NEW YORK STATE | Workers' Compensation Board

RFA-2 ELECTRONIC SUBMISSION OPTIONS

TECHNICAL WEBINAR

JULY 16, 2025

AGENDA

1 Introductions

2 Overview

3 eCase: eForms Web App

4 Technical Overview (API/sFTP)

5 Draft XML Submission Example

6 Next Steps & Resources

7 Questions

INTRODUCTIONS

INTRODUCTIONS

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OVERVIEW

RFA-2 ELECTRONIC SUBMISSION OPTIONS

The Board is developing three electronic submission options:

eForms Web App

Users submit eForms via eCase.

eForms REST API

Organizations can submit electronically using XML and our REST API with SignalR.

sFTP Process

Organizations can use our file-based sFTP to submit multiple *RFA-2* eForm transactions in a single XML file.

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eCASE: eFORMS WEB APP

eCase: eFORMS WEB APP

- Access the eForm through eCase.
  - Case and claimant information is flowed in from eCase, reducing data entry.

- Complete the request reason details.
  - Information is entered into required fields and data validation allows for immediate corrections.

- User has ability to reference documents already in the case folder or upload new supporting documentation.

- Complete *Certification* and *Attestation* steps.
  - Notifying the parties is the responsibility of the submitter.

- Upon successful submission, the eForm is immediately added to the case folder and routed to appropriate Board staff.

RFA-2 eFORM REQUEST REASON: EXAMPLE

**Example: Payments directed by the Board should be suspended pursuant to § 300.23(b).**

- **The eForm will ask the user for the following request details:**
  - Select a decision that directs continuing payments.
    - User will reference a decision from the case folder.
  - Select at least one of the nine sub-options.
    - User will enter additional data.
  - Provide additional information related to this request reason if needed.
- **Complete the remaining eForm steps.**

TECHNICAL OVERVIEW (REST API/sFTP)

eFORMS: REST API
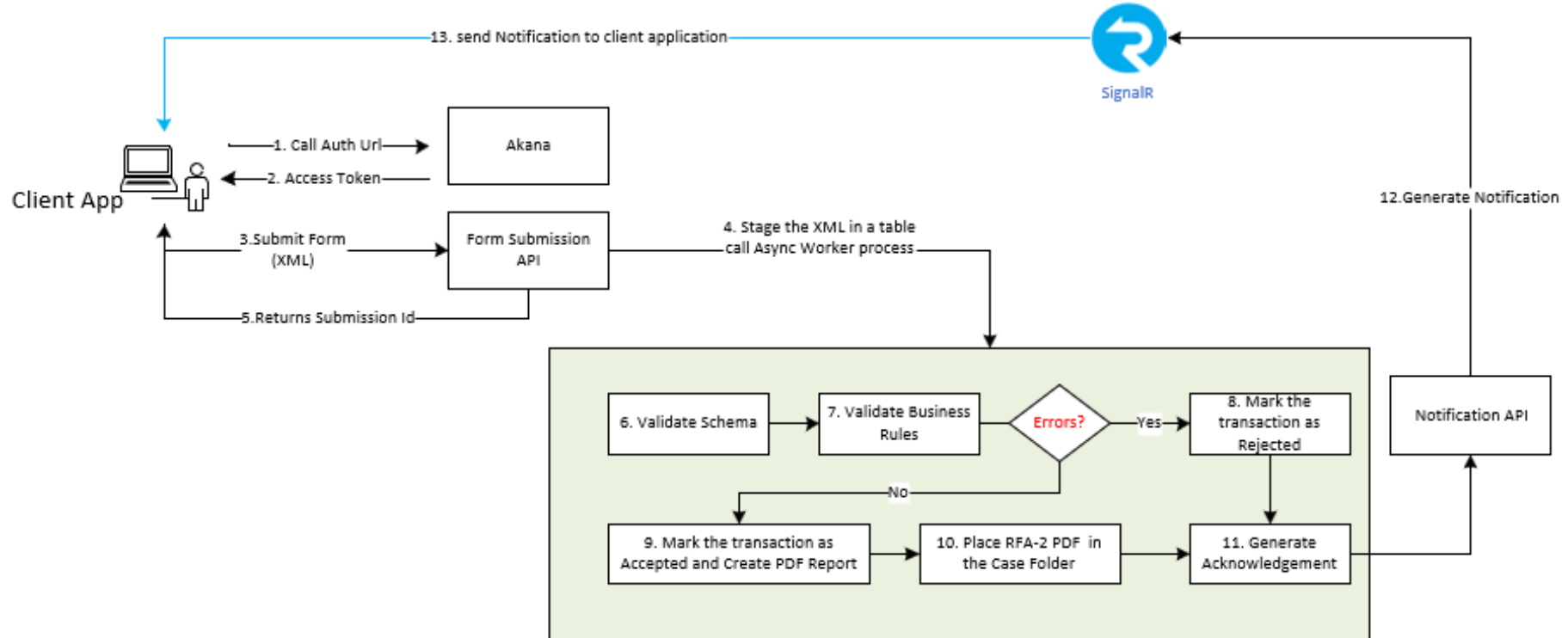
eFORMS: REST API (cont'd)

