

## BULLETIN

July 29, 2010

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R.C. 2239

### To the Members of the Board

- Re: **New York Workers Compensation Statistical Plan Revision**
- a. **Elimination of Claim Grouping Option**
  - b. **Establishment of New Cause of Loss**
  - c. **Elimination of Special Reporting for Retrospective Rated Policies**

The New York State Insurance Department has approved a revision to the New York Workers Compensation Statistical Plan (NYWCSP) that eliminates the claim grouping option for the reporting of small claims, establishes a new cause of loss code and eliminates an obsolete rule pertaining to retrospective rated policies.

- a. At the present time, the NYWCSP contains an option to report medical-only losses of \$2,000 or less on a group basis, in lieu of reporting each individual claim. Although this reporting option has been available in New York for more than ten years, very few unit statistical reports have been received at the Rating Board with claims reported in this manner.

The almost exclusive use of electronic reporting and the very small number of claims being submitted on this basis justify the elimination of this reporting option. Furthermore, with the emergence of the Medical Data Call, it will be necessary to utilize individual claim numbers as part of the data quality process, as well as for other analytical purposes.

The claim grouping option is being eliminated from the NYWCSP for losses reported on policies effective January 1, 2011 and thereafter. Revised Statistical Plan pages are attached.

- b. Given the frequency of firearm related violence throughout the country, the need to identify this cause of loss was viewed as necessary by the Electronic Data Interchange (EDI) Committee of the Workers Compensation Insurance Organizations (WCIO) at its January 2010 meeting.

Consequently, Cause of Loss Code 93, Gunshot, has been established for the reporting of claims on policies effective January 1, 2011 and thereafter. A copy of the relevant Statistical Plan page is attached.

- c. **With the planned introduction of the revised New York Retrospective Rating Plan Manual in 2010, an outdated Statistical Plan rule relating to special reporting for retrospectively rated policies is no longer necessary and is being eliminated, effective July 1, 2010. The relevant manual page is attached.**

**All affected Statistical Plan pages have been updated in the on-line version of the manual.**

**Very truly yours,**

**Monte Almer**

**President**

**MH/ab  
Encl.**

VALUATION AND FILING DATES FOR FIRST REPORTS

<u>Effective Month (Year X)</u>	<u>Valuation Month (Year X + 1)</u>	<u>Reporting Month (20 months after policy effective date)</u>
January	July	September
February	August	October
March	September	November
April	October	December
May	November	January
June	December	February
July	January	March
August	February	April
September	March	May
October	April	June
November	May	July
December	June	August

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*Refer to Item 17 below for instructions on filing reports for multiple year policies other than three-year fixed rate policies.*

**15. Dates**

Dates must be reported in the numeric format specified for the applicable data fields in subsequent parts of the Plan.

**16. Classification Code**

Report the codes corresponding to the classifications assigned to the insured according to the rules of the New York Workers Compensation and Employers Liability Manual or the statistical code defined by the Rating Board.

**No claim may be assigned to any classification unless exposure has also been reported for that classification.** For losses, report the classification code under which the injured worker's premium is assigned, even if, at the time of the injury, the worker may have been involved in an activity that would be classified differently.

**PART IV—REPORTING INSTRUCTIONS—LOSSES**

**Note:** Those fields appearing on the Unit Statistical Report for which no reporting instructions are provided may be left blank.

**1. Update Type**

Leave this field blank on an original First Report submission. *For details regarding correction and subsequent reports, refer to Part VI, Item 3.B. of the Plan.*

**★ 2. Claim Number****a. Individual Claim Reporting**

Report the alphanumeric code that uniquely identifies the specific claim excluding blanks, punctuation marks and special characters. EACH CLAIM THAT CONTAINS A MEDICAL, INDEMNITY OR EMPLOYERS LIABILITY LOSS AMOUNT MUST BE REPORTED INDIVIDUALLY WITH AN APPROPRIATE CLAIM NUMBER.

**★ b. Claim Grouping Option**

Beginning with losses that occur on policies effective on January 1, 2011, it is no longer permissible to group any claims for the reporting of unit statistical plan losses.

**3. Accident Date**

Report, in the format MM/DD/YY, the month, day and year on which the injury occurred.

**★****4. Number Of Claims****★**

a. Cases to be counted as claims must be only those in connection with which a loss payment has been made or a loss reserve established.

**Note:** No case shall be counted as a claim if it involves only allocated loss adjustment expense except for coverage B claims.

b. A case closed without a loss payment shall not be counted as a claim.

## Injury Description Codes (Cont'd)

<u>Code</u>	<u>Cause of Injury</u>	<u>Narrative Description</u>
86	Explosion or Flare Back	
81	Struck or Injured, NOC	Includes kicked, stabbed, bit, etc.
<b>IX. Rubbed or Abraded By</b>		
94	Repetitive Motion	Callous, blister, etc.
95	Rubbed or Abraded, NOC	
<b>X. Miscellaneous Causes</b>		
82	Absorption, Ingestion or Inhalation, NOC	
87	Foreign Matter (Body) in (Eyes)	
88	Natural Disaster	
★ 89	Person in Act of a Crime (Other Than Gunshot)	Robbery or criminal assault
90	Other Than Physical Cause of Injury	
★ 93	Gunshot	
91	Mold	
96	Terrorism	
98	Cumulative, NOC	All Other
99	Other - Miscellaneous, NOC	