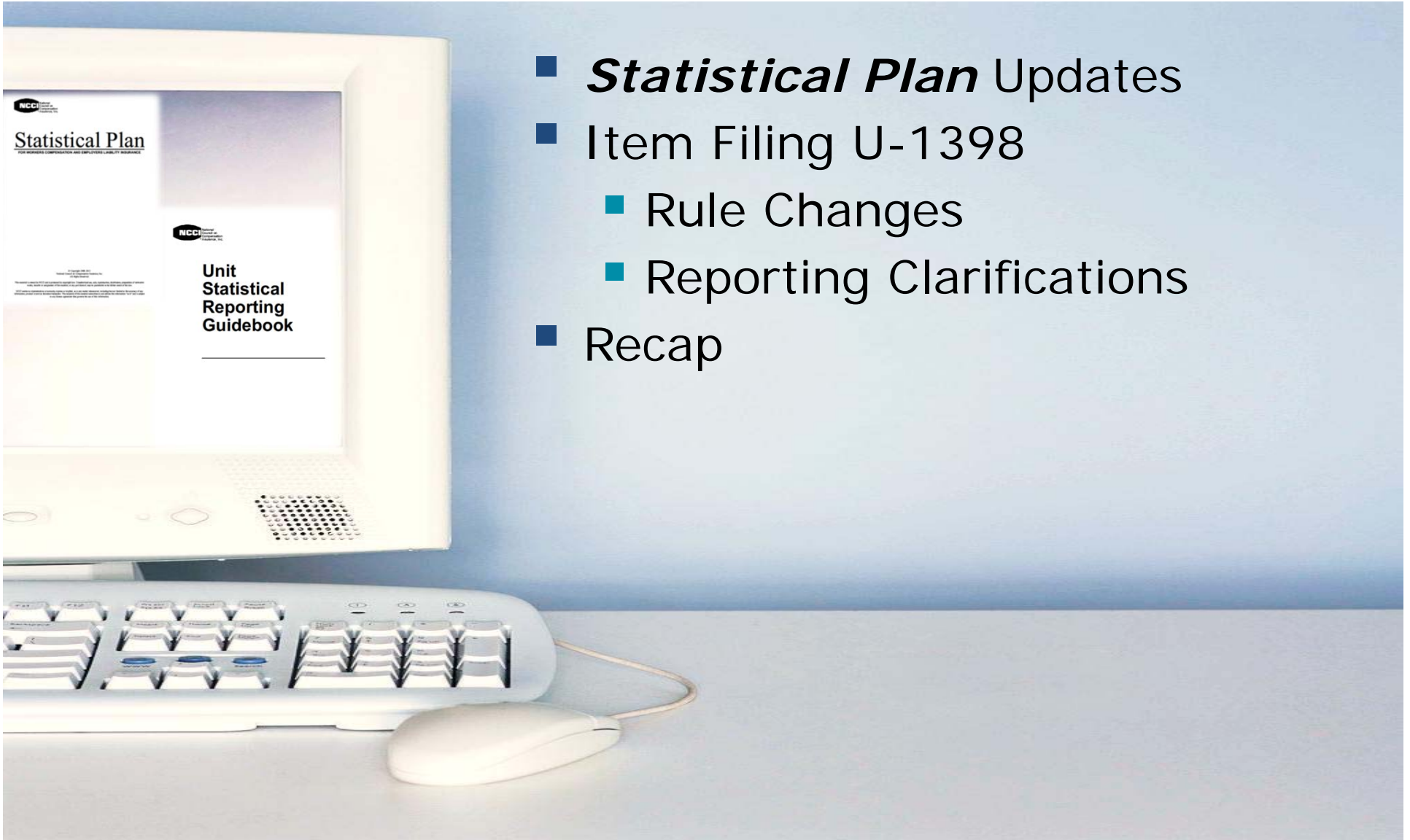




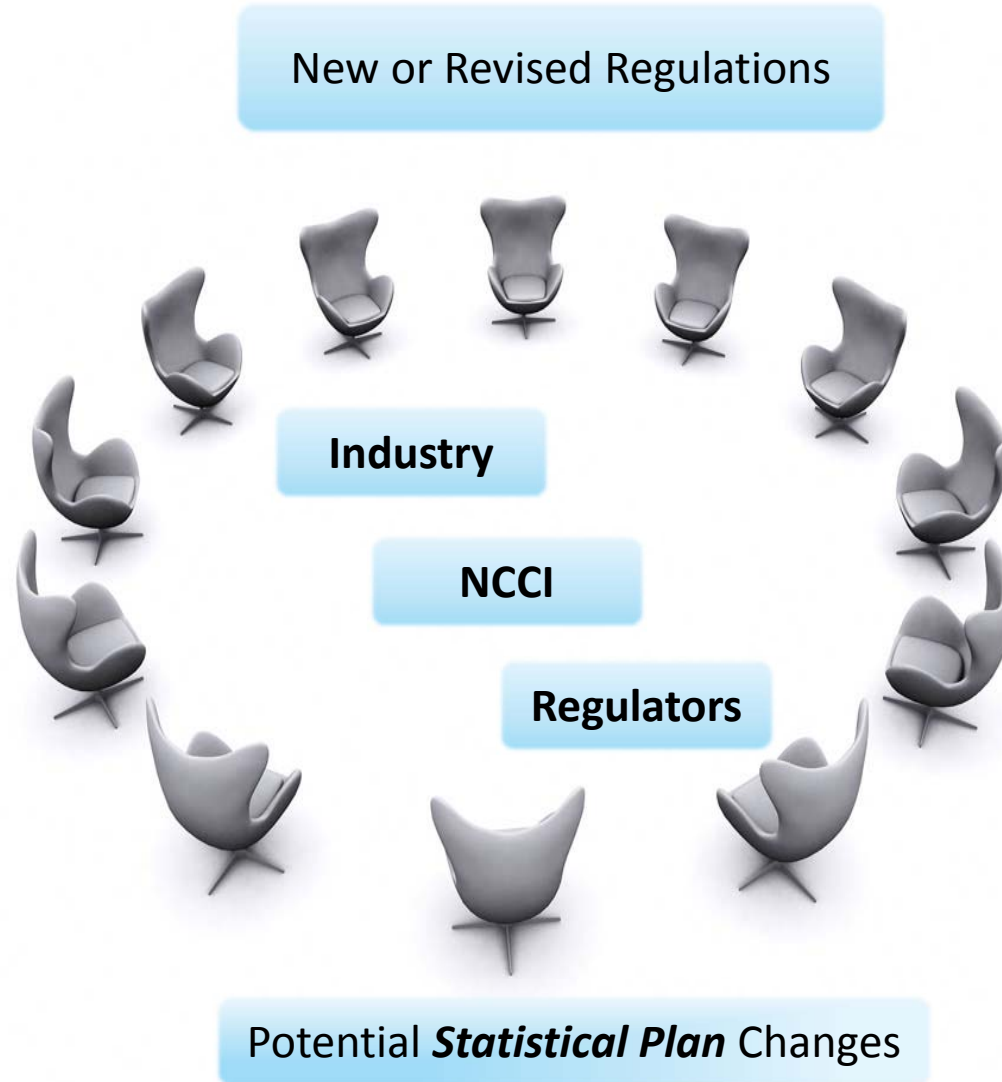
# National Statistical Plan Filing U-1398

# Agenda

- ***Statistical Plan*** Updates
- Item Filing U-1398
  - Rule Changes
  - Reporting Clarifications
- Recap