- **Requirements:**
  - Register with the Board to get access to eForms REST API.
  - Complete a series of test scenarios (in test environment) to finalize production access.

- Organization's client application submits *RFA-2 eForm* transaction in XML format.

- Transaction is accepted or rejected following validation; accepted transaction generates an *RFA-2* pdf for the case folder as a part of acknowledgement.
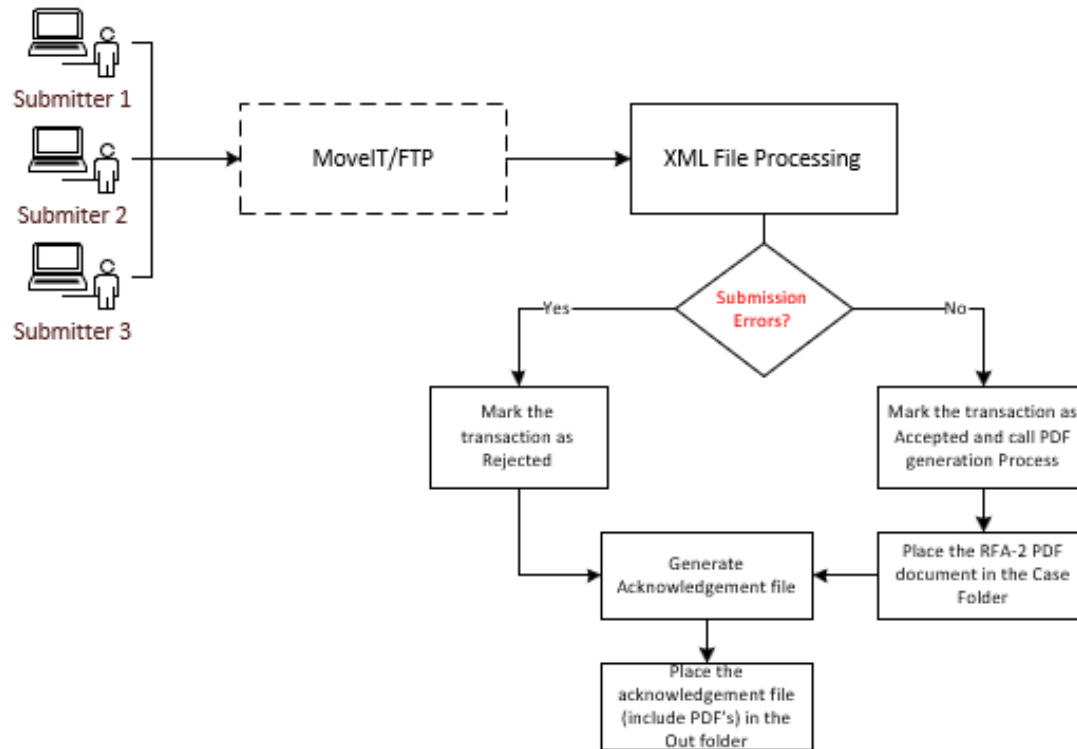
eFORMS: REST API (cont'd)

- Submission that does not pass validation is marked as Rejected with specific rejection reason(s).

- Acknowledgement with Rejected/Accepted status is returned through SignalR notifications.
  - Documentation provided

eFORMS: sFTP

eFORMS: sFTP (cont'd)

- Requirements:
  - Register with Board to receive credentials to access sFTP location
  - Complete series of test scenarios (in test environment) to finalize production access

- Organization uploads XML file(s) to our sFTP server.

