

Minnesota Workers' Compensation Insurers Association, Inc. 7701 France Avenue South • Suite 450 Minneapolis, MN 55435-3200

May 31, 2006

#### **ALL ASSOCIATION MEMBERS**

Circular Letter No. 06-1483

#### RE: NCCI Item U-1396 — URE Workers Compensation Statistical Plan Update

The Minnesota Department of Commerce has approved the above filing for use in the State of Minnesota.

The purpose of filing Item U-1396 is to revise the *Minnesota Statistical Plan* Manual to update the data reporting specifications to correspond with changes recently proposed by National Council and approved by the Workers Compensation Insurance Organization's Advisory Statistical Work Group (WCIO/ASWG).

In reviewing the materials in connection with Item U-1396, it is important to note that Minnesota did not adopt this filing in it's entirety as the exhibits proposed by National Council are **not** all appropriate in Minnesota. The following provides a brief description on the various portions of NCCI Item U-1396 being adopted for use in Minnesota:

### Loss Condition - Type of "Coverage"

According to NCCI's background memo for Item U-1396, a number of loss records are being submitted with incorrect Type of Coverage (Loss Condition) codes. NCCI's research indicates this miscoding may be the result of carrier misinterpretation regarding the 'Type of Coverage' data element for Loss Conditions. Carriers often misinterpret this data element to mean what the policy covered rather than the provision(s) under which a policy loss was incurred which is the actual intent of this data element. Changing the name of this field from 'Type of Coverage' to 'Type of Claim' helps clarify its intent and should improve the overall accuracy in the reporting of this data element.

**Note:** 'Type of Coverage' will continue to be used as part of the Policy Type ID Code to identify the type of coverage as either a standard work comp policy or a non-standard workers' compensation policy.

Exhibits II, IV, VI, and X illustrate the changes necessary to the *Minnesota Statistical Plan Manual* to implement this revision in Minnesota. These changes will become effective July 1, 2006.

### **Social Security Number**

As part of Item U-1396, NCCI also proposed the elimination of Social Security Numbers as a data element for unit reporting purposes.

Exhibit VII illustrates the changes necessary to the *Minnesota Statistical Plan Manual* to implement the elimination of the Social Security Number as a data element in Minnesota. To allow our member carriers adequate time to prepare their systems for this reporting change, this portion of Item U-1396 will not become effective until July 1, 2006 with an implementation grace period of six months. Providing a grace period not only allows carriers the time to reprogram their systems, it also allows MWCIA to continue accepting reports containing Social Security Numbers until December 31, 2006.

Note: Reports that include Social Security Numbers after December 31, 2006 will be rejected.

### Coding Specifications – "Nature of Injury" & "Cause of Injury"

Item U-1396 also proposes adding <u>one</u> new "Nature of Injury" code and <u>two</u> new "Cause of Injury" codes in Minnesota for unit reporting purposes.

Exhibit XI illustrates the changes necessary to the *Minnesota Statistical Plan Manual* to implement the addition of the three new reporting codes in Minnesota. These changes will become effective July 1, 2006.

### **WCIO Sample Forms**

As a result of Item U-1396, the samples contained in Section One, Part X of the *Minnesota Statistical Plan Manual* have been replaced with samples of the two new forms in the *WCIO Workers Compensation Data Specifications Manual* that are now approved for use in Minnesota. Additionally, Section One, Part IX replaces examples of reporting forms in *Minnesota's Stat Plan Manual* with a special note referring users to *WCIO's Data Specs Manual* for examples of these same hardcopy forms.

Exhibit XIV illustrates the changes necessary to the *Minnesota Statistical Plan Manual* to delete the examples under Section One, Part IX and replace Section One, Part X with the newly approved WCIO forms. The changes represented in Exhibit XIV will also become effective July 1, 2006.

As you review the various Minnesota exhibits for Item U-1396, please note they may contain underlined and/or strikethrough text. The underlining represents new or added text while strikethroughs indicate deleted text. In addition, please note that only the exhibits from NCCI's filing Item U-1396 that are approved for use in Minnesota are included as part of MWCIA's filing exhibits for this item. Because of this you will notice gaps in the numbering of the Minnesota exhibits.

A copy of National Council's original filing memorandum for Item U-1396 is included to provide additional background information on this particular filing.

Please direct any questions you may have regarding filing Item U-1396 to Pamela Flaten, Data Collection & Reporting Manager, at 952.897.6417 or by email at <a href="mailto:pam.flaten@mwcia.org">pam.flaten@mwcia.org</a>.

### A NOTICE TO MEMBERSHIP:

The Minnesota Department of Commerce requests that MWCIA remind its members that the above filing only applies automatically to insurance companies who have filed a Limited Power of Attorney agreement with our Commerce Department. A properly executed Limited Power of Attorney authorizes MWCIA to make filings on behalf of individual insurance companies. Any insurance company who has not filed a Limited Power of Attorney must independently submit the changes represented in each filing item to the Minnesota Department of Commerce for their approval.



EXHIBIT II U-1396

CURRENT MN MANUAL LANGUAGE	PROPOSED MN MANUAL LANGUAGE	COMMENTS
SECTION ONE — REPORTING OF INDIVIDUAL EMPLOYER EXPERIENCE	SECTION ONE — REPORTING OF INDIVIDUAL EMPLOYER EXPERIENCE	
PART I II — REPORTING INSTRUCTIONS— EXPOSURE AND PREMIUM	PART I II — REPORTING INSTRUCTIONS— EXPOSURE AND PREMIUM	
3. Classification Code	3. Classification Code	
Report the four-digit codes corresponding to the employers' classifications determined according to the rules of the Basic Manual for Workers Compensation and Employers Liability Insurance. A carrier may report statistical data on Unit Statistical Reports under the classification code used to rate the employer if, and only if, the following two conditions are met:	SAME	
A. The numeric classification code used to rate the employer must be valid in Minnesota, i.e., the classification code number reported must be included in the Minnesota Assigned Risk rate pages.	SAME	
B. The classification definition contained in the Basic Manual for the classification code being reported must include, either generally or specifically, the definition used by the carrier to rate the employer under that classification code.	SAME	
If a carrier deviates from the standard classification plan and the above two conditions are not met, the carrier must convert the data back to the applicable classification codes as contained in the Basic Manual when reporting data to the MWCIA.	SAME	
NONE	No claim may be assigned to any classification unless premium has also been reported for that class. On losses, report the class code under which the injured employee's premium is assigned, even if, at the time of injury, the employee may have been involved in an activity that would be classified differently.	AMENDING RULE TO CORRESPOND WITH LANGUAGE IN THE MN USP MANUAL UNDER SECTION ONE; PART IV; 6. CLASSIFICATION CODE.

