



NYCIRB

New York Compensation
Insurance Rating Board
733 Third Avenue
New York, NY 10017
Tel: (212) 697-3535

January 21, 2021

R.C. 2535

Re: 2021 Edition of the New York Workers' Compensation Statistical Plan
Effective July 1, 2021

Members of the Rating Board:

I write to inform you that the New York State Department of Financial Services approved a new edition of the Rating Board's New York Workers' Compensation Statistical Plan ("Plan"), effective for reporting of statistical data on or after July 1, 2021.

A summary of the substantive amendments to the rules of the Plan, as well as general changes that were made throughout the Plan, is enclosed for your convenience.

To the extent that the Rating Board files amendments to the Plan that is in effect currently, those amendments will also be filed for the new edition of the Plan.

Please find the July 1, 2021 edition of the Plan, which reflects the approved amendments, on the Rating Board's website at: [NY Statistical Plan- 2021 Edition-07-01-21.pdf \(nycirb.org\)](https://www.nycirb.org/ny-statistical-plan-2021-edition-07-01-21.pdf).

If you have any questions or concerns, please do not hesitate to contact Mr. David Knight, Vice President of Operations, at (212) 697-3535, ext. 122 or at operations@nycirb.org.

Very truly yours,

A handwritten signature in blue ink, appearing to read "Jeremy Attie".

Jeremy Attie
President and CEO

Enclosure

Summary of Amendments to the New York Workers' Compensation Statistical Plan

The following summary describes amendments to the Rating Board's New York Workers' Compensation Statistical Plan ("Plan"). By the amendments to the Introduction section and Parts I - VI, the Rating Board clarified several sections of the "Plan" to ensure the Industry understands the proper reporting of Unit Statistical Data.

In addition, these amendments effect a general clean-up of each Part of the Plan, such as corrections to punctuation, grammar, and spelling.

The following terminology and general changes were made throughout the Plan for consistency:

Terminology

- The term "employer" replaced "insured," where applicable.
- The term "carrier" replaced "company."
- The term "classification" replaced "class."
- The term "Rating Board" replaced "NYCIRB."
- The term "canceled" replaced "cancelled."
- The term "cancelation" replaced "cancellation."
- The term "New York State Workers' Compensation Board" replaced "Workers' Compensation Board."
- The term "New York State Workers' Compensation Law" replaced "New York Workers' Compensation Law."
- The term "New York State Department of Financial Services" replaced "Department" or "New York State Department."
- Added Endorsement Form Numbers or Titles, where missing.
- Updated all Rule references.
- Added phraseologies for Classification and Statistical Codes and added Classification and Statistical Codes for phraseologies, where referenced.
- Removed examples where applicable to avoid misinterpretation.

The following is a summary of the substantive amendments that were made to the Introduction section and Parts of the Plan:

Introduction

- “Application of Plan Rules” – Moved from Part I (21) with some modifications.
- Added new items to “Organization of the Plan” as follows:
 - Introduction
 - Table of Contents
- Added new sections for consistency with the New York Workers' Compensation and Employers' Liability Manual as follows:
 - Effective Date
 - Bulletins

Part I: General Rules

- Item (3) – Moved from Part V (7) and updated to reference “Manage Data” and deleted “For more information on Manage Data and registering for access to this application, refer to the Manage USR User Guide on the Rating Board website.”
- Item (5) – Clarified/distinguished between data quality review prior to submission, and premium audits to determine exposure.
- Item (8) - Deleted “also” and added “if applicable.”
- Item (11) – Updated form number from NDPRP-1 to NDPRP-I.
- Item (13) – Deleted “subject to the approval of the Rating Board.”
- Item (14)(c)(ii) – Removed examples because the filing due dates are already specified in the Statistical Plan under Part I Item (15) (Date of Valuation and Filing).
- Item (16) – Updated “reporting” to “submissions” and updated “Filing Due Date” to “Filing Month.”
- Item (17) – Added “per unit report.”
- Item (19) (a), (b) and (c) – Removed numeric “days” and updated examples to be more current.

Part II: Header Data/Policy Information

- Item (1) – Replaced “date” with “month.”
- Item (2) – Updated example to reference First correction to a first report in lieu of 3rd correction to a 1st report.
- Item (6) – Deleted “number.”
- Item (16)(a) – Code 01 – Replaced “manual” with “carrier approved.”
- Item (17) – Deleted “4-position.”
- Item (20) – Updated title from “Deductible Amount – Per Claim/Accident” to

"Deductible Amount – Aggregate."

Part III: Exposure/Premium Information

- Item (6) - Replaced "box" with "field" as hardcopies are not accepted and updated the example to reference "employee" in lieu of "employer."
- Item (6)(a)(i) – Updated language to allow carriers to indicate that estimated exposures are due to an uncooperative employer.
- Item (10)(B)(v) – Added "New York" to specify it is New York's exposure.
- Item (12) – Replaced "manual" with "carrier approved."

Part IV: Loss Information

- Item (3) – Updated the language to include "as well as in the Medical Data Call and the Indemnity Data Call."
- Item (5)(a)(iv) – Updated language slightly.
- Item (8)(a) and (b) – Added clarification on when a correction is required.
- Item (9) – Updated this section to clarify the reporting of all Subrogation Claims.
 - Item (9)(a) – Added definition of net paid loss and clarified allocation procedures and added "Exception:" and "and the gross paid loss instead of the net paid loss."
 - Item (9)(b) – Requiring correction reports for recoveries received through the 10th report valuation date and clarifies when corrections are required.
 - Item (9)(c) – Updated special fund references (removed references to the Special Disability Fund and Reopened Case Fund).
 - Item (9)(d) – Updated special fund references (removed references to the Special Disability Fund and Reopened Case Fund, and Aggregate Trust Fund).
 - Item (9)(e) – Added new reporting examples, including adjusting the "PAID" values on claims.
- Item (14)(h) - Updated Bulletin reference from "222B" to "222C."
- Item (16) – Deleted references to "Special Disability Fund."
 - Item (16)(c) – Deleted "Special Disability Fund (Secondary Injury Fund Only – Code 02)" and deleted "Subrogation with Special Disability Fund (Third Party – Code 04)."
 - Item (16)(c) – Deleted "Note: In any case for which the Special Disability Fund has been held legally liable for reimbursement of payments beyond the first 260 weeks must be reported on the unit statistical report. If the Special Disability Fund has not been held legally liable for reimbursement of payments beyond the first 260 weeks, the full indemnity and medical losses incurred must be reported. Recovery from the Special Disability Fund only applies to an injury or illness with a date of accident or date of disablement prior to July 1, 2007."

- Item (18)(1) – Clarified that the Cat Code is limited to 10 per WCIO data reporting rules.

Part V: Subsequent Reports and Corrections

- Item (2) – Added new language and removed references to the Special Disability Fund and Reopened Case Fund.
- Item (5) – Updated language.
- Item (6) – Updated definition for clarity.

Part VI: Codes

- Item (A)(1) – Updated to reference “month” in lieu of “policy effective date.”
- Item (C)(3)(c) – Deleted “02 – Special Disability Fund (Second Injury) Only and 04 – Subrogation with Special Disability Fund (Second Injury).”
- Updated Part of Body, Nature of Injury, and Cause of Injury tables to reflect explanations of various codes per the WCIO Manual.
- Added a new jurisdiction state table.