



Minnesota Workers' Compensation
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Analytic Report Resource on the Web – ARROW

Data Dictionary

CAUSE OF INJURY CODE – A code used to identify the cause of the injury/accident. Refer to the Minnesota Statistical Plan Manual, Part 7, Loss Information Codes, for specific coding information.

CLAIM COUNT – The total number of claims reported for the selected parameters.

CLAIM/STATUS – Indicates the status of the claims for which you wish to query: Open Claims, Closed Claims, or Total Claims (all claims).

CLASSIFICATION CODE – A code used to identify the classification assigned to the insured according to the rules of the Basic Manual for Workers' Compensation Insurance, or the Minnesota Statistical Plan Manual.

EXPECTED LOSS RANGE – Data within ARROW can be grouped by various expected loss ranges based on the total expected losses for the rating. Available ranges can be found in the ARROW Reference Guide.

EXPECTED LOSS TOTAL – The total anticipated loss amounts based on employer size and classifications, obtained by multiplying the exposure basis for each class by the class expected loss rate.

EXPOSURE AMOUNT – The amount that is the basis for determining premium on a per classification level; exposure amount is normally on a payroll basis.

GOVERNING CODE – The governing code is the classification, other than a standard exception classification, that produces the greatest amount of payroll on a policy.

INCURRED INDEMNITY AMOUNT – The amount of incurred indemnity due to an employee's lost wages or inability to work, including all paid and outstanding reserve benefits.

INCURRED MEDICAL AMOUNT – The amount of incurred medical, including all paid and outstanding reserve benefits as of the loss valuation date.

INDUSTRY GROUP CODE – A code used to identify the Industry Group assigned to a specific classification code.

INJURY CODE (INJURY TYPE) – A code used to identify under which provision(s) of the law benefits are paid or expected to be paid. Refer to the Minnesota Statistical Plan Manual, Part 7, Loss Information Codes, for specific coding information.

NATURE OF INJURY CODE – The code used to identify the nature of the injury. Refer to the Minnesota Statistical Plan Manual, Part 7, Loss Information Codes, for specific coding information.

PART OF BODY CODE – A code used to identify the injured body part. Refer to the Minnesota Statistical Plan Manual, Part 7, Loss Information Codes, for specific coding information.

POLICY YEAR – The year in which a policy becomes effective.

PREMIUM RANGE – Data within ARROW can be grouped by various premium ranges. Please note that these ranges are determined at the class code level, not the policy level and are based on standard premium. Available ranges can be found in the ARROW Reference Guide.

PURE PREMIUM – The premium that would be developed if the carriers' business were written at the MWCIA filed and Commerce approved level instead of at the company's own selected rate level.

RATING YEAR – The year in which a rating becomes effective.

REGION – The state of Minnesota is split into eight regions based on the primary zip code of the insured, seven for the state of Minnesota, and one for all other zip codes. A complete listing of the regions with their associated zip codes is shown in the ARROW Reference Guide.

REPORT NUMBER – A number used to identify the report level referenced based on the valuation date.

STANDARD PREMIUM – Premium calculated at full company rates, including any individual insured experience modification, but prior to the application of any other insured-specific adjustments such as premium discounts, Schedule Rating, and retrospective rating adjustments.