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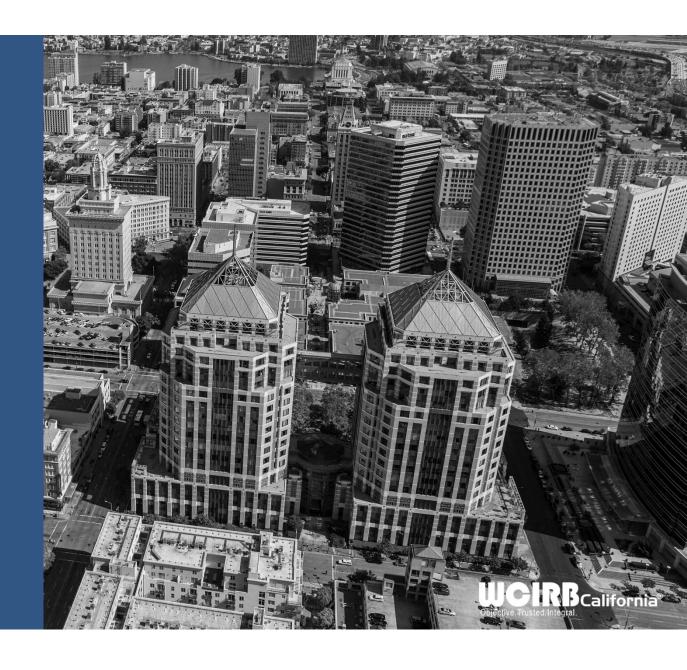
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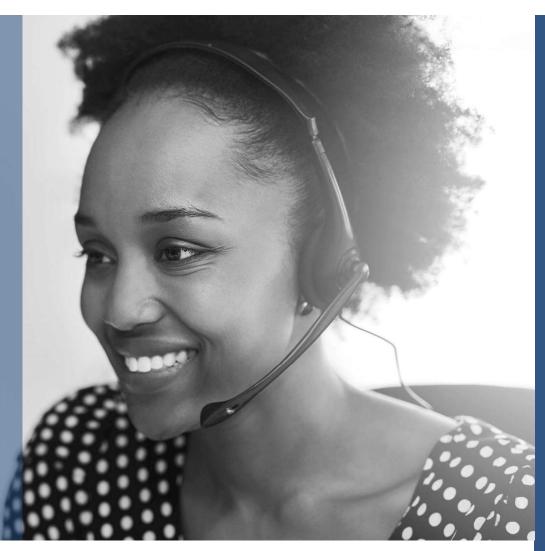
01

Review of the Basics of Experience Rating



What is Experience Rating?

past insurance
experience of the individual
policyholder to forecast
future losses by measuring
the policyholder's loss experience
against the loss experience of
policyholders in the
same classification to
produce a prospective premium
credit, debit or unity modification."



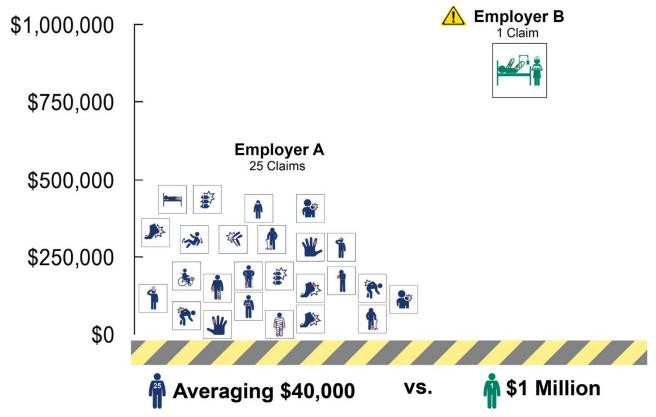


Experience Rating

Forecast of Future Losses

Frequency vs. Severity

Cost of Actual Claims





What Does an Experience Modification Represent?

- An experience modification is a forecast of future losses
 - Not a recoupment program past experience is used only to the extent it is predictive of future experience
 - Predictive value depends on size of employer with the loss history of larger employers given more weight
 - Not a proxy for safety safety is one of the factors that go into the X-Mod
- An experience modification is expressed as a percentage
 - Less than 100% means employer has better than average loss history
 - Over 100% means employer has worse than average loss history
- Experience rating experience rating is premium neutral on a statewide basis
- Experience rating is only one component of employer's premium determination
 - Loss experience and risk characteristics are also considerations



Experience Rating Overview

Purpose of X-Mods

- Experience rating is a state mandated merit rating system that benchmarks an employer against others in its industry
- Provides a uniform mechanism to refine the pricing of workers' compensation insurance to acknowledge the unique characteristics of each employer's operation
- Provides a direct financial incentive for employers to reduce accidents



Experience Rating Overview

Purpose of X-Mods (...continued)

- The "industry" by which all employers are associated is defined by the Standard Classification assigned to their business operations. While Standard Classifications include a range of activities considered "normal and usual" for the industry, there are differences in:
 - Operations (e.g., level of mechanization)
 - Safety practices
 - Salary levels
 - Other characteristics (e.g., size and location)
- One purpose of X-Mods is to account for these differences



What is the WCIRB's Role?

