Pool Data–Future Pool Data Edit Matrix

**ACTION NEEDED**

Pool Data edits will be enhanced in conjunction with the release of the new *Pool Financial Data Collection* tool announced in Circular PD-2019-01. The future enhancements, listed below, will:

- Provide more time for data provider response by moving post-submission validation to up-front editing
- Restructure edit numbers to six digits (e.g., XXXX-XX) for consistency across data types
- Combine and eliminate edits for optimum efficiency
- Add edits for better data reporting quality
- Improve Data Field names for better understanding of the issue
- Categorize edits into Data Grades for clearer corrective action

NCCI recommends that you review Attachments A and B prior to the new tool release:

- **Attachment A**—New Pool Data Edit Matrix—Future Enhancements
- **Attachment B**—Current Pool Data Edits Mapped to Future Edits

**BACKGROUND**

NCCI’s editing process is performed to ensure that data being submitted is consistent with reporting requirements and meets quality standards. These edits will be performed on a single data element, across elements, and between Record Types. Each edit informs data providers of one or more potential errors.

**IMPACT**

Edits will now be categorized into Data Grades. Data Grades identify the error class and corrective action as indicated in the chart below:

<table>
<thead>
<tr>
<th>Data Grade</th>
<th>Error Class</th>
<th>Description</th>
<th>Corrective Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>3</td>
<td>Default Error</td>
<td>A data element was reported incorrectly, and NCCI substituted an assumed correct default value for this data element.</td>
<td>Correction is required only if NCCI’s default value is incorrect.</td>
</tr>
<tr>
<td>4</td>
<td>Suspect</td>
<td>A data element may have been reported incorrectly and may contain an error.</td>
<td>Correction or explanation is required where applicable.</td>
</tr>
<tr>
<td>5</td>
<td>Priority</td>
<td>A data element was reported incorrectly and is in error.</td>
<td>Correction is required.</td>
</tr>
<tr>
<td>9</td>
<td>Reject</td>
<td>Key Field Data element(s) were reported incorrectly, and the transaction rejected.</td>
<td>Rejected data has been excluded. Correction is required to be included in your quarterly submission.</td>
</tr>
</tbody>
</table>
Attachment A—New Pool Data Edit Matrix—Future Enhancements details are listed in the chart below:

<table>
<thead>
<tr>
<th>Column Heading</th>
<th>Details</th>
</tr>
</thead>
</table>
| Record Type    | 00 = NP1  
|                | 01 = NP4  
|                | 02 = NPX  
|                | 03 = LGL  |
| Edit Number    | The edit number is a unique six-digit identifier composed of the data element number and an edit sequence number. |
| Data Grade     | Identifies the error class and corrective action. |
| Data Field     | The Pool data element invoking the edit. |
| Edit Message   | A brief explanation of the data characteristic, rule, or criterion that the edit verifies. |
| Edit Description | A detailed explanation of the data characteristic, rule, or criterion that the edit verifies specific to the submission. |
| Record ID      | Two-character alpha/alphanumeric code that corresponds to a Transaction Code and identifies the specific record reported. Refer to the Pool Data Reporting Guidebook Part 6—Pool and State Coding Values for a list of codes and details. |
| Edit Type      | Field—Ensures that the value in each field is acceptable according to submission guidelines, e.g., numeric, alphanumeric, or equal to a particular value.  
|                | Logical—Verifies that the data is reasonable in relation to one or more other fields.  
|                | Relational—Compares the data in a specific field with another field contained in the same submission and/or previously submitted data. |
| Target Date/Changes | Intended implementation or modification date and change reason. |

**NCCI ACTION**

To support the implementation, NCCI will take the following actions:

- Release the new Pool Financial Data Collection tool in Second Quarter 2020
- Publish the Pool Data Edit Matrix—Production in the Pool Data Reporting Guidebook in Second Quarter 2020

For updates, visit the Data Reporting, Pool Data Web section on ncci.com.

**PERSON TO CONTACT**

If you have any general data reporting questions, please contact NCCI’s Customer Service Center at 800-NCCI-123 (800-622-4123) and select Option 6 or email us at data@ncci.com. We are here to assist you Monday through Friday, 8:00 a.m.–8:00 p.m. ET.
<table>
<thead>
<tr>
<th>Record Type</th>
<th>Edit Number</th>
<th>Data Grade</th>
<th>Data Field</th>
<th>Edit Message</th>
<th>Edit Description</th>
<th>Record ID</th>
<th>Edit Type</th>
<th>Target Date/Changes</th>
</tr>
</thead>
<tbody>
<tr>
<td>03</td>
<td>0001-01</td>
<td>9</td>
<td>Accident Date</td>
<td>DATE IS MISSING OR INVALID</td>
<td>Accident Date reported ____.</td>
<td>N/A</td>
<td>Field</td>
<td>2nd Qtr. 2020—Converting from Edit 601.</td>
</tr>
<tr>
<td>03</td>
<td>0001-02</td>
<td>9</td>
<td>Accident Date</td>
<td>DATE IS INVALID</td>
<td>Accident Date reported ____ exceeds the Quarter End Date.</td>
<td>N/A</td>
<td>Logical</td>
<td>2nd Qtr. 2020—Adding a new edit.</td>
</tr>
<tr>
<td>03</td>
<td>0001-03</td>
<td>4</td>
<td>Accident Date</td>
<td>DATE MUST BE GREATER THAN OR EQUAL TO POLICY EFFECTIVE DATE</td>
<td>Accident Date ____ cannot be prior to Policy Effective Date ____.</td>
<td>N/A</td>
<td>Logical</td>
<td>2nd Qtr. 2020—Converting from Edit 616.</td>
</tr>
<tr>
<td>03</td>
<td>0001-04</td>
<td>4</td>
<td>Accident Date</td>
<td>DATE IS INVALID</td>
<td>Accident Date ____ is more than a year after the Policy Effective Date ____ on Policy Number ____.</td>
<td>N/A</td>
<td>Logical</td>
<td>2nd Qtr. 2020—Converting from Edit 990.</td>
</tr>
<tr>
<td>03</td>
<td>0001-05</td>
<td>4</td>
<td>Accident Date</td>
<td>DATE IS INVALID</td>
<td>Accident Date ____ is the same as the Policy Effective Date ____ on Policy Number _____.</td>
<td>N/A</td>
<td>Logical</td>
<td>2nd Qtr. 2020—Converting from Edit 995.</td>
</tr>
<tr>
<td>03</td>
<td>0001-06</td>
<td>4</td>
<td>Accident Date</td>
<td>ACCIDENT DATE IS MISSING, OR NOT A VALID DATE</td>
<td>Accident Date reported ____ in the current Quarter is different from the Accident Date reported ____ in the prior Quarter on Claim Number _____.</td>
<td>N/A</td>
<td>Logical</td>
<td>2nd Qtr. 2020—Adding a new edit.</td>
</tr>
<tr>
<td>01, 02, 03</td>
<td>0028-01</td>
<td>9</td>
<td>Carrier Code Number</td>
<td>DATA IS NOT NUMERIC OR EXCEEDS THE MAXIMUM FIELD LENGTH</td>
<td>Carrier Code reported _____.</td>
<td>ALL</td>
<td>Field</td>
<td>2nd Qtr. 2020—Converting from Edit 110.</td>
</tr>
<tr>
<td>01, 02, 03</td>
<td>0028-02</td>
<td>9</td>
<td>Carrier Code Number</td>
<td>CARRIER CODE IS INACTIVE OR INVALID</td>
<td>Carrier Code ____ is either inactive or is invalid.</td>
<td>ALL</td>
<td>Logical</td>
<td>2nd Qtr. 2020—Converting from Edits 105 and 111.</td>
</tr>
<tr>
<td>03</td>
<td>0028-03</td>
<td>9</td>
<td>Carrier Code Number</td>
<td>CARRIER CODE IS INACTIVE OR INVALID</td>
<td>Carrier Code ____ is invalid for Pool Code _____.</td>
<td>N/A</td>
<td>Logical</td>
<td>2nd Qtr. 2020—Converting from Edit 1094.</td>
</tr>
<tr>
<td>01, 02</td>
<td>0028-04</td>
<td>9</td>
<td>Carrier Code Number</td>
<td>CARRIER CODE IS INACTIVE OR INVALID</td>
<td>Carrier Code ____ is invalid for Pool Code _____.</td>
<td>ALL</td>
<td>Logical</td>
<td>2nd Qtr. 2020—Converting from Edit 1093.</td>
</tr>
<tr>
<td>03</td>
<td>0033-01</td>
<td>3</td>
<td>Claim Number/ID</td>
<td>MUST CONTAIN ONLY ALPHABETIC AND/OR NUMERIC CHARACTERS AND MUST NOT CONTAIN EMBEDDED SPACES, PUNCTUATION MARKS, OR SPECIAL CHARACTERS. DEFAULT VALUE: COMPRESSED CLAIM NUMBER IDENTIFIER</td>
<td>Claim Number ____ was defaulted to _____.</td>
<td>N/A</td>
<td>Field</td>
<td>2nd Qtr. 2020—Adding a new edit.</td>
</tr>
<tr>
<td>03</td>
<td>0033-02</td>
<td>9</td>
<td>Claim Number/ID</td>
<td>DATA IS MISSING OR INVALID</td>
<td>Claim Number ____ must not equal all blanks, all zeros, or any combinations of blanks, zeros, punctuation marks, or special characters.</td>
<td>N/A</td>
<td>Field</td>
<td>2nd Qtr. 2020—Converting from Edit 516.</td>
</tr>
<tr>
<td>03</td>
<td>0033-03</td>
<td>4</td>
<td>Claim Number/ID</td>
<td>LARGE CLAIM NOT REPORTED FOR PRIOR QUARTER</td>
<td>Policy Number ____ , Claim Number ____ , Accident Date ____ , Pool State Code _____. It is likely this claim should have been reported for the prior quarter.</td>
<td>N/A</td>
<td>Relational</td>
<td>2nd Qtr. 2020—Converting from Edit 993.</td>
</tr>
<tr>
<td>03</td>
<td>0033-04</td>
<td>4</td>
<td>Claim Number/ID</td>
<td>EXPLANATION REQUIRED FOR PAID LOSSES + CASE OUTSTANDING GREATER THAN ONE MILLION</td>
<td>Accumulated Paid Losses (Indemnity + Medical) $ ____ + Case Outstanding Losses (Indemnity + Medical) $ ____ are greater than one million dollars. Please explain the nature or cause of the accident.</td>
<td>N/A</td>
<td>Logical</td>
<td>2nd Qtr. 2020—Converting from Edit 513.</td>
</tr>
<tr>
<td>03</td>
<td>0033-05</td>
<td>4</td>
<td>Claim Number/ID</td>
<td>DEVELOPMENT SHOULD BE WITHIN EXPECTED RANGE</td>
<td>Current Paid + Case Outstanding $ ____ development outside of expected range when compared to Prior Quarter Paid + Case Outstanding $ ____ with the ratio ____%. Please verify the accuracy of the data. If it is correct, please explain the unusual development of your data describing the nature or cause of the accident.</td>
<td>N/A</td>
<td>Relational</td>
<td>2nd Qtr. 2020—Converting from Edit 994.</td>
</tr>
</tbody>
</table>

**KEY**

Record Types: 00 = NP1, 01 = NP4, 02 = NPX, 03 = LGL

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## Attachment A

### NEW POOL DATA EDIT MATRIX—FUTURE ENHANCEMENTS

<table>
<thead>
<tr>
<th>Record Type</th>
<th>Edit Number</th>
<th>Data Grade</th>
<th>Data Field</th>
<th>Edit Message</th>
<th>Edit Description</th>
<th>Record ID</th>
<th>Edit Type</th>
<th>Target Date/Changes</th>
</tr>
</thead>
<tbody>
<tr>
<td>03</td>
<td>0033-06</td>
<td>4</td>
<td>Claim Number/ID</td>
<td>LARGE MEDICAL PAID + CASE REPORTED WITH NO INDENMY PAY + CASE</td>
<td>Large Medical Paid $____ plus Medical Case Outstanding $____ with no Indenmy Paid $____ or Indenmy Case Outstanding $____</td>
<td>N/A</td>
<td>Logical</td>
<td>2nd Qtr. 2020—Converting from Edit 1004.</td>
</tr>
<tr>
<td>03</td>
<td>0033-07</td>
<td>4</td>
<td>Claim Number/ID</td>
<td>LARGE INDEMNITY PAID + CASE REPORTED WITH NO MEDICAL PAID + CASE</td>
<td>Large Indenmy Paid $____ plus Indenmy Case Outstanding $____ values reported with no Medical Paid $____ + Medical Case Outstanding $____</td>
<td>N/A</td>
<td>Logical</td>
<td>2nd Qtr. 2020—Converting from Edit 1003.</td>
</tr>
<tr>
<td>03</td>
<td>0033-08</td>
<td>9</td>
<td>Claim Number/ID</td>
<td>NEW CLAIMS WILL BE LIMITED TO 12 ALPHANUMERIC CHARACTERS IN THE CLAIM NUMBER FIELD</td>
<td>Claim Numbers associated with Policy Effective Date 1/1/2020 and later will be limited to 12 alphanumeric characters in the Claim Number field</td>
<td>N/A</td>
<td>Logical</td>
<td>2nd Qtr. 2020—Adding a new edit.</td>
</tr>
<tr>
<td>03</td>
<td>0034-01</td>
<td>5</td>
<td>Claim Status Code</td>
<td>DATA IS MISSING OR INVALID</td>
<td>Claim Status reported ____</td>
<td>N/A</td>
<td>Field</td>
<td>2nd Qtr. 2020—Converting from Edit 517.</td>
</tr>
<tr>
<td>03</td>
<td>0034-02</td>
<td>4</td>
<td>Claim Status Code</td>
<td>CASE RESERVES NOT EXPECTED ON CLOSED CLAIMS</td>
<td>Reported Medical Case Outstanding $____ and Indenmy Case Outstanding $____</td>
<td>N/A</td>
<td>Logical</td>
<td>2nd Qtr. 2020—Converting from Edit 1000.</td>
</tr>
<tr>
<td>03</td>
<td>0153-01</td>
<td>9</td>
<td>Policy Effective Date</td>
<td>DATE IS MISSING OR INVALID</td>
<td>Policy Effective Date ______ must be reported and be a valid date.</td>
<td>N/A</td>
<td>Field</td>
<td>2nd Qtr. 2020—Converting from Edit 603.</td>
</tr>
<tr>
<td>03</td>
<td>0153-02</td>
<td>9</td>
<td>Policy Effective Date</td>
<td>DATE IS INVALID</td>
<td>Policy Effective Date exceeds the Quarter End Date.</td>
<td>N/A</td>
<td>Logical</td>
<td>2nd Qtr. 2020—Adding a new edit.</td>
</tr>
<tr>
<td>03</td>
<td>0153-03</td>
<td>5</td>
<td>Policy Effective Date</td>
<td>DATE IS MISSING OR INVALID</td>
<td>The Policy Effective Date ______ is invalid for Tennessee, the Exposure State reported.</td>
<td>N/A</td>
<td>Field</td>
<td>2nd Qtr. 2020—Converting from Edit 1054.</td>
</tr>
<tr>
<td>03</td>
<td>0153-04</td>
<td>4</td>
<td>Policy Effective Date</td>
<td>POLICY EFFECTIVE DATE IS MISSING OR NOT A VALID DATE</td>
<td>Policy Effective Date reported in the current Quarter ______ is different from the Policy Effective Date reported at the prior Quarter ______ on Policy Number ______.</td>
<td>N/A</td>
<td>Relational</td>
<td>2nd Qtr. 2020—Adding a new edit.</td>
</tr>
<tr>
<td>03</td>
<td>0153-01</td>
<td>3</td>
<td>Policy Number/ID</td>
<td>MUST CONTAIN ONLY ALPHABETIC AND/OR NUMERIC CHARACTERS AND MUST NOT CONTAIN EMBEDDED SPACES, PUNCTUATION MARKS, OR SPECIAL CHARACTERS. DEFAULT VALUE: COMPRESSED POLICY NUMBER IDENTIFIER</td>
<td>Policy Number ______ was defaulted to ______.</td>
<td>N/A</td>
<td>Field</td>
<td>2nd Qtr. 2020—Adding a new edit.</td>
</tr>
<tr>
<td>03</td>
<td>0153-02</td>
<td>9</td>
<td>Policy Number/ID</td>
<td>DATA IS MISSING OR INVALID</td>
<td>Policy Number ______ must not equal all blanks, all zeros, or any combinations of blanks, zeros, punctuation marks, or special characters.</td>
<td>N/A</td>
<td>Field</td>
<td>2nd Qtr. 2020—Converting from Edit 214.</td>
</tr>
<tr>
<td>01, 02</td>
<td>0608-01</td>
<td>5</td>
<td>Uncollectible Premium</td>
<td>DATA IS NOT NUMERIC OR EXCEEDS THE MAXIMUM FIELD LENGTH</td>
<td>Uncollectible Premium reported $____.</td>
<td>1M, S1, U1</td>
<td>Field</td>
<td>2nd Qtr. 2020—Converting from Edits 301, 302, and 303.</td>
</tr>
<tr>
<td>01</td>
<td>0608-02</td>
<td>4</td>
<td>Uncollectible Premium</td>
<td>AMOUNT MUST BE NONNEGATIVE</td>
<td>Cumulative Uncollectible Premium reported $____.</td>
<td>S1</td>
<td>Relational</td>
<td>2nd Qtr. 2020—Converting from Edits 812, 813, and 833.</td>
</tr>
<tr>
<td>01</td>
<td>0608-03</td>
<td>4</td>
<td>Uncollectible Premium</td>
<td>QUARTER-TO-QUARTER VARIANCE SHOULD BE WITHIN EXPECTED RANGE</td>
<td>Current Quarter Uncollectible Premium reported $____ and prior Quarter Uncollectible Premium reported $____.</td>
<td>S1</td>
<td>Relational</td>
<td>2nd Qtr. 2020—Adding a new edit.</td>
</tr>
<tr>
<td>01, 02</td>
<td>0609-01</td>
<td>5</td>
<td>Unearned Premium Reserve</td>
<td>DATA IS NOT NUMERIC OR EXCEEDS THE MAXIMUM FIELD LENGTH</td>
<td>Unearned Premium Reserve reported $____.</td>
<td>1M, S1, U1</td>
<td>Field</td>
<td>2nd Qtr. 2020—Converting from Edits 305, 306, and 312.</td>
</tr>
<tr>
<td>01</td>
<td>0609-02</td>
<td>5</td>
<td>Unearned Premium Reserve</td>
<td>DATA SHOULD ONLY BE REPORTED FOR EXPECTED POLICY YEARS</td>
<td>Unearned Premium Reserve reported $____ for a Policy Year more than one year after current Quarter.</td>
<td>S1, 1M</td>
<td>Logical</td>
<td>2nd Qtr. 2020—Converting from Edit 1025.</td>
</tr>
<tr>
<td>01, 02</td>
<td>0609-03</td>
<td>4</td>
<td>Unearned Premium Reserve</td>
<td>AMOUNT MUST BE NONNEGATIVE</td>
<td>Unearned Premium Reserve reported $____.</td>
<td>S1, 1M, U1</td>
<td>Field</td>
<td>2nd Qtr. 2020—Converting from Edits 984, 985, and 986.</td>
</tr>
</tbody>
</table>

