Introduction to Indemnity Data Call

Key Takeaways

- Understanding the rules and reporting requirements
- The value of data preparation
- Your data tells a story
- Leveraging resources on **ncci.com**

What Is an Indemnity claim?

- An Indemnity claim is a claim in which compensation is paid to an injured worker for lost wages due to a work-related injury
- Lost wages represent the income an individual cannot earn due to an incident, such as an injury

Chapter 1: Overview

Purpose

One of NCCI's core activities is the analysis and evaluation of legislation impacting workers compensation system costs

When it comes to the collection of the Indemnity Data Call, it's in place to support legislative pricing and research related to indemnity benefits

Resources

- ***Indemnity Data Call Reporting Guidebook***—Contains the rules for reporting your data.
- NCCI's ***Statistical Plan***—Provides the payments and expenses that are considered indemnity. Use it in conjunction with the ***Indemnity Data Call Guidebook*** for more details on element specific rules and definitions.
- ***Indemnity Data Collection*** tool—Where you can view the status of your Indemnity Data Call submissions to NCCI.
- ***Indemnity Data Collection*** Tool Users Guide—Provides an overview of the tool screens.

What makes up the Indemnity Data Call?

- Transactional records—Provide the details of each indemnity payment transaction and recovery.
- Quarterly records—The aggregated view of all indemnity activity for the life of the claim. This includes reserve changes.

Applicable Jurisdictions

The Jurisdiction corresponds to the state or federal Workers Compensation Act that the claimant's benefits are based on. You'll notice Minnesota, North Carolina, and Wisconsin are listed applicable Indemnity Data Call states. Be sure to report the Indemnity Data Call in conjunction with the designated statistical plan for those states.

Refer to Part 2 of the ***Indemnity Data Call Reporting Guidebook***.

Alabama	Georgia	Louisiana	Nevada	South Dakota
Alaska	Hawaii	Maine	New Hampshire	Tennessee
Arizona	Idaho	Maryland	New Mexico	Texas
Arkansas	Illinois	Minnesota	North Carolina	Utah
Colorado	Indiana	Mississippi	Oklahoma	Vermont
Connecticut	Iowa	Missouri	Oregon	Virginia
District of Columbia	Kansas	Montana	Rhode Island	West Virginia
Florida	Kentucky	Nebraska	South Carolina	Wisconsin
Federal Act (USL&HW Act, FELA, Jones Act, Admiralty Law, and Federal Mine Safety and Health Act)				

Claims Included in the Indemnity Data Call

- Report all indemnity claim activities within an Indemnity Data Call jurisdiction state
- Claims where an indemnity payment has been made
- Claims where an indemnity reserve has been established

Claims Excluded From the Indemnity Data Call

- Claims where the jurisdiction state is not an applicable Call state
- Medical-only claims

For more information refer to Part 2 of the ***Indemnity Data Call Reporting Guidebook*** within the General Rules.

Who's Required to Report?

- Affiliate groups with a particular market share in any one applicable state
  - All companies aligned with the affiliate group
  - For all applicable jurisdictions, even if an individual state's market share is below the threshold

Who Can Submit?

- Carriers can submit all Indemnity Call data directly to NCCI
- Carriers can authorize third-party vendors to report the data directly to NCCI on their behalf as a Service Provider
- Combination of submitting by both a carrier and a Service Provider

Note: The carrier is responsible for ensuring its timeliness, completeness and quality

When Is Indemnity Data Due?

- Transactional Records
  - The Transactional record due date is based on the transaction date or date range
  - All indemnity claim activities that occur within a specific quarter and transaction date range are due by the end of the next quarter.

Reporting Quarter	Transaction Date Range	Due by Date
1st	1/1–3/31	6/30
2nd	4/1–6/30	9/30
3rd	7/1–9/30	12/31
4th	10/1–12/31	3/31 (following year)

- Quarterly Records

- The Quarterly record due date is based on the claim's valuation date
- All Quarterly records must be submitted by the end of the quarter following the claim valuation date

Reporting Quarter	Transaction Date Range	Due by Date
1st	1/1–3/31	6/30
2nd	4/1–6/30	9/30
3rd	7/1–9/30	12/31
4th	10/1–12/31	3/31 (following year)

Indemnity Data Call Reporting Guidebook Structure

Key features of the Guidebook include:

- Part 4—Reporting Rules provides you with requirements for preparing each of your records
- Part 5—The separate record layouts for each record you'll be submitting
- Part 6—The Data Dictionary includes the record layout, a definition, reporting requirements, and additional associated coding values
- Manual in PDF Format for alternative viewing and easy searching
- Direct access to the Edit Matrix

