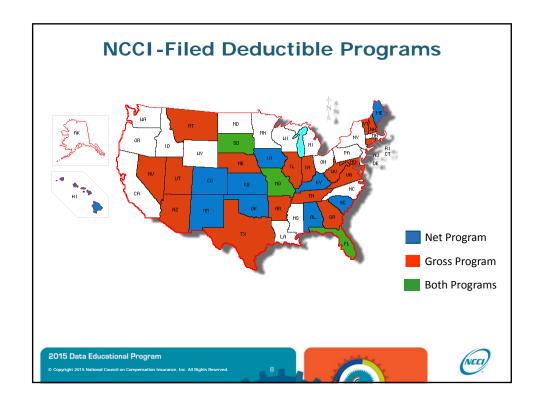


Unit Statistical Reporting Guidebook

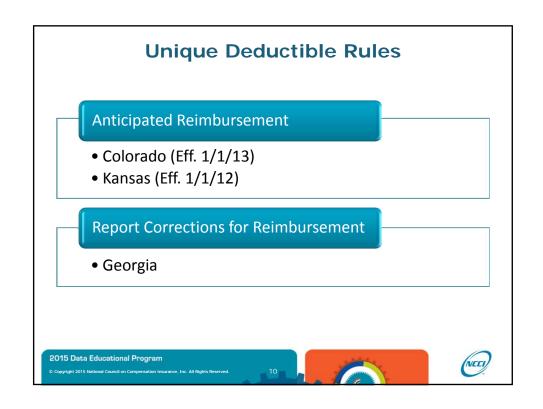
Part 8—Deductible Programs

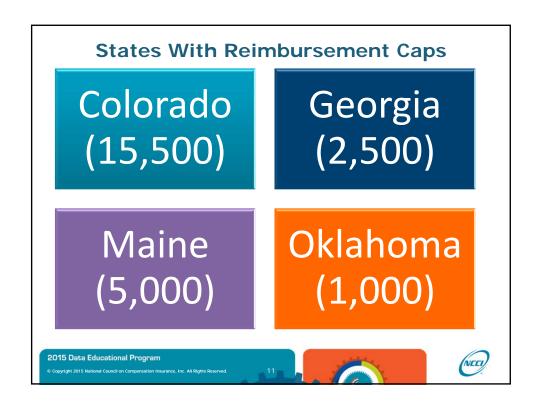
- A. Small and Large Deductible Programs
- B. Gross and Net Deductible Programs
- C. Statistical Codes
- D. NCCI Small Deductible Programs
- E. Gross Deductible Reporting Example
- F. Net Deductible Reporting Example

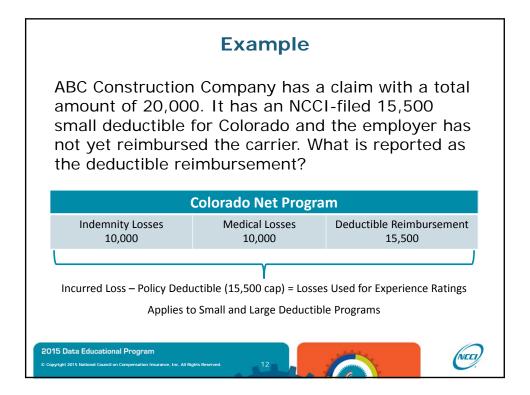




Five NCCI Small Deductible Programs Indemnity and Medical Gross Two Voluntary—Medical Only Gross and Net Two Assigned Risk—Medical Only Gross and Net







Unit Statistical Reporting Guidebook

Small Deductible State Programs

Colorado Small Deductible Programs						
Effective	Header Record			Exposure Record	Experience Rating	Loss Record
Date	Type of Deductible	Type of Plan	Deductible Amount Per	Statistical	Gross	Deductible Reimbursement
	(Code)	(Code)	Claim/Accident	Code	Deductible	Amount
1/1/2015	Indemnity and Medical	Per Claim	\$500, 1,000, 1,500, 2,000, 2,500, 5,000, 10,000, 13,500, 15,500	9664	Net	Report with an upper limit of \$15,500
01/01/14- 12/31/14	Indemnity and Medical	Per Claim	\$500, 1,000, 1,500, 2,000, 2,500, 5,000, 10,000, 13,500	9664	Net	Report with an upper limit of \$13,500
07/01/13- 12/31/13	Indemnity and Medical	Per Claim	\$500, 1,000, 1,500, 2,000, 2,500, 5,000, 10,000	9664	Net	Report with an upper limit of \$10,000
07/01/91- 06/30/13	Indemnity and Medical	Per Claim	\$500, 1,000, 1,500, 2,000, 2,500, 5,000	9664	Net	Report with an upper limit of \$5,000

Other Rules:

Deductible Reimbursement applies to small and large deductible programs.

