



**Workers'
Compensation
Board**

CONFERENCE 2024

OCTOBER 18



**Workers'
Compensation
Board**



State of the System & Continuous Improvements

CLARISSA RODRIGUEZ, CHAIR
STEVEN SCOTTI, EXECUTIVE DIRECTOR



STATE OF THE SYSTEM



ABOUT THE BOARD — IN 2023

\$219 million

annual budget

1,037

employees statewide

- Fielded **542,245** phone calls regarding **workers' comp** and **disability**
- **77,105** calls regarding **Paid Family Leave**
- **10,000** calls and **9,600** emails - **Advocate for Injured Workers**
- **2,000** calls and **4,300** emails - **Advocate for Business**
- **48,000** interpretation services and **1,000** document translations provided through our **Language Access unit**

ABOUT THE BOARD — IN 2023

Vocational Rehabilitation Counselors

7,042 injured workers assisted

11,700 services provided

Licensed Master Social Workers

4,700 injured workers assisted

12,000 services provided



ABOUT THE BOARD: PUBLIC EDUCATION

OUTREACH TO MORE THAN **30,000** PEOPLE!

Since launching the webinar programs:

6,100+ people attended **Workers' Comp 101** and **202** webinars

3,000+ people attended **Employer** webinars

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

18,300+ people attended **Paid Family Leave** webinars

ABOUT THE BOARD: ACTIVITY

16 million

wcb.ny.gov website views in 2023

5 million

PaidFamilyLeave.ny.gov website views

9.2 million

Documents scanned

892,000

Notices created and issued

EMPLOYER LANDSCAPE

775,163 employers in New York State

95% of employers have the required coverage

46,775 penalties issued to employers who lacked coverage

9.2% employer assessment rate for 2024

\$53 million employer savings, a result of last year's rate cut

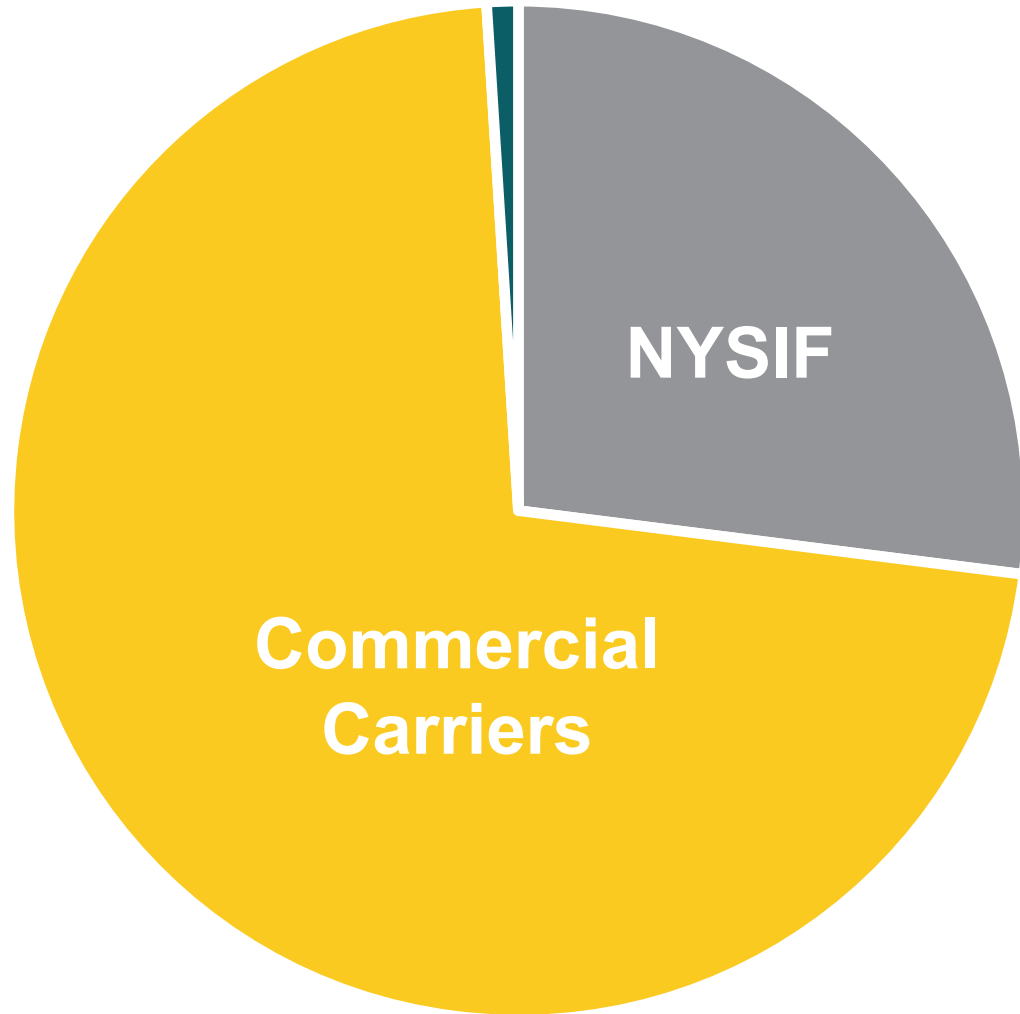
INSURER LANDSCAPE: 2023 TOP 10 CARRIER GROUPS

Carrier Group	Direct Written Premium (\$ Millions)	Market Share	Change from 2022
NYSIF	1,709	32.9%	+2.3%
Amtrust	494	9.5%	+0.5%
The Hartford	408	7.9%	+0.1%
Travelers	387	7.4%	-0.4%
Chubb	228	4.4%	-0.9%
Zurich	191	3.7%	-0.3%
Old Republic	168	3.2%	+0.0%
Berkshire Hathaway	157	3.0%	-0.1%
Liberty Mutual	134	2.6%	-0.2%
Utica	110	2.1%	-0.1%

The top 10 carriers by premium vol. wrote more than **76%** of statewide premium in 2023.

