



Workers' Compensation Automation
and Integration System



Workers' Compensation Automation and Integration System (WCAIS)

Digital Transformation – Self-Insured Employers and
Self-Insurance Group Funds

June 2021

Table of Contents



Digital Transformation Overview



Self-Insurance Digitally Transformed Screens



Next Steps



Digital Transformation Overview

Digital Transformation Overview

In July 2021, only Self-Insurance screens will be digitally transformed. Other WCAIS screens will continue to have the same look and feel as they currently do.

The image shows a screenshot of the Pennsylvania Workers' Compensation Automation and Integration System (WCAIS) dashboard. The top navigation bar includes 'Self-Insurance', 'WCOA', 'Healthcare', 'EDI', 'UEGF', 'Profile', and 'Admin'. A red box highlights the 'Self-Insurance' menu item, and another red box highlights the 'Submit Annual Compensation Payment Data' link. A red arrow points from the 'Self-Insurance' menu to a yellow callout box that says 'Updated Annual Compensation Payment Data Screen'. Another red arrow points from a yellow callout box at the bottom left to the 'Self-Insurance' menu item. The bottom left callout box contains the text: 'You can access Self-Insurance screens as you currently do. The Self-Insurance screens which you navigate to will have a new design.'

Updated Annual Compensation Payment Data Screen

Annual Compensation Payment Data

Please provide the following data for your report of compensation paid in calendar year 2020. **ACCURATE REPORTING IS ESSENTIAL, SINCE THIS INFORMATION CANNOT BE CHANGED ONCE ASSESSMENTS ARE CALCULATED.** Please contact our office at RA-LIBWC-SI@pa.gov if you need assistance.

Compensation paid for the purpose of calculating assessments, shall be all compensation under the Workers' Compensation Act actually paid as a self-insurer in calendar year 2020 regardless of when the injury or disease occurred. It must include death benefits (and funeral expenses), all disability benefits (temporary or permanent, total or partial) as well as all medical benefits for the injured workers. Compensation paid as part of a supplemental full wage or salary program must be separated and the applicable compensation rate included as compensation paid. The information provided should only be for claims incurred during periods that your company was self-insured. Since self-insured subsidiaries are assessed individually, compensation paid information must be submitted for each separately. The amounts provided should be rounded to the nearest dollar.

Calendar Year
2020

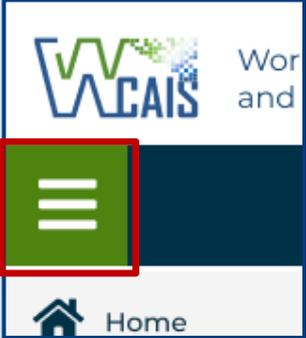
Self Insurer Name	Self Insurer Type	Insurer Code	Total Indemnity Benefits Paid (Payments for wages lost AND Death Benefits)(\$)	Total Medical Benefits Paid(\$)	Annual Compensation Payment Paid(\$)
SELF INSURER NAME	Group	####			\$0.00

Showing 1 of 1

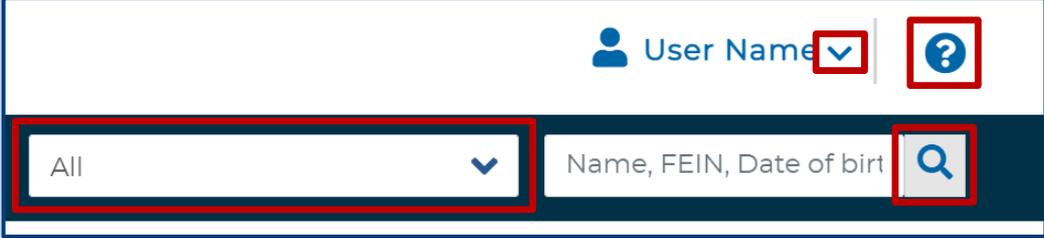
Digital Transformation Overview (Cont'd)

Below is an overview of the new digital transformation screen functions:

Basic Screen Functions



Green menu = view or collapse the menu



Arrow next to User Name = log out menu
Question icon = access the Customer Service Center
All drop-down menu = narrow search parameters
Magnifying glass icon = search WCAIS

Buttons



Green button = allows you to proceed to next screen



Blue button = additional task to perform



Grey button = Back, Cancel, Clear, etc.



Blue arrow button = scroll to top of screen

Icons



Check mark = section complete



Blue circle = section in progress



Grey circle = section not started



View additional information



Calendar



Delete



Edit



View

PA Department of Labor & Industry

Digital Transformation Example: Upload Document

Upload Document

Document Sub Category: Attachments

Document Type: LIBC-350 Annual Contribution Worksheet

Upload Document (Uploaded documents may not exceed 10MB)

LIBC-350.pdf

Document Description

The Document Description can be viewed once the document is uploaded and can be useful to show information about the uploaded document.