- The WCIRB is a licensed rating organization and the California Insurance Commissioner's designated statistical agent
- Administers and proposes amendments to the Insurance Commissioner's workers' compensation regulations
 - Uniform Statistical Reporting Plan
 - Experience Rating Plan
 - Miscellaneous Regulations



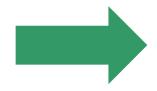
02

How is Data Used in Experience Rating



How Data is Collected and Used by the WCIRB







Data from every workers' compensation insurance policy providing coverage in California is required to be reported to the WCIRB within 60 days after policy inception.

Payroll by classification and any claims are submitted to the WCIRB by 20 months after the policy inception date.

All claims on the policy are first valued at 18 months. Up to nine additional reports are required annually, as long as there are open claims as of the prior valuation.

Level	Date of Valuation	Date of Reporting
1	18 months	20 months
2	30 months	32 months
3	42 months	44 months
4	54 months	56 months
5	66 months	68 months
6	78 months	80 months
7	90 months	92 months
8	102 months	104 months
9	114 months	116 months
10	126 months	128 months



Experience PeriodSection III of the ERP

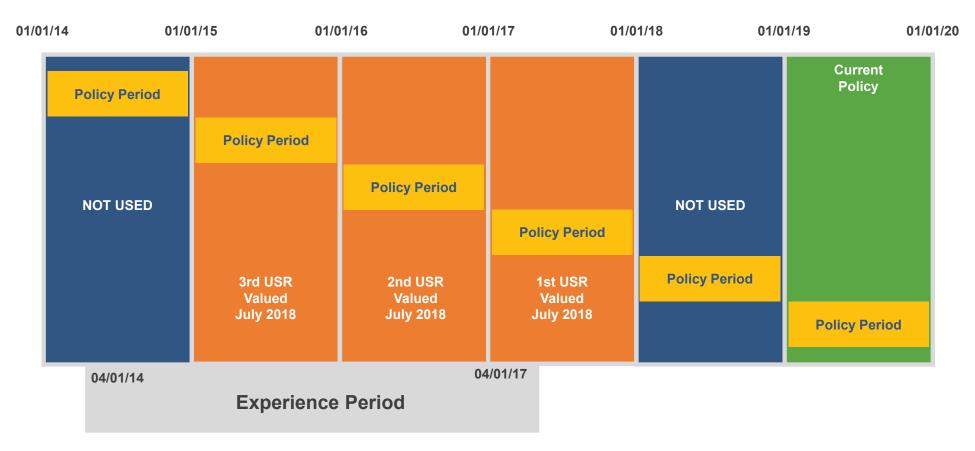
Start by establishing the rating effective date (RED). Prior to 1/1/2018, this was the anniversary rating date (ARD). Generally speaking, the inception date of the annual renewal policy sets the next RED (1/1/2018 to 1/1/2019 policy sets a 1/1/2019 RED).

The experience period is a three (3) year period, commencing four (4) years and nine (9) months prior and terminating one (1) year and nine (9) months prior to the date for which an experience modification is to be established. The payroll and loss data from all policies that incept within the experience period are used to produce the experience modification.

The payroll and loss data from all policies that incept within the experience period will be used in the calculation.



The Experience Period





Eligibility for Experience Rating

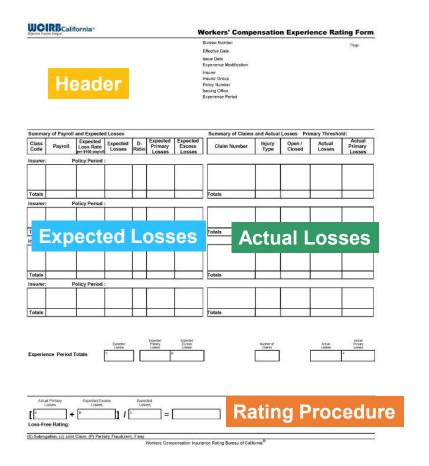
Section III of the ERP

To determine eligibility, the payroll developed during the experience period is totaled by classification code. These totals are multiplied by the expected loss rate that applies as of the effective date of the experience modification for the particular classification. The sum of these premium calculations must equal or exceed the minimum premium threshold. The eligibility threshold for 2019 experience modifications is \$10,000.

Classification Code	2015 Payroll	2016 Payroll	2017 Payroll	Payroll Total	Expected Loss Rate (per \$100)	Eligibility Value
8017	211,777	199,592	260,500	671,869	\$1.50	\$10,078
8742	92,109	95,551	100,551	288,211	\$0.16	461
8810	49,233	55,566	64,555	169,354	\$0.13	220
						\$10,759



Experience Rating Overview





Expected Losses

- At a basic level, an experience modification is a comparison of expected losses to actual losses.
- Expected losses are the amount of claims (frequency and severity) expected from a business based on the industry (classification) and the size of the business (measured in payroll).
 - The higher expected loss rate, the greater hazard, and therefore, more "Expected Losses"
 - The more payroll, the more employee exposure to hazard, and therefore, more "Expected Losses"



Splitting Expected Losses with D-Ratio

Section VII of the ERP – Pre-2019

- The D-Ratio discounts/reduces the impact of the severity of large claims on X-Mods by separating expected losses into two components: Expected Primary Losses and Expected Excess Losses.
- Expected Primary Losses represent the portion of the expected losses that are more related to claim frequency and have the greatest predictive value in projecting future losses.
- Expected Excess Losses represent the severity of claim costs that are considered more outside the employer's control
 and are not predictive of future losses.

