



Indemnity Data Call Quarterly Record Reporting

Presented by:

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Objective

- **To gain a better understanding** of the reporting requirements of the Quarterly Records for the new Indemnity Data Call
- **To assist with your company's preparations** in meeting its future reporting requirements

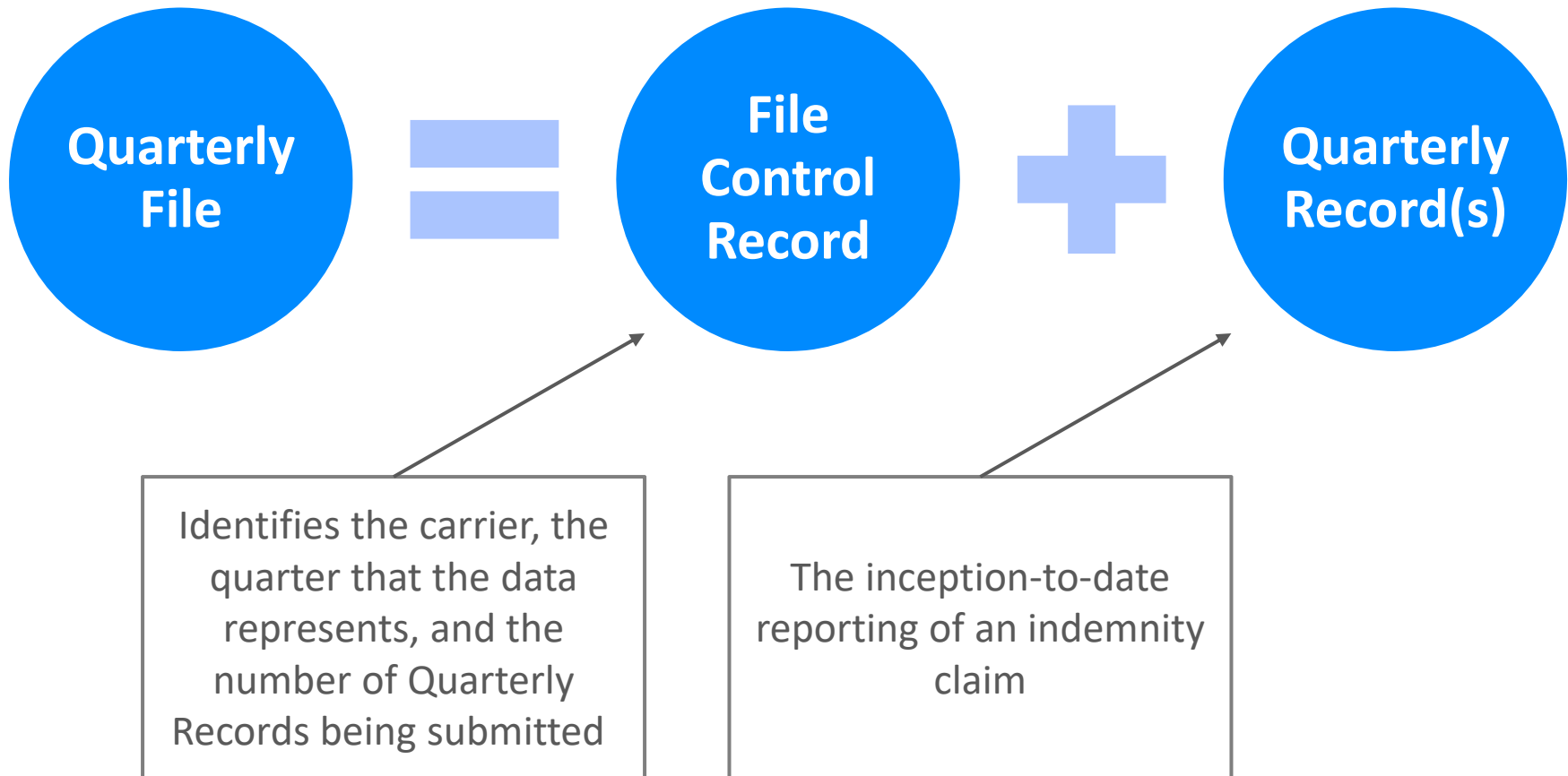
Agenda

Overview/
Data Elements

Reporting Examples

Change Options

Quarterly File Overview



Quarterly Record Layout

2 Processing Data Elements



5 Key Fields



30 Quarterly Indemnity Claim Data Elements

Quarterly Indemnity Claim Data Elements

Demographic Fields

- Claimant Gender
- Birth Year
- Hire Date
- Employment Status Code

Claim Characteristics

- Accident State Code
- Jurisdiction State Code
- Reported to Insurer Date
- Part of Body
- Nature of Injury
- Cause of Injury

Quarterly Indemnity Claim Data Elements

Claim Details

- Pre-Injury Average Weekly Wage (AWW)
- Method of Determining Pre-Injury AWW
- Act—Loss Condition Code
- Attorney of Authorized Represented Indicator
- Maximum Medical Improvement Date
- Impairment Percentage
- Impairment Percentage Basis Code
- Disability/LOEC Percentage
- Pre-Existing Disability Percentage
- Type of Settlement
- Medical Extinguishment Indicator
- Temporary Disability Benefit Extinguishment Code
- Closing Date
- Reopen Date

Quarterly Indemnity Claim Data Elements

Claim
Amounts

- Indemnity Paid-To-Date
- Medical Paid-To-Date
- Incurred Indemnity Amount
- Incurred Medical Amount
- Employer Legal Amount Paid
- ALAE Paid

