Objective

By the end of this session, you will understand the basic requirements of unit statistical reporting using the Statistical Plan and Unit Statistical Reporting Guidebook.
Urban Legends
True or False?

Questions
- A 12-foot alligator was found in the NY sewers
- There are more stars in the universe than grains of sand on Earth
- An octopus has two hearts
- Astronauts shrink in space
- George Washington had wooden teeth

Agenda
- Introduction
- General Requirements
- Unit Report Control (URC)
- Header/Policy Information
- Exposure Information
- Loss and Expense Information
- Editing, Validation, and Quality
Introduction

NCCI’s Role

- Prepares rate recommendations
- Analyzes industry trends
- Assists in pricing proposed legislation
- Provides a variety of products and services
What Is Unit Statistical Data?

Unit Statistical data is the audited exposure, premium, and loss information for a policy.

Required to be submitted for all NCCI states covered on each policy.

Unit Statistical Uses

- Experience Rating
- Actuarial Analysis
- Class Ratemaking
Unit Statistical Data Life Cycle

- Correction Report Submissions (as needed)
- Validation Tests
- Front End Editing
- Unit Report Submissions: 1st and Subsequents (2nd-10th Reports)
- Pre-Edit Submissions
- Unit Report Control System
- Workers Compensation Policy
- Report Preparation
- Policy System, Claim System, Audit

Data Uses
- Experience Rating, Class Ratemaking, Products and Services

Unit Statistical Resources

Communications
- Statistical Plan for Workers Compensation and Employers Liability Insurance (Stat Plan)
- Unit Statistical Reporting Guidebook (USRG)
- Basic Manual for Workers Compensation and Employers Liability Insurance (Basic Manual)
- WCIO Manual
- Electronic Transmission User’s Guide (ETUG)
- Data Reporting Tab
  - Unit Statistical Data
  - Data Quality
  - Data Reports
  - Circulars and FYI Plus

Training
- Data Educational Program
- Webinars on Demand
Statistical Plan

- Part 1—General Rules
- Part 2—Header/Policy Information
- Part 3—Exposure Information
- Part 4—Loss and Expense Information
- Part 5—Correction Information
- Part 6—Coding Values
- Part 7—Pension Tables

Unit Statistical Reporting Guidebook

- Introduction
- Part 1—General Requirements
- Part 2—Unit Report Control (URC)
- Part 3—Header/Policy Information
- Part 4—Exposure Information
- Part 5—Loss and Expense Information
- Part 6—Reporting Topics
Summary of Examples

<table>
<thead>
<tr>
<th>Subject</th>
<th>Description</th>
<th>Reference</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accident Date</td>
<td>Example #1—When the accident date is known</td>
<td>Part 5-F-2</td>
</tr>
<tr>
<td></td>
<td>Example #2—When the accident date is unknown</td>
<td>Part 5-F-3</td>
</tr>
<tr>
<td>Adding Claims</td>
<td>A subsequent report for a newly arising claim</td>
<td>Part 5-D</td>
</tr>
<tr>
<td>Balance to Minimum Premium</td>
<td>Balance to Minimum Premium</td>
<td>Part 4-A</td>
</tr>
<tr>
<td>Carrier Independently Filed Premium Credit/Debit Programs</td>
<td>Carrier independently filed program</td>
<td>Part 4-A-3</td>
</tr>
<tr>
<td>Carrier Subclassification Programs</td>
<td>Subclassification codes combined and mapped to the appropriate NCCI classification codes</td>
<td>Part 4-K</td>
</tr>
<tr>
<td>Catastrophe Number—Extraordinary Loss Events</td>
<td>Extraordinary Loss Event claim</td>
<td>Part 5-R-2</td>
</tr>
<tr>
<td>Catastrophe Number—Nonextraordinary Loss Events</td>
<td>Nonextraordinary Loss Event claim</td>
<td>Part 5-R-1</td>
</tr>
<tr>
<td>Coal Mine Experience</td>
<td>Example #1—State and federal benefits to cover black lung exposure</td>
<td>Part 6-A-2</td>
</tr>
<tr>
<td></td>
<td>Example #2—Officer opts out of state act coverage</td>
<td>Part 6-A-3</td>
</tr>
<tr>
<td></td>
<td>Example #3—Policy endorsed to add federal coverage</td>
<td>Part 6-A-4</td>
</tr>
<tr>
<td>Company Use Only Codes</td>
<td>Company use only codes mapped to the appropriate NCCI statistical code</td>
<td>Part 4-J</td>
</tr>
<tr>
<td>Deductible Programs</td>
<td>Example #1—Gross deductible program</td>
<td>Part 8-E</td>
</tr>
<tr>
<td></td>
<td>Example #2—Net deductible program</td>
<td>Part 8-F</td>
</tr>
<tr>
<td>Deleting Claims</td>
<td>Correction report to delete a claim</td>
<td>Part 5-E</td>
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</table>
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<td>Balance to Minimum Premium</td>
<td>Balance to Minimum Premium</td>
<td>Part 4-I-1</td>
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<table>
<thead>
<tr>
<th>State-Specific Rule Examples</th>
<th>Description</th>
<th>Reference</th>
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<tbody>
<tr>
<td>50% Rule</td>
<td>MO Claim that qualifies under Missouri 50% Rule</td>
<td>Part 7-D</td>
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<tr>
<td>Aggravated Inequity</td>
<td>FL Claim determined to meet the requirements of Florida Aggravated Inequity</td>
<td>Part 7-A</td>
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<tr>
<td>Anticipated Subrogation</td>
<td>OR Oregon Anticipated Subrogation recovery</td>
<td>Part 7-E</td>
</tr>
<tr>
<td>Deliberate Intent Coverage (Mandolids)</td>
<td>WV Deliberate Intent Coverage with a corresponding claim</td>
<td>Part 7-F</td>
</tr>
<tr>
<td>Excess Benefits Coverage</td>
<td>MD, VA Policy with excess benefits coverage</td>
<td>Part 7-C</td>
</tr>
<tr>
<td>Rule 450</td>
<td>ME Claim determined to be eligible under Maine Rule 450</td>
<td>Part 7-B</td>
</tr>
</tbody>
</table>

Deductible Programs
- Example #1—Gross deductible program
- Example #2—Net deductible program

Deleting Claims
- Correction report to delete a claim

Unit Statistical Tools

**DCA Access® Online**
- Unit
- **Unit Pre-Edit Tool**
- Extract data production
- Unit Report Control
- Notifications

**Data Manager Dashboard**

**Data Transfer via the Internet (DTVI)**
Introduction Review

Questions

Year Statistical Plan Established
Manuals, Circulars, and Training Are ...
Audited Exposure, Premium, and Losses
Summary of Examples Located in
Prepares Rate Recommendations,
Analyzes Trends, Assists in Pricing Legislation
Class Ratemaking, Experience Rating, and
Actuarial Analysis Are Derived From
DCA Access® Online, Data Manager
Dashboard, DTVI

Possible Answers

Policy Data
Unit Statistical Data
Unit Statistical Tools
1923
Single-State Policy
Unit Statistical Resources
1932
Unit Statistical Data
Submission Results Report
NCCI's Role
Unit Statistical Reporting
Guidebook
Header Record
Statistical Plan

General Requirements
Types of Unit Reports

- 1st Reports
- Subsequents
- Corrections
- Replacements

Unit Report Valuation and Due Dates

<table>
<thead>
<tr>
<th>Report Level</th>
<th>Valuation (month after PED)</th>
<th>Due by (month after PED)</th>
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<tbody>
<tr>
<td>1st</td>
<td>18th</td>
<td>20th</td>
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<tr>
<td>2nd</td>
<td>30th</td>
<td>32nd</td>
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<tr>
<td>3rd</td>
<td>42nd</td>
<td>44th</td>
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<tr>
<td>4th</td>
<td>54th</td>
<td>56th</td>
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<tr>
<td>5th</td>
<td>66th</td>
<td>68th</td>
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<tr>
<td>6th</td>
<td>78th</td>
<td>80th</td>
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<tr>
<td>7th</td>
<td>90th</td>
<td>92nd</td>
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<tr>
<td>8th</td>
<td>102nd</td>
<td>104th</td>
</tr>
<tr>
<td>9th</td>
<td>114th</td>
<td>116th</td>
</tr>
<tr>
<td>10th</td>
<td>126th</td>
<td>128th</td>
</tr>
</tbody>
</table>
Submission Methods

Online Entry via DCA Access® Online

Report to NCCI

WCSTAT Batch Submission via Data Transfer via the Internet (DTVI)

WCSTAT Format

WCIO Workers Compensation Data Specifications Manual provides the standard record layout for unit statistical reporting.

