



NYCIRB

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

September 21, 2018

R.C. 2471

Re: New York Indemnity Data Call

Members of the Rating Board:

I write to inform you that the Board of Governors of the New York Compensation Insurance Rating Board (“Rating Board”) has authorized the Rating Board to implement a new Indemnity Data Call to be reported directly to the Rating Board. As discussed below, data related to indemnity claims will be evaluated and submitted on a quarterly basis and submissions for each quarter will be due by the end of the following quarter (*e.g.*, 3rd quarter claims / transactions will be due by the end of 4th quarter). The first submission due date will be September 30, 2020.

By way of brief background, the National Council on Compensation Insurance (“NCCI”) recently announced the implementation of a new Indemnity Data Call, with the first data submission due to be reported to NCCI by September 30, 2020. The Rating Board will adopt NCCI’s Indemnity Data Call so it can obtain more detailed information on indemnity claims in New York State.

The purpose of adopting NCCI’s Indemnity Data Call is two-fold: (a) to enhance the Rating Board’s ability to price legislative and regulatory proposals; and (b) to better equip the Rating Board to research and study New York’s complex system and track trends and results of legislative and regulatory reforms.

While a complete implementation guide and reporting manual will be released in the fall of 2018, the information set forth herein provides preliminary information regarding the New York Indemnity Data Call and its reporting requirements.

The New York Indemnity Data Call will include two separate reporting records – a Transactional Record and a Quarterly Record – and will consist of the same data elements included in the NCCI Indemnity Data Call. Further, the New York Indemnity Data Call will mirror the format of the NCCI Indemnity Data Call. Specifically, the New York Indemnity Data Call will consist of 47 total data elements, 32 of which are currently reported in Detailed Claim Information and/or Unit Statistical Data with the remainder being new data elements. Please note that the New York Indemnity Data Call may differ slightly from the NCCI Indemnity Data Call to reflect codes consistent with New York’s specific benefit structure, *e.g.*, payments into the Aggregate Trust Fund. See Exhibit A attached hereto, which is a document published by NCCI describing the



various data elements of the NCCI Indemnity Data Call; *see also* Exhibit B attached hereto displaying the detailed record layout for the NCCI Indemnity Data Call.

Participation in the New York Indemnity Data Call will be required for carrier groups that have at least 0.5% market share in New York in any of the most recent three calendar years. The Rating Board will identify and contact Indemnity Data Call reporters in the fall of 2018 to discuss the new reporting requirement.

As noted above, the New York Indemnity Data Call will generally mirror the implementation timeline set out by NCCI for its Indemnity Data Call. Accordingly, the first data report would be due to the Rating Board by the end of the third quarter of 2020. However, the Rating Board understands that some of its member insurers do not currently submit Detailed Claim Information to NCCI or would not be required to participate in the NCCI Indemnity Data Call. Therefore, and in recognition of the significant resources that implementing the New York Indemnity Data Call may consume, the Rating Board will work with individual member insurers who are unable to satisfy the aforementioned timeline to find a mutually agreeable implementation timeline.

Data can be submitted to the Rating Board with the same procedures established for the Medical Data Call, *i.e.*, either via Compensation Data Exchange ("CDX") or by a file transfer. Data can be accepted directly from member insurers or from third party data submission vendors explicitly authorized by member insurers to submit data on their behalf.

For any questions relating to the New York Indemnity Data Call, please email indemnitydatacall@nycirb.org.

Very truly yours,

A handwritten signature in blue ink, appearing to read "ja Attie", is written over a light blue horizontal line.

Jeremy Attie
President and CEO

Enclosures

Exhibit A



**Indemnity Data Call Data Elements
Circular IND-2018-01—Attachment B**

This table provides all the data elements contained in the Indemnity Data Call’s Transactional and Quarterly Records. Column 1 provides the data element name, Column 2 identifies which Record Type applies (Transactional and/or Quarterly), Column 3 provides the data element definition, and Column 4 identifies if the data element is currently reported in DCI and/or Unit Statistical (Current), or is a new data element (New).