Source: CIRB

INSURER LANDSCAPE



27% of employers are insured by NYSIF

72% of employers are insured by commercial carriers

1% of employers are self-insured

Source: CIRB

INSURER LANDSCAPE



Calendar year combined ratio: **82.9%**

Loss cost reduced by **9%** from previous year

Source: CIRB

PROVIDER LANDSCAPE

SPECIALTY	NO OF PROVIDERS
Acupuncturist*	151
Chiropractor	1,127
Licensed Clinical Social Worker*	62
Nurse Practitioner*	1,241
Occupational Therapist*	406
Physical Therapist*	3,988
Physician	8,229
Physician Assistant*	1,579
Podiatrist	339
Psychologist	201

TOTALS	
Authorized Providers	22,750
Authorized and Active Providers	17,323

*Able to be authorized starting Jan 2020



PROVIDER LANDSCAPE

Access to care

- In 2023, **90%** of injured workers were able to access medical care in their county or an adjacent one.

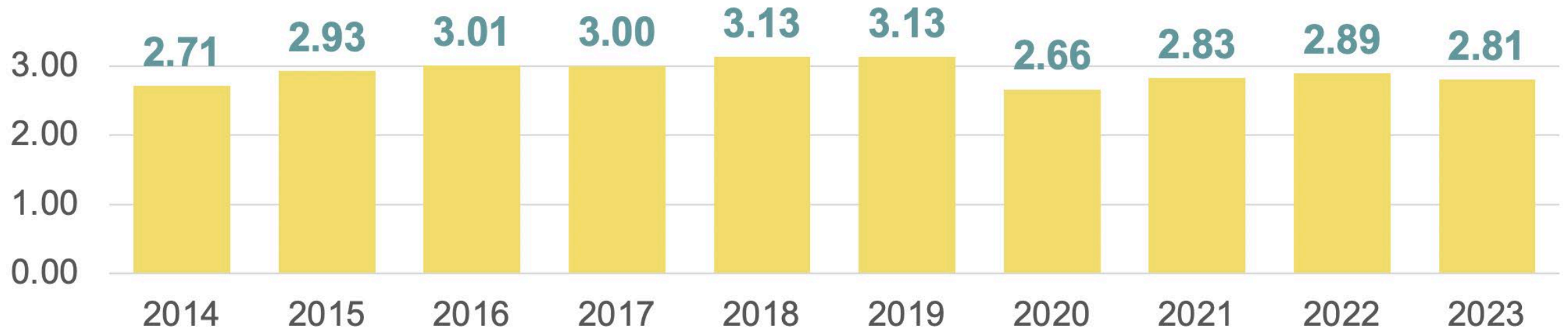
TOTAL PROVIDER FORMS RECEIVED IN 2023	5,453,997
Provider in Injured Workers' County	3,629,140
Provider in Adjacent County	1,123,074
Percent	90%



INJURED WORKER LANDSCAPE

Of the **20 million** people in New York State
9.8 million were working* at the end of 2023

WC Claims Per 100 NYS Workers* by Injury Year



*NYS workers per year Bureau of Labor Statistics employment data

CLAIMS ESTABLISHED IN 2023: INDUSTRY (NAICS)