www.wcio.org
Record Types

- Header (01)
- Name (02)
- Address (03)
- Exposure (04)
- Loss (05)
- Unit Total (06)

Submission Control (09)

Original Reports Requirements

<table>
<thead>
<tr>
<th>Unit Report Type</th>
<th>Header Record (01)</th>
<th>Name Record (02)</th>
<th>Address Record (03)</th>
<th>Exposure Record (04)</th>
<th>Loss Record (05)</th>
<th>Total Record (06)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Original Reports:</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1st Reports</td>
<td>Must have only 1</td>
<td>Must have only 1</td>
<td>Optional</td>
<td>Must have at least 1</td>
<td>Required when there is a loss(es)</td>
<td>Optional</td>
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<tr>
<td>1st Replacement Reports</td>
<td>Must have only 1</td>
<td>Must have only 1</td>
<td>Optional</td>
<td>Must have at least 1</td>
<td>Required when there is a loss(es)</td>
<td>Optional</td>
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<tr>
<td>Subsequent Reports</td>
<td>Must have only 1</td>
<td>Must have only 1</td>
<td>Optional</td>
<td>None allowed</td>
<td>Must have at least 1</td>
<td>Optional</td>
</tr>
</tbody>
</table>
### Correction Reports Requirements

<table>
<thead>
<tr>
<th>Unit Report Type</th>
<th>Header Record (01)</th>
<th>Name Record (02)</th>
<th>Address Record (03)</th>
<th>Exposure Record (04)</th>
<th>Loss Record (05)</th>
<th>Total Record (06)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Correction Reports:</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Header Record (Correction Type H)</td>
<td>Must have only 1</td>
<td>Optional</td>
<td>None Allowed</td>
<td>None Allowed</td>
<td>None Allowed</td>
<td>None Allowed</td>
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<tr>
<td>Exposure Record (Correction Type E)</td>
<td>Must have only 1</td>
<td>Must have only 1</td>
<td>None Allowed</td>
<td>Required</td>
<td>None Allowed</td>
<td>Optional</td>
</tr>
<tr>
<td>Loss Record (Correction Type L)</td>
<td>Must have only 1</td>
<td>Must have only 1</td>
<td>None Allowed</td>
<td>None Allowed</td>
<td>Required</td>
<td>Optional</td>
</tr>
<tr>
<td>Multiple Record (Correction Type M)</td>
<td>Must have only 1</td>
<td>Must have only 1</td>
<td>None Allowed</td>
<td>Required when correcting exposure(s)</td>
<td>Required when correcting loss(es)</td>
<td>Optional</td>
</tr>
<tr>
<td>Total Record (Correction Type T)</td>
<td>Must have only 1</td>
<td>Must have only 1</td>
<td>None Allowed</td>
<td>None Allowed</td>
<td>None Allowed</td>
<td>Must have only 1</td>
</tr>
<tr>
<td>Loss Record Corrections Due to Aggravated Inequity (Correction Type A)</td>
<td>Must have only 1</td>
<td>Must have only 1</td>
<td>None Allowed</td>
<td>None Allowed</td>
<td>Required</td>
<td>Optional</td>
</tr>
</tbody>
</table>

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DCA Access® Online

- All unit report types can be entered and submitted through **DCA Access® Online**
- Changes made online should be made in the carrier’s system to ensure synchronization of data between NCCI and the carrier
- Units submitted through **DCA Access® Online** generate a WCSTAT data file which is sent to the carrier via **Data Transfer via the Internet**
  - Remains 8 days in **Data Transfer via the Internet** mailbox

Data Reports Web Page

Data Reports

NCCI provides data reports to inform data users of the results of data submissions for all data types expected to be reported. These reports provide data that may require corrective action to be distributed through a variety of delivery methods.

This Data Reports section serves as your information.

**Data Reports Guide**

Review the complete listing of all NCCI-Generated and Customer-Generated data reports, including their report names, descriptions, schedule, and available formats.

**Posted Date:** May 24, 2012
# NCCI-Generated Reports

## NCCI Data Reports Guide

<table>
<thead>
<tr>
<th>Report Name</th>
<th>Report Description</th>
<th>Schedule</th>
<th>Available Formats</th>
<th>Email Notifications Required</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unit Submission Results Report</td>
<td>This report provides results on individual file submissions. It displays unit by unit what was expected (Data Gs 1-8) vs. what was accepted with errors (Data Gs 2 through 10).</td>
<td>Upper submission</td>
<td>PDF, Excel, CSV</td>
<td>File Submission</td>
</tr>
<tr>
<td>Unit Daily Submission Results Report</td>
<td>This report includes information on all reports that were submitted (both online and in a file sent via email) and contains detailed error information for each file sent.</td>
<td>Daily</td>
<td>PDF, Excel, CSV</td>
<td>No emails distributed</td>
</tr>
<tr>
<td>Unit Pre-CG-Bad Submission Results Report</td>
<td>This report includes information on all reports that were submitted but were not accepted by the NCCI system.</td>
<td>Upper submission</td>
<td>PDF, Excel, CSV</td>
<td>File Submission</td>
</tr>
<tr>
<td>Unit Certification Submission Results Report</td>
<td>This report includes the final results of your unit submissions.</td>
<td>Upper submission</td>
<td>PDF, Excel, CSV</td>
<td>File Submission</td>
</tr>
<tr>
<td>Unit Monthly Outbounding Error Report</td>
<td>This report includes detailed error information for each file sent. It also contains error codes and descriptions for each error that occurred.</td>
<td>Monthly</td>
<td>PDF, Excel, CSV</td>
<td>Unit Test Contacts File</td>
</tr>
<tr>
<td>Unit Certification Submission Results Report</td>
<td>This report includes the final results of your unit submissions.</td>
<td>Upper submission</td>
<td>PDF, Excel, CSV</td>
<td>File Submission</td>
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### NCCI-Generated Reports

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<th>Report Name</th>
<th>Description</th>
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<tbody>
<tr>
<td>Unit Submission Results Report</td>
<td>This report provides unit-level data for the unit submission process. It displays unit-level data (Unit Level), unit-level data (Unit Level) for the unit submission process, and unit-level data (Unit Level) for the unit submission process. Unit-level data (Unit Level) for the unit submission process is not included in this report.</td>
</tr>
<tr>
<td>Unit Daily Submission Results Report</td>
<td>This report includes information about the unit-level data for the unit submission process. This report includes information about the unit-level data for the unit submission process. Unit-level data (Unit Level) for the unit submission process is not included in this report. Unit-level data (Unit Level) for the unit submission process is not included in this report.</td>
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<tr>
<td>Unit Pre-Call Excel Submission Results Report</td>
<td>This report includes information about the unit-level data for the unit submission process. This report includes information about the unit-level data for the unit submission process. Unit-level data (Unit Level) for the unit submission process is not included in this report. Unit-level data (Unit Level) for the unit submission process is not included in this report.</td>
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<tr>
<td>Unit Monthly Outstanding Error Report</td>
<td>This report includes information about the unit-level data for the unit submission process. This report includes information about the unit-level data for the unit submission process. Unit-level data (Unit Level) for the unit submission process is not included in this report. Unit-level data (Unit Level) for the unit submission process is not included in this report.</td>
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<tr>
<td>Unit Notification Tracking Report</td>
<td>This report includes information about the unit-level data for the unit submission process. This report includes information about the unit-level data for the unit submission process. Unit-level data (Unit Level) for the unit submission process is not included in this report. Unit-level data (Unit Level) for the unit submission process is not included in this report.</td>
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**Schedule**

### NCCI-Generated Reports

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**Schedule**
### NCCI-Generated Reports

**NCCI Data Reports Guide**

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<thead>
<tr>
<th>Report Name</th>
<th>Report Description</th>
<th>Schedule</th>
<th>Available Formats</th>
<th>Email Notification Sent to</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unit Submission Results Report</td>
<td>This report includes results for all electronic file submissions. It displays unit results for each location if more than one was included in this report.</td>
<td>Daily</td>
<td>Excel, CSV</td>
<td>N/A</td>
</tr>
<tr>
<td>Unit Daily Submission Results Report</td>
<td>This report includes results for all electronic file submissions. It displays unit results for each location if more than one was included in this report.</td>
<td>Daily</td>
<td>Excel, CSV</td>
<td>N/A</td>
</tr>
<tr>
<td>Unit Pre-CGL Excess Submission Results Report</td>
<td>This report includes results for all electronic file submissions. It displays unit results for each location if more than one was included in this report.</td>
<td>Daily</td>
<td>Excel, CSV</td>
<td>N/A</td>
</tr>
<tr>
<td>Unit Pre-CGL Service Submissions Results Report</td>
<td>This report includes results for all electronic file submissions. It displays unit results for each location if more than one was included in this report.</td>
<td>Daily</td>
<td>Excel, CSV</td>
<td>N/A</td>
</tr>
</tbody>
</table>