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CURRENT MN MANUAL LANGUAGE	PROPOSED MN MANUAL LANGUAGE	COMMENTS							
SECTION ONE — REPORTING OF INDIVIDUAL EMPLOYER EXPERIENCE	SECTION ONE — REPORTING OF INDIVIDUAL EMPLOYER EXPERIENCE								
PART I V— REPORTING INSTRUCTIONS—LOSSES	PART I V— REPORTING INSTRUCTIONS— LOSSES								
2. Claim Number	2. Claim Number								
B. Claim Grouping Option. At the option of the carrier all other claims may be listed individually or grouped by class within injury type within loss eoverage. Medical only claims may be coded to the governing classification and may be grouped together if the loss eoverage codes are identical. Any grouped medical only claim coded to the governing classification which subsequently develops into an indemnity case must be reported with the injured employee's payroll classification at the next valuation; and if the incurred loss becomes greater than \$2,000, the claim must be reported individually with full statistical detail. Under the grouping option, the number of claims must be reported in the Accident Date/Number of Claims column. Refer to Item 4 below for instructions in determining the number of claims. If any claim within the group is open, the entire group shall be considered as open and subsequent reports must be submitted in accordance with Part V.	B. Claim Grouping Option. At the option of the carrier all other claims may be listed individually or grouped by class within injury type within loss claim type. Medical only claims may be coded to the governing classification and may be grouped together if the loss conditions (act, type of loss, type of recovery, type of claim, type of settlement) are identical. Any grouped medical only claim coded to the governing classification which subsequently develops into an indemnity case must be reported with the injured employee's payroll classification at the next valuation; and if the incurred loss becomes greater than \$2,000, the claim must be reported individually with full statistical detail. Under the grouping option, the number of claims must be reported in the Accident Date/Number of Claims column. Refer to Item 4 below for instructions in determining the number of claims. If any claim within the group is open, the entire group shall be considered as open and subsequent reports must be submitted in accordance with Part V.	AMENDED TO ADJUST MN LANGUAGE TO CORRESPOND WITH NCCI REGARDING THEIR CHANGE OF TERMINOLOGY FROM 'TYPE OF COVERAGE' TO 'TYPE OF CLAIM' THROUGHOUT USP. CHANGE IN TERMINOLOGY INTENDED TO CLARIFY THAT CARRIERS SHOULD BE REPORTING INFORMATION ABOUT THE CLAIM ITSELF AND NOT THE TYPE OF COVERAGE THE POLICY PROVIIDES.							
4. Number of Claims	4. Number of Claims								
Where a number of claims are summarized by the group option, report the number of claims contained in the reported grouped claim. Number of claims is <b>NOT</b> reported for individually listed claims. Cases to be counted as claims must be only those in connection with which a loss-payment has been made or a loss reserve established. A case closed without loss payment shall <b>NOT</b> be counted as a claim. A claim on which more	Where a number of claims are summarized by the group option, report the number of claims contained in the reported grouped claim. Number of claims is <b>NOT</b> reported for individually listed claims. Cases to be counted as claims must be only those in connection with which a payment has been made or a reserve established in connection with an indemnity and/or medical loss. A case closed without loss	AMENDED TO ADJUST MN LANGUAGE TO CORRESPOND WITH NCCI THROUGHOUT USP.							

EXHIBIT IV U-1396

CURRENT MN MANUAL LANGUAGE	PROPOSED MN MANUAL LANGUAGE	COMMENTS
than one payment is made shall be counted only once. An accident resulting in two or more reported claims shall have each claim counted separately.		

EXHIBIT VI U-1396

CURREN	MN MANUAL LAN	GUAGE	PROPOSE	D MN MANUAL LAN	GUAGE	COMMENTS
EMPLOYER EX	— REPORTING OF INI PERIENCE ORTING INSTRUCTIO		EMPLOYER EXP	- REPORTING OF INDI PERIENCE ORTING INSTRUCTION	_	
LOSSES	OKTING INSTRUCTIO	NS—	PARTIV—REPO	DRIING INSTRUCTION	3—LU33E3	
9. Loss Condi	tions		9. Loss Condit	ions		
Report the 2-digi	t code for each loss cor	ndition.	Report the 2-digit	code for each loss cond	dition.	
<u>PART</u>	<b>DESCRIPTION</b>		<u>PART</u>	DESCRIPTION		
Type of Coverage	Workers' Compensa Employers' Liability ( Workers' Compensa Employers' Liability Liability Over	Only	Type of <u>Claim</u>	Workers' Compensati Employers' Liability O Workers' Compensati Employers' Liability Liability Over	nly	NAME CHANGE INTENDED TO ALLEVIATE ANY MISUNDERSTANDING THAT THIS FIELD IS INTENDED FOR REPORTING THE 'TYPE OF CLAIM' & NOT THE TYPE OF COVERAGE THE POLICY IN QUESTION IS PROVIDING.
PART VII DAT CODES	A VALUES AND STAT	ISTICAL	PART VII DATA	A VALUES AND STATIS	STICAL	
Lo	ss Information Codes	:	Lo	oss Information Codes		
3. Loss Co	onditions		3. Loss Co	nditions		
	t code for each loss cor	ndition.		code for each loss cond	dition.	
Type of Coverag	е		Type of Claim			NAME CHANGE INTENDED TO
DESCRIPTION		CODE	DESCRIPTION	<u>(</u>	CODE	ALLEVIATE ANY MISUNDERSTANDING
Workers' Compe	nsation Only	01	Workers' Comper	nsation Only	01	THAT THIS FIELD IS INTENDED FOR REPORTING THE 'TYPE OF CLAIM' &
Employers' Liabi	lity Only	02	Employers' Liabili	ity Only	02	NOT THE TYPE OF COVERAGE THE POLICY IN QUESTION IS PROVIDING.
Workers' Comp.	& Employers' Liability	03	Workers' Comp. 8	& Employers' Liability	03	TOLICT IN QUESTION IS PROVIDING.
Liability Over		04	Liability Over		04	<u>-</u>

