MWCIA ANNUAL CARRIER DATA QUALITY REPORTS

Greetings,

The Minnesota Workers' Compensation Insurers Association (MWCIA), serving as Minnesota's licensed Data Service Organization, strives to gather accurate and timely data from its members to uphold the highest data quality standards. One of the ways we accomplish this is by providing members with feedback on their data reporting results.

Each year, MWCIA provides Carrier Data Quality Reports (CDQRs) to member carriers, evaluating their data quality from the previous year. These reports are now available through your Web Membership account on the MWCIA website: https://www.mwcia.org/WebMembership/Login.aspx. Carriers without a Web Membership account should contact their Group Administrator to secure login credentials and access to the Carrier Data Quality – Annual Report.

Next year, we will implement new timeliness measures for both policy and units. These are the same measures that were introduced in January with the new monthly data quality reports. A new report is included with the report card to provide a side-by-side comparison of the new measures using 2024 policy and unit data. We offer this preview so that members will have ample time to address any timeliness concerns before the new measures go into effect.

The criteria for both measures are detailed below:

Data Type	Current Measure	New Measure (effective in 2026)
Policy	Received and accepted within 10 days of policy effective date	80% or greater available prior to the policy effective date
Units	Received and accepted within 3 months after they were due	97% or greater available by the due date

The current grading criteria is outlined in the section that follows. Those members who receive a grade of "B" or lower in any category are encouraged to reach out to the Data Services team at dataquality@mwcia.org so that we may explore ways to enhance the accuracy and/or timeliness of your data reporting.

Finally, please reach out to our Data Quality team (dataquality@mwcia.org) if you have questions, feedback, or are no longer the recipient of these reports.

Sincerely,

Gregg Lutz
Vice President of Data Services

GENERAL INFORMATION

While we have based the content and grading criteria on prevailing industry standards, through the years we have also gradually tailored the reports, so they more closely adhere to Minnesota standards.

Data Quality Reports are generated based on financial call groups. A 2025 report was generated for financial, unit statistical, policy, and cancellation data accepted or due in 2024. Grades were assigned only if there was sufficient qualifying data.

Note: If no unit statistical or policy data were received or due during the year, a report was not generated.

QUALIFICATIONS

There were no changes to the report or grading criteria this year. Carriers meeting the following criteria are eligible to receive the report:

- Financial call groups with 75 or more policies accepted in 2024.
- Financial call groups with 75 or more units received and/or due in 2024.

FINANCIAL DATA

Financial data information was included in the report if financial calls were received or due in 2024.

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

A pass-fail **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 on whether expected unit reports were received and accepted within 3 months after they were due. Our analysis looked at policy month rather than policy date. A first report was considered on time if it was accepted prior to the twenty-first month after the policy effective date. A first report was considered past due if it was not accepted prior to the twenty-third month following the policy effective date.

For example, if the first report for a May 2022 policy was accepted during or before January of 2024 the report was considered on time. If the report was not accepted until April 1, 2024, or later it was considered past due.

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

Explanation of report fields	
# of Units Expected	Includes accepted first and subsequent reports, excluding corrections. This also includes reports that were not accepted but were expected.
% Available On Time	Number of units accepted on time divided by the number of units expected.
% Not Available >=3 Months Past Due	Number of units accepted late divided by the number of units expected.

Note: The sum of % Available On Time and % Not Available may not equal 100%. Units accepted during the twenty-first or twenty-second months following the policy effective date are not included in either percentage.

The Availability grade was computed as follows:

(a) % Available On Time
(b) % Not Available >=3 Months 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 on the percentage of policies accepted between 11 and 30 days after their effective date and the percentage of policies accepted more than 30 days after their effective date.

To be considered timely, a policy must be accepted within 10 days of its effective date. However, a policy that is received within 11 and 30 days after the effective date has less of an impact on timeliness (counted at only one fifth the value of an on-time policy) than a policy received more than 30 days after the effective date (counted at one and a half times the value of an on-time policy).

Note: Policies that were canceled flat or replaced were not included in timeliness data. Binders were also excluded. Multistate policies where Minnesota was added mid-term were considered on time.

Explanation of report fields	
# of Policies	A count of complete accepted policies for 2024.
% Received Between 11-30 Days	Number of policies received between 11 and 30 days after the effective date divided by the number of policies.
% Received After 30 Days	Number of policies received more than 30 days after the effective date divided by the number of policies.

The Timeliness grade was computed as follows:

(a) % Received Between 11-30 Days
(b) % Received After 30 Days

Total points = 100 – .20(a) – 1.5(b)

Grading Scale	
Total Points	**Grade**
90 – 100	A
80 – 89	B
70 – 79	C
60 – 69	D
Less than 60	F

Quality was based on the evaluation of rejected, missing, and inactive policies. For this review period, a quality grade was not calculated.

Explanation of report fields	
# of Rejected Policies	Identifies the number of policies rejected during the given year for which we <u>still</u> have no accepted coverage. If there are multiple rejections for the same policy, each rejection was included in the count.
# of Missing Policies	Identifies the number of cases in which we learned of a missing policy because we received a Unit Statistical Report. Note: This count does <u>not</u> indicate how many policies are still missing.
# of Inactive Policies	Identifies the number of inactive employer letters we <u>sent</u> in 2024 (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.

CANCELLATION DATA:

Timeliness was based on whether a cancellation was received and accepted within 10 days following the cancellation date. For this review period, a timeliness grade was not calculated.

Explanation of report fields	
# of Cancellations	A count of cancellations received for 2024.
% Received Within 10 Days	Number of timely cancellations divided by the number of cancellations received within 10 days.

STATEWIDE DATA:

Statewide Policy and Unit Statistical data was included for comparison purposes.