NAICS Code Description – Of the approximately 106,000 claims established in 2023

Claim count



Other general government support

8,160



General medical and surgical hospitals

5,752



Correctional institutions

4,266



Elementary and secondary schools

3,363



Other urban transit systems

2,907

CLAIMS ESTABLISHED IN 2023: NATURE OF INJURY

WCIO – Nature of Injury – Established 2023

Claim count



Strain or tear

36,069



Contusion

20,365



Sprain or tear

13,323



Fracture

6,489



Laceration

5,970

CLAIMS ESTABLISHED IN 2023: CAUSE OF INJURY

WCIO - Cause of Injury – Established 2023

Claim count

Strain or injury by lifting

10,416

Fall, slip, or trip

7,258

Struck/injured by fellow worker, patient, or other person

6,994

Strain or injury

6,783

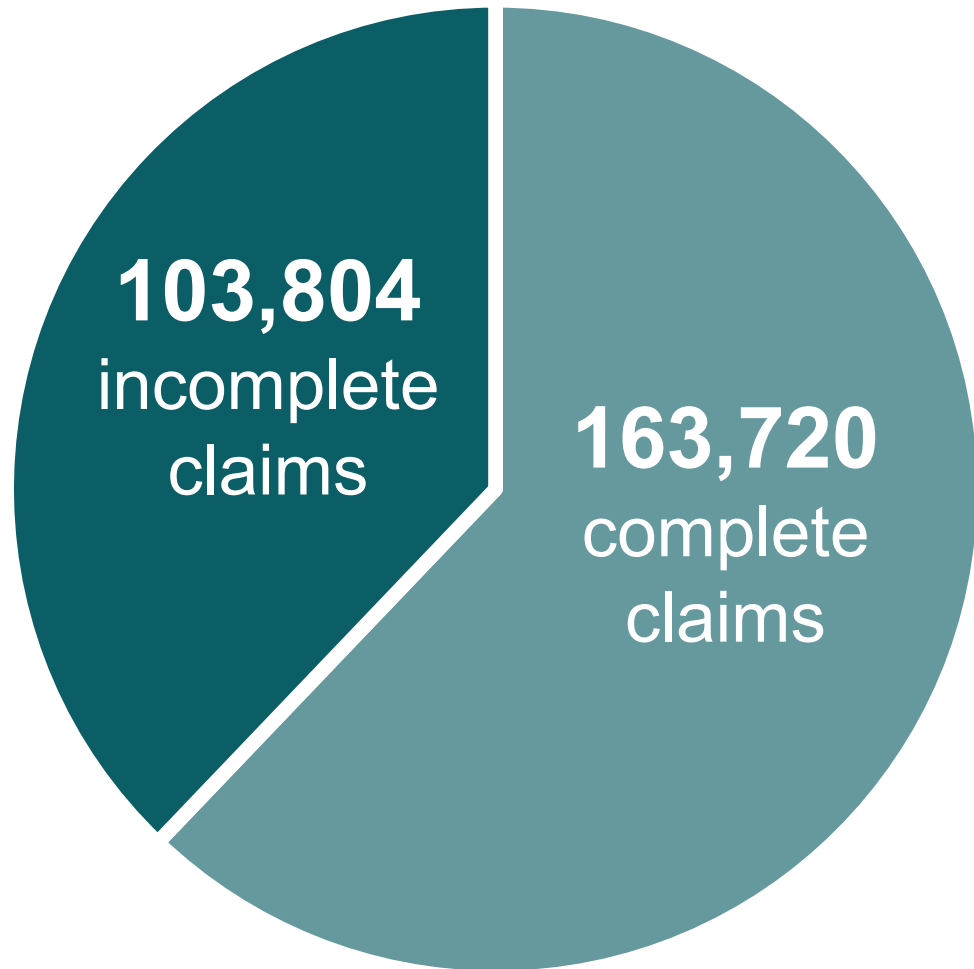
Fall, slip, or trip on same level

6,547

FATALITY CLAIMS

Top 10 Industries	Claims
CONSTRUCTION	27
PUBLIC ADMINISTRATION	24
MANUFACTURING	16
TRANSPORTATION AND WAREHOUSING	14
HEALTH CARE AND SOCIAL ASSISTANCE	13
OTHER SERVICES (EXCEPT PUBLIC ADMINISTRATION)	8
RETAIL TRADE	8
EDUCATIONAL SERVICES	6
AGRICULTURE, FORESTRY, FISHING, AND HUNTING	5
ADMINISTRATIVE AND SUPPORT, WASTE MANAGEMENT, AND REMEDIATION	5

ASSEMBLED CLAIMS



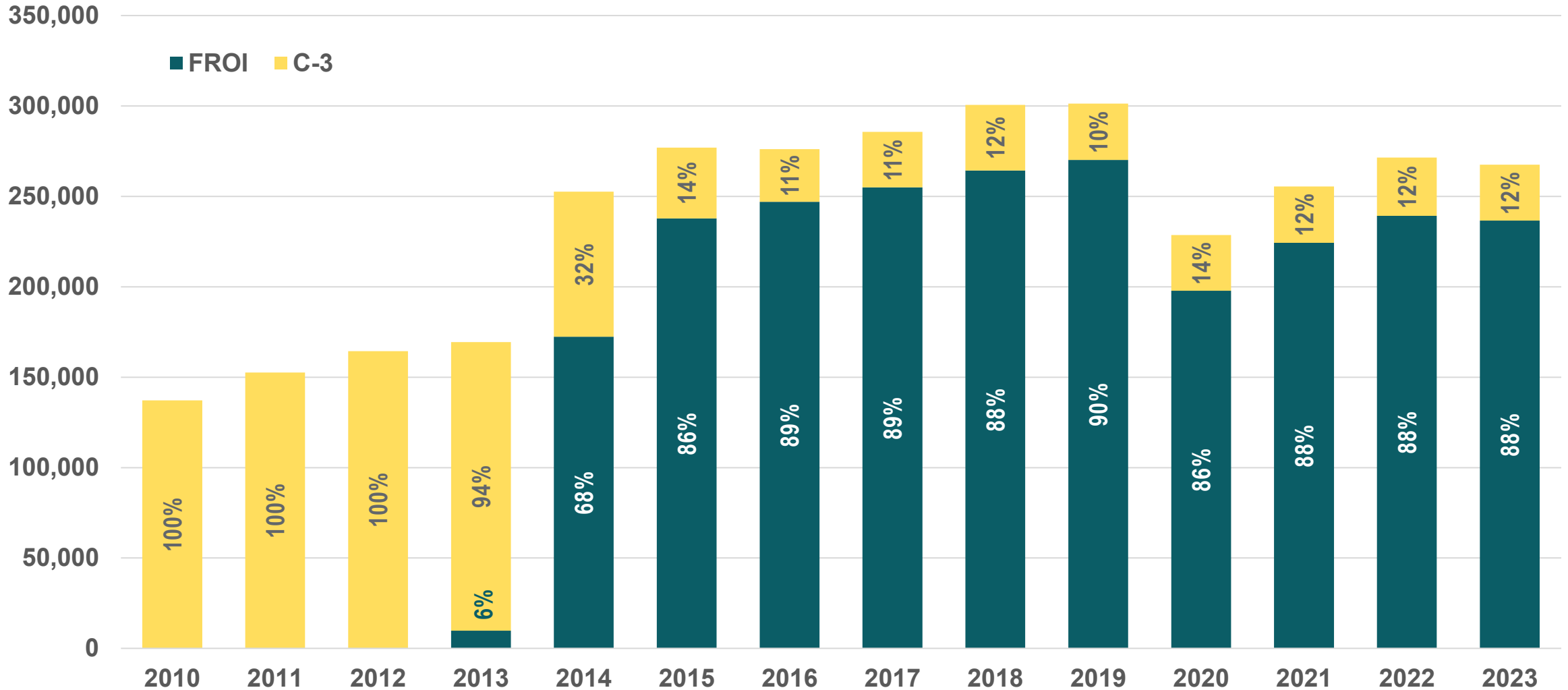
267,524 claims assembled in 2023

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

163,720 of all assembled claims for 2023 were **complete** (both a medical report and notice)

103,804 were **incomplete**

CLAIMS ASSEMBLED 2010-2023



INJURY REPORTING

Insurers must report worker injuries to the Board within 18 days of lost time or 10 days from employer knowledge, whichever is later.