EXHIBIT VI U-1396

<b>CURRENT MN MANUAL LANGUAGE</b>	PROPOSED MN MANUAL LANGUAGE	COMMENTS
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PART XII – MAG	NETIC TAPE SPECIFICATIONS	PART XII – MAG	NETIC TAPE SPECIFICATIONS							
12. Submission	n Control Record. Record Type 9	12. Submission	n Control Record. Record Type 9							
Report the 2-digi	it code for each loss condition.	Report the 2-digi	t code for each loss condition.							
Type of Coverag	l <del>e</del>	Type of Claim		NAME CHANGE INTENDED TO						
01	Workers' Compensation Only	01	Workers' Compensation Only	ALLEVIATE ANY MISUNDERSTANDING  THAT THIS IS A 'TYPE OF "CLAIM'						
02	Employers' Liability Only	02	Employers' Liability Only	REPORTING FIELD.						
03	Workers' Comp. & Employers' Liability	03	Workers' Comp. & Employers' Liability							
04	Liability Over	04	Liability Over							

### MINNESOTA UNIT STATISTICAL PLAN MANUAL

### Effective July 1, 2006\*

PROPOSED MN	MANUAL LANGUAGE	COMMENTS								
OFOTION ONE DEE	ACRINIC OF INDIVIDUAL									
SSES PARTIV—REPORTIN LOSSES	G INSTRUCTIONS—									
13. Social Security N	lumber									
	Item 13 (Social Security Number) is no longer a reportable data element in Minnesota.									
APPENDIX A	APPENDIX A									
ASWG UNIT REPORT DATA SPECIFICATIONS	A ELEMENTS CODING	MWCIA STAFF PROPOSES THAT THE EFFECTIVE DATE FOR THE ELIMINATION OF THE SOCIAL SECURITY NUMBER AS A DATA ELEMENT BE OPTIONAL FROM JULY 1, 2006 UNTIL DECEMBER 31, 2006.								
ELEMENT	CLASS  EL HC SPECIFICATION	DELETED DATA ELEMENT UNDER APPENDIX A TO BE CONSISTENT WITH ELIMINATION OF THIS DATA								
ty gned by seurity NONE NONE on.	NONE NONE	ELEMENT REQUIREMENT UNDER SECTION ONE, PART IV.13 IN SECTION ONE, PART IV OF THE MN USP MANUAL.								
CATTOR CA	JAL SECTION ONE — REPEMPLOYER EXPERIENT LOSSES PART I V— REPORTING LOSSES  13. Social Security Notes and security reportable data elements  APPENDIX A  ASWG UNIT REPORT DATA SPECIFICATIONS  LOS BYTES CATIONS DATA ELEMENT EL HC elaimants curity assigned by	JAL SECTION ONE — REPORTING OF INDIVIDUAL EMPLOYER EXPERIENCE  JOSSES PART I V— REPORTING INSTRUCTIONS— LOSSES  13. Social Security Number  Letter 13 (Social Security Number) is no longer a reportable data element in Minnesota.  APPENDIX A  ASWG UNIT REPORT DATA ELEMENTS CODING SPECIFICATIONS  LOSS RECORD  BYTES CLASS  CATIONS DATA EL HC EL HC SPECIFICATION BYTES BYTES CLASS  CATIONS DATA ELEMENT BYTES CLASS  NONE NONE NONE NONE NONE NONE								

\*Note: A grace period will extend the effective date for the elimination of SSN on unit reports from July 1, 2006 to December 31, 2006. At the expiration of the grace period on December 31, 2006, unit reports will no longer be accepted in Minnesota that include the Data Element "Social Security Number".

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### MINNESOTA UNIT STATISTICAL PLAN MANUAL

### Effective July 1, 2006

CURRENT MN MANUAL LANGUAGE	PROPOSED MN MANUAL LANGUAGE	COMMENTS
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APPENDIX A	A					APPENDI	X A					
ASWG UNIT RI	EPORT D	ATA E	LEMEN	ITS CO	DING	ASWG UNIT	REPOR	T DAT				
SPECIFICATIO	SPECIFICATIONS											
		LOSS	REC	ORD				LOS	SRE	CORD		
	BYTI	ES	CLA	SS			BYTES		CLASS			
DATA ELEMENT	2 2 N N 01 Workers'		EL HC SPECIFICATIONS		DATA ELEMENT	EL	НС	EL	НС	SPECIFICATIONS		
Type of Coverage			Type of Claim	SAME		SAME		SAME	NAME CHANGE INTENDED TO ALLEVIATE ANY MISUNDERSTANDING THAT THIS FIELD IS INTENDED FOR REPORTING THE 'TYPE OF CLAIM' & NOT THE TYPE OF COVERAGE THE POLICY IN QUESTION IS PROVIDING.			

EXHIBIT XI U-1396

CURRENT MN MANUAL LANGUAGE	PROPOSED MN MANUAL LANGUAGE	COMMENTS
SECTION ONE — REPORTING OF INDIVIDUAL EMPLOYER EXPERIENCE	SECTION ONE — REPORTING OF INDIVIDUAL EMPLOYER EXPERIENCE	
PART VII DATA VALUES AND STATISTICAL CODES	PART VII DATA VALUES AND STATISTICAL CODES	
Loss Information Codes	Loss Information Codes	
5. Injury Description Code	5. Injury Description Code	
Injury Description Codes	Injury Description Codes	
NATURE OF INJURY (Position 3-4)	NATURE OF INJURY (Position 3-4)	
II. OCCUPATIONAL DISEASE OR CUMULATIVE INJURY	II. OCCUPATIONAL DISEASE OR CUMULATIVE INJURY	
NONE	79. Hepatitis C	ADDING 1 NEW REPORTING STAT CODE IN MN TO CORRESPOND WITH NCCI'S NEW CODE.
CAUSE OF INJURY (Position 5-6)	CAUSE OF INJURY (Position 5-6)	
X. MISCELLANEOUS CAUSES	X. MISCELLANEOUS CAUSES	
NONE	88. Natural Disasters	ADDING 2 NEW REPORTING STAT CODES IN MN TO CORRESPOND WITH
NONE	91. Mold	NCCI'S NEW CODES.