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## Customer-Generated Reports

### Customer-Generated Reports via DCA Access® Online

<table>
<thead>
<tr>
<th>Report Name</th>
<th>Report Description</th>
<th>Schedule</th>
<th>Available Formats</th>
<th>Email Notification Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unit Report &amp; Error Report</td>
<td>This report identifies objects and errors resulting from customization criteria selected via DCA Access® Online.</td>
<td>Upon Request</td>
<td>PDF, CSV</td>
<td>Report Requestor</td>
</tr>
</tbody>
</table>

### Customer-Generated Reports via Data Manager Dashboard

<table>
<thead>
<tr>
<th>Report Name</th>
<th>Report Description</th>
<th>Schedule</th>
<th>Available Formats</th>
<th>Email Notification Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Data Availability - Data Tracking</td>
<td>This report displays the availability of unit report data submitted for a given Policy Effective Date range.</td>
<td>Upon Request</td>
<td>HTML, CSV</td>
<td>Report Requestor</td>
</tr>
<tr>
<td>Media Type - Data Tracking</td>
<td>This report displays the submission method used to submit data for a given period of time.</td>
<td>Upon Request</td>
<td>HTML, CSV</td>
<td>Report Requestor</td>
</tr>
<tr>
<td>Outstanding Errors - Data Tracking</td>
<td>This report provides detailed information on the outstanding errors (Data Grades 2 through 5) for Header Name, Address, Exposure, and Loss Records. It displays data for Unit Reports with a Policy Effective Date of December 2018 and subsequent.</td>
<td>Upon Request</td>
<td>HTML, CSV</td>
<td>Report Requestor</td>
</tr>
<tr>
<td>Outstanding Rejects - Data Tracking</td>
<td>This report provides detailed information on the outstanding rejects (Data Grade B) for Unit Reports in NCIC's database.</td>
<td>Upon Request</td>
<td>HTML, CSV</td>
<td>Report Requestor</td>
</tr>
</tbody>
</table>
Correction Reports

1. Revise data previously reported
2. Report appropriate correction type code
3. Increment correction sequence number
4. Update Type
   • Previous/Revised
   • Add/Change/Delete

When to Report Corrections

1. Unit previously reported with error(s)
2. Part of Body Code (previously unclassified) was determined
3. Subrogation Recovery/Second Injury Fund reimbursement
4. Final audit completed
5. Claim determined to be noncompensable
6. Claim determined to be fraudulent
When Not to Report Corrections

Loss Development  Injury Type Development

Corrections—Correction Type Code

<table>
<thead>
<tr>
<th>Correction Type Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>H</td>
<td>Header Correction (1st reports only)</td>
</tr>
<tr>
<td>E</td>
<td>Exposure Correction (1st reports only)</td>
</tr>
<tr>
<td>L</td>
<td>Loss Correction</td>
</tr>
<tr>
<td>T</td>
<td>Total Correction</td>
</tr>
<tr>
<td>M</td>
<td>Correction to Multiple Record Types</td>
</tr>
<tr>
<td>A</td>
<td>Loss Correction Due to Aggravated Inequity</td>
</tr>
</tbody>
</table>

Unit Statistical Reporting Guidebook: Part 1-C-1
Corrections—Correction Sequence Number

<table>
<thead>
<tr>
<th>Number of Corrections</th>
<th>Field Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>First 9 sequential correction reports</td>
<td>1 through 9</td>
</tr>
<tr>
<td>Next 26 sequential correction reports</td>
<td>A through Z</td>
</tr>
<tr>
<td>Beyond 35 sequential correction reports</td>
<td>Z</td>
</tr>
</tbody>
</table>

**Unit Statistical Reporting Guidebook:** Part 1-C-2

Linking Fields

- Links individual records within a unit
- Links subsequent and correction reports

- Coverage Provider ID (NCCI Carrier Code)
- Policy Number
- Policy Effective Date
- Exposure State
- Report Number
- Correction Sequence Number
### Key Fields

Matches 1st Unit Report to Policy

<table>
<thead>
<tr>
<th>Coverage Provider ID</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Policy Number</td>
<td></td>
</tr>
<tr>
<td>Policy Effective Date</td>
<td></td>
</tr>
<tr>
<td>Exposure State</td>
<td></td>
</tr>
</tbody>
</table>

### Updating Exposure and Loss Records

- **Update Type Code**
  - Identifies how each Exposure and Loss Record will be processed
  - Located on Exposure and Loss Records only

- **Two Methods**
  - Previous (P) and/or Revised (R) records
  - Add (A), Change (C), and/or Delete (D) records
## Previous and Revised Reporting Method

<table>
<thead>
<tr>
<th>Update Type Code</th>
<th>Records Required</th>
</tr>
</thead>
</table>
| R                | Original 1st Reports or Adding Claims on Subsequents  
|                  | • One record is required |
| P and R          | Updating Claims on Subsequents or Correcting Exposure/Loss Information  
|                  | • One record for the previous data (P)  
|                  | • Must match previously submitted data (including matching fields)  
|                  | • One record for the changed and unchanged data (R) |
| P                | Deleting Exposure and/or Loss Information  
|                  | • One record is required  
|                  | • Matching data elements must match previously submitted data |

## Add Change Delete Reporting Method

<table>
<thead>
<tr>
<th>Update Type Code</th>
<th>Records Required</th>
</tr>
</thead>
</table>
| A                | Original 1st Reports or Adding Claims on Subsequents  
|                  | • One record is required |
| C                | Correcting Exposure/Loss Information (Other Than Matching Fields)  
|                  | • One record is required  
|                  | • Updated information including the same matching fields |
| D and A          | Correcting Exposure/Loss Information (Including Matching Fields)  
|                  | • One record for the previous data (D)  
|                  | • One record for the changed and unchanged data (A) |
| D                | Deleting Exposure and/or Loss Information  
|                  | • One record is required  
|                  | • Matching data elements must match previously submitted data |
General Review

Questions

- WCSTAT Format Found in What Manual?
- Unit Valued at 18 Months
- Data Reports Location on ncci.com
- NCCI Tool to Submit Unit Reports
- Ensures Policy and Units Match
- One of the Key Fields
- Identifies How Exposure and Loss Records Are Processed

Possible Answers

- Subsequent Reports
- Data Reports Web Page
- Correction Reports
- WCIO Manual
- Customer-Generated Reports
- 1st Unit Reports
- Address Record
- Update Type Code
- Unit Submission Results Report
- Key Fields
- DCA Access® Online
- Coverage Provider ID
- Statistical Plan

Unit Report Control (URC)
Unit Report Control (URC) Overview

Monitors the timely submission of Unit Statistical data

Provides guidelines on *when* to report the data

**Unit Statistical Reporting Guidebook**: Part 2

**URC State Applicability**

<table>
<thead>
<tr>
<th>Jurisdictions Where All Units Are Included in URC</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alabama</td>
</tr>
<tr>
<td>Alaska</td>
</tr>
<tr>
<td>Arizona</td>
</tr>
<tr>
<td>Arkansas</td>
</tr>
<tr>
<td>Colorado</td>
</tr>
<tr>
<td>Connecticut</td>
</tr>
<tr>
<td>District of Columbia</td>
</tr>
<tr>
<td>Florida</td>
</tr>
<tr>
<td>Georgia</td>
</tr>
</tbody>
</table>
**URC State Applicability**

### Jurisdictions Where Only Interstate-Rated Units Are Included in URC

<table>
<thead>
<tr>
<th>Massachusetts</th>
</tr>
</thead>
<tbody>
<tr>
<td>Minnesota</td>
</tr>
<tr>
<td>New York</td>
</tr>
</tbody>
</table>

### Jurisdictions Where Data Providers Elect to Report Units Directly to NCCI

<table>
<thead>
<tr>
<th>North Carolina</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wisconsin</td>
</tr>
</tbody>
</table>
URC State Applicability

Jurisdictions Where Units Are Not Included in URC

<table>
<thead>
<tr>
<th>California</th>
<th>New Jersey</th>
<th>Pennsylvania</th>
<th>Wyoming</th>
</tr>
</thead>
<tbody>
<tr>
<td>Delaware</td>
<td>North Dakota</td>
<td>Puerto Rico</td>
<td></td>
</tr>
<tr>
<td>Michigan</td>
<td>Ohio</td>
<td>Washington</td>
<td></td>
</tr>
</tbody>
</table>

