How to Submit a Loss Detection Report

1 Log into the portal, click "Claims".								
WCRA Portal		Calculators PowerUser \sim						
Home Claims > Policy Data Reporting > Reports >	User Management 🗸							
Hello, PowerUser!								
Welcome to the WCRA Portal. Your trusted site for claim management and WC	RA data reporting.							
This portal allows you to submit and manage claims, r	un reports, and complete required data requests.							
\mathfrak{G}	©	0						
Training	User Management	Contact Us						
Resources are available to help guide you through using the portal.	You can request new user access or changes for existing users.	If you need assistance, please contact us.						
View Training Materials	View User Management	Contact Us						
2 Then select "Loss Deter	ction"							
WCRA Portal		Calculators PowerUser ∨						
Home Claims A Policy Data Reporting V Reports V	User Management $ \! \! \! \! \! \! \! \! \! \! \! \! \! \! \! \! \! \! $							
Claim Reporting Hello Loss Detection Welcome t Send Secure Message tal. Your trust Resources This portal University for a consumit and manage claims, r	RA data reporting. un reports, and complete reauired data reauests.							

ଚ	0	2
Training	User Management	Contact Us
Resources are available to help guide you through using the portal.	You can request new user access or changes for existing users.	If you need assistance, please contact us.
View Training Materials	View User Management	Contact Us

Use the filters to find a specific member in the list. Click "Start Report" to begin 3 reporting.

WCRA Port	al								Cale	culators PowerUser ∨
Home Claims ~	Policy Data Reporting	✓ Reports ✓	User Man	agement ∨						
oss Doto	ction Don	orting								
-055 Dele	cuon Rep	orung							- 1	
he table below shows open ar eport to begin the data subm Aember	nd submitted loss runs (clain ission process, or click Resur	n listings) for the Member(ne to finish where you left	s) listed. For off.	the records below that	t are not in the	Submitted	status, please prov	ide a loss run (claim list	ing) for the correspond	ling Member. Click Start
All			~	All					~	
tatus		Requested From Date		Requested To Dat	e					
All (5)	~	mm/dd/yyyy		mm/dd/yyyy			Filter Reso	t		
Member ≑		TPA	¢		Requested Date ≑	Due Date ‡	Status ‡	Assigned To 🗘	Submitted Date / Time 🗢	
ncorpora	ted						Past Due	Tom Reassign		Start Report
nsurance Company							Past Due	Tom Reassign		Start Report
							Past Due	Reassign		Start Report

From the right side panel, you can download the template you are required to use to upload your data. Click "Download Template"

Loss Detection > Syncora Guarantee Incorporated

Loss Detection Reporting Instructions

What is Loss Detection Reporting?

4

Pursuant to the WCRA Reinsurance Agreement with members, the Association requests a loss run (claims listing) from the member (or authorized third-party administrator) of all Minnesota workers' compensation claims meeting certain thresholds. The WCRA's primary focus in requesting these claims listings is to identify claims that have not yet been reported to the WCRA but meet specific criteria, making them automatically reportable (a Reportable File). The WCRA defines these claims as a Reportable File when the total incurred costs (paid + reserves) equals or exceeds 50 percent of the retention limit that was in effect on the date of injury. If any Reportable Files are identified during the Loss Detection (claim listing) audit, the WCRA will send a notification to the member (or authorized TPA) requesting those claims be reported promptly so the WCRA claims staff can review and determine if the claim presents reinsurance exposure.

Which claims should be included in the claims listing report?

- All Minnesota claims with injury dates of October 1, 1979 and later, and
- Incurred totals (paid + reserves) of \$100,000 or more.

All open claims meeting the above criteria must be reported; closed claims are optional.

What claim information is required?

Each Member is required to report information about the requested claims, including:

- Member Name / WCRA Policy Holder
- Employer Name
- Member Claim #
- Accident Date
- Claim Status Claimant Last Name
- Claimant First Name

* Indemnity and Medical Payments should be net of recoveries.

- Claimant Date of Birth Paid Indemnity *
 Paid Medical *
- Remaining Indemnity Reserves
- Remaining Medical Reserves
- Incurred Total
 Valuation Date

Need Help?

For more information and specifications regarding the loss detection process, see the following information.

Data Request Definitions

Definitions and descriptions for each component of the data request.

Download Template It is important for the data inputs to remain in the same column sequence and for the formatting to remain consistent with the template file. Populate your data into the appropriate columns. For each Member, submit only one spreadsheet.

Still have questions? For questions about Loss Detection Reporting, contact WCRA.

5

After you have populated the template with your data, click "Get Started" to upload your data.

Loss Detection > prporated

Loss Detection Reporting Instructions

What is Loss Detection Reporting?