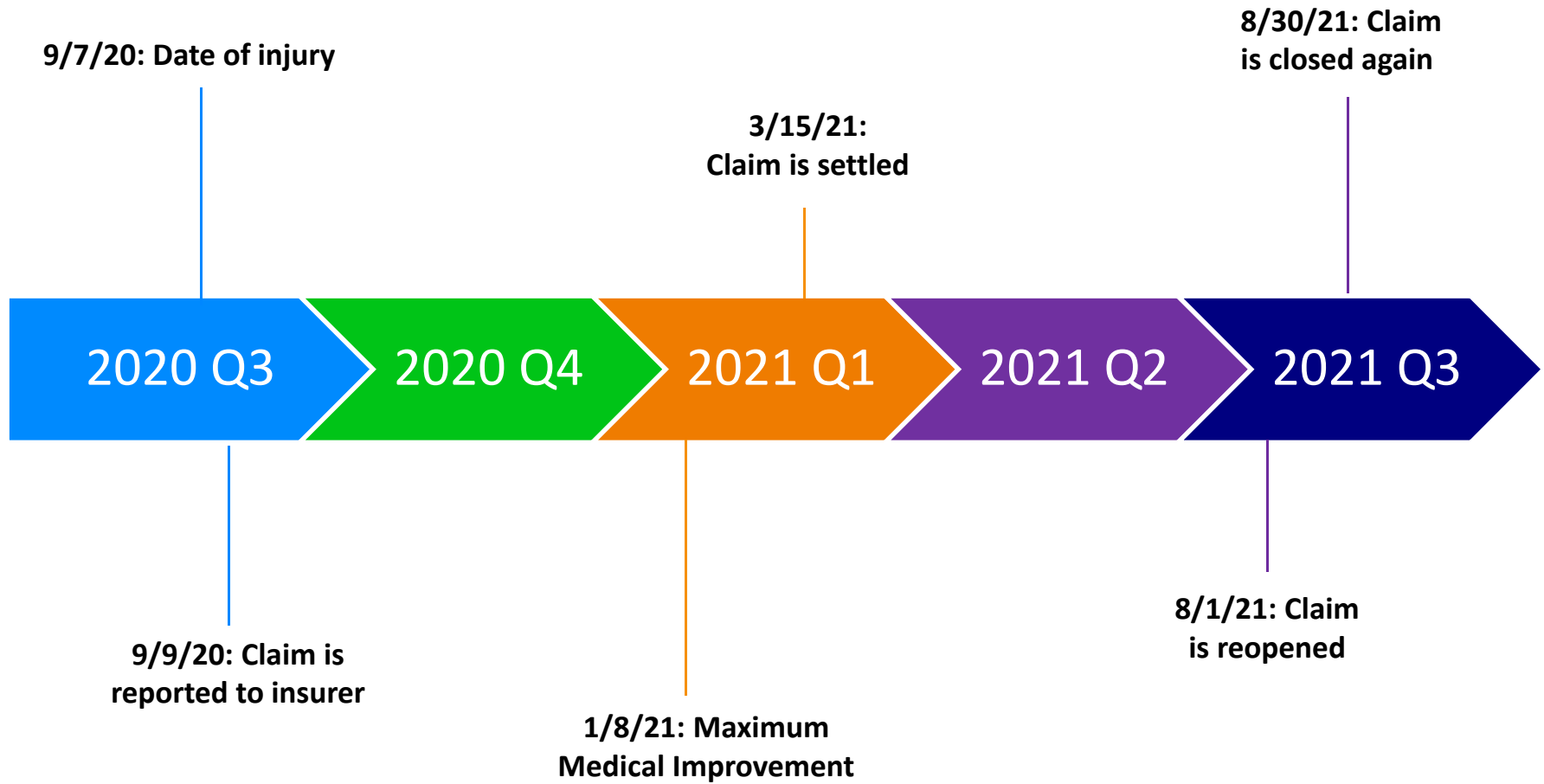
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Overview/