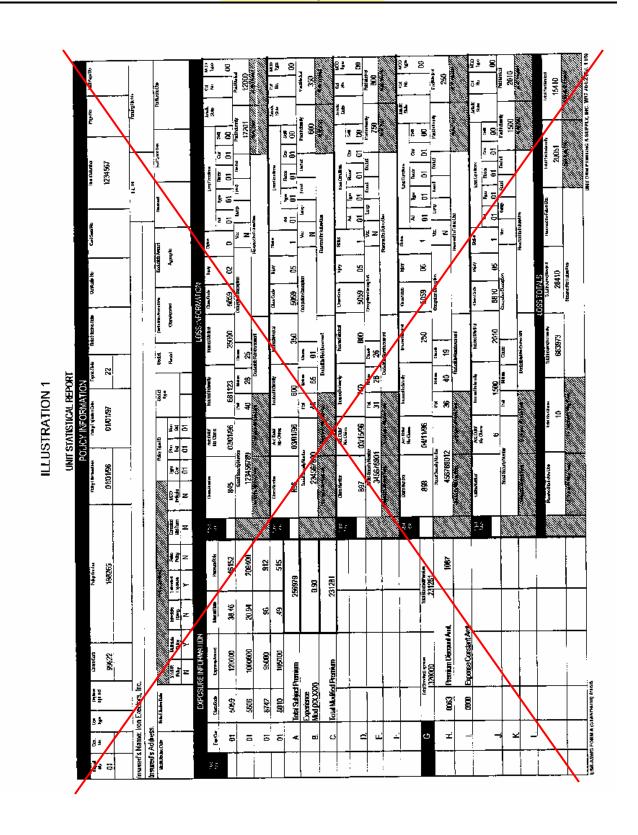
### SECTION ONE — REPORTING OF INDIVIDUAL EMPLOYER EXPERIENCE

### **PART IX — EXAMPLES**

Part IX contains illustrations descriptions of certain common types of reports required by the MWCIA's Statistical Plan. For examples of the applicable hard copy filing forms, Therefer to Section 6 of the WCIO Workers Compensation Data Specifications Manual. This WCIO manual is available by link on MWCIA's website at <a href="https://www.mwcia.org">www.mwcia.org</a>, examples are for illustration purposes only and should NOT be used for filing purposes. For maximum benefit the illustrations should be carefully studied in connection with the applicable instructions of this Plan. Refer to the coding sections for mandatory and optional filing requirements.

### MINNESOTA UNIT STATISTICAL PLAN MANUAL Effective July 1, 2006

Illustration 1 — First Report

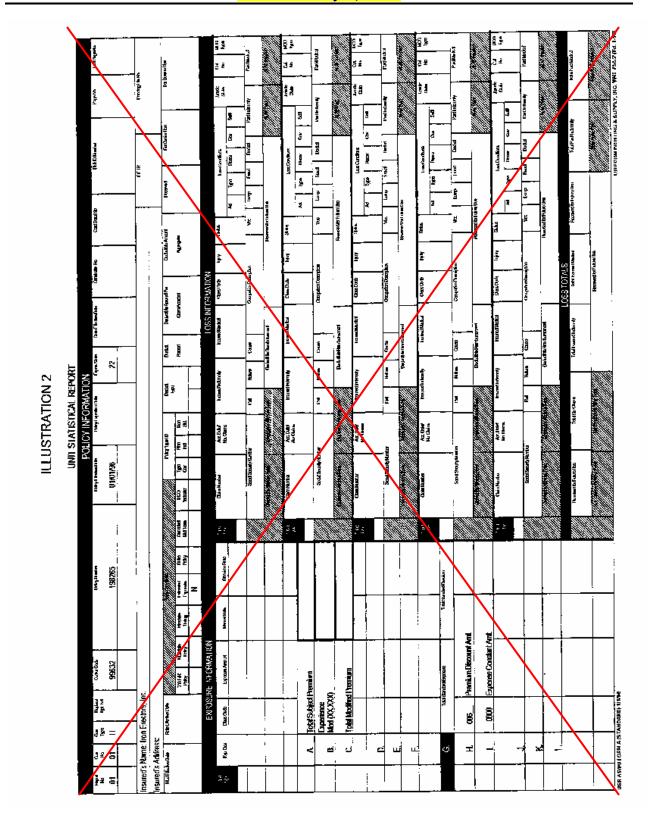


### Illustration 2 — Correction of Header Information Only

In the following example the only information that needs correcting is a policy condition, estimated exposure. If a header field needs to be corrected and the field has only one line, report the revised information only.

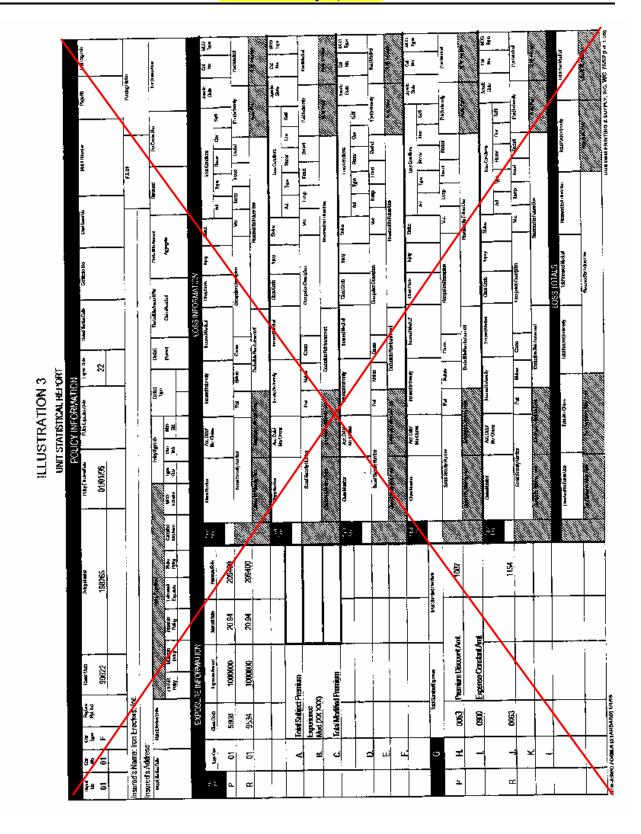
When reporting a header correction, only the Report Number, Correction Number, Carrier Code, Policy Number, Policy Effective Date, Exposure State and Insureds Name need to be filled in, along with any other policy information that is changing.

Refer to Part V, Item 3, Method of Reporting.



