field #	Data Field	Data Definition	Data Based On:
1	Company NAIC #	Character value 5 digits '00000'	
2	Company FEIN #	Character value 10 digits '00-0000000'	
3	Company Name	Character value any length	
4	Company Contact	Character value any length	
5	Company Contact email	Character value any length	
6	# of claims opened	A formal request for payment related to an event or situation that is covered under an in-force insurance policy received by the insurer during the survey period.	Claims opened
7	# of reported medical only claims	The number of claims that are opened during the survey period in which recovery was limited to medical expenses only.	Claims opened
8	# of contested claims	The number of claims that are opened during the survey period in which resolution was delayed due to a dispute regarding policy language or litigation was involved.	Claims opened
9	# of claims for which the employee has attorney representation.	The number of claims that are opened during the survey period in which the insurer has received notice that the employee has retained legal counsel.	Claims opened
10a	# of claims with lost time and	a) The number of claims that are opened during the survey period in which the insured incurred time off of less than 3 working days.	Claims opened
10b	# of claims for which temporary total disability was paid.	b) The number of claims that are opened during the survey period in which the insured incurred time off of between 3 and 14 working days.	
10c		c) The number of claims that are opened during the survey period in which the insured incurred	

		time off of greater than 14 working days.	
11	# of claim adjusters employed to adjust workers' compensation claims.	The total number of man-hours allocated to adjust workers compensation claims received by the company during the survey period.	All claims
12	# of claims for which temporary total disability was not paid within 14 days from the first full day off, regardless of reason.	The number of temporary total disability claims that are opened during the survey period in which temporary total disability benefits were not paid within 14 days from the first full day off, regardless of reason.	
13a	# of medical bills paid 60 days or later from date of service	a) The total number of medical bills paid during the survey period where the time between the date of service and the date paid was greater than 60 days.	All claims
13b	and the average days paid on those paid after 60 days for the previous calendar year.	and b) The average number of days for all claim payments identified above.	
14a	# of claims in which in-house defense counsel participated,	a) The total number of claims in which internal defense counsel expenses were paid on, applied to, or associated with during the survey period.	All claims
14b	and total amount spent on in-house legal services.	and b) The total amount of all internal defense costs associated with the above claims.	
15a	# of claims in which outside defense counsel participated,	a) The total number of claims in which external defense counsel expenses were paid on, applied to, or associated with during the survey period.	All claims
15b	and total amount paid to outside defense counsel.	and b) The total amount of all defense costs associated with the above claims.	
16a		a) The total amount billed to employers for all medical bill review services provided by the insurer during the survey period.	All claims
16b	Total amount billed to employers for bill review.	b) The total allocated expenses for bill review paid on behalf of employers for all medical bill review services during the survey period.	
17	Total amount billed to employers for fee schedule savings.	The amount directly or indirectly billed to an employer for accessing discounts off of the Workers Compensation fee schedule.	All claims
18	Total amount charged to employers for any and all managed care fees.	The total amount directly or indirectly billed to an employer for managed care fees including but not limited to network access charges, fees paid for realized Workers Compensation fee schedule savings, and charges associated with management	All claims

		of decisions involving the evaluation of proposed or provided health care services to determine the appropriateness of both the level of health care services medically necessity and the quality of health care services provided to a patient, including evaluation of their efficiency, efficacy, and appropriateness of treatment, hospitalization, or office visits based on medically accepted standards.	
19a	# of claims involving in-house medical nurse case management,	a) The total number of claims in which internal medical nurse management expenses were applied to or associated with during the survey period, regardless of when the claim was opened.	All claims
19b	and the total amount spent on in-house medical nurse case management.	and b) The total amount of all internal nurse management expenses associated with the above claims.	
20a	# of claims involving outside medical nurse case management,	a) The total number of claims in which external medical nurse management expenses were applied to or associated with during the survey period, regardless of when the claim was opened.	All claims
20b	and the total amount paid for outside medical nurse case management.	and b) The total amount of all outside nurse management expenses associated with the above claims.	
21	Total amount paid for Independent Medical exams.	The total amount paid for all independent medical exams by the insurer during the survey period.	All claims
22	Total amount spent on in-house Utilization Review for the previous calendar year.	The total amount of all internal Utilization Review expenses incurred by the insurer during the survey period.	All claims
23	Total amount paid for outside Utilization Review for the previous calendar year.	The total amount of all external Utilization Review expenses incurred by the insurer during the survey period.	All claims

Saving data:

Data is automatically saved when the application is closed.

Completion:

This data call may be submitted via regular mail or by e-mail. The Department strongly encourages the electronic submission of data by emailing your completed (*.xlxs or *.xls) file to: DOI.CostContainment@Illinois.gov. Company data may also be submitted by sending a CD to:

Illinois Department Insurance
Market Analysis Unit

320 West Washington Street, 5th Floor
Springfield, IL 62786
Attn: Robert P. Rapp, FLMI

If you have any questions, please contact Robert Rapp at 217-785-1680.