



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

Special Attention: Unit Statistical Personnel

July 14, 2010

ALL ASSOCIATION MEMBERS

Circular Letter 10-1577

RE: *Minnesota Statistical Plan Manual – 3 Part Filing: Part of Body Code 99 – Whole Body; Cause of Injury Code 93 – Gunshot; Elimination of Claim Grouping Reporting Option*

The Minnesota Department of Commerce has approved the above filing to become effective 12:01 a.m, January 1, 2011, for new and renewal business.

This filing authorizes the use of the following two new Injury Description Codes (Part, Nature, Cause) for use in statistical reporting of claims:

- Part of Body Code 99 – Whole Body
- Cause of Injury Code 93 – Gunshot
 - With the addition of Cause of Injury Code 93, Cause of Injury Code 89 – Person in Act of a Crime - will now exclude gunshot

Additionally, this filing eliminates the currently available reporting option for grouping claims. All claims will need to be reported individually by specific claim number.

The attached exhibit illustrates the changes necessary to the ***Minnesota Statistical Plan Manual*** to implement all portions of this filing.

If you have any questions regarding this matter, please direct them to Pam Flaten at 952.897.6417 or via email at pam.flaten@mwcia.org.

A NOTICE TO MEMBERSHIP:

MWCIA would like to remind our membership who have filed a Limited Power of Attorney with the Minnesota Department of Commerce that no materials referenced in this Circular Letter are required to be independently filed with the Department.

EXHIBIT I

MINNESOTA STATISTICAL PLAN MANUAL

Effective January 1, 2011

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	
<i>Injury Description Codes</i>	<i>Injury Description Codes</i>	
PART OF BODY (Position 1-2)	PART OF BODY (Position 1-2)	
VI. MULTIPLE BODY PARTS	VI. MULTIPLE BODY PARTS	
NONE	99. Whole Body	ADDING NEW INJURY DESCRIPTION CODE FOR MN TO CORRESPOND WITH NCCI'S NEW CODE.

EXHIBIT II

MINNESOTA STATISTICAL PLAN MANUAL

Effective January 1, 2011

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	
<i>Injury Description Codes</i>	<i>Injury Description Codes</i>	
CAUSE OF INJURY (Position 5-6)	CAUSE OF INJURY (Position 5-6)	
X. MISCELLANEOUS CAUSES	X. MISCELLANEOUS CAUSES	
89. Person in Act of a Crime	89. Person in Act of a Crime - to exclude Gunshot	AMENDING EXISTING CODE LANGUAGE IN MN TO CLARIFY THAT IT DOES NOT INCLUDE GUNSHOT RELATED INJURIES.
NONE	93. Gunshot	ADDING NEW INJURY DESCRIPTION CODE FOR MN TO CORRESPOND WITH NCCI'S NEW CODE/LANGUAGE.

MINNESOTA STATISTICAL PLAN MANUAL

Effective January 1, 2011

CURRENT MN MANUAL LANGUAGE	PROPOSED MN MANUAL LANGUAGE	COMMENTS
SECTION ONE — REPORTING OF INDIVIDUAL EMPLOYER EXPERIENCE	SECTION ONE — REPORTING OF INDIVIDUAL EMPLOYER EXPERIENCE	
PART IV— REPORTING INSTRUCTIONS—LOSSES	PART IV— REPORTING INSTRUCTIONS—LOSSES	
2. Claim Number	2. Claim Number	
<p>A. Individual Claim Reporting. Report the alphanumeric code that uniquely identifies the specific claim excluding blanks, punctuation marks and special characters and which will make it possible to locate the claim records in the carrier files. THE COMPLETE CLAIM NUMBER INCLUDING SUFFIXES AND PREFIXES, IF USED, MUST REMAIN THE SAME THROUGHOUT THE LIFE OF THE CLAIM. The claim number cannot be changed on subsequent reports. If a change is necessary, a hard copy correction must be submitted along with written notification. Each claim on which the total loss (indemnity and medical combined) is greater than \$2,000 must be listed individually with the appropriate claim grouping option explained below.</p>	<p>Report the alphanumeric code that uniquely identifies the specific claim excluding blanks, punctuation marks and special characters and which will make it possible to locate the claim records in the carrier files. THE COMPLETE CLAIM NUMBER INCLUDING SUFFIXES AND PREFIXES, IF USED, MUST REMAIN THE SAME THROUGHOUT THE LIFE OF THE CLAIM. The claim number cannot be changed on subsequent reports. If a change is necessary, a hard copy correction must be submitted along with written notification.</p>	<p>AMENDING MANUAL TO REMOVE LANGUAGE REGARDING THE CLAIM GROUPING REPORTING OPTION.</p>
<p>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</p>	<p style="text-align: center;">DELETED</p>	<p>AMENDING MANUAL TO REMOVE LANGUAGE REGARDING THE CLAIM GROUPING REPORTING OPTION.</p>

