



Pennsylvania Compensation Rating Bureau

The Widener Building • 6th Floor
One South Penn Square • Philadelphia, PA 19107-3577
(215)568-2371 • FAX (215)564-4328 • www.pcrb.com

November 26, 2002

VIA HAND DELIVERY

The Honorable M. Diane Koken
Insurance Commissioner
Commonwealth of Pennsylvania
Insurance Department
1311 Strawberry Square
Harrisburg, PA 17120

Attention: Chester J. Szczepanski

RE: Proposal C-345 - April 1, 2003 Loss Cost Filing

Dear Commissioner Koken:

On behalf of the members of the Pennsylvania Compensation Rating Bureau (PCRB), I am filing herewith workers compensation loss costs, rating values and rules proposed to be **effective 12:01 a.m., April 1, 2003** with respect to new and renewal policies having normal anniversary rating dates on or after that date.

This filing proposes an overall average reduction in loss costs (prior to application of assessment for the Office of the Small Business Advocate, Pennsylvania Construction Classification Premium Adjustment Program, Merit Rating Plan off-balance and Certified Safety Committee loadings) of 2.41 percent effective April 1, 2003.

In the course of preparing this filing, as was the case for its April 1, 2002 Loss Cost Filing, the PCRB has again given consideration to the question of whether, how and to what extent PCRB loss cost filings can and should include a separate and specific provision for extraordinary catastrophes. While this consideration is clearly not limited only to terrorist attacks, the potential for loss events in historically unprecedented amounts, possibly arising from any of a variety of causes, was clearly demonstrated by the events of September 11, 2001.

The PCRB has not included any specific or extraordinary catastrophe provision in this filing as presented herein. However, the PCRB continues to actively explore this issue and hereby reiterates its prior specific reservation of its right to amend this filing during the period it remains pending before the Insurance Commissioner and/or to submit another separate filing or filings at any time, reflecting such approaches and parameters responsive to these contingencies as may be deemed appropriate.

This letter and its attachments present a discussion and explanation of the filing's supporting analysis and conclusions based thereon and are presented in the following topical sequence:

- Summary
- Principal Findings and Conclusions
- Recognition of Effects of Prior Legislation
- Loss Development
- Trend
- Indicated Change in Loss Costs
- Employer Assessment Factor & Loss Cost Loadings
- Experience Rating Plan Procedures & Parameters
- Excess Loss (Pure Premium) Factors, State and Hazard Group Relativities and Loss Elimination Ratios
- Optional Retrospective Loss Development Factors
- Classification Loss Cost Relativities
- Manual Language Revisions

SUMMARY

In preparing and reviewing supporting information for this filing the Bureau has attempted to identify and estimate the relative contributions to the filed overall loss cost indication arising from several factors. The resulting attribution of effects upon the overall loss cost indication is set forth below:

1) Changes in indemnity loss experience from provisions in approved April 1, 2002 loss costs	0.975970
2) Changes in medical loss experience from provisions in approved April 1, 2002 loss costs	1.024333
3) Changes in indemnity trend rate and period from provisions in approved April 1, 2002 loss costs	1.032805
4) Changes in medical trend rate and period from provisions in approved April 1, 2002 loss costs	0.941815
5) Changes in estimated effects of Act 44 of 1993 on indemnity losses from provisions in approved April 1, 2002 loss costs	0.999873
6) Indicated change in loss costs effective April 1, 2003 (1) x (2) x (3) x (4) x (5)	0.9759

Line 6) above combines the separate effects described in Lines 1) through 5) by compounding the individual increases or reductions in loss cost indications, resulting in the proposed loss cost decrease of 2.41 percent ($0.9759 - 1.0000 = -0.0241$).

PRINCIPAL FINDINGS AND CONCLUSIONS

The following comments summarize the most important considerations and concepts pertinent to each of the specific factors contributing to the overall loss cost indication as set forth above.

Changes in Indemnity Loss Experience from Provisions in Approved April 1, 2002 Loss Costs

In isolation, this is a favorable factor in the proposed loss cost revision. The PCRB's analysis of the most recent available experience data for indemnity benefits produces more favorable results than the expectations underlying approval of the current schedule of loss costs. Consistent with the practice adopted for prior recent filings, the PCRB has again adjusted available historical data to be consistent with provisions of Act 57 of 1996 (Act 57) as part of the analysis supporting this filing. Certain provisions of Act 44 of 1993 (Act 44), which were susceptible to estimation, were also directly applicable to indemnity benefits. Those provisions have been accounted for in this filing, as they also have been in previous filings, by application of a "savings factor" to trended loss ratios estimated on a pre-Act 44 basis.

In addition to statutory changes, indemnity experience is affected by a variety of additional factors. These include ongoing interpretation and administration of various provisions of the Workers Compensation Act. The initiation and/or continuation of various accident prevention and loss management programs by the Commonwealth, insurers and employers may affect loss experience. Economic conditions and fraud detection, prosecution and/or prevention initiatives have potential direct and indirect influences on the workers compensation system of the Commonwealth and its costs. Circumstances in the administrative system by means of which claims for work-related injuries and illnesses are processed and disputes pertaining thereto are resolved may alter system experiences and costs. These and other similar considerations are reflected in experience data and are thereby incorporated into the loss development analyses performed in conjunction with each PCRB loss cost filing.

The net effect of all factors that have affected indemnity loss experience in the current filing would be to reduce the overall loss cost indication by approximately 2.40 points.