### Illustration 3 — Correction of Exposure Record Only

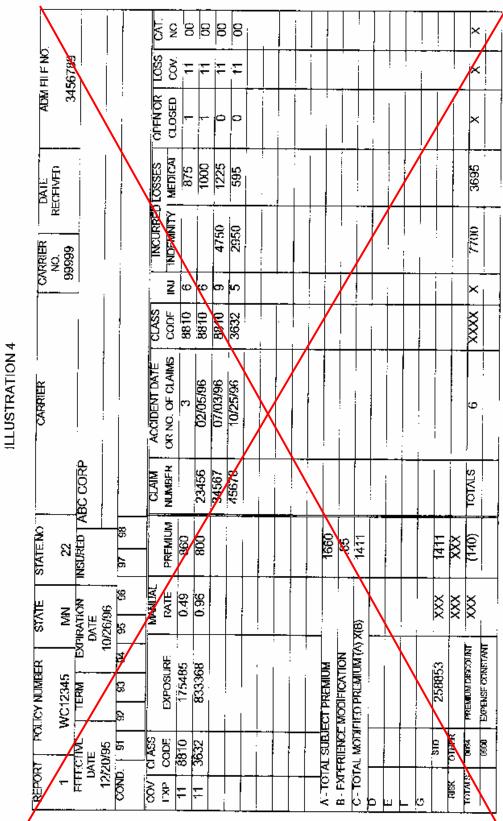
In the following example, classification code 5606 is being revised to classification code 9534. The premium for 0063 is being revised to \$1154. The totals have not changed.



### Illustration 4 — Correction of Old Form Information on New Form

The following example shows the information reported on the old form prior to the adoption of the ASWG form.

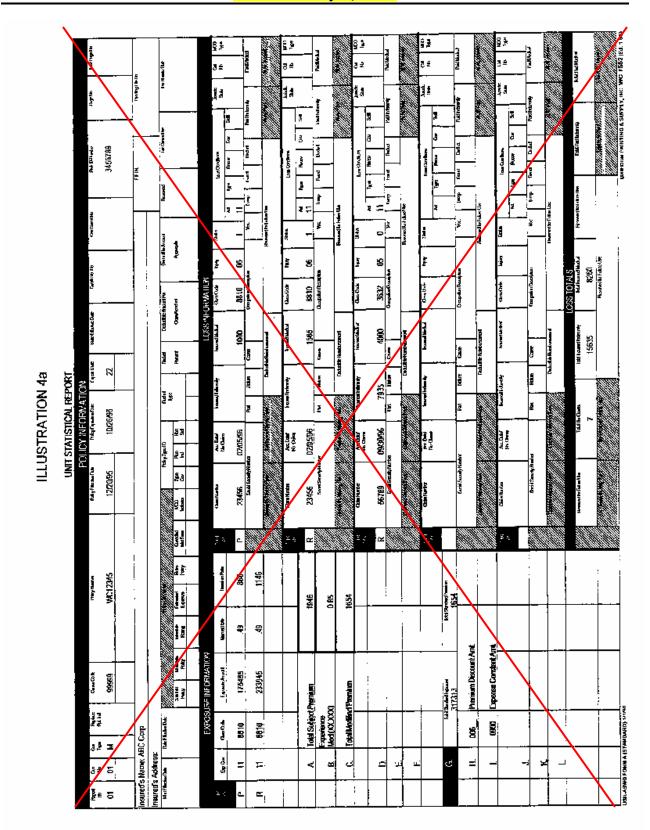
Refer to Illustration 4a showing the correction on the ASWG form.



### Illustration 4a — Correction of Old Form Information on New Form

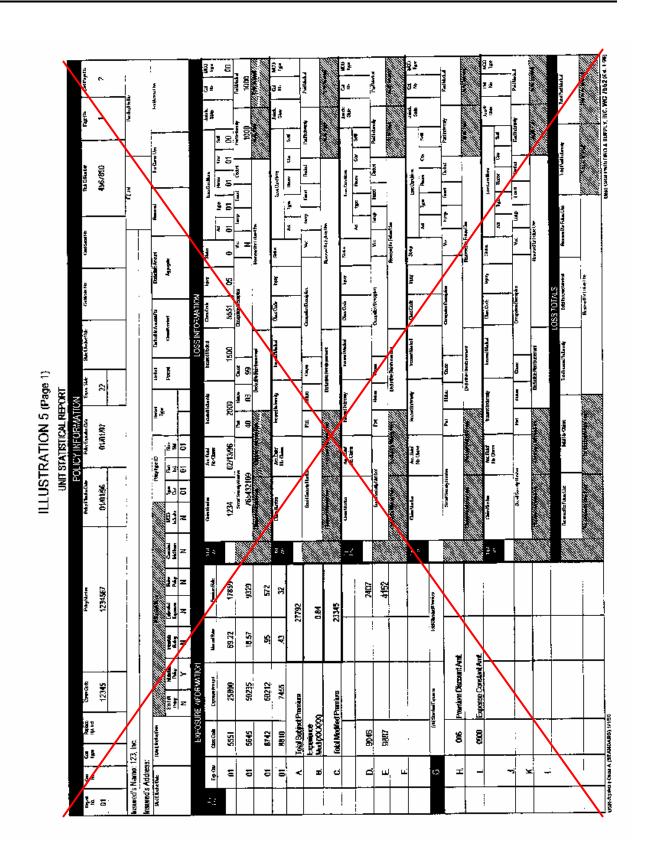
The following example is a correction of exposure and loss information on the ASWG form. Please note that only the information that was reported on the original unit is transferred to the new form (new fields do **NOT** need to be filled in).

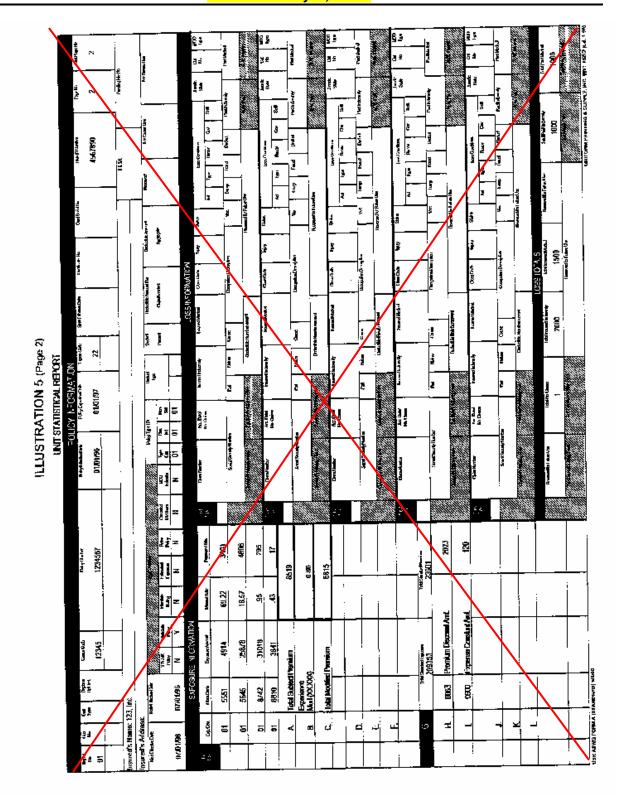
Also note the claim 56789 is being added as a new claim.