MINNESOTA STATISTICAL PLAN MANUAL

Effective January 1, 2011

CURRENT MN MANUAL LANGUAGE	PROPOSED MN MANUAL LANGUAGE	COMMENTS
<p>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.</p>		
<p>3. Accident Date</p>	<p>3. Accident Date</p>	
<p>For claims which are listed individually, enter the accident date by reporting the month, day and year on which the injury occurred. Accident date is NOT to be reported if the carrier has elected the claim grouping option. The accident date cannot be changed on subsequent reports. If a change is necessary, a hard copy correction must be submitted along with written notification.</p>	<p>Enter the accident date by reporting the month, day and year on which the injury occurred. The accident date cannot be changed on subsequent reports. If a change is necessary, a hard copy correction must be submitted along with written notification.</p>	<p>AMENDING MANUAL TO REMOVE LANGUAGE REGARDING THE CLAIM GROUPING REPORTING OPTION.</p>
<p>4. Number of Claims</p>	<p>4. Number of Claims</p>	
<p>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 NOT 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 payment shall NOT be counted as a claim. A claim on which more 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.</p>	<p>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 payment shall NOT be counted as a claim. A claim on which more 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.</p>	<p>AMENDING MANUAL TO REMOVE THE CLAIM GROUPING REPORTING OPTION LANGUAGE.</p>

MINNESOTA STATISTICAL PLAN MANUAL

Effective January 1, 2011

CURRENT MN MANUAL LANGUAGE	PROPOSED MN MANUAL LANGUAGE	COMMENTS
27. Loss Total Record	27. Loss Total Record	
A. <i>Total Number of Claims.</i> Report the arithmetic total number of claims reported for the state within the policy. In the case of corrections and subsequent reports, this must be the revised total. Individually listed claims count as 1, while grouped claims equal the number of claims being grouped. Contract medical claims are to be included in this total.	A. <i>Total Number of Claims.</i> Report the arithmetic total number of claims reported for the state within the policy. In the case of corrections and subsequent reports, this must be the revised total. Contract medical claims are to be included in this total.	AMENDING MANUAL TO REMOVE LANGUAGE REGARDING GROUPED CLAIMS TO BE CONSISTENT WITH THE ELIMINATION OF THE CLAIM GROUPING REPORTING OPTION.
PART V— SUBSEQUENT AND CORRECTION REPORTS	PART V— SUBSEQUENT AND CORRECTION REPORTS	
2. Correction Reports – When Required	2. Correction Reports – When Required	
B. <i>Loss Corrections.</i> A correction of a loss report must also be filed when any of the following occur between valuation dates.	SAME	AMENDING MANUAL TO REMOVE LANGUAGE REGARDING GROUPED CLAIMS TO BE CONSISTENT WITH THE ELIMINATION OF THE CLAIM GROUPING REPORTING OPTION.
4. A clerical error in either the classification assignment or the injury code assignment of a given claim, or group of claims, has been discovered.	4. A clerical error in either the classification assignment or the injury code assignment of a given claim has been discovered.	
3. Method of Reporting	3. Method of Reporting	
C. <i>Loss Information.</i> When there is a change in any of the data previously reported for a particular claim number or class code in the case of grouped claims, the corrected report shall include all of the data previously reported for the claim record (indicated by the Update Type “P”), and all of the revised data, including the data which does not change, on a corrected basis (indicated by the Update Type “R”).	C. <i>Loss Information.</i> When there is a change in any of the data previously reported for a particular claim number, the corrected report shall include all of the data previously reported for the claim record (indicated by the Update Type “P”), and all of the revised data, including the data which does not change, on a corrected basis (indicated by the Update Type “R”).	AMENDING MANUAL TO REMOVE LANGUAGE REGARDING GROUPED CLAIMS TO BE CONSISTENT WITH THE ELIMINATION OF THE CLAIM GROUPING REPORTING OPTION.

MINNESOTA STATISTICAL PLAN MANUAL

Effective January 1, 2011

CURRENT MN MANUAL LANGUAGE	PROPOSED MN MANUAL LANGUAGE	COMMENTS
----------------------------	-----------------------------	----------

ASWG UNIT REPORT DATA ELEMENTS
CODING SPECIFICATIONS

DATA ELEMENT	BYTES		CLASS		SPECIFICATIONS	
	EL	HC	EL	HC		
LOSS RECORD						
Claim Number	12	12	AN	AN	Alphanumeric code which uniquely identifies claim, excluding blanks, punctuation marks and special characters. Must be the same throughout the life of the claim. Check for duplicates within each report and through each report level, not reported if group claims. Action-Reject	AMENDING MANUAL TO REMOVE THE CLAIM GROUPING REPORTING OPTION LANGUAGE.
Accident Date	6	6	N	N	Must be within policy period. If grouped, this will be number of claims on HC. Leave blank if grouping claims. EL-Must be YY/MM/DD. HC-Must be MM/DD/YY. Action-Reject	
Number of Claims	4	N/A	N	N/A	Number of claims contained in reported group. Must always be completed on EL. Action-Reject	