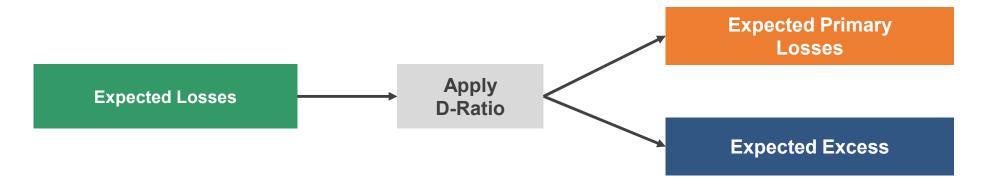


Splitting Expected Losses with D-Ratio

Of the Expected Losses, what part of the losses should be considered controllable by the policyholder?

The D-Ratio helps to answer — think D for divide.

- Expected Primary Losses = Frequency-Predictive
- Expected Excess = Severity-Outside Control





Splitting Expected Losses with D-Ratio (...continued)

- While there is only one Expected Loss Rate for each classification, there are over 90 D-Ratio values for each classification, which corresponds to the 90+ Primary Thresholds, as determined by the policyholder's Expected Losses.
- The larger the employer, the greater their Primary Threshold, meaning more of the actual value of claims will be used in their X-Mod calculation.
- The D-Ratios for each classification reflect differences in the average severity of claims by classification.
- In 2019, the Expected Loss Rates and D-Ratios were adjusted to reflect the removal of the first \$250 of all claims in the calculation of experience modifications.



Expected Loss Rate and D-Ratio

Effective January 1, 2018

Table I - Expected Loss Rates and D-Ratios

Class	Expected Loss					D	-Ratio by	Primary	Thresho	ld	
Code	Rate	4,500	5,000	5,500	6,000	6,500	7,000	7,500	8,000	8,500	9,000
7707*	125.86	0.123	0.132	0.140	0.148	0.156	0.163	0.171	0.179	0.186	0.193
7720	1.18	0.123	0.152	0.143	0.173	0.182	0.191	0.200	0.209	0.218	0.227
7721	2.11	0.132	0.143	0.154	0.165	0.175	0.185	0.195	0.205	0.215	0.224
7722*	67.82	0.121	0.131	0.140	0.149	0.158	0.167	0.175	0.184	0.192	0.200
7855	1.16	0.098	0.106	0.114	0.122	0.130	0.137	0.145	0.152	0.159	0.167
8001	2.61	0.152	0.164	0.177	0.188	0.200	0.211	0.223	0.233	0.244	0.255
8004	1.51	0.152	0.162	0.171	0.180	0.189	0.197	0.206	0.214	0.222	0.230
8006	2.07	0.190	0.203	0.216	0.228	0.240	0.252	0.263	0.274	0.285	0.296
8008	1.26	0.189	0.202	0.215	0.228	0.240	0.252	0.263	0.275	0.286	0.296
8013	0.74	0.139	0.150	0.161	0.171	0.182	0.192	0.202	0.212	0.221	0.231
8015	2.55	0.150	0.160	0.171	0.181	0.191	0.201	0.210	0.220	0.229	0.238
8017	1.61	0.161	0.173	0.184	0.194	0.205	0.215	0.225	0.235	0.245	0.254
8018	2.56	0.157	0.168	0.180	0.191	0.201	0.212	0.222	0.232	0.242	0.252
8019	1.02	0.161	0.173	0.185	0.196	0.206	0.217	0.227	0.237	0.246	0.256
8021	3.97	0.155	0.167	0.179	0.190	0.201	0.212	0.223	0.233	0.244	0.254

2018 Table can be found in the ERP



Expected Loss Rate and D-Ratio

Effective January 1, 2018 (...continued)

Table I - Expected Loss Rates and D-Ratios

Class	Expected Loss						D-Ratio by	y Primary	Thresho	old	
Code	Rate	4,500	5,000	5,500	6,000	6,500	7,000	7,500	8,000	8,500	9,000
7707*	125.86	0.123	0.132	0.140	0.148	0.156	0.163	0.171	0.179	0.186	0.193
7720	1.18	0.143	0.153	0.163	0.173	0.182	0.191	0.200	0.209	0.218	0.227
7721	2.11	0.132	0.143	0.154	0.165	0.175	0.185	0.195	0.205	0.215	0.224
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7855	1.16	0.098	0.106	0.114	0.122	0.130	0.137	0.145	0.152	0.159	0.167
8001	2.61	0.152	0.164	0.177	0.188	0.200	0.211	0.223	0.233	0.244	0.255
8004	1.51	0.152	0.162	0.171	0.180	0.189	0.197	0.206	0.214	0.222	0.230
8006	2.07	0.190	0.203	0.216	0.228	0.240	0.252	0.263	0.274	0.285	0.296
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8019	1.02	0.161	0.173	0.18	- Class	-	Expected	E	D- Ex	pected E	xpected
8021	3.97	0.155	0.167	0.179	Class Code	Payroll	Loss Rate per \$100 payroll	Expected Losses	Ratio P	,	Excess Losses
					Insurer: 9	05 Pc	licy Period	: 06/01/2016	to 06/01/2	2017	
					8017	260,500	1.61	,	0.194	814	3,380
					8742 8810	100,551 64,555	0.15 0.13		0.177 0.198	27 17	124 67
					-				-		