Pursuant to the WCRA Reinsurance Agreement with members, the Association requests a loss run (claims listing) from the member (or authorized third-party administrator) of all Minnesota workers' compensation claims meeting certain thresholds. The WCRA's primary focus in requesting these claims listings is to identify claims that have not yet been reported to the WCRA but meet specific criteria, making them automatically reportable (a Reportable File). The WCRA defines these claims as a Reportable File when the total incurred costs (paid + reserves) equals or exceeds 50 percent of the retention limit that was in effect on the date of injury. If any Reportable Files are identified during the Loss Detection (claim listing) audit, the WCRA will send a notification to the member (or authorized TPA) requesting those claims be reported prompty so the WCRA claim staff can review and determine if the claim presents reinsurance exposure.

Which claims should be included in the claims listing report?

* Indemnity and Medical Payments should be net of recoveries.

- All Minnesota claims with injury dates of October 1, 1979 and later, and
 Incurred totals (paid + reserves) of \$100,000 or more.
- · All open claims meeting the above criteria must be reported; closed claims are optional.

What claim information is required?

 Employer Name Member Claim # Accident DateClaim Status

 Claimant Last Name Claimant First Name

Get Started

Member Name / WCRA Policy Holder

- Each Member is required to report information about the requested claims, including:
- Claimant Date of Birth
- Paid Indemnity *
 Paid Medical *
- Remaining Indemnity Reserves
 Remaining Medical Reserves
- Incurred Total
- Valuation Date

Need Help? For more information and specifications regarding

the loss detection process, see the following information.

Data Request Definitions Definitions and descriptions for each component of the data request.

Download Template

It is important for the data inputs to remain in the same column sequence and for the formatting to remain consistent with the template file. Populate your data into the appropriate columns. For each Member, submit only one spreadsheet.

Still have questions?

For questions about Loss Detection Reporting, contact WCRA.

6 Click "Yes"	
WCRA Portal	Calculators PowerUser ~
Home Claims V Policy Data Reporting V Reports V User Management V	
Loss Detection Reporting > Syncora Guarantee Incorporated Report Claims Report Claims Please answer the following questions for Syncora Guarantee Incorporated.	
Do you have any claims that meet the WCRA reporting requirements for this Member?	
← Back to Previous Step	Save and Continue

7 Click "Select file"			
Report Claims			
	Report Claims	Review	
Please answer the following questions for Syncora Guarantee Incorporated.			
Do you have any claims that meet the WCRA reporting requirements for the WCRA reporting requirements for the MCRA reporting requirements f	is Member? ③		
If you haven't already, download the Excel template and insert the require	d claims data.		
Next, upload the Excel file with your complete data.			
← Back to Previous Step Save and Exit			Save and Continue

8 Click "Save and Continue". Your data will be validated to ensure it is on the correct format.

Report Claims			•
	Report Claims	Review	
Please answer the following questions for rporated.			
Do you have any claims that meet the WCRA reporting requirements for	this Member?		
Yes No			? Help
If you haven't already, download the Excel template and insert the requi	red claims data.		
Next, upload the Excel file with your complete data.			
Loss Detect).xlsx ×			
← Back to Previous Step Save and Exit			we and Continue

9 If the uploaded data template has more than 10 errors, you will need to upload a new data file. Click "Back to Previous Step" to return to the upload screen where you will need to upload a corrected file.

Loss Detection Reporting > Syncore	Guarantee Incorporated				
Report Clair	ns				
		Report Claims	Review]	
Resolve Errors to	o Continue				
Please review the following issues w	ith your data file.				
Your file was Please review the errors below, # of Error Occurrences	s not able to be proces and correct your excel file. Once you have Error Message	Sed.	ad again.		
4 errors	Accident Date must be a valid date	on or after 10/1/1979			
7 errors	The Incurred Total should be equal	to the sum of the Indemnity Paid, Medica	Paid, Indemnity Reserves, and Medica	al Reserves fields	
← Back to Previous Step					Need Help? If you are having issues resolving errors, send a support request to WCRA Submit Support Request

10	10 Click here to remove the previously uploaded file.									
Loss Detection Reporting > Syncora Guarantee Incorporated										
Rep	Report Claims									
		Report Claims	Review							
Please answe	r the following questions for Syncora Guarantee Incorporated.									
Do you h	ave any claims that meet the WCRA reporting requirements for this Me	mber?								
Ye	s No									
If you ha	ven't already, download the Excel template and insert the required clain	ns data.								
<u>+</u>	Download Excel Template									
Next, up	oad the Excel file with your complete data.									
E Lo	sss Detection Report - 3549 - M10.xls									
← Back to F	revious Step Save and Exit				Save and Continue					

11	Click "Select file" to use the corrected file.
----	------------------------------------------------

Loss Detection Reporting > Syncora Guarantee Incorporated	
Report Claims	
Report Claims Review	
Please answer the following questions for Syncora Guarantee Incorporated.	
Do you have any claims that meet the WCRA reporting requirements for this Member?	
Yes No	
If you haven't already, download the Excel template and insert the required claims data.	
خ. Download Excel Template	
Next, upload the Excel file with your complete data.	
2. Select file	
← Back to Previous Step Save and Exit	Save and Continue

12 Click "Save and Continue" to validate the corrected file.

Loss Detection Reporting > Syncora Guarantee Incorporated		
Report Claims		
	Report Claims	Review
Please answer the following questions for porated.		
Do you have any claims that meet the WCRA reporting requirements for th Yes No	is Member? ③	
If you haven't already, download the Excel template and insert the required 소 Download Excel Template	d claims data.	
Next, upload the Excel file with your complete data.		
Back to Previous Step Save and Exit		

If the uploaded data has less than 10 errors, Use "Edit Data" to make the 13 corrections.