**KEY**

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## NEW POOL DATA EDIT MATRIX—FUTURE ENHANCEMENTS

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<tr>
<th>Record Type</th>
<th>Edit Number</th>
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<th>Data Field</th>
<th>Edit Message</th>
<th>Edit Description</th>
<th>Record ID</th>
<th>Edit Type</th>
<th>Target Date/Changes</th>
</tr>
</thead>
<tbody>
<tr>
<td>01</td>
<td>0609-04</td>
<td>4</td>
<td>Unearned Premium Reserve</td>
<td>QUARTER-TO-QUARTER VARIANCE SHOULD BE WITHIN EXPECTED RANGE</td>
<td>Current Quarter Unearned Premium Reserve reported $_____ and prior Quarter Unearned Premium Reserve reported $_____</td>
<td>S1</td>
<td>Relational</td>
<td>2nd Qtr. 2020—Converting from Edits 1025.</td>
</tr>
<tr>
<td>02</td>
<td>0611-01</td>
<td>5</td>
<td>Claims Outstanding</td>
<td>DATA IS NOT NUMERIC OR EXCEEDS THE MAXIMUM FIELD LENGTH</td>
<td>Claims Outstanding reported _____.</td>
<td>CI, CT</td>
<td>Field</td>
<td>2nd Qtr. 2020—Converting from Edits 315.</td>
</tr>
<tr>
<td>02</td>
<td>0611-02</td>
<td>4</td>
<td>Claims Outstanding</td>
<td>CLAIM COUNTS (IND and MED) MUST BE GREATER THAN OR EQUAL TO CORRESPONDING INDEMNITY CLAIM COUNTS</td>
<td>Reported Total Claims Outstanding ______, which is cumulative, cannot be less than Indemnity Claims Outstanding ______.</td>
<td>CI, CT</td>
<td>Relational</td>
<td>2nd Qtr. 2020—Converting from Edits 908.</td>
</tr>
<tr>
<td>01, 02</td>
<td>0611-03</td>
<td>4</td>
<td>Claims Outstanding</td>
<td>LOSSES MUST BE REPORTED IF CLAIM COUNTS ARE REPORTED</td>
<td>Combined Total Claims Outstanding reported without corresponding NP4 Outstanding Losses.</td>
<td>CT, 2M</td>
<td>Relational</td>
<td>2nd Qtr. 2020—Converting from Edits 919.</td>
</tr>
<tr>
<td>01, 02</td>
<td>0611-04</td>
<td>4</td>
<td>Claims Outstanding</td>
<td>LOSSES MUST BE REPORTED IF CLAIM COUNTS ARE REPORTED</td>
<td>NPX Combined Total Claims Outstanding ______ and Reported NP4 Outstanding Losses for Current Accident Year $<em><strong><strong>, NP4 Prior Year Outstanding Losses for Subsequent Accident Year $</strong></strong></em>.</td>
<td>CT, S2</td>
<td>Relational</td>
<td>2nd Qtr. 2020—Converting from Edits 221.</td>
</tr>
<tr>
<td>02</td>
<td>0611-05</td>
<td>4</td>
<td>Claims Outstanding</td>
<td>AMOUNT MUST BE NONNEGATIVE</td>
<td>Claims Outstanding reported _____</td>
<td>CT, CI</td>
<td>Field</td>
<td>2nd Qtr. 2020—Converting from Edits 965 and 968.</td>
</tr>
<tr>
<td>02</td>
<td>0611-06</td>
<td>4</td>
<td>Claims Outstanding</td>
<td>LOSSES MUST BE REPORTED IF CLAIM COUNTS ARE REPORTED</td>
<td>Combined Total Claims Outstanding reported without corresponding Medical or Indemnity Loss Amounts.</td>
<td>CT, IL, ML, CL</td>
<td>Relational</td>
<td>2nd Qtr. 2020—Converting from Edits 220.</td>
</tr>
<tr>
<td>02</td>
<td>0611-07</td>
<td>4</td>
<td>Claims Outstanding</td>
<td>LOSSES MUST BE REPORTED IF CLAIM COUNTS ARE REPORTED</td>
<td>Indemnity Claims Outstanding reported without corresponding Indemnity Loss Amount record.</td>
<td>CI, IL</td>
<td>Relational</td>
<td>2nd Qtr. 2020—Converting from Edits 223.</td>
</tr>
<tr>
<td>02</td>
<td>0612-01</td>
<td>5</td>
<td>Claims Reported</td>
<td>DATA IS NOT NUMERIC OR EXCEEDS THE MAXIMUM FIELD LENGTH</td>
<td>Claims Reported _____</td>
<td>CI, CT</td>
<td>Field</td>
<td>2nd Qtr. 2020—Converting from Edits 317.</td>
</tr>
<tr>
<td>02</td>
<td>0612-02</td>
<td>5</td>
<td>Claims Reported</td>
<td>CLAIM COUNTS (IND and MED) MUST BE GREATER THAN CORRESPONDING INDEMNITY CLAIM COUNTS</td>
<td>Total Claims Reported _____ which is cumulative, cannot be less than Indemnity Claims Reported _____</td>
<td>CI, CT</td>
<td>Relational</td>
<td>2nd Qtr. 2020—Converting from Edits 922.</td>
</tr>
<tr>
<td>01, 02</td>
<td>0612-03</td>
<td>5</td>
<td>Claims Reported</td>
<td>CLAIM COUNTS MUST BE GREATER THAN ZERO IF LOSSES ARE REPORTED</td>
<td>Reported NP4 Loss Payments for Current Accident Year $<em><strong><strong>, NP4 Prior Year Loss Payments for Subsequent Accident Year $</strong></strong></em> and Combined Total Claims Reported.</td>
<td>2M, CT</td>
<td>Relational</td>
<td>2nd Qtr. 2020—Converting from Edits 231.</td>
</tr>
<tr>
<td>01, 02</td>
<td>0612-04</td>
<td>5</td>
<td>Claims Reported</td>
<td>CLAIM COUNTS MUST BE GREATER THAN ZERO IF LOSS PAYMENTS ARE REPORTED</td>
<td>Total Claim Counts _____ cannot be equal to zero if NP4 Loss Payments for Current Accident Year $_____, NP4 Prior Year Loss Payments for Subsequent Accident Year $____ are reported.</td>
<td>CT, S2, 2M</td>
<td>Relational</td>
<td>2nd Qtr. 2020—Converting from Edits 916.</td>
</tr>
<tr>
<td>02</td>
<td>0612-05</td>
<td>4</td>
<td>Claims Reported</td>
<td>AMOUNT MUST BE NONNEGATIVE</td>
<td>Claims Reported _____</td>
<td>CT, CI</td>
<td>Field</td>
<td>2nd Qtr. 2020—Converting from Edits 964 and 1008.</td>
</tr>
<tr>
<td>01, 02</td>
<td>0612-06</td>
<td>4</td>
<td>Claims Reported</td>
<td>CLAIM COUNTS MUST BE GREATER THAN ZERO IF LOSSES ARE REPORTED</td>
<td>Reported NP4 Loss Payments for Current Accident Year $_____, NP4 Prior Year Loss Payments for Subsequent Accident Year $____ and Combined Total Claims Reported.</td>
<td>CT, 2M</td>
<td>Relational</td>
<td>2nd Qtr. 2020—Converting from Edits 918.</td>
</tr>
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</table>

**KEY**

- **Record Types:** 00 = NP1, 01 = NP4, 02 = NPX, 03 = LGL

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<table>
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<tr>
<th>Record Type</th>
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<th>Data Field</th>
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<tr>
<td>02</td>
<td>0612-07</td>
<td>4</td>
<td>Claims Reported</td>
<td>CLAIMS REPORTED MUST EQUAL CLAIMS OUTSTANDING + CLAIMS CLOSED WITH PAYMENT + CLAIMS CLOSED WITHOUT PAYMENT</td>
<td>Total Claims reported ____ Claims Outstanding reported ____ Claims Closed with Payment reported ____ Claims Closed without Payment reported ____</td>
<td>CT</td>
<td>Logical</td>
<td>2nd Qtr. 2020—Converting from Edit 915.</td>
</tr>
<tr>
<td>02</td>
<td>0612-08</td>
<td>4</td>
<td>Claims Reported</td>
<td>CUMULATIVE INDEMNITY CLAIM COUNTS SHOULD BE LESS THAN CURRENT TOTAL CLAIMS</td>
<td>Cumulative Indemnity Claims Reported ____ and Current Quarter Total Claims Reported ____</td>
<td>CI, CT</td>
<td>Relational</td>
<td>2nd Qtr. 2020—Converting from Edit 844.</td>
</tr>
<tr>
<td>02</td>
<td>0612-09</td>
<td>4</td>
<td>Claims Reported</td>
<td>CLAIM COUNTS MUST BE REPORTED CONSISTENTLY</td>
<td>Cumulative Indemnity Claims Reported ____ must equal the sum of these fields: Indemnity Claims Outstanding ____ , Cumulative Claims Closed with Payment ____ , Cumulative Claims Closed without Payment ____</td>
<td>CI</td>
<td>Relational</td>
<td>2nd Qtr. 2020—Converting from Edit 1005.</td>
</tr>
<tr>
<td>02</td>
<td>0612-10</td>
<td>4</td>
<td>Claims Reported</td>
<td>LOSSES MUST BE REPORTED IF CLAIM COUNTS ARE REPORTED</td>
<td>Indemnity Claim Counts reported without corresponding Indemnity Losses.</td>
<td>CI, IL</td>
<td>Relational</td>
<td>2nd Qtr. 2020—Converting from Edit 226.</td>
</tr>
<tr>
<td>02</td>
<td>0612-11</td>
<td>4</td>
<td>Claims Reported</td>
<td>COMBINED TOTAL CLAIM COUNTS MUST BE REPORTED IF INDEMNITY CLAIM COUNTS ARE REPORTED</td>
<td>Indemnity Claim Counts reported without corresponding Total Claim Counts.</td>
<td>CI, CT</td>
<td>Relational</td>
<td>2nd Qtr. 2020—Converting from Edit 224.</td>
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<tr>
<td>02</td>
<td>0612-12</td>
<td>4</td>
<td>Claims Reported</td>
<td>CLAIMS REPORTED FOR CURRENT QUARTER MUST BE GREATER THAN CLAIMS REPORTED FROM PRIOR QUARTER</td>
<td>Total Claims Reported for current quarter ____ cannot be less than Total Claims Reported for prior quarter ____</td>
<td>CT</td>
<td>Relational</td>
<td>2nd Qtr. 2020—Converting from Edit 914.</td>
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<tr>
<td>02</td>
<td>0613-01</td>
<td>5</td>
<td>Ending Deferred Premium</td>
<td>DATA IS NOT NUMERIC OR EXCEEDS THE MAXIMUM FIELD LENGTH</td>
<td>Ending Deferred Premium reported $____.</td>
<td>DP</td>
<td>Field</td>
<td>2nd Qtr. 2020—Converting from Edit 322.</td>
</tr>
<tr>
<td>02</td>
<td>0613-02</td>
<td>5</td>
<td>Ending Deferred Premium</td>
<td>DATA SHOULD ONLY BE REPORTED FOR EXPECTED POLICY YEARS</td>
<td>Ending Deferred Premium reported $____ for policy year ____ more than one year after current quarter year.</td>
<td>DP</td>
<td>Logical</td>
<td>2nd Qtr. 2020—Converting from Edit 943.</td>
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<tr>
<td>02</td>
<td>0613-03</td>
<td>4</td>
<td>Ending Deferred Premium</td>
<td>AMOUNT MUST BE NONNEGATIVE</td>
<td>Ending Deferred Premium reported $____.</td>
<td>DP</td>
<td>Field</td>
<td>2nd Qtr. 2020—Converting from Edit 988.</td>
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<tr>
<td>01, 02</td>
<td>0614-01</td>
<td>5</td>
<td>Other Charges</td>
<td>DATA IS NOT NUMERIC OR EXCEEDS THE MAXIMUM FIELD LENGTH</td>
<td>Other Charges reported $____.</td>
<td>S1, U1</td>
<td>Field</td>
<td>2nd Qtr. 2020—Converting from Edits 337 and 338.</td>
</tr>
<tr>
<td>01, 02</td>
<td>0614-02</td>
<td>4</td>
<td>Other Charges</td>
<td>AMOUNT MUST BE NONNEGATIVE</td>
<td>Cumulative Other Charges $____ cannot be negative.</td>
<td>S1, 1M, U1</td>
<td>Relational</td>
<td>2nd Qtr. 2020—Converting from Edits 818 and 836.</td>
</tr>
<tr>
<td>01, 02</td>
<td>0615-01</td>
<td>5</td>
<td>Producer Fees</td>
<td>DATA IS NOT NUMERIC OR EXCEEDS THE MAXIMUM FIELD LENGTH</td>
<td>Producer Fees reported $____.</td>
<td>S1, 1M, U1</td>
<td>Field</td>
<td>2nd Qtr. 2020—Converting from Edits 358, 359, and 360.</td>
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<tr>
<td>01, 02</td>
<td>0615-02</td>
<td>4</td>
<td>Producer Fees</td>
<td>AMOUNT MUST BE NONNEGATIVE</td>
<td>Cumulative Producer Fees $____ cannot be negative.</td>
<td>S1, 1M, U1</td>
<td>Relational</td>
<td>2nd Qtr. 2020—Converting from Edits 816, 817, and 835.</td>
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<tr>
<td>01, 02</td>
<td>0617-01</td>
<td>5</td>
<td>Servicing Carrier Allowance</td>
<td>DATA IS NOT NUMERIC OR EXCEEDS THE MAXIMUM FIELD LENGTH</td>
<td>Servicing Carrier Allowance reported $____.</td>
<td>1M, S1, U1</td>
<td>Field</td>
<td>2nd Qtr. 2020—Converting from Edits 362, 363, and 364.</td>
</tr>
<tr>
<td>01, 02</td>
<td>0617-02</td>
<td>4</td>
<td>Servicing Carrier Allowance</td>
<td>AMOUNT MUST BE NONNEGATIVE</td>
<td>Cumulative Servicing Carrier Allowance $____ cannot be negative.</td>
<td>S1, 1M, U1</td>
<td>Relational</td>
<td>2nd Qtr. 2020—Converting from Edit 814, 815, and 834.</td>
</tr>
<tr>
<td>01, 02, 03</td>
<td>0618-01</td>
<td>9</td>
<td>Quarter End Date</td>
<td>QUARTER END DATE IS INVALID</td>
<td>Quarter End Date must be valid date.</td>
<td>ALL</td>
<td>Field</td>
<td>2nd Qtr. 2020—Converting from Edits 430 and 518.</td>
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**KEY**

