



Minnesota Workers' Compensation
Insurers Association, Inc.
7701 France Avenue South, Suite 450
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MWCIA CARRIER DATA QUALITY REPORTS: DATA RECEIVED OR DUE IN 2010

INTRODUCTION

In March of 2011, the MWCIA distributed carrier data quality reports for data received or due in 2010. The objective was to provide carriers with useful feedback regarding the quality and timeliness of the data they submitted to our organization during 2010.

This is the third year the MWCIA has produced carrier data quality reports. While we have based the content and grading criteria on prevailing industry standards, we eventually plan to tailor the reports so that they more closely adhere to Minnesota standards.

Starting with data received or due in 2011, we intend to shift the grading criteria for policy timeliness from 60 days to 30 days.

With the 2009 carrier data quality reports, we added policy quality measures.

GENERAL INFORMATION

The reports were generated based upon financial call groups.

A 2010 report was generated for each group based upon whether it had any financial, unit statistical, or policy data received or due in 2010. Grades were assigned only if there was sufficient qualifying data.

FINANCIAL DATA

Financial information was included on the report if financial calls were received or due in 2010.

The **Timeliness** grade was generated based upon the average number of days late for the expected calls. Calls received early were considered to have been received 0 days late.

Grading scale:

Average Days Late	Grade
0	A
1 – 5	B
6 – 8	C
9 – 11	D
12 or more	F

The **Quality** grade was based upon the average number of errors per call.

Grading scale:

Average # of Errors	Grade
0 – 2	Pass
3 or more	Fail

UNIT STATISTICAL DATA

Availability was based upon whether expected unit reports were received within 3 months after they were due. Our analysis looked at policy month rather than policy date. For example, the first report for a May, 2008, policy was due in January of 2010. If the report was received by this time, the report was considered on time. The carrier had three additional months to provide the unit report. If the report was not received by April, 2010, it was considered past due.

Subsequent reports were evaluated similarly. A subsequent report was expected if the previous report had any open claims.

A group must have had at least 120 units received and/or due in 2010 to qualify for a grade.

Explanation of report fields:

- *# Units Expected*: Includes all accepted first and subsequent reports, excluding corrections. Also includes reports that were not received but were expected.
- *% Available On Time*: Number of units received on time/# units expected.
- *% Not Available >=3 Mos. Past Due*: Number of units received late/# units expected.
- *Final Grade*: See below.

The Availability grade was computed as follows:

(a) % Available On Time

(b) % Not Available >=3 Mos. Past Due

Total points = (a) – (b)

Grading scale:

Total Points	Grade
98 – 100	A
90 – 97	B
80 – 89	C
70 – 79	D
Less than 70	F

POLICY DATA:

Timeliness was based upon whether an accepted, complete policy was received within 60 days of its effective date. A policy received more than 60 days after its effective date was not considered timely. Excluded policies: cancel flats, replaced policies.

Note: Policies where Minnesota was added at mid-term or audit were automatically counted as “on time”.

A group must have had at least 120 policies received in 2010 to qualify for a grade.

Explanation of report fields:

- *# Policies*: A count of accepted, complete policies received in our office during the given year.
- *% Received Within 60 Days*: # of timely policies/# policies received.



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Prelim Grade: See below.

The Timeliness grade was based upon the percentage of policies received within 60 days of the Policy Effective Date.

Grading scale:

% Received Within 60 Days	Grade
95 – 100	A
90 – 94	B
80 – 89	C
70 – 79	D
Less than 70	F

Quality was based upon the evaluation of rejected, missing, and inactive policies.

- *# Rejected Policies:* Identifies the number of policies rejected during the given year and for which we still have no accepted coverage. If there are multiple rejections for the same policy, each rejection was included in the count.
- *# Missing Policies:* Identifies the number of cases in which we learned of a missing policy because we received a USR, endorsement, cancellation, or some other policy-related transaction or document. Note: This count does not indicate how many policies are still missing.
- *# Inactive Policies:* Identifies the number of inactive employer letters we sent in 2010 (excluding follow-up letters). An inactive employer letter provides notification of an expired policy for which we have not received a renewal or a valid termination notice.

A Quality grade was not calculated.