

# DATA REPORTING

## GENERAL DATA REPORTING INFORMATION FOR NEW YORK

Welcome to the Data Reporting section of the Rating Board's Web site.

The accurate and timely reporting of data is a critical element to the success of the Rating Board in fulfilling its mission as a data collection organization and in accomplishing its daily and long-term objectives. Timely and quality data enables us to provide our membership and the entire insurance industry with services in the key areas of policy verification, experience rating, actuarial ratemaking and related analyses such as the pricing of legislative initiatives.

The Rating Board requires that workers compensation data be reported on an annual aggregate financial basis, on an individual employer basis through the submission of unit statistical reports, on an individual claim basis for specified types of claims, and for every workers compensation policy that is written in New York.

New York is also a participant in two nationally sponsored data calls, the Call for Detailed Claim Information and the Medical Data Call.

Please select one of the Data Reporting categories below for more information.

**Financial Data Calls**

**Special Data Calls**

**Unit Statistical Plan Reporting**

**Policy and Proof of Coverage Reporting**

**Call for Detailed Claim Information**

**Medical Data Call**

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## FINANCIAL DATA CALLS

Aggregate Financial Data is required to be reported annually by each member carrier in a prescribed format. Policy year and accident year aggregate statistics are reported in this manner, together with Annual Statement information that pertains to workers compensation. This data forms the basis for the annual loss cost revision.

Traditionally, twenty individual policy years and accident years of aggregate financial data have been collected. However, beginning with the data reported in 2008, an additional year of information is being required annually until a total of thirty years of aggregate financial data is available for ratemaking purposes.

As part of its data quality initiatives, the Rating Board issues a Report Card to every carrier several months after each year's Call process has concluded. The Report Card provides grades for each of the Financial Data Calls and is comprised of two sections, one for timeliness and one for data quality. Grades are assigned for timeliness on the basis of when each Call is received relative to its respective due date. Data quality grades are reflective of any errors and/or resubmissions of previously reported data.

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## SPECIAL DATA CALLS

Unique circumstances may require the Rating Board to request more detailed data than is available from the Aggregate Financial Data Calls or from unit statistical reports. When these situations arise, the Rating Board issues a Special Call to its membership in order to obtain the needed data.

At the present time, the following are the New York Special Calls that have been issued by the Rating Board:

### **Call For Individual Large Loss and Catastrophe Data – NY 131**

The purpose of this Special Call is to obtain detailed individual claim information on large losses and catastrophic events in order to develop improved actuarial methods and procedures for the handling of these types of losses in aggregate ratemaking.

### **Call For Individual Section 32 Claim Data – NY 132**

This Special Call for individual claim data was established in response to the New York Insurance Department's 2004 Opinion & Decision that ordered the Rating Board to conduct studies and analyses for the purpose of quantifying savings realized from claim settlements under Section 32 of the Workers' Compensation Law, which had been amended as part of the 1996 reform initiative. The information collected in this Call may also be helpful in providing insights into some of the 2007 reforms.

### **Call For Individual Employers Liability Claim Data – NY 141**

The purpose of this Special Call for individual employer liability claims is to continuously evaluate the impact of the unlimited feature of Part Two of the Workers Compensation and Employers Liability Policy in New York and to provide a closer examination of the development of third-party claims.

### **Call For Calendar Year Direct Written Premium – NY 115**

This Special Call for individual carrier direct written premium forms the basis for the Rating Board's annual budgetary assessments to its membership.

