

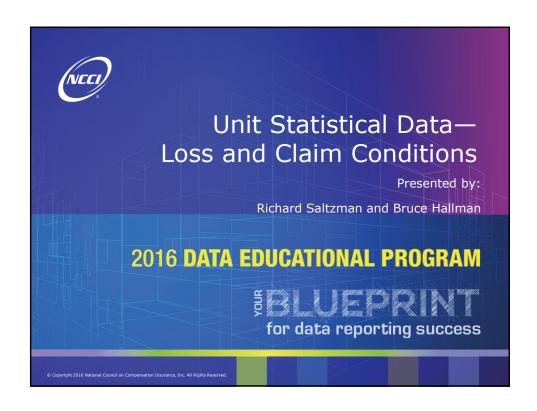
### **NCCI'S 2016 DATA EDUCATIONAL PROGRAM**



## Unit Statistical Data— Loss and Claim Conditions

January 26-29, 2016

Palm Beach County Convention Center West Palm Beach, FL

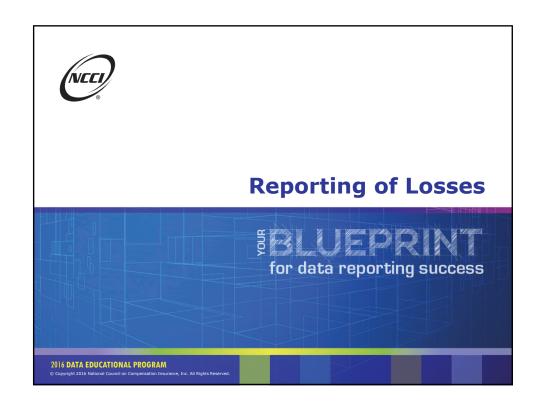


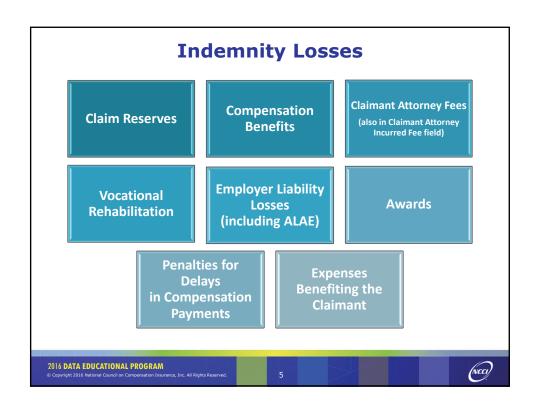
### **Objective**

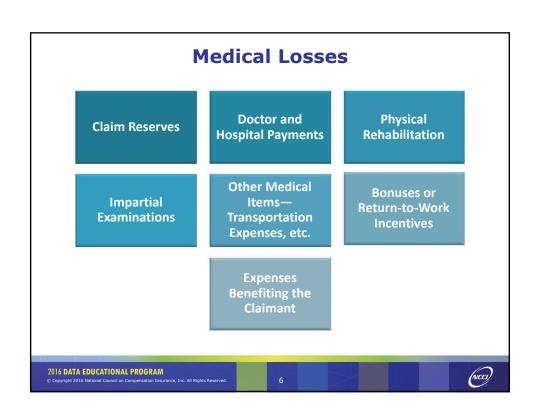
Become familiar with Unit Statistical loss reporting and claim conditions topics.

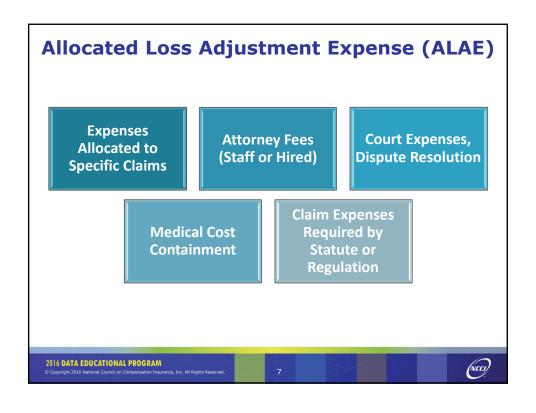
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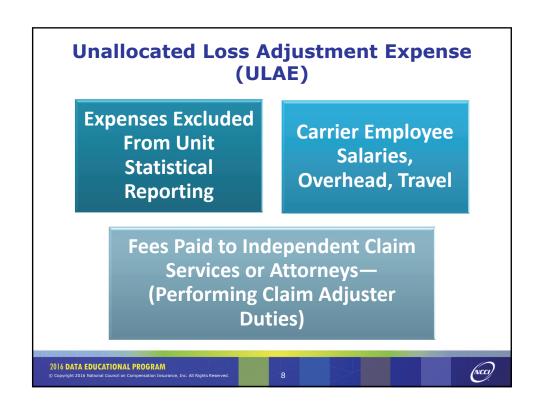
Agenda						
1	Reporting of Losses					
2	Claim Conditions					
3	<ul> <li>Loss Limited/Excluded From Experience Rating</li> </ul>					
4	Additional Loss Rules					
5	• Case Study					
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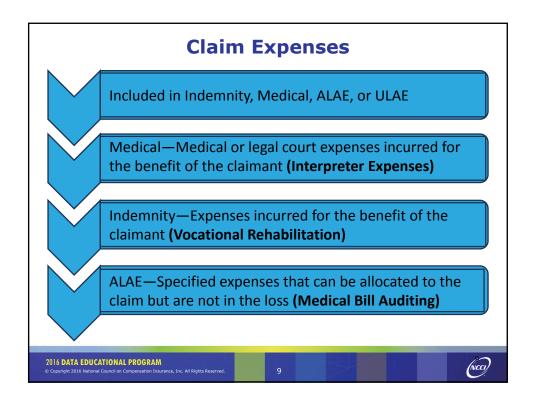