2015
35% timely reports



2024
84% timely reports



EXPEDITED BENEFIT PAYMENTS

Payments to injured workers must begin within 18 days of lost time or 10 days from when the worker gave employer notice of an injury.

2015
38% timely payments



2024
90% timely payments



MEDIAN WAGE



Median wage of workers with claims assembled in 2023 was

\$55,484 annually

(\$1,067 per week)

Median occupational wage in NYS was

\$58,603 annually

(\$1,227 per week)

CLAIMS: MEDICAL-ONLY



70% medical-only
**30% medical
& indemnity**

INDEMNITY CLAIMS

We're examining these claim types

Injury / disability type	Number of claims	Percentage
Temporary Total Disability (TTD)	26,714	27.3%
Temporary Partial Disability (TPD)	26,476	27.0%
Schedule Loss of Use (SLU)	25,249	25.8%
Permanent Partial Disability (PPD)	4,798	4.9%
Section 32 - No Permanency (S32)	14,438	14.7%
Permanent Total Disability (PTD)	185	0.2%
Fatality	151	0.2%

CONTROVERTED CLAIMS

Injury / Disability Type	Claims	Controverted
Temporary Total Disability	26,714	7%
Temporary Partial Disability	26,476	11%
Schedule Loss of Use	25,249	11%
Permanent Partial Disability	4,798	13%
Section 32 - No Permanency	14,438	20%
Permanent Total Disability	185	24%
Fatality	151	64%

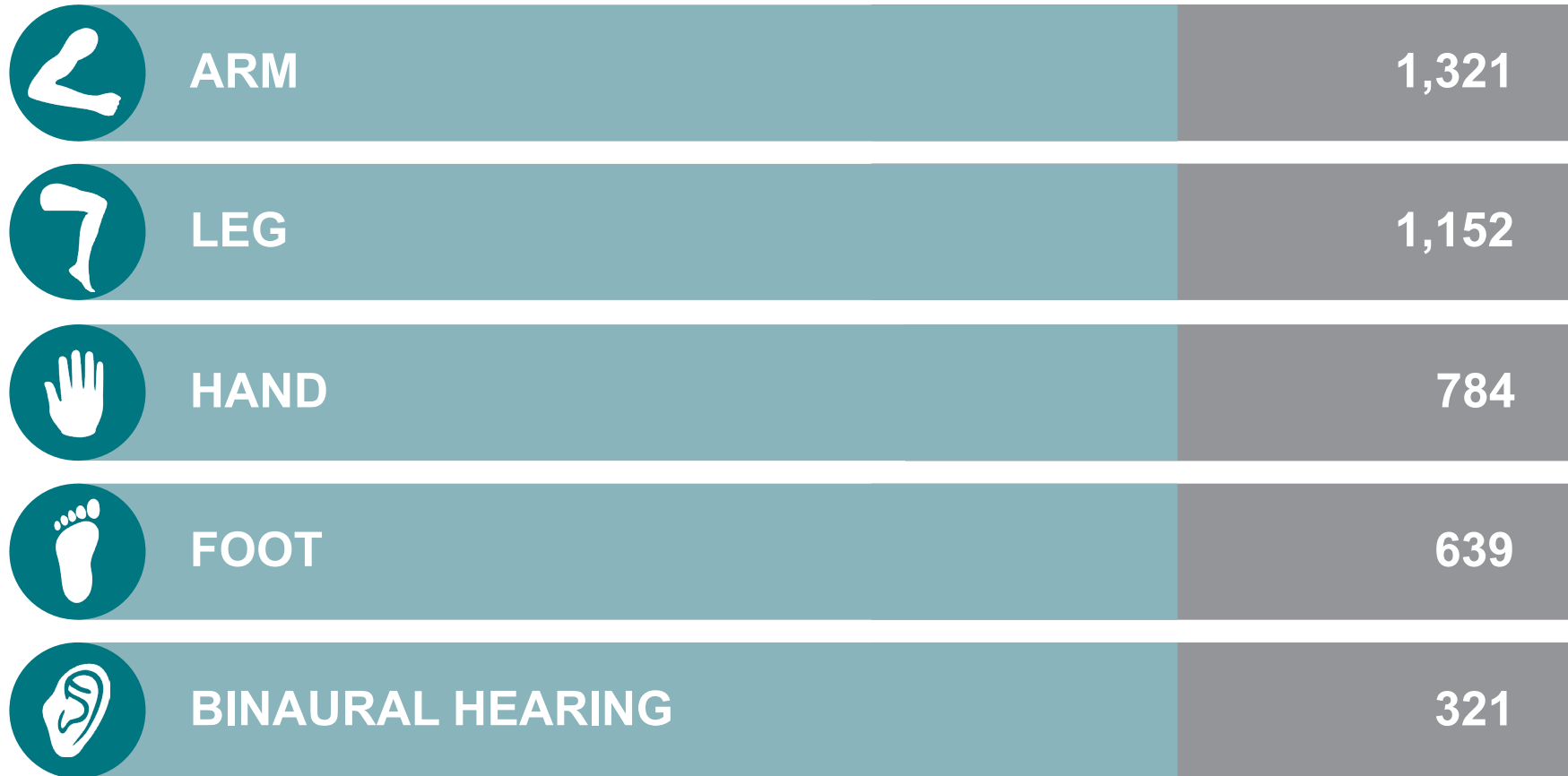
INDEMNITY CLAIMS

Injury / Disability Type	Claims	Hearings*	IME*	PAR*	Represented
Temporary Total Disability	26,714	20%	30%	52%	42%
Temporary Partial Disability	26,476	49%	66%	72%	66%
Section 32 - No Permanency	14,438	89%	84%	58%	94%
Schedule Loss of Use	25,249	43%	82%	42%	92%
Permanent Partial Disability	4,798	97%	97%	66%	98%
Permanent Total/ Total Industrial Disability	185	98%	98%	78%	99%
Fatality	151	89%	N/A	N/A	87%