Max 500 Characters

Note: The maximum document size is 10 MB. Most documents must be submitted as PDF files, but some Self-Insurance Application materials can be submitted as Excel spreadsheets.

The **Upload Document button** will now open a pop-up window.

Type	Description	Submitted Date	Submitted By	Submission Method	Batch Number	Action
------	-------------	----------------	--------------	-------------------	--------------	--------



Self-Insurance Digitally Transformed Screens

Self-Insurance Program Summary

Press the **WCAIS logo** to return to the **Dashboard**.

Press the arrow to log out.

Press the **green menu** to expand or collapse the menu.

The **Question icon** navigates to the **Customer Service Center**.

Program Information can be collapsed by pressing the arrow.

Tabs will display horizontally.

Press arrows to sort by the selected column.

The **menu** will display on the left. When it is collapsed, only the icons will be visible.

The screenshot shows the 'Self-Insurance Program Summary' page. At the top left is the WCAIS logo and the text 'Workers' Compensation Automation and Integration System'. To the right of the logo is a user profile dropdown and a question mark icon. Below the logo is a green menu icon. The main content area is titled 'Self-Insurance Program Summary' and contains a 'PROGRAM INFORMATION' section with fields for Group Fund, Status, Start date, Fund Type, and Insurer Code. Below this is a horizontal tab bar with 'Manage Program' selected. Underneath the tabs is a 'Self Insurance Program Entities' table with columns for Name, SI Type, Effective Date, Status to Date, and SI Status. At the bottom, there are pagination controls and several links for further actions.

Group New Member Application

Group New Member

PROGRAM INFORMATION

Group Fund: GROUP FUND NAME [View SI Program Summary](#)

Status	Start date	Fund Type	Insurer Code
Active	##/##/####	Private Employers	####

PROGRESS

✓
Member Information

2
Modified Manual Premium

3
Certify

Modified Manual Premium Worksheet for

Company Name

- Provide the following on the employer's payroll (or other basis of insurance premium) and on the Modified Manual Premium resulting from that payroll (or other basis of premium) using the Pennsylvania Rating Bureau classification system. Manual Premium is the Loss Cost X the Basis X the SWIF LCM(State Workers' Insurance Fund Loss Cost Multiplier).
- PLEASE ENSURE THAT THE INFORMATION PROVIDED IS ACCURATE, since the employer will be assessed at a later date for one-half per centum of the applicant's calculated modified manual premium. That assessment will go towards the maintenance of the Self-Insurance Guaranty Fund.

Make sure you provide all applicable classification codes for your Pennsylvania Operations:

Class Code	Description	Loss Cost	Basis	Manual Premium	Actions
0006	FIELD CROP VEGETABLE FARM (12/1/09)	\$2.47	\$100.00	\$882.00	<div style="border: 1px solid red; padding: 2px; display: inline-block;"> </div>

Showing 1 - 1 of 1

[Add Class Code](#)

Totals

Total Manual Premium(\$)

Experience Modification

[Apply](#) [Apply and Save](#)

Modified Manual Premium(\$)

[Cancel](#)
[Back](#)
[Continue](#)

Progress bar will display which sections are complete, in progress, or not yet started.

Edit and Delete icons will display in the **Actions** column. Hover over an icon to view a description.

Affiliate Addendum

Affiliate Addendum

PROGRAM INFORMATION ▾

PROGRESS

1
Program Affiliates

2
Affiliate Information

3
Insurance Experience

4
Modified Manual Premium

5
Health and Safety

6
Certify

7
Documents and Correspondences

Program Affiliates

The following affiliates are associated with your Self Insurance program. To begin or resume the application, select the respective Affiliate and select view. To terminate an affiliate, return to your Program Summary and submit a Termination request **prior to or after submitting your renewal package**.

Affiliate Name ↑	Insurer Code ↑	SI Status ↑
Company Name	####	Active

Showing 1 - 10 of 10

Additional Affiliates to be included in the Self Insurance Program

A separate affiliate addendum application must be completed for each legal entity to be included in a consolidated Self-Insurance program. Select the Add Affiliate button to search for an Employer and begin the application process. You may add any number of new affiliate addendum applications. If you have been unable to locate the potential affiliate company name after searching our files, and it is a new company in Pennsylvania, please contact the Self-Insurance Division at 717-783-4476. If you wish to remove a completed or in-progress affiliate addendum application, select the 'Withdraw' hyperlink. If you do not complete your affiliate addendum application within 90 days from the application start date the affiliate addendum applications will automatically be deleted by the system.

Add Affiliate

Cancel
Back

Save And Continue

Grey buttons navigate back to a previous screen or remove entered information. These buttons now display on the left to avoid accidentally losing previously entered information.