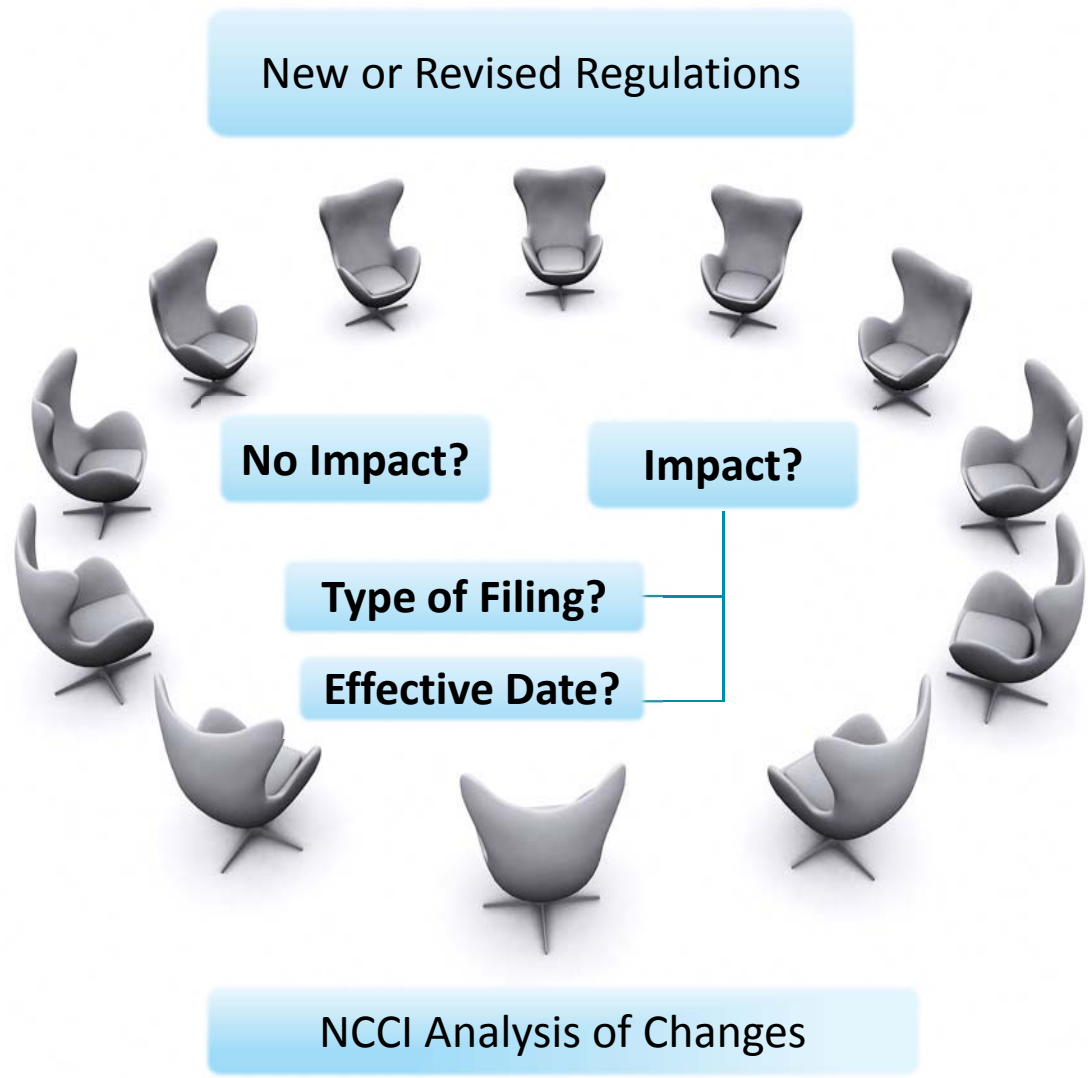
# Statistical Plan Updates



# Statistical Plan Updates

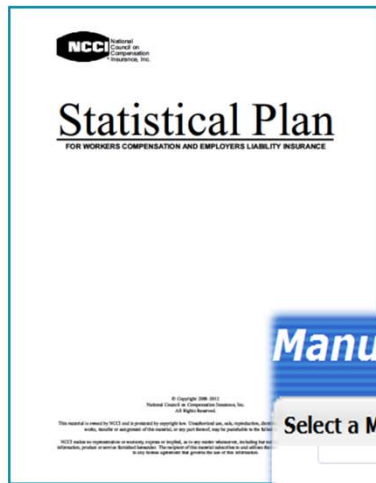


- Industry
- NCCI
- Regulators

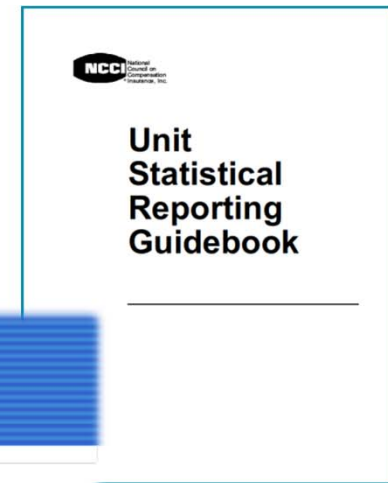


# Item Filing U-1398

- Filed in October 2011
- Approved in all NCCI states



Published in October 2012



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# Rule Changes and Reporting Clarifications

**Rule  
Changes**

**Reporting  
Clarifications**



# Rule Changes and Reporting Clarifications

## Rule Changes ...

Modify existing ***Statistical Plan*** rules on a specific topic

Apply data reporting specific to that topic

## Reporting Clarifications ...

Do not change the reporting rule for the specific topic

Provide additional information to reinforce the current reporting rule

# Rule Changes and Reporting Clarifications

## Rule Changes

Modify existing ***Statistical Plan*** rules on a specific topic

Apply data reporting specific to that topic

## Reporting Clarifications

Do not change the reporting rule for the specific topic

Provide additional information to reinforce the current reporting rule



# Fraudulent and Noncompensable Claim Reporting

For policies with effective dates prior to January 1, 2013, fraudulent and noncompensable claims are reduced to zero for reporting purposes

For policies January 1, 2013 and subsequent, loss amounts should be reflective of company systems *and not* reduced to zero dollars