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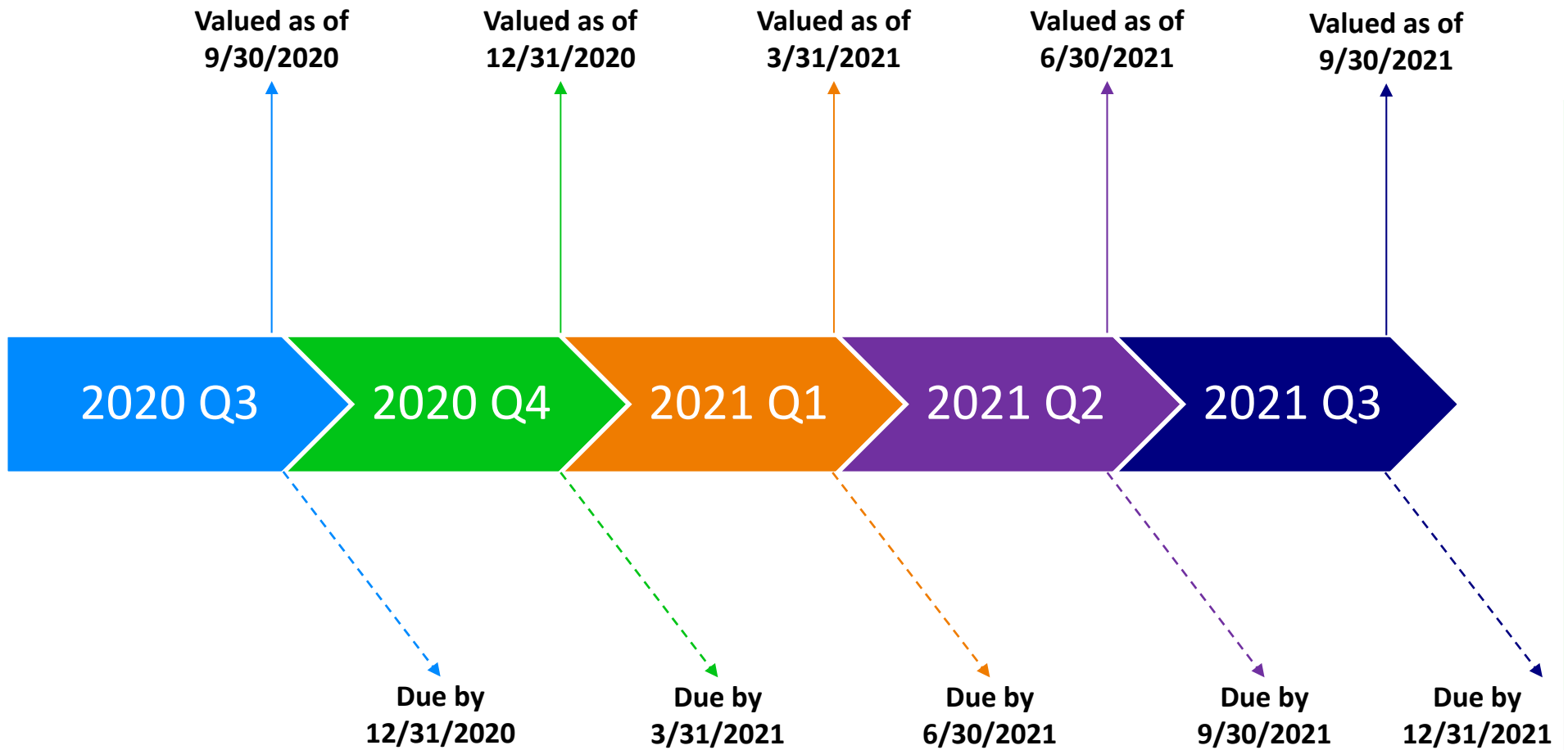
Reporting Examples

