FIRST UNDERWRITERS INSURANCE BROKERS

EMR Review Checklist

Step-by-Step Guide to Verifying Your Experience Modification Worksheet

WORKERS' COMPENSATION

What This Checklist Covers

This step-by-step checklist guides you through a complete review of your Experience Modification Rate (EMR) worksheet. Use it annually before your workers' compensation renewal to identify errors, verify data accuracy, and ensure your mod rate reflects your true loss experience.

Inside you'll find:

- Pre-review document gathering checklist
- Payroll verification procedures
- Claims data validation steps
- Classification code review
- Mathematical verification process
- Error correction procedures
- Annual review timeline

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Your Experience Modification Rate directly determines your workers' compensation premium. Errors in EMR worksheets are surprisingly common and almost always work against the employer. This checklist provides a systematic process for reviewing your EMR worksheet to ensure accuracy and identify opportunities for correction.

Policy Period: _____ / _____ / _____ to _____ / _____ / _____ **Current EMR:** _____

1 Gather Required Documents

Before reviewing your EMR, collect all supporting documentation for the experience period. Your experience period covers three policy years, excluding the most recent year.

- ☐ **Experience Modification Worksheet** — Obtain from your broker or rating bureau (NCCI or state bureau)
  - ☐ Request the full detailed worksheet, not just the summary
  - ☐ Confirm it shows the correct effective date
- ☐ **Loss Runs from All Carriers** — Request current loss runs for each year in the experience period
  - ☐ Ensure loss runs are dated within 30 days of your review
  - ☐ Include all carriers that provided coverage during the period
- ☐ **Audited Premium Worksheets** — Obtain final audit statements for each policy year in the experience period
  - ☐ Verify payroll figures match audit results
  - ☐ Note any classification code changes
- ☐ **OSHA 300 Logs** — Gather your injury and illness logs for the experience period years
- ☐ **Internal Claims Log** — Your own records of all workplace injuries and claims filed

Pro Tip: Request your EMR worksheet at least 90 days before your renewal date. This gives adequate time to identify and correct any errors before your new premium is calculated.

Experience Period Years			
Year 1:	_____ / _____ / _____ to _____ / _____ / _____	**Carrier:**	_____
Year 2:	_____ / _____ / _____ to _____ / _____ / _____	**Carrier:**	_____
Year 3:	_____ / _____ / _____ to _____ / _____ / _____	**Carrier:**	_____

2 Verify Employer Information

Confirm that the worksheet correctly identifies your company. Errors here can result in claims from other employers being charged to your experience.

- ☐ **Legal entity name** matches your current business records exactly
- ☐ **Federal Employer Identification Number (FEIN)** is correct
- ☐ **Risk ID / File Number** assigned by the rating bureau is correct
- ☐ **Policy numbers** for each year match your actual policies
- ☐ **Business combinations or ownership changes** are properly reflected
  - ☐ Mergers, acquisitions, or divestitures during the period
  - ☐ Name changes or restructuring
- ☐ **All entities** that should be combined under your mod are included

> **Common Error:** When companies share similar names or policy numbers, claims can be incorrectly attributed. Verify every claim listed is actually yours — you may be paying for someone else's losses.

3 Review Classification Codes & Payroll

Classification codes determine your expected losses. Incorrect codes skew the comparison between your actual and expected losses, potentially inflating your EMR.

- ☐ **Classification codes** on the worksheet match your audited policies
  - ☐ Verify each class code against NCCI or state bureau descriptions
  - ☐ Ensure codes reflect actual job duties, not job titles
- ☐ **Payroll amounts** match your final audited premium statements for each year
  - ☐ Compare each class code payroll individually
  - ☐ Check for transposition errors in dollar amounts
- ☐ **Expected Loss Rates (ELRs)** applied to each class code are current and correct
- ☐ **Discount Ratios (D-Ratios)** are correctly applied to each class code

Classification Code Verification

Class Code	Description	Worksheet Payroll	Audit Payroll	Match?
_____	_____	$_____	$_____	[ ] Y [ ] N
_____	_____	$_____	$_____	[ ] Y [ ] N
_____	_____	$_____	$_____	[ ] Y [ ] N
_____	_____	$_____	$_____	[ ] Y [ ] N

4 Validate Claims Data

Claims data is the most error-prone element of EMR calculations. Each claim listed on your worksheet must be verified against your loss runs and internal records.