Changes in Medical Loss Experience from Provisions in Approved April 1, 2002 Loss Costs

Consistent with the approach adopted in prior recent filings, the PCRB has continued to state medical loss experience on a post-Act 44 basis. While the PCRB's analysis of medical loss experience suggests that the favorable effects of Act 44 of 1993 on workers compensation medical costs in Pennsylvania remain substantially in place, this approach precludes a separate analysis of the direct effects of that important legislation on current and prospective loss cost levels.

While certain specific provisions of the Workers Compensation Act and supporting administrative system are specific to medical benefits instead of indemnity benefits, medical losses are generally subject to influence by the same system considerations as enumerated above for

indemnity losses. The PCRB's most recent evaluation of medical loss experience shows an increase in loss cost levels from those contemplated in the April 1, 2002 filing, resulting in an incremental increase in the overall loss cost indication of approximately 2.43 points.

Changes in Indemnity Trend Rate and Period from Provisions in Approved April 1, 2002 Loss Costs

In the April 1, 2002 Loss Cost Filing the PCRB's trend provisions were based in part upon separate analysis of claim frequency experience for the Pennsylvania workers compensation system. Based on available data from internal sources, the PCRB had established loss ratio trends that projected observed claim frequency trends through January 1, 2000. The April 1, 2002 filing then anticipated that further improvement in claim frequency would moderate somewhat, resulting in frequency changes at the annual rates of -4.3 percent for Calendar Year 2000, -3.0 percent for Calendar Year 2001 and -1.0 percent for the period from January 1, 2002 through March 31, 2003.

For this filing, the PCRB has updated the available information from internal sources pertaining to claim frequency that was used in previous filings and has applied the most recent available data to its trend analysis. Consistent with the collective indications of this supporting information, the PCRB has used actual claim frequency experience through January 1, 2001. For trend periods subsequent to January 1, 2001 the PCRB has applied an annual trend rate for claim frequency of -6.3 percent, based on observed claim frequency trend over the policy year period 1996-2000 inclusive.

Components of trend other than claim frequency, referred to herein as "severity trend" for sake of brevity, have been reviewed using commonly accepted and applied trend models applied to the PCRB's estimated ultimate on-level loss ratios, adjusted for effects of previous changes in claim frequency. Testing done by the PCRB in regard to this trend analysis indicates that results are improved by virtue of the separation of trend into frequency and severity components instead of treating loss ratios alone.

The trend models thus produced show indemnity severity trends to have moved sharply upward. For indemnity loss the historical and projected annual severity increases are approximately 8.1 percent.

On balance, the selected continuation of favorable claim frequency trend and the increasing indemnity claim severity trend applied in this filing to the mid-point of the proposed schedule of loss costs add approximately 3.28 points to the proposed change in loss costs from those approved effective April 1, 2002.

Changes in Medical Trend Rate and Period from Provisions in Approved April 1, 2002 Loss Costs

The claim frequency trend discussed above with respect to indemnity benefits have also been applied for medical benefits. Medical severity ratios have been separately analyzed based on a nominally longer experience period than was used for indemnity benefits, as medical severity ratios appear to be more consistent over a longer period of time than do indemnity severity ratios.

The severity trend model selected for this filing shows medical severity trends slightly higher than those present in the information supporting the April 1, 2002 Loss Cost Filing, averaging approximately +8.6 percent per year as compared to the +8.0 percent used in the Bureau's previous loss cost filing.

On balance, the selected continuation of favorable claim frequency trend and the sustained medical claim severity trend applied in this filing to the mid-point of the proposed schedule of loss costs reduce the proposed change in loss costs from those approved effective April 1, 2002 by approximately 5.82 points. This reduction occurs despite the fact that medical loss ratio trends have been and remain positive because the claim frequency expectations embodied in this filing are significantly more favorable than those used in the April 1, 2002 proposal.

Changes in Estimated Effects of Act 44 of 1993 on Indemnity Losses from Provisions in Approved April 1, 2002 Loss Costs

While Act 44 of 1993 primarily addressed issues of medical care for workers compensation, that law also included some limited features that affected indemnity benefits. These features were two-fold. First, the elimination of an absolute minimum indemnity benefit regardless of pre-injury wages and, second, an increase in the allowable payment for burial expenses in death cases.

In combination these law changes produced a reduction of slightly more than one-half of one percent in loss costs. In prior filings the PCRB has elected to adjust indemnity experience incurred after the effective date of Act 44 to a pre-Act 44 basis. Appropriate loss development and trend analyses were performed using the resulting, adjusted data. An Act 44 savings factor was finally applied to the resultant loss ratios prior to deriving annual loss cost change indications. This filing continues that approach and has not revised the savings factor itself. However, because the estimated proportion of total loss costs which are attributable to indemnity benefits has nominally increased in this filing as compared to the April 1, 2002 revision, the Act 44 savings have a nominally larger (more favorable) impact on overall loss costs this year than was the case last year. For this filing, this factor produces an incremental decrease of approximately 0.01 percent in the overall loss cost indication.

RECOGNITION OF EFFECTS OF PRIOR LEGISLATION

The predominant legislative changes which must be recognized in preparing and reviewing this filing are Act 44 and Act 57.

Act 44 included the medical cost containment features listed below:

- Implementation of a reimbursement mechanism related to the Medicare system of compensating providers of medical goods and services.
- Authorization of administrative systems providing both utilization review and peer review of the necessity, appropriateness and reasonableness of fees for medical services.
- Authorization for coordinated care organizations intended to provide comprehensive medical services that recognize timely return to work for injured workers as a primary objective of the workers compensation system.
- Extension of the period of time within which employers may direct injured workers to use medical practitioners selected from a listing of qualified practitioners provided by the employer from 14 to 30 days.