- Board processes all submissions contained in uploaded XML files, including XML schema validate and functional validation checks.

eFORMS: sFTP (cont'd)

- If validations are passed, system marks a transaction as Accepted, or else Rejected.

- For each XML file submitted, corresponding XML acknowledgement file is created/stored on our sFTP server.

- Acknowledgement file on the server will contain:
  - Acceptance/rejection status for each transaction
  - *RFA-2* pdf for each accepted transaction, which is placed in the case folder

eFORM DATA REQUIREMENTS

XML Name	Rule	Error Code	Error	Element Error Text	EDI Only Error Message
EventCode	Must be equal to "RFA-2".	1008	Invalid code	Invalid Event Code.	X
ReasonCode	Must contain values listed in the "List of Valid Values" tab.	1008	Invalid code	Must contain values listed in the "List of Valid Values" tab.	X
ReasonCode	CPS only available if Case type is not Volunteer Firefighter or Volunteer Ambulance worker.	1021	Reason code is not allowed	Case type must not be Volunteer Firefighter or Volunteer Ambulance worker.	x
ReasonCodeCategory	Must contain values listed in the "List of Valid Values" tab.	1008	Invalid code	Must contain values listed in the "List of Valid Values" tab.	X
WCBCaseID	Must contain a valid WCB Case Number in correct format (which must be 8 characters long, where the 1st and 2nd characters must be A-Z or 0-9 and the 3rd through 8th characters must be 0-9).	1015	Must be valid content	Invalid Case Number. Must be @@###### with # = 0-9 and @ = A-Z or 0-9. Must be 8 characters.	X
TransactionSequenceNumber	Must be unique number. Sequence number for submitted transactions.	1004	Must be unique	Not a unique sequence number.	X
<DateOfInjury>	Must be in valid format of YYYY-MM-DD.	1002	Invalid format	Must be in valid date YYYY-MM-DD.	X
<DateOfInjury>	Must match valid date fields from CIS. WCB Case ID will be validated against the Board"s case to make sure it has at least one match for the following: Date of Injury	1003	Corresponding data not found	Must match valid date fields from CIS.	X
DoiMonth	Two digits (01, 12, etc.) Use 00 for partial date.	1015	Must be valid content	Must be two digits (00, 12, etc.) Use 00 if unknown.	X
DoiDay	Two digits (01, 31, etc.) Use 00 for partial date.	1015	Must be valid content	Must be two digits (00, 31, etc.) Use 00 if unknown.	X
DoiYear	Four digits (1990, 2001, etc.) Use 0000 for partial date.	1015	Must be valid content	Must be four digits (1990, 2001, etc.) Use 0000 if unknown.	X
</DateOfInjury>					
AttestationConfirmationCode	Must have "Y" value.	1008	Invalid code	Must have "Y" value.	X
SubmitterFirstName	Free form text. Must be alpha-numeric with a 150 character limit. May contain special characters.	1002	Invalid format	Cannot exceed 150 characters.	X
SubmitterLastName	Free form text. Must be alpha-numeric with a 150 character limit. May contain special characters.	1002	Invalid format	Cannot exceed 150 characters.	X
SubmitterPhone	Must be 10 digits.	1015	Must be valid content	Must be 10 digits.	X
SubmitterPhoneExt	Must be numeric. Cannot exceed 10 digits.	1002	Invalid format	Must be numeric. Cannot exceed 10 digits.	X
SubmitterEmail	Valid email format must contain an "@", "." and no spaces. Must be alpha-numeric with a 250 character limit. May contain special characters.	1015	Must be valid content	Valid email format must contain an "@", "." and no spaces. Cannot exceed 250 characters.	X
SubmitterPoi	Must match CIS value.	1003	Corresponding data not found	Poi not found in CIS.	X
OnBehalfOfInsurerPoi	Must match CIS value.	1003	Corresponding data not found	Poi not found in CIS.	X
OnBehalfOfEmployerPoi	Must match CIS value.	1003	Corresponding data not found	Poi not found in CIS.	X
OnBehalfOfClaimAdminPoi	Must match CIS value.	1003	Corresponding data not found	Poi not found in CIS.	X
OnBehalfOfSubmitterFirmPoi	Must match CIS value.	1003	Corresponding data not found	Poi not found in CIS.	X
<CPS>	Only allowed if ReasonCode="CPS"	1033	Element not allowed for ReasonCode	Only allowed if ReasonCode is CPS.	X
AWWForPrimaryEmployer	Must be currency. Must be greater than or equal to 1. Can have zero or two decimal places. Negative values are not accepted.	1015	Must be valid content	Amount must be greater than or equal to 1. Can have zero or two decimal places.	X
AWWCalculationMethod	Must contain values listed in the "List of Valid Values" tab.	1008	Invalid code	Must contain values listed in the "List of Valid Values" tab.	X
	Free form text. Must be alpha-numeric with a 300 character limit. May contain special				