### Illustration 5 — First Report Requiring Two Unit Cards

This illustration shows a first reporting requiring two unit pages with a scheduled credit (9887) and Minnesota Contractors Premium Adjustment (9046).





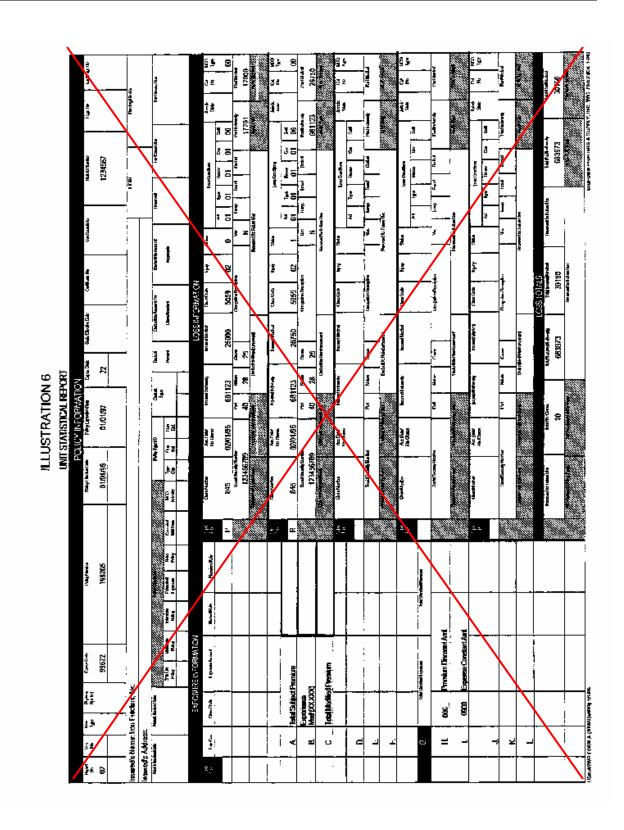
### Illustration 6 — Second Reporting of Losses for Unit for Illustration 1

Note that the claim previously reported as open has been reported and revalued as of 30 months after the effective date of the policy (valuation 07/98).

Note that the first loss record is the claim's previously reported information, indicated by a P in the Update Type field. The second loss record is the claim's revised information, indicated by an R in the Update Type field. The loss totals are the revised totals only.

Subsequent levels can be reported on a Unit Statistical Report (as shown) or on a Supplemental Loss Report using the same format shown here.

When reporting loss information on a subsequent report, provide both previous and revised information.



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### MINNESOTA UNIT STATISTICAL PLAN MANUAL Effective July 1, 2006

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### MINNESOTA UNIT STATISTICAL PLAN MANUAL Effective July 1, 2006