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## UNIT STATISTICAL PLAN REPORTING

Unit Statistical Plan (USP) data is detailed statistical information that is required to be reported by the insurance carriers to the Rating Board on each and every insured employer in New York. Reporting instructions and definitions of the required data elements are contained in the New York Workers Compensation Statistical Plan, which is published and maintained by the Rating Board. At this level of detail, specific payroll, premium and loss information by type of injury, is reported by classification code for each policy. The required data for each policy is initially valued eighteen months after the inception date of the policy and then at successive twelve-month intervals up to a total of ten reports. The initial eighteen-month valuation of the policy was established in order to allow sufficient time for most premium audits to be completed and for most claims to have been reported and initial reserves established. Similar to the aggregate policy year information, USP data is also compiled on a policy year basis, but it is somewhat less timely due to the initial eighteen-month valuation date for each policy. Nevertheless, this information is ideal for use in determining appropriate classification loss costs and is also used in the calculation of each employer's experience modification.

The New York Workers Compensation Statistical Plan can be found in the Manuals section of our Web site.

Information regarding electronic reporting of USP data can be found on the web site of the Workers Compensation Insurance Organizations, [www.wcio.org](http://www.wcio.org), of which the Rating Board is a member. The Workers Compensation Statistical Reporting Specifications, WCSTAT, which contains the detailed reporting specifications, is available on this site.

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## POLICY AND PROOF OF COVERAGE REPORTING

In addition to providing the State Workers' Compensation Board with individual employer policy information, all member carriers are required to submit a copy of each workers compensation insurance policy, issued to New York employers, to the Rating Board for review. This review accomplishes several things:

- It insures contract accuracy and uniformity by ensuring that the New York policy forms and endorsements that are issued, are correct and approved for use.
- It insures that the rates being charged to policyholders are in conformance with carrier filings and that the policy premiums have been determined in accordance with the rules of the New York Workers Compensation and Employers Liability Manual.
- It insures the maintenance of a reliable record of individual employers.
- It insures continuity of classification treatment.
- It insures the establishment of a policy coverage record for every New York employer.

Information regarding the reporting of policy information can be found on the web site of the Workers Compensation Insurance Organizations, [www.wcio.org](http://www.wcio.org), of which the Rating Board is a member. The Workers Compensation Policy Tape Reporting Specifications, WCPOLS, which contains the detailed reporting specifications for policies, is available on this site.

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## **CALL FOR DETAILED CLAIM INFORMATION (DCI)**

The Call for Detailed Claim Information (DCI) is a data collection program administered by the National Council on Compensation Insurance (NCCI), whereby insurance companies, including those private companies that write business in New York, furnish specific information on workers compensation indemnity claims on a sampling basis. Claims involving medical costs only are not included in the Call.

The purpose of the DCI Call is to provide more in-depth insights into the underlying elements inherent in the aggregate costs of workers compensation insurance. DCI was established to better understand a state's claim environment, to identify high costs in the benefit system, and to collect data related to the causes contributing to changes in the system. DCI is primarily used in the areas of loss cost filing support and law evaluations. DCI is an invaluable tool for a more refined analysis of the workers compensation insurance system.

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## MEDICAL DATA CALL

In 2008, the Rating Board received authorization from its Board of Governors to begin collecting detailed medical data. Medical data at a more refined level than is currently available is necessary in order to improve the ongoing evaluation of the 2007 reforms, to provide valuable information relative to medical cost containment mechanisms, and to support research into the underlying drivers of medical costs in workers compensation. The need for such data had been recognized by the Rating Board and its members, as well as by the New York State Insurance Department.

The National Council on Compensation Insurance, Inc. (NCCI) has, through an extended and rigorous process, established a structure and a process for the reporting and collection of medical detail information. The Rating Board is participating in this Call and has contracted with the NCCI to have New York Medical data collected on its behalf.

Rating Board members will begin reporting the required data for medical transactions that occur in the 3<sup>rd</sup> quarter of 2010 (i.e., between July 1, 2010 through September 30, 2010). These transactions should be reported by the end of the following quarter (i.e. December 31, 2010).

For information on the structure of the call, the required data elements, and other relevant information, please refer to the Medical Data Call Reporting Guidebook, which can be found at:

<https://www.ncci.com/documents/MedicalDataCallReportingGuidebook.pdf>