



Workers'
Compensation
Board

BETTER FOR WORKERS

BETTER FOR BUSINESS

PAY TO THE
ORDER OF

BETTER FOR PAYERS



What Payers Need to Know

Agenda

1 Form updates

2 New travel reimbursement rate

3 OnBoard

4 Telehealth regulations

5 CMS-1500 form: streamlining the billing process

6 COVID-19

7 Tips for efficiency

8 Resources

9 Questions

A medical-themed background featuring a stethoscope in the foreground, a stack of papers on the left, and a smartphone with glasses on it in the background. A large teal circle is overlaid on the right side of the image.

Form updates

Form changes

- Legislation signed that removes the notarization requirement and allows affirmations to have the same force and effect as affidavits.
- To reflect this, the Board has updated several forms that previously required notarized affidavits, including:
 - *Application for Board Review (Form RB-89)*
 - *Rebuttal of Application for Board Review (Form RB-89.1)*
 - *Application for Reconsideration/Full Board Review (Form RB-89.2)*
 - *Rebuttal of Application for Reconsideration/Full Board Review (Form RB-89.3)*
 - *Section 32 Settlement Agreement: Claimant Release (Form C-32.1)*
 - *Carrier's/Self-Insured Employer's Affirmation (Form C-32AF)*
- A full listing can be found on the Forms section at wcb.ny.gov.

Disability benefits form updates

- The Board has posted the updated *Notice and Proof of Claim for Disability Benefits (Form DB-450)* to the Forms section at wcb.ny.gov
- The new *Notice of Denial of Claim for Disability Benefits (Form DB-DEN)* will be available upon request
- The Board has also revised the *New York State Disability Benefits Statement of Rights (Form DB-271S)*
- For more information, email regulations@wcb.ny.gov

A man with a beard is driving a car, looking out the window. The image is overlaid with a teal circular graphic on the right side. Inside the circle, the text "Updated travel reimbursement rate" is written in white, bold, sans-serif font.

**Updated travel
reimbursement rate**

Updated travel reimbursement rate

Effective January 20, 2024

- The mileage rate for reimbursement to injured workers for travel by automobile is 67 cents per mile.



A person is shown from the side, working at a desk. They are holding a document in their left hand and typing on a laptop with their right hand. The laptop screen displays a dashboard with a table of data. A large teal circle is overlaid on the right side of the image, containing the text 'OnBoard'.

OnBoard

OnBoard updates

- To date, nearly 49,000 payers and reviewers have signed up for access.
- **Nearly 1.5 million prior authorization requests (PARs) have flowed through the system!**
- 100% of medication, behavioral health, and Durable Medical Equipment PARs are resolved within three days.
- Most other PARs are resolved within approximately two weeks.
- 95% of PARs were processed without escalation to Level 3 review.
- More than 75 enhancements were made in direct response to user feedback.
- The Board has reduced the backlog of level three PAR reviews from over 8,000 down to zero!
- Multifactor authentication now in effect

Providers can assign delegates

New!

- Provider delegates can now draft and submit PARs.
- They can now also draft and escalate Medication PARs to Level 2 review.

Provider delegates also have ability to:

- Draft and submit PAR escalations to Level 3 for Medical Director's Office review.
- Respond to insurer requests for information.
- Draft and submit *Request for Decision on Unpaid Medical Bill(s)* (Form HP-1.0).

PAR response time frames

MTG Confirmation	Eight business days
MTG Variance	15 calendar days (extends to 30 with IME request)
MTG Special Services	15 calendar days (extends to 30 with IME request)
Non-MTG Over \$1,000	30 calendar days
Non-MTG Under or = to \$1,000	Eight business days
Medication	Four calendar days
Durable Medical Equipment	Four calendar days

Form HP-1.0 updates

- As of March 1, 2024, any *Form HP-1.0* submitted to the Board without proper documentation will be rejected.
- When submitting *Form HP-1.0*, providers must also attach:
 - Basis for provider belief that the clinical intervention was medically necessary,
 - Payer denial communications (if received), and
 - Scenario-specific documentation.