- ☐ **Every claim listed belongs to your company** — no claims from other employers
  - ☐ Cross-reference claim numbers with your internal log
  - ☐ Verify injured worker names against your employee records
- ☐ **Claim valuations** (incurred amounts) match current loss runs
  - ☐ Compare each claim's listed amount to your most recent loss run
  - ☐ Flag any claim where the worksheet amount exceeds the loss run amount
- ☐ **Closed claims** show final paid amounts, not inflated reserves
  - ☐ Reserves on closed claims should be $0
  - ☐ If a claim shows reserves but is closed, flag for correction
- ☐ **Medical-only claims** are correctly identified and weighted at 30%
- ☐ **Subrogation recoveries** are reflected in claim totals
- ☐ **Claims are in the correct experience period years** — verify injury dates

Claims Verification Log

Claim #	Injury Date	Worksheet Amount	Loss Run Amount	Status	Match?
_____	___/___/___	$_____	$_____	[ ] O [ ] C	[ ] Y [ ] N
_____	___/___/___	$_____	$_____	[ ] O [ ] C	[ ] Y [ ] N
_____	___/___/___	$_____	$_____	[ ] O [ ] C	[ ] Y [ ] N
_____	___/___/___	$_____	$_____	[ ] O [ ] C	[ ] Y [ ] N
_____	___/___/___	$_____	$_____	[ ] O [ ] C	[ ] Y [ ] N

Key Insight: Claim frequency impacts EMR more than severity. The first portion of each claim (primary losses, currently ~$18,500) gets full weight. Five $10,000 claims hurt your mod far more than one $50,000 claim.

5 Verify EMR Calculations

While the full EMR formula is complex, you can verify key components to ensure the math is correct.

- ☐ **Expected losses** are calculated correctly from payroll, class codes, and ELRs
- ☐ **Primary/excess loss split** uses the correct split point for the rating year
- ☐ **Ballast (weighting) value** is appropriate for your expected loss level
- ☐ **Actual primary losses** total matches the sum of individual claim primary amounts
- ☐ **Actual excess losses** total matches the sum of individual claim excess amounts
- ☐ **Final EMR calculation** produces the published mod when using worksheet values

EMR Formula Reference

EMR = (Actual Primary Losses + Actual Excess Losses + Ballast Value) / (Expected Primary Losses + Expected Excess Losses + Ballast Value)

An EMR below 1.00 means your actual losses are better than expected. Above 1.00 means worse than expected. The ballast value stabilizes the calculation — larger employers have more credibility assigned to their actual experience.

6 Document Findings & Take Action

Record all discrepancies found during your review and work with your broker to file corrections.

- ☐ **List all discrepancies** found during the review process
- ☐ **Prioritize errors by financial impact** — focus on items that affect EMR most
- ☐ **Contact your broker** to initiate correction requests with the rating bureau
- ☐ **Request revised worksheet** after corrections are processed
- ☐ **Verify corrected EMR** is applied to your renewal premium
- ☐ **Calendar next year's review** — set reminders 90 days before renewal

Discrepancy Log

Item / Description	Estimated Impact	Status
_____	$_____	[ ] Filed [ ] Resolved
_____	$_____	[ ] Filed [ ] Resolved
_____	$_____	[ ] Filed [ ] Resolved

7 Annual EMR Review Timeline

When	Action
120 Days Before Renewal	Request experience modification worksheet from broker or rating bureau
90 Days Before Renewal	Request current loss runs from all carriers covering the experience period
75 Days Before Renewal	Complete this checklist — compare worksheet data against all source documents
60 Days Before Renewal	Submit correction requests to rating bureau through your broker for any errors found
30 Days Before Renewal	Follow up on pending corrections; verify revised worksheet if corrections were made
At Renewal	Confirm correct EMR is applied to new policy premium; document final EMR for records
Ongoing	Monitor open claims quarterly; request reserve reviews; maintain return-to-work programs

Need Help Reviewing Your EMR?

First Underwriters provides comprehensive EMR management services for Pacific Northwest businesses. We review your worksheet, identify errors, and file corrections on your behalf.

Contact us for a complimentary EMR review: (425) 242-5357 | info@firstunderwriters.com | www.firstunderwriters.com

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