*percent with at least one

SCHEDULE LOSS OF USE CLAIMS

Top 5 body parts and number of SLU claims



SECTION 32 WAIVER AGREEMENTS

Medical open

18%

Medical closed

82%

Years from injury to finalization

6.5

Days from documents filed to finalization

67


SECTION 32 WAIVER AGREEMENTS

Injury type	Claims	S-32 amt.	Legal fees	Legal fee percent	Percent represented
Temporary	14,438	\$66,300	\$8,340	13%	96%
SLU	437	\$64,445	\$4,223	7%	95%
PPD	2,036	\$88,598	\$10,226	12%	99%
PTD	128	\$183,965	\$21,190	12%	100%
Fatality	58	\$219,722	\$27,255	12%	93%
All	17,097	\$70,309	\$8,619	12%	96%

OUR MISSION

To protect the rights of **employees** and **employers** by ensuring the proper delivery of benefits and by promoting compliance with the law.



A historical black and white photograph of a large crowd of people, likely a labor union march. Several banners are visible, including one that reads "LADIES WAIST & DRESSMAKERS UNION LOCAL #1 WIMOURN" and another that says "WE MOURN OUR LOSS UNITED HEBREW TRADES OF NEW YORK." The image is overlaid with a semi-transparent teal and yellow gradient.

UP NEXT
EXECUTIVE DIRECTOR
OF THE BOARD
STEVEN SCOTTI



**ONBOARD
AND MOVING FORWARD
WITH SYSTEM EFFICIENCIES**

ONBOARD MODERNIZATION PROGRAM



YESTERDAY

- Fully paper-based system
- Inefficient processes and procedures
- Limited electronic data
- Limited access to real-time case information



TODAY

- OBLR and increased use of web-based eForms
- Fewer delays caused by duplication, errors, etc.
- Reliable data to drive decision-making
- eCase access limitations



TOMORROW

- Electronic submissions, faster resolutions
- Real-time (24x7) access to data
- Enhanced data availability, quality, and accuracy
- Automated workflows eliminating manual processes

ONBOARD ELECTRONIC FILING EFFICIENCIES

PAPER

3 Days
Mailing and scanning

2 Days
Paper arrives in CIS for review

3 Days
Works through Board reviews

8 DAYS

3 Seconds
eForm submitted through eCase

5 Seconds
eForm placed in case folder

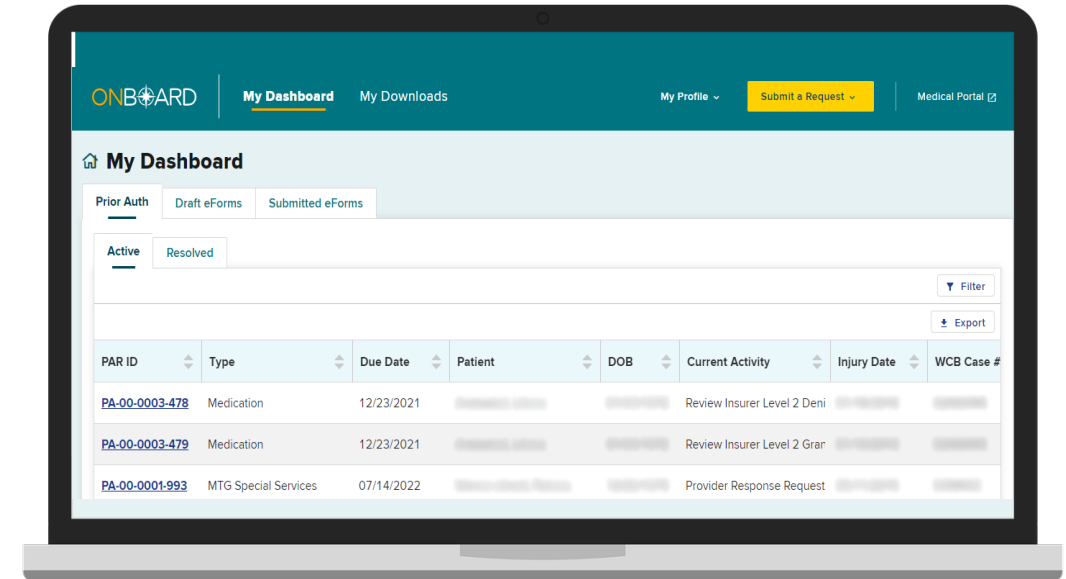
2 Seconds
eForm correctly routed

10 SECONDS

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, and mental health PARs are resolved in one day with the remaining PARs resolved within two days
 - Authorization significantly **expedited** in comparison to prior paper requests



Today, **PARs** are processed more **expeditiously** and **accurately** than ever.

ONBOARD: PAR PROCESS ENHANCEMENTS

2024 enhancements

- Enabled delegate submission of PARs
- Grant without prejudice at Level 1 review
- Level 2 review process updates
- Multi-factor authentication for improved security
- Ability for claim administrator to reassign PAR to the correct TPA

Coming soon...

