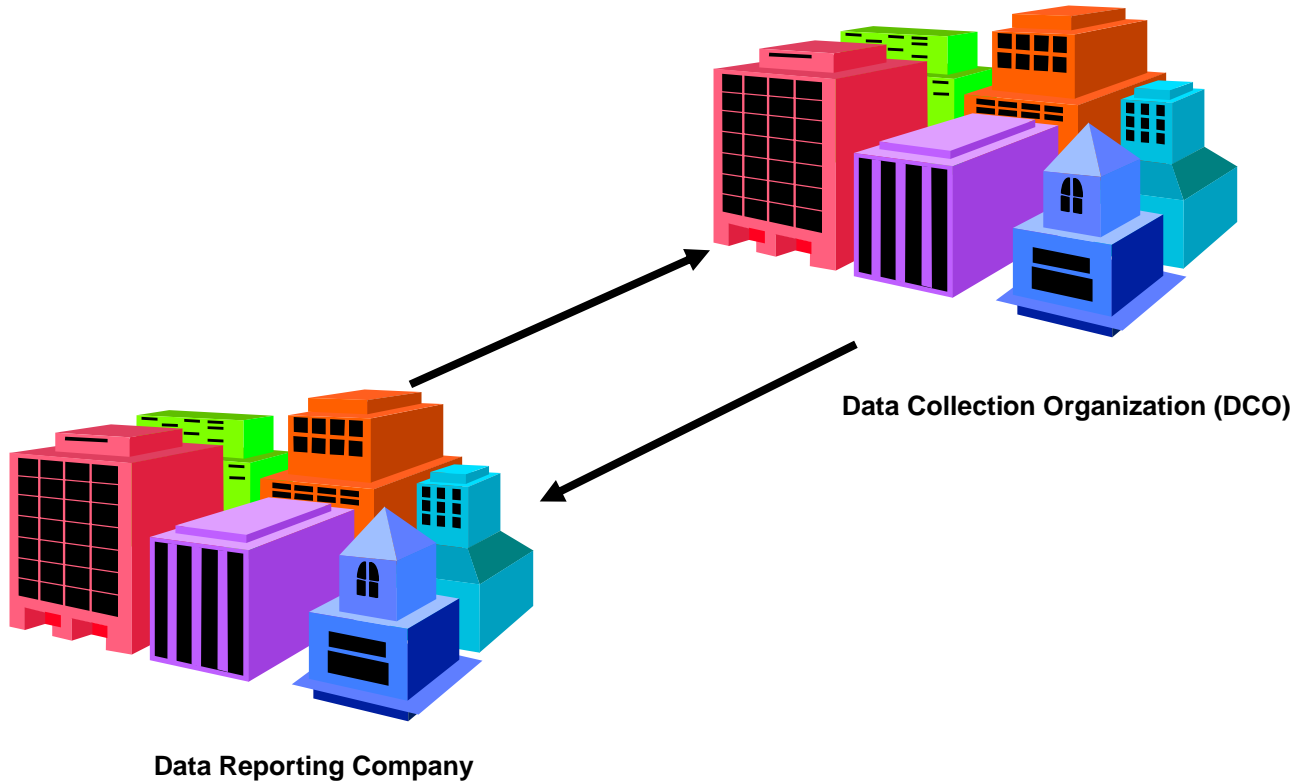


INDIVIDUAL CASE/CLAIM DATA REPORTING (ICRs)