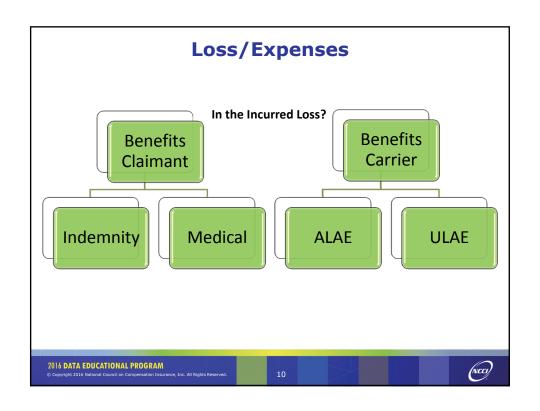


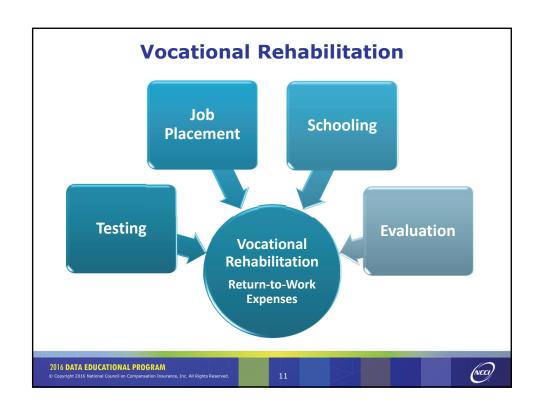


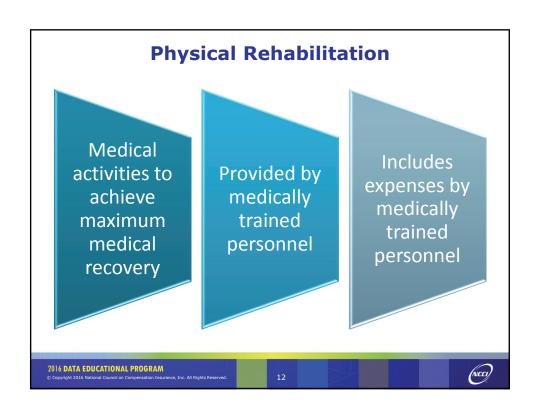


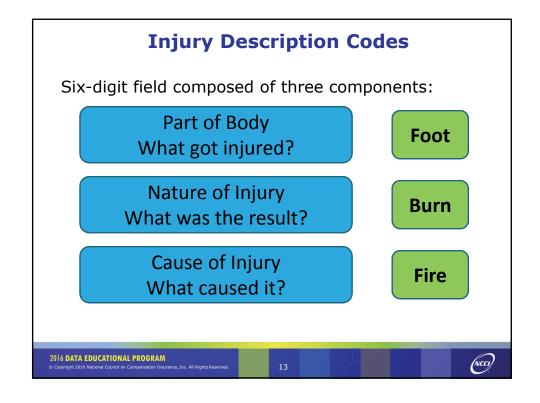


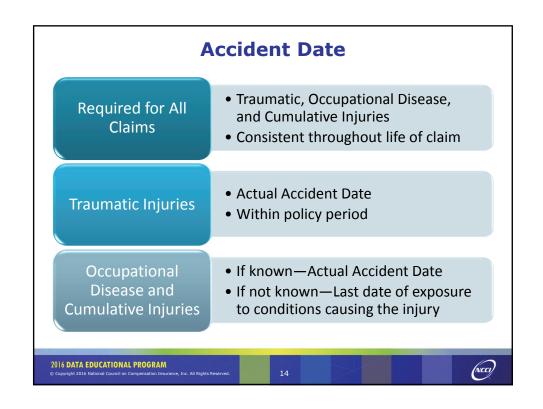


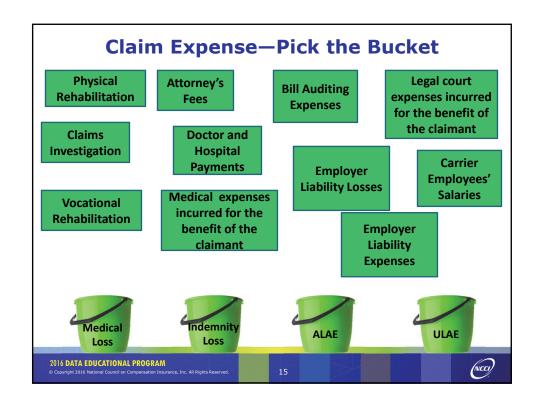












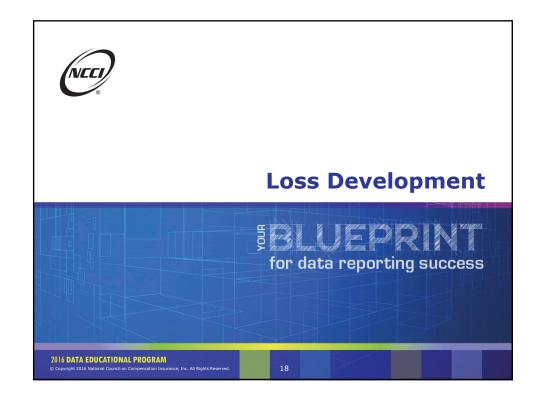


### **Claim Conditions**

- Loss Development
- Loss Reduction Conditions
- Loss Limited/Excluded From Experience Rating
- Additional Loss Rules
- Case Study

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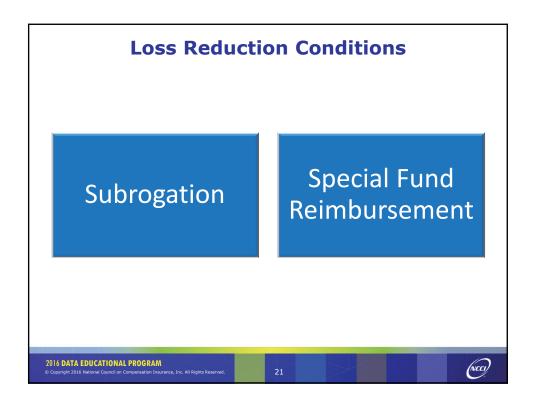