Report the policy deductible amount associated with the loss in the Deductible Reimbursement Amount. This amount is limited to the value of the incurred loss or upper limit based on the policy effective date.

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NCCI-Filed Program Examples

State	Deductible Program	Premium Credit	Correction Reports	Reimbursement Cap	Net or Gross
AL	Small	9664	No	None	Net
СО	Small and Large	9664	No (Anticipated)	15,500	Net
GA	Small and Large	9664	Yes	2,500	Net
IA	Small	None	No	None	Net
KS	Small and Large	9664	No (Anticipated)	None	Net
ME	Small and Large	9664	No	5,000	Net
МО	Small and Large	9664	No	None	Net or Gross
NM	Small	9664	No	None	Net
ОК	Small	9663	No	1,000	Net
SD	Small	9664	No	None	Net or Gross (based on PED)

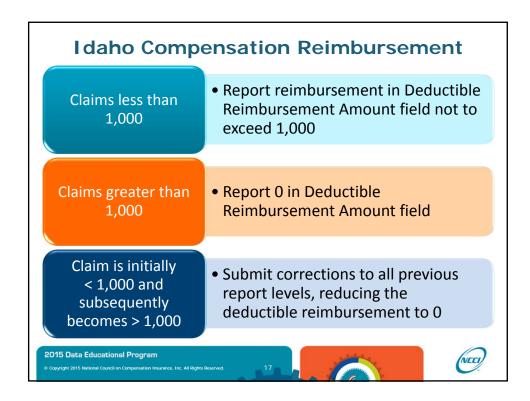
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Idaho Compensation Reimbursement

Example:

The claim amounts on the 1st report are 750. The employer reimbursed the carrier for the full amount.

1st Unit Report						
Paid Indemnity	Incurred Indemnity	Paid Medical	Incurred Medical	Deductible Reimbursement		
250	250	500	500	750		



Idaho Compensation Reimbursement

Example:

Claim developed to 3,000 between the 1st and 2nd reports. How do you report the deductible reimbursement?

1st Unit Report Correction						
Paid Indemnity	Incurred Indemnity	Paid Medical	Incurred Medical	Deductible Reimbursement		
250	250	500	500	0		

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Idaho Compensation Reimbursement

Example:

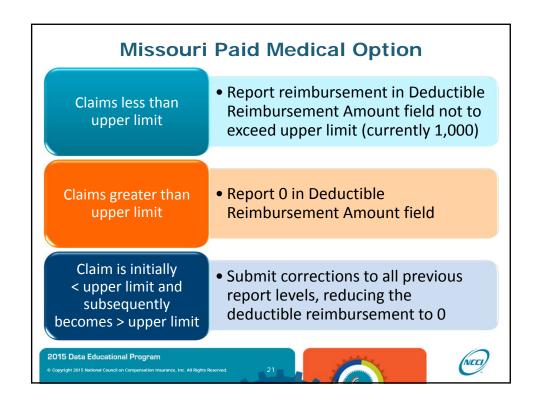
Claim developed to 3,000 between the 1st and 2nd reports. How do you report the deductible reimbursement?

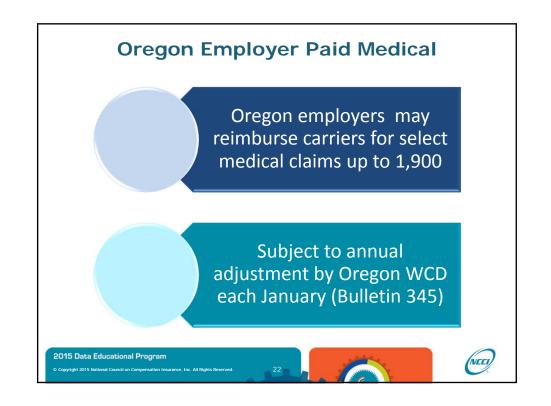
2nd Unit Report							
Paid Indemnity	Incurred Indemnity	Paid Medical	Incurred Medical	Deductible Reimbursement			
800	1,000	1,200	2,000	0			

