

### **Reporting Topics**

- Mapping the Data
- Subrogation Recoveries
- Indemnity Paid on Matching Claims
- Deleting and Replacing Data
- New Data Elements

### **Mapping the Data**

### **Mapping—Benefit Type Code**



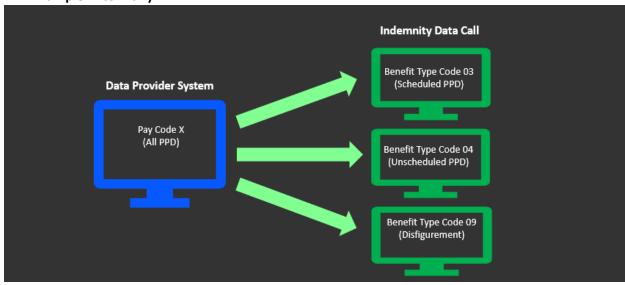


#### Mapping—Benefit Type Code

- 03—Scheduled Permanent Partial Disability Benefits
  - The transactional amount of indemnity permanent partial disability benefits paid as established by a statutory list (schedule) of weeks for specific parts of body
- 04—Unscheduled Permanent Partial Disability Benefits
  - The transactional amount of indemnity permanent partial disability benefits paid for injuries to parts of the body not specifically listed in a statutory schedule
- 09—Disfigurement Benefits
  - The transactional amount of indemnity benefits paid for any scarring or cosmetic defect as defined by statute in the applicable jurisdiction

### **Problematic Mapping—Permanent Partial Disability (PPD)**

PPD Example: 1 to Many



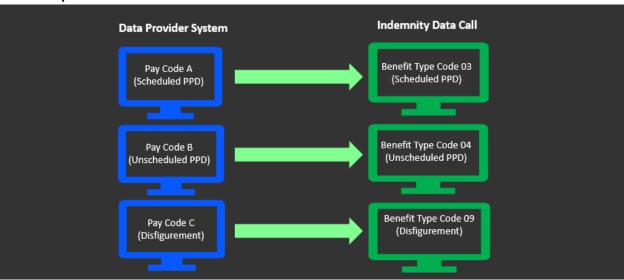


### Data Now Program (DNP)

## **Indemnity Data Call—Reporting Practices**

### **Ideal Mapping—Permanent Partial Disability (PPD)**

PPD Example: 1 to 1



### **Ideal Mapping—Permanent Partial Disability (PPD)**

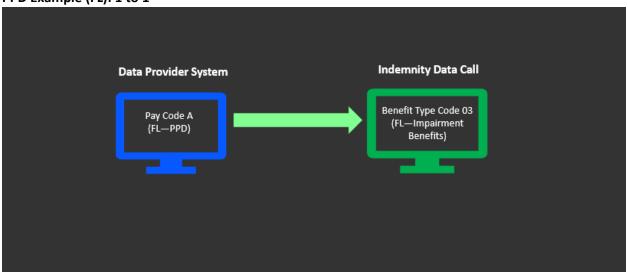
#### PPD Example (FL)

| Code | Description   | Additional Rules and/or Exceptions (If Applicable)   |
|------|---|--|
| 01   | <b>Death Benefits</b> —The transactional amount of indemnity benefits paid for the death of the claimant resulting from a work-related accident or occupational injury or disease.                                    | Includes burial expenses.  Benefits for multiple survivors may be reported as a single transaction for all the survivors or one transaction per survivor for each payment made.  |
| 02   | Permanent Total Disability Benefits—The transactional amount of<br>indemnity benefits paid for permanent total disability as defined by statute in<br>the applicable jurisdiction.                                    | GA—Defined as Catastrophic Injury Benefits  TX—Defined as Lifetime Income Benefits   |
| 03   | Scheduled Permanent Partial Disability Benefits—The transactional amount of indemnity permanent partial disability benefits paid as established by a statutory list (schedule) of weeks for specific parts of body.   | AK, KY, MT, OR, and VT—Not applicable TN—Not applicable for accidents occurring on or after 07/01/2014 FL—Defined as Impairment Income Benefits NH—Defined as Permanent Impairment Awards TX—Defined as Supplemental Income Benefits |
| 04   | Unscheduled Permanent Partial Disability Benefits—The transactional amount of indemnity permanent partial disability benefits paid for injuries to parts of the body not specifically listed in a statutory schedule. | FL—Not applicable  NH—Defined as Compensation for Permanent Partial Disability  TX—Defined as Impairment Income Benefits   |