Knowledge Check

1. A carrier can choose to stop reporting the Indemnity Data Call when their individual state's market share drops below the threshold. **False**, you are required to continue reporting even if the market share drops.
2. What are your two main records for reporting Indemnity Data Call? **Transactional and Quarterly**
3. When there are multiple reporters for a single carrier, who is ultimately responsible for the receipt and quality of the data? **The carrier is responsible.**
4. What are the top two resources for Indemnity Data Call? **Indemnity Data Call Reporting Guidebook and the Indemnity Data Collection tool.**
5. When are the transactional and quarterly records due? **By the end of the following quarter.**

Chapter 2: Transactional Record

Transactional Data

Transactional data is the detailed benefit payments made to claimants at a transactional level. It consists of three types:

- Payments—Include payments made for such items as wage loss, permanent partial disability, claimant attorney fees, death and burial expenses, and vocational rehab
- Recoveries—When a carrier is reimbursed for a claim from a third-party action or state-administered fund
- Voids and Overpayments—For example, a check issued in error and then voided

Transactional Record Reporting Triggers

Report a Transactional record whenever any of the following circumstances occur within a specific quarter based on the Transaction Date:

- Indemnity payments are made to:
  - Claimant
  - Claimant's attorney
  - Claimant's dependents
- Recoveries from a third-party or state-administered fund
- Changes to previously reported Transactional Records, such as voids or overpayments

Transactional Record—Processing Elements

These elements must be included in your data, or your file will not process

- Record Type Code—Report 01 for the Transactional Record
- Transaction Code—Report the code for either Original, Cancellation and Replacement
- Transaction Date—The date the payment was made or recovery received
  - This date MUST be within the reporting quarter being reported
- Transaction Identifier—An optional unique alphanumeric identifier created by the data provider to identify transactions within a claim

Transactional Record—Key Fields

Key fields uniquely identify the claim and MUST be reported consistently between both record types related to a claim, and across data types.

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

Transactional Record—Detail Elements

Detail elements provide NCCI with all the details about the payment transactions.

Examples:

- Jurisdiction State
- Transaction Amount
- Benefit Type Code

File Control Record

- Must be the first record of the file
- Record Type Code—Use Record Type 03
- Submission File Type Code—Identifies what type of file is being reported (Original or Replacement)
- Carrier Group Code
- Reporting Quarter Code and Reporting Year—identifies the quarter and year of the claim activity, payments, or claim changes being reported
- Submission File Identifier—unique identifier created by the data provider to distinguish the file being submitted from previously submitted files
- Submission Date and Time—the date and time when the file was generated or submitted
- Record Total—the total number of records in the file, excludes the File Control Record.

Chapter 3: Quarterly Record

Captures the inception-to-date aggregated details of an indemnity claim, including:

- Financial Paid to Date information
- Incurred information
- Claim Characteristics

Quarterly Record Reporting Triggers

Quarterly record reporting triggers—report a Quarterly record whenever any of the following happens during a reporting quarter:

- A new claim has been reported to the insurer and the Incurred Indemnity amount is greater than $0
- If any Transactional record (Original, Replacement, or Cancellation) has been reported for the quarter, you'll report a corresponding Quarterly record
- Changes to one of more of these financial elements from the prior quarter:
  - Indemnity Paid-To-Date
  - Incurred Indemnity Amount
  - Medical Paid-To-Date
  - Incurred Medical Amount
  - Allocated Loss Adjustment Expense (ALAE) Paid
- The claim closes or reopens
- A previously reported claim has a change in the jurisdiction state, and the new jurisdiction state is not an applicable IDC state
- A claim becomes medical-only

Quarterly Record—Processing Elements

The first two elements are the processing elements.

- Record Type—Report 02 for the Quarterly Record.
- Transaction Date —The date the record was created in your system.
  - This date cannot be prior to the Claim Valuation Date for the reporting quarter.

Quarterly Record—Key Fields

The keys fields reported for Quarterly record must be consistent with the key fields reported for the Transactional record for the life of the claim, and across data types:

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

Quarterly Record—Indemnity Claim Elements

Details of these elements represent:

- The financial incurred and paid-to-date amounts
- Demographics details such as Claimant Gender Code and Birth Year
- Other characteristics of the claim such as Part of Body and Nature of Injury
- Refer to the ***Indemnity Data Call Reporting Guidebook***:
  - Part 5 – Record Layouts
  - Part 6 – Data Dictionary

Quarterly File

File Control Record review

- File Control Record is required
  - MUST be first record of the file
  - If NOT reported, the file will be rejected

Review Activity A—Joe's Claim

Scenario: Joe injured his back in a slip-and-fall at work in Georgia on 12/17/2024. He is unable to work.