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Unit Statistical Reporting Guidebook Oregon Employer-Paid Medical Program Loss Record **Header Record** Type of Deductible Deductible Deductible Type of Plan **Amount Per** Reimbursement **Effective Date** Code Code Claim/Acciden Report the Employer-Policies with accident dates Medical-Only Per Claim Up to \$1,900 Paid Medical Amount, 01/01/15 and subsequent not to exceed \$1,900 the Employer Policies with accident dates Medical-Only Per Claim Up to \$1,800 Paid Medical Amount, 01/01/13-12/31/14 not to exceed \$1,800 Report the Employer-Policies with accident dates Medical-Only Per Claim Up to \$1,700 Paid Medical Amount, 01/01/11-12/31/12 not to exceed \$1,700 Report the Employer-Policies with accident dates Medical-Only Per Claim Up to \$1,600 Paid Medical Amount, 01/01/09-12/31/10 not to exceed \$1,600 Report the Employer-Policies with accident dates Medical-Only Per Claim Up to \$1,500 Paid Medical Amount. 01/01/06-12/31/08 not to exceed \$1,500 Report the Employer-Policies with accident dates Medical-Only Per Claim Up to \$500 Paid Medical Amount, prior to 01/01/06 not to exceed \$500 2015 Data Educational Program (NCCI)



Missouri 50% Rule

If a claim's reserve causes the current experience modification to increase by more than 50% ...

Paid Indemnity	Paid Medical	Incurred Indemnity	Incurred Medical	Total Incurred Loss
10,000	15,000	55,000	80,000	135,000

... the carrier must revise the claim to equal the paid amount using correction reports.

Paid Indemnity	Paid Medical	Incurred Indemnity	Incurred Medical	Total Incurred Loss
10,000	15,000	10,000	15,000	25,000

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Florida Aggravated Inequity • Exp Mod calculated using open claim at 2nd report • Claim closes between 2nd and 3rd reports • Calculate a revised Exp Mod using paid claim amount • Difference in two Exp Mods causes standard premium to decrease by 5% or more • Correction report to 2nd using paid loss • Close claim at 3rd report • Close claim at 3rd report

Maine Rule 450

- Excludes claims involving aggravation of prior work-related injuries from experience modifications
- How to report:

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Type of Settlement Code 10 (Aggravation of Prior Work-Related Injuries) • If between 1st and 6th report levels, report corrections adjusting settlement type code • If 6th report and beyond, report at the next valuation

(NCCI)

State-Specific Subrogation and Second Injury Fund Rules

Anticipated Recovery (no correction reports)

Oregon—Report subrogation based on anticipated recovery

Received Recovery (correction reports to all report levels)

- Connecticut and Georgia (Subrogation)
- Louisiana (Subrogation and Second Injury Funds)
- South Carolina (Second Injury Funds)



Georgia Experience Rating Verification

- Carriers must provide Unit Statistical data to insureds for experience rating purposes
- Two ways to comply:

Pre-Reported Data

 Sent data from company systems prior to reporting to NCCI

Post-Reported Data

 Print a hard copy of the Unit Statistical data from DCA Access® Online to provide after reporting

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Georgia Experience Rating Verification

- Submit Unit Statistical data along with Form GID-63
- Form GID-63 is used to confirm or dispute the accuracy of the Unit Statistical data

Circular—UNITS-GA-2010-01









Audit Noncompliance

- If the employer is uncooperative and the carrier is unable to verify the necessary data based on Basic Manual rule
- In some states, the carrier can apply a noncompliance charge
- Charge is reported using Statistical Code 9757 (not part of standard premium)
 - CO, MO, MT, FL (FLJUA Only)



Audit Noncompliance						
State Statistical Code Basic Manual						
СО	9757	Audit Noncompliance Charge—Amount not specified (carrier must file with DOI for approval)				
MT	9757	Audit Noncompliance Charge—Amount not specified (carrier must file with DOI for approval)				
FL	9757* *FLJUA Only	Audit Noncompliance Charge—Not to exceed three times most recent estimated annual premium				
МО	9757	Audit Noncompliance Charge—Equal to estimated annual premium				
sc	No	May increase payroll up to a maximum of three times the estimated payroll for purposes of determining the final premium				
NC	NC No May increase payroll up to a maximum of three times the estimated payroll for purposes of determining the final premium					
May utilize a payroll amount of three times the estimated payroll for purposes of determining final premium						
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Example of Audit Noncompliance Charge Calculation

