

CLARISSA RODRIGUEZ, CHAIR STEVEN SCOTTI, EXECUTIVE DIRECTOR

JANUARY 11, 2025

NEW HIRES! LOTS OF THEM!

Board Staff

24% of WCB staff hired within the past two years

Workers' Compensation Law Judges

- Number of judges increased from75 to 100 within past two years
- Increase has substantially reduced cases waiting for a hearing

Claims Examiners

- **70** claims examiners hired in 2024
- More staff, more efficient claims processing
- Prioritized claims that need hearings
- Established priorities for pending work items

FOCUS ON EMPLOYEE ENGAGEMENT

- 1. Big Ideas, Little Ideas
 - 2. Progress on DEI initiatives
 - 3. Getting to our "core values"



PRESTIGIOUS AWARDS

NYSBA award for virtual hearings system



AGA's Eleanor Clark
Diversity Leadership Award



Dominican Bar Assoc.'s Trailblazer Award



SENATE LABOR COMMITTEE HEARING

- Testified May 15
- Shared updates on system improvements
- Made improvements following feedback: Case indexing, proposed pharmacy regulation, attracting providers



PROVIDER LANDSCAPE

SPECIALTY	NO. OF PROVIDERS
Acupuncturist*	356
Chiropractor	1,524
Licensed Clinical Social Worker*	195
Nurse Practitioner*	2.082
Occupational Therapist*	918
Physical Therapist*	6,554
Physician	9,891
Physician Assistant*	2,078
Podiatrist	475
Psychologist	340

TOTALS	
Authorized Providers	24,413
Authorized and Active Providers	18,383

*Able to be authorized starting Jan 2020



2024 CONFERENCE

A COMPference to remember!

- Sold-out event, attended by more than 250 people
- Educational credits for providers, attorneys
- Topics included support services for injured workers, system improvements yielding efficiencies in claims-filing process
- Frances Perkins Award presented to Remember the Triangle Fire Coalition



ABOUT THE BOARD: PUBLIC EDUCATION

OUTREACH TO MORE THAN 40,000 PEOPLE!

6,400+ people attended Workers' Comp 101 and 202 webinars

3,200+ people attended Employer webinars

3,000+ people attended COVID-19 & Workers' Comp webinars

8,600+ people attended other stakeholder-targeted webinars

18,800+ people attended Paid Family Leave webinars

SHARING EFFICIENCY ENHANCEMENTS

■ **Tips and best practices** for utilizing Board systems, processes, and forms in the most efficient, effective manner

Recent topics:

- Proper completion and submission of forms
- PAR reminders (including when PARs are <u>not</u> needed)
- Health care efficiencies
- Legal efficiencies
- Subscribe for Board updates at wcb.ny.gov/Notify



THOUGHT LEADERSHIP



SMALL BUSINESS TOUR





ABOUT THE BOARD - IN 2024

\$219M	annual budget and 1,025 employees statewide
516,910	phone calls fielded regarding workers' comp and disability
37,374	calls regarding Paid Family Leave
10,000	emails and 10,000 calls to the Advocate for Injured Workers
6,800	emails and 2,700 calls to the Advocate for Business
35,000	interpretation services and 1,600 document translations provided through our Language Access unit
9.1M	documents scanned
914,000	notices created and issued
241,000	hearings held

ASSEMBLED CLAIMS

103,804 incomplete 163,720 claims complete claims

267,524 claims assembled in 2023

- Majority of incidents reported by payers
- 12% reported via Employee Claim Form, C-3

163,720 of all assembled claims for 2023 were complete*

103,804 were incomplete

*To be considered a complete claim, the Board must receive a formal notice of the injury from the insurer and a qualifying medical document.

INJURY REPORTING & PAYMENTS

REPORTING

PAYMENTS

2015
35% timely reports



2024 83% timely reports



2015
38% timely payments



2024 91% timely payments



EMPLOYER LANDSCAPE

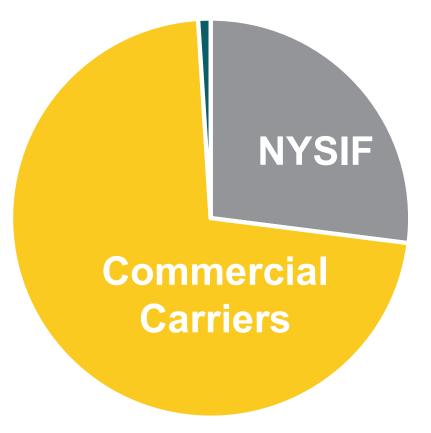
780,017 employers in New York State

95%	of employers	were in	compliance
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48,221	penalties issued to	employers who	lacked coverage
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\$191M employer savings, a result of last year's rate cut