New! Medical billing disputes webpage

- Instructions, requirements, and details on the arbitration process.
- wcb.ny.gov/content/main/hcpp/request-assistance-unpaid-medical-bills.jsp
 - Visit wcb.ny.gov and search “medical billing disputes”

Workers' Compensation Board

Online Services ▼ LOG IN

Medical Billing Disputes

SECTIONS

- Overview
- Request for Decision
- Required Documentation
- Payer Response
- Arbitration Process
- Arbitration Scenarios
- Request for Judgment
- Payment for Testimony
- FAQs
- Contact

Overview

The Workers' Compensation Board has procedures in place to ensure that all parties get paid in a timely manner. If a payer has not paid a health care provider's bill, the provider may be able to request the Board's assistance by filing a *Request for Decision on Unpaid Medical Bill(s) (Form HP-1.0)* online, through the Board's business information system, OnBoard. On this page, we'll share instructions and requirements for submitting *Form HP-1.0*, and other important information for providers and payers on the medical billing arbitration process.

Request for Decision on Unpaid Medical Bill(s) (Form HP-1.0)

Payers are required to pay a health care provider's bill in full or submit a [Notice of Objection to Payment of a Bill for Treatment Provided \(Form C-8.1B\)](#) within 45 days of submission. If a payer has failed to do this, the health care provider may be able to request the Board's assistance by filing *Form HP-1.0* through [OnBoard](#). The Board's paper *Form HP-1.0* is no longer being accepted. Payers are also responsible to pay the uncontested portion of bills within 45 days per 325-1.25(c) (2).

Note: *Form HP-1.0* may not be submitted if less than 45 days have elapsed from the submission date of the bill or if the provider received a timely *Form C-8.1B* from the payer and the legal objection(s) related to the bill have not yet been resolved.

A few reminders:

Once a health care provider has received access to the [Medical Portal](#), they

Form RFA-2 updates

- The *Request for Further Action by Insurer/Employer (Form RFA-2)* has been modified.
- Updated version was available as of December 4, 2023.

What's next?

■ eForm/API expansion:

- *Request for Further Action (Form RFA-1LC)* and *Request for Assistance by Injured Worker (Form RFA-1W)* are transitioning to an eForm.
- Attorneys will have the option to submit *Form RFA-1LC* through an Application Programming Interface (API).

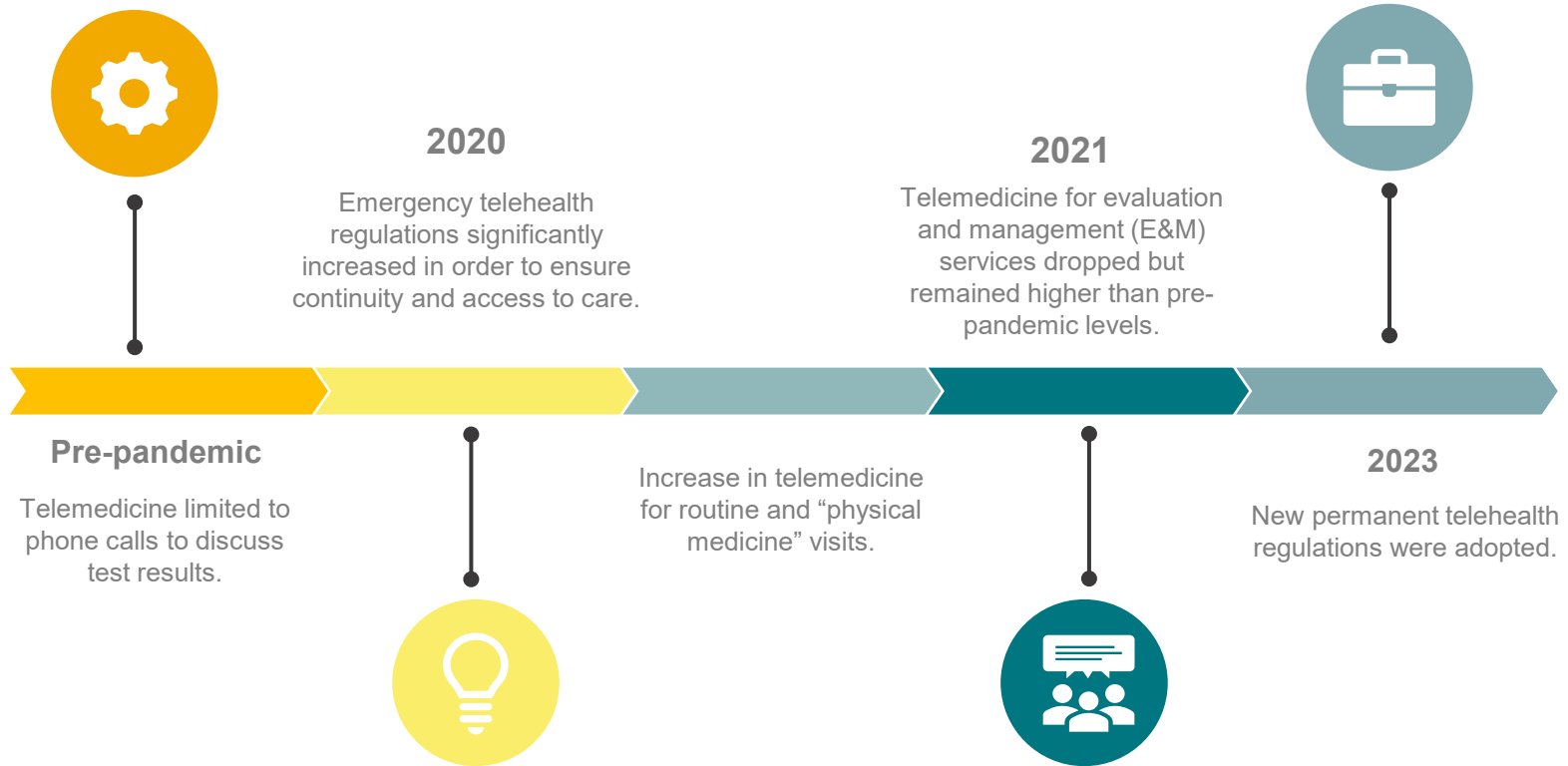
■ OnBoard full program requirements and planning.