### SECTION ONE — REPORTING OF INDIVIDUAL EMPLOYER EXPERIENCE

### PART X — SAMPLE FORMS

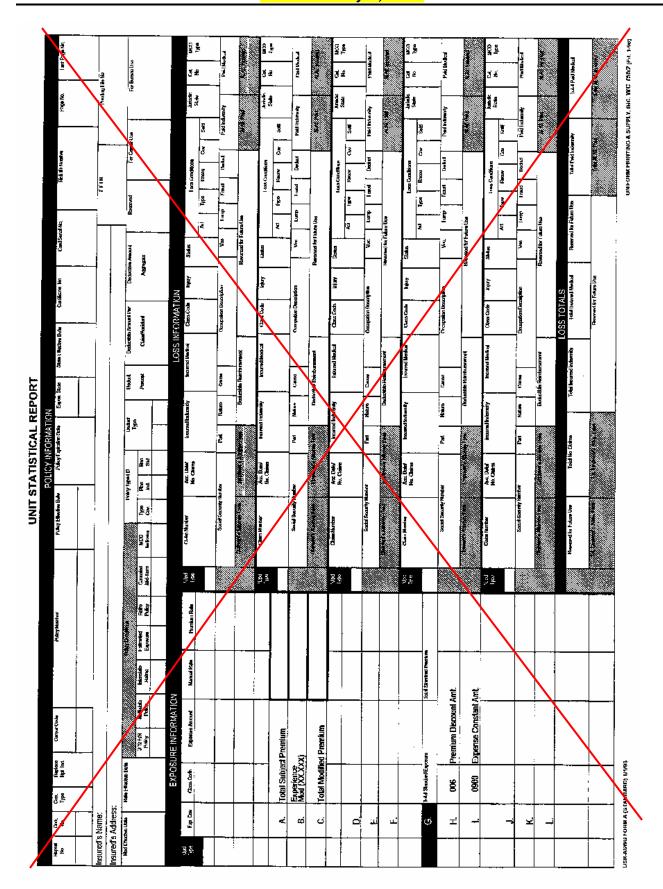
**Description** Form Number

Unit Statistical Report WC 7552 Supplemental Loss Report WC 7575

REPORT  Expos. State Effective Date Certificate No. Card Serial No. Risk ID Number Page No. Last Page No.	F.E.I.N. Pending File No.			2 Percent Clain/Accident Aggregate	LOSS INFORMATION	Incurred Medical Class Injury Status took Conditions Status Acrt Type Record Clm Settl No. Type	Nature Cause Occupation Description Voc. Lump Fraud Deduct Paid indemnity Paid Medical	Deductible Reimbut sement Reversed for Future Use ALAE Paid ALAE Incurred	rdemnity Incurred Medical Class Injury Status Loss Conditions Jurisdic Cat. M/CO Code No. Type	Nature Cause Occupation Description Voc. Lump Fraud Deduct Paid Indemnity Paid Medical	Deductible Reimbursement Reversed for Future Use AIAE Paid AIAE Incurred	Incurred Medical Class Injury Status Loss Conditions	Act Type Recov Clm	Cause Occupation Description Voc. Lump Fraud Deduct Paid Indemnity	Deductible Rembirsement Reversed for Future Use ALAE Paid ALAE houried	Incurred Medical Glass   Injury   Status   Loss Conditions   Justisdic Cat. MiCO   Code   Code   Act   Type   Recor   Clm   Settl	;	Nature Cause Occupation Description Voc. Lump Fraud Declot Paid Indemnity Paid Medical	Deductible Reimbursement Reversed for Future Use ALAE Paid ALAE Pround	defamily incurred Medical Class Injury Status test Conditions Louisdic Cat. MicO Code Act Type Record Clim Settl No. Type	Nature Cause Occupation Description Voc. Lump Fraud Deduct Paid Indemnity Paid Medical	Deductible Reimbur sement Reversed for Future Use ALAE Paid ALAE Paid ALAE Incurred	LOSS TOTALS Total incurred informity Total Paid inclined Medical Total Paid Medical	Reserved for Fullure Use Total ALAE Paid Total ALAE Paid Total ALAE Incurred
Corr   Corr   Registro   Corr   Registro   Policy Effective Date   Policy Effective Date   Policy Effective Date   Policy Effective Date   Espec State   Policy Effective Date   Policy Effective Date   Espec State   Policy Effective Date   Espec State   Policy Effective Date   Policy Effective Date   Espec State   Policy Effective Date   Policy Effective Date   Espec State   Policy Effective Date   Policy Effe	Insured's Name:	Insured's Address:	Mod Effective Date   Rate Effective Date   Policy Conditions   Policy Type 1D   Deduct.   D	3 Yr FR Mulfistale Interstate Estimated Retro Canceled MCO Type Plan Non- Type Policy Policy Rating Exposure Policy Mid-frem Indicator Cov. Incl. Std. 1 2 2	EXPOSURE INFORMATION	Upd Exp. Cox Class Code Exposure Amount Manual Rate Premium Amount Upg Claim Number Acc Date/ broared indemnity  No. Galims  No. Galims	Social Security Number Part Nature	Galmant's Albumy Fees Employer's Albumy Fees Deductible	Upp Claim Number Acc Date hours in house No Claims	B. Mod (XXXXX) Part Nature	Total Modified Premium Employer's Attorney Fees	Upd         Cbim Number         Acc. Dale/         Incurred indemnity           Type         No. Claims         No. Claims	D.	Number Part h	Gainant's Albuney Fees Employer's Allomey Fees Deductible	Upd Calm Number Acc Daty hoursed indomnity Type No. Galms	G, Total Standard Exposure Total Standard Premium	H 006 Premium Discount Amt.	Ogno Expense Constant Amt	Upd Celim Number Acc. Date/ broarred indemnity Type No. Galims No. Galims	Social So	Gaimant's Altorney Fees Employer's Altorney Fees	Reserved for Future Use Total No. Claims Tot	Tot. Claimant's Attry, Fees Tot. Employer's Attry, Fees

### SUPPLEMENTAL LOSS REPORT

															Pending File No.			No La	st Page No.	
Report	No.	Corr. No.	Cori	r. Type	Replace Rp	t. Car	rier Code		Policy Nun	nber		I	Policy I	Effective D	ate I	Policy Expi	ration Da	te Expo	s. State	
		Name:														F.E.I.	.N.	Card Se	Card Serial No.	
		Address	:	Acc. Date	ate/ No. Claims   Incurred Indemnity   Incurred Medical Class Code Injury Status										one		Jurisdic	Cat.	MCO	
Upd Typ							,					Act	Туре	Recov	Clm	Settl	State	No.	Туре	
	Soci	Social Security Number		Part	Nature	Cause		Occupation (	Description		Voc.	Lump	Fraud	Deduct	Pi	aid Indemnity		Paid Me	dical	
	Claim	ant's Attorne	y Fees	E	mployer's Attor	ney Fees			Reversed	for Future Us	e					ALAE Paid		ALAE Inc	urred	
Upd	C	Claim Number		Acc. Date	e/ No. Claims	Incurred I	ndemnity	Incurred Medical	Class Code	Injury	Status			Loss Condition			Jurisdic State	Cat. No.	MCO Type	
Тур												Act	Туре	Recov	Clm	Settl				
	Soci	al Security Nu	ımber	Part	Nature	Cause		Occupation I	Description		Voc.	Lump	Fraud	Deduct	uct Paid Indemnity			Paid Medica		
	Claim	ant's Attorne	y Fees	E	mployer's Attor	ney Fees			Reversed	for Future Us	е					ALAE Paid		ALAE Incurred		
lind.	C	Claim Number		Acc. Date	e/ No. Claims	Incurred I	ndemnity	Incurred Medical	Class Code	Injury	Status	1		Loss Conditio	ons		Jurisdic	Cat.	MCO	
Upd Typ												Act	Туре	Recov	Clm	Settl	State	No.	Туре	
	Social Security Number Part Nature Cause					Occupation I	Description		Voc.	Lump	Fraud	Deduct	Pi	aid Indemnity		Paid Me	dical			
	Claim	ant's Attorne	y Fees	E	mployer's Attor	ney Fees		Reversed for Future Use								ALAE Paid		ALAE Inc	urred	
Upd	C	Claim Number		Acc. Date	e/ No. Claims	Incurred I	ndemnity	Incurred Medical	Class Code	Injury	Status			Loss Condition	ons		Jurisdic State	Cat. No.	MCO Type	
Тур												Act	Туре	Recov	Clm	Settl	State	140.	Турс	
	Soci	al Security Nu	mber	Part	Nature	Cause		Occupation I	Description		Voc.	Lump	Fraud	Deduct	Pi	aid Indemnity		Paid Medical		
	Claim	ant's Attorne	y Fees	E	mployer's Attor	ney Fees			Reversed	for Future Us	e					ALAE Paid		ALAE Incurred		
Upd	C	laim Number		Acc. Date	e/ No. Claims	Incurred I	ndemnity	Incurred Medical	Class Code	Injury	Status			Loss Condition			Jurisdic State	Cat. No.	MCO Type	
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U-1396 PAGE 1

#### FILING MEMORANDUM

### ITEM U-1396—URE WORKERS COMPENSATION STATISTICAL PLAN UPDATE

**Effective Dates**—The effective dates applicable to the proposed changes in this item filing vary by the type of change and are outlined to become effective as follows:

- 1. Part/Nature/Cause codes—Effective 12:01 a.m. on January 1, 2006 for new and renewal policies: Applicable to coding specification additions and changes of new codes and additional narrative descriptions.
- **2.** All other revisions—Effective upon approval: Applicable to all other revisions in this item filing, e.g., Type of Claim name change, Social Security Number as nonapplicable reporting element for NCCI states—to address privacy concerns, references to the *Unit Statistical Reporting Guidebook*, where they appear throughout the *URE Workers Compensation Statistical Plan*.