### **Loss Development**

- Any changes in loss from one report level to next
  - Indemnity and medical loss reserves
  - Indemnity and medical payments
  - ALAE paid/incurred amounts
  - Change in Injury Type code
- Loss development is on a going-forward basis— Never submit correction reports

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### **Subrogation**

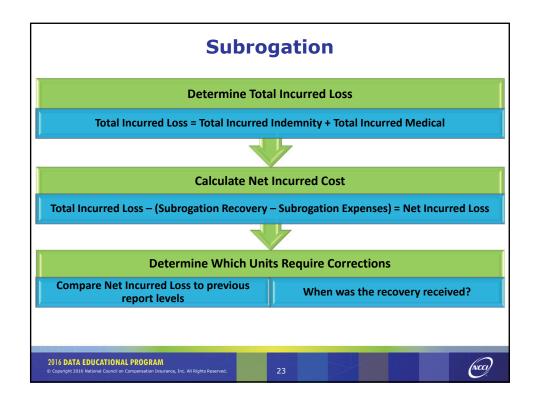
The carrier receives a recovery from a third party entity with a legal liability for the claim.

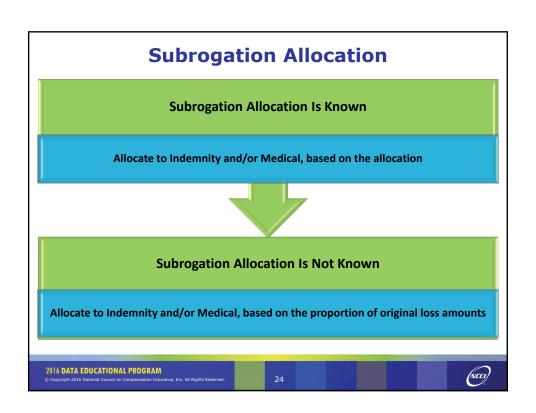
The gross incurred loss must be reduced by the recovery less recovery expenses.

