



Minnesota Workers' Compensation
Insurers Association, Inc.

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August 8, 2023

ALL ASSOCIATION MEMBERS

Circular No. 23-1823

RE: Revised Minnesota Dispute Resolution Endorsement

The Minnesota Workers' Compensation Insurers Association (MWCIA) advises carriers that the Minnesota Dispute Resolution Endorsement has been revised.

The updated Minnesota Dispute Resolution Endorsement is included in the attached set of WC filing forms.

Please direct any questions you may have concerning this matter to Kathleen Peterson at kathleen.peterson@mwcia.org.

WORKERS' COMPENSATION RATE FILING FORM

NAIC Company Number

Company Name

Proposed Effective Date: _____

Overall Effect of Rate Change: _____

This filing is based on the 202____ Minnesota Ratemaking Report

If the company uses the pure premium base rates with NO deviations by class, complete the following:

the multiplier is: _____
the expense constant is: _____
the largest rate increase for any class is: _____
the smallest rate change for any class is: _____

If the company has different multipliers for different classes, complete the following:

the lowest multiplier is: _____
the highest multiplier is: _____
the average effective multiplier is: _____
the expense constant is: _____
the largest rate increase for any class is: _____
the smallest rate change for any class is: _____

The company must attach

- The Class Deviation Filing Form DOC-WC-2(a)
- The Average Effective Multiplier Calculation DOC-WC-2(b)

If the company is using some other methodology, a complete explanation of the rates and methodology must be attached.

CLASS DEVIATION FILING FORM

Insurer Name: _____

Effective Date: _____

Code No.	Classification Title	Current Rate	Proposed Pure Premium Multiplier	New Rate	Percent Rate Change	Prior Year Written Premium

**MINNESOTA WORKERS' COMPENSATION
AVERAGE EFFECTIVE MULTIPLIER CALCULATION**

This form must be completed by any company that deviates its multiplier for one or more classes.

(1)	(2)	(3)	(4)	(5)	(6)
code number	current pure premium multiplier	proposed pure premium multiplier	prior year written premium	relative exposure [(4)/(2)]	relative proposed premium [(3)x(5)]
Average effective pure premium multiplier [(6) total/(5) total]					

**MINNESOTA WORKERS' COMPENSATION
CERTIFIED MANAGED CARE PLAN ENDORSEMENT**

The insurer has contracted with _____, a workers' compensation managed care plan certified by the Minnesota Department of Labor and Industry under Minn. Stat. §176.1351. Under this contract medical treatment for your employee's work-related injuries will be delivered and managed according to the managed care plan as certified and applicable state law.

The certified managed care plan must provide medical case management by licensed health care professionals, to ensure appropriate medical care and promote a prompt return to work. The managed care plan must also provide a process for resolving medical disputes. This dispute resolution process must be exhausted before the medical dispute may be filed with the Minnesota Department of Labor and Industry.

Your employees are covered by certified managed care for work injuries that occur after they have been given specific information about their rights and responsibilities under the managed care plan. A covered employee may be required to receive treatment for a work injury from a health care provider who is part of the plan's provider network. There are exceptions to this requirement, such as in emergency and in some cases where the employee has a history of treatment with another health care provider. The managed care plan will help you notify your employees of coverage and will explain these and other exemptions to managed care coverage.

**MINNESOTA WORKERS' COMPENSATION
UNCERTIFIED MANAGED CARE PLAN ENDORSEMENT**

The insurer has contracted with _____, a health care provider network, to provide health care services for employees with work-related injuries. [*If applicable:* These health care providers may be paid for their services at discounted or negotiated payment rates.]

This program is not a workers' compensation managed care plan certified by the Minnesota Department of Labor and Industry under Minn. Stat. §176.1351. Therefore, the employer or insurer may not require an employee to receive treatment for a work injury from any health care provider within this network.