Program Requirements—1st Reports

- Policy data establishes the expectation of a 1st report
- Policy data fields used are:

  - Carrier Code
  - Policy Number
  - Policy Effective Date

  State with at least $1 on State Premium Record
Program Requirements—Subsequent Reports

- Open and reopened claims establish the expectation of a subsequent report
- Unit Statistical data fields used are:
  - Carrier Code
  - Policy Number
  - Policy Effective Date
  - Exposure State
  - Claim Status

What Satisfies URC Requirements

1st Reports
- Unit must match the policy fields on the URC record

Subsequent Reports
- Unit must match the unit field on the URC record
**URC Does Not Expect Units When**

- State is written on an “if any” basis and no exposure develops
- Policy cancelled flat

**URC via DCA Access® Online**

- View and update capability of the current status of URC records by state
- View of unit reports expected, received, and/or overdue at each report level
- View status of policy and/or state URC records—Active or inactive
Deactivating URC—DCA Access® Online

• URC records may be deactivated
  • Policy has expired and
  • Unit has not been received
• Deactivate a URC record
  • Policy transactions—Flat cancellation or delete state
  • Use DCA Access® Online to deactivate state(s)

URC Key Field Changes—DCA Access® Online

Updating Key Fields on a URC Record
• Submit a key field change transaction to the policy or
• Change the key fields using the Change URC function in DCA Access® Online
**URC—Extended Term Policies**

**Policy With Endorsement**
- Report based on each policy period indicated on the endorsement

**Policy Without Endorsement**
- Shorter policy period first
- Subsequent terms in increments of 12 months

---

**Extended Term Policy Example**

ABC Contracting company does not have any endorsements on the policy.
- Policy Effective Date = 1/1/13
- Policy Expiration Date = 9/1/14

How many units are reported? How should the policy period(s) be reported?

- **a.** 1 unit; Policy Period 1/1/13–9/1/14
- **b.** 2 units; Policy Period 1/1/13–1/1/14 and 1/1/14–9/1/14
- **c.** 2 units; Policy Period 1/1/13–9/1/13 and 9/1/13–9/1/14
URC Reports

URC Reports

Questions
What’s Unique About California, Ohio, New Jersey, and Delaware?
Monitors the Timely Submission of Units
Used to Determine Expected 1st Reports
URC Applies for Interstate Rated Units in This Independent Bureau State
Establishes Expectation of Subsequent Reports

Possible Answers
California
Policy Data
Unit Reports
Not Included in URC
Single State Policy
URC Program
1932
Data Grade 9
Open and reopened claims
“If any” with no exposure developed or cancelled flat policies
New York
Header/Policy Information

Header/Policy Information
(Header Record, Name Record, Address Record)

Exposure Information
(Exposure Record)

Loss Information
(Loss Record)

Total Information
(Total Record)
**Policy Type Code**

<table>
<thead>
<tr>
<th>Type of Coverage</th>
<th>Type of Plan</th>
<th>Type of Nonstandard Provisions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Standard Workers Compensation Policy (01)</td>
<td>Voluntary (01)</td>
<td>Nonstandard Does Not Apply (01)</td>
</tr>
<tr>
<td>Alternative Workers Compensation Coverage (02)</td>
<td>Assigned Risk (02)</td>
<td>Excess Policy (05) (WV only)</td>
</tr>
<tr>
<td>Group Policy (03) (TX only)</td>
<td></td>
<td>Individuals Excluded (08)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Voluntary Coverage (09)</td>
</tr>
</tbody>
</table>

**Header Corrections**

- 1st reports only
- Correction Type Code “H”—Update Header information only
- Correction Type Code “M”—Update multiple record types
- Correction Sequence Number
  - Greater than zero
  - Sequenced appropriately
Header Corrections for Key Fields

- Key fields are:
  - Carrier Code
  - Policy Number
  - Policy Effective Date
- Key field corrections only allowed on 1st reports
- All Header Record fields required to be reported, including fields remaining unchanged

Header Corrections for Non-Key Fields

- Non-Key fields are all fields excluding Carrier Code, Policy Number, Policy Effective Date
- Corrections only allowed on 1st reports
- Cannot correct Report Number and Report Sequence Number
- All Header Record fields are required to be reported, including fields remaining unchanged
Header Record Key Fields on Subsequents

When a subsequent report is rejected because the key fields do not match the key fields on 1st report, corrective action includes:

- Correct key field on 1st report
- Resubmit subsequent report with updated key field

Header Correction for Key Fields Example

- **Error:** Policy numbers do not match (Unit and Policy)
- **Corrective Action:** Policy number on unit should have been WC123456

<table>
<thead>
<tr>
<th>Previous Fields</th>
<th>Revised Fields</th>
</tr>
</thead>
<tbody>
<tr>
<td>Policy Number: WC12345</td>
<td>Policy Number: WC123456</td>
</tr>
<tr>
<td>Policy Effective Date: 1/1/07</td>
<td>Policy Effective Date: 1/1/07</td>
</tr>
<tr>
<td>Carrier Code: 99990</td>
<td>Carrier Code: 99990</td>
</tr>
<tr>
<td>Correction Sequence Number: 1</td>
<td>Correction Sequence Number: 1</td>
</tr>
<tr>
<td>Correction Type Code: H (Header)</td>
<td>Correction Type Code: H (Header)</td>
</tr>
</tbody>
</table>

**USRG** Example: Part 3-B
## Header Correction for Key Fields Example

<table>
<thead>
<tr>
<th>Pol Nbr</th>
<th>Carrier Cd</th>
<th>Pol Eff Dt</th>
<th>Exp St</th>
<th>Rpt Mbr</th>
<th>Corr Seq Nbr</th>
<th>Corr Type Cd</th>
</tr>
</thead>
<tbody>
<tr>
<td>WC123456</td>
<td>99990</td>
<td>01/01/07</td>
<td>09</td>
<td>1</td>
<td>1</td>
<td>H</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>WC12345</td>
<td>99990</td>
<td>01/01/07</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Policy Type ID Codes:**
- FEIN: Coverage Type
- Plan: Nonstandard

<table>
<thead>
<tr>
<th>Policy Condition Indicators:</th>
<th>Deductible:</th>
</tr>
</thead>
<tbody>
<tr>
<td>MCO</td>
<td>Retro-Rated</td>
</tr>
<tr>
<td>N</td>
<td>N</td>
</tr>
</tbody>
</table>

**USRG Example: Part 3-B**
Replacement Reports

• Correct a Data Grade 5 on original 1st unit report:
  • Replacement Report Code “R”
  • Original Administration Number of the report being replaced
  • Key and linking fields consistent with the report being replaced
  • All Exposure and Loss records from original 1st report, including corrected data
  • Cannot be used for subsequent or correction reports

Replacement Reports Example

• **Error:** Interstate Rated Policy Indicator reported as blank (Data Grade 5)

• **Corrective Action:** Interstate Rated Policy Indicator on unit should have been Y (Yes)

<table>
<thead>
<tr>
<th>Original 1st Report Fields:</th>
<th>Replacement Report Fields:</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Carrier Code: 99990</td>
<td>• Carrier Code: 99990</td>
</tr>
<tr>
<td>• Policy Number: WC54321</td>
<td>• Policy Number: WC54321</td>
</tr>
<tr>
<td>• Policy Effective Date: 1/1/13</td>
<td>• Policy Effective Date: 1/1/13</td>
</tr>
<tr>
<td>• Exposure State: 09 (FL)</td>
<td>• Exposure State: 09 (FL)</td>
</tr>
<tr>
<td>• Report Number: 1</td>
<td>• Report Number: 1</td>
</tr>
<tr>
<td>• Interstate-Rated Policy Indicator: Blank</td>
<td>• Replacement Report Code: R</td>
</tr>
<tr>
<td></td>
<td>• Original Administration Number: 14191C9967</td>
</tr>
<tr>
<td></td>
<td>• Interstate-Rated Policy Indicator: Y (Yes)</td>
</tr>
</tbody>
</table>

**USRG Example: Part 3-C**
### Replacement Reports Example

**USRG Example: Part 3-C**

**Policy Condition Indicators:**

<table>
<thead>
<tr>
<th>CDO</th>
<th>Retained</th>
<th>Interstate Rated</th>
<th>3-Year Fixed</th>
<th>Cancelled</th>
<th>Multi-State</th>
<th>Est Exp</th>
<th>Type of Deduct</th>
<th>Type of Plan</th>
<th>Percent</th>
<th>Claim</th>
<th>Accident</th>
<th>Aggregate</th>
</tr>
</thead>
<tbody>
<tr>
<td>N</td>
<td>N</td>
<td>Y</td>
<td>N</td>
<td>N</td>
<td>N</td>
<td>N</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

