

WCL §§14(6) and 15(8) Reimbursement Requests Frequently Asked Questions

1. What type of document will the indemnity reimbursement request form be; how will it be submitted and when will it be available?

Forms and instructions are now available on the Board's website at: <http://www.wcb.ny.gov/content/main/WAMO/WAMO.jsp>. Separate forms have been created in Microsoft Excel for Second Injury [WCL 15(8)] and Concurrent Employment [WCL 14(6)] indemnity reimbursement and allow up to 1,000 and 500 entries respectively per form. An additional form has also been created to accompany any initial request for indemnity reimbursement.

The Special Disability Fund (Fund) expects to receive completed forms via email to SpecialFunds@wcb.ny.gov. If you have any concerns regarding this method of submission, please contact us at this e-mail address as soon as possible.

2. The proposed form includes many data fields that are not presently part of the C-251 [Carrier's Request for Reimbursement of Indemnity Payments under Section 15(8)]. What is the purpose of all the new required information?

The purpose of the additional information is to provide the Fund with the ability to more actively forecast its liabilities, manage cash flow needs and allow WAMO to be more responsive to settlement possibilities. The ultimate goal is to resolve/reduce liabilities and drive down the cost of assessments for self-insured employers and the insurance industry.

In response to comments received, WCB has made revisions and split the form into three separate forms, thereby eliminating several of the data fields from the ongoing requests for reimbursement. Calculations have been built into the forms for several data fields allowing those fields to auto-fill as the forms are completed; further details on this can be found in the form instructions.

3. The proposed form includes many data fields that should already be available in WCB records, why are they included on the form?

The administrator (insurance carrier, self-insured employer or third party administrator) have access to the most up to date information regarding the claim and are in the best position to provide that information to the Fund. The reconciliation process will allow data discrepancies to be uncovered and the Fund to ensure that its records are up to date. This will allow future reimbursement requests to flow through the process more smoothly.

Once the form has been completed the first time, it can be saved by the submitter and updated for future submissions, which should limit the amount of data entry required on future submissions on that claim.

4. What will be the impact to reimbursement if an incomplete form is submitted?

The reconciliation process is partly intended to allow claim administrators to adapt to the new forms and the Fund will work with them to resolve data issues during those initial submissions. After the completion of that process incomplete forms will be returned to the submitter and will not be considered timely submitted by the Fund.

5. What is the purpose of the proposed schedule and how does it affect reimbursement?

In order to streamline the Fund's review and make the process timelier, all indemnity reimbursement requests (including initials, finals, settlements, misidentified/rediscovered billings and rate increases) for claims associated with a W Number must be included on the same form. The Fund expects to receive two submissions for indemnity from each insurance carrier or self-insured

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employer per year; the schedule identifies when the periods covered by those submissions should begin and when they are due. The schedule provides flexibility for each insurance carrier or self-insured employer to determine the specific 26-week period covered by the form provided it fits within the schedule.

6. How will the proposed form accommodate claims where multiple rates were paid during the period being requested?
Claims with multiple rates paid within the period being requested should have multiple entries (lines) on the form to cover each rate period for the claim.

7. How should the Life Expectancy and Projected Life Indemnity columns be completed?
The form will calculate both fields using built-in formulas. The Age of the claimant/beneficiary as of the end date of the submission will be calculated based on Date of Birth. The Life Expectancy of claimant/beneficiary will then be calculated based on Age and Gender using the United States Life Tables. The Projected Life Indemnity will then be calculated based on Life Expectancy and the most recent SDF Reimbursable CCP Rate.

8. What will be the procedure for attaching supporting documentation (e.g.; notice of decision, C-8/FROI-00/SROI-SA, alive & well check results, etc.)?
The form does not require that any documentation be attached. A comment/explanation field is included and the Fund expects the insurance carrier, self-insured employer or third party administrator will provide information/explanations/dates in that field and be able to produce appropriate documentation upon request.

9. WCL § 15(8)(h)(2)(B) states that “All requests for reimbursement from the special disability fund with a date of injury or date of disablement prior to July first, two thousand seven as to which the board has determined that the special disability fund is liable must be submitted to the special disability fund by the later of (i) one year after the expense has been paid, or (ii) one year from the effective date of this paragraph.” How does this impact the indemnity reimbursement schedule and in particular what is the impact to requests for reimbursement related to retroactive adjustments to the rate (i.e., claimants with reduced earnings where a notice of decision can modify the rate going back much further than the period covered by the submission)?
The purpose of the schedule is to streamline the Fund’s review and make the process timelier. Indemnity reimbursement requests should be submitted in accordance with the schedule wherever possible. Legally compliant submissions that fall outside the schedule cannot take advantage of the streamlined process and reimbursement may be delayed as a result. However, such submissions would not be rejected as it is not the Fund’s intention for the process alone to lead to rejection of a request.

10. What is the purpose of the reconciliation period and what will be the procedure for submitting indemnity reimbursement requests?
The purpose is to allow the ongoing indemnity reimbursement requests for each claim associated with a W Number to align with the schedule. The reconciliation submission should include anything paid by the insurance carrier, self-insured employer or third party administrator up through the end of the period, as well as any submissions previously approved by SFCC where payment remains outstanding. The period requested for each claim may vary and could be greater or less than 26 weeks.

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11. What will be the procedure for resubmitting rejected/reduced submissions that were originally filed with SFCC?

Indemnity reimbursement requests should be submitted to SFCC on C-251 forms through 9/30/2016. Any rejections or reductions of those or previously submitted requests will be communicated by SFCC staff and continue to resolution with SFCC.

12. How will the Fund notify the submitter of indemnity reimbursement requests that have been rejected/reduced? What will be the procedure for submitter to rectify any issues and/or provide additional information in order for the request to be subsequently approved?

The Fund will provide confirmation of receipt for each form shortly after submission. The Fund aims to provide a consolidated listing of rejections/reductions and payment of the approved balance within 30 days. Any clarification and/or additional information that supports a rejected/reduced request can be submitted as needed without being held for a future submission.

13. Please provide an update on any changes to the C-251.1 (Carrier's Request for Reimbursement of Medical Expenses Under Section 15-8) form and submission schedule.

Effective 10/1/2016, requests for medical reimbursement should be directed to:

NYS Workers' Compensation Board

Attn: Special Funds Group

328 State St, Room 331

Schenectady, NY 12305-2302

Insurance carriers, self-insured employers and third party administrators should continue to use the existing C-251.1 form and attach required documentation in the same format at this time. The Fund anticipates introducing a new form and a means to submit documentation electronically in early 2017; at this time there are no plans to require requests for all claims associated with a W Number to be submitted in a consolidated fashion.

A proposed form will be made available for review and comment prior to its implementation. The Fund plans to require additional data elements on future submissions including: type of claim (ANCR or ODNCR), claimant's state of residence and Medicare status, established sites/conditions and related apportionment, dates medical expenses were paid and a projection of lifetime medical payout.