INSURER LANDSCAPE



27% of employers are insured by NYSIF

72% of employers are insured by commercial carriers

1% of employers are self-insured (SIEs)

DOL Q1 & Q2 for 2024: (92 active SIEs) =

\$38B+ in private individual SIE payroll (5% of NY) & 702,802 private individual SIE employees (8% of NY)

Source: CIRB



ONBOARD AND MOVING FORWARD WITH SYSTEM EFFICIENCIES

STEVEN SCOTTI, EXECUTIVE DIRECTOR

ONBOARD MODERNIZATION PROGRAM: ELECTRONIC FILING EFFICIENCIES FOR CLAIMS

PAPER

8 Days
Mailing, scanning, assignment to
Board personnel

20% of requests returned for resubmission

Manual review for reassignment

10 Seconds
Viewable in eCase and assigned to
Board personnel

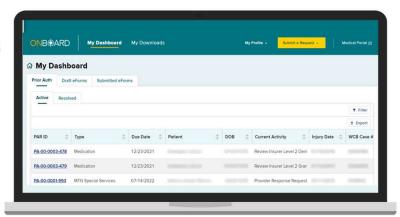
Data quality controls ensure submissions are proper

Automated assignments to correct Board personnel

ELECTRONIC

ONBOARD: PRIOR AUTHORIZATION REQUESTS (PARS)

- Online submission for all medical PARs
- Over 75 PAR process enhancements since May 2022 rollout
- To date: 2,000,000+ PARs handled
 - 92% without escalation to MDO
 - Fewer than 1% needed a hearing
 - 95% of medication, DME, Special Services, and mental health PARs are resolved within one day with the remaining 5% resolved within two days
 - Authorization significantly expedited in comparison to prior paper requests



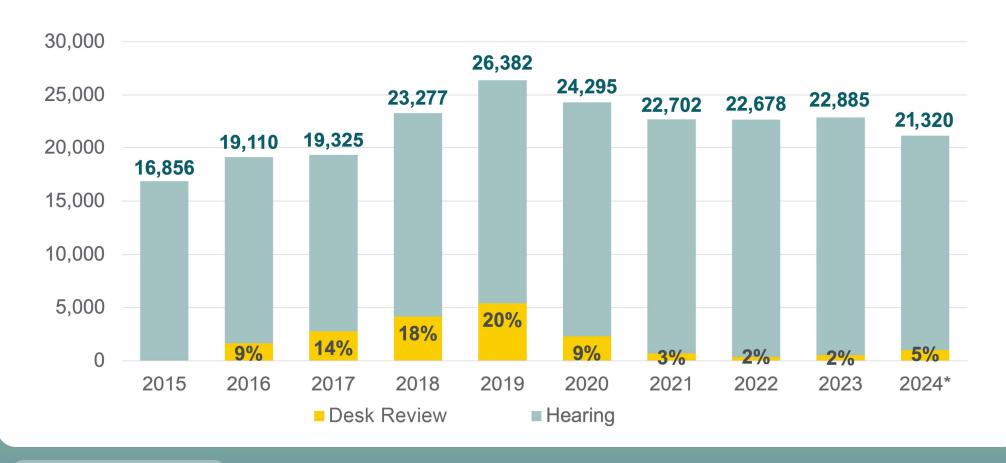
2024 PROCESS IMPROVEMENTS ELIMINATE MEDICAL BILLING DISPUTE BACKLOG (HP-1)

- MDO eliminates longstanding backlogs for administration and arbitration HP-1 awards
 - 1-2 months for administrative awards
 - Within 3 months for arbitration awards
- Implemented standardized information requirements
- Published documentation expectations for submission and responses





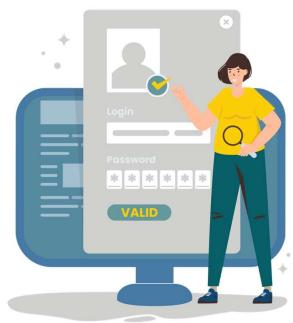
DESK REVIEW INITIATIVE FOR SECTION 32 APPROVALS – 7/1/24, 1/6/25



BETTER BOARD

ANNOUNCEMENT OF ELECTRONIC SUBMISSION MANDATE FOR CMS-1500 – 8/1/24

- Electronic submission of the *CMS-1500* universal medical billing form <u>required</u> for providers by **August 1, 2025**
- Electronic submission significantly enhances medical bill review and payment
 - Providers receive payments more quickly
 - Electronic receipt eliminates disputes as to if/when bill was received
 - Providers are notified of billing errors more quickly allowing for prompt resubmission
 - No or low cost to providers (e.g., \$1 billing code)
 - Reduced paper for everyone



NEW CASE INDEXING STANDARD BRINGS CLARITY TO STATUS OF CLAIMS - 9/26/24

Claims with an *Employee Claim Notice (Form C-3)* or First Report of Injury (FROI) and a medical report are now indexed by the Board

Exceptions:

- Claims already controverted or accepted without liability under WCL §21-a
- "Medical-only" claims, where the Agreement to Compensate Code (ATC) has been left blank

Note: A medical-only claim that becomes a lost time claim will be indexed.

