

AGGREGATE EROSION REPORTING GUIDELINES

(Updated June 2015)

The Aggregate Erosion Form (“AEF-1”) is submitted by the basic coverage insurance carrier or the self-insured provider (“insurer”) in order to properly place the Medical Care Availability and Reduction of Error Fund (“Mcare”) on notice that the statutory primary indemnity aggregate of a Mcare participating Health Care Provider (“HCP”) has become eroded by 50% or more. For purposes of these guidelines, “erosion” includes actual payments due to a judgment and claims. Reporting should continue on a per claim basis until the primary aggregate is exhausted. Claims that remain open as well as claims that are subsequently reported to the primary insurer after exhaustion should be reported to Mcare via C-416 guidelines. These instructions are intended to provide insurers with guidance in completing the AEF-1. Please feel free to contact Mcare Claims Administration at ra-in-aggerosion@pa.gov or 717.783.3770.

Please remember to:

- Include contact person, phone number, and email.
- Complete all items.
- Ensure the form is dated.

COMPLETING THE AEF-1

Below are explanations of what information should be included on a properly completed AEF-1:

Insured Information

Provide the name, current address and PA License number of the HCP whose statutory primary aggregate is eroded.

Insurer and Policy Information

Provide the name of the insurer who has or will be making the payment from the primary aggregate on behalf of the HCP, the policy number, the policy type, the policy limits and the coverage dates of the policy.

Policy Type Acronyms:

CM - Claims Made	RE – Retroactive
OC – Occurrence	TA – Tail
OP – Occurrence Plus	PA – Prior Acts

If a novation is involved, provide the current insurer's policy number followed by the policy number of the insurer whose coverage was assumed and enter the word "novation" after the last policy number

Paid Claim Information

Provide the full case caption including venue and docket number (if litigation was not filed, provide claimant's full name and address and DOB), the Mcare file # if any, the date of settlement/judgment, the occurrence date, the report date, the date and amount of the primary payment and a brief factual summary of the case.

Contact Person Information

Provide a contact person, telephone number including extension (if any), email address and date form was completed.

SUBMITTING the AEF-1

All methods of submission require the AEF-1 to contain contact information and be dated. Mcare offers the following ways to submit the C-416: email, fax or mail.

Email

Emailed forms should be in .pdf format and sent to: ra-in-aggerosion@pa.gov with a subject line of "HCP name and policy year – AEF-1"

PLEASE NOTE: Please use one AEF-1 per claim payment.

Fax

Completed AEF-1's may be faxed to 717-787-0651. The cover sheet should contain the HCP last name, first name – AEF-1.

Mail

Completed AEF-1's may be sent U.S. Mail to P.O. Box 12030, Harrisburg, PA 17102. Other mail services such as Fed Ex, UPS, etc. should use the Mcare street address.

REVIEW OF AEF-1

Mcare will review the AEF-1 and notify the submitting contact person of any questions.