In preparing its April 1, 1999 Loss Cost Filing the PCRB adopted an approach of stating experience incurred prior to the implementation of this law on an effective "post-Act 44" basis. Prior to adopting this approach, the PCRB had performed extensive testing of this approach and comparison of results obtained thereby to alternative methods incorporated in previous loss cost filings. This filing continues the procedures first implemented with the April 1, 1999 filing. This analytical approach precludes a new and independent evaluation of the continuing effects of Act 44 on loss costs for each filing. However, it also has many substantial benefits, including efficiency, tractability and the elimination of otherwise remaining requirements to "adjust" the most recent and critical calendar years' experience for effects of law changes occurring several years ago.

In its February 1, 1997 Loss Cost Filing the PCRB had estimated effects of three key provisions of Act 57 on prospective loss costs. Those provisions were as follow:

- Section 204 - Allows for offsets to workers compensation indemnity benefits otherwise payable to recognize Social Security old age benefits, certain employer-funded pension benefits and/or severance benefits.
- Section 306 - Applies the American Medical Association Guides for the Evaluation of Permanent Impairment to determinations of which cases will be qualified for total disability benefits and, alternatively, which cases will be treated as permanent partial disability cases.
- Section 309 - Revises the procedures applicable to the establishment of workers' wages for purposes of determining indemnity benefit rates.

In the April 1, 1998, April 1, 1999, April 1, 2000, April 1, 2001 and April 1, 2002 loss cost filings, various technical updates and/or revisions to the original estimates of effects of this legislation were incorporated as appropriate.

For reasons analogous to those supporting adjustment of prior medical experience to a post-Act 44 basis in preparing the April 1, 1999 Loss Cost Filing, the PCRB adopted a comparable approach for indemnity experience in the April 1, 2000 Loss Cost Filing as respects Act 57. As was the case in the transition for medical experience, the PCRB had previously extensively tested its adjustment of prior data. The PCRB had previously tested these adjustments for sensitivity and had verified the equivalence of this approach to the prior procedure. That prior procedure continued to adjust experience incurred after the effective date of the law to a pre-Act 57 basis, producing preliminary filing estimates and then applying savings factors to arrive at a final loss cost indication.

It should be understood that the transition of the PCRB's filing analyses from "pre-law" to "post-law" bases for Acts 44 and 57 does not remove or reduce the favorable impacts of these two important pieces of workers compensation legislation from the filing indications. Neither does this change signal deterioration in the PCRB's perspective about the magnitude of the effects that these laws have had and continue to have on Pennsylvania loss costs. Rather, these analytical changes simply allow the effects of these laws to be incorporated more directly and efficiently into ongoing loss cost filings' supporting information.

The Table I prepared from reported financial data in support of this filing and stated on a post-Act 44 basis for medical losses and a post-Act 57 basis for indemnity losses, as described above, is shown in Exhibit 5 of the enclosures to this filing. Details of adjustment of reported indemnity and medical data is provided in Exhibit 5.

As respects the small effects of Act 44 on indemnity losses, the PCRB has continued the procedure of applying adjustment factors to more recent experience to state all historical data on a pre-Act 44 basis and then has applied savings factors in the final derivation of loss cost indications.

LOSS DEVELOPMENT

While the establishment of appropriate levels of loss costs is ultimately a prospective process, a great deal of the supporting analysis and information required in this endeavor pertains to the estimation of loss experience for PRIOR policy periods. Proper evaluation of previous loss experience establishes reference points from which projections of future loss cost requirements can be made and in the context of which such projections can be reviewed for reasonableness. In simple terms, future loss cost needs cannot reasonably be estimated without first establishing what prior loss cost experience has been.

In preparing this filing and, particularly, in regard to the estimation of policy year loss ratios, the PCRB has been mindful of numerous technical and analytical considerations. Among the pertinent processes and procedures applied to this filing are the standards set forth in the

Casualty Actuarial Society's "Statement of Principles Regarding Property and Casualty Loss and Loss Adjustment Expense Reserves" (Principles). A discussion of those Principles as they pertain to analysis supporting this filing is included as a separate enclosure with this filing.

In previous loss cost filings the PCRB has applied various loss estimation approaches separately to indemnity and medical losses prior to selecting policy year ultimate losses for further use in those filings' analyses. The range of approaches that have been used included case-incurred loss development and a series of approaches combining paid and incurred loss development approaches. Those combined methods applied paid loss development for successively longer periods of time before converting paid losses to case-incurred amounts and then applied case-incurred loss development for the balance of the development period to ultimate.

The past practices described above have also been applied in support of this filing. In addition, as was the case for the April 1, 2002 filing, the PCRB has included loss estimates derived by averaging results from a case-incurred loss development method and the longest term paid loss development method possible with available data in its analysis of loss development for this filing. This last approach is one alternative (and in some respects a particularly direct) way of balancing the potentially different results from case-incurred and paid loss development methods than the combined development approaches previously applied. Results of selected loss development methods applied in support of this filing are set forth in detail in Exhibits 6, 7 and 10 of the enclosures. This analysis and conclusions drawn there from are further described below:

Indemnity Losses - A relatively broad range of results was obtained from the application of the loss development approaches described above to indemnity losses. The case-incurred loss development method gave the lowest estimates of policy year losses of any method tested, while the approaches using paid loss development tended to produce higher results as the period over which paid loss development was included in the method increased (see Page 10.1, Exhibit 10 of this filing for a graph illustrating some of these differences). This pattern of loss development methods, producing higher estimated policy year loss ratios as successively more paid loss development experience is used, has been in evidence over many previous PCRB filings.