## **Ideal Mapping—Permanent Partial Disability (PPD)**

PPD Example (FL): 1 to 1



### **Ideal Mapping—Permanent Partial Disability (PPD)**

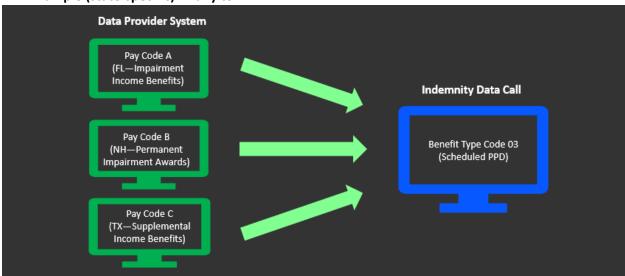
#### PPD Example (state-specific)

| 01 de | Death Benefits—The transactional amount of indemnity benefits paid for the<br>leath of the claimant resulting from a work-related accident or occupational  |  |
|-------|---|--|
|       | njury or disease.   | Benefits for multiple survivors may be reported as a single<br>transaction for all the survivors or one transaction per survivor fo<br>each payment made.  |
| 02 in | Permanent Total Disability Benefits—The transactional amount of<br>indemnity benefits paid for permanent total disability as defined by statute in<br>he applicable jurisdiction.                                     | GA—Defined as Catastrophic Injury Benefits  TX—Defined as Lifetime Income Benefits   |
| 03 ar |   | AK, KY, MT, OR, and VT—Not applicable  TN—Not applicable for accidents occurring on or after 07/01/2014  FL—Defined as Impairment Income Benefits  NH—Defined as Permanent Impairment Awards  TX—Defined as Supplemental Income Benefits |
| 04 ar | Inscheduled Permanent Partial Disability Benefits—The transactional amount of indemnity permanent partial disability benefits paid for injuries to parts of the body not specifically listed in a statutory schedule. | FL—Not applicable  NH—Defined as Compensation for Permanent Partial Disability  TX—Defined as Impairment Income Benefits   |



#### **Ideal Mapping—Permanent Partial Disability (PPD)**

PPD Example (state-specific): Many to 1



#### Mapping—Benefit Type Code

Note: It is expected that Benefit Type Code 49, 79 and 99 will be used infrequently.

- 49—Indemnity and Medical Combined
  - The transactional <u>amount</u> of benefits paid for indemnity and medical on a combined basis which <u>cannot</u> be separated out
- 79—Lump Sum Including Multiple Indemnity
  - The transactional amount paid via lump sum for multiple indemnity benefit types that cannot be reasonably separated out
- 99—Other Indemnity Benefits Not Otherwise Specified
  - The transactional amount of indemnity benefits paid, not otherwise classified by NCCI



### **Mapping—Employment Status Code**

- Employment Status Code
  - Indicates the employees primary work status at the time of injury
- Report based on hierarchy
  - When multiple codes apply

Indemnity Data Call Reporting Guidebook, Part 6—Data Dictionary, Section A.18

#### **Mapping—Employment Status Code**

Example: Employment status at time of injury (part-time volunteer worker)

| Code | Description   | Hierarchy |
|------|---|-----------|
| 9    | Volunteer—Indicates that the injured worker is a volunteer for the covered employer and sustained a compensable injury, but the claim administrator will make no indemnity payments unless indemnity benefits are required based on concurrent employment.  | 1         |
| 8    | Seasonal—Indicates that the claimant was employed in a position dependent on or controlled by the season of the year.   | 2         |
| 1    | Regular Full-Time—Indicates that the injured worker was employed on a full-time basis. (Schedule is comparable to other employees of the company and/or other employees in the same business or vicinity that are considered full-time). This status is NOT used when reporting experience for full-time seasonal, volunteer, apprenticeship, or piece workers. | 3         |
| 2    | Part-Time—Indicates that the injured worker was employed on a part-time basis and their work history in the preceding months shows that the person worked on less than a full-time basis. This status is NOT used when reporting experience for part-time seasonal, volunteer, apprenticeship, or piece workers.  | 4         |
| Х    | Other—Indicates that the claimant had an employment status other than those listed above.   | 5         |



#### **Mapping—Temporary Disability Benefit Extinguishment Code**

- Temporary Disability Benefit Extinguishment Code
  - Indicates the reason why temporary disability benefits were terminated
- Report based on hierarchy
  - When multiple codes apply

