



B U L L E T I N

December 24, 2009

Contact: Martin Heagen, V.P. & Actuary
Ext. 117, mheagen@nycirb.org

R.C. 2222

To The Members of the Board

**Re: New York Workers Compensation
Statistical Plan Revision
Addition of Data Elements**

The Underwriting Committee has recommended and the New York State Insurance Department has approved a revision to the New York Workers Compensation Statistical Plan that adds two new data elements to the loss record on unit statistical reports:

1. “New York State Workers’ Compensation Board Case Number”, and
2. “Claimant’s Weekly Wage”.

Pursuant to the 2007 reform legislation, the Data Collection Task Force, under the authority of the Superintendent of Insurance, issued its first annual report to the Governor in March 2008. The 2008 report reviewed all of the data captured by the various New York organizations, including, among others, the New York State Workers’ Compensation Board (WCB), the New York Compensation Insurance Rating Board (NYCIRB) and The State Insurance Fund.

The report noted that each organization captured data for its own purpose, but was unable to crosswalk the data with other data sources in New York in order to utilize all of the detail that was separately available. Consequently, the Task Force “recommended that the WCB claim number be collected and stored for all claim level data received by NYCIRB”. This common data element would then enable linkage between the two organizations’ databases to identify specific claim information.

In March 2009, the Data Collection Task Force issued its second report to the Governor. This report reiterated the need to crosswalk WCB and NYCIRB data. In May 2009, the Insurance Department contacted the NYCIRB and officially requested that the NYCIRB add the WCB case number as a required field on the New York Unit Statistical Report.

In order to comply with the Insurance Department’s request, and to address the recommendations of the Data Task Force, a new data element, entitled “New York State Workers’ Compensation Board (WCB) Case Number” has been established. This field, as designated by the WCB, is a maximum nine-character field that can be either numeric or alphanumeric, with no “I”s and “O”s permitted. The WCB Case Number is not applicable to medical-only claims unless an individual medical-only claim is reported to the WCB and is assigned a WCB Case Number.

The field entitled “Claimant’s Weekly Wage” has also been added to the New York loss record. This amount is the actual weekly wage upon which a claimant’s indemnity benefits are based (not the maximum or minimum benefit set forth in the New York Workers’ Compensation Law). The addition of this data element will enable NYCIRB to better evaluate benefit and other legislative changes. This field, which is also a requirement in California, is a five-byte numeric field.

The new data fields are mandatory for claims reported on policies that become effective January 1, 2010 and after.

An overview of the new data fields in a WCSTAT format is provided for your information and use.

Revised New York Statistical Plan Manual pages containing the new data elements are attached and pages will be published as soon as they are available.

Very truly yours,

Monte Almer

President

**MH/ab
Encl.**

WORKERS COMPENSATION INSURANCE ORGANIZATIONS

Excerpts from the Data Specifications Manual WCSTAT

Assigned by State - NY Fields

Field Number	Field Title/Description	Class	Position	Bytes
24	CASE NUMBER ASSIGNED BY STATE	(AN)	112-120	9
	Report the number assigned by the New York State Workers' Compensation Board that uniquely identifies this claim. The letters "I" or "O" are invalid characters.			
17	WEEKLY WAGE AMOUNT	(N)	74-78	5
	Report the actual weekly wage amount at the date of injury upon which the indemnity benefits are based. (Not the maximum or minimum weekly earnings specified in the state law.) Report whole dollars only.			

e. Type of Settlement

Report the applicable Type of Settlement associated with each claim.

- Code 00 - Claim not Subject to Settlement
- Code 03 - Section 32 Settlement (carrier/claimant settlement) *
- Code 05 - Non-Compensable
- Code 09 - All Other Settlements

* **Note:** Code 03 is applicable to both closed claims and to open claims when only a portion of the claim is subject to a Section 32 settlement.

13. Jurisdiction State

Report the two-digit state code of the governing jurisdiction that will administer the claim and whose statutes will apply to the claim adjustment process when that state is not New York.

14. Catastrophe Number

Report the two-digit sequential number for 2 or more claims resulting from the same occurrence. For each policy, the claims from the first such occurrence shall be assigned a Catastrophe Number of 01, claims from the second occurrence shall be 02, etc. When an occurrence results in only one claim being reported, leave this field blank.

- EXCEPTIONS:**
- a. Report Catastrophe Number 48 for all claims directly arising from the commercial airline hijackings of September 11, 2001 and the resulting subsequent events with accident dates of September 11, 2001 through September 14, 2001.
 - b. Report Catastrophe Number 87 for all claims for a latent condition emanating from the rescue, recovery and clean-up operations at the World Trade Center site that were undertaken between September 11, 2001 and September 12, 2002, as defined in Article 8-A of the New York Workers' Compensation Law (Chapter 446 of the Laws of 2006).

Note: Catastrophe Numbers 48 and 87 will apply to both single and multiple claims.

15. Managed Care Organization Type

Report the two-digit code that corresponds to the type of organization which administers the applicable medical loss on the claim

- Code 00 - Not Administered by an approved Managed Care Organization
- Code 01 - Administered by an approved Managed Care Organization
- Code 03 - Administered by an approved Preferred Provider Organization

16. Injury Description Code

Report the 3 two-digit codes that represent the Part of Body, Nature of Injury and Cause of Injury for each claim. Refer to Part VIII for the applicable codes.

17. Fraudulent Claim Code

Report the two-digit code that identifies the involvement of fraud in the claim. Specific fraudulent claim coding instructions are located in Part 5.i of this part of the Plan.

- Code 00 - The claim does not involve fraud
- Code 01 - Partially Fraudulent: a portion of the claim has been deemed fraudulent by the courts or ruling of the Workers' Compensation Board
- Code 02 - Fully Fraudulent: the entire claim has been found to be fraudulent by the courts or ruling of the Workers' Compensation Board

★ 18. **New York State Workers' Compensation Board Case Number**

Report the unique alphanumeric Case Number assigned to each claim by the New York State Workers' Compensation Board.

Note: The Case Number must be reported for every claim to which a number has been assigned by the Workers' Compensation Board.

★ 19. **Claimant's Weekly Wage**

Report, in whole dollars, the actual weekly wage amount at the date of injury upon which the indemnity benefits are based.

Note: This amount is *NOT* the effective weekly wage underlying maximum or minimum statutory benefits.

20. **Totals**

Report the arithmetic totals of the amounts reported for Number of Claims, Incurred Indemnity, Incurred Medical, Paid Indemnity, Paid Medical, ALAE Paid and ALAE Incurred.

In the case of corrections and subsequent reports, the totals shown must be the revised totals.

For multi-page reports, report the totals on the last card only.