Change Options

Case Study

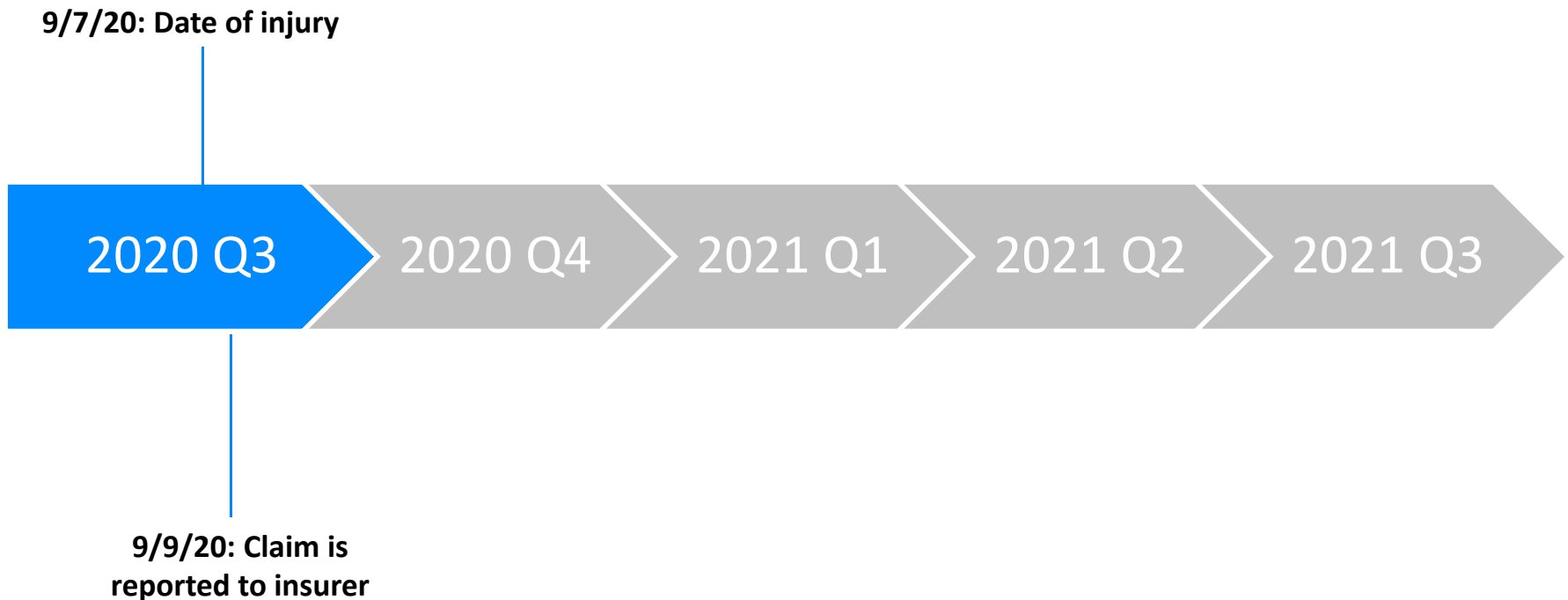


Case Study



Demographic Fields

The injured worker is a **male**, age **47**. Before injury, the worker was a **full-time** employee and had been employed with his employer since **April 15, 2007**.



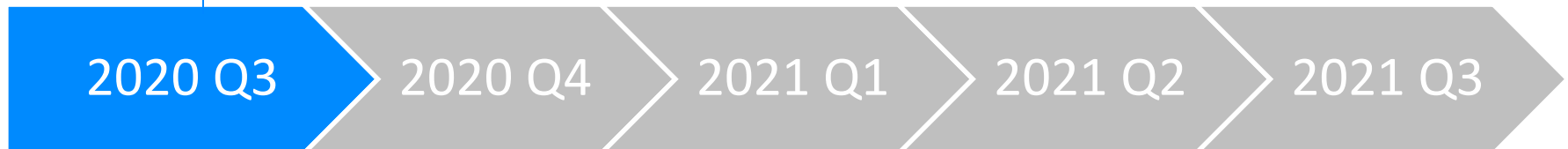
Demographic Fields

Field	2020 Q3	2020 Q4	2021 Q1	2021 Q3
Claimant Gender	1	1	1	1
Birth Year	1973 (2020-47)	1973	1973	1973
Hire Date	20070415	20070415	20070415	20070415
Employment Status Code	1 (regular full-time)	1	1	1

Claim Characteristics

- The claimant **fractures** his **shoulder** after **falling** from a ladder while at work in **Montana** on September 7, 2020
- The injury is reported to the insurer on **September 9, 2020** and compensability is accepted

9/7/20: Date of injury



9/9/20: Claim is reported to insurer

Claim Characteristics

Field	2020 Q3	2020 Q4	2021 Q1	2021 Q3
Jurisdiction State Code	25 (Montana)	25	25	25
Accident State Code	25 (Montana)	25	25	25
Reported to Insurer Date	20200909	20200909	20200909	20200909
Part of Body	38 (Shoulder)	38	38	38
Nature of Injury	28 (Fracture)	28	28	28
Cause of Injury	26 (Falling From Ladder)	26	26	26

Claim Details

- On September 18, 2020, the insurer begins paying weekly temporary total disability benefits of \$700 based on the claimant's **pre-injury average weekly wage (AWW)** of \$1,050
- There is no explicit reduction in the disability rating for any **pre-existing conditions**