# Fraudulent and Noncompensable Claim Reporting

For policies January 1, 2013 and subsequent, loss amounts should be reflective of company systems *and not* reduced to zero dollars

- Continue to identify these claims with the appropriate Fraudulent Claim Code or Type of Settlement Code
- Continue to exclude these claims from experience ratings
- Eliminated the Partially Fraudulent Claim Code



# Reporting Fraudulent Claims

Policies Effective January 1, 2013 and Subsequent

**As of the  
1st report:**



- If no loss dollars, do not report the claim
- If any loss dollars, report the claim with Fraudulent Claim Code 02

**After the 1st report  
and prior to the 6th:**



- Report correction(s) for all reported units with Fraudulent Claim Code 02

Loss amounts must continue to reflect the values as of each specific report level(s)

# Reporting Fraudulent Claims

Policies Effective January 1, 2013 and Subsequent

**As of the  
1st report:**



- If no loss dollars, do not report the claim
- If any loss dollars, report the claim with Fraudulent Claim Code 02

**After the 1st report  
and prior to the 6th:**



- Report correction(s) for all reported units with Fraudulent Claim Code 02

**As of 6th report or  
subsequent:**



- No corrections to prior report levels
- Report the claim with the Fraudulent Code 02

Loss amounts would reflect the value of the claim as of that valuation

# Fraudulent Claim Example

## Policies Effective January 1, 2013 and Subsequent

Pol Nbr: W123456		Carrier Cd: 99990			Pol Eff Dt: 04/01/13					
Rpt Nbr: 1		Corr Seq Nbr: 0			Corr Type Cd:			Exp St: 10-GA		
Update Type	Claim Nbr	Accident Dt	Nbr of Claims	Class Code	Injury Type	Claim Status	Cat Nbr	Jurisdiction St		
R	12345	06/01/13	1	5478	05	0	0	10		
Incurring Indemnity	Paid Indemnity	Incurring Medical	Paid Medical	Paid ALAE	Deductible Reimbursement		Emp Attny Fees Incurred	Clmt Attny Fees Incurred		
50,000	5,000	50,000	5,000	3,000	0		0	0		
Loss Condition Code (type of):					Injury Description Code:					
Act	Loss	Recovery	Claim	Settlement	Part	Nature	Cause	Voc Rehab	Lump-Sum	Fraud Claim
01	01	01	01	00	36	40	18	N	N	00

Claim ruled fraudulent



# Fraudulent Claim Example

## Policies Effective January 1, 2013 and Subsequent

Pol Nbr: W123456		Carrier Cd: 99990			Pol Eff Dt: 04/01/13					
Rpt Nbr: 1		Corr Seq Nbr: 1			Corr Type Cd:			Exp St: 10-GA		
Update Type	Claim Nbr	Accident Dt	Nbr of Claims	Class Code	Injury Type	Claim Status	Cat Nbr	Jurisdiction St		
R	12345	06/01/13	1	5478	05	0	0	10		
Incurred Indemnity	Paid Indemnity	Incurred Medical	Paid Medical	Paid ALAE	Deductible Reimbursement		Emp Attny Fees Incurred	Clmt Attny Fees Incurred		
50,000	5,000	50,000	5,000	3,000	0		0	0		
Loss Condition Code (type of):					Injury Description Code:					
Act	Loss	Recovery	Claim	Settlement	Part	Nature	Cause	Voc Rehab	Lump-Sum	Fraud Claim
01	01	01	01	00	36	40	18	N	N	02



# Fraudulent Claim Example

## Policies Effective January 1, 2013 and Subsequent

Pol Nbr: W123456		Carrier Cd: 99990			Pol Eff Dt: 04/01/13					
Rpt Nbr: 2		Corr Seq Nbr: 0			Corr Type Cd:			Exp St: 10-GA		
Update Type	Claim Nbr	Accident Dt	Nbr of Claims	Class Code	Injury Type	Claim Status	Cat Nbr	Jurisdiction St		
R	12345	06/01/13	1	5478	05	1	0	10		
Incurred Indemnity	Paid Indemnity	Incurred Medical	Paid Medical	Paid ALAE	Deductible Reimbursement		Emp Attny Fees Incurred	Clmt Attny Fees Incurred		
5,000	5,000	5,000	5,000	3,000	0		0	0		
Loss Condition Code (type of):					Injury Description Code:					
Act	Loss	Recovery	Claim	Settlement	Part	Nature	Cause	Voc Rehab	Lump-Sum	Fraud Claim
01	01	01	01	00	36	40	18	N	N	02



# Reporting Noncompensable Claims

## Policies Effective January 1, 2013 and Subsequent

**As of the  
1st report:**



- If no loss dollars, do not report the claim
- If any loss dollars, report the claim with Type of Settlement Code 05