Instructions | Change Log | Data Elements | Element Requirement Conditions | Element Rules | Error Codes | Valid Values | Body Part Values | State and Country Values

DRAFT XML SUBMISSION EXAMPLE

XML SUBMISSION: EXAMPLE

- Case ID: 12345678
- Submitter Name: John Tester
- DOI: 12/22/2019
- Reason: Insurer requests to apply overpayment to ongoing payments
- Data:

Field	Value
Decision not listed	Yes
Filing date of decision or hearing that directed payments	2025-03-01
Overpayment determined indicator	No
Alleged overpayment amount	1200.00
Alleged overpayment explanation	Text explanation here.

Reference doc ID: 99999999999, Form ID DEPOSITION, Received date 2023-01-15
Additional Proposed Findings: No

SAMPLE XML & XSD FILES

Sample XML

```xml
<eForms>
    <Header>
        <APIHeader>
            <SubmitterClientId>ClientIdGoesHere</SubmitterClientId>
            <SenderPOI>B123456</SenderPOI>
            <SubmitDate>2025-04-10</SubmitDate>
        </APIHeader>
    </Header>
    <Events>
        <EventCode code="RFA-2">
            <TransactionSequenceNumber>1</TransactionSequenceNumber>
            <WCBCaseID>12345678</WCBCaseID>
            <DateOfInjury>
                <DoiMonth>12</DoiMonth>
                <DoiDay>22</DoiDay>
                <DoiYear>2019</DoiYear>
            </DateOfInjury>
            <AttestationConfirmationCode>Y</AttestationConfirmationCode>
            <SubmitterFirstName>John</SubmitterFirstName>
            <SubmitterLastName>Tester</SubmitterLastName>
            <SubmitterPoi>B123456</SubmitterPoi>
            <SubmitterPhone>5185551212</SubmitterPhone>
            <SubmitterEmail>John.Tester@test.com</SubmitterEmail>
            <OnBehalfOfInsurerPoi>W123456</OnBehalfOfInsurerPoi>
            <OnBehalfOfEmployerPoi>E123456</OnBehalfOfEmployerPoi>
            <OnBehalfOfClaimAdminPoi>T1234567</OnBehalfOfClaimAdminPoi>
            <Reasons>
                <Reason index="1">
                    <ReasonCode>CPI</ReasonCode>
                    <ReasonCodeCategory>C</ReasonCodeCategory>
                    <ConPymtDecision>
                        <PaymentDecisionNotListedIndicator>Y</PaymentDecisionNotListedIndicator>
                        <PaymentDecisionNotListedDate>2025-03-01</PaymentDecisionNotListedDate>
                    </ConPymtDecision>
                    <CPI>
                    <OverpaymentDeterminedIndicator>N</OverpaymentDeterminedIndicator>
                    <OverpaymentNotFound>
                        <AllegedOverpaymentAmount>1200.00</AllegedOverpaymentAmount>
                        <AllegedOverpaymentExplanation>Text explaination here.</AllegedOverpaymentExplanation>
                    </OverpaymentNotFound>
                    </CPI>
                    <AdditionalInformation>Add additional info text here.</AdditionalInformation>
                </Reason>
```