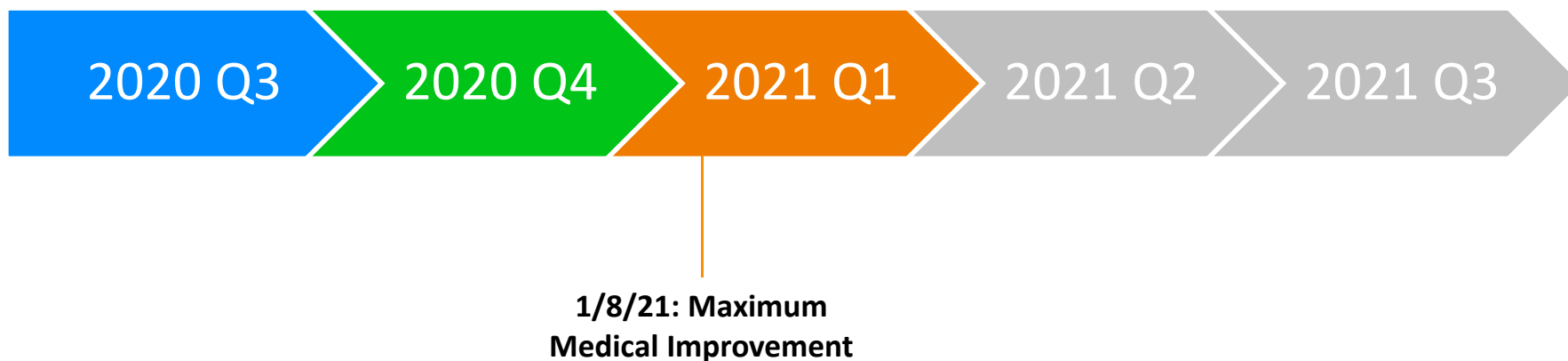


Claim Details

Field	2020 Q3	2020 Q4	2021 Q1	2021 Q3
Pre-Injury AWW	105000	105000	105000	105000
Method of Determining Pre-Injury AWW	1 (Actual)	1	1	1
Act—Loss Condition Code	01 (State Act)	01	01	01
Pre-Existing Disability Percentage	000 (n/a)	000	000	000

Claim Details

- On **January 8, 2021**, the injured worker reaches **maximum medical improvement** (MMI). A physician assigned a permanent impairment rating **of 10%** to the **whole body**
- In accordance with Montana statute, the impairment rating is adjusted for factors such as age and actual wage loss, resulting in final disability rating of **26%**
- Temporary disability payments are discontinued at this point.

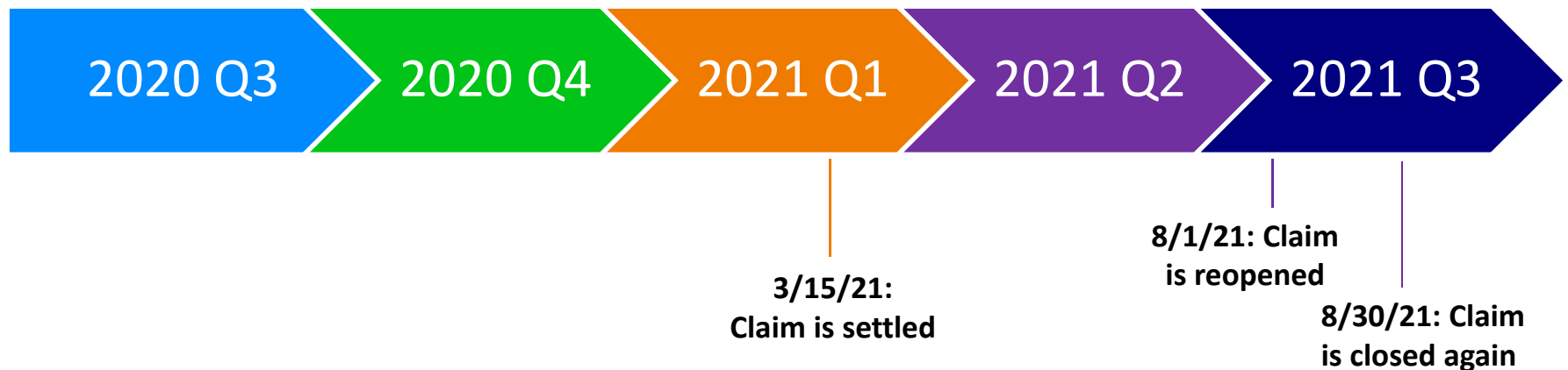


Claim Details

Field	2020 Q3	2020 Q4	2021 Q1	2021 Q3
Maximum Medical Improvement Date	00000000	00000000	20210108	20210108
Impairment Percentage	000	000	010	010
Impairment Percentage Basis Code	0	0	1 (whole body)	1
Disability/LOEC Percentage	000	000	026	026
Temporary Disability Benefit Extinguishment Code	0 (n/a)	0	3 (MMI)	3

Claim Details

- The **claimant obtains legal representation** on January 22, 2021
- The insurer settles the claim on **March 15, 2021**. This settlement covers all future indemnity and medical benefits and closes the claim
- The claim is reopened on **August 1, 2021** to address a petition by the claimant for additional medical benefits
- An additional payments are provided to the claimant for medical and the claim is closed again on **August 30, 2021**