**After the 1st report  
and prior to the 6th:**



- Report correction(s) for all reported units with Type of Settlement Code 05



Loss amounts must continue to reflect the values as of each specific report level(s)



# Reporting Noncompensable Claims

## Policies Effective January 1, 2013 and Subsequent

### As of the 1st report:

- If no loss dollars, do not report the claim
- If any loss dollars, report the claim with Type of Settlement Code 05

### After the 1st report and prior to the 6th:

- Report correction(s) for all reported units with Type of Settlement Code 05

### As of the 6th report or subsequent:

- No corrections to prior report levels
- Report the claim with Type of Settlement Code 05

Loss amounts must reflect the value of the claim as of that valuation

# Noncompensable Claim Example

## Policies Effective January 1, 2013 and Subsequent

Pol Nbr: W123456		Carrier Cd: 99990			Pol Eff Dt: 04/01/13					
Rpt Nbr: 1		Corr Seq Nbr: 0			Corr Type Cd:			Exp St: 10-GA		
Update Type	Claim Nbr	Accident Dt	Nbr of Claims	Class Code	Injury Type	Claim Status	Cat Nbr	Jurisdiction St		
R	12345	06/01/13	1	5478	05	0	0	10		
Incurring Indemnity	Paid Indemnity	Incurring Medical	Paid Medical	Paid ALAE	Deductible Reimbursement		Emp Attny Fees Incurred	Clmt Attny Fees Incurred		
5,000	3,000	8,000	5,000	1,000	0		0	0		
Loss Condition Code (type of):					Injury Description Code:					
Act	Loss	Recovery	Claim	Settlement	Part	Nature	Cause	Voc Rehab	Lump-Sum	Fraud Claim
01	01	01	01	00	36	40	18	N	N	00

Claim ruled noncompensable



# Noncompensable Claim Example

## Policies Effective January 1, 2013 and Subsequent

Pol Nbr: W123456		Carrier Cd: 99990			Pol Eff Dt: 04/01/13					
Rpt Nbr: 1		Corr Seq Nbr: 1			Corr Type Cd:			Exp St: 10-GA		
Update Type	Claim Nbr	Accident Dt	Nbr of Claims	Class Code	Injury Type	Claim Status	Cat Nbr	Jurisdiction St		
R	12345	06/01/13	1	5478	05	0	0	10		
Incurred Indemnity	Paid Indemnity	Incurred Medical	Paid Medical	Paid ALAE	Deductible Reimbursement		Emp Attny Fees Incurred	Clmt Attny Fees Incurred		
5,000	3,000	8,000	5,000	1,000	0		0	0		
Loss Condition Code (type of):				Injury Description Code:						
Act	Loss	Recovery	Claim	Settlement	Part	Nature	Cause	Voc Rehab	Lump-Sum	Fraud Claim
01	01	01	01	05	36	40	18	N	N	00

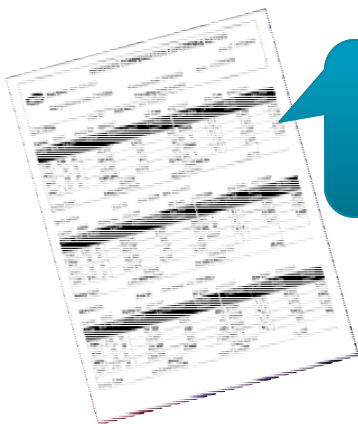
Submit correction to update the Type of Settlement Code



# Noncompensable Claim Example

## Policies Effective January 1, 2013 and Subsequent

Pol Nbr: W123456		Carrier Cd: 99990			Pol Eff Dt: 04/01/13					
Rpt Nbr: 1		Corr Seq Nbr: 1			Corr Type Cd:			Exp St: 10-GA		
Update Type	Claim Nbr	Accident Dt	Nbr of Claims	Class Code	Injury Type	Claim Status	Cat Nbr	Jurisdiction St		
R	12345	06/01/13	1	5478	05	0	0	10		
Incurred Indemnity	Paid Indemnity	Incurred Medical	Paid Medical	Paid ALAE	Deductible Reimbursement		Emp Attny Fees Incurred	Clmt Attny Fees Incurred		
5,000	3,000	8,000	5,000	1,000	0		0	0		
Loss Condition Code (type of):				Injury Description Code:						
Act	Loss	Recovery	Claim	Settlement	Part	Nature	Cause	Voc Rehab	Lump-Sum	Fraud Claim
01	01	01	01	05	36	40	18	N	N	00