Data Element Table			
Data Element	Record Type	Definition	Current or New
Carrier Code	Transactional and Quarterly	The carrier code assigned to the carrier by NCCI. (Key Data Element)	Current (Unit and DCI)
Policy Number Identifier	Transactional and Quarterly	The unique set of numbers and/or letters that identifies the policy under which the claim occurred. (Key Data Element)	Current (Unit and DCI)
Policy Effective Date	Transactional and Quarterly	The date the policy under which the claim occurred became effective. (Key Data Element)	Current (Unit and DCI)
Claim Number Identifier	Transactional and Quarterly	The unique set of numbers and/or letters that identifies the specific claim to which the report/transaction applies. (Key Data Element)	Current (Unit and DCI)
Accident Date	Transactional and Quarterly	The month, day, and year on which the injury occurred. (Key Data Element)	Current (Unit and DCI)
Jurisdiction State Code	Transactional and Quarterly	Code that corresponds to the jurisdiction under whose WC Act or Employers Liability Act the claimant’s benefits are being paid. (Key Data Element)	Current (Unit and DCI)
Record Type Code	Transactional and Quarterly	Code that identifies the record being submitted is a Transactional Record. (Processing Data Element)	New
Transaction Date	Transactional and Quarterly	The date the transaction was established by the original source of the data. (Processing Data Element)	New
Transaction Code	Transactional	Code that identifies the type of transaction being submitted (e.g., Original, Cancellation/Void, or Replacement). (Processing Data Element)	New



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Data Element Table			
Data Element	Record Type	Definition	Current or New
Transaction Identifier	Transactional	Code that is used to identify an individual transaction. This will be used to identify a specific individual transaction that is canceled or replaced. There are two methods for reporting a canceled or replaced transaction, as follows: <ul style="list-style-type: none"> • Option 1—Use the Transaction ID Code for all original transactions and to report a corresponding canceled or replaced transaction. • Option 2—Never report the Transaction ID Code. Report an original transaction with a negative Transaction Amount with the same Benefit Type Code, Transaction From Date, and Transaction to Date. (Processing Data Element) 	New
Transaction From Date	Transactional	The first date of the uninterrupted period corresponding to the paid indemnity amount for a particular Benefit Type Code.	New
Transaction to Date	Transactional	The last date of the uninterrupted period corresponding to the paid indemnity amount for a particular Benefit Type Code.	New
Transaction Amount	Transactional	Amount of the financial transaction being submitted; may be negative (e.g., to reflect overpayments).	Current (DCI)
Benefit Type Code	Transactional	Code that corresponds to the type of benefits paid to the claimant, including recovery reimbursement amounts paid.	Current (DCI)
Lump Sum Indicator	Transactional	Indicates when an indemnity benefit payment to a claimant is made in the form of a lump sum. A key purpose of this field is to identify situations where a transaction “from” and “to” date are not available.	New



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Data Element Table			
Data Element	Record Type	Definition	Current or New
Benefit Offset Code	Transactional	Code that indicates that the claim has an offset for payments/contributions from another source.	New
Benefit Offset Amount	Transactional	The amount of the benefit offset applied as a result of payments from another source (i.e., the gross benefit amount had there not been any payments/contributions from another source less the Paid Indemnity Amount).	New
Weekly Benefit Amount	Transactional	The weekly benefit amount, per the applicable state's approved minimums and maximums, underlying the periodic payment to the claimant for the corresponding Benefit Type Code.	Current (DCI)
Claimant Gender Code	Quarterly	Code that corresponds to the claimant's gender.	Current (DCI)
Birth Year	Quarterly	Claimant's actual or estimated year of birth. Report the year the claimant was born.	Current (DCI)
Hire Date	Quarterly	The date the claimant began his or her most recent employment with the employer.	New
Employment Status Code	Quarterly	Code that indicates the employee's primary work status at the time of the injury with the covered employer.	New
Closing Date	Quarterly	The date the claim was closed (e.g., further indemnity or medical payments are not expected), the judgment date, or the date an agreement was made as to the final amount paid.	Current (DCI)
Reopen Date	Quarterly	Date claim is reopened as defined by the carrier.	New



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Data Element Table			
Data Element	Record Type	Definition	Current or New
Maximum Medical Improvement (MMI) Date	Quarterly	The date after which further recovery from or lasting improvements to an injury or disease can no longer be anticipated based on reasonable medical probability, or as defined in the state by statute or case law; report only for permanent disability claims.	Current (DCI)
Reported to Insurer Date	Quarterly	The date the claim was originally reported to the insurer.	Current (DCI)
Accident State Code	Quarterly	Code that corresponds to the state or foreign location where the claimant was injured or contracted an occupational disease.	Current (DCI)
Attorney or Authorized Representative Indicator	Quarterly	Indicates whether or not the claimant has an attorney or authorized representative.	Current (DCI)
Method of Determining Pre-injury/Average Weekly Wage Code	Quarterly	Code that corresponds to the method used to determine the pre-injury/average weekly wage.	Current (DCI)
Impairment Percentage Basis Code	Quarterly	Code that corresponds to whether the reported Impairment Percentage was based on the whole body or part of body.	Current (DCI)
Impairment Percentage	Quarterly	The actual, final impairment rating of a claim (i.e., medical assessment of claimant's post-MMI functionality), expressed as a percentage.	Current (DCI)