Totals

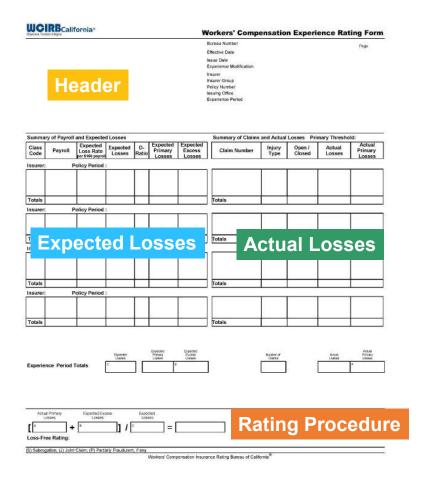
425,606

4,429



3,571

Experience Rating Overview





Actual Losses Section VII of the ERP – Pre-2019

Actual Losses

- Actual losses are broken down into:
 - Actual Primary Losses (the more predictive and controllable portion of the claim) and
 - Actual Excess Losses (the less predictive and less controllable portion of the claim).
- There are over 90 Primary Threshold values that vary based upon the size of the employer ranging from \$4,500 to \$75,000 as determined by the policyholder's Expected Losses.
 - Primary thresholds increment by \$500 from \$4,500 until \$25,000 at which point the increments change to \$1,000.



Primary Threshold

Effective January 1, 2018

Table II - Credibilities and Primary Thresholds Maximum Loss Value \$175,000 Average Death Value \$175,000

Expec	ted L	osses	Primary Threshold	Credibility Primary	Credibility Excess
Below	-	8,910	4,500	1.00	0.00
8,911	-	10,140	5,000	1.00	0.00
10,141	-	11,432	5,500	1.00	0.00
11,433	-	12,789	6,000	1.00	0.00
12,790	-	14,212	6,500	1.00	0.00
14,213	-	15,704	7,000	1.00	0.00
15,705	-	17,266	7,500	1.00	0.00
17,267	-	18,900	8,000	1.00	0.00
18,901	-	20,610	8,500	1.00	0.00
20,611	-	22,396	9,000	1.00	0.00

2018 Table can be found in the ERP



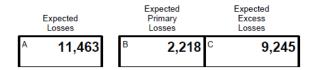
Primary Threshold

Effective January 1, 2018 (...continued)

Table II - Credibilities and Primary Thresholds Maximum Loss Value \$175,000 Average Death Value \$175,000

Expec	ted Lo	osses	Primary Threshold	Credibility Primary	Credibility Excess
Below	-	8,910	4,500	1.00	0.00
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10,141	-	11,432	5,500	1.00	0.00
11,433	_	12,789	6,000	1.00	0.00
12,790	-	14,212	6,500	1.00	0.00
14,213	-	15,704	7,000	1.00	0.00
15,705		17,266	7,500	1.00	0.00
17,267	-	18,900	8,000	1.00	0.00
18,901	-	20,610	8,500	1.00	0.00
20,611	-	22,396	9,000	1.00	0.00

Experience Period Totals

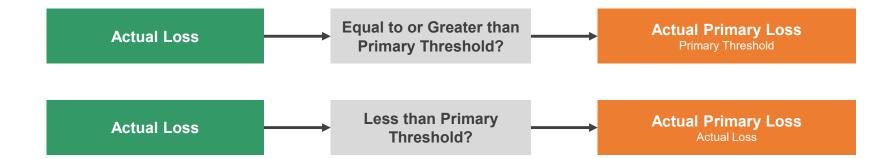




Splitting Actual Losses with Formula

Section VII of the ERP – Pre-2019

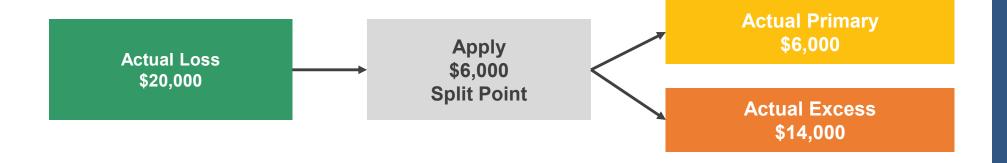
- As with Expected Losses, employers are expected to have some control, therefore responsibility, over accidents in the workplace.
- To determine how much, or what proportion, of each claim an employer should be held accountable, utilize this simple formula, where the Primary Loss is the portion considered "controllable" by the employer.