A new claim is established:

- The claim was established with a Reported To Insurer Date of 12/20/2024
- Key Fields assigned to claim: Carrier Code, Policy Number Identifier, Policy Effective Date, Claim Number Identifier, Accident Date
- A reserve (Incurred Indemnity Amount) of $10,000 was established
- No payments have been made for the claim as of 12/31/2024

Answer the following questions:

1. When did the claim originate? **12/20/2024**
2. Were reserves established? How much? **Yes, $10,000**
3. What is the Accident State for the claim? **Georgia**
4. Which record(s) should be reported Transaction, Quarterly, or both? **Quarterly**
5. What is the Valuation Date? **12/31/2024**
6. When is the record due? **First quarter 2025, 3/31/2025 (at the latest)**

Review Activity B—Joe's Claim

Payments are made:

- Joe remains out of work during all first quarter 2025
- Payments are made to Joe for Temporary Total Disability (Benefit Type Code 05)
- Joe receives 13 weekly payments of $500
- Payment Dates: 1/3, 1/10, 1/17, 1/24, 1/31, 2/7, 2/14, 2/21, 2/28, 3/7, 3/14, 3/21, 3/28

Answer the following questions:

1. Which record(s) should be reported for 1Q 2025—Transaction, Quarterly, or both? **Both**
2. How many Transactional records are reported? **13 payments were made**
3. What Benefit Type Code should be reported? **05—Temp Total Disability**
4. How many Quarterly records reported? **One (1)**
5. When is the data due? **Second quarter 2025, 6/30/2025 (at the latest)**

Chapter 4: Key Field Change Record

Record Purpose

To report corrections or changes to a claim's key fields.

Fields on the record

Field No.	Field Title	
1	Record Type Code	1
2	Previous Carrier Code	
3	Previous Policy Number Identifier	
4	Previous Policy Effective Date	2
5	Previous Claim Number Identifier	
6	Previous Accident Date	
7	Carrier Code	
8	Policy Number Identifier	
9	Policy Effective Date	3
10	Claim Number Identifier	
11	Accident Date	
12	**RESERVED FOR FUTURE USE**	

1. Report the Record Type Code as 04
2. For these fields, report the previous key field values for a given claim
3. For these fields, report the values as they should be going forward

Note: You must update at least one field to submit this record.

Key Field Change File

When submitting a Key Field Change you must submit:

- A File Control Record as the first record
- The Key Field Change records that need to be corrected
- You can submit a Key Field Change record at any time, as there is no Transaction Date included
- Upon submission, the Key Fields will change for all impacted records on NCCI's database, from the inception of the call to the date of the Key Field Change File submission

Chapter 5: Submitting Files

Electronic Transmission User's Guide (ETUG)

NCCI's ***Electronic Transmission User's Guide (ETUG)*** provides information for submitting electronic data files to NCCI including:

- Instructions and guidelines for reporting your data files
- Naming conventions
- Forms

Transmission Options

- ***Data Transfer Via the Internet (DTVI)***—Manual option using a browser mailbox.
- **Secure FTP**—Allows automated submissions using Secure Software
  - You need to select your own software prior to using this method

Note: Each method requires preliminary setup. Refer to the Certification section of the ***ETUG*** for details.

Naming Conventions

Regardless of the transmission method, the indemnity files must be submitted using the proper naming convention.

File Type	Production	Certification or Testing
Transactional	IDCTRANS*.TXT	IDCTRANS*.TST
Quarterly	IDCQTRLY*.TXT	IDCQTRLY*.TST
Key Field Change	IDCKEY*.TXT	IDCKEY*.TST

Note: the asterisk represents 30 additional characters you use to make the file name unique. This will help to easily identify the file for research purposes.

Chapter 6: Editing Process

The Indemnity Data Call editing strategy is that as we apply our edits, there are no data grades assigned to them as what you would experience with other data types like units and policies. Similar to Medical Data Call reporting, you'll find the elements fall into categories.

Element Categories

Element Categories fall into four groups based on their level of importance:

- Required—Necessary for record acceptance
- Critical—Necessary for a transaction to have value
- Priority—Used for legislative analysis
- Supplemental—Used in specialized studies

Edit Process Flow

The editing process flow has four stages of editing for both the Transactional and Quarterly records.