**Policy Type ID Codes:**

<table>
<thead>
<tr>
<th>Pol ExpDt</th>
<th>St ExpDt</th>
<th>FEIN</th>
<th>Coverage</th>
<th>Plan</th>
<th>Nonstandard</th>
</tr>
</thead>
<tbody>
<tr>
<td>01/04/14</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Original Administration Number:**

<table>
<thead>
<tr>
<th>Original Administration Number</th>
<th>Replacement Rpt Cd</th>
</tr>
</thead>
<tbody>
<tr>
<td>14191C9967</td>
<td>R</td>
</tr>
</tbody>
</table>

**Replacement Reports Example**

**USRG Example: Part 3-C**

**Policy Condition Indicators:**

<table>
<thead>
<tr>
<th>CDO</th>
<th>Retained</th>
<th>Interstate Rated</th>
<th>3-Year Fixed</th>
<th>Cancelled</th>
<th>Multi-State</th>
<th>Est Exp</th>
<th>Type of Deduct</th>
<th>Type of Plan</th>
<th>Percent</th>
<th>Claim</th>
<th>Accident</th>
<th>Aggregate</th>
</tr>
</thead>
<tbody>
<tr>
<td>N</td>
<td>N</td>
<td>Y</td>
<td>N</td>
<td>N</td>
<td>N</td>
<td>N</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

**Policy Type ID Codes:**

<table>
<thead>
<tr>
<th>Pol ExpDt</th>
<th>St ExpDt</th>
<th>FEIN</th>
<th>Coverage</th>
<th>Plan</th>
<th>Nonstandard</th>
</tr>
</thead>
<tbody>
<tr>
<td>01/04/14</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Header Review

Questions

- One of the Policy Type Code Fields
- How to Correct a Data Grade 5 on an Original 1st Report
- What Are the Header Correction Key Fields?
- Header Corrections Are Not Allowed for These Non-Key Fields
- Code Used to Update Header Information Only
- Header Key Field Corrections Are Only Allowed on What Report Level?

Possible Answers

- Loss Condition Codes
- Replacement Report
- Subsequent Report
- Type of Plan—Voluntary
- Report Number and Report Sequence Number
- Correction Reports Only
- Correction Type Code “H”
- Carrier Code, Policy #, and Policy Effective Date
- 1st Reports Only

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Exposure Information

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Exposure Information

Header/Policy Information
(Header Record, Name Record, Address Record)

Exposure Information
(Exposure Record)

Loss Information
(Loss Record)

Total Information
(Total Record)

Exposure Record Components

<table>
<thead>
<tr>
<th>Exposure Act/Exposure Coverage Code</th>
<th>Premium Amount</th>
<th>Record Type</th>
<th>Split Period Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Classification or Statistical Code</td>
<td>Experience Modification Effective Date</td>
<td>Update Type</td>
<td></td>
</tr>
<tr>
<td>Exposure Amount</td>
<td>Rate Effective Date</td>
<td>Experience Modification Factor</td>
<td></td>
</tr>
<tr>
<td>Manual Rate</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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Exposure Matching Fields

- Prevent Duplicate Exposure Records
- Match Exposure Corrections to 1st Report

- Class Code or Statistical Code
- Exposure Act/Exposure Coverage Code
- Experience Modification Effective Date
- Rate Effective Date
- Manual Rate
- Premium Amount

Applies only to MA, MI, NC, and NY

- Manual Rate and Premium Amount are also matching fields for Texas since class code can be reported multiple times on employee leasing policies

Exposure Matching Fields

Duplicate exposure on original 1st reports will reject if:

- Exposure matching data elements are not reported correctly
- More than one Exposure Record submitted with the same matching fields
Exposure Matching Fields

Unmatched corrections to 1st reports will reject if:

- Exposure Record ("P", "D", or "C")
- Previously Reported Exposure Record ("R", "A", or "C")

Exposure Matching Fields

Duplicate corrections to 1st reports will reject if:

- Exposure Record ("R" or "A") does not have a corresponding Exposure Record ("P" or "D") and
- Has the same matching fields on another Exposure Record in the same correction report or previously submitted unit report.
Exposure Corrections

- 1st reports only
- Correction Type Code “E”—Update Exposure information only
- Correction Type Code “M”—Update multiple record types
- Correction Sequence Number
  - Greater than zero
  - Sequenced appropriately

Exposure Corrections

If the 1st unit report rejects due to duplicate Exposure Records:
- Correct the invalid matching data elements and/or
- Delete one of the Exposure Records
Exposure Corrections

If the correction rejects due to unmatched or duplicate Exposure Records:
• Correct the invalid matching data on the correction record or original 1st unit report or
• Delete the duplicate Exposure Record on the correction record or 1st unit report

Exposure Corrections Example

• **Error:** Exposure Amount for Class Code 8810 reported incorrectly
• **Corrective Action:** Exposure Amount on unit should have been $32,850 and resulting premium changed

<table>
<thead>
<tr>
<th>Previous Fields:</th>
<th>Revised Fields:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Update Type Code: P</td>
<td>Update Type Code: R</td>
</tr>
<tr>
<td>Classification Code: 8810</td>
<td>Classification Code: 8810</td>
</tr>
<tr>
<td>Exposure Amount: $23,850</td>
<td>Exposure Amount: $32,850</td>
</tr>
<tr>
<td>Manual Rate: 0.37</td>
<td>Manual Rate: 0.37</td>
</tr>
<tr>
<td>Premium Amount: $88</td>
<td>Premium Amount: $122</td>
</tr>
<tr>
<td>Correction Sequence Number: 1</td>
<td>Correction Type Code: E (Exposure)</td>
</tr>
</tbody>
</table>

**USRG** Example: Part 4-B
### Exposure Corrections Example

#### USRG Example: Part 4-B

<table>
<thead>
<tr>
<th>Update Type</th>
<th>Exp Act</th>
<th>Class Cd</th>
<th>Exposure Amt</th>
<th>Rate</th>
<th>Premium Amt</th>
<th>Experience Mod</th>
<th>Mod Eff Dt</th>
<th>Rate Eff Dt</th>
<th>Split Period</th>
</tr>
</thead>
<tbody>
<tr>
<td>P</td>
<td>01</td>
<td>8610</td>
<td>23,850</td>
<td>0.37</td>
<td>88</td>
<td>1.10</td>
<td>01/01/14</td>
<td>01/01/14</td>
<td>0</td>
</tr>
<tr>
<td>R</td>
<td>01</td>
<td>8810</td>
<td>33,850</td>
<td>0.37</td>
<td>122</td>
<td>1.10</td>
<td>01/01/14</td>
<td>01/01/14</td>
<td>0</td>
</tr>
</tbody>
</table>

### Exposure Corrections Example

#### USRG Example: Part 4-B

<table>
<thead>
<tr>
<th>Update Type</th>
<th>Exposure Amt</th>
<th>Premium Amt</th>
</tr>
</thead>
<tbody>
<tr>
<td>R</td>
<td>32,850</td>
<td>122</td>
</tr>
</tbody>
</table>

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**Premium Amount**

Premium obtained by payroll exposure:

Report under appropriate *classification* code

Premium = \( \frac{\text{Exposure} \times \text{Rate}}{100} \)

Round to whole dollar amount

---

**Premium Amount**

Premium adjustments:

Report under appropriate *statistical* code

Premium = flat charge that does not vary by exposure

Do not report exposures or rates
Estimated Audit Code

**Estimated**
- Report as “Y”
- Submit correction after audit is completed

**Not Estimated**
- Report as “N”
- Contains final exposure

Uncooperative (not applicable to NCCI)—Report as “U”

---

Estimated Audit Code Example

- **Issue:** Audit was not completed as of 1st report valuation date
- **Corrective Action:** Report audited exposure and premium once the audit is completed

**Estimated Fields:**
- Estimated Audit: Y
- Exposure Act: 01
- Classification Code: 6834
- Exposure Amount: $50,000
- Manual Rate: 7.69
- Premium Amount: $3,845

**Audited Fields:**
- Estimated Audit: N
- Exposure Act: 01
- Classification Code: 6834
- Exposure Amount: $65,060
- Manual Rate: 7.69
- Premium Amount: $5,003
- Correction Sequence Number: 1
- Correction Type Code: M (Multiple)