Based on information obtained in a series of surveys previously conducted of large writers of workers compensation insurance in Pennsylvania, the most recent of which is summarized in a separate enclosure with this filing, the PCRB believes that compromise and release and/or other case settlement activity continue to be important factors within the most recent years' of available loss development experience.

For filings prior to the April 1, 2002 filing the PCRB had used various selected loss development methods or averages of selected methods as the basis for its ultimate loss estimates. The basis for selecting the method(s) used in each filing were consistent from year-to-year; that is, the Bureau endeavored to base each annual filing's indications on a method or method from which results fell in the mid-range of all methods tested and considered. In the April 1, 2002

filing, the PCRB selected ultimate loss estimates derived by averaging the indications separately obtained from the case-incurred loss development method and the longest-term paid loss development method supported by available financial data (a paid-to-20th report method).

As the indications so derived fall, as would be expected, in the mid-range of estimates produced for each policy year, the PCRB has again selected these average indications as the basis for this filing's analysis of appropriate loss cost indications.

Medical Losses - As has been the case in other recent PCRB loss cost filings, the range of results produced when applying the loss estimation methods described above to medical losses is narrower than is the case for indemnity benefits. (See Page 10.2 of Exhibit 10 of the enclosures to this filing for a graph illustrating some of these differences.) Consistent with the above discussion of loss development for indemnity losses, the PCRB has also selected estimates of prior policy year medical losses, based on the average of a case-incurred loss development approach and the longest-term paid loss development method supported by currently available financial data (a paid-to-20th report method), for use in this filing.

TREND

Indemnity Trend - Insurance experience available for analysis in promulgating loss costs is necessarily limited to policy periods previously completed. On the other hand, the loss costs being determined will apply to some future period. As can readily be seen in the preceding review of policy year loss ratios for this filing, insurance experience often reflects substantive changes over time in response to various economic, legal and social changes. As a result, the establishment of an appropriate overall loss cost change must recognize the time period that is interposed between the historical experience and the application of the new loss costs. This recognition is provided through "trend" analysis, a means of measuring any persistent, systemic changes in experience expected to occur in that interim period of time.

One commonly applied method of establishing a provision for trend is to attempt to measure year-to-year changes occurring in historical information using mathematical techniques. Based on such measurements, a selected measure(s) is/are applied for the period of time required to connect the available prior experience to the prospective pricing period. The mathematical approaches most often used in this regard involve the fitting of selected curves through the observed historical data and basing the average change or trend rate on the characteristics of the curve(s) which best fit that prior experience.

Two curves usually considered in this type of analysis are a straight line (or "linear" model) and an "exponential" model. The linear model is based on a determination of the constant amount of change in loss ratios which best fits the observed historical data; the exponential model is based on a determination of the constant percentage change in loss ratios which best fits the observed historical data.

In preparing each of the last four Pennsylvania loss cost filings (April 1, 1999, April 1, 2000, April 1, 2001 and April 1, 2002), the PCRB has separated its trend analysis into two component parts: claim frequency and severity factors. Based on detailed analysis of both internal and outside data (when available) pertaining to these phenomena (and, in particular, pertaining to claim frequency), the PCRB has selected different methods and/or parameters to estimate trends for each of these component parts. This approach has sometimes allowed the PCRB to capitalize on available external data pertaining to injury and illness counts and claim frequency and ultimately provided a basis for selection of prospective loss ratio trends based on specific analysis and review of claim frequency data and experience.

The trend provisions incorporated into the April 1, 2002 filing were premised on the following assumptions:

- That severity trends as measured within historical loss ratios would continue through the prospective rating period for both indemnity and medical losses.
- That most recent observed rate of improvement in PCRB claim frequency data would apply to January 1, 1999. For subsequent periods the PCRB anticipated that claim frequency would continue to improve but at rates that would show continuing declines. The selected rates of change in claim frequency used in that filing were as summarized below:

Calendar Year 2000: -4.3 percent

Calendar Year 2001: -3.0 percent

Calendar Year 2002 and the First Quarter of 2003: -1.0 percent

Based on separate measures of policy year loss ratio trend and claim frequency trend, implied severity trends have been identified in the supporting information for this filing. An exponential trend model, based on the five policy years from 1996 through 2000 inclusive, was selected for use in this filing as the measure of historical indemnity severity ratio trend. The indicated indemnity severity trend inherent in PCRB indemnity experience is equivalent to an annual increase of approximately +8.1 percent per year, up significantly from the comparable indication only one year ago (+2.8 percent).

As has been the case in prior filings, the PCRB does not have available additional external or internal data that would support a judgmental deviation from observed historical severity trends in the PCRB's own experience data. As a result, the PCRB has applied a measurement of historical severity trend for indemnity benefits based on a five-point exponential trend model fitted through the "severity ratios" estimated for indemnity benefits consistent with ultimate on-level loss ratios and observed historical changes in claim frequency.

The PCRB's most pertinent information pertaining to claim frequency compares indemnity claims incurred to expected losses at a constant (current) loss cost level. The expected losses used to compute claim frequencies in the PCRB's internal data respond to changes in the mix of employments being insured and for which claims are being reported and also incorporate

ongoing changes in wage levels in Pennsylvania. As there has been a tendency for the Pennsylvania economy to become more service-oriented and less focused on manufacturing and contracting, this shift has itself contributed to lower claim counts over time.