Sample XSD

```xml
<?xml version="1.0" encoding="utf-8"?>
<xs:schema attributeFormDefault="unqualified" elementFormDefault="qualified" xmlns:xs="http://www.w3.org/2001/XMLSchema">
    <xs:element name="eForms">
        <xs:complexType>
            <xs:sequence>
                <xs:element name="Header" type="HeaderType"/>

                <xs:element name="Events">
                    <xs:complexType>
                        <xs:sequence>
                            <xs:element name="EventCode" maxOccurs="100">
                                <xs:complexType>
                                    <xs:sequence>
                                        <xs:element name="TransactionSequenceNumber" type="xs:positiveInteger" />
                                        <xs:element name="WCBCaseID" type="CaseNum"/>
                                        <xs:element name="DateOfInjury" type="DoiType"/>

                                        <xs:element name="AttestationConfirmationCode" type="YesOnly"/>
                                        <xs:element name="SubmitterFirstName" type="NameType"/>
                                        <xs:element name="SubmitterLastName" type="NameType"/>
                                        <xs:element name="SubmitterPoi" type="nonEmptyString"/>
                                        <xs:element name="SubmitterPhone" type="TenDigitType"/>
                                        <xs:element name="SubmitterPhoneExt" type="PhoneExtType" minOccurs="0"/>
                                        <xs:element name="SubmitterEmail" type="EmailType"/>
                                        <xs:element name="OnBehalfOfInsurerPoi" type="nonEmptyString" minOccurs="0"/>
                                        <xs:element name="OnBehalfOfEmployerPoi" type="nonEmptyString" minOccurs="0"/>
                                        <xs:element name="OnBehalfOfClaimAdminPoi" type="nonEmptyString" minOccurs="0"/>
                                        <xs:element name="OnBehalfOfSubmitterFirmPoi" type="nonEmptyString" minOccurs="0"/>

                                        <xs:element name="Reasons" type="ReasonType" />

                                        <xs:element name="SupportingDocuments" type="SupportingDocumentsType" minOccurs="0"/>

                                        <xs:element name="AdditionalProposedFinding" type="ProposedFindingType"/>

                                        <xs:element name="Certification" type="CertificationType" minOccurs="0"/>

                                    </xs:sequence>
                                    <xs:attribute name="code" type="xs:string" use="required" />
                                </xs:complexType>
                            </xs:element>
                        </xs:sequence>
                    </xs:complexType>
```

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EXAMPLE OF XML SUBMISSION

```xml
<EventCode code="RFA-2">
    <TransactionSequenceNumber>1</TransactionSequenceNumber>
    <WCBCaseID>12345678</WCBCaseID>
    <DateOfInjury>
        <DoiMonth>12</DoiMonth>
        <DoiDay>22</DoiDay>
        <DoiYear>2019</DoiYear>
    </DateOfInjury>
    <AttestationConfirmationCode>Y</AttestationConfirmationCode>
    <SubmitterFirstName>John</SubmitterFirstName>
    <SubmitterLastName>Tester</SubmitterLastName>
    <Reason index="1">
        <ReasonCode>CPI</ReasonCode>
        <ReasonCodeCategory>C</ReasonCodeCategory>
        <ConPymtDecision>
            <PaymentDecisionNotListedIndicator>Y</PaymentDecisionNotListedIndicator>
            <PaymentDecisionNotListedDate>2025-03-01</PaymentDecisionNotListedDate>
        </ConPymtDecision>
        <CPI>
        <OverpaymentDeterminedIndicator>N</OverpaymentDeterminedIndicator>
        <OverpaymentNotFound>
            <AllegedOverpaymentAmount>1200.00</AllegedOverpaymentAmount>
            <AllegedOverpaymentExplanation>Text explaination here.</AllegedOverpaymentExp
        </OverpaymentNotFound>
        </CPI>
        <AdditionalInformation>Add additional info text here.</AdditionalInformation>
<SupportingDocuments>
    <ReferencedDocuments>
        <ReferencedDocument index="1">
            <ReferenceDocumentId>99999999999</ReferenceDocumentId>
            <ReferenceFormId>DEPOSITION</ReferenceFormId>
            <ReferenceDocumentReceivedDate>2023-01-15</ReferenceDocumentReceivedDate>
        </ReferencedDocument>
    </ReferencedDocuments>
</SupportingDocuments>
</AdditionalProposedFinding>
    <AdditionalProposedFindingNO>Y</AdditionalProposedFindingNO>
</AdditionalProposedFinding>
```

Case ID: 12345678

Submitter Name: John Tester

DOI: 12/22/2019

Reason: Insurer requests to apply overpayment to ongoing payments

Field	Value
Decision not listed	Yes
Filing date of decision or hearing that directed payments	2025-03-01
Overpayment determined indicator	No
Alleged overpayment amount	1200.00
Alleged overpayment explanation	Text explanation here.