Indemnity Data Call Reporting Guidebook, Part 6—Data Dictionary, Section A.52

#### Mapping—Temporary Disability Benefit Extinguishment Code

Example: Temporary benefits extinguished (claimant returned to work and reached MMI)

| Code | Description   | Hierarchy |
|------|---|-----------|
| 0    | Temporary Benefits not Extinguished or Not Applicable                               | N/A       |
| 1    | Return to Work (RTW)  | 1         |
| 2    | Release RTW   | 2         |
| 3    | Maximum Medical Improvement (MMI)   | 3         |
| 4    | Maximum Statutory Duration  | 4         |
| 5    | Medical Noncompliance (e.g., missed medical appointments or refusal to be examined) | 5         |
| 6    | Other   | 6         |



### **Subrogation Reporting**

#### **Subrogation Recoveries**

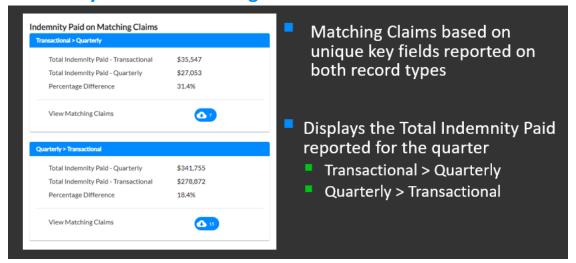
- 30—Indemnity Recovery Reimbursement Amount— Third-Party Actions
  - The transactional amount of indemnity recovery reimbursed to the carrier from a third-party action less recovery expenses
- 31—Indemnity Recovery Reimbursement Amount— State-Administered Funds
  - The transactional amount of indemnity recovery reimbursed to the carrier from a state-administered fund (e.g., Second Injury Fund)

#### **Subrogation Recoveries**

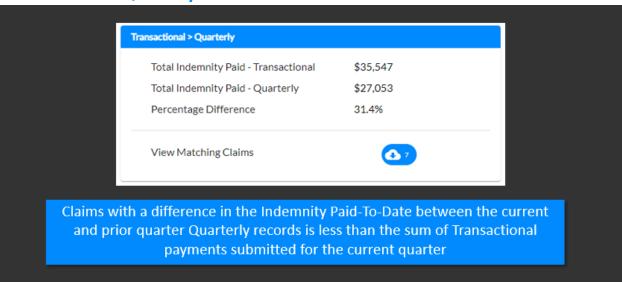
- Report as a positive value on the Transactional record
- Report the Indemnity and Medical Paid-To-Date and incurred amount reduced by the subrogation recovery amount on the Quarterly record
  - Same as Unit Statistical Reporting



### **Indemnity Paid on Matching Claims**



#### **Transactional > Quarterly**





## **Transactional > Quarterly**

- Possible reasons for occurrence:
  - Indemnity Paid-To-Date
  - Voids/Credits
  - Claim Valuation Date
  - Subrogation Recoveries

#### Transactional > Quarterly Example (Key Fields)

| Data<br>Provider<br>ID | Group<br>Code | Carrier<br>Code | Jurisdiction<br>State | Policy<br>Number | Policy<br>Effective<br>Date | Claim<br>Number | Accident<br>Date |
|------------------------|---------------|-----------------|-----------------------|------------------|-----------------------------|-----------------|------------------|
| 12345                  | 12345         | 12345           | 09                    | WC1001           | 1/1/2024                    | 1006            | 5/1/2024         |

#### Transactional > Quarterly Example (Dollar Difference)

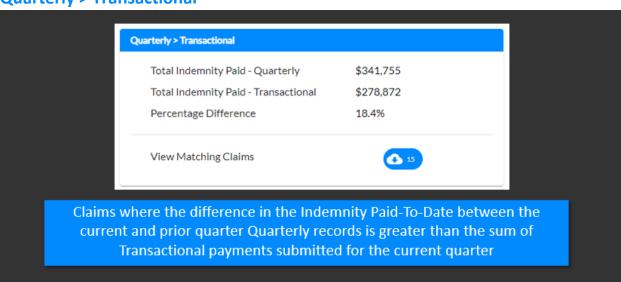
| Current<br>Quarter<br>Qtrly PTD<br>Amount | Prior<br>Quarter<br>Qtrly PTD<br>Amount | Prior<br>Reporting<br>Quarter | Prior<br>Reporting<br>Year | Current<br>Quarter<br>Qtrly Paid<br>Amount<br>(Current-<br>Prior) | Current<br>Quarter<br>Trans Paid<br>Amount | Subro<br>Paid<br>Amount | Diff<br>(Trans -<br>Qtrly) |
|---|---|-------------------------------|----------------------------|---|--|-------------------------|----------------------------|
| 40,000                                    | 0                                       | 3                             | 2024                       | 40,000  | 120,000                                    | 0                       | 80,000                     |