Historical claim frequency data shows a protracted and persistent trend of declining claim frequencies now extending back for approximately 13 years. Setting aside a brief period of three years during which the observed declines approached or exceeded double-digit rates of decline, the long-term trends in claim frequency have fallen in a relatively narrow range. Since the extraordinary double-digit declines noted above ended in 1995, claim frequency has continued to fall at an average annual rate of 6.3 percent. The PCRB has selected this apparently prevailing rate as the basis for its projections of claim frequency changes beginning January 1, 2001 (the mid-point of Policy Year 2000) forward through March 31, 2004 (the mid-point of the prospective rating period for which revised loss costs are being proposed with this filing).

The PCRB would point out that loss cost indications are relatively sensitive to changes in trend, regardless of the respective component(s) which may be producing any given trend. With particular regard to claim frequency, even a relatively nominal flattening or upturn in trend from the provisions incorporated in this filing could render the indemnity trend provision used for this filing significantly understated.

Medical Trend - The PCRB proceeded in a manner as respects medical trends similar to that described above for indemnity trend in preparing this filing but with parametric modifications as suggested by the differences in observed policy year loss ratios.

An exponential trend model based on the eight policy years from 1993 through 2000 inclusive was selected for use in this filing as the measure of historical medical severity ratio trend. This model gives significant credence to policy year loss ratios seen in recent years in Pennsylvania. For this filing, this trend model produces an effective trend model in which on-level medical severity ratios are increasing at a rate of approximately +8.6 percent per year.

The PCRB has applied the observed historical severity medical trend through the effective period of proposed loss costs. Actual changes in claim frequency through January 1, 2001 have been incorporated in this filing for trending purposes. For the trend periods after January 1, 2001 the same claim frequency trend as was used for indemnity benefits was applied to medical losses. The comments offered above with respect to indemnity losses regarding the sensitivity of loss cost indications and the potential effects of even a relatively benign flattening or upturn in claim frequency on loss cost indications are equally applicable to medical losses.

INDICATED CHANGE IN LOSS COSTS

Exhibit 12 enclosed in support of this filing presents the derivation of indicated changes in collectible loss costs effective April 1, 2003. The indicated change in collectible loss costs is derived based on estimates of prior policy year loss ratios, including the effects of Act 44 on medical benefits and Act 57 of 1996 on indemnity benefits. These estimated policy year loss

ratios are then trended forward to the mid-point of the proposed loss costs (April 1, 2004) considering the anticipated claim frequency trend discussed above, and those loss ratios are then adjusted for the estimated effects of Act 44 on indemnity benefits. The loss ratio thus estimated is 0.9759. Since in the PCRB's loss cost filings the target loss ratio is 1.0000, this result supports the proposed 2.41 percent decrease in current loss costs for the policy period beginning April 1, 2003.

Because average experience modifications are expected to be slightly higher during the period for which the proposed loss costs will apply than was the case for currently approved loss costs, average proposed decreases in manual loss costs are slightly larger at 2.83 percent than the indicated decrease in collectible loss costs of 2.41 percent. By industry group the proposed average changes in manual loss costs effective April 1, 2003 are:

Manufacturing	-2.31%
Contracting	-3.99%
All Other	-2.67%

These indicated changes to manual loss costs were derived by industry group on Page 1 of Exhibit 12, using information regarding the historical operation of the Experience Rating Plan (see Exhibits 18 and 19 of the enclosures to this filing). Anticipated collectible premium ratios are compared to provisions in current rates, with the ratios used to adjust the proposed change in collectible loss costs to appropriate manual levels on the bottom of Page 1 of the Exhibit 12.

EMPLOYER ASSESSMENT FACTOR AND LOSS COST LOADINGS

In preparing this filing the PCRB has reviewed experience pertinent to the employer assessment factor to be applied to Pennsylvania workers compensation business in accordance with Act 57 of 1997. Exhibit 13 enclosed presents a summary of the PCRB's determination of the appropriate employer assessment factor. The net effect of reported changes in budgetary amounts, bases for allocation among payer groups, and premium volume result in a proposed provision of 0.0280, lower than the currently approved provision of 0.0337.

The provision for assessments supporting the Office of the Small Business Advocate, which continues to be part of proposed PCRB loss costs, is proposed to remain at .0001.

PCRB loss costs continue to include adjustments for the effects of the Merit Rating Plan and the Certified Safety Committee Program. These provisions are proposed to change from 0.0034 and 0.0034 to 0.0035 and 0.0029, respectively, as shown in Exhibit 13 and separately derived in Exhibits 15 and 16.

This filing also proposes to update classification loss costs to reflect indicated loadings for the Pennsylvania Construction Classification Premium Adjustment Program (PCCPAP).

Since 1991 the PCCPAP Program has been in effect for designated construction classifications. This program offers tabular premium credits to employers subject to those specified classifications that demonstrate the payment of wages above certain threshold levels. When such credits are provided, any experience modification applicable to the employer is also adjusted under the terms of the program by reducing the expected losses used in the rating in proportion to the PCCPAP credit given. Manual loss costs for each construction classification then incorporate "offsets" intended to recover the premium credits given to higher-wage employers from all employers insured in each construction classification. Thus, the PCCPAP program is intended to be "revenue-neutral" and should reallocate premium obligations between low- and high-wage employers without either increasing or reducing the overall amount of premium collected in these classifications.