- Stage 1—File Acceptance
- Stage 2—Record Acceptance
- Stage 3—Quality Tracking
- Stage 4—Quarter End Validation

Stage 1—File Acceptance

Checks for:

- File naming convention is valid
- Data provider is authorized to report
- Record length is correct and contains valid characters
- Contains a File Control Record with valid values

- Record count balances
- File formatted correctly

If the file fails any of these edits:

- The entire file will be rejected and not processed
- You receive an email letting you know why the file was rejected
- You must correct the issue and resubmit the file

Stage 2—Record Acceptance

Checks:

- Processing fields and key fields are populated and valid
  - It is the carrier's responsibility to ensure that the keys remain consistent even when reported by a third party
- If processing fields and key fields are not accurately reported
  - The file is processed, however the records are not processed
  - The records are returned to you in CSV format available for download from the ***Indemnity Data Collection*** tool
  - You must review and resubmit the records

Stage 3—Quality Tracking

- Only occurs on accepted file and records
- Checks:
  - Formats and values are valid
  - Code values are valid
- If records fail Quality Tracking edits:
  - NCCI captures the number of occurrences for each edit
  - You can download a spreadsheet of impacted records from the **Indemnity Data Collection** tool
  - Use this to review the records in your source system and determine corrective action

Stage 4—Quarter End Validation

- Checks that the group's aggregated data is reasonable
- If data is suspect:
  - NCCI displays quality results and reasonability checks
  - Address the causes for each of the edits or fails

Edit Matrix

- Lists of edits applied to Indemnity Data Call submissions
- Two matrices available
  - Production—Current edits applied to submissions.
  - Future—Planned edits with projected implementation dates. Use this to plan for system changes due to new edits.
- Key columns for use during researching reason for edit
  - Record Type, Edit Number Data Field, and Edit Message—Use these to locate the element in question and understand the issue causing the edit.
  - Stage of editing—Shows the part of the editing process the edit applies to and where it is in the **Indemnity Data Collection** tool.

Knowledge Check

1. How many naming conventions does the Indemnity Data Call have? **Three (3)**
2. Are returned records provided at the Quarter End stage? **No, they are only returned at the File and Record acceptance stages**
3. After you review your results in the ***IDC*** tool, where should you complete your research and possible updates? **Your Source System**

Chapter 7: Certification Process

The certification process is completed prior to submitting data to production. This ensures that the files are formatted correctly, data is tested, and verifies that connections are suitable for file transmissions to NCCI.

Certification Resources

- ***Indemnity Data Call Reporting Guidebook***
- ***Electronic Transmission User's Guide***
- Circulars
- Web Articles
- Certification Checklist

Why Certify?

- First-time reporter—Required to certify before submitting data
- New data providers—A company reporting on your behalf for the first time—required
- System changes—Optional recertification to ensure the changes do not impact the quality of your submissions

Certification Process

Set Up

- Complete, sign, and submitted applicable forms.
    - Data Provider Profile Form—Lists the data providers that will submit the data for your Group using ***DTVI***.
    - The Secure FTP Pre-Installation Questionnaire—For data providers that plan to use Secure FTP. It provides information about your system so we can make sure it is compatible with ours to send files.
    - Service Provider Agreement—If you use or plan to use TPAs to report for you. Authorizes the TPA or vendor to act on the affiliate's behalf.
    - Service Provider Data Tool Addendum—If you use or plan to use TPAs to report for you. Provides access to the data reporting tools and identifies the level of access they'll receive.

Map your data

Prepare source system data to match NCCI requirements.

- Map internal payment codes to NCCI Benefit Type Codes. Ensure that you have a payment code that represents every benefit type allowed in every jurisdiction that you cover on your workers compensation policies.
- Review your source system to ensure you have the correct code values for other Indemnity Data Call data elements in your system.

NOTE: Your validator can assist you with mapping.

Testing

- Create your test file
- Name your test file—Use the correct naming convention with the .TST extension
- Submit your test file
- Monitor Your test file acceptance
- Review your Quality Tracking results
- Monitor your test file acceptance and Quality Tracking results using *the* ***Indemnity Data Collection*** tool

Approval

- Notify your validator which file you want to use for certification
- NCCI will review the data files for acceptability
- NCCI sends a formal email letting you know when your data files are acceptable and that your company is certified

Note: The ***Electronic Transmission User's Guide*** details the complete certification process.