#### Transactional > Quarterly Example (No Dollar Difference)

| Current<br>Quarter<br>Qtrly PTD<br>Amount | Prior<br>Quarter<br>Qtrly PTD<br>Amount | Prior<br>Reporting<br>Quarter | Prior<br>Reporting<br>Year | Current<br>Quarter<br>Qtrly Paid<br>Amount<br>(Current-<br>Prior) | Current<br>Quarter<br>Trans Paid<br>Amount | Subro<br>Paid<br>Amount | Diff<br>(Trans -<br>Qtrly) |
|---|---|-------------------------------|----------------------------|---|--|-------------------------|----------------------------|
| 120,000                                   | 0                                       | 3                             | 2024                       | 120,000   | 120,000                                    | 0                       | 0.00                       |

### **Quarterly > Transactional**





## **Quarterly > Transactional**

- Possible reasons for occurrence:
  - Indemnity Paid-To-Date
  - Missing Transactional records
  - Claim Valuation Date
  - Subrogation Recoveries

#### **Quarterly > Transactional Example (Key Fields)**

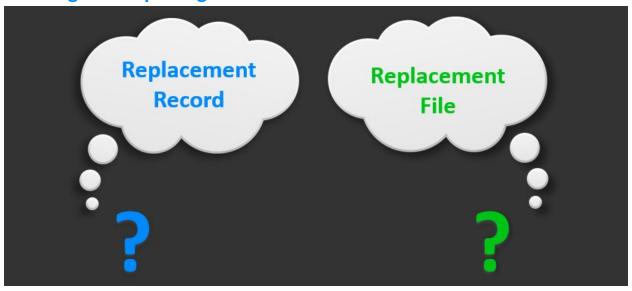
| Data<br>Provider<br>ID | Group<br>Code | Carrier<br>Code | Jurisdiction<br>State | Policy<br>Number | Policy<br>Effective<br>Date | Claim<br>Number | Accident<br>Date |
|------------------------|---------------|-----------------|-----------------------|------------------|-----------------------------|-----------------|------------------|
| 12345                  | 12345         | 12345           | 09                    | WC1001           | 1/1/2024                    | 2006            | 5/1/2024         |

#### **Quarterly > Transactional Example (Dollar Difference)**

| Current<br>Quarter<br>Qtrly PTD<br>Amount | Prior<br>Quarter<br>Qtrly PTD<br>Amount | Prior<br>Reporting<br>Quarter | Prior<br>Reporting<br>Year | Current<br>Quarter<br>Qtrly Paid<br>Amount<br>(Current-<br>Prior) | Current<br>Quarter<br>Trans Paid<br>Amount | Subro<br>Paid<br>Amount | Diff<br>(Trans -<br>Qtrly) |
|---|---|-------------------------------|----------------------------|---|--|-------------------------|----------------------------|
| 350,000                                   | 300,000                                 | 3                             | 2024                       | 50,000  | -50,000                                    | 50,000                  | 100,000                    |



### **Deleting and Replacing Data**



If Transactional or Quarterly records were reported in error, determine if it will be necessary to delete or replace data.

#### Consider:

- Replacement record or replacement file
- Transactional record, Quarterly record, or both

#### **Deleting and Replacing Records—Transactional Record**

#### Two options:

- Option 1—Reporting with the Transaction Identifier (Using Cancellation and Replacement Codes)
  - o To deleting or cancel a record, use Transaction Code 02—Cancellation
  - o To replace or change a record (non-key fields), use Transaction Code 03—Replacement
- Option 2—Reporting without the Transaction Identifier (Accounting Method)
  - This option does not use the Transaction Identifier or the Cancellation and Replacement Transaction Codes
  - o Submit a new Original record to change or offset a previously reported record

#### **Deleting Records—Transactional Record**

**Example Record Layout: Option 1** 

Note: Original record (row 1) and Cancellation record (row 2). Change highlighted in green.