SAMPLE DEVELOPMENT OF PURE PREMIUM MULTIPLIER

A. Loss cost modification factor	0.955
B. Commission and brokerage	0.094
C. Other acquisition	0.038
D. General expenses	0.191
E. Taxes, licenses & fees	
1. premium taxes	0.020
2. Other	0.003
F. Total premium-related expenses (sum of B through E)	0.346
G. Profit and contingencies	0.060
H. Credit for investment income	-0.044
I. Total premium-related expenses and profit (F+G+H)	0.362
J. Expected lost and LAE ratio (1.0-I)	0.638
K. Formula Loss Cost Multiplier (A/J)	1.497
L. Selected Loss Cost Multiplier	1.500

NOTE: The Department does not require the format of the company's exhibit to be identical to the sample format, but the company's exhibit should not neglect any of the items shown above. **The numbers used in this sample exhibit are illustrative only.** The company should be able to explain and support its numbers.

LIMITED POWER OF ATTORNEY FOR PURPOSE OF REGULATORY FILINGS

TO: Minnesota Department of Commerce, Insurance Product Filing Unit

RE: Workers' Compensation Rating Plan Filings

Effective Date: _____

This limited power of attorney is filed on behalf of the following insurers licensed to write workers' compensation in Minnesota.

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

The above insurers hereby designate and appoint the Minnesota Workers' Compensation Insurers Association, Inc. (MWCIA) as their attorney-in-fact for the following limited purposes only.

- (a) To file with the Minnesota Department of Commerce in the name and behalf of each of the above-named insurers all rating plan filings and modifications filed by MWCIA with the Department of Commerce and approved by the Department for use in Minnesota.
- (b) This limited power of attorney does not apply to any filings made by one or more of the above insurers which further modify or elect not to use any of the filings made by the MWCIA and does and does not apply to rate schedules filed by the insurers. Such individual insurer filings are filed as an exception to the MWCIA filed plans and those filings, together with individual insurer rates upon approval by the Department of Commerce or as provided by statute, will supersede any applicable MWCIA filings.
- (c) This limited power of attorney is filed to effect partial compliance with Minnesota Stat. §79.56, subd. 1 (each insurer shall file with the commissioner a complete copy of its rates and rating plan, and all changes and amendments thereto) and for no other purpose. The authority granted by this document is specifically and explicitly limited to that purpose and may be withdrawn at any time by the above-named insurers upon written notice to the Department of Commerce and the MWCIA.

(d) The above-named insurers specifically acknowledge that each filing must be in conformance with the filing procedures of the Minnesota Department of Commerce and must be accompanied by a filing fee where appropriate. Each insurer acknowledges that it has the individual liability to assure that each and every filing complies with its obligations under applicable Minnesota law. This document does not shift these obligations to the MWCIA. Neither the above-named insurers nor the Department should look to the MWCIA as a guarantor that these obligations are met. Under this limited power of attorney, the MWCIA serves solely as the empowered filing agent for the above-named insurers.

Signature

Print Name

Title

STATE OF _____)

COUNTY OF _____)

Subscribed and sworn to before me this
_____ day of _____, 20____.

Notary Public

MINNESOTA DISPUTE RESOLUTION ENDORSEMENT

This endorsement modifies insurance under the following:

Workers' Compensation and Employers Liability Insurance Policy

Name of Insured: _____ Policy Number: _____

Endorsement Effective Date: _____ Endorsement Number: _____

This endorsement is issued by the company named on the Information Page. It forms a part of the policy as of its effective date, at the hour stated on the Information Page.

We agree all Workers' Compensation claims with employees who are subject to collective bargaining agreements with the Insured will be resolved in accordance with the rules and regulations of said agreements as authorized under Minn. Stat., §176.1812 provided that such agreement(s) have been approved by the Commissioner of Labor and Industry.

LARGE RISK RATING FILING

[Pursuant to Minnesota Statutes §79.56, subd. 1(b)]

Name and address of insurer:

Name and address of insured employer:

Policy Period: _____

I certify that the employer named above generates \$250,000 or more in annual countrywide written workers' compensation premium, and that the calculation of this threshold is based on the rates and rating plans that have been approved by the appropriate state regulatory authority. The filing of this certification authorizes the use of this rate and/or rating plan only for the named employer.

Name of responsible officer: _____

Title: _____

Signature: _____