**Indemnity Data Call Data Elements
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Data Element Table			
Data Element	Record Type	Definition	Current or New
Loss of Earnings Capacity (LOEC)/Disability Percentage	Quarterly	<p>In states where PPD benefits are based on a formal assessment of the claimant's LOEC post-MMI, the actual, final LOEC of a claim, expressed as a percentage, which underlies the benefits paid. Implementation guide would include a listing of states where a LOEC assessment is required.</p> <p>In states where additional factors beyond impairment rating are considered in determining disability (e.g., age, education, ability to be retrained, residual physical capacity, etc.), the actual, final disability rating of a claim, expressed as a percentage, which underlies the benefits paid. Implementation guide would include a listing of states where a disability rating is required.</p>	New
Pre-Existing Disability Percentage	Quarterly	Pre-existing disability percentage contemplated in the determination of claimant's permanent disability benefits.	New
Part of Body Code—Injury Description	Quarterly	A code that corresponds to the part of the claimant's body that sustained the injury.	Current (Unit and DCI)
Nature of Injury Code—Injury Description	Quarterly	A code that corresponds to the nature of the injury sustained by the claimant.	Current (Unit and DCI)
Cause of Injury Code—Injury Description	Quarterly	A code that corresponds to the cause of injury sustained by the claimant.	Current (Unit and DCI)
Act—Loss Condition Code	Quarterly	Code that identifies the Act or Law governing the basis of liability for the claim (e.g., State Act, Federal Act excluding USL&HW and Federal Black Lung, USL&HW, Federal Black Lung, etc.).	Current (Unit)
Type of Settlement—Loss Condition Code	Quarterly	Code that identifies the type of claim settlement, if applicable.	Current (Unit)
Medical Extinguishment Indicator	Quarterly	Indicates if future medical liabilities are extinguished based on a lump sum settlement agreement.	Current (DCI)



**Indemnity Data Call Data Elements
Circular IND-2018-01—Attachment B**

Data Element Table			
Data Element	Record Type	Definition	Current or New
Temporary Disability Benefit Extinguishment Code	Quarterly	A code that corresponds to the reason why temporary disability benefits were terminated.	New
Indemnity Paid-To-Date	Quarterly	The inception-to-date amount of all indemnity payments for the claim, net of recoveries received.	Current (Unit and DCI)
Medical Paid-To-Date	Quarterly	The inception-to-date amount of all medical payments for the claim, net of recoveries received.	Current (Unit and DCI)
Incurred Indemnity Amount Total	Quarterly	The amount of inception paid-to-date and current indemnity case reserves, excluding loss adjustment expenses, as of the quarter end date, net of recoveries received.	Current (Unit and DCI)
Incurred Medical Amount Total	Quarterly	The amount of inception paid-to-date and current medical case reserves for physicians, hospitals, drugs, physical medicine, and other related services and supplies, excluding loss adjustment expenses, as of the quarter end date, net of recoveries received.	Current (Unit and DCI)
Employer Legal Amount Paid	Quarterly	The cumulative amount paid by the employer or insurer for the services of an attorney or authorized representative to defend against a proceeding brought under the WC or Employers Liability Acts, net of recoveries received.	Current (DCI)
Allocated Loss Adjustment Expense (ALAE) Paid	Quarterly	The cumulative amount of all ALAE paid for the specific claim, net of recoveries.	Current (Unit)
Pre-Injury/Average Weekly Wage Amount	Quarterly	The average weekly wage of the claimant or deceased worker at time of injury, as defined by state law.	Current (DCI)

Exhibit B

PART 5—RECORD LAYOUTS

A. OVERVIEW

For NCCI to properly receive data submissions, data providers are required to comply with specific requirements regarding record layouts, data elements, and link data when reporting Call data. Data files are transmitted in specific record layouts to allow for quick processing. This allows the data contained within the record layouts to be formatted, sorted, and customized according to the user's specifications.