Noncompensable claim would be removed from experience rated calculation

# Permanent Partial Injury Type Code Definition

Rule Changes
Fraudulent claims
Noncompensable claims
Permanent Partial Injury Type Code definition
New cause of injury code
Elimination of hard copy reporting
Elimination of medical-only claims grouping

Removed the “52 week” portion of the rule pertaining to temporary injuries



# Cause of Injury Code 93

Rule Changes
Fraudulent claims
Noncompensable claims
Injury Type (Permanent Partial) definition
New cause of injury code
Elimination of hard copy reporting
Elimination of medical-only claims grouping

Code 93—Gunshot



# Elimination of Reporting Hardcopy Units and Medical-Only Claims

Rule Changes
Fraudulent claims
Noncompensable claims
Injury Type (Permanent Partial) definition
New cause of injury code
Elimination of hard copy reporting
Elimination of medical-only claims grouping

Only electronic submissions are acceptable

Report medical-only claims individually

# Reporting Clarifications

## Single-State Policies

### Single-State Policy—Unit Reported When:

- Exposure developed at audit
  - Report all applicable data
- No exposure developed at audit
  - Report Statistical Code 1111
- Not yet been audited
  - Report estimated exposure for all class and statistical codes

### Reporting Clarifications

Single-state and multistate policies

Coal mine and black lung diseases

Excess policies

Expense constant and balance to minimum premium

Individual risk rating plans

Additional claim reporting rules

Part of Body Code 65—Unknown

Accident date



# Reporting Multistate Policies

## Multistate Policy—Unit Reported for State When:

- Developed exposure at audit
- Not yet been audited
- Developed no exposure at audit when estimated on policy
- State developed exposure, after being written on an “if any” basis

## Reporting Clarifications

Single-state and multistate policies

Coal mine and black lung diseases

Excess policies

Expense constant and balance to minimum premium

Individual risk rating plans

Additional claim reporting rules

Part of Body Code 65—Unknown

Accident date

# Exceptions for Reporting Multistate Policies

## Multistate Policy—Unit Not Reported (Written on “If-Any” Basis)

- No exposure developed at audit
- Expense constant does not apply
- Minimum premium does not apply in the state

## Reporting Clarifications

Single-state and multistate policies

Coal mine and black lung diseases

Excess policies

Expense constant and balance to minimum premium

Individual risk rating plans

Additional claim reporting rules

Part of Body Code 65—Unknown

Accident date

# Coal Mine and Black Lung Diseases

- Reporting of classification and corresponding statistical code
- Reporting of traumatic and occupational disease experience
- Reporting of black lung disease experience
  - Exposure and premium
  - Losses

## Reporting Clarifications

Single-state and multistate policies

Coal mine and black lung diseases

Excess policies

Expense constant and balance to minimum premium

Individual risk rating plans

Additional claim reporting rules

Part of Body Code 65—Unknown

Accident date

# Excess Policies

Do not report excess policies

Reporting Clarifications
Single-state and multistate policies
Coal mine and black lung diseases
Excess policies
Expense constant and balance to minimum premium
Individual risk rating plans
Additional claim reporting rules
Part of Body Code 65—Unknown
Accident date



# Expense Constant and Balance to Minimum Premium

- Appropriate statistical code
  - Code 0900—Expense Constant
  - Code 0990—Balance to Minimum Premium
- Multistate policies
  - Report the expense constant/minimum premium to the states with the highest amount

## Reporting Clarifications

Single-state and multistate policies

Coal mine and black lung diseases

Excess policies

Expense constant and balance to minimum premium

Individual risk rating plans

Additional claim reporting rules

Part of Body Code 65—Unknown

Accident date

# Individual Risk Rating Plans

- Schedule rating programs
- Deductible programs
- Other NCCI premium adjustment programs
  - Example: Contracting Classification Premium Adjustment Program (CCPAP)
- Other insurer premium adjustment programs
  - Example: Drug-Free Workplace Credit

## Reporting Clarifications

Single-state and multistate policies

Coal mine and black lung diseases

Excess policies

Expense constant and balance to minimum premium

Individual risk rating plans

Additional claim reporting rules

Part of Body Code 65—Unknown

Accident date

# Additional Claim Reporting Rules

- New Rule—Part 4F
- Updated additional claim reporting rules

Reporting Clarifications
Single-state and multistate policies
Coal mine and black lung diseases
Excess policies
Expense constant and balance to minimum premium
Individual risk rating plans
Additional claim reporting rules
Part of Body Code 65—Unknown
Accident date

# Part of Body Code 65—Unknown

Correction reports are required for all reports once the part of body is known

Reporting Clarifications
Single-state and multistate policies
Coal mine and black lung diseases
Excess policies
Expense constant and balance to minimum premium
Individual risk rating plans
Additional claim reporting rules
Part of Body Code 65—Unknown
Accident date



