



New Mexico Workers' Compensation Administration
Annual Expenditure Report (AER)
2018 Submission Instructions and Worksheet
[For Calendar Year January 1 – December 31, 2017]

Welcome to the Online Workers' Compensation Annual Expenditure Reporting system.

Login Instructions:

1. Using your web browser, navigate to the WCA's Annual Expenditure Report Log In page at <https://w3.wca.state.nm.us/aer/LogOn.aspx>. Existing filers should use their username and password from the previous year.
2. Enter your User Name and Password in the Login screen and follow the prompts.
3. If you do not have a login/password, please click the 'New User Sign Up' link on the home page to request one.
4. Upon first accessing the system, new users will be prompted to create a new robust password between 7-12 characters including letters, 1 special character and 1 number.

Submission Instructions:

1. Once inside the Secure area, please update your contact information in the 'MyInfo' tab.
2. Select the 'MyReports' tab to view the company or companies you report for. If a company you report for does not appear in the 'MyReports' tab, please contact us.
3. To file an AER, click the 'Select' button next to the correct company's name. This will open the 'View All Reports' box on the right side of the screen.
4. Select 'Submit' to open the form to file the AER for the current year.
5. When finished, select 'Save' to file your report. You will be able to print a paper copy for your records, if you wish.
6. Your form will be available to edit or revise until February 15, 2018.

Completing Your Report

Number of Employees

Self-Insurers ONLY: Enter number of New Mexico employees covered. This data field is NOT required for insurance carriers.

Section I. Number of Cases

A. Number of Medical-Only Cases: (NOTE: DO NOT include indemnity payments in these counts.)

1. With Benefit Payments in 2017: Enter the number of cases for which only medical payments were made on behalf of claimants in calendar year.
2. Opened in 2017: Enter the number of medical-only cases that had a first payment date in calendar year.
3. Closed in 2017: Enter the number of medical-only cases that had a final payment date in calendar year.

B. Number of Indemnity Cases:

1. With Benefit Payments in 2017: Enter the number of cases within the calendar year for which indemnity benefits were paid on behalf of claimants in addition to payments for medical treatment.
2. Opened in 2017: Enter the number of cases that had a first indemnity payment within the calendar year in addition to payments for medical treatment.
3. Closed in 2017: Enter the number of cases that had a final indemnity payment within the calendar year in addition to payments for medical treatment.

Section I (a). Medical Cannabis

1. **Claims:** List the number of claims for which medical cannabis reimbursements were paid during 2017.
2. **Reimbursement Paid:** List the total dollar amount of reimbursement payments made to claimants during 2017.

Section II. Paid Losses on Medical-Only Cases

Enter total amounts paid DURING 2017 for each category. (Include only the cases where medical costs alone were paid. Cases with paid indemnity benefits ARE NOT included here (see Section III)).

1. Hospitalization: Enter the total amount paid to hospitals for the care of claimant injuries.
2. Therapy: Enter the total amount paid for physical therapy and /or psychological treatment.
3. Physician: Enter the total amount paid to claimants' attending physicians.
4. Medication: Enter the total amount paid for medications for claimants.
5. Other: Enter the total amount paid for any additional costs not included in the above categories.

Section III. Paid Losses on Indemnity Cases

Enter the total amounts paid DURING 2017 on Indemnity Cases for benefits into each category. This section represents cases where the claimant received indemnity benefits; however, totals must include all amounts paid (Medical, Indemnity, and Other). The total listed in Column A must equal the total in Column B.

Column A. Paid Losses by Part of Body Category:

Enter the total amount paid DURING 2017 for each body part injury. For a list of NCCI Part-of-Body Codes suggested for each field, please contact the NM WCA Economic Research and Policy Bureau.

Column B. Paid Losses by Type of Benefit Category:

Enter total dollar amount paid DURING 2017 for each benefit category. Do NOT include recovery payments due to subrogation, third party recovery, or recovery from excess insurance.

1. **TPD:** Enter the total amount paid for Temporary Partial Disability.
2. **TTD:** Enter the total amount paid for Temporary Total Disability.
3. **PPD:** Enter the total amount paid for Permanent Partial Disability.
4. **PTD:** Enter the total amount paid for Permanent Total Disability.
5. **Lump Sum:** Enter the total amount paid for Lump Sum settlement where the amount paid is not included elsewhere on the form.
6. **Death Benefits:** Enter the total amount of deceased workers' indemnity benefits paid to claimants' relatives.
7. **Funeral:** Enter the total amount paid for funeral expenses.
8. **Attorney (Employer):** Enter the total amount paid to employers' attorneys.
9. **Attorney (Worker):** Enter the total amount paid to workers' attorneys.
10. **Hospitalization:** Enter the total amount paid to hospitals for the care of claimants' injuries.
11. **Therapy:** Enter the total amount paid for physical therapy and /or psychological treatment.
12. **Physician:** Enter the total amount paid to claimants' attending physicians.
13. **Medication:** Enter the total amount paid for medications for claimants.
14. **Vocational Rehabilitation:** Enter the total amount paid for vocational rehabilitation costs.
15. **Misc-Admin:** Enter the total amount paid for administrative costs not included elsewhere on the form.
16. **Misc-Medical:** Enter the total amount paid for medical costs not included elsewhere on the form.
17. **Misc-Legal:** Enter the total amount paid for legal costs not included elsewhere in the form.
18. **Other:** Enter the total amount paid for benefits not categorized on this form.

2017 Sample Annual Expenditure Report

Number of NM Employees Covered by Self-Insured Program: _____ *(Only Self-Insurers Are Required to Report this Data.)*

I. Number of Cases	A. Medical-Only Cases	B. Indemnity Cases	
1. With Benefit Payments in 2017			<i>Note: Cases can be included in more than one line (for example: counted as both opened and closed in 2017)</i>
2. Opened in 2017			
3. Closed in 2017			

I (a). Medical Cannabis Reimbursements (PAID DURING 2017)

1. Claims	2. Reimbursements
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II. Paid Losses for Medical-Only Cases (PAID DURING 2017)

1. Hospitalization	4. Medication
2. Therapy	5. Other
3. Physician	\$ -

III. Paid Losses for Indemnity Cases

DO NOT include recovery payments due to subrogation, third party recovery or recovery from excess insurance.

A: Paid Losses by Body Part (PAID DURING 2017)

B: Paid Losses by Benefit Type (PAID DURING 2017)

Ankle		TPD	
Arms		TTD	
Back		PPD	
Body Parts-Multiple Other		PTD	
Body Systems		Lump Sum	
Elbow		Death Benefits	
Extremities-Lower		Funeral	
Extremities-Upper		Attorney (Employer)	
Eyes		Attorney (Worker)	
Finger		Hospitalization	
Foot		Therapy	
Hand		Physician	
Head		Medication	
Knee		Vocational Rehab	
Legs		Misc-Admin	
Neck		Misc-Medical	
Shoulder		Misc-Legal	
Trunk		Other	
Wrist			
Non-Physical (PTSD, etc.)			
Fatality/Death			
Other			
Total:	0	Total:	0

Column Totals Must Be Equal. Column Items for Paid Losses by Body Part and Paid Losses by Benefit Type Required.