Primary Actual Losses

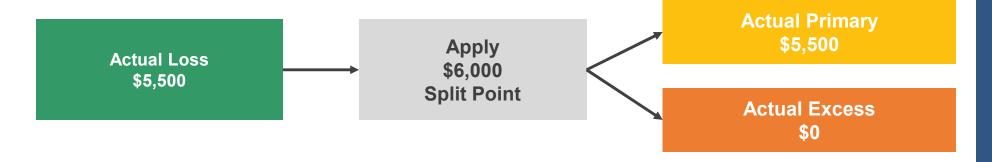
Example 1: Primary Threshold \$6,000





Primary Actual Losses (...continued)

Example 2: Primary Threshold \$6,000





Actual LossesSection VII of the ERP – Pre-2019

Summary of Claims and Actual Losses Primary Threshold: 6,00							
Claim Number	Injury Type / # of Claims		Actual Losses	Actual Primary Losses	Actual Excess Losses		
UNDER \$2,001	1		299	299			
Totals	1		299	299	0		
47092939 UNDER \$2,001	05 2	Open	97,795 1,852	6,000 1,852	91,795		
Totals	3		99,647	7,852	91,795		
Totals	0		0	0	0		
005241191	04	Closed	13,229	6,000	7,229		
Totals	1		13,229	6,000	7,229		



03

2019 Changes to the Experience Rating Plan



Labor Code Section 5401(a) Definition of First Aid

"[F]irst aid' means any one-time treatment and any follow-up visit for the purpose of observation of minor scratches, cuts, burns, splinters, or other minor industrial injury, which do not ordinarily require medical care. This one-time treatment, and follow-up visit for the purpose of observation, is considered first aid even though provided by a physician or registered professional personnel."





DIR Requirements on First Aid Claims



Employers are not required to provide a claim form (DWC-1) to an injured worker on first aid claims (Labor Code Sec. 5401(a))



Employers are not required to submit the Employer's First Report of Occupational Injury or Illness (5020) to DIR on first aid claims (Labor Code Sec. 6409.1)



Physicians who attend to any injured employee are required to file a Doctors First Report of Occupational Injury or Illness (5021) on all claims in which they provide treatment including first aid claims (Labor Code Sec. 6409(a))



Only a physician or registered professional personnel can determine whether an injury or illness arising out of and occurring in the course of employment qualifies as "first aid"



2019 Change to X-Mod Formula—Why? Exclusion of First \$250 of Each Claim

- 2015: WCIRB established a broad working group on non-reporting of small "First Aid" claims
- Working Group findings & recommendations
 - Non-reporting of claims is a significant issue affecting workers' access to benefits, fairness & insurer's ability to manage claims
 - Clarify reporting requirements
 - Remove disincentive to report small claims by eliminating the use of these claims in X-Mod formula
- 2017: Reporting requirements clarified all claims with medical treatment costs must be reported
- 2019: Claims less than \$250 not used in X-Mod formula (includes 2017 claims)
- Objective: Get all workers' comp claims into the system



2019 Change to X-Mod Formula—Why \$250?

- Most claims meeting California definition of "First Aid" will be less than \$250 in value
- Higher alternative thresholds reviewed had significant impact on plan accuracy, loss-free credits and X-Mod distribution
- WCIRB will regularly review \$250 threshold and adjust for inflation as needed



What Changed in 2019?

- Exclude first \$250 of each loss from formula
 - Addresses potential underreporting of "first aid" claims
 - Modest impact on most employers' X-Mods
- Simplified Formula
 - Eliminates credibility terms
 - No impact on X-Mods
 - Changes experience rating form



2019 Change to X-Mod Formula

How It Works – \$250 Loss Exclusion

Examples – Primary Losses with Primary Threshold = \$10,000

\$ For Incurred Loss of \$200	Actual Primary Loss = 0
\$ For Incurred Loss of \$5,000	Actual Primary Loss = \$4,750
\$ For Incurred Loss of \$10,000	Actual Primary Loss = \$9,750
\$ For Incurred Loss of \$50,000	Actual Primary Loss = \$9,750