# Accident Date

- Traumatic and disease injury
- Report last date of exposure when accident date is unknown

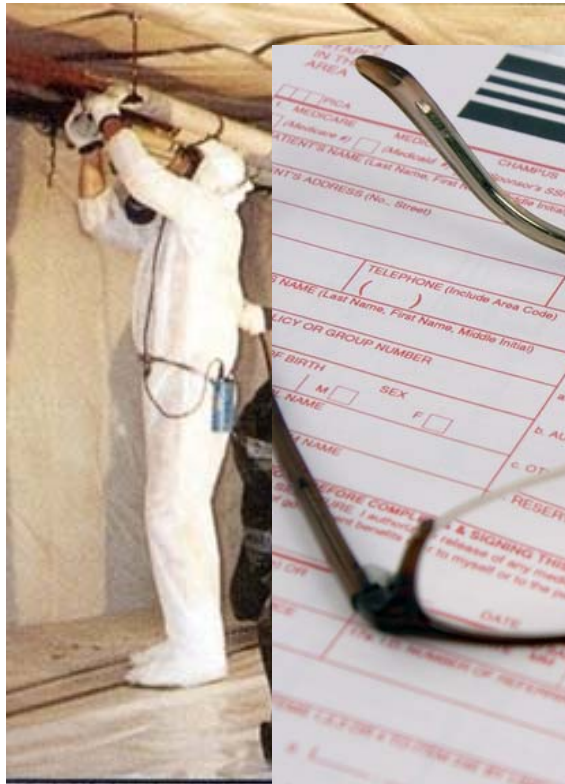
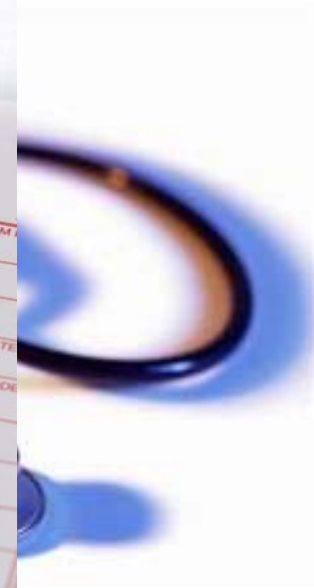
Reporting Clarifications
Single-state and multistate policies
Coal mine and black lung diseases
Excess policies
Expense constant and balance to minimum premium
Individual risk rating plans
Additional claim reporting rules
Part of Body Code 65—Unknown
Accident date



# Reportable Claims When Accident Date Is Unknown—Example



# Reportable Claims When Accident Date Is Unknown—Example

A close-up view of a Health Insurance Claim Form. A pair of glasses is resting on the form, which is filled with various fields for patient information, including name, address, birth date, and insurance details. The form is titled "HEALTH INSURANCE CLAIM FORM" and includes sections for patient status, employment, and insurance plan information.

# Reportable Claims When Accident Date Is Unknown—Example

Pol Nbr: W123456		Carrier Cd: 99990			Pol Eff Dt: 01/01/05					
Rpt Nbr: 7		Corr Seq Nbr: 2			Exp St: 44-VT					
<b>Update Type</b>	<b>Claim Nbr</b>	<b>Accident Dt</b>	<b>Claims</b>	<b>Code</b>	<b>Type</b>	<b>Status</b>	<b>Cat Nbr</b>	<b>Jurisdiction St</b>		
R	341265	06/01/05	1	5473	09	0	0	44		
<b>Incurred Indemnity</b>	<b>Paid Indemnity</b>	<b>Incurred Medical</b>	<b>Paid Medical</b>	<b>Paid ALAE</b>	<b>Deductible Reimbursement</b>	<b>Emp Attny Fees Incurred</b>	<b>Clmt Attny Fees Incurred</b>			
50,000	0	25,000	10,000	3,000	0	0	0			
<i>Loss Conditions Code (type of):</i>					<i>Injury Description Code:</i>					
<b>Act</b>	<b>Loss</b>	<b>Recovery</b>	<b>Claim</b>	<b>Settlement</b>	<b>Part</b>	<b>Nature</b>	<b>Cause</b>	<b>Voc Rehab</b>	<b>Lump-Sum</b>	<b>Fraud Claim</b>
01	02	01	01	00	60	61	82	N	N	00