Reference doc ID: 99999999999, Form ID DEPOSITION, Received date 2023-01-15

Additional Proposed Findings: No

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LIST OF VALUES

```xml
<ReasonCode>CPI</ReasonCode>
<ReasonCodeCategory>C</ReasonCodeCategory>
<ConPymtDecision>
    <PaymentDecisionNotListedIndicator>Y</PaymentDecisionNotListedIndicator>
    <PaymentDecisionNotListedDate>2025-03-01</PaymentDecisionNotListedDate>
</ConPymtDecision>
<CPI>
<OverpaymentDeterminedIndicator>N</OverpaymentDeterminedIndicator>
<OverpaymentNotFound>
    <AllegedOverpaymentAmount>1200.00</AllegedOverpaymentAmount>
    <AllegedOverpaymentExplanation>Text explaination here.</AllegedOverpaymentE
</OverpaymentNotFound>
</CPI>
<AdditionalInformation>Add additional info text here.</AdditionalInformation>
</Reason>
</Reasons>
<SupportingDocuments>
    <ReferencedDocuments>
        <ReferencedDocument index="1">
            <ReferenceDocumentId>99999999999</ReferenceDocumentId>
            <ReferenceFormId>DEPOSITION</ReferenceFormId>
            <ReferenceDocumentReceivedDate>2023-01-15</ReferenceDocumentReceivedDate>
        </ReferencedDocument>
    </ReferencedDocuments>
</SupportingDocuments>
<AdditionalProposedFinding>
    <AdditionalProposedFindingNO>Y</AdditionalProposedFindingNO>
</AdditionalProposedFinding>
<Certification>
    <CertificationCode>NOST</CertificationCode>
```

Reason Code Category	Description
C	Compensation
M	Medical
O	Other

Reason Code	Description
CPD	Payments directed by the Board should be suspended pursuant to §300.23(b)
CPR	Payments directed by the Board should be reduced pursuant to §300.23(b)
CPI	Insurer requests to apply overpayment to ongoing payments

Upload/Reference Form ID	Upload/Reference Form Name
C-258.1	C-258.1 - Injured Worker's Record of Independent Job Search
DEATH-CERT	DEATH-CERT - Death Certificate
DEPOSITION	DEPOSITION - Deposition

Certification Code	Description
NOST	I have discussed the reason(s) selected with the opposing party(ies) or its representative(s) and no settlement could be reached
NORS	I have attempted to contact the opposing party(ies) or its representative(s) to discuss the reason(s) selected, and have waited at least 24 hours for a response, but that no discussion was forthcoming

MANDATORY SECTIONS OF XML

```xml
<AttestationConfirmationCode></AttestationConfirmationCode>
<SubmitterFirstName></SubmitterFirstName>
<SubmitterLastName></SubmitterLastName>
<SubmitterPoi></SubmitterPoi>
<SubmitterPhone></SubmitterPhone>
<SubmitterPhoneExt></SubmitterPhoneExt>
<SubmitterEmail></SubmitterEmail>
<OnBehalfOfInsurerPoi></OnBehalfOfInsurerPoi>
<OnBehalfOfEmployerPoi></OnBehalfOfEmployerPoi>
<OnBehalfOfClaimAdminPoi></OnBehalfOfClaimAdminPoi>
<OnBehalfOfSubmitterFirmPoi></OnBehalfOfSubmitterFirmPoi>
```

The Submitter (Attestation section) is mandatory.

```xml
<SupportingDocuments>
    <UploadedDocuments>...</UploadedDocuments>
    <ReferencedDocuments>...</ReferencedDocuments>
</SupportingDocuments>
```