INDIVIDUAL CASE/CLAIM REPORT (ICR) DATA FLOW BETWEEN
DATA REPORTING COMPANY AND DATA COLLECTION ORGANIZATION



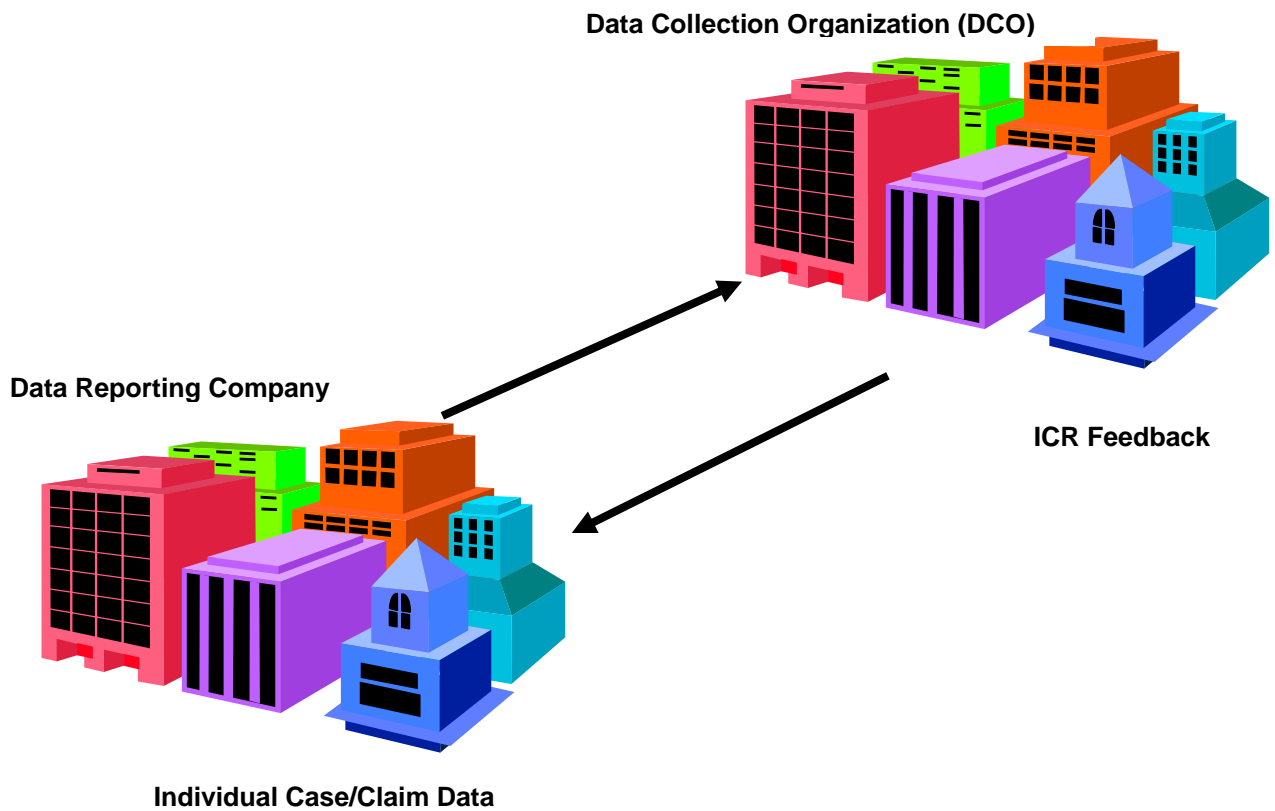
DATA REPORTING COMPANY

- = INSURANCE COMPANIES
- = STATE FUNDS
- = SELF-INSURED GROUPS
- = THIRD PARTY ADMINISTRATORS (TPAs)

DATA COLLECTION ORGANIZATION

- = CALIFORNIA
- = DELAWARE
- = MASSACHUSETTS
- = NEW JERSEY
- = NEW YORK
- = PENNSYLVANIA

USE OF INDIVIDUAL CASE/CLAIM (ICR) DATA



Individual case/claim data is used to:

- Supplement unit stat data on major claims, e.g., deaths, permanent totals
- Provide valuable information for cost containment
- Provide “drill down” or research capabilities on major claims
- Provide key information in explaining cost trends

INDIVIDUAL CASE/CLAIM REPORT DATA
REPORTING GUIDELINES

Information contained in the individual case/claim report supplements the data reported for a specific claim on a unit report and must be filed concurrently with the corresponding unit stat data. Individual Case/Claim Reports (ICRs) are required by the following DCOs:

DELAWARE/PENNSYLVANIA

In Delaware and Pennsylvania, ICRs are required when a claim meets any one of the following criteria:

Policy Effective Date equals 1-1-96 and subsequent

- Death (Injury Type = 1)
- Permanent Total (Injury Type = 2)

Policy Effective Date is prior to 1-1-96

- Death (Injury Type = 1)
- Permanent Total (Injury Type = 2)
- Indemnity or medical value greater than \$100,000

MASSACHUSETTS

~~In Massachusetts, ICRs are required when a claim meets any one of the following criteria:~~

- ~~•Death (Injury Type = 1)~~
- ~~•Permanent Total (Injury Type = 2)~~

~~**NOTE:** Massachusetts requires the reporting of ICRs up to the tenth report.~~

NEW JERSEY

In New Jersey, ICRs are required when a claim meets any one of the following criteria:

- Death (Injury Type = 1)
- Permanent Total (Injury Type = 2)
- Major Permanent Partial (Injury Type = 3)
- Claim settled under part 2 of the policy (other than Admiralty or Federal Employers' Liability Act (FELA)).
- Claim adjudicated pursuant to R.S.N.J. 34:15-20 involving a lump sum settlement of at least \$100,000 or greater.
- Subsequent individual claim reports are required for each claim on which an individual report was previously necessary, regardless of whether or not its revised status places it outside of the criteria.

NEW YORK

- Death (Injury Type = 1)
- Permanent Total (Injury Type = 2)

The following are helpful hints for reporting ICRs in all States:

- All information on the ICR must agree with the corresponding information shown on the unit stat data.
- ICRs must be filed concurrently with the submission of the associated unit stat data.
- Some DCOs have eliminated redundant coding that have lessened the reporting requirements for ICRs. California has gone so far as to eliminate the reporting of ICRs if the insurer reports several additional elements on the unit stat data.
- For reporting ICRs electronically, the specifications are found in the WCSTAT section of the *WCIO Workers' Compensation Data Specifications Manual*.
- ICR requirements are not the same as the detailed claim reporting requirements. The elements, as well as the format are different in many instances.
- Some DCOs with fining programs will levy fines when unit reports have been filed without a corresponding ICR.

HARD COPY INDIVIDUAL CASE/CLAIM DATA REPORTING GUIDELINES

All DCOs accept ICR data reported on paper. ~~Massachusetts does not accept handwritten submissions; all hard copy submissions must be typed or printed.~~

It is extremely important that the rules outlined in the DCOs' statistical plans be followed. Many of the helpful hints shown in the unit stat data hard copy reporting guidelines apply to the ICR.

ELECTRONIC INDIVIDUAL CASE/CLAIM DATA REPORTING GUIDELINES

The guidelines for reporting ICRs electronically are found in the *WCIO Workers' Compensation Data Specifications Manual*.

The format for electronic reporting is called the WCSTAT format. It is a 250-byte record for reporting the ICR data.

The term 'electronic reporting' can mean different methods of reporting for some DCOs, such as by cartridge, PC to PC, zip files, mainframe to mainframe, etc. It is best to check with the DCO as to their accepted methods of electronic submissions.

DCOs require a test submission before approving a company to begin reporting ICR data electronically. The test usually requires the following:

- A letter or record of transmittal
- 'X' number of records (the number of records varies by DCO). Some DCOs want no more than 50 records; other may require more
- Hard copies of the test material

It is important that while testing for electronic submission, the reporting of data on paper be continued until approval is received for electronic reporting.

The WCSTAT Section of the *WCIO Workers' Compensation Data Specifications Manual* is very specific and contains guidelines pertinent to the filing of ICR data. Some of the more important guidelines are:

- In the specifications for reporting ICR data, there are instructions as to when a field should be right-or left-justified. The general rule is numeric fields are right-justified, left zero-filled; alphanumeric or alpha fields are left-justified, right blank-filled. This means that if a given field is 8 bytes, it would be reported as follows:
 1. Numeric field-code = 1234, report as 00001234.
 2. Alphanumeric or Alpha field-code = A1234, report as A1234 – the last three positions should be blank. The only exception to this rule is claim number which must be reported as right-justified and left blank-filled.