For this filing the PCRB has been able to analyze participation in this program and the level of credits generally obtained by participating employers in each classification using the most recent available experience. Results of that analysis and proposed PCCPAP loads on loss costs by classification are included as Exhibit 14 of the enclosures to this filing.

Available experience, as summarized on Exhibit 14, produces a revised average indicated PCCPAP offset of 3.23 percent of loss costs, down somewhat from the current average of 3.41 percent.

While the proportion of eligible employers seeking and/or qualifying for credit under the plan has increased slightly again this year, those risks that did qualify for PCCPAP credits produced nominally lower average credits than had been the case in the recent past.

In addition, Exhibit 14 reveals that there continue to be material differences between construction classifications in terms of the portion of employers receiving PCCPAP credits and/or the level of credits provided to such employers. Indicated offsets range from 0.14 percent in Code 662, Household Appliance Service, to 7.11 percent in Code 655, Iron Erection.

EXPERIENCE RATING PLAN PARAMETERS

The Experience Rating Plan provides a prospective means of recognizing differences in loss potential between employers. This recognition is accomplished by means of a comparison of each qualifying employer's loss and exposure experience over a specified period of time (experience period) to the average experience of all other employers engaged in similar businesses.

As part of each loss cost filing, the PCRB reviews the results of its Experience Rating Plan and proposes certain updates or revisions to the Plan as are deemed necessary or appropriate to maintain the effective operation of the plan.

Exhibit 18 of the enclosures to this filing presents a detailed analysis of results of the Experience Rating Plan within each industry group over the most recent available five years. These analyses are set forth in tabular form by premium size group and experience modification range by year and are also depicted in graphic form for additional reference. Exhibit 19 of this filing presents summaries of collectible premium ratios and detail of the derivation of expected loss cost factors supporting the Experience Rating Plan parameters proposed in this filing. In addition, a separate page is included within Exhibit 19 that sets forth the PCRБ's selected basis for full credibility in the proposed Experience Rating Plan.

The changes in collectible premium ratios presented on Exhibit 19 must be accounted for in establishing manual levels of loss costs, as shown on the bottom portion of Page 1 of Exhibit 12.

Final Experience Rating Plan parameters proposed in this filing are shown in Exhibits 27 and Exhibit 28.

Since the April 1, 2002 Loss Cost Filing, the PCRБ has performed additional analysis of its Experience Rating Plan directed at the matters of eligibility, credibility assignments and loss limitations applied in the Plan. In excess of 100 different variations of experience rating plans have been tested, with approximately 50 different plans having been tested over three successive rating years in this effort to date. An alternative Experience Rating Plan, incorporating revised credibility assignments and loss limitation provisions has been identified and is expected to be submitted for review and approval by the Insurance Department soon after the presentation of this filing. In order to allow adequate time for the Insurance Department to consider that proposal, the PCRБ expects to submit the proposal to revise the Experience Rating Plan with a requested effective date substantially later than April 1, 2003.

EXCESS LOSS (PURE PREMIUM) FACTORS, STATE AND HAZARD GROUP RELATIVITIES AND LOSS ELIMINATION RATIOS

Excess loss pure premium factors (ELFs) recognize employers' elections to limit the amount of individual accidents on retrospective rating plan options negotiated with their insurers. Since losses in excess of the selected limit are omitted from the determination of final retrospective premiums, insurers must collect an insurance charge for the expected value of those loss limitations in order to maintain the actuarial balance of the retrospective rating options. ELFs are multiplied times standard premium to determine the applicable excess loss charge and will vary by loss limitation and hazard group of the employer's governing classification.

State and hazard group relativities are parameters used to refine the application of a common table of insurance charges and savings to multiple jurisdictions under retrospective rating plans. These factors are computed based on loss severities in each state and are applied to expected losses prior to determining the expected loss size range used in obtaining insurance charges and savings from the countrywide Table M.

Loss elimination ratios (LERs) are required under Act 44 for specified selections of deductible coverage that must be offered subject to insurer underwriting standards. These small deductible plans operate on a per claim basis, as distinguished from the per accident or occurrence basis underlying excess loss factors; otherwise the LERs would be complementary values to the ELF's (i.e., $1.0 - \text{ELF}$) at common loss limitations.

The ELF's, state and hazard group relativities and LERs all depend in primary part on an analysis of loss distributions for the applicable state(s). The PCRB's analysis of appropriate ELF's, state and hazard group relativities and LERs is reflected on Exhibits 21 – 25 inclusive that are included as supporting information for this filing.

OPTIONAL RETROSPECTIVE LOSS DEVELOPMENT FACTORS

Because loss valuations tend to change (and generally to increase) over time, some retrospective rating plans provide for application of development factors to preliminary loss reports in computing retrospective premiums. The PCRB has historically presented appropriate voluntary loss development factors based on aggregate PCRB experience as part of its filings for use by carriers and insureds in negotiating and agreeing upon their retrospective rating plans.

Exhibit 26 of the enclosures to this filing shows the PCRB's proposed optional retrospective loss development factors on an unlimited basis. In addition, the PCRB includes in its Manual reference to the formula for adjusting unlimited loss development factors to limited bases by reference to the ELF's described above. That formula is also shown in Exhibit 26 for reference.

CLASSIFICATION LOSS COST RELATIVITIES

Workers compensation insurance is written under a classification system that provides varying rating values for different types of businesses, based on the risk of loss inherent in those businesses subject to each distinct classification. As a result, any overall loss cost indication must ultimately be apportioned to each individual classification with due recognition given to the comparative experience of employers subject to each classification.