| Option 1             |                   |                   |                               |  |  |  |
|----------------------|-------------------|-------------------|-------------------------------|--|--|--|
| (1)<br>Rec Type Code | (2)<br>Trans Code | (3)<br>Trans Date | (4)<br>Transaction Identifier |  |  |  |
| 01                   | 01                | 20241201          | AE1000001                     |  |  |  |
| 01                   | 02                | 20241215          | AE1000001                     |  |  |  |

| (5)<br>Carrier<br>Code | (6)<br>Policy Number<br>Identifier | (7)<br>Policy Effective<br>Date | (8)<br>Claim Number<br>Identifier | (9)<br>Accident<br>Date |
|------------------------|------------------------------------|---------------------------------|-----------------------------------|-------------------------|
| 12345                  | WC1001                             | 20240101                        | 1006                              | 20240501                |
| 12345                  | WC1001                             | 20240101                        | 1006                              | 20240501                |

| (11)<br>Transaction From Date | (12)<br>Transaction To Date | (13)<br>Transaction<br>Amount | (14)<br>Benefit Type<br>Code |
|-------------------------------|-----------------------------|-------------------------------|------------------------------|
| 20241201                      | 20241214                    | 00000001000                   | 03                           |
| 0000000                       | 00000000                    | 00000000000                   | 00                           |

## **Replacing Records—Transactional Record**

**Example Record Layout: Option 1** 

Note: Original record (row 1) and Replacement record (row 2). Change highlighted in green.



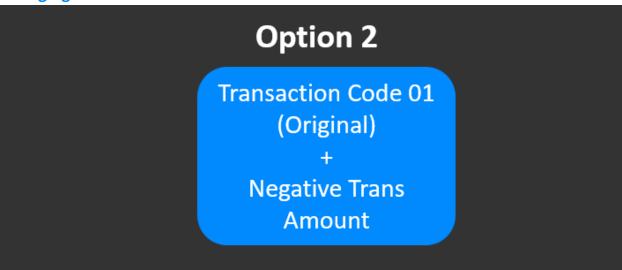
| Option 1             |                   |                   |                               |  |  |
|----------------------|-------------------|-------------------|-------------------------------|--|--|
| (1)<br>Rec Type Code | (2)<br>Trans Code | (3)<br>Trans Date | (4)<br>Transaction Identifier |  |  |
| 01                   | 01                | 20241201          | AE1000001                     |  |  |
| 01                   | 03                | 20241215          | AE1000001                     |  |  |
|                      |                   |                   |                               |  |  |

| (5)<br>Carrier<br>Code | (6)<br>Policy Number<br>Identifier | (7)<br>Policy Effective<br>Date | (8)<br>Claim Number<br>Identifier | (9)<br>Accident<br>Date |
|------------------------|------------------------------------|---------------------------------|-----------------------------------|-------------------------|
| 12345                  | WC1001                             | 20240101                        | 1006                              | 20240501                |
| 12345                  | WC1001                             | 20240101                        | 1006                              | 20240501                |

| (11)<br>Transaction From Date | (12)<br>Transaction To Date | (13)<br>Transaction<br>Amount | (14)<br>Benefit Type<br>Code |
|-------------------------------|-----------------------------|-------------------------------|------------------------------|
| 20241201                      | 20241214                    | 00000001000                   | 03                           |
| 20241201                      | 20241214                    | 00000001000                   | 04                           |



### **Changing Records—Transactional Record**



#### **Changing Records—Transactional Record**

**Example Record Layout: Option 2** 

Note: Original record (row 1) and Replacement record (row 2). Change highlighted in green.

| Option 2             |                   |                   |                               |  |
|----------------------|-------------------|-------------------|-------------------------------|--|
| (1)<br>Rec Type Code | (2)<br>Trans Code | (3)<br>Trans Date | (4)<br>Transaction Identifier |  |
| 01                   | 01                | 20241201          |                               |  |
| 01                   | 01                | 20241215          |                               |  |
|                      |                   |                   |                               |  |



| (5)<br>Carrier<br>Code | (6)<br>Policy Number<br>Identifier | (7)<br>Policy Effective<br>Date | (8)<br>Claim Number<br>Identifier | (9)<br>Accident<br>Date |
|------------------------|------------------------------------|---------------------------------|-----------------------------------|-------------------------|
| 12345                  | WC1001                             | 20240101                        | 1006                              | 20240501                |
| 12345                  | WC1001                             | 20240101                        | 1006                              | 20240501                |