Although this is the general rule for reporting in fixed length fields, there are exceptions.

STATE AND REPORTING JURISDICTIONS

This chart identifies the state and the jurisdiction to which Individual Case/Claim Reports should be reported.

STATE

California
Delaware
~~Massachusetts~~
New Jersey
New York
Pennsylvania

JURISDICTION

Workers' Compensation Insurance Rating Bureau of California
Delaware Compensation Rating Bureau
~~Workers' Compensation Rating and Inspection Bureau of Massachusetts~~
New Jersey Compensation Rating and Inspection Bureau
New York Compensation Insurance Rating Board
Pennsylvania Compensation Rating Bureau

INDIVIDUAL CASE/CLAIM (ICR) FORMS

Refer to the appropriate DCO for the ICR forms.

INDIVIDUAL CASE/CLAIM (ICR) TRANSMITTAL INFORMATION

A Letter (hard copy) or Record (electronic) of Transmittal must accompany all data reported on hard copy or electronically. The transmittal can be submitted electronically (transmittal record) or on paper (transmittal letter).

The Letter/Record of Transmittal is used for record control, balancing, and communication purposes.

The Letter/Record of Transmittal provides the following:

1. Critical information pertaining to the submission, such as:
 - Data type (policy, unit statistical reports, detail claims information)
 - Submission type (test, resubmission, standard)
2. Information to facilitate the two-way communication between the DCO and the insurer. Therefore, it is necessary to include all available insurer information, such as:
 - Contact name
 - Phone number
 - Fax number
 - E-mail address
3. Date of receipt by DCO, number of records processed, and status of submission.

ICR data can be included on the letter or record of transmittal for unit stat data; or can be submitted separately using the unit stat data transmittals.

For hard copy submissions, most DCOs will accept a company-generated transmittal form. The form should contain:

- Company information
- Contact person; telephone; fax number and E-mail address
- Type of submission and quantity
- Certification statement, signed and dated
- Receipt type information

EXAMPLE OF AN INDIVIDUAL CASE/CLAIM TRANSMITTAL LETTER

**TRANSMITTAL LETTER
 UNIT REPORTS AND INDIVIDUAL CASE/CLAIM REPORTS**

Name and Address of Data Collection Organization

Submission Type:

- S = Standard Submission
- T = Test Submission
- R = Resubmission
- File #/Version Being Replaced _____

Pursuant to the requirements in the Statistical Plan of the above jurisdiction, the insurer indicated below herewith transmits the statistical data together with the individual case reports as indicated below.

Carrier Information: **CHECK HERE IF CARRIER INFORMATION HAS CHANGED**

Carrier Code: _____	Transmittal Serial # _____
Carrier Name: _____	E-Mail Address: _____
Attention: _____	Phone #: (____) _____
Street: _____	Fax #: (____) _____
City, State, Zip Code: _____	

Data Information:

Primary Effective Month/Year: _____

Operating System (check one): _____ DOS _____ OS _____

Complete for All Jurisdictions			Complete for CA, DE, MA, NJ, NY, and PA only Total Number ICR Records
File Serial No.	Detail Record Count	Total Unit Reports Submitted	
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Manually Prepared Unit Stat Reports and ICR for Data Not on Electronic File:

- Enclosed Will Follow Already Filed
- Manual Transmittal Letter is required (Not Applicable: CA)

Canceled Flat List Enclosed: Yes _____ No _____ (NJ Only)

<p>Complete for NCCI only ELECTRONIC FORMAT: 250 BYTES Yes _____ No _____</p>

The person signatory hereto certifies on behalf of the company that all data furnished herewith are correct and do not include any claims declared noncompensable by judicial or appropriate department ruling.

SIGNATURE: _____ DATE: _____

DATA COLLECTION ORGANIZATION PROCESSING INFORMATION