The Supporting Documents section is mandatory for certain RFA-2 reasons.

```xml
<AdditionalProposedFinding>
    <AdditionalProposedFindingNO></AdditionalProposedFindingNO>
    <AdditionalProposedFindingANCR></AdditionalProposedFindingANCR>
    <AdditionalProposedFindingBodyParts>...</AdditionalProposedFindingBodyParts>
    <AdditionalProposedFindingBodyPartAdditionalText></AdditionalProposedFindingBodyPartAdditionalText>
    <AdditionalProposedFindingANCRAdditionalText></AdditionalProposedFindingANCRAdditionalText>
    <AdditionalProposedFindingAWW></AdditionalProposedFindingAWW>
    <EstablishAWWPrimaryEmployerDollarAmount></EstablishAWWPrimaryEmployerDollarAmount>
    <EstablishAWWCalculationMethod></EstablishAWWCalculationMethod>
    <EstablishAWWCalculationMethodOther></EstablishAWWCalculationMethodOther>
    <EstablishAWWConcurrentEmployment></EstablishAWWConcurrentEmployment>
    <EstablishAWWConcurrentEmployers>...</EstablishAWWConcurrentEmployers>
    <EstablishAWWAdditionalText></EstablishAWWAdditionalText>
    <AdditionalProposedFindingAwardLostWageBen></AdditionalProposedFindingAwardLostWageBen>
    <AdditionalProposedFindingAwardPeriods>...</AdditionalProposedFindingAwardPeriods>
    <ALWBContinuingPaymentIndicator></ALWBContinuingPaymentIndicator>
</AdditionalProposedFinding>
```

Additional proposed finding section must be completed for each submission.

```xml
<Certification>
    <CertificationCode></CertificationCode>
    <DiscussPersonContactedFirstName></DiscussPersonContactedFirstName>
    <DiscussPersonContactedLastName></DiscussPersonContactedLastName>
    <DiscussPersonContactedOrganizationPoi></DiscussPersonContactedOrganizationPoi>
    <DiscussPersonContactedDate></DiscussPersonContactedDate>
    <AttemptedCertificationContacts>...</AttemptedCertificationContacts>
</Certification>
```

The Certification section is mandatory for certain RFA-2 reasons.

ACKNOWLEDGEMENT XML

```xml
<?xml version="1.0" encoding="utf-8"?>
<eFormsAck>
    <Header>
        <APIHeader>
            <SubmitterClientId />
            <SenderPOI />
            <SubmitDate />
        </APIHeader>
    </Header>
    <Events>
        <EventCode code="RFA-2">
            <WCBCaseID />
            <TransactionSequenceNumber/>
            <SubmissionId/>
            <SubmissionStatus/>
            <FormImage/>
            <Errors>
                <Error>
                    <FileErrorIndicator/>
                    <ReasonCode/>
                    <DataElementName/>
                    <ErrorCode/>
                    <ErrorText/>
                    <ErrorDescription/>
                    <ErrorSegmentIndex/>
                    <ErrorSegmentChildIndex/>
                </Error>
            </Errors>
        </EventCode>
    </Events>
</eFormsAck>
```

Sender Information Returned in the Acknowledgement XML

CaseID and TransactionSequenceNumber from the original transaction is returned

Board assigned Transaction ID is returned. This could be used for future reference. Submission Status shows if the transaction is accepted or rejected

If accepted, RFA-2 pdf file will be embedded as base64 string in the returned XML

Validation errors for each Data Element related to the submission reason is reported. Multiple errors caused by invalid data will be reported on separate nodes

NEXT STEPS & RESOURCES

NEXT STEPS

- **Subject Number 046-1715:** Mandated Electronic Submission of the *Request for Further Action by Insurer/Employer (Form RFA-2)*
  - Issued on September 12, 2024
  - Additional Subject Number coming once official implementation date established

- *RFA-2* eForm implementation date estimated Q1 2026.
  - If your plan is to use eCase, there is nothing additional you need to prepare for.
  - If your plan is to use sFTP or the REST API electronic options:
    - Closely monitor and review our XML technical instructions & documentation that will continue to be updated throughout this year.
    - Prep your own application software based on WCB XML documentation.
    - Conduct mandatory formal testing with the Board in early 2026.

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eFORMS WEBPAGE

THANK YOU

QUESTIONS?

NEW YORK STATE | Workers' Compensation Board

PLEASE STAND BY WHILE WE RECEIVE AND REVIEW YOUR QUESTIONS
WE WILL RESPOND IN A MOMENT