- Need an OnBoard refresher? Visit wcb.ny.gov/onboard/payers-overview.jsp

A photograph of a male doctor in a white lab coat with a stethoscope around his neck, sitting at a desk and typing on a keyboard. He is looking towards a computer monitor. The image has a light blue tint. A large teal circle is overlaid on the right side of the image, containing the text 'Telehealth regulations' in white.

Telehealth regulations

Telehealth in workers' compensation



Telehealth: overview of NYS regulation

Telehealth:

- Physicians, podiatrists, psychologists, nurse practitioners, physician assistants, licensed clinical social workers.
- Audio/visual or audio-only communication.
- In-person within a reasonable travel time, if necessary.

In-person requirements for MD, DO, DPM, NP, PA:

- Initial visit.
- Every third visit (acute/subacute).
- Every three months (if chronic, but not at MMI).
- Annually (if chronic and at MMI).

Telehealth: overview of NYS regulation

Telehealth in-person requirements (cont'd):

- **Psychologists and licensed clinical social workers (LCSWs):**
 - Telehealth should be permitted for first and subsequent visits.
- Remote behavioral health visits should be limited to situations when there is no additional benefit compared to in-person services, or where in-person visit poses undue risk or hardship.
- In-person within a reasonable travel time, if necessary.
- Reason for visit should be documented with each use of a telehealth visit.
- Treatment may **not** be rendered via telehealth for chiropractors, acupuncturists, physical therapists, or occupational therapists.
- Telehealth appointments scheduled prior to July 11, 2023, need not be changed to in-person visits.
- Any appointments scheduled after July 11, 2023, **must** conform with the new regulation.

Telehealth: in-person considerations

- Factors indicating in-person exam **may not be necessary**:
 - Routine follow-up after comprehensive initial in-person exam.
 - Discuss test results / counsel on clinical options.
- Factors indicating in-person exam **is necessary**:
 - Procedures, emergencies, eye conditions, nuanced or complex issues.
 - Affects assessment, treatment, or recommendations.
- Factors **requiring** in-person visit:
 - Urine drug testing, permanency, disability, initiation of chronic medication.
 - Patient lacks technology, capacity, or desire for telehealth.
- Independent Medical Exams:
 - Permissible if parties agree, and not for permanency.

Telehealth guidance for payers

- Believing telehealth treatment has been provided improperly should not be the sole bases for a legal objection to a bill for such treatment, if the provider is otherwise permitted to treat via telehealth.
- Payer may request that futures services be conducted in person by filing a *Request for Further Action by Insurer/Employer (Form RFA-2)*.
- If a Board order to conduct service in-person instead of via telehealth is ignored, the provider may be subject to administrative action.
- When a payer believes that treatment has been provided improperly by a provider not permitted to treat via telehealth, the payer may file a *Notice of Objection to a Payment of a Bill for Treatment Provided (Form C-8.1B)*.