The record layouts that comprise the Indemnity Data Call are provided in this part of the guide.

B. FILE CONTROL RECORD LAYOUT

Field No.	Field Title	Class	Position	Bytes
1	Record Type Code	N	1–2	2
2	Submission File Type Code	A	3	1
3	Carrier Group Code	N	4–8	5
4	Reporting Quarter Code	N	9	1
5	Reporting Year	N	10–13	4
6	Submission File Identifier	AN	14–43	30
7	Submission Date	N	44–51	8
8	Submission Time	N	52–57	6
9	Record Total	N	58–68	11
10	RESERVED FOR FUTURE USE		69–300	232

C. TRANSACTIONAL RECORD LAYOUT

Field No.	Field Title	Class	Position	Bytes
Processing Data Elements (Fields 1–4)				
1	Record Type Code	N	1–2	2
2	Transaction Code	N	3–4	2
3	Transaction Date	N	5–12	8
4	Transaction Identifier	N	13–32	20
Key Data Elements (Fields 5–9)				
5	Carrier Code	N	33–37	5
6	Policy Number Identifier	AN	38–55	18
7	Policy Effective Date	N	56–63	8
8	Claim Number Identifier	AN	64–75	12
9	Accident Date	N	76–83	8
Transactional Data Elements (Fields 10–18)				
10	Jurisdiction State Code	N	84–85	2
11	Transaction From Date	N	86–93	8
12	Transaction To Date	N	94–101	8
13	Transaction Amount	N	102–113	12
14	Benefit Type Code	N	114–115	2
15	Lump-Sum Indicator	A	116	1

Field No.	Field Title	Class	Position	Bytes
16	Benefit Offset Code	N	117	1
17	Benefit Offset Amount	N	118–128	11
18	Weekly Benefit Amount	N	129–137	9
19	RESERVED FOR FUTURE USE		138–300	163

D. QUARTERLY RECORD LAYOUT

Field No.	Field Title	Class	Position	Bytes
Processing Data Element (Fields 1–2)				
1	Record Type Code	N	1–2	2
2	Transaction Date	N	3–10	8
Key Data Elements (Fields 3–7)				
3	Carrier Code	N	11–15	5
4	Policy Number Identifier	AN	16–33	18
5	Policy Effective Date	N	34–41	8
6	Claim Number Identifier	AN	42–53	12
7	Accident Date	N	54–61	8
Quarterly Indemnity Claim Data Elements (Fields 8–37)				
8	Jurisdiction State Code	N	62–63	2
9	Claimant Gender Code	N	64	1
10	Birth Year	N	65–68	4
11	Hire Date	N	69–76	8
12	Employment Status Code	AN	77	1
13	Closing Date	N	78–85	8
14	Reopen Date	N	86–93	8
15	Maximum Medical Improvement (MMI) Date	N	94–101	8
16	Reported to Insurer Date	N	102–109	8
17	Accident State Code	N	110–111	2
18	Attorney or Authorized Representative Indicator	A	112	1
19	Method of Determining Pre-Injury/Average Weekly Wage Code	N	113	1
20	Impairment Percentage Basis Code	N	114	1
21	Impairment Percentage	N	115–117	3
22	Disability/Loss of Earnings Capacity (LOEC) Percentage	N	118–120	3
23	Pre-Existing Disability Percentage	N	121–123	3
24	Part of Body Code—Injury Description	N	124–125	2
25	Nature of Injury Code—Injury Description	N	126–127	2
26	Cause of Injury Code—Injury Description	N	128–129	2
27	Act—Loss Condition Code	N	130–131	2
28	Type of Settlement—Loss Condition Code	N	132–133	2
29	Medical Extinguishment Indicator	A	134	1
30	Temporary Disability Benefit Extinguishment Code	N	135	1

Field No.	Field Title	Class	Position	Bytes
31	Indemnity Paid-To-Date	N	136-144	9
32	Medical Paid-To-Date	N	145-153	9
33	Incurred Indemnity Amount	N	154-162	9
34	Incurred Medical Amount	N	163-171	9
35	Employer Legal Amount Paid	N	172-180	9
36	Allocated Loss Adjustment Expense (ALAE) Paid	N	181-189	9
37	Pre-Injury/Average Weekly Wage Amount	N	190-194	5
38	RESERVED FOR FUTURE USE		195-300	106