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### Attachment A

**NEW POOL DATA EDIT MATRIX—FUTURE ENHANCEMENTS**

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<tr>
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<tr>
<td>01</td>
<td>0618-02</td>
<td>4</td>
<td>Quarter End Date</td>
<td>QUARTER-TO-QUARTER VARIANCE SHOULD BE WITHIN EXPECTED RANGE</td>
<td>The change from the Current Quarter Incurred Losses (Loss Payments + Outstanding Losses) $_____ to the Prior Quarter Incurred Losses (Loss Payments + Outstanding Losses) $_____ exceeds the dollar amount and percentage expected.</td>
<td>2M, S2</td>
<td>Relational</td>
<td>2nd Qtr. 2020—Adding a new edit.</td>
</tr>
<tr>
<td>02</td>
<td>0619-01</td>
<td>5</td>
<td>Claims Closed With Payment</td>
<td>DATA IS NOT NUMERIC OR EXCEEDS THE MAXIMUM FIELD LENGTH</td>
<td>Claims Closed With Payment reported _____.</td>
<td>CI, CT</td>
<td>Field</td>
<td>2nd Qtr. 2020—Converting from Edit 311.</td>
</tr>
<tr>
<td>02</td>
<td>0619-02</td>
<td>4</td>
<td>Claims Closed With Payment</td>
<td>AMOUNT MUST BE NONNEGATIVE</td>
<td>Claims Closed With Payment reported _____.</td>
<td>CT, CI</td>
<td>Field</td>
<td>2nd Qtr. 2020—Converting from Edit 966.</td>
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<tr>
<td>02</td>
<td>0619-03</td>
<td>4</td>
<td>Claims Closed With Payment</td>
<td>CLAIM COUNTS (IND and MED) MUST BE GREATER THAN CORRESPONDING INDEMNITY CLAIM COUNTS</td>
<td>Reported Total Claims Closed With Payment _____. and Reported Indemnity Claims Closed With Payment _____.</td>
<td>CI, CT</td>
<td>Relational</td>
<td>2nd Qtr. 2020—Converting from Edit 905.</td>
</tr>
<tr>
<td>02</td>
<td>0619-04</td>
<td>4</td>
<td>Claims Closed With Payment</td>
<td>CUMULATIVE INDEMNITY CLAIM COUNTS SHOULD BE LESS THAN CURRENT QUARTER TOTAL CLAIM COUNTS</td>
<td>Reported Cumulative Indemnity Claims Closed With Payment _____. and Current Quarter Total Claims Closed With Payment _____.</td>
<td>CI, CT</td>
<td>Relational</td>
<td>2nd Qtr. 2020—Converting from Edit 842.</td>
</tr>
<tr>
<td>02</td>
<td>0620-01</td>
<td>5</td>
<td>Subrogation Recovered</td>
<td>DATA IS NOT NUMERIC OR EXCEEDS THE MAXIMUM FIELD LENGTH</td>
<td>Subrogation Recovered reported $_____.</td>
<td>SI, SM</td>
<td>Field</td>
<td>2nd Qtr. 2020—Converting from Edits 332 and 333.</td>
</tr>
<tr>
<td>02</td>
<td>0620-02</td>
<td>4</td>
<td>Subrogation Recovered</td>
<td>AMOUNT MUST BE NONNEGATIVE</td>
<td>Subrogation Recovered $_____ must be greater than or equal to zero.</td>
<td>SI, SM</td>
<td>Field</td>
<td>2nd Qtr. 2020—Converting from Edits 944 and 946.</td>
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<tr>
<td>02</td>
<td>0620-03</td>
<td>4</td>
<td>Subrogation Recovered</td>
<td>LOSS PAYMENTS SHOULD NOT BE EQUAL TO ZERO IF SUBROGATION AMOUNTS ARE GREATER THAN ZERO</td>
<td>Indemnity Subrogation Recovered $_____ reported without Indemnity Loss Payments for Current Accident Year $_____ or the Prior Year Indemnity Loss Payments for Subsequent Accident Year $_____.</td>
<td>IL, SI</td>
<td>Relational</td>
<td>2nd Qtr. 2020—Converting from Edit 945.</td>
</tr>
<tr>
<td>02</td>
<td>0620-04</td>
<td>4</td>
<td>Subrogation Recovered</td>
<td>LOSS PAYMENTS SHOULD NOT BE EQUAL TO ZERO IF SUBROGATION AMOUNTS ARE GREATER THAN ZERO</td>
<td>Medical Subrogation Recovered $_____ reported without Medical Loss Payments for Current Accident Year $_____ or the Prior Year Medical Loss Payments for Subsequent Accident Year $_____.</td>
<td>ML, SM</td>
<td>Relational</td>
<td>2nd Qtr. 2020—Converting from Edit 256.</td>
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<tr>
<td>02</td>
<td>0621-01</td>
<td>5</td>
<td>Claims Closed Without Payment</td>
<td>DATA IS NOT NUMERIC OR EXCEEDS THE MAXIMUM FIELD LENGTH</td>
<td>Claims Closed Without Payment reported _____.</td>
<td>CI, CT</td>
<td>Field</td>
<td>2nd Qtr. 2020—Converting from Edit 313.</td>
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<tr>
<td>02</td>
<td>0621-02</td>
<td>4</td>
<td>Claims Closed Without Payment</td>
<td>AMOUNT MUST BE NONNEGATIVE</td>
<td>Claims Closed Without Payment reported _____.</td>
<td>CT, CI</td>
<td>Field</td>
<td>2nd Qtr. 2020—Converting from Edit 967.</td>
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<tr>
<td>02</td>
<td>0621-03</td>
<td>4</td>
<td>Claims Closed Without Payment</td>
<td>CUMULATIVE INDEMNITY CLAIM COUNTS SHOULD BE LESS THAN CURRENT QUARTER TOTAL CLAIM COUNTS</td>
<td>Reported Cumulative Indemnity Claims Closed Without Payment _____. and Current Quarter Total Claims Closed Without Payment _____.</td>
<td>CI, CT</td>
<td>Relational</td>
<td>2nd Qtr. 2020—Converting from Edit 843.</td>
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<tr>
<td>01, 02</td>
<td>0623-01</td>
<td>5</td>
<td>Ceded Premium</td>
<td>DATA IS NOT NUMERIC OR EXCEEDS THE MAXIMUM FIELD LENGTH</td>
<td>Ceded Premium reported $_____.</td>
<td>S1, 1M, U1</td>
<td>Field</td>
<td>2nd Qtr. 2020—Converting from Edits 309, 356, and 357.</td>
</tr>
<tr>
<td>01, 02</td>
<td>0623-02</td>
<td>5</td>
<td>Ceded Premium</td>
<td>NP4 CEDED PREMIUM SHOULD BE REPORTED IF USL&amp;HW Ceded Premium IS REPORTED</td>
<td>USL&amp;HW Premium reported without corresponding NP4 Premium.</td>
<td>S1, U1</td>
<td>Relational</td>
<td>2nd Qtr. 2020—Converting from Edit 463.</td>
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</table>

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**NEW POOL DATA EDIT MATRIX—FUTURE ENHANCEMENTS**

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<tr>
<td>01</td>
<td>0623-03</td>
<td>4</td>
<td>Ceded Premium</td>
<td>CUMULATIVE CEDED PREMIUM SHOULD NOT EQUAL ZERO IF CUMULATIVE PAID LOSSES ARE NOT EQUAL TO ZERO</td>
<td>Cumulative Loss Payments $_____ are not equal to zero, but Cumulative Ceded Premium is equal to 0.</td>
<td>1M, 2M</td>
<td>Relational</td>
<td>2nd Qtr. 2020—Converting from Edit 823.</td>
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<tr>
<td>01, 02</td>
<td>0623-04</td>
<td>4</td>
<td>Ceded Premium</td>
<td>CUMULATIVE CEDED PREMIUM SHOULD BE GREATER THAN UNEARNED PREMIUM RESERVES</td>
<td>Cumulative Ceded Premium $_____ cannot be less than Current Quarter Unearned Premium Reserves $_____.</td>
<td>S1, 1M, U1, U2</td>
<td>Relational</td>
<td>2nd Qtr. 2020—Converting from Edits 826, 827, and 841.</td>
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<td>0623-05</td>
<td>4</td>
<td>Ceded Premium</td>
<td>AMOUNT MUST BE NONNEGATIVE</td>
<td>Cumulative Ceded Premium $_____ cannot be negative.</td>
<td>S1, 1M, U1</td>
<td>Relational</td>
<td>2nd Qtr. 2020—Converting from Edits 810, 811, and 832.</td>
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<tr>
<td>01, 02</td>
<td>0623-06</td>
<td>4</td>
<td>Ceded Premium</td>
<td>QUARTER-TO-QUARTER VARIANCE SHOULD BE WITHIN EXPECTED RANGE</td>
<td>The change in the Ceded Premium from the Prior Quarter $_____ to the Current Quarter Ceded Premium $_____. exceeds the dollar amount and percentage expected.</td>
<td>S1, U1, 1M</td>
<td>Relational</td>
<td>2nd Qtr. 2020—Adding a new edit.</td>
</tr>
<tr>
<td>01, 02</td>
<td>0623-07</td>
<td>4</td>
<td>Ceded Premium</td>
<td>QUARTER-TO-QUARTER VARIANCE SHOULD BE WITHIN EXPECTED RANGE</td>
<td>The change in the Ceded Premium from the Prior Quarter $_____ to the Current Quarter Ceded Premium $_____. exceeds the dollar amount and percentage expected.</td>
<td>S1, U1, 1M</td>
<td>Relational</td>
<td>2nd Qtr. 2020—Adding a new edit.</td>
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<tr>
<td>02</td>
<td>0626-01</td>
<td>5</td>
<td>Total Outstanding Losses</td>
<td>DATA IS NOT NUMERIC OR EXCEEDS THE MAXIMUM FIELD LENGTH</td>
<td>Total Outstanding Losses reported $_____.</td>
<td>S2, 2M, U2, ML, IL, MT</td>
<td>Field</td>
<td>2nd Qtr. 2020—Converting from Edits 385, 388, 839, 390, 391, and 372.</td>
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<tr>
<td>01, 02</td>
<td>0626-02</td>
<td>5</td>
<td>Total Outstanding Losses</td>
<td>NP4 OUTSTANDING LOSSES MUST BE EQUAL TO INDEMNITY OUTSTANDING LOSSES + MEDICAL OUTSTANDING LOSSES + MASS TRAUMATIC OUTSTANDING ALAE</td>
<td>NP4 Total Outstanding Losses $_____ must be equal to Medical Total Outstanding Losses $_____ plus Indemnity Total Outstanding Losses $_____ plus Massachusetts Traumatic Total Outstanding ALAE $_____.</td>
<td>IL, ML, MT, S2</td>
<td>Relational</td>
<td>2nd Qtr. 2020—Converting from Edit 1030.</td>
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<tr>
<td>02</td>
<td>0626-03</td>
<td>5</td>
<td>Total Outstanding Losses</td>
<td>TOTAL OUTSTANDING LOSSES MUST BE EQUAL TO MEDICAL TOTAL OUTSTANDING LOSSES + INDEMNITY TOTAL OUTSTANDING LOSSES</td>
<td>U2 Total Outstanding Losses $_____ must be equal to Medical Total Outstanding Losses $_____ plus Indemnity Total Outstanding Losses $_____</td>
<td>IL, ML, U2</td>
<td>Relational</td>
<td>2nd Qtr. 2020—Converting from Edit 950.</td>
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<tr>
<td>01, 02</td>
<td>0626-04</td>
<td>5</td>
<td>Total Outstanding Losses</td>
<td>TOTAL OUTSTANDING LOSSES MUST BE EQUAL TO OUTSTANDING LOSSES FOR CURRENT ACCIDENT YEAR + OUTSTANDING LOSSES FOR SUBSEQUENT ACCIDENT YEAR</td>
<td>Total Outstanding Losses $_____ must be equal to the Current Accident Year Outstanding Losses $_____ plus the Subsequent Accident Year Outstanding Losses $_____.</td>
<td>2M, S2, MT, US, ML, IL</td>
<td>Logical</td>
<td>2nd Qtr. 2020—Converting from Edits 951, 953, 959, 960, and 1034.</td>
</tr>
<tr>
<td>01, 02</td>
<td>0626-05</td>
<td>4</td>
<td>Total Outstanding Losses</td>
<td>CUMULATIVE CEDED PREMIUM SHOULD NOT EQUAL ZERO IF OUTSTANDING LOSSES ARE NOT EQUAL TO ZERO</td>
<td>Total Outstanding Losses $_____ are not equal to zero but the Cumulative Premiums Written is equal to zero.</td>
<td>S1, S2, 1M, 2M, U1, U2</td>
<td>Relational</td>
<td>2nd Qtr. 2020—Converting from Edits 824, 825, and 840.</td>
</tr>
<tr>
<td>01, 02</td>
<td>0626-06</td>
<td>4</td>
<td>Total Outstanding Losses</td>
<td>NP4 OUTSTANDING LOSSES MUST BE EQUAL TO INDEMNITY OUTSTANDING LOSSES + MEDICAL OUTSTANDING LOSSES</td>
<td>NP4 Total Outstanding Losses $_____ must be equal to the Medical Total Outstanding Losses $_____ plus the Indemnity Total Outstanding Losses $_____.</td>
<td>IL, ML, S2, 2M</td>
<td>Relational</td>
<td>2nd Qtr. 2020—Converting from Edit 954.</td>
</tr>
<tr>
<td>01, 02</td>
<td>0626-09</td>
<td>4</td>
<td>Total Outstanding Losses</td>
<td>CLAIM COUNTS MUST BE GREATER THAN ZERO IF LOSSES ARE REPORTED</td>
<td>Reported NP4 Outstanding Losses for Current Accident Year $_____ , NP4 Prior Year Outstanding Losses for Subsequent Accident Year $<em><strong><strong>, and NPX Combined Total Claims Outstanding $</strong></strong></em>.</td>
<td>CT, S2, 2M</td>
<td>Relational</td>
<td>2nd Qtr. 2020—Converting from Edit 917.</td>
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<th>Target Date/Changes</th>
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<tr>
<td>01</td>
<td>0626-10</td>
<td>4</td>
<td>Total Outstanding Losses</td>
<td>QUARTER-TO-QUARTER VARIANCE SHOULD BE WITHIN EXPECTED RANGE</td>
<td>The change in Outstanding Losses from the Prior Quarter $_____ to the Current Quarter Outstanding Losses $_____, exceeds the dollar amount and percentage expected.</td>
<td>S2</td>
<td>Relational</td>
<td>2nd Qtr. 2020—Adding a new edit.</td>
</tr>
<tr>
<td>01, 02</td>
<td>0626-11</td>
<td>4</td>
<td>Total Outstanding Losses</td>
<td>AMOUNT MUST BE NONNEGATIVE</td>
<td>Total Outstanding Losses reported $_____.</td>
<td>ML, IL, U2, MT, S2, 2M</td>
<td>Field</td>
<td>2nd Qtr. 2020—Converting from Edits 971, 974, 977, 980, 983, and 1038.</td>
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<td>02</td>
<td>0627-01</td>
<td>5</td>
<td>Premium Ceded to the Pool</td>
<td>DATA IS NOT NUMERIC OR EXCEEDS THE MAXIMUM FIELD LENGTH</td>
<td>Premium Ceded to the Pool reported ______.</td>
<td>DP</td>
<td>Field</td>
<td>2nd Qtr. 2020—Converting from Edit 355.</td>
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<tr>
<td>02</td>
<td>0627-02</td>
<td>4</td>
<td>Premium Ceded to the Pool</td>
<td>CALCULATED PREMIUM AMOUNT IS INCORRECT</td>
<td>Gross Written Premium $<strong><strong><strong>, minus Beginning Deferred Premium $</strong></strong></strong>, must equal Premium Ceded to the Pool $_____.</td>
<td>DP</td>
<td>Logical</td>
<td>2nd Qtr. 2020—Converting from Edit 471.</td>
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<tr>
<td>01, 02</td>
<td>0627-03</td>
<td>4</td>
<td>Premium Ceded to the Pool</td>
<td>NP4 DATA SHOULD BE REPORTED IF NPX PREMIUM Ceded TO THE POOL IS GREATER THAN ZERO</td>
<td>NPX Premium Ceded to the Pool reported without corresponding NP4 Premium. Please report the data.</td>
<td>DP, S1, 1M</td>
<td>Relational</td>
<td>2nd Qtr. 2020—Converting from Edit 473.</td>
</tr>
<tr>
<td>01, 02</td>
<td>0627-04</td>
<td>4</td>
<td>Premium Ceded to the Pool</td>
<td>NPX PREMIUM Ceded TO THE POOL MUST EQUAL NP4 Ceded PREMIUM</td>
<td>NPX Premium Ceded to the Pool $______ is not equal to NP4 Ceded Premium $______.</td>
<td>DP, S1, 1M</td>
<td>Relational</td>
<td>2nd Qtr. 2020—Converting from Edit 472.</td>
</tr>
<tr>
<td>02</td>
<td>0629-01</td>
<td>5</td>
<td>Beginning Deferred Premium</td>
<td>DATA IS NOT NUMERIC OR EXCEEDS THE MAXIMUM FIELD LENGTH</td>
<td>Beginning Deferred Premium reported $______.</td>
<td>DP</td>
<td>Field</td>
<td>2nd Qtr. 2020—Converting from Edit 307.</td>
</tr>
<tr>
<td>02</td>
<td>0629-02</td>
<td>4</td>
<td>Beginning Deferred Premium</td>
<td>CURRENT QUARTER BEGINNING DEFERRED PREMIUM MUST EQUAL PRIOR QUARTER ENDING DEFERRED PREMIUM</td>
<td>Current quarter Beginning Deferred Premium $<strong><strong><strong>, must equal to prior quarter Ending Deferred Premium $</strong></strong></strong>.</td>
<td>DP</td>
<td>Relational</td>
<td>2nd Qtr. 2020—Converting from Edit 902.</td>
</tr>
<tr>
<td>02</td>
<td>0629-03</td>
<td>4</td>
<td>Beginning Deferred Premium</td>
<td>AMOUNT MUST BE NONNEGATIVE</td>
<td>Beginning Deferred Premium reported $______.</td>
<td>DP</td>
<td>Field</td>
<td>2nd Qtr. 2020—Converting from Edit 901.</td>
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<tr>
<td>01, 02, 03</td>
<td>0630-01</td>
<td>9</td>
<td>Pool Transaction Code</td>
<td>DATA IS MISSING OR INVALID</td>
<td>Pool Transaction Code ______ is not valid.</td>
<td>ALL</td>
<td>Field</td>
<td>2nd Qtr. 2020—Converting from Edit 101.</td>
</tr>
<tr>
<td>01, 02, 03</td>
<td>0630-02</td>
<td>9</td>
<td>Record Identifier</td>
<td>DATA IS MISSING OR INVALID</td>
<td>Record Identifier reported ______.</td>
<td>ALL</td>
<td>Field</td>
<td>2nd Qtr. 2020—Adding a new edit.</td>
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<td>02</td>
<td>0632-03</td>
<td>5</td>
<td>Record Identifier</td>
<td>NPX INDEMNITY OR MEDICAL LOSS AMOUNTS SHOULD BE REPORTED IF USLHW LOSS AMOUNTS ARE REPORTED</td>
<td>USL&amp;HW Total Loss Payments ______ or Total Outstanding Losses ________ reported without corresponding NPX Medical Losses or Indemnity Losses.</td>
<td>U2, IL, ML</td>
<td>Relational</td>
<td>2nd Qtr. 2020—Converting from Edit 223.</td>
</tr>
<tr>
<td>01, 02</td>
<td>0632-04</td>
<td>5</td>
<td>Record Identifier</td>
<td>NP4 LOSS AMOUNTS SHOULD BE REPORTED IF USLHW LOSS AMOUNTS ARE REPORTED</td>
<td>USL&amp;HW Total Loss Payments ______ or Total Outstanding Losses ______ reported without corresponding NP4 Loss Payments or Outstanding Losses.</td>
<td>U2, S2</td>
<td>Relational</td>
<td>2nd Qtr. 2020—Converting from Edit 464.</td>
</tr>
<tr>
<td>01, 02</td>
<td>0632-05</td>
<td>5</td>
<td>Record Identifier</td>
<td>NP4 LOSS PAYMENTS SHOULD BE REPORTED IF NPX LOSS PAYMENTS ARE REPORTED</td>
<td>NPX Medical Loss Amounts reported without corresponding NP4 Loss Amounts. Please report the data.</td>
<td>S2, 2M, ML</td>
<td>Relational</td>
<td>2nd Qtr. 2020—Converting from Edit 240.</td>
</tr>
<tr>
<td>01, 02</td>
<td>0632-06</td>
<td>5</td>
<td>Record Identifier</td>
<td>NP4 OUTSTANDING LOSSES SHOULD BE REPORTED IF NPX OUTSTANDING LOSSES ARE REPORTED</td>
<td>NPX Medical Outstanding Losses for Current Accident Year ________ or Indemnity Outstanding Losses for Current Accident Year ________ reported without corresponding NP4 Outstanding Losses for Current Accident Year.</td>
<td>S2, IL, ML</td>
<td>Relational</td>
<td>2nd Qtr. 2020—Converting from Edit 237.</td>
</tr>
</tbody>
</table>