- CIS reference to HP-1.0 PAR arbitrations
- Enable withdrawal of PARs



ONBOARD: MEDICAL DISPUTE RESOLUTIONS (HP-1)

- Online submission for all medical dispute resolution requests
- Redesign of workflow and processes has enabled us to eliminate the backlog 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
- Updated our arbitrators list and arbitration process



The screenshot shows a web form titled "REQUEST FOR DECISION ON UNPAID MEDICAL BILL(S): Arbitration" from the New York State Workers' Compensation Board. The form includes a "For Office Use Only" field, a "CLAIM INFORMATION" table with columns for "WCR Case #", "Date of injury", and "Claim Admin Claim #", and various input fields for "Patient Name", "Address", "SSN", "DOB", "Gender", "Employer Name", and "Address".

CLAIM INFORMATION		
WCR Case #	Date of injury	Claim Admin Claim #

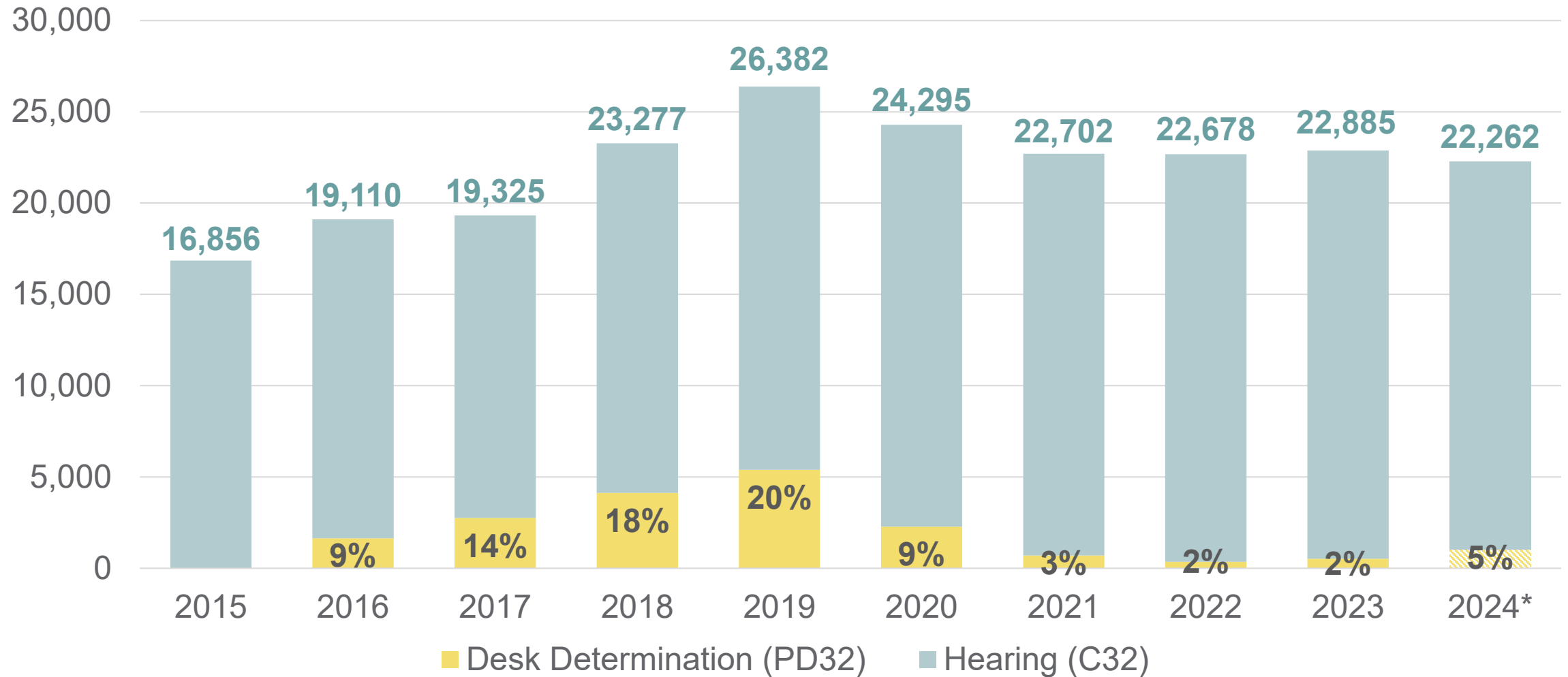
Today, **HP-1s** are processed more **expeditiously** and **accurately** than ever.

ONBOARD: NEXT DELIVERABLE – RFA-1LC

- **Q4 2024:** Mandatory electronic *Request for Further Action by Legal Counsel (Form RFA-1LC)*
- Various submission options: **eForm in eCase** and/or **API** or **XML** options
- First eForm for attorney requests for action
- Approximately **14,000 RFA-1LC** forms monthly
- Online and electronic submissions will ensure quality submissions and greatly expedite legal requests for actions (including awards and hearings to obtain awards)