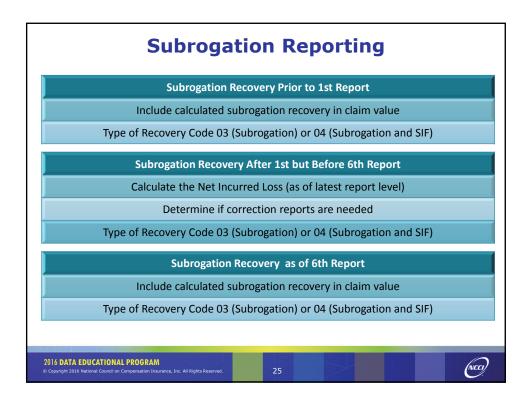
Type of Recovery—Loss Conditions					
Code	Description				
03	Subrogation Only (Third Party)				
04	Subrogation and Second Injury Fund Reimbursement				

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(NC)







# 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 Correction reports apply when Net Incurred Loss < Previously Reported Incurred Loss Submit correction(s) as needed USRG Example: Part 5-H

### **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

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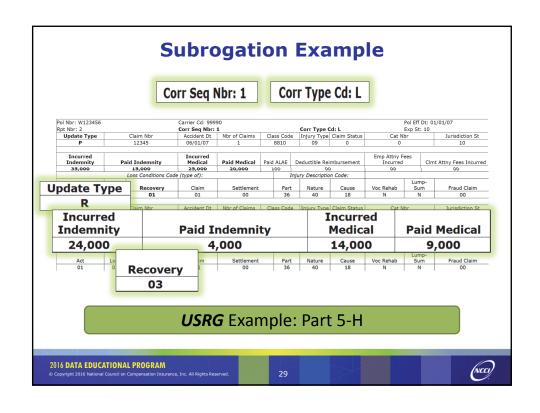
### **Subrogation Example**

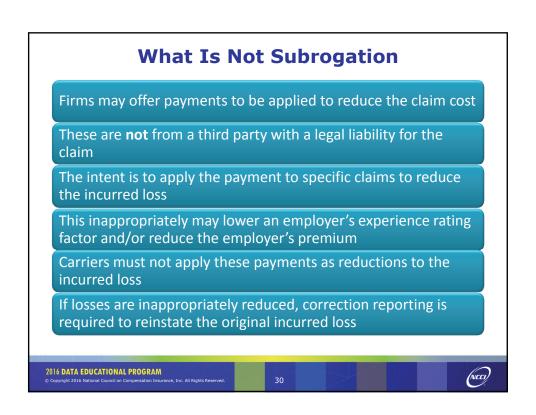
Pol Nbr: W123456			Carrier Cd: 999	90						Pol Eff D	t: 01/01/07
Rpt Nbr: 2			Corr Seq Nbr:	1	Corr Type Cd: L				Exp St: 10		
Update Type		Claim Nbr	Accident Dt	Nbr of Claims	Cla	ss Code	Injury Type	Claim Status	Cat N	br	Jurisdiction St
P		12345	06/01/07	1		8810	09	0	0		10
Incurred Indemnity	Pa	aid Indemnity	Incurred Medical	Paid Medical	Paid	ALAE	Deductible Rei	mbursement	Emp Attny F Incurred		Clmt Attny Fees Incurre
35,000		15,000	25,000	20,000	1	.00	00	)	00		00
		Loss Conditions Code	(type of):			Ir	njury Descriptio	n Code:			
							1			Lump	
Act	Loss	Recovery	Claim	Settlement		Part	Nature	Cause	Voc Rehab	Sum	Fraud Claim
01	01	01	01	00		36	40	18	N	N	00
Update Type		Claim Nbr	Accident Dt	Nbr of Claims	Cli	ss Code	Injuny Tyne	Claim Status	Cat N	hr	Jurisdiction St
R R		12345	06/01/07	1		8810	09	0	0	UI	10
		12545	00/01/07			0010	- 05				10
Incurred Indemnity	Pa	aid Indemnity	Incurred Medical	Paid Medical	Paid	ALAE	Deductible Rei	mbursement	Emp Attny F Incurred		Clmt Attny Fees Incurre
24,000		4,000	14,000	9,000	1	.00	0		0		0
		Loss Conditions Code	(type of):			İr	njury Descriptio	n Code:			
Act	Loss	Recovery	Claim	Settlement		Part	Nature	Cause	Voc Rehab	Lump	
01	01	03	01	00		36	40	18	N	N	00

USRG Example: Part 5-H

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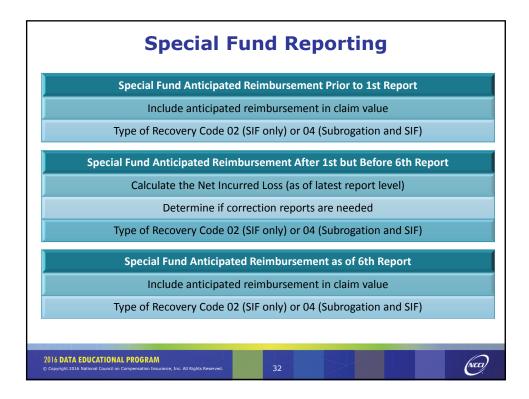