Claim Details

Field	2020 Q3	2020 Q4	2021 Q1	2021 Q3
Attorney Authorized Representative Indicator	N	N	Y	Y
Type of Settlement Code	00	00	06 (Compromise)	06
Medical Extinguishment Indicator			Y	Y
Closing Date	00000000	00000000	20210315	20210830
Reopen Date	00000000	00000000	00000000	20210801

Claim Amounts

- The insurer continues to pay weekly indemnity benefits until the claim is closed. The original estimated indemnity incurred (**\$20,000**) was increased to **\$50,000** during the fourth quarter of 2020
- Medical payments of **\$6,000** were made in both the third quarter and fourth quarter of 2020; an estimated medical incurred of **\$15,000** was maintained over these time periods
- The settlement on **March 15, 2021** was for \$60,000—all future indemnity benefits (**\$45,000**) and medical benefits (**\$15,000**)
- When the claim reopens on August 1, 2021, the insurer pays an additional **\$5,000** in medical to close the claim.
- The insurer has paid ALAE of **\$1,200** during the first quarter of 2021, of which **\$1,000** is employer legal expenses

Claim Amounts

Field	2020 Q3	2020 Q4	2021 Q1	2021 Q3
Indemnity Paid-To-Date	000002100 (3 weeks x \$700)	000011200 (16 weeks x \$700)	000057600 (18 weeks x \$700 + lump sum)	000057600
Medical Paid-To-Date	000006000	000012000	000027000	000032000
Incurred Indemnity Amount	000020000	000050000	000057600	000057600
Incurred Medical Amount	000015000	000015000	000027000	000032000
Employer Legal Amount Paid	000000000	000000000	000001000	000001000
ALAE Paid	000000000	000000000	000001200	000001200

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Deleting or Changing Quarterly Records

Deletes or changes to Quarterly Records can be reported for previously reported Quarterly Records in earlier submissions or for a prior record in the current submission.

Deleting a Quarterly Record

Scenario:

A Quarterly Record was previously reported, but two weeks later it was determined that the claim is not a workers compensation claim.

How do I delete a Quarterly Record reported in error?

What Was Reported

Rcd Typ Cd	TR Date	Carrier Code	Pol #	PED	Clm #	Acc Date	Med Paid to Date	Ind Paid to Date	Incurred Ind Amount	Incurred Med Amount
02	20200601	99990	WC1	20200101	1	20200531	000001000	000005000	000000025000	000000025000

What to report in order to Delete

Rcd Typ Cd	TR Date	Carrier Code	Pol #	PED	Clm #	Acc Date	Med Paid to Date	Ind Paid to Date	Incurred Ind Amount	Incurred Med Amount
02	20200614	99990	WC1	20200101	1	20200531	000000000	0000000000	000000000000	00000000

All other fields (not shown) are to be zero-filled or left blank.

Changing a Quarterly Record

Scenario:

A Quarterly Record was previously reported, but two weeks later it was determined that the Incurred Indemnity Amount was reported incorrectly.

How do I change a Quarterly Record when a data element was reported incorrectly?

What Was Reported

Rcd Typ Cd	TR Date	Carrier Code	Pol #	PED	Clm #	Acc Date	Med Paid to Date	Ind Paid to Date	Incurred Ind Amount	Incurred Med Amount
02	20200601	99990	WC1	20200101	1	20200531	000001000	000005000	000000025000	000000025000

What to report in order to Change

Rcd Typ Cd	TR Date	Carrier Code	Pol #	PED	Clm #	Acc Date	Med Paid to Date	Ind Paid to Date	Incurred Ind Amount	Incurred Med Amount
02	20200614	99990	WC1	20200101	1	20200531	000001000	000005000	000000028000	000000025000

Transaction Date must be greater than any previously submitted record for that quarter. All other non-key fields should have current values.

Contact Us

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