

Paragraph (2) of subdivision (f) of section 300.22 of Title 12 NYCRR is hereby amended to read as follows:

Within 18 days of a resumption of payments for a disability becoming due, the carrier, special fund, or TPA shall file electronically with the board a subsequent report of injury indicating payments made to the claimant, or in the event that payments are not being made due to a credit owed to the carrier, special fund or third-party administrator, the amount of such total amount claimed and the amount credited by the carrier, special fund or third-party administrator from the payment due. A notice that contains the relevant elements, as prescribed by the chair, shall be transmitted to the claimant and his or her attorney or licensed representative, if any, within one business day of the date it is filed electronically with the chair.

Paragraph (3) of subdivision (f) of section 300.22 of Title 12 NYCRR is hereby amended to read as follows:

In every [open] case [or in a closed case when the board has directed the continuation of payments], the carrier, special fund, or TPA shall file electronically with the board a summary of all payments made to a claimant [during the preceding 180 days commencing 180 days from the date the first report of injury was electronically filed with the board and every 180 days thereafter]. The summary of payments shall include compensation payments, payment for medical care and treatment, and wages paid instead of compensation and the claim is not disputed. When the carrier, special fund, or TPA or employer has not made any such payments in the preceding 180 days, no report shall be filed.

(i) Initial Summary report. The initial summary report shall be due: (A) within 180 days of the date of the disability event or, if there is no known date of disability event, the date of the initial first report of injury; or, (B) if the board directed continuing payments prior to 180 days of (A) herein, then within 180 days of such award. If the case is closed with no continuing payments, the summary report shall be due within 180 days of closure. The initial summary shall be due within 180 days of the initial direction to continue payments or the initial closure. [When a case is closed and the board has not directed the continuation of payments,]

(ii) Subsequent Summary Reports. Following the filing of an initial summary report in accordance with (i) herein, the carrier, special fund, or TPA shall file electronically [such] a subsequent summary of all payments: (a) every 180 days from the initial award directing payment while such benefits continue. (b) Additionally, following a reopening of the case in accordance with section 300.14 of this Part when payment(s) have been directed pursuant to such reopening, a summary report shall be due within 180 days of the subsequent closing of the case following direction of the Board; or if awards are continuing, every 180 days from the initial award directing payment while such benefits continue. [after the case is closed, and thereafter shall file such summary of payments every 180 days only at its election or upon direction of the board.] Such reports shall be filed electronically in the format prescribed by the chair and shall contain the data elements prescribed by the chair. Such summary shall also include a total

reporting of other types of payments made by the carrier, special fund, or TPA as provided in paragraph (3) of this subdivision.

A new subdivision (g) of section 300.23 of Title 12 NYCRR is hereby added to read as follows:

300.23(g) In the event that the carrier, self-insured employer or third-party-administrator seeks to recover for an alleged overpayment of benefits to the claimant, such carrier, self-insured employer or third-party administrator must file notice to the Board in the format prescribed by the Chair that identifies the amount of such overpayment. Such prescribed notice shall be due as follows:

(1) When a request for further action is submitted to the Board by the carrier, self-insured employer or third-party administrator, such prescribed notice requesting recovery of an overpayment shall be submitted on the same day as the request for further action.

(2) When a hearing is scheduled and the carrier, self- insured employer or third-party administrator will request recovery of an overpayment at the scheduled hearing, the carrier, self- insured employer or third-party administrator must file the prescribed notice identifying the amount of the overpayment no less than ten days before the date of the hearing. The Workers' Compensation Law Judge will not consider any requests to direct recovery of an overpayment that are not timely made.

(3) When the Board directs recovery of an overpayment, the carrier, self- insured employer or third-party administrator must file the prescribed notice identifying the amount of the overpayment within ten days of such decision.