### **Special Fund Reimbursements**

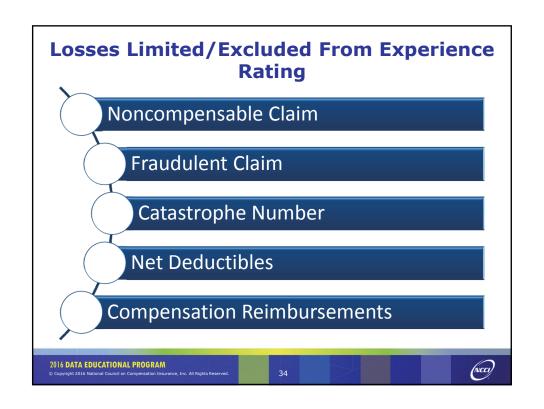
- Claims eligible for carrier reimbursement from a special fund (Second Injury Fund, etc.) require anticipated reimbursement
- The gross incurred loss must be reduced by the anticipated reimbursement

Type of Recovery—Loss Conditions				
Code	Description			
02	Second Injury Fund Only			
04	Subrogation and Second Injury Fund Reimbursement			

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### What Is a Noncompensable Claim?

A claim that meets one or more of the following:

- Official ruling denying benefits
- Claimant's failure to file for benefits
- Claimant's failure to prosecute claim following carrier's denial of claim

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# Determined Noncompensable Prior to 1st Report No claim to report Determined Noncompensable After 1st but Before 6th Report Report corrections to applicable units Do NOT change loss values Type of Settlement Code 05 (Noncompensable) Determined Noncompensable as of 6th Report Do not report corrections Type of Settlement Code 05 (Noncompensable)

## Noncompensable to Compensable Claim Development

- A previous noncompensable claim can develop to become compensable
- This is considered loss development
- Report the change to compensable on a going-forward basis
- Do not submit correction reports going back

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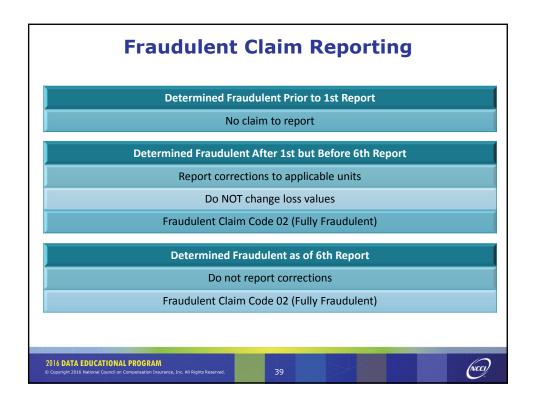


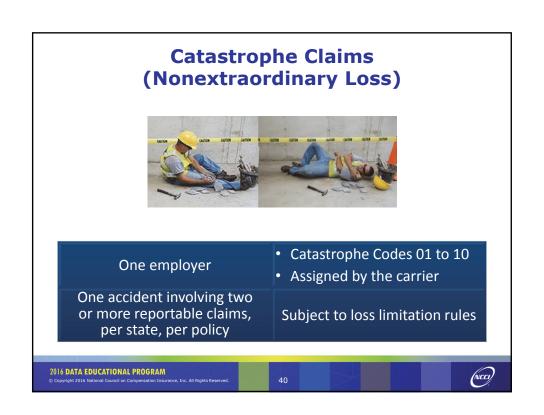
### **Fraudulent Claim**

A claim that has been ruled or officially declared fraudulent by a court decision.

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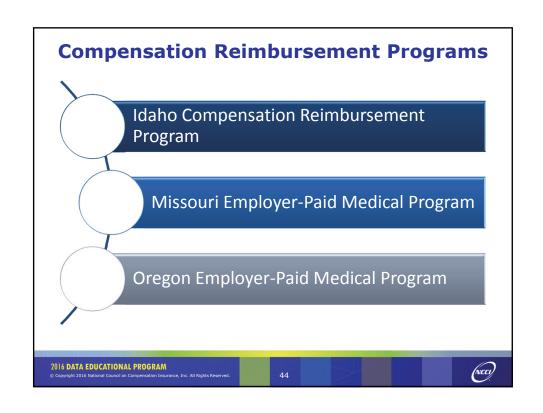






### **Extraordinary Loss Events ELE Catastrophe Code** Description 2013 14 Tornado and storms—OK 98 West Fertilizer plant explosion—TX 2010 93 Kleen Energy Systems fire and explosion—CT 2009 77 ConAgra plant explosion—NC 2008 28 Imperial Sugar Company explosion and fire—GA 2001 48 Terrorist attacks—DC, NY, and PA 87 World Trade Center rescue, recovery, and cleanup—NY 2016 DATA EDUCATIONAL PROGRAM