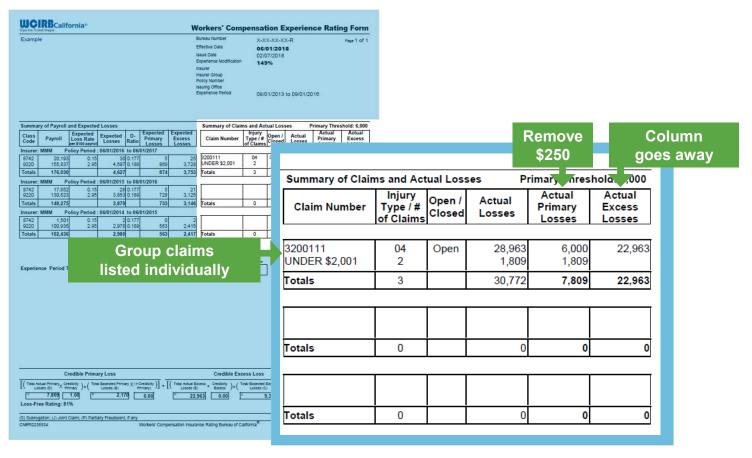


2018 Workers' Compensation Experience Rating Form

	Example				Bureau Number Effective Date			X-XX-XX	(-R		Page 1 of 1	
									01/201	8		
						Issue Date		02/0	02/07/2018			
							experience Modification	149	149%			
							nsurer nsurer Group					
							Policy Number					
							ssuing Office					
							experience Period	09/01/2013 to 09/01/2016				
umma	ry of Payroll				Expected	Expected	Summary of Clair	ns and Act	ual Loss	ies P	rimary Thres	Actual
Class Code	Payroll	Expected Loss Rate per \$100 payroll		D- Ratio	Primary Losses	Expected Excess Losses	Claim Number	Type / # of Claims	Open / Closed	Actual Losses	Primary Losses	Excess Losses
surer:		olicy Period					-					
8742 9220	20,193 155,837	0.15 2.95	4,597	0.177 0.189	5 869	25 3,728	3200111 UNDER \$2,001	04 2	Open	28,963 1,809	6,000 1,809	22,963
Totals	176,030		4,627		874	3,753	Totals	3		30,772	7,809	22,963
surer	MMM P	olicy Period	06/01/2015	to 06/	01/2016							
8742 9220	17,652 130,623	0.15 2.95	26 3,853	0.177 0.189	5 728	21 3,125						
otals	148,275		3,879		733	3,146	Totals	0		0	0	
surer:	MMM P	olicy Period	: 06/01/2014	to 06/	01/2015							
8742 9220	1,501 100,935	0.15 2.95	2 2.978	0.177	0 563	2 2.415						
otals	100,935	2.90	2,978	0.189	563	2,415	Totals	0		0	0	
xperie	Period T	otals	Expected Lorent A 11,486	5	Espected Privary Losses 2,170 C	Exceeded Excess Leasest 19,316		# of Claims]]	Actual Losses 30,772	Actual Primary Losses	Actual Econom Lorens E 22,963
		redible Prima			T/ statute	/ Total Actual Ex	Credible Executes Credible Control	Total Expected	Excess _ (1	-Credibity \]_	Total Adjusted ,	Total Expected
•	tual Primary X Cresses (D) X Pr	1.00	al Expected Prima Losses (B) 2,17		0.00 + [Losses (E)	Excess /*(Losses (C	316	1.00	17,125	11,486
0	tual Primary X Cresses (D) X Pr	1.00					Excess /*(Losses (C		Excess) /J	17,125	

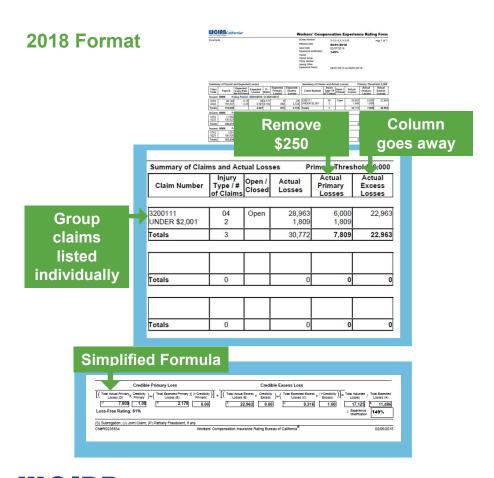


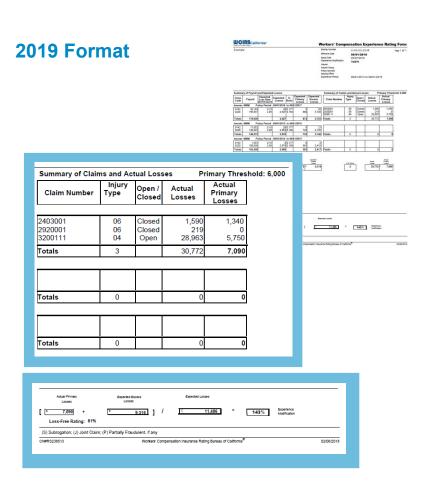
2018 Workers' Compensation Experience Rating Form





2018 vs. 2019 Format







2019 Change to X-Mod Formula

How it Works – Simplifying the X-Mod Formula

2018 formula:

$$[(Ap \times Cp) + (Ep \times (1-Cp))] + [(Ae \times Ce) + (Ee \times (1-Ce))]$$