CMS-1500 form **Streamlining the billing process**

SEARCH

WWW.

TUE 12:30 PM

PLATFORM

Medical diagnosis

SEARCH

WWW.

MEDICAL

MEDICAL

Diagnostic procedures

Differential diagnosis

MEDICAL

MEDICAL

Clinical decision support system

CMS-1500 form updates

- Since July 1, 2022, the Board received nearly **10 million** CMS-1500 forms!
- Nearly **three million** electronic submissions.
- More than **11,000 providers** have submitted *CMS-1500* forms electronically through an electronic submission partner.

CMS-1500 form

- Consolidate/eliminate certain medical forms in exchange for *CMS-1500* form.
- The Board **strongly** encourages health care providers to submit through an electronic submission partner.
- Payers are required to use the new *Form C-8.1B* and *Notice to Health Care Provider and Claimant of an Insurer's Refusal to Pay All (or a Portion of) a Medical Bill Due to Valuation Objection(s) (Form C-8.4)* with applicable Claims Adjustment Reason Codes, or CARCs, to object to medical bills.

CMS-1500 medical narrative report template and requirements

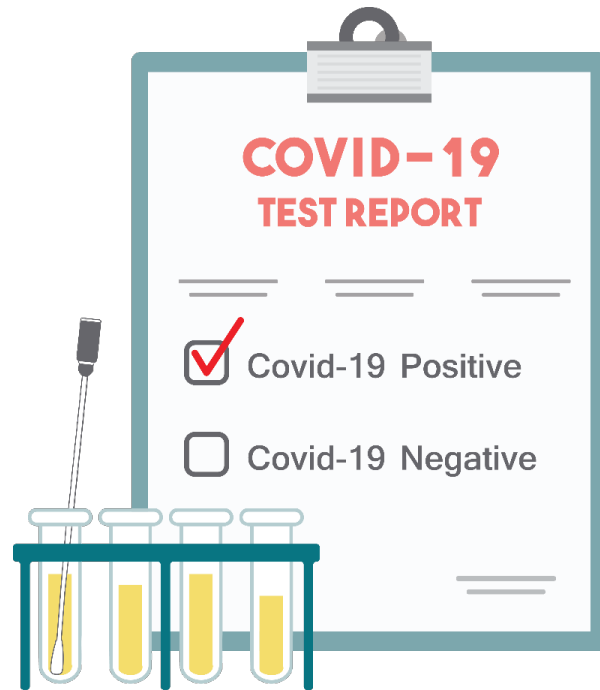
- Payers are required to pay a health care provider's bill in full to submit a *Form C-8.1B* within 45 days of submission.
- If the payer fails to do this, the health care provider may be able to request the Board's assistance by filing *Form HP-1.0* through OnBoard.
- A complete medical bill must include:
 - CMS-1500, and
 - the supporting medical narrative.
- **Note:** there are some instances where the medical narrative report is not needed to properly adjudicate the medical bill.

A person wearing a white lab coat is shown in profile, holding a smartphone. The phone screen displays a video call with a male doctor wearing glasses and a white lab coat. The background is a blurred clinical setting. A large teal circular graphic is overlaid on the right side of the image, containing the title text.

Workers' compensation and COVID-19

Workers' compensation and COVID-19

- Payers provide crucial benefits to both employees and employers.
- Payers should:
 - Be proactive in distributing information about COVID-19 claims.
 - Encourage employees to file claims, and employers to help.
 - Review claims carefully and timely.
- Employers may not discipline or discriminate against employees who file COVID-19 claims.
- More information at wcb.ny.gov/covid-19.




A close-up photograph of a person's hands typing on a white keyboard. The image is overlaid with a semi-transparent teal circle on the right side, which contains the text. The background is slightly blurred, showing a laptop screen and a mouse.


Tips for efficiency

Efficiency campaign

- Regular updates on efficiency enhancements and best practices



efficiency enhancements
BEST PRACTICES FROM THE BOARD

Welcome to *Efficiency Enhancements* – a new communication with tips and best practices on using NYS Workers' Compensation Board systems, processes, and forms in the most efficient, effective manner.