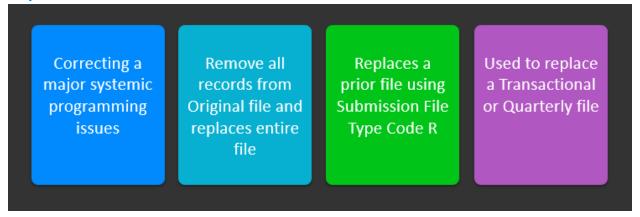
| (11)<br>Transaction From Date | (12)<br>Transaction To Date | (13)<br>Transaction<br>Amount | (14)<br>Benefit Type<br>Code |
|-------------------------------|-----------------------------|-------------------------------|------------------------------|
| 20241201                      | 20241214                    | 000000065000                  | 03                           |
| 20241201                      | 20241214                    | -00000065000                  | 03                           |

### **Deleting and Replacing Records—Quarterly Records**

- Delete a Quarterly Record
  - o Submit a new Original record with the same key fields and all financial fields zero-filled
- Replace a Quarterly Record
  - Submit a new Original Quarterly Record with the same key fields and all corrected values (not the change in value)



### **Replacement File**



Examples of when you may need to submit a Replacement File:

- Replace a file submitted in error
- Replace a large volume of records in the file
- Deleting all records in the file



### Replacement File—File Control Record

| Field Title/Description    | Original Reported As | Banksamant Banartad As    |  |
|----------------------------|----------------------|---------------------------|--|
| Field Title/Description    | Original Reported As | Replacement Reported As   |  |
| Record Type                | 03                   | 03                        |  |
| Submission File Type Code  | O (Original)         | R (Replacement)           |  |
| Carrier Group Code         | 99990                | 99990                     |  |
| Reporting Quarter Code     | 4                    | 4                         |  |
| Reporting Year             | 2024                 | 2024                      |  |
| Submission File Identifier | 9999042024TRANS      | 9999042024TRANS           |  |
| Submission Date            | 20240921             | (Date file was generated) |  |
| Submission Time            | 124233               | (Time file was generated) |  |
| Record Total               | 00000005000          | 00000005000               |  |
| Reserved for Future Use    |                      |                           |  |

#### **Key Field Change File**

To correct any of the Key Fields reported on Transactional or Quarterly records, submit a Key Field Change file.

#### Key Fields:

- Carrier Code
- Policy Number Identifier
- Policy Effective Date
- Claim Number Identifier
- Accident Date

For details on creating a Key File Change file, refer to the *Indemnity Data Call Reporting Guidebook*, Part 4—Reporting Rules, Section D.3.



#### **New Data Elements**

#### **Quarterly Record**

**Classification Code** – A code used to identify the classification assigned to the insured according to the rules of NCCI's Basic Manual or the statistical code defined by the jurisdiction.

Return to Work Date – The date of the claimant's most recent return to work.

**Zip Code of Injury Site** - The postal or United States Postal Service ZIP+4 Code of the location where the injury occurred.

Number of Dependents – The number of dependents the injured worker has at the time of injury.

**Exposure State Code** – A code used to identify the state in which coverage has been provided for the classifications and corresponding exposures, if any, and to which the payrolls of claimants have been assigned.

**Indemnity Claim Code** – A code that can aid in identify and deleting claims.

#### **Coding Values**

| Code | Description                             |
|------|---|
| 1    | Compensable indemnity claim             |
| 2    | Noncompensable indemnity claim          |
| 3    | Medical-only claim                      |
| 4    | Jurisdiction State no longer applicable |

#### **Quarterly Record Layout**

| New Quarterly Indemnity Claim Data Elements (Fields 38 – 43) |                         |       |          |       |
|--|-------------------------|-------|----------|-------|
| Field No.  | Field Title             | Class | Position | Bytes |
| 38   | Classification Code     | N     | 195-198  | 4     |
| 39   | Return to Work Date     | N     | 199-206  | 8     |
| 40   | Zip Code of Injury Site | AN    | 207-215  | 9     |
| 41   | Number of Dependents    | N     | 216-217  | 2     |
| 42   | Exposure State Code     | N     | 218-219  | 2     |
| 43   | Indemnity Claim Code    | N     | 220      | 1     |
| 44   | RESERVED FOR FUTURE USE |       | 221-300  | 80    |



### **Implementation**

- Circular IND-2024-01, published 10/10/2024
  - o Attachment A—Indemnity Data Call—New Data Reporting Elements—Quarterly Record
- Fourth Quarter 2025 data due to NCCI by 3/31/2026
- Update to the Indemnity Data Call Reporting Guidebook
  - o Indemnity Data Call Future Edit Matri

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