State	Deductible Program	Correction Reports	Reimbursement Cap
AL	Small	No	None
СО	Small and Large	No (Anticipated)	15,500
GA	Small and Large	Yes	2,500
IA	Small	No	None
KS	Small and Large	No (Anticipated)	None
ME	Small and Large	No	5,000
МО	Small and Large	No	None
NM	Small	No	None
ОК	Small	No	1,000
SD	Small	No	None





### **Additional One Claim Reporting Rules**

Accident with losses under both WC and EL with combined loss experience

- Type of Claim Code 03 (WC and EL)
- Accident with losses under State Act benefits only—Report State Act Code 01
- Accident with losses under USL&HW Act benefits only—Report USL&HW Act Code 02
- Accident with losses under both State Act and USL&HW Act benefits—Report Act Code 02 with combined loss experience

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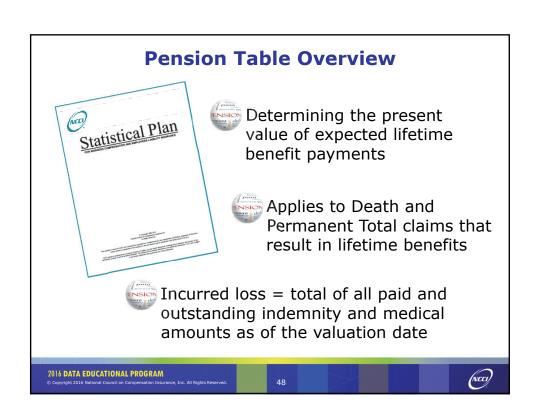


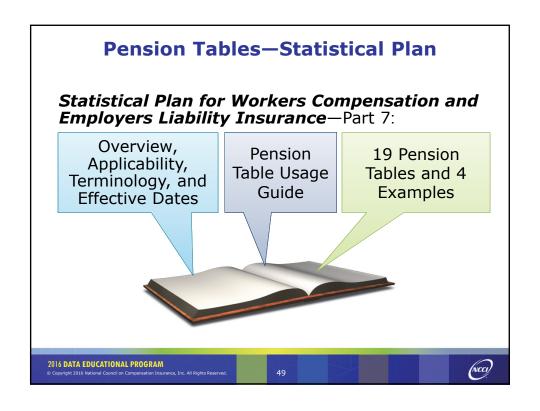
### **Not Reportable Claim Rules**

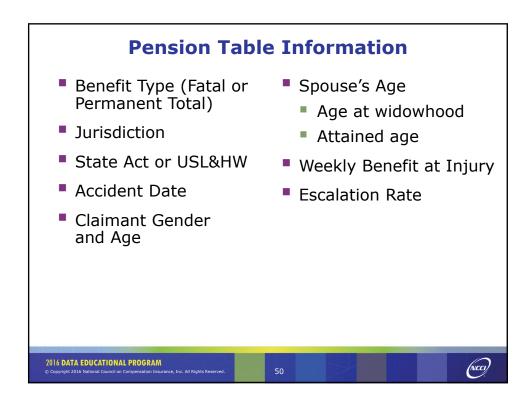
- Claims closed without any payments and ALAE as of the 1st unit report
- Claims with Accident Dates outside of the policy period and no corresponding exposure—and required to be paid due to an official ruling

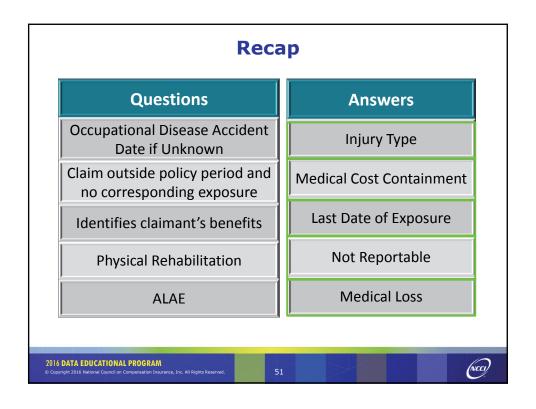
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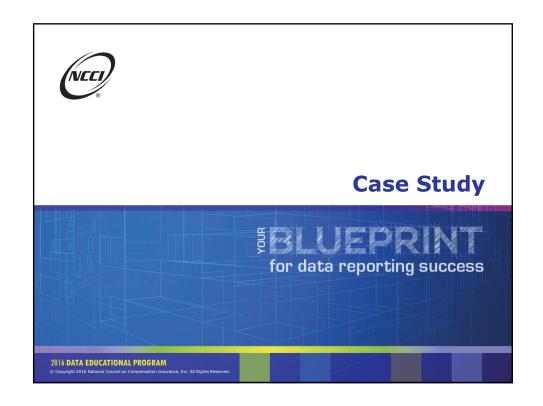
(NCCI)