**KEY**

Record Types: 00 = NP1, 01 = NP4, 02 = NPX, 03 = LGL
## Attachment A

**NEW POOL DATA EDIT MATRIX—FUTURE ENHANCEMENTS**

<table>
<thead>
<tr>
<th>Record Type</th>
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<th>Edit Message</th>
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<tr>
<td>02</td>
<td>0632-07</td>
<td>4</td>
<td>Record Identifier</td>
<td>USLHW LOSS AMOUNTS SHOULD BE REPORTED IF INDEMNITY OR MEDICAL LOSS AMOUNTS ARE REPORTED</td>
<td>Medical or Indemnity Losses reported without corresponding USLHW Losses.</td>
<td>U2, IL, ML</td>
<td>Relational</td>
<td>2nd Qtr. 2020—Converting from Edit 234.</td>
</tr>
<tr>
<td>02</td>
<td>0632-08</td>
<td>5</td>
<td>Record Identifier</td>
<td>CLAIM COUNTS MUST BE GREATER THAN ZERO IF LOSSES ARE REPORTED</td>
<td>Medical Total Loss Payments for Current Accident Year _____ or Indemnity Total Loss Payments for Current Accident Year _____ reported without corresponding Combined Total Claim Counts.</td>
<td>CT, IL, ML</td>
<td>Relational</td>
<td>2nd Qtr. 2020—Converting from Edit 242.</td>
</tr>
<tr>
<td>02</td>
<td>0632-09</td>
<td>4</td>
<td>Record Identifier</td>
<td>CLAIM COUNTS MUST BE GREATER THAN ZERO IF LOSSES ARE REPORTED</td>
<td>Indemnity Loss Payments reported without corresponding Indemnity Claim Counts. Please report the data.</td>
<td>Ci, IL</td>
<td>Relational</td>
<td>2nd Qtr. 2020—Converting from Edit 244.</td>
</tr>
<tr>
<td>01, 02</td>
<td>0632-10</td>
<td>4</td>
<td>Record Identifier</td>
<td>INDEMNITY OR MEDICAL LOSS AMOUNTS SHOULD BE REPORTED IF NP4 LOSS AMOUNTS ARE REPORTED</td>
<td>NP4 Total Loss Payments _____ or Total Outstanding Losses _____ reported without corresponding NPX Medical or Indemnity Loss Payments or Outstanding Losses.</td>
<td>IL, ML, S2, 2M</td>
<td>Relational</td>
<td>2nd Qtr. 2020—Converting from Edit 258.</td>
</tr>
<tr>
<td>02</td>
<td>0635-01</td>
<td>5</td>
<td>Total Paid ALAE</td>
<td>DATA IS NOT NUMERIC OR EXCEEDS THE MAXIMUM FIELD LENGTH</td>
<td>Total Paid ALAE reported $_____.</td>
<td>AL</td>
<td>Field</td>
<td>2nd Qtr. 2020—Converting from Edits 314 and 369.</td>
</tr>
<tr>
<td>03</td>
<td>0639-01</td>
<td>5</td>
<td>Occurrence Indicator</td>
<td>AMOUNT MUST BE NONNEGATIVE</td>
<td>Occurrence Indicator _____ must be numeric and greater than or equal to zero.</td>
<td>N/A</td>
<td>Field</td>
<td>2nd Qtr. 2020—Converting from Edit 1057.</td>
</tr>
<tr>
<td>03</td>
<td>0639-02</td>
<td>5</td>
<td>Occurrence Indicator</td>
<td>MULTICLAIM OCCURRENCE INDICATOR REPORTED INCORRECTLY</td>
<td>Same Multiclam Occurrence Indicator reported _____ for claims in same Exposure State _____ with different Accident Date.</td>
<td>N/A</td>
<td>Relational</td>
<td>2nd Qtr. 2020—Converting from Edit 1032.</td>
</tr>
<tr>
<td>03</td>
<td>0639-03</td>
<td>4</td>
<td>Occurrence Indicator</td>
<td>MULTICLAIM OCCURRENCE INDICATOR REPORTED INCORRECTLY</td>
<td>More than one claim reported on Policy _____ with the Accident Date _____ and Exposure State combination without Multiclaim Indicator greater than zero. Please correct or explain the data.</td>
<td>N/A</td>
<td>Relational</td>
<td>2nd Qtr. 2020—Converting from Edit 991.</td>
</tr>
<tr>
<td>03</td>
<td>0639-04</td>
<td>4</td>
<td>Occurrence Indicator</td>
<td>MULTICLAIM OCCURRENCE INDICATOR REPORTED INCORRECTLY</td>
<td>Multiclam occurrence Indicator _____ reported on Policy Number _____ which only has a single Claim Number _____ in Exposure State ____.</td>
<td>N/A</td>
<td>Relational</td>
<td>2nd Qtr. 2020—Converting from Edit 992.</td>
</tr>
<tr>
<td>01, 02</td>
<td>0640-01</td>
<td>5</td>
<td>Loss Payments—Current Accident Year</td>
<td>DATA IS NOT NUMERIC OR EXCEEDS THE MAXIMUM FIELD LENGTH</td>
<td>Loss Payments for Current Accident Year reported $_____.</td>
<td>S2, 2M, MT, U2, ML, IL</td>
<td>Field</td>
<td>2nd Qtr. 2020—Converting from Edits 326, 347, 348, 349, 350, and 367.</td>
</tr>
<tr>
<td>01, 02</td>
<td>0640-02</td>
<td>4</td>
<td>Loss Payments—Current Accident Year</td>
<td>NP4 LOSS PAYMENTS SHOULD BE REPORTED IF NPX LOSS PAYMENTS ARE REPORTED</td>
<td>NPX Medical or Indemnity Loss Payments for Current Accident reported without corresponding NP4 Loss Payments for Current Accident Year.</td>
<td>S2, 2M, ML, IL</td>
<td>Relational</td>
<td>2nd Qtr. 2020—Converting from Edits 246 and 261.</td>
</tr>
<tr>
<td>02</td>
<td>0640-03</td>
<td>4</td>
<td>Loss Payments—Current Accident Year</td>
<td>SUBROGATION AMOUNTS SHOULD BE REPORTED IF LOSS PAYMENTS ARE LESS THAN ZERO</td>
<td>Indemnity Loss Payments for Current Accident Year $_____ are less than zero reported without corresponding Paid Indemnity Subrogation Amounts.</td>
<td>SI, IL</td>
<td>Relational</td>
<td>2nd Qtr. 2020—Converting from Edit 243.</td>
</tr>
<tr>
<td>02</td>
<td>0640-04</td>
<td>4</td>
<td>Loss Payments—Current Accident Year</td>
<td>SUBROGATION AMOUNTS SHOULD BE REPORTED IF LOSS PAYMENTS ARE LESS THAN ZERO</td>
<td>Medical Loss Payments for Current Accident Year $_____ are less than zero reported without corresponding Indemnity Subrogation Amounts.</td>
<td>ML, SM</td>
<td>Relational</td>
<td>2nd Qtr. 2020—Converting from Edit 260.</td>
</tr>
<tr>
<td>02</td>
<td>0640-05</td>
<td>4</td>
<td>Loss Payments—Current Accident Year</td>
<td>TOTAL LOSS PAYMENTS MUST BE EQUAL TO MEDICAL LOSS PAYMENTS + INDEMNITY LOSS PAYMENTS</td>
<td>USL&amp;HW Total Loss Payments for Current Accident Year $_____ must be equal to USL&amp;HW Medical Loss Payments $_____ + USL&amp;HW Indemnity Loss Payments $_____ for Current Accident Year.</td>
<td>IL, ML, U2</td>
<td>Relational</td>
<td>2nd Qtr. 2020—Converting from Edit 926.</td>
</tr>
</tbody>
</table>