**USRG Example: Part 4-F**
Estimated Audit Code Example

<table>
<thead>
<tr>
<th>Policy ID</th>
<th>Carrier ID</th>
<th>Policy Effective Date</th>
<th>Exp Date</th>
<th>Report Number</th>
<th>Corrected Seq Number</th>
<th>Corrected Type</th>
<th>Replacement Policy Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>WC12345</td>
<td>99990</td>
<td>01/01/99</td>
<td>10</td>
<td>1</td>
<td>1</td>
<td>N</td>
<td>N</td>
</tr>
</tbody>
</table>

Policy Type ID Codes:
- Policy Exp Date: 01/01/99
- St Exp Date: N
- Statewide: 01
- Plan: N
- Nonstandard: N

Policy Condition Indicators:
- Multi-State: N
- Est Audit: N

<table>
<thead>
<tr>
<th>Update Type</th>
<th>Exposure Amt</th>
<th>Premium Amt</th>
<th>Rate</th>
<th>Experience Mod</th>
<th>Mod Effective Date</th>
<th>Rate Effective Date</th>
<th>Split Period</th>
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<tbody>
<tr>
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<td>7.69</td>
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<td>01/01/09</td>
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</table>

USRG Example: Part 4-F

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Estimated Audit Code Example

<table>
<thead>
<tr>
<th>Policy ID</th>
<th>Carrier ID</th>
<th>Policy Effective Date</th>
<th>Exp Date</th>
<th>Report Number</th>
<th>Corrected Seq Number</th>
<th>Corrected Type</th>
<th>Replacement Policy Number</th>
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<tbody>
<tr>
<td>WC12345</td>
<td>99990</td>
<td>01/01/99</td>
<td>10</td>
<td>1</td>
<td>1</td>
<td>M</td>
<td>N</td>
</tr>
</tbody>
</table>

Policy Type ID Codes:
- Policy Exp Date: 01/01/99
- St Exp Date: N
- Statewide: 01
- Plan: N
- Nonstandard: N

Policy Condition Indicators:
- Multi-State: N
- Est Audit: N

<table>
<thead>
<tr>
<th>Update Type</th>
<th>Exposure Amt</th>
<th>Premium Amt</th>
<th>Rate</th>
<th>Experience Mod</th>
<th>Mod Effective Date</th>
<th>Rate Effective Date</th>
<th>Split Period</th>
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</thead>
<tbody>
<tr>
<td>R</td>
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<td>5,003</td>
<td>0</td>
<td>0</td>
<td>01/01/09</td>
<td>01/01/09</td>
<td>0</td>
</tr>
</tbody>
</table>

USRG Example: Part 4-F

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Statistical Codes

Identify premium credit and debit adjustments:

- Schedule Rating Programs
- Deductible Programs
- Other NCCI-Filed Programs
- Carrier Independently Filed Programs

Experience Modification Factor

The Experience Modification Factor reported must be the NCCI-promulgated experience modification factor in accordance with the *Experience Rating Plan Manual* rules.
Three-Year Fixed-Rate Policy

- Report a single unit report with the Policy Effective Date and Policy Expiration Date for the complete three-year experience
- Report the Three-Year Fixed Rate Indicator as “Y”
- Subsequent reports are not reported

Exposure Review

Questions

- Statistical Codes Identify What?
- Prevents Duplicate Exposures
- Report Class Codes in Accordance to What Manual?
- Includes Wages, Salary, Bonuses, etc.
- One of the Exposure Matching Fields
- Do Not Submit Subsequent Reports for What Policies?
- Code Used to Update Exposure Information Only

Possible Answers

- NCCI Basic Manual
- Reporting of Statistical Code
- Home Decorating
- Premium Adjustments (+ or -)
- Single-State Policy
- Exposure Matching Fields
- Correction Type Code “E”
- Use Split Period Indicators
- Rate Effective Date
- Audited
- Three-Year Fixed-Rate Policy
- Payroll Exposure
- Exposure Data Element
Loss Information

Header/Policy Information
(Header Record, Name Record, Address Record)

Exposure Information
(Exposure Record)

Loss Information
(Loss Record)

Total Information
(Total Record)
Loss Record Components

<table>
<thead>
<tr>
<th>Record Type</th>
<th>Claim Number</th>
<th>Incurred Indemnity</th>
<th>Incurred ALAE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Update Type</td>
<td>Accident Date</td>
<td>Paid Indemnity</td>
<td>Paid ALAE</td>
</tr>
<tr>
<td>Number of Claims</td>
<td>Loss Act/Coverage Code</td>
<td>Incurred Medical</td>
<td>Loss Conditions</td>
</tr>
<tr>
<td>Deductible Reimbursement</td>
<td>Class Code</td>
<td>Paid Medical</td>
<td>Injury Descriptions</td>
</tr>
<tr>
<td>Claimant’s Attorney Fees</td>
<td>Injury Type</td>
<td>Vocational Rehab Indicator</td>
<td>Jurisdiction State</td>
</tr>
<tr>
<td>Employer’s Attorney Fees</td>
<td>Catastrophe Number</td>
<td>MCO Type Code</td>
<td>Lump-Sum Indicator</td>
</tr>
<tr>
<td>Fraudulent Claim Code</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Loss Matching Fields—Single Claim

- Claim Number
- Accident Date
- Loss Condition Code: Act (TX only PED 10/1/08–12/31/14)
- Loss Condition Code: Type of Claim (TX only PED 10/1/08–12/31/14)
- Loss Condition Code: Type of Claim (MD and VA only PED 10/1/08 & Subsequent)
Subsequent Reports

Provides updated data on claims associated with a policy as of the last valuation (report level)

Contains only loss data—Open, Reopened, and Newly Arising Claims

Nine subsequent reports (2nd through 10th)

Loss Reporting on Subsequents

• Subsequent reports are required for open, reopened, and newly arising claims
• Identify claims that require subsequent reports
• Report all the required data on the Loss Record (Type 05)
• On the Header Record (Type 01), indicate the specific subsequent report level in the Report Number field
• Report the Claim Status Code as Open (Code 0), Closed (Code 1), or Reopened (Code 2)
Correction Type Code

• Corrections can be made at any report level
• Report the unit with the Correction Type Code “L” if only the loss information is being updated
• Report the unit with the Correction Type Code “M” if the correction includes multiple record types
• Correction Sequence Number
  • Greater than zero
  • Sequenced appropriately

Adding Newly Arising Claims

• Newly arising claims—Report newly arising claims at the next unit report level
• Not previously reported due to error—Report correction report(s) to add claims when erroneously not previously reported
• Claims are added using a revised record only (Update Type Code “R”)
• Do not report a previous record (Update Type Code “P”)

### Adding Newly Arising Claims Example

**Issue:** New arising claim develops after the 1st report  
**Action:** Report the new claim on the 2nd report using a revised record

#### 1st Unit Report Fields:
- Policy Number: WC123456  
- Carrier Code: 99990  
- Policy Effective Date: 1/1/08  
- Report Number: 1

#### 2nd Unit Report Fields:
- Update Type Code: R  
- Policy Number: WC123456  
- Carrier Code: 99990  
- Policy Effective Date: 1/1/08  
- Report Number: 2  
- Claim Number: 12345

---

<table>
<thead>
<tr>
<th>Update Type</th>
<th>Claim Nr</th>
<th>Accident Dt</th>
<th>Nbr of Claims</th>
<th>Class Code</th>
<th>Injury Type</th>
<th>Claim Status</th>
<th>Car Nr</th>
<th>Jurisdiction Sr</th>
</tr>
</thead>
<tbody>
<tr>
<td>R</td>
<td>12345</td>
<td>02/15/08</td>
<td>1</td>
<td>5191</td>
<td>05</td>
<td>0</td>
<td>0</td>
<td>19</td>
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</table>

<table>
<thead>
<tr>
<th>Incurred Indemnity</th>
<th>Paid Indemnity</th>
<th>Incurred Medical</th>
<th>Paid Medical</th>
<th>Paid ALAE</th>
<th>Deductible Reimbursement</th>
<th>Emp Atty Fees Incurred</th>
<th>Cmplt Atty Fees Incurred</th>
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</thead>
<tbody>
<tr>
<td>25,000</td>
<td>15,000</td>
<td>25,000</td>
<td>7,000</td>
<td>100</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Loss Conditions Code (type of)</th>
<th>Injury Description Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Act</td>
<td>Loss</td>
</tr>
<tr>
<td>-----</td>
<td>------</td>
</tr>
<tr>
<td>01</td>
<td>01</td>
</tr>
</tbody>
</table>
Adding Newly Arising Claims Example

Deleting Claims

- When to delete claims:
  - Claim has been erroneously reported
  - Loss matching fields are incorrect
  - Report the Claim Number and Accident Date as previously reported; do not change the value of any other data element previously reported
  - Only report the Update Type Code “P”; do not report a revised record
Deleting Claims Example