**MINNESOTA WORKERS' COMPENSATION INSURERS ASSOCIATION, INC.
FOR REPORTING ON POLICIES EFFECTIVE JANUARY 1, 1996 AND AFTER**

Effective January 1, 2011

INDEX

<p>Accident Date 19</p> <p>Additional Premium From Mandated Flat Increase on Outstanding Policies 43</p> <p>Admiralty and/or FELA Coverage..... 44</p> <p>Aircraft Operation-Passenger Seat Surcharge 14, 44</p> <p>Allocated Loss Adjustment Expenses 21</p> <p>Allocated Loss Adjustment Incurred (ALAE) ... 30</p> <p>Allocated Loss Adjustment Paid (ALAE) 30</p> <p>Annuity Tables</p> <p style="padding-left: 20px;">Fatal Dependency Benefits—Total Population..... 53</p> <p style="padding-left: 20px;">Lifetime Fatal Dependency Benefits—Total Population 62, 72</p> <p style="padding-left: 20px;">Permanent Total Benefits—Female Lives..... 52, 58, 69</p> <p style="padding-left: 20px;">Permanent Total Benefits—Male Lives..... 51, 54, 66</p> <p style="padding-left: 20px;">Summary..... 50</p> <p>Atomic Energy 44</p> <p>Awards..... 22</p> <p> </p> <p>Canceled Mid-Term Indicator 41</p> <p>Card Serial Number 8</p> <p>Carrier Code 7</p> <p>Catastrophe Number 28</p> <p>Certificate Number..... 8</p> <p>Claim Grouping Option..... 19</p> <p>Claim Number..... 19</p> <p>Claim Status 26, 46</p> <p>Claimant's Attorney Fees Incurred 30</p> <p>Classification Code..... 13, 25</p> <p>Codes Common to Premium and Losses 39</p> <p>Collective Bargaining Program Credit 44</p> <p>Contract Medical..... 26, 31</p> <p>Correction of Unit Reports after Subsequent Reports have been Filed..... 35</p> <p>Correction Reports - When Required 33</p> <p>Correction Sequence Number..... 7</p> <p>Correction Type 7, 39</p> <p> </p> <p>Data Values And Statistical Codes..... 39</p> <p>Date of Valuation and Filing 4</p> <p>Dates 5</p> <p>Death and Permanent Disability Claims..... 20</p> <p>Death Cases 25</p> <p>Deductible Amount Aggregate 11</p> <p>Deductible Amount Per Claim/Accident 11</p> <p>Deductible Applied to Premium After Experience Modification..... 44</p>	<p>Deductible Applied to Premium Before Experience Modification 43</p> <p>Deductible Code..... 30</p> <p>Deductible Percent..... 11</p> <p>Deductible Type 10, 40</p> <p>Disease Experience 42</p> <p>Disease Experience—Coal Mining 44</p> <p>Drug Free Workplace Premium Credit..... 44</p> <p> </p> <p>Employer's Attorney Fees 30</p> <p>Employers Liability Increased Limits (in 000's) 42</p> <p>Employers Liability Loss Adjustment Expenses 22</p> <p>Estimated Exposure Indicator 41</p> <p>Excess Policies 5</p> <p>Expense Constant 45</p> <p>Expense Constant Amount 17</p> <p>Expenses Excluded from Losses 21</p> <p>Expenses Included in Losses..... 22</p> <p>Experience Modification 15, 34</p> <p>Exposure Amount..... 13</p> <p>Exposure Corrections..... 33</p> <p>Exposure Coverage 41</p> <p>Exposure Coverage Code..... 13</p> <p>Exposure Information 34</p> <p>Exposure Information Codes..... 41</p> <p>Exposure Record - First Reports 93</p> <p>Exposure State..... 8, 39</p> <p>Exposures 34</p> <p> </p> <p>Federal Employer Identification Number (FEIN)..... 9</p> <p>Fine Notification Schedule 87, 88</p> <p>Fine System for Late Unit Reports 4</p> <p>Fine System For Late Unit Reports..... 87</p> <p>Form of Report 3</p> <p>Fractions of Dollars 4</p> <p>Fraudulent Claim Indicator 30</p> <p> </p> <p>General Instructions 3</p> <p>General Record Specifications..... 91</p> <p> </p> <p>Header Record 93</p> <p> </p> <p>Incurred Indemnity..... 20</p> <p>Incurred Losses..... 20</p> <p>Incurred Medical..... 20</p> <p>Independent Carrier Filing</p>
---	---