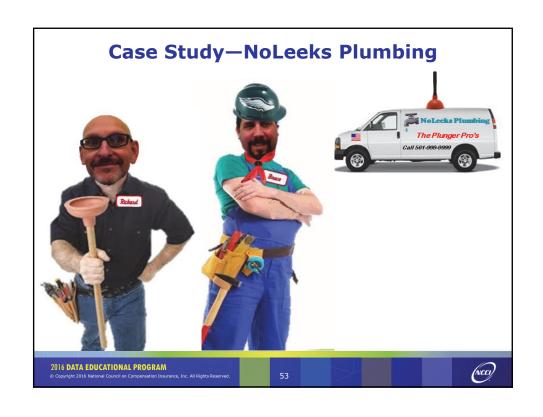


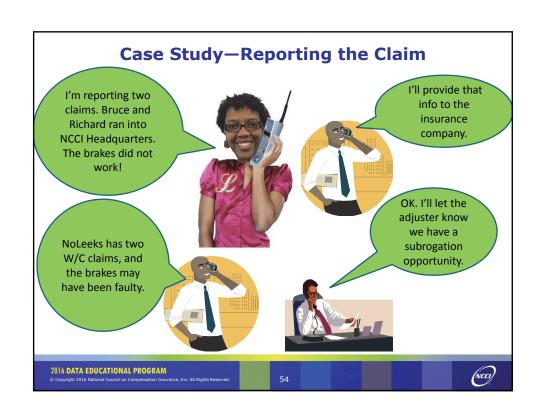


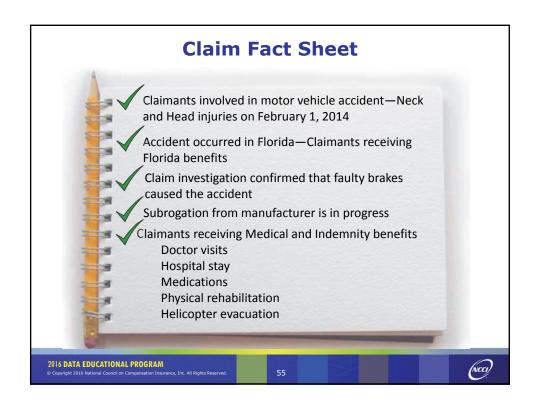


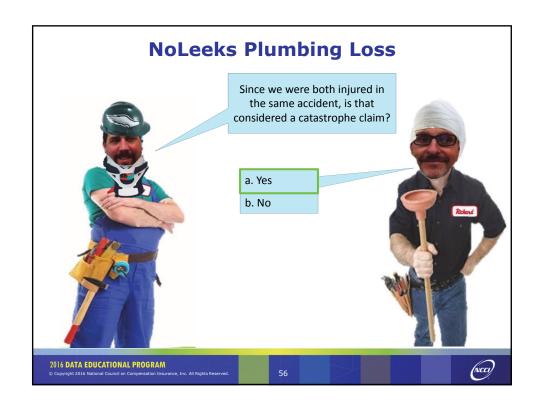


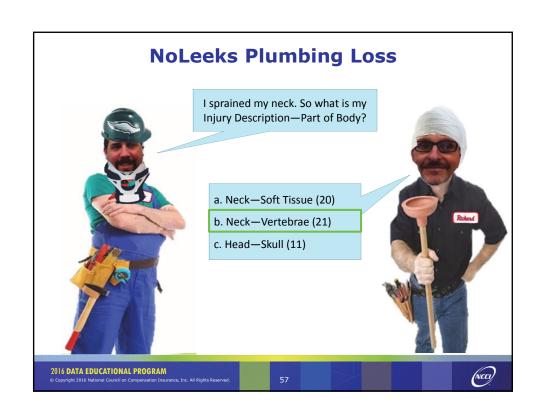






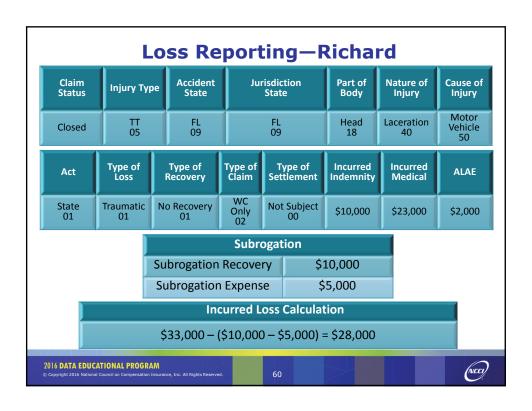




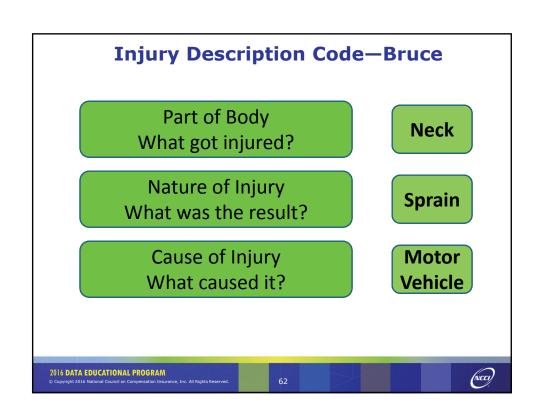


Claim Components	Richard	Bruce	
Injury Type	Temporary Injury	Permanent Partial Injury	
Part, Nature, Cause	Head—Soft Tissue, Laceration, Motor Vehicle	Neck—Vertebrae, Sprain, Moto Vehicle	
Exposure/Accident State	FL—09	FL—09	
Jurisdiction State	FL—09	FL-09	
Catastrophe Number	01	01	
Wage Loss Benefits	\$10,000	\$30,000	
Hospital Payments	\$8,000	\$40,000	
Medical Treatments	\$5,000	\$20,000	
Physical Therapy	\$0	\$15,000	
Helicopter Evacuation	\$10,000	\$10,000	
Subrogation	\$10,000	\$10,000	
Subrogation Expenses	\$5,000	\$5,000	
Medical Cost Containment	\$2,000	\$5,000	
Claim Adjuster Time	5 hours	15 hours	

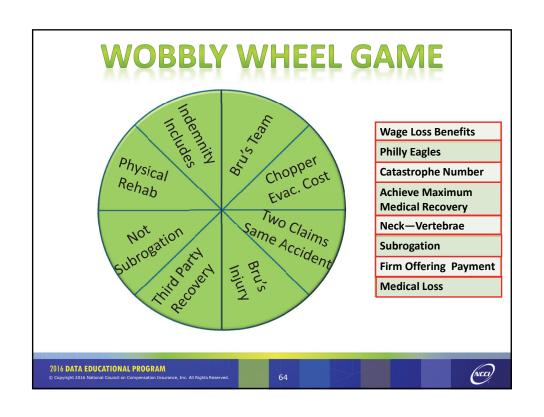
Claim Mapping—Carrier System to Unit Reporting							
Claim Components	Claim System	Indemnity	Medical	ALAE	ULAE		
Wage Loss Benefits	\$10,000						
Hospital Payments	\$8,000						
Medical Treatments	\$5,000						
Physical Therapy	\$0						