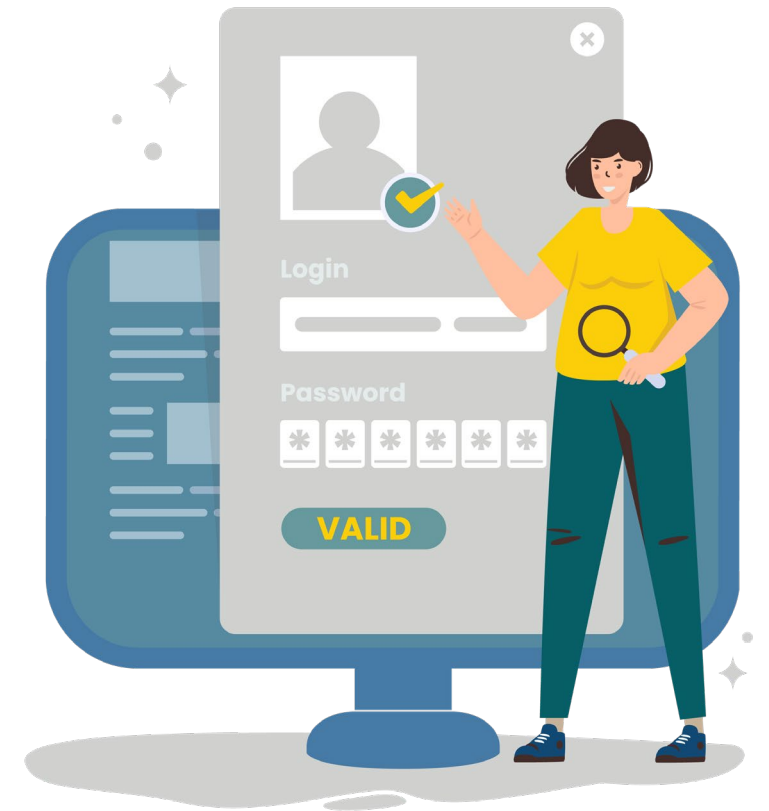


SECTION 32 DESK REVIEW INITIATIVE – 7/1/24



CMS-1500 ELECTRONIC MANDATE – 8/1/24 ANNOUNCEMENT

- Electronic submission of the *CMS-1500* universal medical billing form will be required for providers by **August 1, 2025**
- Benefits of electronic submission:
 - **More efficient**
 - 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
 - **Minimal cost**
 - No or low cost to providers (e.g., \$1 billing code)
 - Reduced paper and scanning costs for the WCB



CASE INDEXING INITIATIVE – 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:

- Sea change — 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 (bringing certainty as to whether the claim is accepted or controverted)

BOARD PERSONNEL

Board Staff

- **24%** of WCB staff hired within the past two years

Workers' Compensation Law Judges

- Number of judges increased from 75 to **100** within past two years
- Increase has substantially reduced cases waiting for a hearing

Claims Examiners

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



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 not needed)
 - Health care efficiencies
 - Legal efficiencies
- Subscribe for Board updates at wcb.ny.gov/Notify

The screenshot displays the 'efficiency enhancements' website with the tagline 'BEST PRACTICES FROM THE BOARD'. It is divided into two main sections: 'Legal Efficiencies' (Issue 4) and 'Health Care Efficiencies' (Issue 3). The 'Legal Efficiencies' section includes articles on paying deposition fees promptly, requesting extensions no later than 14 days, submitting summary of payments in awards, proper completion of OC-110A OR forms, and speaking with clients before hearings. The 'Health Care Efficiencies' section includes articles on perioperative medications not requiring prior authorization, detailed guidance for medical billing disputes, and a reminder of enhanced reimbursement for primary care and behavioral health providers, specifically mentioning Ground Rule 17.

Legal Efficiencies Issue 4

Pay deposition fees promptly
As a reminder, deposition fees should be paid as soon as possible, but no later than 14 days after the date of Board instruction or a Board Notice of Deposition.

Request extensions no later than 14 days
Please submit requests for extensions of time as soon as possible, but no later than 14 days after the date of the hearing directed to be submitted. This will allow sufficient time for the Board to prevent an unnecessary adjournment or withdrawal of the hearing.

Submit summary of payments in awards
If awards encompassing different time periods are issued, payers should submit the form of a Subsequent Report of Injury for the case. This helps avoid delays the payment of attorneys' fees.

Proper completion of OC-110A OR
Make sure any Request for Judicial Order is filled in completely. In the field labeled WCB access to. If you do not have the WCB case number, such as date/year of accident, etc. section, fully detail the purpose of your request to WCB # ____ is requested for apportionment of knee, which is also at issue in our file, WCB # ____.

Speak with your client before their hearing
Attorneys and legal representatives are urged to speak with their clients before the hearing. This ensures parties are prepared for the hearing to be re-called or adjourned.

Health Care Efficiencies Issue 3

Most perioperative medications do not require prior authorization
As a reminder for health care providers, the *New York Workers' Compensation Drug Formulary* includes a perioperative drug list – a list of medications that do not require a prior authorization request (PAR) for treating an injured worker during the perioperative period. The perioperative period is the period of time four days before through four days following a surgery.

Detailed guidance for medical billing disputes now available
The Board has created a new medical billing disputes section of our website with important guidance for health care providers about submitting a Request for Decision on Unpaid Medical Bills (Form HP-1.0), along with detailed information on the arbitration process. This includes required documentation and recommended actions for common scenarios as well as answers to the Board's most frequently asked questions regarding billing disputes.

Reminder: Enhanced reimbursement for primary care, behavioral health providers
In case you missed it, the *Official New York State Workers' Compensation Medical Fee Schedule (2019)* includes two ground rules that provide for 20% enhanced reimbursement for certain specialty providers to increase provider participation in those areas.

- Ground Rule 17, the Designated Provider Enhanced

CONTINUOUS IMPROVEMENT – OTHER INITIATIVES

- Staffing and return to in-person hearings by appointment
- Increasing access to quality medical care
- Reducing the amount of *C-8.1B* objections filed for medical bills
- Evaluating claims processing workflows for efficiency gains in delivery of services
- Reviewing all backlogs for reduction or elimination
- Reviewing regulations to increase efficiencies and prevent “bad actors”





**MAJOR BOARD INITIATIVE:
INCREASING ACCESS TO
QUALITY MEDICAL CARE**

ACCESS TO QUALITY MEDICAL CARE

- WCB is actively engaged in increasing the number of qualified providers in primary care and specialties with a broad geographic distribution
- WCB is reviewing the entire system to identify medical provider pain points and take steps to ameliorate or eliminate them
- Efforts by MDO to recruit, retain, and re-engage providers include:
 - Direct outreach to providers and clinics
 - Making the authorization process simpler with a fully online process and reduced paperwork requirements
 - Delegated credentialing — WCB authorizations for multiple providers with hospital medical staff privileges processed in a single electronic data transaction using data from the hospital credentialing process