**KEY**

Record Types: 00 = NP1, 01 = NP4, 02 = NPX, 03 = LGL

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### NEW POOL DATA EDIT MATRIX—FUTURE ENHANCEMENTS

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<tr>
<td>02</td>
<td>0640-06</td>
<td>4</td>
<td>Loss Payments—Current Accident Year</td>
<td>LOSS PAYMENTS SHOULD NOT BE LESS THAN ZERO IF SUBROGATION AMOUNTS ARE EQUAL TO ZERO</td>
<td>Medical Subrogation Recovered reported equal to zero with Medical Loss Payments less than zero. Prior Year Loss Payments for Subsequent Accident Year $<em><strong><strong>, Prior Year Loss Payments for Subsequent Accident Year $</strong></strong></em>.</td>
<td>ML, SM</td>
<td>Relational</td>
<td>2nd Qtr. 2020—Converting from Edit 939.</td>
</tr>
<tr>
<td>01, 03</td>
<td>0640-07</td>
<td>4</td>
<td>Loss Payments—Current Accident Year</td>
<td>NP4 LOSS PAYMENTS MUST BE GREATER THAN LARGE LOSS PAID LOSS TOTALS</td>
<td>Total LGL Paid Losses for Current Accident Year $<em><strong><strong>, cannot be greater than NP4 Cumulative Paid Losses for Current Accident Year $</strong></strong></em>, in Exposure State Code ______.</td>
<td>2M, N/A</td>
<td>Relational</td>
<td>2nd Qtr. 2020—Converting from Edits 1018 and 1049.</td>
</tr>
<tr>
<td>01, 03</td>
<td>0640-08</td>
<td>4</td>
<td>Loss Payments—Current Accident Year</td>
<td>NP4 LOSS PAYMENTS MUST BE GREATER THAN LARGE LOSS PAID LOSS TOTALS</td>
<td>Total LGL Paid Losses cannot be greater than NP4 Cumulative Paid Losses. Total LGL Traumatic Paid Losses for Current Accident Year $_____ NP4 Cumulative Paid Losses for Current Accident Year $_____ in Exposure State Code ______.</td>
<td>S2, N/A</td>
<td>Relational</td>
<td>2nd Qtr. 2020—Converting from Edits 1010 and 1041.</td>
</tr>
<tr>
<td>01, 03</td>
<td>0640-09</td>
<td>4</td>
<td>Loss Payments—Current Accident Year</td>
<td>NP4 LOSS PAYMENTS MUST BE GREATER THAN LARGE LOSS PAID LOSS TOTALS</td>
<td>Total LGL Occupational Disease Paid Losses for Current Accident Year $<em><strong><strong>, cannot be greater than NP4 Cumulative Occupational Disease Paid Losses for Current Accident Year $</strong></strong></em>, in Exposure State Code ______.</td>
<td>S2, N/A</td>
<td>Relational</td>
<td>2nd Qtr. 2020—Converting from Edits 1014 and 1045.</td>
</tr>
<tr>
<td>02</td>
<td>0640-10</td>
<td>4</td>
<td>Loss Payments—Current Accident Year</td>
<td>LOSS PAYMENTS SHOULD NOT BE LESS THAN ZERO IF SUBROGATION AMOUNTS ARE EQUAL TO ZERO</td>
<td>Indemnity Subrogation Recovered reported equal to zero with Indemnity Loss Payments less than zero. Indemnity Loss Payments $<em><strong><strong>, Prior Year Indemnity Loss Payments for Subsequent Accident Year $</strong></strong></em>.</td>
<td>IL, SI</td>
<td>Relational</td>
<td>2nd Qtr. 2020—Adding a new edit.</td>
</tr>
<tr>
<td>01, 02</td>
<td>0640-11</td>
<td>4</td>
<td>Loss Payment—Current Accident Year</td>
<td>CLAIM COUNTS SHOULD BE REPORTED IF LOSS PAYMENTS ARE REPORTED</td>
<td>NP4 Loss Payments reported without corresponding NPX Combined Total Claim Counts.</td>
<td>S2, 2M, CT</td>
<td>Relational</td>
<td>2nd Qtr. 2020—Converting from Edit 228.</td>
</tr>
<tr>
<td>01, 02</td>
<td>0641-01</td>
<td>5</td>
<td>Loss Payments—Subsequent Accident Year</td>
<td>DATA IS NOT NUMERIC OR EXCEEDS THE MAXIMUM FIELD LENGTH</td>
<td>Loss Payments for Subsequent Accident Year reported ______.</td>
<td>S2, 2M, U2, ML, IL, MT</td>
<td>Field</td>
<td>2nd Qtr. 2020—Converting from Edits 327, 351, 352, 353, 364, and 368.</td>
</tr>
<tr>
<td>01, 02</td>
<td>0641-02</td>
<td>5</td>
<td>Loss Payments—Subsequent Accident Year</td>
<td>NP4 LOSS PAYMENTS SHOULD BE REPORTED IF NPX LOSS PAYMENTS ARE REPORTED</td>
<td>NPX Medical or Indemnity Loss Payments for Subsequent Accident reported without corresponding NP4 Loss Payments for Subsequent Accident Year.</td>
<td>IL, ML, S2, 2M</td>
<td>Relational</td>
<td>2nd Qtr. 2020—Converting from Edits 251 and 819.</td>
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<tr>
<td>01, 03</td>
<td>0641-03</td>
<td>4</td>
<td>Loss Payments—Subsequent Accident Year</td>
<td>LARGE LOSS PAID LOSS TOTALS CANNOT BE GREATER THAN CUMULATIVE NP4 LOSS PAYMENTS</td>
<td>Total LGL Paid Losses cannot be greater than NP4 Cumulative Paid Losses. Total LGL Paid Losses for Subsequent Accident Year $_____ NP4 Cumulative Paid Losses for Subsequent Accident Year $_____ in Exposure State Code ______.</td>
<td>2M, LL</td>
<td>Relational</td>
<td>2nd Qtr. 2020—Converting from Edits 1019 and 1050.</td>
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<tr>
<td>01, 03</td>
<td>0641-04</td>
<td>4</td>
<td>Loss Payments—Subsequent Accident Year</td>
<td>NP4 LOSS PAYMENTS MUST BE GREATER THAN LARGE LOSS PAID LOSS TOTALS</td>
<td>Total LGL Occupational Disease Paid Losses cannot be greater than NP4 Cumulative Paid Losses. Total LGL Occupational Disease Paid Losses for Subsequent Accident Year $_____ NP4 Cumulative Occupational Disease Paid Losses for Subsequent Accident Year $_____ in Exposure State Code ______.</td>
<td>S2, N/A</td>
<td>Relational</td>
<td>2nd Qtr. 2020—Converting from Edits 1015 and 1046.</td>
</tr>
<tr>
<td>02</td>
<td>0641-05</td>
<td>4</td>
<td>Loss Payments—Subsequent Accident Year</td>
<td>SUBROGATION AMOUNTS SHOULD BE REPORTED IF LOSS PAYMENTS ARE LESS THAN ZERO</td>
<td>Medical Loss Payments for Subsequent Accident Year $_____, less than zero reported without corresponding Medical Subrogation Amounts in Accident Year ______.</td>
<td>ML, SM</td>
<td>Relational</td>
<td>2nd Qtr. 2020—Converting from Edit 263.</td>
</tr>
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</table>

**KEY**
- **Record Types:** 00 = NP1, 01 = NP4, 02 = NPX, 03 = LGL
## NEW POOL DATA EDIT MATRIX—FUTURE ENHANCEMENTS

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<td>02</td>
<td>0641-06</td>
<td>4</td>
<td>Loss Payments—Subsequent Accident Year</td>
<td>SUBROGATION AMOUNTS SHOULD BE REPORTED IF LOSS PAYMENTS ARE LESS THAN ZERO</td>
<td>Indemnity Loss Payments for Subsequent Accident Year $_____ less than zero reported without corresponding Indemnity Subrogation Amounts in Accident Year $_____.</td>
<td>IL, SI</td>
<td>Relational</td>
<td>2nd Qtr. 2020—Converting from Edit 262.</td>
</tr>
<tr>
<td>01, 02</td>
<td>0641-07</td>
<td>4</td>
<td>Loss Payments—Subsequent Accident Year</td>
<td>NP4 LOSS PAYMENTS MUST BE EQUAL TO INDEMNITY LOSS PAYMENTS + MEDICAL LOSS PAYMENTS</td>
<td>NP4 Loss Payments for Subsequent Accident Year $_____ must be equal to Medical Loss Payments $_____ + Indemnity Loss Payments for Subsequent Accident Year $_____.</td>
<td>IL, ML, S2, 2M</td>
<td>Relational</td>
<td>2nd Qtr. 2020—Converting from Edit 927.</td>
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<tr>
<td>02</td>
<td>0641-08</td>
<td>4</td>
<td>Loss Payments—Subsequent Accident Year</td>
<td>TOTAL LOSS PAYMENTS MUST BE EQUAL TO MEDICAL LOSS PAYMENTS + INDEMNITY LOSS PAYMENTS</td>
<td>USL&amp;HW Total Loss Payments for Subsequent Accident Year $_____ must be equal to USL&amp;HW Medical Loss Payments for Subsequent Accident Year $_____ + USL&amp;HW Indemnity Loss Payments for Subsequent Accident Year $_____.</td>
<td>IL, ML, U2</td>
<td>Relational</td>
<td>2nd Qtr. 2020—Converting from Edit 929.</td>
</tr>
<tr>
<td>01, 03</td>
<td>0641-09</td>
<td>4</td>
<td>Loss Payments—Subsequent Accident Year</td>
<td>NP4 LOSS PAYMENTS MUST BE GREATER THAN LARGE LOSS PAID LOSS TOTALS</td>
<td>Total LGL Traumatic Paid Losses for Subsequent Accident Year $_____ cannot be greater than NP4 Traumatic Cumulative Paid Losses $_____ in Exposure State Code $_____</td>
<td>S2, N/A</td>
<td>Relational</td>
<td>2nd Qtr. 2020—Converting from Edits 1011 and 1042.</td>
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<tr>
<td>03</td>
<td>0645-01</td>
<td>5</td>
<td>Accumulated Paid Losses—Indemnity</td>
<td>DATA IS NOT NUMERIC OR EXCEEDS THE MAXIMUM FIELD LENGTH</td>
<td>Accumulated Indemnity Paid Losses reported $_____.</td>
<td>N/A</td>
<td>Field</td>
<td>2nd Qtr. 2020—Converting from Edit 604.</td>
</tr>
<tr>
<td>03</td>
<td>0645-02</td>
<td>4</td>
<td>Accumulated Paid Losses—Indemnity</td>
<td>AMOUNT MUST BE NONNEGATIVE</td>
<td>Accumulated Indemnity Paid Losses reported $_____.</td>
<td>N/A</td>
<td>Field</td>
<td>2nd Qtr. 2020—Converting from Edit 1001.</td>
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<tr>
<td>03</td>
<td>0645-03</td>
<td>4</td>
<td>Accumulated Paid Losses—Indemnity</td>
<td>INDEMNITY PAID LOSSES SHOULD BE GREATER THAN OR EQUAL TO PREVIOUS VALUATION</td>
<td>Current Quarter Indemnity Paid Losses $_____ are less than the prior Quarter Indemnity Paid Losses $_____. Since this data is reported as an accumulated value, paid amounts normally should increase over time.</td>
<td>N/A</td>
<td>Relational</td>
<td>2nd Qtr. 2020—Converting from Edit 1039.</td>
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<td>0646-01</td>
<td>5</td>
<td>Accumulated Paid Losses—Medical</td>
<td>DATA IS NOT NUMERIC OR EXCEEDS THE MAXIMUM FIELD LENGTH</td>
<td>Medical Accumulated Paid Losses reported $_____.</td>
<td>N/A</td>
<td>Field</td>
<td>2nd Qtr. 2020—Adding a new edit.</td>
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<tr>
<td>03</td>
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<td>4</td>
<td>Accumulated Paid Losses—Medical</td>
<td>PAID LOSSES SHOULD BE GREATER THAN OR EQUAL TO PREVIOUS VALUATION</td>
<td>Accumulated Medical Paid Losses for current quarter $_____ are less than prior quarter $_____</td>
<td>N/A</td>
<td>Relational</td>
<td>2nd Qtr. 2020—Converting from Edit 1040.</td>
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<tr>
<td>03</td>
<td>0646-03</td>
<td>4</td>
<td>Accumulated Paid Losses—Medical</td>
<td>AMOUNT MUST BE NONNEGATIVE</td>
<td>Accumulated Medical Paid Losses $_____</td>
<td>N/A</td>
<td>Field</td>
<td>2nd Qtr. 2020—Converting from Edit 1002.</td>
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<td>00, 01</td>
<td>0648-01</td>
<td>5</td>
<td>Total Collection Expenses—Plan B</td>
<td>SUMMED NP1 TOTAL COLLECTION EXPENSES, TOTAL SUBROGATION, AND OTHER EXPENSES MUST BE EQUAL TO TOTAL OF NP4 COLLECTION EXPENSES BY PLAN FOR ALL POLICY YEARS</td>
<td>NP1 Total Collection Expenses—Plan B $_____ + NP1 Total Subrogation Expenses—Plan B $_____ + NP1 Total Free Form Other Expenses—Plan B $_____ must be equal to NP4 Collection Expenses for Plan B for all policy years $_____.</td>
<td>TT, 1M</td>
<td>Relational</td>
<td>2nd Qtr. 2020—Adding a new edit.</td>
</tr>
<tr>
<td>00, 01</td>
<td>0649-01</td>
<td>5</td>
<td>Total Collection Expenses—Plan C</td>
<td>SUMMED NP1 TOTAL COLLECTION EXPENSES, TOTAL SUBROGATION, AND OTHER EXPENSES MUST BE EQUAL TO TOTAL OF NP4 COLLECTION EXPENSES BY PLAN FOR ALL POLICY YEARS</td>
<td>NP1 Total Collection Expenses—Plan C $_____ + NP1 Total Subrogation Expenses—Plan C $_____ + NP1 Total Free Form Other Expenses—Plan C $_____ must be equal to NP4 Collection Expenses for Plan C for all policy years $_____</td>
<td>TT, 1M</td>
<td>Relational</td>
<td>2nd Qtr. 2020—Adding a new edit.</td>
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**KEY**

Record Types: 00 = NP1, 01 = NP4, 02 = NPX, 03 = LGL

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### Attachment A

#### NEW POOL DATA EDIT MATRIX—FUTURE ENHANCEMENTS

<table>
<thead>
<tr>
<th>Record Type</th>
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<th>Data Grade</th>
<th>Data Field</th>
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<tbody>
<tr>
<td>01, 02</td>
<td>0654-01</td>
<td>3</td>
<td>Pool Report Code</td>
<td>A DATA ELEMENT WAS REPORTED INCORRECTLY AND NCCI SUBSTITUTED AN ASSUMED CORRECT DEFAULT VALUE FOR THIS DATA ELEMENT</td>
<td>Report Code _____ was defaulted to ______.</td>
<td>ALL</td>
<td>Field</td>
<td>2nd Qtr. 2020—Adding a new edit.</td>
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<tr>
<td>01, 02</td>
<td>0654-02</td>
<td>9</td>
<td>Pool Report Code</td>
<td>DATA IS MISSING OR INVALID</td>
<td>The Report Code _____ must be a valid code.</td>
<td>ALL</td>
<td>Field</td>
<td>2nd Qtr. 2020—Adding a new edit.</td>
</tr>
<tr>
<td>03</td>
<td>0655-01</td>
<td>9</td>
<td>Report Type</td>
<td>DATA IS MISSING OR INVALID</td>
<td>Report Type reported _____ must be a valid value.</td>
<td>N/A</td>
<td>Field</td>
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<tr>
<td>01, 02</td>
<td>0661-01</td>
<td>5</td>
<td>Total Loss Payments</td>
<td>DATA IS NOT NUMERIC OR EXCEEDS THE MAXIMUM FIELD LENGTH</td>
<td>Total Loss Payments reported $_____.</td>
<td>S2, 2M, U2, ML, IL, MT</td>
<td>Field</td>
<td>2nd Qtr. 2020—Converting from Edits 378, 392, 393, 394, 395, and 1134.</td>
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<tr>
<td>01, 02</td>
<td>0661-02</td>
<td>5</td>
<td>Total Loss Payments</td>
<td>TOTAL LOSS PAYMENTS MUST BE EQUAL TO LOSS PAYMENTS FOR CURRENT ACCIDENT YEAR + LOSS PAYMENTS FOR SUBSEQUENT ACCIDENT YEAR</td>
<td>Total Loss Payments $<em><strong><strong>. must be equal to Loss Payments for Current Accident Year $</strong></strong></em>. + Loss Payments for Subsequent Accident Year $_____.</td>
<td>IL, ML, U2, MT, 2M, S2</td>
<td>Logical</td>
<td>2nd Qtr. 2020—Converting from Edits 955, 957, 958, 963, and 1033.</td>
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<tr>
<td>02</td>
<td>0661-03</td>
<td>4</td>
<td>Total Loss Payments</td>
<td>AMOUNT MUST BE NONNEGATIVE</td>
<td>Cumulative indemnity Total Loss Payments $_____. cannot be negative.</td>
<td>IL</td>
<td>Relational</td>
<td>2nd Qtr. 2020—Converting from Edit 829.</td>
</tr>
<tr>
<td>02</td>
<td>0661-04</td>
<td>4</td>
<td>Total Loss Payments</td>
<td>AMOUNT MUST BE NONNEGATIVE</td>
<td>Cumulative Medical Total Loss Payments $_____. cannot be negative.</td>
<td>ML</td>
<td>Relational</td>
<td>2nd Qtr. 2020—Converting from Edit 828.</td>
</tr>
<tr>
<td>01, 02</td>
<td>0661-05</td>
<td>4</td>
<td>Total Loss Payments</td>
<td>AMOUNT MUST BE NONNEGATIVE</td>
<td>Cumulative Total Loss Payments $_____. cannot be negative.</td>
<td>S2, 2M, U2</td>
<td>Relational</td>
<td>2nd Qtr. 2020—Converting from Edits 820, 821, and 837.</td>
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<td>02</td>
<td>0661-06</td>
<td>4</td>
<td>Total Loss Payments</td>
<td>CUMULATIVE CEDED PREMIUM SHOULD NOT EQUAL ZERO IF CUMULATIVE PAID LOSSES ARE NOT EQUAL TO ZERO</td>
<td>Cumulative Loss Payment $_____. is not equal to zero but Cumulative Premiums Written = 0.</td>
<td>U1, U2</td>
<td>Relational</td>
<td>2nd Qtr. 2020—Converting from Edit 839.</td>
</tr>
<tr>
<td>01</td>
<td>0661-07</td>
<td>4</td>
<td>Total Loss Payments</td>
<td>CUMULATIVE CEDED PREMIUM SHOULD NOT EQUAL ZERO IF CUMULATIVE PAID LOSSES ARE NOT EQUAL TO ZERO</td>
<td>Cumulative Loss Payment $_____. is not equal to zero but Cumulative Premiums Written = 0.</td>
<td>S1, S2</td>
<td>Relational</td>
<td>2nd Qtr. 2020—Converting from Edit 822.</td>
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<tr>
<td>01, 02</td>
<td>0661-09</td>
<td>4</td>
<td>Total Loss Payments</td>
<td>NP4 LOSS PAYMENTS MUST BE EQUAL TO INDEMNITY LOSS PAYMENTS + MEDICAL LOSS PAYMENTS</td>
<td>Total NP4 Loss Payments $<em><strong><strong>. must be equal to Medical Total Loss Payments $</strong></strong></em>. + Indemnity Total Loss Payments $_____.</td>
<td>IL, ML, S2, 2M</td>
<td>Relational</td>
<td>2nd Qtr. 2020—Converting from Edit 956.</td>
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<tr>
<td>02</td>
<td>0661-11</td>
<td>4</td>
<td>Total Loss Payments</td>
<td>TOTAL LOSS PAYMENTS MUST BE EQUAL TO MEDICAL TOTAL LOSS PAYMENTS + INDEMNITY TOTAL LOSS PAYMENTS</td>
<td>Total USL&amp;HW Loss Payments $<em><strong><strong>. must be equal to Medical Total Loss Payments $</strong></strong></em>. + Indemnity Total Loss Payments $_____.</td>
<td>IL, ML, U2</td>
<td>Relational</td>
<td>2nd Qtr. 2020—Converting from Edit 949.</td>
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**KEY**