Benefits:

- First time Board is indexing all lost time claims that are not controverted or accepted under WCL §21-a
- Indexing requires carrier to contest claim within 25 days or risk waiving legal defenses

NEW CONCILIATION PROCEDURE FOR CONSEQUENTIAL INJURY AND ADDITIONAL SITE OF INJURY CLAIMS - 11/21/24

- Expedited determination process for *RFA-1LC* requests with PFME for additional sites of injury or consequential injury
- Within <u>30 days</u> of the Proposed Decision:
 - If insurer accepts the new body part or condition, it should notify the Board by filing a FROI-02
 - If insurer does not accept the new body part or condition, it should proceed with development of the record by:
 - Obtaining an independent medical examination (IME) within 60 days; or
 - Waiving the IME and cross-examining the claimant's health care provider within 60 days
- See: content.govdelivery.com/accounts/NYWCB/bulletins/3c0913f



NEW PROCEDURE TO EXPEDITE CLAIMS WHEN EMPLOYER AND PAYER ARE IN DISPUTE - 11/25/24

Where employer and payer are not known, filing of a complete Form C-3 is required for subsequent hearing

Key info needed on Form C-3: Employer name, person who hired the claimant, address where accident occurred, description of claimant's work at time of injury



- **Additional filings:** *Pre-hearing Conference Statement (Form PH-16.2)*
 - NYS DMV Report of Motor Vehicle Accident (Form MV-104), if applicable
- Where controversy is solely as to which carrier is liable for payment: Board may direct any carrier to pay compensation pending further development of the record on the issue of proper carrier

MANDATORY ELECTRONIC SUBMISSION OF RFA-1LC **– IMPLEMENTED 12/13/24**

Electronic submissions significantly expedite WCB response, resolution, and hearing

First eForm for attorney requests for action

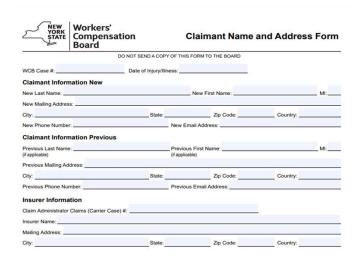
- Real-time (24/7) access to data
- Enhanced data availability, quality, and accuracy
- Automated workflows, eliminating manual processes
- RFA-2 eForm scheduled for 2025; stay tuned for Board announcements



EDI REQUIREMENTS FOR CLAIMANT INFORMATION UPDATES – 12/13/24

New WCB form *OC-996* (*Claimant Name and Address Form*) to update claimant's information in claim system

- Attorneys to submit Form OC-966 directly to the insurance carrier, TPA, or self-insured employer.
- Upon receipt of *Form OC-966*, the payer makes the appropriate eClaims filing with the Board to update the claimant's information in the case file.
- Payer update of claimant's address on EDI form is critical as all EDI filings automatically update claimant's address



PROPOSED PHARMACY REGULATION IN STATE REGISTER – 12/31/24

Subject Number 046-1731: Proposed Amendments to Sections 440.3, 440.4, and 441.3 of Title 12 of the NYCRR (Network Pharmacies)

- Proposed amendments provide that a payer must notify the claimant that they may use a non-network pharmacy when the payer maintains (or will maintain) a legal objection that the medication is for treatment of an injury or condition that has not yet been accepted or established by the Board.
- Comments on the proposal will be accepted for 60 days after publication in the State Register. Please submit comments by emailing <u>regulations@wcb.ny.gov</u>.



IMPROPER *C-8.1B* FILINGS – 1/6/25 GOVDELIVERY GUIDANCE

New Guidance to prevent improper filings of Notice of Objection to a Payment of a Bill for Treatment Provided (Form C-8.1B)

- When not to file Form C-8.1B: A list of reasons that cannot be used to file form:
 - Includes duplicate bill and bill paid in accordance with fee schedule (EOB is sufficient).
- When Form *C-8.1B* is needed: A list of requirements for proper submission of form:



- Object on grounds the claim is controverted only if it's both not established, and the payer has filed either a FROI or SROI-04.
- Do not object that the bill was submitted untimely if bill is less than
 120 days from service date
- Include provider's WCB Authorization # and NPI number in appropriate fields.
- See: content.govdelivery.com/accounts/NYWCB/bulletins/3c9e677

TODAY IS BETTER THAN YESTERDAY & TOMORROW WILL BE BETTER THAN TODAY.