LUSS D	election	Reporting > Syncola Gi	anantee incorpor	ateu							
Re	epo	ort Claim	IS								
					Report Claims	5	Review]			
Re	Resolve Errors to Continue										
Please	review	the following issues with	your data file.								
L	${\Bbb A}$ Correct any errors directly from the table below by clicking the 'Edit Data' link, or go back to the previous step and upload a corrected file.										
	Row	Column	Value	Error							
	2	D - Accident Date	1978-01-01	Accident Date must be	e a valid date on or after 10/2	1/1979				Edit Data	

3	D - Accident Date	1979-01-01	Accident Date must be a valid date on or after 10/1/1979	Edit Data
4	M - Incurred Total	5000	The Incurred Total should be equal to the sum of the Indemnity Paid, Medical Paid, Indemnity Reserves, and Medical Reserves fields	Edit Data
5	M - Incurred Total	3000	The Incurred Total should be equal to the sum of the Indemnity Paid, Medical Paid, Indemnity Reserves, and Medical Reserves fields	Edit Data
6	M - Incurred Total	3000	The Incurred Total should be equal to the sum of the Indemnity Paid, Medical Paid, Indemnity Reserves, and Medical Reserves fields	Edit Data

14 After clicking "Edit Data", you will see a pop-up where you can make corrections.

eport Claims				Edit Data			Î		
				Correct any errors in you	ır data.				
solve Errors to Continue			Row	2					
review the following issues with your data file.				Member Name	ABC Insurance				
 uplo	Correct any ad a correct	errors dir ed file.	ectly from t	Employer Name	XZY Co		go back to the p	revious step and	
Row	Column	Value	Error	Member Claim #	1		•		
2	D - Accident Date	1978-01-01	Accident Date mus					Edit Data	
3	D - Accident Date	1979-01-01	Accident Date mus	Accident Date	01/01/1978	E		Edit Data	
4	M - Incurred Total	5000	The Incurred Total		Accident Date must be a valid da 10/1/1979	ste on or after	d Medical Reserves fields	Edit Data	
5	M - Incurred Total	3000	The Incurred Total	Claim Status	Open	~	d Medical Reserves fields	Edit Data	
6	M - Incurred Total	3000	The Incurred Total :				d Medical Reserves fields	Edit Data	
				Valuation Date	09/13/2023	Ē			
- Back	to Previous Step						*	Need Help? If you are having issues resolving error	

15 After making corrections, click "Save".

	Last Name	Smith I	
	Claimant DOB	11/02/1958	
	Paid and Re	serve Amounts	
om tl	Indemnity Paid	\$1,000	go
	Medical Paid	\$1,000	
ite mus	Indemnity Reserves		
ite mus			
d Total :	Medical Reserves	\$1,000	d Me
d Total :	Incurred Total	000.52	3 Me
d Total :		\$3,000	d Me

16 After your data passes validation, you will be brought to the Review screen. If you need to make corrections, use the "Change Responses" link. If everything is correct, click "Submit" to complete the report.

Review Report And Submit				
	Report Claims 🗸	Review		
eview Report and Submit				
ase review the summary below. To complete the Loss Detection reporting, click	Submit.		ې پ	Jownload Da
Member				
Reported Claims			Change	Responses
Number of claims reported: 500				
Contacts				
Loss Detection Primary Contact Power User				
Back to Previous Step Save and Exit			(Submit

17 You will see a confirmation screen once the report is submitted. Click "Continue" to return to the Loss Detection listing screen.



At any time during the reporting process you can use the Back to Previous Step" link to return to the previous screen. Click "Save and Exit" to save your work and return to the Loss Detection Reporting screen.





19 After clicking "Save & Exit" from within the reporting process, you can resume your reporting by clicking "Resume" on the Loss Detection listing screen.

WCRA Portal									Calculators PowerUser ∨
Home Claims v P	olicy Data Reporting 🔨	✓ Reports ∨	User Man	agement \checkmark					
		orting	s) listed. For	the records below	v that are not i	n the Submitted status, r	lease provide a loss run (claii	m listing) for the corresp	oonding Member. Click Start
Report to begin the data submission p Member	rocess, or click Resum	e to finish where you left	off.	TPA	that are not i	n the submitted status, p		in isting, for the corresp	onding member. enck start
Status		Requested From Date	* ~	All Requested To	Date			~	
All (5)	~	mm/dd/yyyy	E	mm/dd/y	ууу	Filter	Reset		
Member 🗘	TPA ≑			Requested Date ♀	Due Date 🗘	Status 🗢	Assigned To 🗘	Submitted Date / Time 🗘	
rance Corporation				3/23/17	5/1/17	In Progress	Reassign	3/22/17 7:00 PM	Resume