In preparing individual classification loss costs for this filing, the PCRB has continued to apply classification pricing procedures established as a result of a 1994 study of the classification plan conducted in cooperation with the Insurance Department, Milliman & Robertson, Inc. and the Commonwealth Contractors' Coalition. These procedures have been used and approved in each of the four previous PCRB loss cost filings.

Exhibit 17 of the enclosures to this filing provides an overview of the classification loss cost formulae utilized in preparation of this filing. These procedures are consistent with previously submitted and approved methods. For this filing the PCRB proposes a final step toward a revision begun with the April 1, 2001 Loss Cost Filing and advanced a second step last year in procedures used to apply "test correction factors" to interim results in the derivation of classification loss cost relativities. Last year's filing moved two-thirds of the way from a previous procedure applying separate test correction factors by type of loss to an alternative that uses

a flat factor across all types of loss. This year's filing proposes moving the final step in this planned transition. This change allows different classifications' distributions of losses by type of loss, and particularly between serious, non-serious and medical only losses, to change over time in response to persistent patterns in reported experience.

The PCRB has elected for purposes of this loss cost filing to apply "swing limits" or allowable fluctuations in classification loss costs of 25 points above and below the average loss cost change. In addition, the PCRB applies a testing procedure to identify potential significant reversals in classification loss cost changes relative to overall average indications year after year and intervenes where such indicated changes exceed selected amounts. These swing limits apply to "pure" loss costs, which include an adjustment for the operation of the Experience Rating Plan. The values so determined are subsequently adjusted to include appropriate provisions for the following items:

- Offsets for net Merit Rating Plan credits
- Offsets for Pennsylvania Construction Classification Premium Adjustment Program credits
- Offsets for Certified Safety Committee credits
- Assessment for the Office of the Small Business Advocate

The Index to Classification Exhibits and the accompanying Class Book in the enclosures to this filing present detail of the experience and loss cost indications derived for each classification in this filing. Within the Index to Classification Exhibits certain parametric components of the classification loss cost review process are presented, and the bases for establishing credibility tables applicable to both payroll and expected losses are provided. Summary unit statistical data pertinent to the classification experience analysis is also included as Exhibits 20A, 20B and 20C of the enclosures to this filing.

Item 9 within the Index to Classification Exhibits presents identification of several classifications in which some form of selection or other intervention in the statistical procedures generally applied to the determination of classification loss costs was deemed appropriate. For some of these classifications the bases for loss cost selection were references to prevailing national procedures or values (for example, the explosives classifications, for which the national procedure is specifically presented as Item 10, or the aircraft seat surcharge). In many of the remaining classifications the PCRB is continuing as an interim procedure to select loss cost indications based on specified non-temporary staffing classifications for application to designated temporary staffing codes which describe the same type(s) of businesses. It is anticipated that, when sufficient statistical data for the temporary staffing codes is available, the classification procedure used for these classifications will be reviewed.

Item 12 of the Index to Classification Exhibits presents "Class Book pages" detailing the derivation of loss costs for classifications treated in combination or subject to reassignments of data from/to another class(es). The Class Book presents detail of the experience and loss cost indications derived for each individual classification in this filing, performed without special consideration using the proposed procedures.

The loss costs developed in accordance with the procedures set forth on Exhibit 17 and presented in portions of the Index to Classification Exhibits and the Class Book exclude the following considerations previously discussed in this letter:

- PCCPAP offsets from Exhibit 14
- Merit Rating Plan credit offsets derived in Exhibit 15
- Offsets for Certified Safety Committee credits derived in Exhibit 16
- Assessment loading for the Office of the Small Business Advocate shown in Exhibit 13

The loss costs prior to application of these latter considerations may be thought of as “pure” loss costs and are the values to which the loss cost change limitations or “swing limits” have been applied.

For this filing consideration was given to past filings’ changes by classification relative to average or overall indications in making final rating value selections. This procedure mitigated what otherwise would have been substantial fluctuations above and below average levels between successive filings for a limited number of classifications.

Exhibit 28 in support of this filing presents a complete table of proposed loss costs and expected loss factors pertinent to the Experience Rating Plan. Exhibit 29 presents both summary results and classification detail of the PCR’s tests of proposed loss costs against intended levels. Finally, Exhibit 30 depicts in graphic form the distribution of percentage changes in classification loss costs, both before and after the application of swing limits or “caps.”

HEPATITIS C LOSS COST SURCHARGES

H. B. 1633, enacted in December 2001, established a rebuttable presumption of work-related causality for Hepatitis C if contracted by professional and volunteer firefighters, volunteer ambulance corp. personnel, volunteer rescue and lifesaving squad personnel, emergency services personnel and paramedics. As this legislation was enacted after the April 1, 2002 loss cost filing had been prepared and submitted, existing PCR loss costs contain no provision for the enhanced likelihood that compensable claims predicated on Hepatitis C infection will be incurred by the designated employee groups.

For this filing the PCR has researched available public documentation and some selected independent reports provided by their authors toward the objective of establishing a benchmark set of surcharges to reflect the increased claims potential precipitated by H. B. 1633. Selected surcharge amounts are included with this filing for the following classification codes:

Code 807, Non-Volunteer Ambulance Services
Code 985, Salaried Police or Firefighters
Code 993, Volunteer Ambulance Corps
Code 994, Volunteer Fire Companies

Given the independent and unique basis for the proposed surcharges, as compared to loss costs for all other classifications, the proposed surcharges have been added to proposed loss costs after application of various other limitations and balancing corrections. Thus, the total loss costs for these affected classifications are limited or “capped” consistent with the procedure applicable to all codes excluding the effects of the newly-proposed surcharges.