PROVIDER IMPROVEMENTS

Attracting more providers into the workers' compensation system to improve access to care

- *CMS-1500* allows providers to use the same/similar codes, templates, and software they use with other payers
- Faster resolution of billing disputes (HP-1s)
- Faster resolution of prior authorization requests (PARs)
- Implemented PAR enhancements requested by providers
- 1D and 1B modifiers provide a **20% fee increase** for primary care and behavioral health providers



PROVIDER IMPROVEMENTS

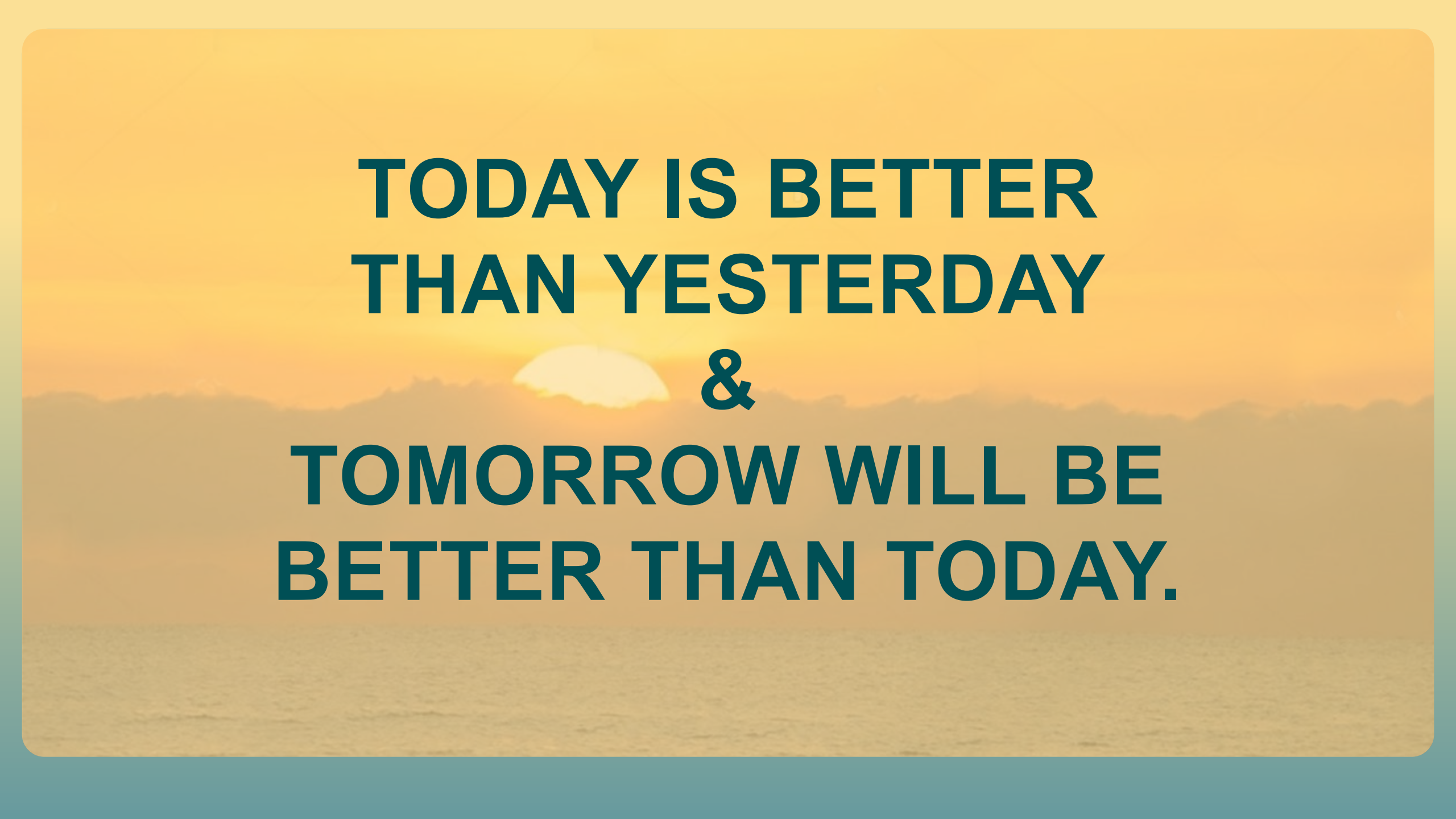
- Move to *CMS-1500* universal billing form and transition to OnBoard platform for PARs has resulted in the elimination of numerous WCB medical forms
- Permanent telehealth regulations issued on July 11, 2023
- Fewer depositions, and all depositions done by telephone
- Educational outreach and website tools to facilitate use of *Medical Treatment Guidelines* and *Drug Formulary*
- Direct assistance available from the Medical Director's Office at MDO@wcb.ny.gov



PROVIDER IMPROVEMENTS

- Governor Hochul signs bill allowing physical therapy assistants (PTA) and occupational therapy assistants (OTA) to provide care to workers' compensation patients under the direct supervision of an authorized PT or OT
- Reconvening Medical Advisory Committee to update *Medical Treatment Guidelines*
- Regular updates to medical fee schedules
 - Keep pace with national norms
 - Keep fee schedules competitive and changes more predictable
 - Make fee schedules more like their national counterparts (similar codes, applications, billing software)



A sunset scene with a bright sun partially obscured by clouds, casting a warm orange glow over a body of water and distant mountains. The text is overlaid in a bold, teal font.

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