E

Ap = Actual Primary Losses

Cp = Credibility Primary Value

Ep = Expected Primary Losses

Ae = Actual Excess Losses

Ce = Credibility Excess Value

Ee = Expected Excess Losses

E = Expected Losses



2019 Change to X-Mod Formula

How it Works – Simplifying the X-Mod Formula

2019 Formula: With Cp = 1 and Ce = 0, the experience rating formula simplifies to:



Ap = Actual Primary Losses

Ee = Expected Excess Losses

E = Expected Losses

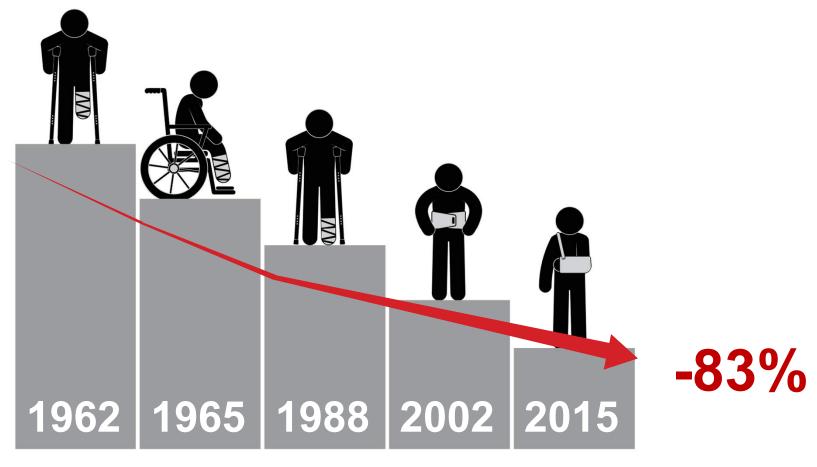


04

Trends in Workers' Compensation

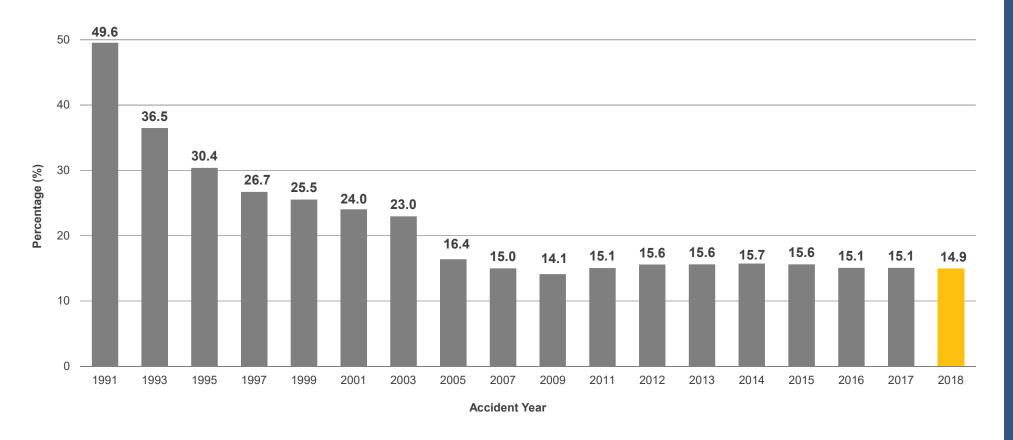


Long-Term Reduction in Claim Frequency



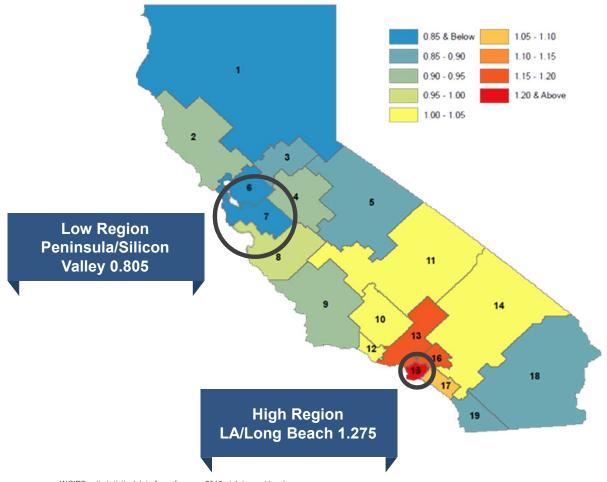


Indemnity Claims per 1,000 Employees



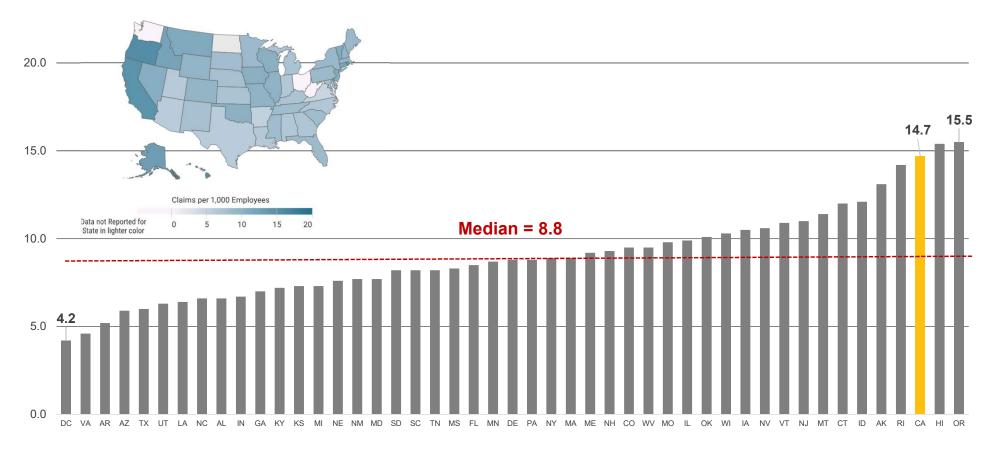