Blue buttons may display a pop-up window or navigate to an additional screen to complete an additional task.

Green buttons navigate to the next section.

Individual Renewal Package

The **Renewal Package** will continue to include icons on each tab to indicate the tab's status:

- **Complete** = green check mark
- **Some information entered** = yellow exclamation point
- **Required information not completed** = red x

A **white field** indicates that the field can be filled. A **grey field** indicates that the field is read-only.

Renewal Package

PROGRAM INFORMATION ▾

✔ Applicant Information
 ! **Financial Info / Credit Rating**
✘ Claims and Payment Data
 ! Excess Insurance and Security

! Affiliate Information
 ! Certify
 Documents and Correspondences

Applicant Credit Rating

If the applicant's intrinsic ability to meet its long-term financial commitments is rated by a nationally-recognized statistical rating organization of the U.S. Securities and Exchange Commission (NRSRO), provide the current rating(s) below:

Current Rating	Previous Ratings
<p>Standard & Poors Corporation</p> <div style="border: 1px solid #ccc; padding: 2px; width: 100%; text-align: center;">- Select One - ▾</div>	<p>Standard & Poors Corporation</p> <div style="border: 1px solid #ccc; padding: 2px; width: 100%; text-align: center;">-</div>
<p>Moody's Investors Services, Inc</p> <div style="border: 1px solid #ccc; padding: 2px; width: 100%; text-align: center;">- Select One - ▾</div>	<p>Moody's Investors Services, Inc</p> <div style="border: 1px solid #ccc; padding: 2px; width: 100%; text-align: center;">-</div>
<p>Fitch Ratings</p> <div style="border: 1px solid #ccc; padding: 2px; width: 100%; text-align: center;">- Select One - ▾</div>	<p>Fitch Ratings</p> <div style="border: 1px solid #ccc; padding: 2px; width: 100%; text-align: center;">-</div>
<p>Name of other NRSRO</p> <div style="border: 1px solid #ccc; padding: 2px; width: 100%; height: 20px;"></div>	<p>Name of other NRSRO</p> <div style="border: 1px solid #ccc; padding: 2px; width: 100%; height: 20px;"></div>
<p>Rating for other NRSRO</p> <div style="border: 2px solid red; border-bottom: none; padding: 2px; width: 100%; height: 20px;"></div>	<p>Rating for other NRSRO</p> <div style="border: 2px solid red; border-bottom: none; padding: 2px; width: 100%; height: 20px;"></div>

Required Documents

- If* rated by a Nationally Recognized Statistical Rating Organization, please provide evidence of your current long term financial rating.
- Audited Financial Statements for the last complete fiscal year, as required under 34 Pa. Code 125.3(c)(3) and (c)(4), or Security and Exchange Commission Form 10-K for the last complete fiscal year, *if any*. PLEASE NOTE: We can no longer accept URLs directing us to your Financial Statements online; the document must be uploaded with your renewal application. If all of your required financial statements are not available at this time, provide an explanation below identifying when the financial

Program Summary – Submit Excess Insurance Certificate

Manage Program Tab of Self-Insurance Program Summary

COMPANY NAME	Group Member	###/###/####
COMPANY NAME	Group Member	###/###/####
COMPANY NAME	Group Member	###/###/####

Showing 1 - 25 of 99

[Please click here to terminate your entire SI Group Fund](#)
[Please click here to submit an application to add a new Group Member to the](#)

[To Update or File a New Excess Insurance Certificate click here](#)

[To Update your Fidelity Coverage click here](#)

Excess Insurance Certificate Screen

Excess Insurance Certificate

PROGRAM INFORMATION

Group Fund: GROUP FUND NAME [View SI Program Summary](#)

Status	Start Date	Fund Type	Insurer Code
Active	###/###/####	Public Employers	####

Excess Insurance Policy Information

<p>Insurer (required)</p> <input type="text" value="Insurer Name"/>	<p>Insurer Type (required)</p> <div style="border: 1px solid #ccc; padding: 2px;">Workers Compensation</div>
<p>Policy Number (required)</p> <input type="text" value="####"/>	<p>Effective Date (required)</p> <div style="border: 1px solid #ccc; padding: 2px;">06/04/2021</div>
<p>Expiration Date</p> <input type="text" value="MM/DD/YYYY"/>	<p>Specific Retention Amount(\$) (required)</p> <div style="border: 1px solid #ccc; padding: 2px;">\$ 1,000,000.00</div>
<p>Specific Liability Limit(\$)</p> <div style="border: 1px solid #ccc; padding: 2px;">\$</div>	<p>Aggregate Retention Amount(\$)</p> <div style="border: 1px solid #ccc; padding: 2px;">\$</div>
<p>Aggregate Liability Limit(\$)</p> <div style="border: 1px solid #ccc; padding: 2px;">\$</div>	

Select the **To Update or File a New Excess Insurance Certificate** click **here** link on the **Manage Program** tab of the **Self-Insurance Program Summary** to navigate to the **Excess Insurance Certificate** screen.