| Record Types: 00 = NP1, 01 = NP4, 02 = NPX, 03 = LGL | Attachment A—Circular PD-2019-02 |

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<tr>
<td>03</td>
<td>0661-12</td>
<td>4</td>
<td>Total Loss Payments</td>
<td>MEDICAL PAID LOSSES + INDEMNITY PAID LOSS AMOUNT SHOULD BE WITHIN EXPECTED RANGE</td>
<td>The development of the Current Quarter Total Paid Losses $______ is outside of the expected range when compared to the Prior Quarter Total Paid Losses $______.</td>
<td>N/A</td>
<td>Relational</td>
<td>2nd Qtr. 2020—Converting from Edit 1053.</td>
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<tr>
<td>02</td>
<td>0661-13</td>
<td>4</td>
<td>Total Loss Payments</td>
<td>LOSS PAYMENTS MUST BE GREATER THAN ZERO IF CLAIMS CLOSED WITH PAYMENT ARE GREATER THAN ZERO</td>
<td>Loss Payments for Current Accident Year $______ + Prior Year Indemnity Loss Payments for Subsequent Accident Year $______ cannot be equal to zero if Claims Closed With Payment $______ are greater than zero.</td>
<td>CI, IL</td>
<td>Relational</td>
<td>2nd Qtr. 2020—Converting from Edit 1024.</td>
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<tr>
<td>01</td>
<td>0661-14</td>
<td>4</td>
<td>Total Loss Payments</td>
<td>QUARTER-TO-QUARTER VARIANCE SHOULD BE WITHIN EXPECTED RANGE</td>
<td>The change in Loss Payments from the prior quarter $______ to the current quarter Loss Payments $______ exceeds the dollar amount and percentage expected. Please verify the accuracy of the data. If it is correct, please explain the unusual change in your data.</td>
<td>S2, 2M</td>
<td>Relational</td>
<td>2nd Qtr. 2020—Adding a new edit.</td>
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<tr>
<td>02</td>
<td>0661-15</td>
<td>4</td>
<td>Total Loss Payments</td>
<td>CLAIM COUNTS MUST BE GREATER THAN ZERO IF LOSSES ARE REPORTED</td>
<td>Indemnity Claims Outstanding $______ plus Indemnity Claims Closed with Payment $______ cannot be less than or equal to zero if Loss Payments for Current Accident Year $______ or Prior Year Indemnity Loss Payments for Subsequent Accident Year $______ are reported.</td>
<td>CI, IL</td>
<td>Relational</td>
<td>2nd Qtr. 2020—Converting from Edit 911.</td>
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<tr>
<td>01</td>
<td>0661-16</td>
<td>4</td>
<td>Total Loss Payments</td>
<td>TOTAL LOSS PAYMENTS ARE EXPECTED WITH HIGH TOTAL OUTSTANDING LOSSES</td>
<td>Total Outstanding Losses $______ are not equal to zero but the Total Loss Payments are equal to zero.</td>
<td>S2, 2M</td>
<td>Logical</td>
<td>2nd Qtr. 2020—Adding a new edit.</td>
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<tr>
<td>02</td>
<td>0661-17</td>
<td>4</td>
<td>Total Loss Payments</td>
<td>LOSS PAYMENTS SHOULD NOT BE LESS THAN ZERO IF SUBROGATION AMOUNTS ARE EQUAL TO ZERO</td>
<td>Indemnity Subrogation Recovered $______ reported not greater than zero with Indemnity Loss Payments for Current Accident Year $______ or the Prior Year Indemnity Loss Payments for Subsequent Accident Year $______ less than zero.</td>
<td>IL, SI</td>
<td>Relational</td>
<td>2nd Qtr. 2020—Converting from Edit 947.</td>
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<tr>
<td>00, 01</td>
<td>0662-01</td>
<td>5</td>
<td>Total Outstanding Losses—Plan A</td>
<td>NP1 TOTAL OUTSTANDING LOSSES MUST BE EQUAL TO TOTAL OF NP4 TOTAL OUTSTANDING LOSSES BY PLAN FOR ALL POLICY YEARS</td>
<td>NP1 Total Outstanding Losses—Plan A $______ must be equal to NP4 Outstanding Losses for Plan A for all policy years $______.</td>
<td>TT, 2M</td>
<td>Relational</td>
<td>2nd Qtr. 2020—Converting from Edit 1178.</td>
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<td>0663-01</td>
<td>5</td>
<td>Total Outstanding Losses—Plan B</td>
<td>NP1 TOTAL OUTSTANDING LOSSES MUST BE EQUAL TO TOTAL OF NP4 TOTAL OUTSTANDING LOSSES BY PLAN FOR ALL POLICY YEARS</td>
<td>NP1 Total Outstanding Losses—Plan B $______ must be equal to NP4 Outstanding Losses for Plan B for all policy years $______.</td>
<td>TT, 2M</td>
<td>Relational</td>
<td>2nd Qtr. 2020—Converting from Edit 1179.</td>
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<tr>
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<td>0664-01</td>
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<td>Total Outstanding Losses—Plan C</td>
<td>NP1 TOTAL OUTSTANDING LOSSES MUST BE EQUAL TO TOTAL OF NP4 TOTAL OUTSTANDING LOSSES BY PLAN FOR ALL POLICY YEARS</td>
<td>NP1 Total Outstanding Losses—Plan C $______ must be equal to NP4 Outstanding Losses for Plan C for all policy years $______.</td>
<td>TT, 2M</td>
<td>Relational</td>
<td>2nd Qtr. 2020—Converting from Edit 1180.</td>
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<tr>
<td>00, 01</td>
<td>0669-01</td>
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<td>Total Loss Payments—Occupational Disease</td>
<td>NP1 TOTAL LOSS PAYMENTS MUST BE EQUAL TO TOTAL OF NP4 LOSS PAYMENTS FOR ALL STATES AND POLICY YEARS</td>
<td>NP1 Total Loss Payments—Occupational Disease $______ must be equal to the sum of NP4 Occupational Disease Loss Payments for all states and policy years $______.</td>
<td>S2, TT</td>
<td>Relational</td>
<td>2nd Qtr. 2020—Converting from Edit 1155.</td>
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<tr>
<td>00, 01</td>
<td>0670-01</td>
<td>5</td>
<td>Total Loss Payments—Traumatic</td>
<td>NP1 TOTAL LOSS PAYMENTS MUST BE EQUAL TO TOTAL OF NP4 LOSS PAYMENTS FOR ALL STATES AND POLICY YEARS</td>
<td>NP1 Total Loss Payments—Traumatic $______ must be equal to the sum of NP4 Traumatic Loss Payments for all states and policy years $______.</td>
<td>S2, TT</td>
<td>Relational</td>
<td>2nd Qtr. 2020—Converting from Edit 1154.</td>
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## NEW POOL DATA EDIT MATRIX—FUTURE ENHANCEMENTS

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<tr>
<td>01, 02</td>
<td>0671-01</td>
<td>5</td>
<td>Outstanding Losses—Current Accident Year</td>
<td>DATA IS NOT NUMERIC OR EXCEEDS THE MAXIMUM FIELD LENGTH</td>
<td>Outstanding Losses for Current Accident Year reported $______.</td>
<td>S2, 2M, U2, ML, IL, MT</td>
<td>Field</td>
<td>2nd Qtr. 2020—Converting from Edits 328, 339, 340, 341, 342, and 370.</td>
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<td>0671-02</td>
<td>5</td>
<td>Outstanding Losses—Current Accident Year</td>
<td>NP4 OUTSTANDING LOSSES MUST BE EQUAL TO INDEMNITY OUTSTANDING LOSSES + MEDICAL OUTSTANDING LOSSES</td>
<td>NP4 Outstanding Losses for Current Accident Year $______ must be equal to Medical Outstanding Losses $______ plus Indemnity Outstanding Losses for Current Accident Year $______.</td>
<td>IL, ML, S2, 2M</td>
<td>Relational</td>
<td>2nd Qtr. 2020—Converting from Edits 925 and 930.</td>
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<tr>
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<td>0671-03</td>
<td>5</td>
<td>Outstanding Losses—Current Accident Year</td>
<td>CLAIMS OUTSTANDING MUST BE GREATER THAN ZERO IF OUTSTANDING LOSSES ARE GREATER THAN ZERO</td>
<td>Indemnity Claims Outstanding cannot be equal to zero if Indemnity Losses Outstanding for Current Accident Year $______ or the Prior Year Indemnity Losses Outstanding for Subsequent Accident Year $______ are greater than zero.</td>
<td>Cl, IL</td>
<td>Relational</td>
<td>2nd Qtr. 2020—Converting from Edit 934.</td>
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<tr>
<td>02</td>
<td>0671-04</td>
<td>5</td>
<td>Outstanding Losses—Current Accident Year</td>
<td>TOTAL OUTSTANDING LOSSES MUST EQUAL INDEMNITY OUTSTANDING LOSSES + MEDICAL OUTSTANDING LOSSES</td>
<td>Outstanding Losses for Current Accident Year $______ must be equal to Medical Outstanding Losses $______ plus Indemnity Outstanding Losses for Current Accident Year $______.</td>
<td>IL, ML, U2</td>
<td>Relational</td>
<td>2nd Qtr. 2020—Converting from Edit 931.</td>
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<tr>
<td>01, 02</td>
<td>0671-05</td>
<td>5</td>
<td>Outstanding Losses—Current Accident Year</td>
<td>NP4 OUTSTANDING LOSSES MUST BE EQUAL TO INDEMNITY OUTSTANDING LOSSES + MEDICAL OUTSTANDING LOSSES + MASS TRAUMATIC OUTSTANDING ALAE $</td>
<td>NP4 Outstanding Losses for Current Accident Year $______ must be equal to Medical Outstanding Losses for Current Accident Year $______ + Indemnity Outstanding Losses for Current Accident Year $______ + Massachusetts Traumatic Outstanding ALAE for Current Accident Year $______.</td>
<td>IL, ML, MT, S2</td>
<td>Relational</td>
<td>2nd Qtr. 2020—Converting from Edit 1028.</td>
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<tr>
<td>02</td>
<td>0671-06</td>
<td>4</td>
<td>Outstanding Losses—Current Accident Year</td>
<td>CLAIM COUNTS MUST BE GREATER THAN ZERO IF LOSSES ARE REPORTED</td>
<td>Medical Outstanding Losses for Current Accident Year reported without corresponding Combined Total Claim Counts.</td>
<td>CT, IL, ML</td>
<td>Relational</td>
<td>2nd Qtr. 2020—Converting from Edit 235.</td>
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<tr>
<td>02</td>
<td>0671-07</td>
<td>4</td>
<td>Outstanding Losses—Current Accident Year</td>
<td>CLAIM COUNTS MUST BE GREATER THAN ZERO IF LOSSES ARE REPORTED</td>
<td>Indemnity Outstanding Losses for Current Accident Year and Prior Year Indemnity Outstanding Losses for Subsequent Accident Year reported without corresponding Indemnity Claim Counts.</td>
<td>Cl, IL</td>
<td>Relational</td>
<td>2nd Qtr. 2020—Converting from Edit 236.</td>
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<tr>
<td>01, 03</td>
<td>0671-08</td>
<td>4</td>
<td>Outstanding Losses—Current Accident Year</td>
<td>NP4 OUTSTANDING LOSSES MUST BE GREATER THAN LARGE LOSS CASE OUTSTANDING LOSS TOTALS</td>
<td>The sum of LGL Outstanding Losses OD for Current Accident Year $______ cannot be greater than NP4 Current Accident Year Outstanding Losses $______.</td>
<td>S2, N/A</td>
<td>Relational</td>
<td>2nd Qtr. 2020—Converting from Edits 1016 and 1047.</td>
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<tr>
<td>01, 03</td>
<td>0671-09</td>
<td>4</td>
<td>Outstanding Losses—Current Accident Year</td>
<td>CUMULATIVE NP4 OUTSTANDING LOSSES SHOULD BE GREATER THAN LARGE LOSS CASE OUTSTANDING LOSS TOTALS</td>
<td>Total LGL Outstanding Losses for Current Accident Year $______ cannot be greater than NP4 Outstanding Losses for Current Accident Year $______ in Exposure State Code ______.</td>
<td>2M, LL</td>
<td>Relational</td>
<td>2nd Qtr. 2020—Converting from Edits 1020 and 1051.</td>
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<tr>
<td>01, 02</td>
<td>0671-10</td>
<td>4</td>
<td>Outstanding Losses—Current Accident Year</td>
<td>AMOUNT MUST BE NONNEGATIVE</td>
<td>Outstanding for the Current Accident Year reported $______.</td>
<td>ML, IL, U2, MT, S2, 2M</td>
<td>Field</td>
<td>2nd Qtr. 2020—Converting from Edits 969, 972, 975, 978, 981, and 1036.</td>
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<td>01, 03</td>
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<td>4</td>
<td>Outstanding Losses—Current Accident Year</td>
<td>NP4 OUTSTANDING LOSSES MUST BE GREATER THAN LARGE LOSS CASE OUTSTANDING LOSS TOTALS</td>
<td>Total LGL Traumatic Paid Losses for Current Accident Year $______ cannot be greater than NP4 Cumulative Paid Losses for Current Accident Year $______ in Exposure State Code ______.</td>
<td>S2, N/A</td>
<td>Relational</td>
<td>2nd Qtr. 2020—Converting from Edits 1012 and 1043.</td>
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**KEY**