Regional Differences in Indemnity Claim Frequency



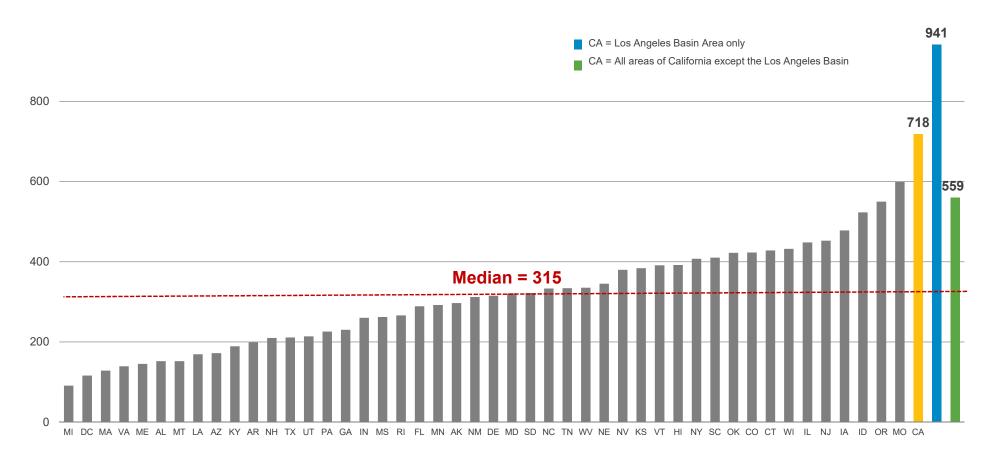


Indemnity Claims per 1,000 Employees by State



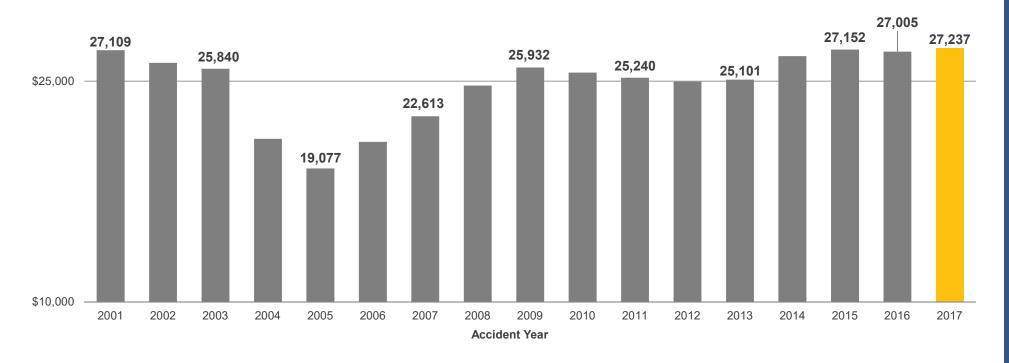


Permanent Disability Claims per 100,000 Employees



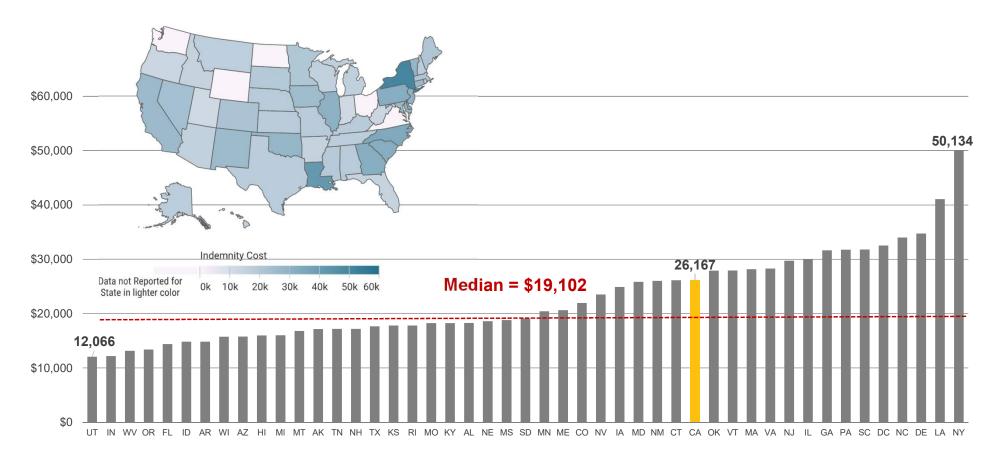


Average Indemnity Cost per Indemnity Claim



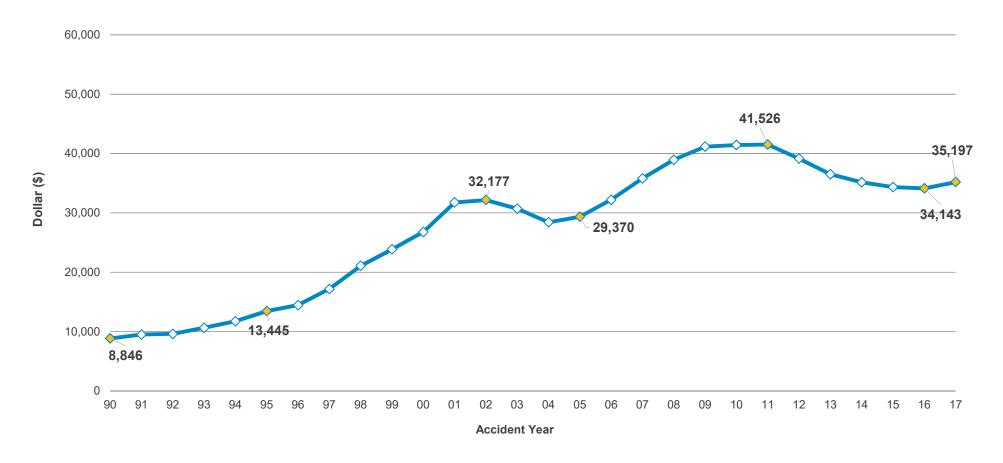


Indemnity Cost per Indemnity Claim by State





Average Medical Cost per Indemnity Claim





04. Trends in Workers' Compensation

Cost to Deliver \$1 of Benefits

Medicare



\$0.02

Private Group Health Insurance



\$0.18

Workers' Compensation Median State



\$0.23

California Workers' Compensation



\$0.53



Resources to Learn More

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