#### **PURPOSE**

The purpose of this item filing is to propose revisions to NCCI's *URE Workers Compensation Statistical Plan* as follows:

- Implementation of several data reporting specification changes that NCCI proposed, and were subsequently approved by the Workers Compensation Insurance Organization's Advisory Statistical Working Group (ASWG), as follows:
  - Update coding specifications for Deductible Type (Code) and Injury Description Code
  - Rename the data element Loss Condition Code—Type of Coverage to Loss Conditions Code—Type of Claim
- In response to privacy concerns, we are proposing that the data element of Social Security Number not be applicable to NCCI states
- Global updates to reference the current NCCI department, Regulatory Assurance, which was previously named Business Classification and Rating Services
- Global manual updates to reference the new Unit Statistical Reporting Guidebook, which combined and further enhanced the prior Unit Report Quality (URQ) and Unit Report Control (URC) Users' Guides
- Update the Classification Code and Correction Reports instructions to reference the *Unit Statistical Reporting Guidebook* for specific reporting requirements

#### **BACKGROUND**

NCCI has identified the need for updates to the *URE Workers Compensation Statistical Plan* to reflect current information for the following items:

#### Coding Specifications

Coding specification changes were coordinated and approved by the Workers Compensation Insurance Organization's ASWG; we are proposing to implement the approved changes as follows:

- Deductible Type (Code)—The description for Coinsurance Percent with Claims and Policy Aggregate
  (Code 11) has been revised to be consistent with the industry standard definition for this data element.
  We are replacing the current description Coinsurance with Per Claim and Policy Aggregate with
  Coinsurance Percent With Per Claim and Policy Aggregate Limit.
- Deductible Type (Code)—Variable (Code 12), we are adding this new coding option.

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#### FILING MEMORANDUM

#### ITEM U-1396—URE WORKERS COMPENSATION STATISTICAL PLAN UPDATE

- For Nature of Injury Code 16, we are revising the narrative description from MD Dislocation to Medical Doctor Dislocation
- For Nature of Injury Code 36, we are revising the narrative description to add Mold to the description
- For Nature of Injury Code 79, Hepatitis C, we are adding this code
- For Cause of Injury Code 88, Natural Disaster, we are adding this code and its applicable narrative description
- · For Cause of Injury Code 91, Mold, we are adding this code

#### Loss Condition—Type of Coverage

The Type of Coverage reporting field is intended to capture under which provision(s) of the policy the loss was incurred. The proposed name change to Type of Claim is intended to alleviate any misunderstanding that this is a "type of policy" reporting field; this reporting field name change was coordinated and approved by the Workers Compensation Insurance Organization's Advisory Statistical Working Group (ASWG). The ASWG participants, including other workers compensation bureaus and carrier data reporting professionals, agreed that the new name, Type of Claim, is more accurate.

#### **Social Security Number**

Social Security Number is currently an **optional** data element for unit statistical reporting purposes. In response to privacy concerns relating to Social Security Numbers, we are proposing that the reference to this data element be eliminated from the reporting requirements.

#### Claim Number

This concerns the current affiliated self-insured rule that allows the reporting of the Claim Number or Social Security Number in the claim number field. We are proposing the elimination of the reference of the Social Security Number as a reporting option for the Claim Number field. This relates directly to the privacy concerns described above in Social Security Number.

### **Unit Statistical Reporting Guidebook**

In early 2005, NCCI released the new *Unit Statistical Reporting Guidebook* to the data reporting industry. This new manual combined and further enhanced the information that was previously contained in the *Unit Report Quality (URQ) User's Guide* and the *Unit Report Control (URC) User's Guide*. Since these two users' guides have been replaced by the new *Unit Statistical Reporting Guidebook*, all related *URE Workers Compensation Statistical Plan* references need to be updated in the new manual.

#### **Classification Code**

We are proposing the modification of the classification code reporting information when carriers have deviations from the NCCI Classification Plan. A reference to the *Unit Statistical Reporting Guidebook* for further information is also being added; this guidebook addresses carrier deviations (such as subclassifications) that are made to state insurance departments via independent carrier filed programs.

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#### FILING MEMORANDUM

### ITEM U-1396—URE WORKERS COMPENSATION STATISTICAL PLAN UPDATE

### **Correction Reports**

The intent for changes under item 2. Correction Reports is as follows:

- Provide one up-front general reference to the *Unit Statistical Reporting Guidebook* for correction report examples and further reporting instruction details
- For the fourth bullet point, update the reference to the section of the URE Workers Compensation Statistical Plan where requirements for corrections to type of injury are defined
- For the tenth bullet point on header/policy information, remove instructions, which are more appropriately
  provided in the *Unit Statistical Reporting Guidebook*

#### **PROPOSAL**

This item proposes that the updates to NCCI's *URE Workers Compensation Statistical Plan* will be approved and become effective according the **Effective Dates** as outlined on page 1 of this item filing.

Proposed additions or changes to the attached *URE Workers Compensation Statistical Plan* exhibit pages are shaded. Proposed deletions are indicated with strike-through text where deletion is desired.

#### **IMPACT**

The two different effective dates applicable to this item filing were chosen:

- 1. To allow lead-time for system changes as they apply to coding specification changes
- 2. To implement general update revisions needed as they are approved

Once the states have approved Item Filing U-1396, carriers will use the updated information in NCCI's *URE Workers Compensation Statistical Plan* for reporting purposes.

#### **IMPLEMENTATION**

The attached exhibits (1–13) include the proposed changes necessary to implement this item. These exhibits illustrate the affected parts of the *URE Workers Compensation Statistical Plan* as follows:

Exhibit 1—Retrospectively Rated Policies—for NCCI department reference only

Exhibit 2—Class Code

Exhibit 3—Deductible Type (Code), Type of Plan

Exhibit 4—Reporting of Losses

Exhibit 5—Claim Number

Exhibit 6—Loss Information, Loss Condition Code

Exhibit 7—Social Security Number

Exhibit 8—Correction Reports

Exhibit 9—Coding Specifications, Deductible Type (Code)

Exhibit 10—Coding Specifications, Loss Condition Code

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#### FILING MEMORANDUM

### ITEM U-1396—URE WORKERS COMPENSATION STATISTICAL PLAN UPDATE

Exhibit 11—Coding Specifications, Nature of Injury, and Cause of Injury Codes

Exhibit 12—Global change reflects the reference for the Unit Statistical Reporting Guidebook

Exhibit 13—State-specific update, where applicable.

Upon approval, the manual pages, both online and hard copy, will be updated in NCCl's *URE Workers Compensation Statistical Plan* with the applicable effective date as outlined above.