Pressing the **Calendar** icon will display a pop-up from which you can select the date.

Program Summary – Submit Excess Insurance Certificate (Cont'd)

Excess Insurance Certificate screen

Please upload a certificate of insurance verifying the coverage outlined above.

Upload Documents (required)

A confirmation will display when the document is uploaded successfully.



The document has been successfully uploaded.

The **Upload Document** button will display a pop-up window where you can select the Excess Insurance Certificate.

Upload Document i

Uploaded Documents (1)

Document Type	Document Description	Submitted Date	Submitted By	Submission Method	Batch Number	Action
Excess Insurance Certificate	Excess insurance certificate	06/04/2021	LAST FIRST	Online		

The **Delete icon** will remove the uploaded document.

Showing 1 - 1 of

The **Document Type** link and the **Download icon** will allow you to view/download the uploaded document to verify that it is the correct document.

Press **Submit**. If any required fields were not filled, an error message will display at the top of the screen.

Submit

Annual Compensation Paid

Annual Compensation Payment Data

Please provide the following data for your report of compensation paid in calendar year 2020. **ACCURATE REPORTING IS ESSENTIAL, SINCE THIS INFORMATION CANNOT BE CHANGED ONCE ASSESSMENTS ARE CALCULATED.** Please contact the office at RA-LIBWC-SI@pa.gov if you need assistance.

Compensation paid for the purpose of calculating assessments, shall be all compensation under the Worker's Compensation Act actually paid as a self-insurer in calendar year 2020 regardless of when the injury or disease occurred. It includes all benefits (and funeral expenses), all disability benefits (temporary or permanent, total or partial) as well as a supplemental full wage or salary program must be included as compensation paid. The information provided should only be for periods that your company was self-insured. Since self-insured subsidiaries are assessed individually, information must be submitted for each separately. The amounts provided should be rounded to the nearest dollar.

Calendar Year

2020

Self Insurer Name	Self Insurer Type	Insurer Code	Total Indemnity Benefits Paid (Payments for wages lost AND Death Benefits)(\$)	Total Medical Benefits Paid(\$)	Annual Compensation Payment Paid(\$)	Action
COMPANY NAME	Group	####	\$5,000.00	\$1,000.00	\$6,000.00	

Showing 1 - 1 of 1

By submitting the above information, I verify that the facts set forth on this annual report are true and correct. This verification is made subject to the penalties of the Crimes Code, 18 Pa. C.S.A section 4904, relating to unsworn falsification to authorities.

If you have any questions or concerns, please contact us at 717-783-4476.

Cancel Submit

Update Amounts

Self Insurer Name: SELF-INSURER NAME

Self Insurer Type: Group

Insurer Code: ####

Indemnity Benefits Paid(\$) (required): \$ 5,000.00

Medical Benefits Paid(\$) (required): \$ 1,000.00

Annual Compensation Payment Paid(\$): \$6,000.00

Cancel Save

The mandatory fields will display **(required)** and must be completed prior to saving.

Pressing the **Edit** action will cause an **Update Amounts** pop-up window to display.

Enhanced Search

The drop-down menu can be used to select what type of Matter you wish to search for.

Selecting the **Hide/Show Advanced Search for Claim** link will cause additional search parameters to collapse or display.

You may enter information related to the Matter directly into the search field and press the **Search icon** to narrow your search results.

Search results will display below for selection.

The screenshot displays the WCAIS search interface. At the top, there is a search bar with a dropdown menu set to 'Claim' and a search field containing 'Name, FEIN, Date of birth (MM/DD/YYYY)'. A search icon is to the right of the field. Below the search bar is a table with columns 'Matter Type' and 'Count', showing 'Claim' with a count of 1493. A link 'Hide Advanced Search For Claim' is positioned above the search filters. The search filters include: Claim Number, Claim Administrator Claim, Claimant First Name, Claimant Last Name, Claimant Address, SSN, Date of Birth From/To, Defendant/Employer Name, Business Unit, Claim Status, Workers Compensation Id Number, Claim File Date From/To, and Date of Injury From/To. At the bottom, there are 'Clear' and 'Advanced Search' buttons. Below the buttons, the search results are displayed, showing 'Found 1493 records. Showing 1 of 150 pages.' and a list of results with a 'Claim' link and a 'View More | View Claim Summary' link.

Thank you!

The Self Insurance Division can be reached at ra-libwc-si@pa.gov