



**STATE OF NEW YORK
INSURANCE DEPARTMENT**
25 BEAVER STREET
NEW YORK, NEW YORK 10004

**Supplement No. 1 to
Circular Letter No. 35 (2000)
January 25, 2002**

TO: All Licensed Property/Casualty Insurers Authorized to Write Workers' Compensation Insurance in New York State

RE: Data Reporting for the Workers' Compensation Board's Treatment Utilization Pilot Program

STATUTORY REFERENCE: Section 301 of the Insurance Law

The purpose of this Supplement to [Circular Letter No. 35 \(2000\)](#), issued on December 11, 2000, is to remind all insurers writing Workers' Compensation Insurance in New York State of their reporting responsibilities under the New York State Workers' Compensation Board's (WCB) Treatment Utilization Pilot Program. This program, which focuses on Authorized Orthopedic Specialists in the Buffalo, New York, area, was designed to determine whether higher reimbursement rates would reduce utilization. Under the program, for a period of three years, participating providers in Region 2 (Buffalo area) are being reimbursed in accordance with Region 4 (New York City area) rates.

As part of the pilot program, a control group of 100 randomly selected orthopedic specialists in Region 2 was also established. Insurers are required to submit a semi-annual report to the WCB of an electronic data set for this control group.

[Circular Letter No. 35 \(2000\)](#) contained a description of the program, the data reporting requirements and the list of control group providers (copies attached). The receipt of this data by the WCB is essential and will form the comparative basis for the study. **The first of these reports was due July 15, 2001 (covering the period December 1, 2000 – June 30, 2001). Every insurer writing Workers' Compensation Insurance in New York State is required to submit this semi-annual report, even if you do not process billing for control group providers.**

If you have not already done so, you must immediately respond to the original request by forwarding the data, following the instructions contained in [Circular Letter No. 35 \(2000\)](#), to the Workers' Compensation Board, Bureau of Health Management – Room 200, 20 Park St., Albany, NY 12207. If you do not process billing for control group providers, or have no data to report for the applicable period, please indicate that in your response. Please include your carrier ID number with your submission data. Failure to comply with the requirements of [Circular Letter No. 35 \(2000\)](#) may result in disciplinary action, including the imposition of a monetary penalty.

If you have questions please contact the following individuals at the WCB:

For programmatic issues:	Lynne Cuva at 518-486-3330
For data submission requirements	Mark Arunasalam at 518-402-6361.

Very truly yours,

Mark Presser

Assistant Deputy Superintendent and Bureau Chief
Property Bureau