Equates to the last date of exposure

Represents Occupational Disease



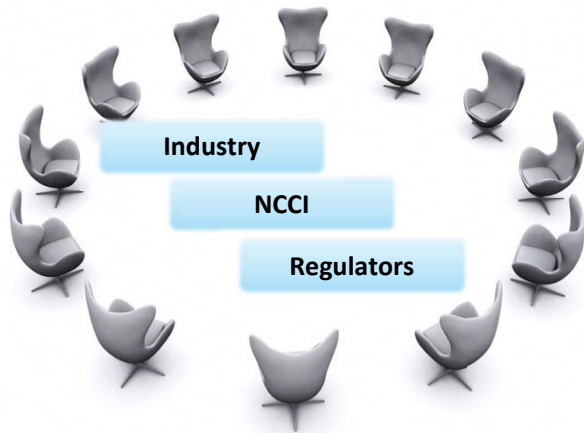
# Reportable Claims When Accident Date Is Unknown—Example

Pol Nbr: W123456		Carrier Cd: 99990						Pol Eff Dt: 01/01/05		
Rpt Nbr: 7		Corr Seq Nbr: 0			Corr Type Cd:			Exp St: 44-VT		
Update Type	Claim Nbr	Accident Dt	Nbr of Claims	Class Code	Injury Type	Claim Status	Cat Nbr	Jurisdiction St		
R	341265	06/01/05	1	5473	09	0	0	44		
Incurred Indemnity	Paid Indemnity	Incurred Medical	Paid Medical	Paid ALAE	Deductible Reimbursement	Emp Attny Fees Incurred	Clmt Attny Fees Incurred			
50,000	0	25,000	10,000	3,000	0	0	0			
Loss Conditions Code (type of):				Injury Description Code:						
Act	Loss	Recovery	Claim	Settlement	Part	Nature	Cause	Voc Rehab	Lump-Sum	Fraud Claim
01	02	01	01	00	60	61	82	N	N	00

For more details on reporting rules, clarifications, and examples, refer to the *Statistical Plan* and the *USRG*



# Recap

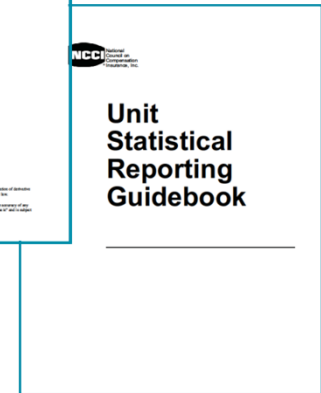
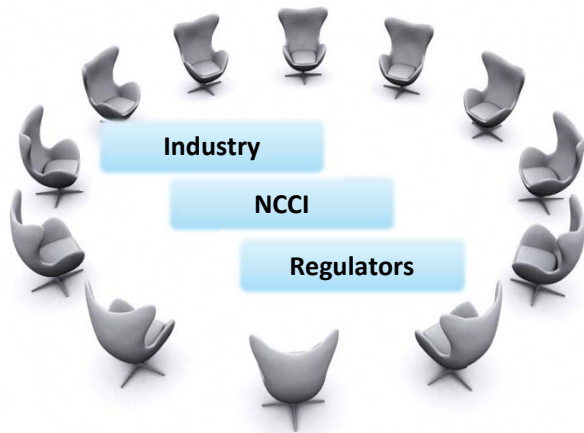


Rule Changes
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Injury Type (Permanent Partial) Definition
New Cause of Injury Code

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Coal mine
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Expense Constant and Balance to Minimum Premium
Individual Risk Rating Plans
Reportable and Non-Reportable Claims
Correction reporting for Part of Body Code 65—Unknown
Reportable Claims When Accident Date is Unknown



# Recap

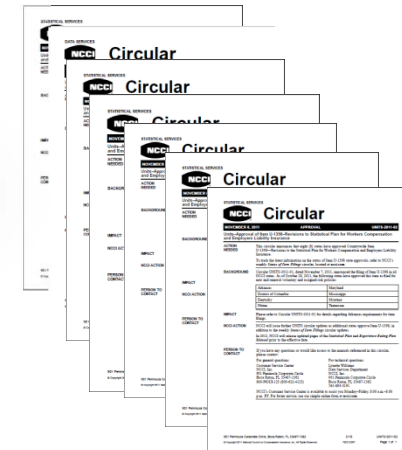


Rule Changes	
Fraudulent Claims	
Noncompensable Claims	
Injury Type (Permanently and Partially Disabled)	

**Fraudulent Claims**

**Noncompensable Claims**

Coal mine	
Excess policies	
Expense Constant and Balance to Minimum Premium	
Individual Risk Rating Plans	
Reportable and Non-Reportable Claims	
Correction reporting for Part of Body Code 65—Unknown	
Reportable Claims When Accident Date is Unknown	



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