Record Types: 00 = NP1, 01 = NP4, 02 = NPX, 03 = LGL
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<td>4</td>
<td>Outstanding Losses—Current Accident Year</td>
<td>OUTSTANDING LOSSES MUST BE GREATER THAN ZERO IF CLAIMS OUTSTANDING ARE GREATER THAN ZERO</td>
<td>Indemnity Claims Outstanding ______ cannot be equal to zero if Indemnity Outstanding Losses for Current Accident Year $______ or Prior Year Indemnity Outstanding Losses for Subsequent Accident Year $______ are greater than zero.</td>
<td>CI, IL</td>
<td>Relational</td>
<td>2nd Qtr. 2020—Converting from Edit 937.</td>
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<td>01, 02</td>
<td>0672-01</td>
<td>5</td>
<td>Outstanding Losses—Subsequent Accident Year</td>
<td>DATA IS NOT NUMERIC OR EXCEEDS THE MAXIMUM FIELD LENGTH</td>
<td>Outstanding Losses for Subsequent Accident Year reported ______.</td>
<td>S2, 2M, U2, ML, MT, IL</td>
<td>Field</td>
<td>2nd Qtr. 2020—Converting from Edits 329, 343, 344, 345, 346, and 371.</td>
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<td>5</td>
<td>Outstanding Losses—Subsequent Accident Year</td>
<td>NP4 OUTSTANDING LOSSES SHOULD BE REPORTED IF NPX OUTSTANDING LOSSES ARE REPORTED</td>
<td>NPX Medical Outstanding Losses or Indemnity Outstanding Losses for Subsequent Accident Year reported without corresponding NP4 Outstanding Losses for Subsequent Accident Year.</td>
<td>S2, IL, ML</td>
<td>Relational</td>
<td>2nd Qtr. 2020—Converting from Edit 232.</td>
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<td>Outstanding Losses—Subsequent Accident Year</td>
<td>TOTAL OUTSTANDING LOSSES MUST EQUAL INDEMNITY OUTSTANDING LOSSES + MEDICAL OUTSTANDING LOSSES</td>
<td>U2 Outstanding Losses for Subsequent Accident Year must be equal to Medical Outstanding Losses for Subsequent Accident Year ______ + Indemnity Outstanding Losses Subsequent for Accident Year ______.</td>
<td>IL, ML, U2</td>
<td>Relational</td>
<td>2nd Qtr. 2020—Converting from Edit 933.</td>
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<td>5</td>
<td>Outstanding Losses—Subsequent Accident Year</td>
<td>NP4 OUTSTANDING LOSSES MUST BE EQUAL TO INDEMNITY OUTSTANDING LOSSES + MEDICAL OUTSTANDING LOSSES</td>
<td>NP4 Outstanding Losses for Subsequent Accident Year ______ must be equal to Medical Outstanding Losses for Subsequent Accident Year ______ + Indemnity Outstanding Losses Subsequent for Accident Year ______.</td>
<td>IL, ML, S2, 2M</td>
<td>Relational</td>
<td>2nd Qtr. 2020—Converting from Edit 932.</td>
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<tr>
<td>01, 02</td>
<td>0672-05</td>
<td>5</td>
<td>Outstanding Losses—Subsequent Accident Year</td>
<td>NP4 OUTSTANDING LOSSES MUST BE EQUAL TO INDEMNITY OUTSTANDING LOSSES + MEDICAL OUTSTANDING LOSSES + MASS TRAUMATIC OUTSTANDING ALAE</td>
<td>NP4 Outstanding Losses for Subsequent Accident Year ______ must be equal to Medical Outstanding Losses for Subsequent Accident Year ______ + Indemnity Outstanding Losses Subsequent for Accident Year ______ + Massachusetts Traumatic Outstanding ALAE for Subsequent Accident Year ______.</td>
<td>IL, ML, MT, S2</td>
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<td>01, 03</td>
<td>0672-06</td>
<td>4</td>
<td>Outstanding Losses—Subsequent Accident Year</td>
<td>NP4 OUTSTANDING LOSSES MUST BE GREATER THAN LARGE LOSS CASE OUTSTANDING LOSS TOTALS</td>
<td>Total LGL Occupational Disease Outstanding Losses for Subsequent Accident Year ______ cannot be greater than NP4 Outstanding Losses for Subsequent Accident Year ______.</td>
<td>S2, N/A</td>
<td>Relational</td>
<td>2nd Qtr. 2020—Converting from Edits 1017 and 1048.</td>
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<td>Outstanding Losses—Subsequent Accident Year</td>
<td>NP4 OUTSTANDING LOSSES MUST BE GREATER THAN LARGE LOSS CASE OUTSTANDING LOSS TOTALS</td>
<td>Total LGL TR Outstanding Losses for Subsequent Accident Year ______ cannot be greater than NP4 Outstanding Losses for Subsequent Accident Year ______ in Exposure State Code ______.</td>
<td>S2, N/A</td>
<td>Relational</td>
<td>2nd Qtr. 2020—Converting from Edits 1013 and 1044.</td>
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<td>01, 03</td>
<td>0672-08</td>
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<td>Outstanding Losses—Subsequent Accident Year</td>
<td>CUMULATIVE NP4 OUTSTANDING LOSSES SHOULD BE GREATER THAN LARGE LOSS CASE OUTSTANDING LOSS TOTALS</td>
<td>Total LGL Outstanding Losses for Subsequent Accident Year ______ cannot be greater than NP4 Outstanding Losses for Subsequent Accident Year ______ in Exposure State Code ______.</td>
<td>2M, LL</td>
<td>Relational</td>
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<tr>
<td>01, 02</td>
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<td>Outstanding Losses—Subsequent Accident Year</td>
<td>AMOUNT MUST BE NONNEGATIVE</td>
<td>Outstanding for the Subsequent Accident Year reported ______.</td>
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<td>Total Servicing Carrier Allowance—Traumatic</td>
<td>NP1 TOTAL SERVICING CARRIER ALLOWANCE MUST BE EQUAL TO TOTAL OF NP4 SERVICING CARRIER ALLOWANCE FOR ALL STATES AND POLICY YEARS</td>
<td>NP1 Total Servicing Carrier Allowance—Traumatic ______ must be equal to the sum of NP4 Traumatic Servicing Carrier Allowance for all states and policy years ______.</td>
<td>TT, S1</td>
<td>Relational</td>
<td>2nd Qtr. 2020—Converting from Edit 1156.</td>
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**KEY**

Record Types: 00 = NP1, 01 = NP4, 02 = NPX, 03 = LGL

Attachment A—Circular PD-2019-02
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<td>Total Servicing Carrier Allowance—Occupational Disease</td>
<td>NP1 TOTAL SERVICING CARRIER ALLOWANCE MUST BE EQUAL TO TOTAL OF NP4 SERVICING CARRIER ALLOWANCE FOR ALL STATES AND POLICY YEARS</td>
<td>NP1 Total Servicing Carrier Allowance—Occupational Disease $______ must be equal to the sum of NP4 Occupational Disease Servicing Carrier Allowance for all states and policy years $______.</td>
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<td>NP1 TOTAL PRODUCER FEES MUST BE EQUAL TO TOTAL OF NP4 PRODUCER FEES FOR ALL STATES AND POLICY YEARS</td>
<td>NP1 Total Producer Fees—Traumatic $______ must be equal to the sum of NP4 Traumatic Producer Fees for all states and policy years $______.</td>
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<td>Total Producer Fees—Occupational Disease</td>
<td>NP1 TOTAL PRODUCER FEES MUST BE EQUAL TO TOTAL OF NP4 PRODUCER FEES FOR ALL STATES AND POLICY YEARS</td>
<td>NP1 Total Producer Fees—Occupational Disease $______ must be equal to the sum of NP4 Occupational Disease Producer Fees for all states and policy years $______.</td>
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<td>Total Uncollectible Premiums—Traumatic</td>
<td>NP1 TOTAL UNCOLLECTIBLE PREMIUM MUST BE EQUAL TO TOTAL OF NP4 UNCOLLECTIBLE PREMIUMS FOR ALL STATES AND POLICY YEARS</td>
<td>NP1 Total Uncollectible Premium—Traumatic $______ must be equal to the sum of NP4 Traumatic Uncollectible Premium for all states and policy years $______.</td>
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<td>Total Uncollectible Premiums—Occupational Disease</td>
<td>NP1 TOTAL UNCOLLECTIBLE PREMIUM MUST BE EQUAL TO TOTAL OF NP4 UNCOLLECTIBLE PREMIUMS FOR ALL STATES AND POLICY YEARS</td>
<td>NP1 Total Uncollectible Premium—Occupational Disease $______ must be equal to the sum of NP4 Occupational Disease Uncollectible Premium for all states and policy years $______.</td>
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<td>Total Unearned Premium—Traumatic</td>
<td>NP1 TOTAL UNEARNED PREMIUM RESERVE MUST BE EQUAL TO TOTAL OF NP4 UNEARNED PREMIUM RESERVE FOR ALL STATES AND POLICY YEARS</td>
<td>NP1 Total Unearned Premium—Traumatic $______ must be equal to the sum of NP4 Unearned Premium Reserve for all states and policy years $______.</td>
<td>TT, S1</td>
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<td>Total Unearned Premium—Occupational Disease</td>
<td>NP1 PREMIUMS MUST BE EQUAL TO TOTAL OF NP4 PREMIUMS BY PLAN FOR ALL POLICY YEARS</td>
<td>NP1 Total Unearned Premium—Occupational Disease $______ must be equal to the sum of NP4 Occupational Disease Unearned Premium Reserve for all states and policy years $______.</td>
<td>TT, S1</td>
<td>Relational</td>
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<td>Total Unearned Premium—Plan A</td>
<td>NP1 TOTAL UNEARNED PREMIUM RESERVE MUST BE EQUAL TO TOTAL OF NP4 UNEARNED PREMIUM RESERVE BY PLAN FOR ALL POLICY YEARS</td>
<td>NP1 Total Unearned Premium—Plan A $______ must be equal to NP4 Unearned Premium for Plan A for all policy years $______.</td>
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<td>Relational</td>
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<td>Total Ceded Premium—Traumatic</td>
<td>NP1 PREMIUMS MUST BE EQUAL TO TOTAL OF NP4 PREMIUMS BY PLAN FOR ALL POLICY YEARS</td>
<td>NP1 Total Ceded Premium—Traumatic $______ must be equal to the sum of NP4 Traumatic Ceded Premium for all states and policy years $______.</td>
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<td>NP1 Total Premiums Ceded—Occupational Disease $______ must be equal to the sum of NP4 Occupational Disease Premiums Ceded for all states and policy years $______.</td>
<td>TT, S1</td>
<td>Relational</td>
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## Attachment A

### NEW POOL DATA EDIT MATRIX—FUTURE ENHANCEMENTS

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<td>Total Other Expenses — Traumatic</td>
<td>SUMMED NP1 TOTAL OTHER EXPENSES VALUE MUST BE EQUAL TO TOTAL OF NP4 OTHER CHARGES FOR ALL STATES AND POLICY YEARS</td>
<td>NP1 Total Collection Expenses—Traumatic $_____ + NP1 Total Subrogation Expenses—Traumatic $_____ + NP1 Total ALAE Expenses Traumatic $_____ + NP1 Total Free Form Other Expenses—Traumatic $_____ must be equal to the sum of NP4 Traumatic Other Charges for all states and policy years $_____.</td>
<td>S1, TT</td>
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<td>2nd Qtr. 2020—Converting from Edit 1162.</td>
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<td>Total Other Expenses — Occupational Disease</td>
<td>SUMMED NP1 TOTAL OTHER EXPENSES VALUE MUST BE EQUAL TO TOTAL OF NP4 OTHER CHARGES FOR ALL STATES AND POLICY YEARS</td>
<td>NP1 Total Collection Expenses—Occupational Disease $_____ + NP1 Total Subrogation Expenses—Occupational Disease $_____ + NP1 Total ALAE Expenses Occupational Disease $_____ + NP1 Total Free Form Other Expenses—Occupational Disease $_____ must be equal to the sum of NP4 Occupational Disease Other Charges for all states and policy years $_____.</td>
<td>S1, TT</td>
<td>Relational</td>
<td>2nd Qtr. 2020—Converting from Edit 1163.</td>
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<tr>
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<td>Total Outstanding Losses — Traumatic</td>
<td>NP1 TOTAL OUTSTANDING LOSSES MUST BE EQUAL TO TOTAL OF NP4 TOTAL OUTSTANDING LOSSES FOR ALL STATES AND POLICY YEARS</td>
<td>NP1 Total Outstanding Losses—Traumatic $_____ must be equal to the sum of NP4 Traumatic Outstanding Losses for all states and policy years $_____.</td>
<td>TT, S2</td>
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<td>Total Outstanding Losses — Occupational Disease</td>
<td>NP1 TOTAL OUTSTANDING LOSSES MUST BE EQUAL TO TOTAL OF NP4 TOTAL OUTSTANDING LOSSES FOR ALL STATES AND POLICY YEARS</td>
<td>NP1 Total Outstanding Losses—Occupational Disease $_____ must be equal to the sum of NP4 Occupational Disease Outstanding Losses for all states and policy years $_____.</td>
<td>TT, S2</td>
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<td>2nd Qtr. 2020—Converting from Edit 1166.</td>
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<td>Total Collection Expenses—Plan A</td>
<td>SUMMED NP1 TOTAL COLLECTION EXPENSES, TOTAL SUBROGATION, AND OTHER EXPENSES MUST BE EQUAL TO TOTAL OF NP4 COLLECTION EXPENSES BY PLAN FOR ALL POLICY YEARS</td>
<td>NP1 Total Collection Expenses—Plan A $_____ + NP1 Total Subrogation Expenses—Plan A $_____ + NP1 Total Free Form Other Expenses—Plan A $_____ must be equal to NP4 Collection Expenses for Plan A for all policy years $_____.</td>
<td>TT, 1M</td>
<td>Relational</td>
<td>2nd Qtr. 2020—Adding a new edit.</td>
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<td>Total Loss Payments—Maine Pool Safety</td>
<td>NP1 TOTAL LOSS PAYMENTS MUST BE EQUAL TO TOTAL OF NP4 LOSS PAYMENTS FOR ALL STATES AND POLICY YEARS</td>
<td>NP1 Total Loss Payments—Maine Pool Safety $_____ must be equal to the sum of NP4 Maine Pool Safety Loss Payments for all states and policy years $_____.</td>
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<td>2nd Qtr. 2020—Adding a new edit.</td>
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<td>Total Loss Payments—Maine Pool Accident Prevention</td>
<td>NP1 TOTAL LOSS PAYMENTS MUST BE EQUAL TO TOTAL OF NP4 LOSS PAYMENTS FOR ALL STATES AND POLICY YEARS</td>
<td>NP1 Total Loss Payments—Maine Pool Accident Prevention $_____ must be equal to the sum of NP4 Maine Pool Accident Prevention Loss Payments for all states and policy years $_____.</td>
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<td>Total Outstanding Losses — Maine Pool Safety</td>
<td>NP1 TOTAL OUTSTANDING LOSSES MUST BE EQUAL TO TOTAL OF NP4 TOTAL OUTSTANDING LOSSES FOR ALL STATES AND POLICY YEARS</td>
<td>NP1 Total Outstanding Losses—Maine Pool Safety $_____ must be equal to the sum of NP4 Maine Pool Safety Outstanding Losses for all states and policy years $_____.</td>
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<td>Total Outstanding Losses — Maine Pool Accident Prevention</td>
<td>NP1 TOTAL OUTSTANDING LOSSES MUST BE EQUAL TO TOTAL OF NP4 TOTAL OUTSTANDING LOSSES FOR ALL STATES AND POLICY YEARS</td>
<td>NP1 Total Outstanding Losses—Maine Pool Accident Prevention $_____ must be equal to the sum of NP4 Maine Pool Accident Prevention Outstanding Losses for all states and policy years $_____.</td>
<td>TT, S2</td>
<td>Relational</td>
<td>2nd Qtr. 2020—Adding a new edit.</td>
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### KEY