MANUAL LANGUAGE REVISIONS

Proposed Manual language to accomplish the changes described briefly below is included in this filing.

- ***Designated Auditable Payrolls***

The filing proposes updates to several of these values for the continuing effects of wage inflation, including specifically the following:

Executive Officers - the maximum auditable payroll is proposed to change from \$1,600 to \$1,650 per week, and the minimum auditable payroll is proposed to change from \$300 to \$350 per week.

Taxicab operators for leased cab - the annual auditable payroll, absent available payroll records, proposed to change from \$32,200 to \$33,100.

Salaried police or firefighters - the minimum auditable payroll proposed to change from \$3,200 to \$3,300 per year.

Specific Manual language proposed in support of the above changes is provided under cover of a staff memorandum dated October 21, 2002 accompanying this filing.

- ***Classification Appeals***

The filing proposes insertion of a new Section 9 in Rule IV. C., Assignment of Classifications. The new section clarifies prevailing PCRB practice under which a carrier’s determinations of employment status are not subject to PCRB review or approval and setting forth the procedure by which classification questions arising pursuant to such carrier determinations may be submitted to and addressed by the PCRB. Existing Sections 9 and 10 are proposed for renumbering as Sections 10 and 11, respectively.

- ***Volunteer Fire Departments and/or Volunteer Fire Companies – Workers’ Compensation Insurance Options***

The filing proposes revisions to Section 2, Classifications, and an additional entry to Section 5, Rulings and Interpretations, which together will revise past PCRB practice with respect to the captioned options based on an opinion from the Pennsylvania Department of Labor and Industry. The essence of the proposed change is to allow volunteer fire departments and

volunteer fire companies to purchase workers' compensation insurance policies separate from the municipality in which such entity is based. Additional provisions contained in the proposed language clarify considerations of determinations of statutory employer for such entities' volunteers, definitions of selected terms and classification for separate policies purchased by these types of entities.

This filing, Proposal C-345, fully and fairly reflects the most recent available experience indications in Pennsylvania, together with all initial and continuing effects of both Act 44 and Act 57. The PCRB respectfully requests a timely review of this filing toward the objective of its implementation, as proposed, on a new and renewal basis **effective April 1, 2003**. In requesting review of this filing the PCRB is especially hopeful that adequate and appropriate advance notice of final loss costs and related rating values may be given to all participants in the Pennsylvania marketplace. Such notice would, of course, be assisted by as prompt and expeditious a review of this matter as possible. Toward that objective, the PCRB will be pleased to answer any questions or provide any available supplementary information which you or your staff may require.

Sincerely,

Timothy L. Wisecarver
President

TLW/kg

Enclosures: Brown Book
Actuarial and Classification & Rating Committees Minutes
Summary of Responses to Survey of 24 Large Carrier Groups
Discussion of Casualty Actuarial Society's "Statement of Principles Regarding
Property and Casualty Loss and Loss Adjustment Expense Reserves"
Index to Classification Exhibits
Class Book
Exhibit 5 Table I - Summary of Financial Call Data
Exhibit 6 Paid & Incurred Loss Development & Trend
Exhibit 7 Tail Factors for Loss Development
Exhibit 8 Claim Frequencies
Exhibit 9A Measures of Goodness of Fit in Trend Calculations Using Loss
Ratios
Exhibit 9B Measures of Goodness of Fit in Trend Calculations Using Severity
Ratios
Exhibit 10 Graphs of Indemnity and Medical Loss Ratios
Exhibit 11A Retrospective Test of Trend Projections for Loss Ratios
Exhibit 11B Retrospective Test of Trend Projections for Severity Ratios
Exhibit 12 Indicated Change in Loss Costs

Enclosures continued:

- Exhibit 13 Loss-Based Assessments and Employer Assessment Factor
- Exhibit 14 Pennsylvania Construction Classification Premium Adjustment Program ("PCCPAP")
- Exhibit 15 Merit Rating Plan Off-Balance Indications
- Exhibit 16 Certified Safety Committee Program Offset
- Exhibit 17 Loss Cost Formulae
- Exhibit 18 Review of Experience Rating Plan Results
- Exhibit 19 Review of Experience Rating Plan Parameters
- Exhibit 20A Table II
- Exhibit 20B Table III
- Exhibit 20C Table IV
- Exhibit 21 Excess Loss (Pure Premium) Factors – NCCI Methodology
- Exhibit 22 Empirical Pennsylvania Loss Distribution
- Exhibit 23 Proposed Excess Loss (Pure Premium) Factors
- Exhibit 24 State and Hazard Group Relativities
- Exhibit 25 Small Deductible – Loss Elimination Ratios
- Exhibit 26 Retrospective Development Factors
- Exhibit 27 Table B
- Exhibit 28 Loss Costs and Expected Loss Factors
- Exhibit 29 Tests of Indicated & Selected Loss Costs
- Exhibit 30 Distribution of Loss Cost Percentage Changes
- Exhibit 31 Hepatitis C Surcharge
- Miscellaneous Manual Amendments
 - Section 1, Rule IV. C. 9, 10 and 11
 - Section 2, Classifications 993 and 994
 - Section 5, Rulings and Interpretations
 - Staff Memorandum of October 21, 2002 - Proposed Revisions to Designated Auditable Payrolls