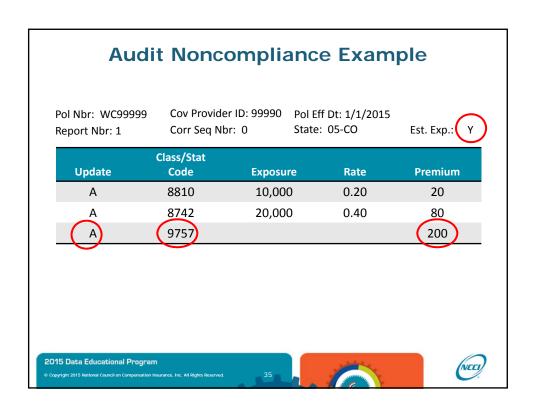
Up to Two Times the Estimated Annual Premium

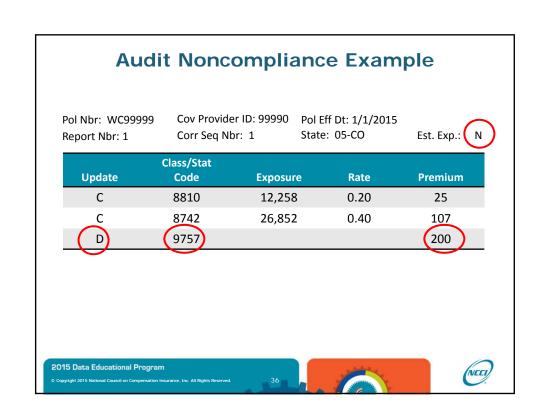
- 100,000 Estimated Annual Premium (basis) x 2 (multiplier) = 200,000 Audit Noncompliance Charge
- 200,000 is reported to Statistical Code 9757—Audit Noncompliance Charge (not part of standard premium; charge to policyholder)

100,000 Estimated Annual Premium
+ 200,000 Audit Noncompliance Charge
Total Amount Due is 300,000













Vocational Rehabilitation Expenses

Reported as Indemnity

- Reemployment assessment expenses
- Voluntary medical coordination costs and reemployment services costs for specific injuries
- First 2,500 reemployment services expenses

Reported as ALAE

- Reemployment services over 2,500
- Medical care coordination costs > 0

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Penalties for Delays in Making Compensation Payments

National Rule

- Included in indemnity loss—Carrier is liable for penalties for reasons beyond its control
- Excluded from indemnity loss—Carrier is liable for penalties within its control

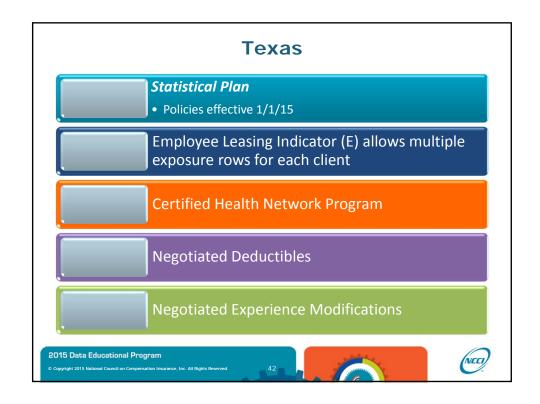
Maine, Florida, and Texas State Exception

 All penalties must be excluded from medical losses, indemnity losses, and ALAE





Nevada **Payroll Cap Fraudulent Claims** • Also includes the • Maximum per employee is ruling of the authorized state 36,000 per year workers Annual period compensation starts with the agency or other **Anniversary Rating** authorized Date adjudicator 2015 Data Educational Program (NEEI)



Missouri—Risk Modeling and Additional Mesothelioma Benefits

Policies Effective 1/1/14 Carrier Independently Filed Programs

Risk Modeling Plan:

- 9147—Risk Modeling Plan—Premium Credit
- 9148—Risk Modeling Plan—Premium Debit

Refer to Circular DR-2014-01 for details.