**Record Types:** 00 = NP1, 01 = NP4, 02 = NPX, 03 = LGL

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## NEW POOL DATA EDIT MATRIX—FUTURE ENHANCEMENTS

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<td>Total Other Expenses—Maine Pool Safety</td>
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<td>NP1 Total Collection Expenses—Maine Pool Safety $____ + NP1 Total Subrogation Expenses—Maine Pool Safety $____ + NP1 Total ALAE Expenses—Maine Pool Safety $____ + NP1 Total Free Form Expenses—Maine Pool Safety $____ must be equal to the sum of NP4 Maine Pool Safety Other Charges for all states and policy years $____.</td>
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<td>2nd Qtr. 2020—Adding a new edit.</td>
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<td>Total Other Expenses—Maine Pool Accident Prevention</td>
<td>SUMMED NP1 TOTAL OTHER EXPENSES VALUE MUST BE EQUAL TO TOTAL OF NP4 OTHER CHARGES FOR ALL STATES AND POLICY YEARS</td>
<td>NP1 Total Collection Expenses—Maine Pool Accident Prevention $____ + NP1 Total Subrogation Expenses—Maine Pool Accident Prevention $____ + NP1 Total ALAE Expenses—Maine Pool Accident Prevention $____ + NP1 Total Free Form Expenses—Maine Pool Accident Prevention $____ must be equal to the sum of NP4 Maine Pool Accident Prevention Other Charges for all states and policy years $____.</td>
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<td>Relational</td>
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<td>Total Ceded Premium—Maine Pool Safety</td>
<td>NP1 PREMIUMS MUST BE EQUAL TO TOTAL OF NP4 PREMIUMS FOR ALL STATES AND POLICY YEARS</td>
<td>NP1 Total Premiums Ceded—Maine Pool Safety $____ must be equal to the sum of NP4 Maine Pool Safety Premiums Ceded for all states and policy years $____.</td>
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<td>Total ALAE Expenses—Traumatic</td>
<td>NP1 TOTAL PAID ALAE MUST BE EQUAL TO THE NPX TOTAL PAID ALAE FOR ALL STATES AND POLICY YEARS</td>
<td>NP1 Total ALAE Expenses—Traumatic $____ must be equal to the sum of NPX Traumatic Total Paid ALAE Expenses for all states and policy years $____.</td>
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<td>Total ALAE Expenses—Occupational Disease</td>
<td>NP1 TOTAL PAID ALAE MUST BE EQUAL TO THE NPX TOTAL PAID ALAE FOR ALL STATES AND POLICY YEARS</td>
<td>NP1 Total ALAE Expenses—Occupational Disease $____ must be equal to the sum of NPX Occupational Disease ALAE Expenses for all states and policy years $____.</td>
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<td>Ceded Premiums—Plan C</td>
<td>NP1 PREMIUMS MUST BE EQUAL TO TOTAL OF NP4 PREMIUMS FOR ALL STATES AND POLICY YEARS</td>
<td>NP1 Total Ceded Premiums—Plan C $____ must be equal to NP4 Ceded Premiums—Plan C for all policy years $____.</td>
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<td>NP1 Total Ceded Premiums—Plan B $____ must be equal to NP4 Ceded Premiums—Plan B for all policy years $____.</td>
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<td>NP1 Total Ceded Premiums—Plan A $____ must be equal to NP4 Ceded Premiums—Plan A for all policy years $____.</td>
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<td>A DATA ELEMENT WAS REPORTED INCORRECTLY AND NCCI SUBSTITUTED AN ASSUMED CORRECT DEFAULT VALUE FOR THIS DATA ELEMENT.</td>
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<td>Pool State Code</td>
<td>DATA IS MISSING OR INVALID</td>
<td>The Pool State Code _____ is not valid.</td>
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<td>Field</td>
<td>2nd Qtr. 2020—Converting from Edit 103.</td>
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**KEY**

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## NEW POOL DATA EDIT MATRIX—FUTURE ENHANCEMENTS

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<td>Pool State Code</td>
<td>CLAIM MAY BE MISSING ON CURRENT QUARTER</td>
<td>There is a large claim reported on the prior quarter within Exposure State _____ having a Policy Number and Claim Number _____ with Accident Date ______. It is likely that this large claim should have been reported in the current quarter. Please correct or explain the data.</td>
<td>N/A</td>
<td>Relational</td>
<td>2nd Qtr. 2020—Adding a new edit.</td>
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<td>01, 02, 03</td>
<td>0726-01</td>
<td>3</td>
<td>Pool Code</td>
<td>A DATA ELEMENT WAS REPORTED INCORRECTLY AND NCCI SUBSTITUTED AN ASSUMED CORRECT DEFAULT VALUE FOR THIS DATA ELEMENT</td>
<td>Pool Code _____ was defaulted to Pool Code ______.</td>
<td>ALL</td>
<td>Field</td>
<td>2nd Qtr. 2020—Adding a new edit.</td>
</tr>
<tr>
<td>01, 02, 03</td>
<td>0726-02</td>
<td>9</td>
<td>Pool Code</td>
<td>DATA IS MISSING OR INVALID</td>
<td>Pool Code _____ must be a valid code.</td>
<td>ALL</td>
<td>Field</td>
<td>2nd Qtr. 2020—Converting from Edits 420 and 421.</td>
</tr>
<tr>
<td>03</td>
<td>0730-01</td>
<td>5</td>
<td>Case Outstanding—Indemnity</td>
<td>DATA IS NOT NUMERIC OR EXCEEDS THE MAXIMUM FIELD LENGTH</td>
<td>Indemnity Case Outstanding reported $______.</td>
<td>N/A</td>
<td>Field</td>
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<tr>
<td>03</td>
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<td>5</td>
<td>Case Outstanding—Medical</td>
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<td>Medical Case Outstanding reported $______.</td>
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<td>0732-01</td>
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<td>Gross Written Premium</td>
<td>DATA IS NOT NUMERIC OR EXCEEDS THE MAXIMUM FIELD LENGTH</td>
<td>Gross Written Premium reported $______.</td>
<td>DP</td>
<td>Field</td>
<td>2nd Qtr. 2020—Converting from Edit 324.</td>
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<td>02</td>
<td>0733-01</td>
<td>9</td>
<td>Policy Year</td>
<td>DATA IS NOT NUMERIC OR EXCEEDS THE MAXIMUM FIELD LENGTH</td>
<td>Policy Year reported ______.</td>
<td>1M, 2M, U1, U2, DP, IL, ML, S1, S2</td>
<td>Field</td>
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<tr>
<td>01, 02</td>
<td>0733-02</td>
<td>9</td>
<td>Policy Year</td>
<td>POLICY YEAR IS INVALID</td>
<td>Policy Year reported ______ exceeds the year of the Quarter End Date.</td>
<td>1M, 2M, U1, U2, DP, IL, ML, S1, S2</td>
<td>Logical</td>
<td>2nd Qtr. 2020—Converting from Edit 104.</td>
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<td>01</td>
<td>0734-01</td>
<td>5</td>
<td>Special Assessments</td>
<td>DATA IS NOT NUMERIC OR EXCEEDS THE MAXIMUM FIELD LENGTH</td>
<td>Special Assessments reported $______.</td>
<td>1M</td>
<td>Field</td>
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<td>01</td>
<td>0734-02</td>
<td>5</td>
<td>Special Assessments</td>
<td>MUST BE EQUAL TO ZERO</td>
<td>Special Assessments reported $______.</td>
<td>1M</td>
<td>Field</td>
<td>2nd Qtr. 2020—Adding a new edit.</td>
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<tr>
<td>01</td>
<td>0735-01</td>
<td>9</td>
<td>Accident Year</td>
<td>DATA IS NOT NUMERIC</td>
<td>Accident Year reported ______ must be numeric and a valid year.</td>
<td>AL, SM, SI, CL, CT</td>
<td>Field</td>
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<tr>
<td>02</td>
<td>0735-02</td>
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<td>Accident Year</td>
<td>REPORT YEAR IS INVALID</td>
<td>Accident Year reported ______ exceeds the year of the Quarter End Date.</td>
<td>AL, SM, SI, CL, CT</td>
<td>Field</td>
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<td>0736-01</td>
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<td>Total Loss Payments—Plan A</td>
<td>NP1 TOTAL LOSS PAYMENTS MUST BE EQUAL TO TOTAL OF NP4 LOSS PAYMENTS BY PLAN FOR ALL POLICY YEARS</td>
<td>NP1 Total Loss Payments—Plan A $______ must be equal to NP4 Loss Payments for Plan A for all policy years $______.</td>
<td>TT, 2M</td>
<td>Relational</td>
<td>2nd Qtr. 2020—Adding a new edit.</td>
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<td>0737-01</td>
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<td>Collection Expenses</td>
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<td>Collection Expenses reported $______.</td>
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<td>Field</td>
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**KEY**

Record Types: 00 = NP1, 01 = NP4, 02 = NPX, 03 = LGL  
Attachment A—Circular PD-2019-02
## NEW POOL DATA EDIT MATRIX—FUTURE ENHANCEMENTS

<table>
<thead>
<tr>
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<td>Total Loss Payments—Plan B</td>
<td>NP1 TOTAL LOSS PAYMENTS MUST BE EQUAL TO TOTAL OF NP4 LOSS PAYMENTS FOR ALL STATES AND POLICY YEARS</td>
<td>NP1 Total Loss Payments—Plan B $_____ must be equal to NP4 Loss Payments for Plan B for all policy years $_____.</td>
<td>TT, 2M</td>
<td>Relational</td>
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<tr>
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<td>Total Loss Payments—Plan C</td>
<td>NP1 TOTAL LOSS PAYMENTS MUST BE EQUAL TO TOTAL OF NP4 LOSS PAYMENTS BY PLAN FOR ALL POLICY YEARS</td>
<td>NP1 Total Loss Payments—Plan C $_____ must be equal to NP4 Loss Payments for Plan C for all policy years $_____.</td>
<td>TT, 2M</td>
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<td>0740-01</td>
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<td>Servicing Carrier Allowance—Plan A</td>
<td>NP1 TOTAL SERVICING CARRIER ALLOWANCE MUST BE EQUAL TO TOTAL OF NP4 SERVICING CARRIER ALLOWANCE BY PLAN FOR ALL POLICY YEARS</td>
<td>NP1 Total Servicing Carrier Allowance—Plan A $_____ must be equal to NP4 Servicing Carrier Allowance for Plan A for all policy years $_____.</td>
<td>TT, 1M</td>
<td>Relational</td>
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<td>Servicing Carrier Allowance—Plan B</td>
<td>NP1 TOTAL SERVICING CARRIER ALLOWANCE MUST BE EQUAL TO TOTAL OF NP4 SERVICING CARRIER ALLOWANCE BY PLAN FOR ALL POLICY YEARS</td>
<td>NP1 Total Servicing Carrier Allowance—Plan B $_____ must be equal to NP4 Servicing Carrier Allowance for Plan B for all policy years $_____.</td>
<td>TT, 1M</td>
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<tr>
<td>00, 01</td>
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<td>Servicing Carrier Allowance—Plan C</td>
<td>NP1 TOTAL SERVICING CARRIER ALLOWANCE MUST BE EQUAL TO TOTAL OF NP4 SERVICING CARRIER ALLOWANCE BY PLAN FOR ALL POLICY YEARS</td>
<td>NP1 Total Servicing Carrier Allowance—Plan C $_____ must be equal to NP4 Servicing Carrier Allowance for Plan C for all policy years $_____.</td>
<td>TT, 1M</td>
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<td>Total Producer Fees—Plan A</td>
<td>NP1 TOTAL PRODUCER FEES MUST BE EQUAL TO TOTAL OF NP4 PRODUCER FEES BY PLAN FOR ALL POLICY YEARS</td>
<td>NP1 Total Producer Fees—Plan A $_____ must be equal to NP4 Producer Fees for Plan A for all policy years $_____.</td>
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<td>Relational</td>
<td>2nd Qtr. 2020—Adding a new edit.</td>
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<td>NP1 TOTAL PRODUCER FEES MUST BE EQUAL TO TOTAL OF NP4 PRODUCER FEES BY PLAN FOR ALL POLICY YEARS</td>
<td>NP1 Total Producer Fees—Plan B $_____ must be equal to NP4 Producer Fees for Plan B for all policy years $_____.</td>
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<tr>
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<td>Total Producer Fees—Plan C</td>
<td>NP1 TOTAL PRODUCER FEES MUST BE EQUAL TO TOTAL OF NP4 PRODUCER FEES BY PLAN FOR ALL POLICY YEARS</td>
<td>NP1 Total Producer Fees—Plan C $_____ must be equal to NP4 Producer Fees for Plan C for all policy years $_____.</td>
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<td>Total Uncollectible Premium—Plan A</td>
<td>NP1 TOTAL UNCOLLECTIBLE PREMIUM MUST BE EQUAL TO TOTAL OF NP4 UNCOLLECTIBLE PREMIUMS BY PLAN FOR ALL POLICY YEARS</td>
<td>NP1 Total Uncollectible Premium—Plan A $_____ must be equal to NP4 Uncollectible Premium for Plan A for all policy years $_____.</td>
<td>TT, 1M</td>
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<td>2nd Qtr. 2020—Adding a new edit.</td>
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<td>Total Uncollectible Premium—Plan B</td>
<td>NP1 TOTAL UNCOLLECTIBLE PREMIUM MUST BE EQUAL TO TOTAL OF NP4 UNCOLLECTIBLE PREMIUMS BY PLAN FOR ALL POLICY YEARS</td>
<td>NP1 Total Uncollectible Premium—Plan B $_____ must be equal to NP4 Uncollectible Premium for Plan B for all policy years $_____.</td>
<td>TT, 1M</td>
<td>Relational</td>
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<td>NP1 TOTAL UNCOLLECTIBLE PREMIUM MUST BE EQUAL TO TOTAL OF NP4 UNCOLLECTIBLE PREMIUMS BY PLAN FOR ALL POLICY YEARS</td>
<td>NP1 Total Uncollectible Premium—Plan C $____ must be equal to NP4 Uncollectible Premium for Plan C for all policy years $____.</td>
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<td>NP1 TOTAL UNEARNED PREMIUM RESERVE MUST BE EQUAL TO TOTAL OF NP4 UNEARNED PREMIUM RESERVE BY PLAN FOR ALL POLICY YEARS</td>
<td>NP1 Total Unearned Premium—Plan B $____ must be equal to NP4 Unearned Premium for Plan B for all policy years $____.</td>
<td>TT, 1M</td>
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<td>NP1 Total Unearned Premium—Plan C $____ must be equal to NP4 Unearned Premium for Plan C for all policy years $____.</td>
<td>TT, 1M</td>
<td>Relational</td>
<td>2nd Qtr. 2020—Adding a new edit.</td>
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**Record Types:** 00 = NP1, 01 = NP4, 02 = NPX, 03 = LGL
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<thead>
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<td>228</td>
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<td>PREMIUMS WRITTEN</td>
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## CURRENT POOL EDITS MAPPED TO FUTURE EDITS

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<thead>
<tr>
<th>Current Edit Number</th>
<th>Current Data Field Name</th>
<th>New Edit Number</th>
<th>Change Explanation</th>
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<th>Current Data Field Name</th>
<th>New Edit Number</th>
<th>Change Explanation</th>
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<tr>
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<td>0608-02</td>
<td>Deactivating current edit; converting to Edit 0608-02.</td>
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<td>0608-02</td>
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## Attachment B
### CURRENT POOL EDITS MAPPED TO FUTURE EDITS

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## Attachment B

### CURRENT POOL EDITS MAPPED TO FUTURE EDITS

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## Attachment B

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## CURRENT POOL EDITS MAPPED TO FUTURE EDITS

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<td>NET AMOUNT DUE, TOTAL CEDED PREMIUM, TOTAL LOSS PAYMENTS, TOTAL SERVICING CARRIER ALLOWANCE, TOTAL PRODUCER FEES, TOTAL UNCOLLECTIBLE PREMIUM, TOTAL COLLECTION EXPENSES, TOTAL SPECIAL ASSESSMENTS, TOTAL OTHER ADJUSTMENTS</td>
<td>None</td>
<td>Deactivating current edit; functionality no longer needed in new tool.</td>
</tr>
<tr>
<td>1184</td>
<td>TOTAL KENTUCKY ASSESSMENT</td>
<td>None</td>
<td>Deactivating current edit; NP1 will no longer be accepted in a file.</td>
</tr>
<tr>
<td>1185</td>
<td>TOTAL SPECIAL ASSESSMENTS</td>
<td>None</td>
<td>Deactivating current edit; NP1 will no longer be accepted in a file.</td>
</tr>
<tr>
<td>1186</td>
<td>TOTAL OTHER ADJUSTMENTS</td>
<td>None</td>
<td>Deactivating current edit; NP1 will no longer be accepted in a file.</td>
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