- **Error:** Claim erroneously reported on a 1st unit report
- **Corrective Action:** Submit a correction to delete the claim from the unit

<table>
<thead>
<tr>
<th>Original 1st Report Fields:</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Exposure State: 09 (FL)</td>
</tr>
<tr>
<td>• Claim Number: 12345</td>
</tr>
<tr>
<td>• Accident Date: 6/1/07</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Correction to 1st Report Fields:</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Update Type Code: P</td>
</tr>
<tr>
<td>• Exposure State: 09 (FL)</td>
</tr>
<tr>
<td>• Claim Number: 12345</td>
</tr>
<tr>
<td>• Accident Date: 6/1/07</td>
</tr>
<tr>
<td>• Correction Sequence Number: 1</td>
</tr>
<tr>
<td>• Correction Type Code: L (Loss)</td>
</tr>
</tbody>
</table>

**USRG Example: Part 5-E**
Deleting Claims Example

Injury Description Codes

Six-digit field composed of three components:

- **Part of Body**: What got injured?
  - Foot
- **Nature of Injury**: What was the result?
  - Burn
- **Cause of Injury**: What caused it?
  - Fire
Part of Body Code Assignment

• Identifies the specific part of body affected by the injury
• Most significant contributor to the claim at time of unit valuation
• If specific part of body cannot be identified, then code according to the applicable value for multiple body parts

Multiple Upper Extremities = Part of Body Code 30

Part of Body Unknown

• When the specific part of body affected by the injury cannot be determined at the 1st unit report, Part of Body Code 65 must be reported
• When the part of body is identified after the 1st report, corrections are required for all units going back to the first report level
Changes in the Part of Body (Loss Development)

May change due to normal loss development

Should be reported on next subsequent report

Do not submit a correction report to reflect changes

Part of Body Loss Development Example

- **Issue:** Part of body changed due to loss development
- **Action:** Report appropriate part of body on 2nd Report

<table>
<thead>
<tr>
<th>1st Report Fields:</th>
<th>2nd Report Fields:</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Claim Number: 12345</td>
<td>• Claim Number: 12345</td>
</tr>
<tr>
<td>• Injury Description Codes</td>
<td>• Injury Description Codes</td>
</tr>
<tr>
<td>• Part of Body: 42 (Lower Back)</td>
<td>• Part of Body: 40 (Multiple Trunk)</td>
</tr>
<tr>
<td>• Nature of Injury: 49 (Sprain or Tear)</td>
<td>• Nature of Injury: 49 (Sprain or Tear)</td>
</tr>
<tr>
<td>• Cause of Injury: 31 (Fall, Slip, or Trip, NOC)</td>
<td>• Cause of Injury: 31 (Fall, Slip, or Trip, NOC)</td>
</tr>
</tbody>
</table>

**USRG Example: Part 5-G-3**
### Part of Body Loss Development Example

**USRG Example: Part 5-G-3**

#### Update Type: P

<table>
<thead>
<tr>
<th>Claim Nbr</th>
<th>Accident Dt</th>
<th>No of Claims</th>
<th>Class Code</th>
<th>Injury Type</th>
<th>Claim Status</th>
<th>Cat Nbr</th>
<th>Jurisdiction St</th>
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<tbody>
<tr>
<td>12345</td>
<td>11/01/09</td>
<td>1</td>
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<table>
<thead>
<tr>
<th>Insured Indemnity</th>
<th>Paid Indemnity</th>
<th>Incurred Medical</th>
<th>Paid Medical</th>
<th>Paid ALE</th>
<th>Deductible Reimbursement</th>
<th>Empl Med Fees Incurred</th>
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<tbody>
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<td>50,000</td>
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<th>Claim</th>
<th>Settlement</th>
<th>Part</th>
<th>Nature</th>
<th>Cause</th>
<th>Yvr Rehab</th>
<th>Long-Sym</th>
<th>Payout</th>
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#### Update Type: R

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<th>No of Claims</th>
<th>Class Code</th>
<th>Injury Type</th>
<th>Claim Status</th>
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<tbody>
<tr>
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<td>5553</td>
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<tr>
<th>Insured Indemnity</th>
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<th>Incurred Medical</th>
<th>Paid Medical</th>
<th>Paid ALE</th>
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<th>Cmnt Med Fees Incurred</th>
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<th>Recovery</th>
<th>Claim</th>
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**Injury Description Code:**

- **Part:** 40
- **Nature:** 49
- **Cause:** 31

**USRG Example: Part 5-G-3**

#### Update Type: R

<table>
<thead>
<tr>
<th>Claim Nbr</th>
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<th>Class Code</th>
<th>Injury Type</th>
<th>Claim Status</th>
<th>Cat Nbr</th>
<th>Jurisdiction St</th>
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</thead>
<tbody>
<tr>
<td>12345</td>
<td>11/01/09</td>
<td>1</td>
<td>5553</td>
<td>03</td>
<td>00</td>
<td>10</td>
<td></td>
</tr>
</tbody>
</table>

**Injury Description Code:**

- **Part:** 40
- **Nature:** 49
- **Cause:** 31

**USRG Example: Part 5-G-3**
Subrogation

Reductions to the paid and incurred loss amounts due to:

- Recovery from a third party with a legal liability to the claim
- Net Incurred Loss = Gross Incurred Loss – (Amount Recovered – Recovery Expenses)
- Anticipated subrogation applies in Oregon

Subrogation Example

- **Scenario:**
  - Between the 2nd and 3rd units, carrier receives a subrogation recovery of $25,000 and expended $3,000 (expenses)
  - Subrogation allocated 50/50 for indemnity and medical
- **Action:**
  - Determine net incurred cost of the claim
    Latest Reported Loss – (Subrogation Recovery – Expenses) = Incurred Loss
  - Determine if correction reports apply
    - Yes, if Net Incurred Loss < Previously Reported Incurred Loss
  - Submit correction(s) as needed
Subrogation Example

1st Report Fields:
- Incurred Indemnity: $15,000
- Incurred Medical: $15,000
- Total Incurred Loss = $30,000
- Paid Indemnity: $12,000
- Paid Medical: $13,000

2nd Report Fields:
- Incurred Indemnity: $35,000
- Incurred Medical: $25,000
- Total Incurred Loss = $60,000
- Paid Indemnity: $15,000
- Paid Medical: $20,000

Correction Report Fields:
- Incurred Indemnity: $24,000
- Incurred Medical: $14,000
- Net Incurred Loss = $38,000
- Paid Indemnity: $4,000
- Paid Medical: $9,000
- Type of Recovery: 03

USRG Example: Part 5-H
Subrogation Example

Second Injury Funds
Reductions to the paid and incurred loss amounts due to:

- Carrier submits eligible claim for reimbursement from state Second Injury Fund
- Net Incurred Loss = Gross Incurred Loss – Reimbursement Amount
- Carrier anticipates reimbursement from Special Fund
- Applies in states with Second Injury Fund
Loss and Expense Components

- General Incurred Loss Information
- Medical Losses
- Indemnity Losses
- Expenses Excluded From Losses
- Claim Components
  - Required
  - Conditional
  - Optional
- Subsequent Reports

General Incurred Loss Information

Losses are reported gross—full value of the claim

All paid indemnity and medical + Indemnity and medical reserves = Incurred loss
Medical Losses

- Claim Reserves
- Doctor and Hospital Payments
- Physical Rehabilitation
- Impartial Examinations
- Clinical Medical
- Other Medical Items—Transportation Expenses, etc.
- Bonuses or Return-To-Work Incentives
- Expenses Benefiting the Claimant

Physical Rehabilitation

- Medical activities to achieve maximum medical recovery
- Provided by medically trained personnel
- Includes expenses by medically trained personnel
Other Medical Loss Components

Impartial Examinations
- Expenses for impartial examinations ordered by an industrial board

Clinical Medical
- Carrier maintains medical clinic

Indemnity Losses

- Claim Reserves
- Compensation Benefits
- Claimant Attorney Fees (also in Claimant Attorney Incurred Fee field)
- Vocational Rehabilitation
- Employer Liability Losses (including ALAE)
- Awards
- Penalties for Delays in Compensation Payments
- Expenses Benefiting the Claimant
Allocated Loss Adjustment Expense (ALAE)

- Expenses that are directly allocated to a particular claim—in accordance with *Statistical Plan* rules
- Attorney Fees *(staff or hired representation)*
- Court or Dispute Resolution *(expert testimony, surveillance, medical exams)*
- Medical Cost Containment *(treatment utilization review, preferred provider network expenses)*

Unallocated Loss Adjustment Expense (ULAE)

- Claim expenses excluded from the incurred loss and ALAE—in accordance with *Statistical Plan* rules
- Carrier Employee Salaries *(overhead, travel expenses)*
- Independent Claim Professionals *(performing functions of a claims adjuster)*
- Other General Expenses *(any other expenses not specified in the *Statistical Plan)*
Vocational Rehabilitation

Job Placement  Schooling

Testing  Evaluation

Vocational Rehabilitation

Loss/Expenses

In the Incurred Loss?