Helicopter Evacuation	\$10,000						
Subrogation*	\$10,000						
Subrogation Expenses*	\$5,000						
Medical Cost Containment	\$2,000						
Claim Adjuster Time	5 hours						
*Applied in Net Loss calculation							

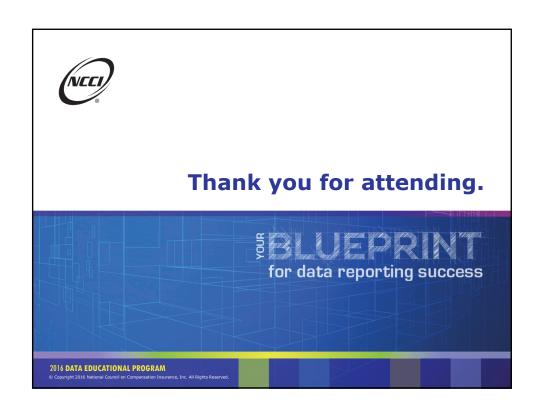


Loss Reporting—Richard											
Claim Status	Injury Ty	pe	Accident State	Ju	risdio Stat	ction e	Part of Body	Nature of Injury	Cause of Injury		
Closed	TT 05	FL 09					FL 09		Head 18	Laceration 40	Motor Vehicle 50
Act	Type of Loss		Type of Recovery	Type of Claim		ype of tlement	Incurred Indemnity	Incurred Medical	ALAE		
State 01	Traumatic 01	Su	brogation 03	WC Only 02	Only Not Subject		\$8,400	\$19,600	\$2,000		
				Subr	ogat	ion					
Subrogation Recovery \$10,000											
Subrogation Expense \$5,000											
			Inc	urred L	oss	Calculat	tion				
		\$:	33,000 – (	\$10,000	) – \$	5,000) =	= \$28,000				
2016 DATA EDUCATIONAL PROGRAM											









## **Supplemental Information**

### **Presenter Biographies**

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

**Bruce Hallman**, **AIDM**, has worked in NCCI's Data Services Department for 19 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 worked for the Pennsylvania Compensation Rating Bureau.