Additional Mesothelioma Benefits (all premium debits):

- 9723—Independent Carrier Filing (subject to ER)
- 9724—Independent Carrier Filing (not subject to ER)
- 9656—Independent Carrier Filing (not part of standard premium)

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Oklahoma-Certified Workplace Medical Plan

Effective 2/1/14

Nonexperience Rated Employers

10% Premium Reduction

Statistical Code 9756





Oklahoma and Tennessee Law-Only Filings

- Premium adjustment for outstanding policies
- Three methods to apply the rating adjustments
 - Directly to the rates
 - Total manual premium
 - Split period method
- Circulars
 - OK-2014-01
 - TN-2014-01 and TN-2014-04

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Pension Tables State Exceptions

Indemnity that includes lifetime benefits associated with Death and Permanent Total injuries

Surviving Spouse Pension Tables Use Table I-A unless otherwise noted below				
Jurisdiction/Act	Conditions	Table		
Connecticut	All accident dates	I-B		
District of Columbia	Accidents on or after 7/26/82	I-B		
Maine	Accidents prior to 1/1/93	I-B		
Rhode Island	All accident dates	I-B		
Vermont	Accident dates on or after 7/1/83, Lifetime Benefits only	I-B		
Virginia	Accident dates on or after 7/1/75, if the workers compensation benefit plus Social Security Benefit is less than 80% of the employee's average monthly wage	I-C		
USL&HW Act	Accident dates on or after 10/1/72	I-B		

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Pension Tables State Exceptions Indemnity that includes lifetime benefits associated with Death and Permanent Total injuries **Surviving Spouse Pension Tables** Use Table I-A unless otherwise noted below Jurisdiction/Act Conditions Table I-B Connecticut All accident dates **District of Columbia** Accidents on or after 7/26/82 I-B Maine Accidents prior to 1/1/93 I-B **Rhode Island** All accident dates I-B Accident dates on or after 7/1/83, Lifetime Vermont I-B Benefits only 5, if the Part 7—Statistical Plan lus Social I-C Virginia Security Benefit is less than 80% of the employee's average monthly wage **USL&HW Act** I-B Accident dates on or after 10/1/72 2015 Data Educational Program (NCCI)

New Hampshire Lump-Sum Settlements

- For a claim in which a lump-sum agreement has not been approved by the New Hampshire Department of Labor, the lump sum must not be included on unit reports
- If a lump sum is reported and not approved, correction reports are required at all report levels



NECI

Virginia/Maryland Excess Benefits

- Applies only in Maryland (MD) and Virginia (VA)
- As part of union contracts, certain employers agree to provide District of Columbia (DC) benefits
- MD Excess Coverage—The manual rate will be the rate in force in DC, except when the DC rate is lower, in which case the MD rate applies
- VA Excess Coverage—The manual rate must be increased by the DC additional benefits percentage shown in the Miscellaneous Values of the VA loss cost or rate pages

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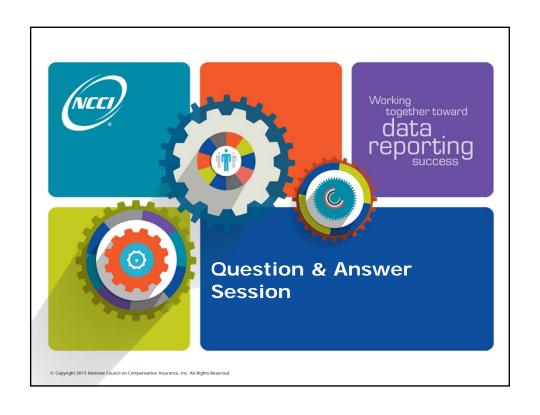
Virginia/Maryland Excess Benefits

- Exposure Coverage Act Code
 - 07 (Excess Benefits Coverage)
- Loss Conditions—Type of Claim Code
 - 05 (Excess Benefits)

Part 7-C—Unit Statistical Reporting Guidebook









Supplemental Information

Presenter Biographies

Cheryl Nye has worked at NCCI for more than nine years, and is currently part of the Data Collection Department on the Development Team of Data Resources. Her primary responsibilities include contributing to the creation of business requirements and providing testing support for new and existing products. Previously, Cheryl worked as a data analyst on NCCI's Customer Support Team in Data Resources where her responsibilities included performing analytical research to identify and resolve unit and DCI data issues and as an analyst in the Customer Service Department.

Cheryl holds a master's degree in business administration from Palm Beach Atlantic University in Florida and a bachelor's degree in management information systems from Florida State University.

Bruce Hallman, **AIDM**, has worked in NCCI's Data Services Department for 18 years. He is a product support manager, subject matter expert, and the data liaison between NCCI and the independent bureaus. Bruce participates in many projects, including enhancements to Unit and Policy edits. He is actively involved in various industry groups, including the Workers Compensation Insurance Organization, Policy Advisory Task Group, and Advisory Statistical Work Group Committees.

Bruce earned the Associate Insurance Data Manager designation from the Insurance Data Management Association (IDMA). Before joining NCCI, he was employed by the Pennsylvania Compensation Rating Bureau.