Benefits Claimant

Indemnity  Medical

Benefits Carrier

ALAE  ULAE
Loss/Expenses

In the Incurred Loss?

Benefits Claimant

Yes

No

Benefits Carrier

Indemnity

Medical

ALAE

ULAE

Loss Review

Questions

Loss Matching Fields
Open, Reopened, and Newly Arising Claims
Intent of Physical Rehabilitation
ALAE Expense Are ...
Expenses That Benefit the Claimant
Subrogation Recoveries Require What?
Type of Vocational Rehabilitation Expense
Part of Body Code Represents What?

Possible Answers

Help to Achieve Maximum Medical Improvement
Job Placement
Claim Number and Accident Date
ALAE
Reported on Subsequent Reports
Included in Loss
Excluded From Loss
Statistical Code
Correction Reports to Reduce Loss Amounts
Injured Body Part That is the Most Significant Contributor to Claim Cost
Data Editing and Validation

**Editing**

Occurs **before** data is loaded to database.

Front-end quality checks to confirm accuracy, validity, and completeness.

**Validation**

Occurs **after** data is loaded to database.

Identifies patterns and data anomalies over time.
# Data Grade Descriptions

<table>
<thead>
<tr>
<th>Data Grade</th>
<th>Type</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>9</td>
<td>Transaction Reject</td>
<td>Entire transaction rejected. Must be <strong>corrected</strong> and resubmitted within <strong>120 days</strong>.</td>
</tr>
<tr>
<td>5</td>
<td>Priority/ Critical Error</td>
<td>Data element reported incorrectly and contains an error. Captured on database but not used in NCCI’s core services.</td>
</tr>
<tr>
<td>4</td>
<td>Priority Error</td>
<td>Data element reported incorrectly and contains an error. Captured on database and used in NCCI’s core services.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Data Grade</th>
<th>Type</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>3</td>
<td>Default Error</td>
<td>A default value has been applied prior to processing.</td>
</tr>
<tr>
<td>2</td>
<td>Suspect</td>
<td>Data element may have been submitted incorrectly and may contain an error.</td>
</tr>
<tr>
<td>1</td>
<td>Informational</td>
<td>An &quot;optional&quot; or “not applicable” data element was reported incorrectly and is in error.</td>
</tr>
</tbody>
</table>
**Unit Edit Matrix**

<table>
<thead>
<tr>
<th>Record Type</th>
<th>Edt No.</th>
<th>Date Grade</th>
<th>Data Field</th>
<th>Error Message</th>
<th>Edit Description</th>
<th>Report Type</th>
<th>Pre-UDD R1</th>
<th>Applicable States</th>
<th>Rejected States</th>
<th>Change Effective Date</th>
<th>Changes</th>
</tr>
</thead>
<tbody>
<tr>
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<td>00142</td>
<td>S</td>
<td>Accident Date</td>
<td>DATE IS INVALID</td>
<td>If the Accident Date is not blank or is greater than or equal to the Policy Effective Date, it must be reported as a valid date.</td>
<td>Field</td>
<td>Both</td>
<td>All</td>
<td>12/20/12</td>
<td>Updated the Error Message.</td>
<td>04/30/01</td>
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<tr>
<td>5</td>
<td>00142</td>
<td>S</td>
<td>Accident Date</td>
<td>DATE IS INVALID</td>
<td>The Accident Date on the incoming unit must be greater than or equal to Policy Effective Date and less than or equal to Policy Expiration Date.</td>
<td>Field</td>
<td>Both</td>
<td>All</td>
<td>12/20/12</td>
<td>Updated the Error Message.</td>
<td>04/30/01</td>
</tr>
</tbody>
</table>

**Unit Statistical Reporting Guidebook: Part 12**

**Validation Test Matrix**

<table>
<thead>
<tr>
<th>Validation Type Code</th>
<th>Validation Type</th>
<th>Validation Description</th>
<th>Validation Summary</th>
<th>Countries/State</th>
<th>Change Date</th>
<th>Changes</th>
</tr>
</thead>
<tbody>
<tr>
<td>A002</td>
<td>QUARTERLY TEST</td>
<td>AUDIT PREMIUM DIFFERENCES</td>
<td>The attached spreadsheet displays total reported premium amounts differing by $2,500 or more from NCCI test audit premium amounts. Please verify this premium based on your company records or submit corrections by the due date.</td>
<td>Countrywide</td>
<td>3rd Oct 2011</td>
<td>Added validation test.</td>
</tr>
<tr>
<td>A501</td>
<td>OUTLIER HEADER</td>
<td>OUTLIER HEADER</td>
<td>The unit(s) identified on the attached spreadsheet display an unusually high percentage of suspect header field coding. Details are provided within the NCCI Comments field on the spreadsheet. Please verify the header fields based on your company records and provide a detailed explanation to support the accuracy of reporting or submit corrections by the due date.</td>
<td>Countrywide</td>
<td>3rd Oct 2011</td>
<td>Added validation test.</td>
</tr>
<tr>
<td>C011</td>
<td>SUSPECT EXPOSURE CLAIMS DISTRIBUTION—COUNTWISE</td>
<td>THE DISTRIBUTION OF CLAIMS APPEARS SUSPECT COMPARED TO THE EXPOSURE AMOUNT IN THE CLASS</td>
<td>The unit(s) identified on the attached spreadsheet display unusually low claims counts in comparison to the reported exposure/premium or unusually high claims counts in comparison to the reported exposure/premium in a given class. The inaccurate distribution of exposure and claims across states or within a state may result in overstated loss costs and underwritten loss costs in some classes and understated loss costs in others. Please verify the exposure and loss reporting in the affected class based on your company records and provide a detailed explanation to support the accuracy of reporting or submit corrections to massage exposure and to doses to the appropriate classes by the due date.</td>
<td>Countrywide</td>
<td>3rd Oct 2011</td>
<td>Clarified validation summary.</td>
</tr>
</tbody>
</table>
Unit Notification Report

Identifies the status of all unit notifications that have been issued to your company within the past 12 months, based on the Notification Date

Data Quality Programs

Data Quality Incentive Program (DQIP)
- Unit Quality and Timeliness
- Factor Applied to Data Collection Fee

Regulator Exception Program
- Timely and Quality Experience-Rated Units by State

Carrier Data Quality Report Program (Report Card)
- Unit Availability Grade (A, B, C, D, F)
- Preliminary and Final Report Card

Data Quality Remediation Program
- Significant Unit Reporting Issues
Data Manager Dashboard

- View summarized information for your data
- Data reporting performance is categorized by timeliness and quality
- Manage your data reporting more efficiently by targeting areas in need of improvement
- Data is refreshed on a daily basis
- Track your Report Card performance results

Monitoring Reports

- Provides information on your reporting performance and quality results
- Include details on units
  - Evaluated by data quality programs (DQIP and Report Card)
- Overall results on data availability
- Outstanding errors
Wobbly Wheel Game

- Located in USRG
- Statistical Plan Part 6
- Identifies Data Patterns
- Included in ALAE
- NCCI Online Tool
- Requires Reducing Losses via Corrections
- Part of Medical Losses
- Monitors Timely Submission of Units

Question and Answer Session

Thanks for your participation!
Supplemental Information
**Presenter Biographies**

**Lynette Williams** currently works in the Data Services Department of NCCI’s Data Resources Division; she has been with NCCI for nearly 20 years. Lynette’s primary responsibilities include product/project support as well as technical writing for data reporting manuals, circulars, and Web articles. She is also responsible for external training, including NCCI’s Webinars on Demand modules.

Lynette has held positions in Customer Operations, Inspection/Test Audit, and Regulatory Assurance. Her wealth of experience includes analyzing and researching classifications/statistical codes, compliance rules interpretation, and industry training.

Lynette holds a bachelor of science degree in business management from Fairfield University in Connecticut and an MBA degree in business administration from the University of Phoenix.

**Richard Saltzman** has more than 30 years of experience in the insurance industry, including 20 years of insurance company experience. Richard works in Statistical Services, and his responsibilities include data reporting compliance projects, industry communications, and NCCI’s data reporting manuals.