Proper filing of attorney fee applications

Attorneys and licensed representatives are permitted to file OC-400.1 (Application for Fee by Claimant's Attorney or Licensed Representative) forms via the Board's eCase Document Upload feature. However, to swiftly address attorneys' fee requests, the Board requires that OC-400.1 forms be uploaded in this manner only before or during a hearing at which the fee request will be addressed. Once the hearing has concluded, the OC-400.1 can only be filed with the Board via email (uploadclaimfilings@wcb.ny.gov) or regular mail (P.O. Box 5205, Binghamton, NY 13902-5205). Following this directive will help ensure that fee applications are promptly addressed by a judge at a hearing or by the Claims unit thereafter.



Staying current with Board forms

The Board periodically updates forms to reflect statutory, regulatory, and operational changes. It is imperative that stakeholders use only those forms that are currently accepted by the Board. The list of current forms can be found on the [forms page of the Board's website](#). Please review your inventory of Board forms to ensure you are using the current version of each form. Using an outdated form can delay and even prevent the Board from taking action – some outdated forms will not be scanned into the system. Submission of duplicate forms will also cause delays.



Submitting stipulations – no RFA necessary

Attorneys should be sure to include all necessary information on any stipulations submitted to the Board. This includes periods of temporary total disability, information on whether the claimant is working at full wages/pre-injury wage, and permanency regarding all sites. Submitting an RFA form is not necessary with a stipulation. Board action is automatically triggered when a stipulation is received.

Questions?

If you have any questions regarding the guidance in this *Efficiency Enhancements*, please write to guidance@wcb.ny.gov.

Form C-8.1B and Form C-8.4

- Payers are required to use updated *Form C-8.1B* and *Form C-8.4* to notify the Board of legal and valuation objections.
- Scenarios when you should not file *Form C-8.1B* or *Form C-8.4*:
 - When the amount billed for a CPT code exceeds the amount designated by the applicable fee schedule, and the payer pays the bill at the medical fee schedule amount.
 - Payer reduces the amount of the bill to 12, 15 or 18 relative value units for evaluation services and modalities, as set forth in the applicable medical fee schedule.
 - Payer reduces the amount of the bill pursuant to a contractual agreement with the provider (e.g., network or PPO discount).
 - There is a duplicate bill.

Form RFA-1LC, Form RFA-1W, and Form RFA-2

- Use appropriate checkbox instead of “other” field.
- Provide documentation or document ID to support request for reduction or suspension.



PAR tips to enhance your experience

- Payers should only use the Level 1 administrative denial “disallowed” when the condition or body part has been formally disallowed by the Board.
- Payers should respond to PARs in a timely manner to avoid receiving an *Order of the Chair* or a *Notice of Resolution* from the Medical Director’s Office.



Timely FROI filings

Claim administrators should:

- Ensure timely filing of FROIs so the Board has the proper claim administrator on notice.

Prompt filing:

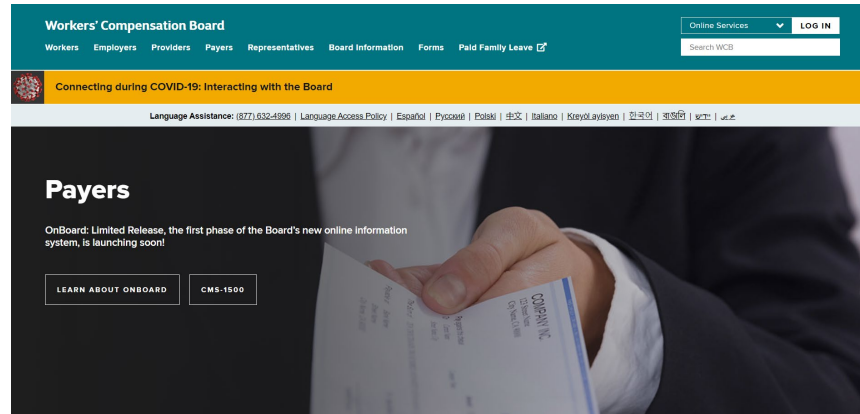
- Avoids untimely filing penalties assessed by the Board's Monitoring unit.
- Provides accurate information to OnBoard, ensuring PARs are given to the correct claim administrator.



Making the Board better for payers

As we continue to work on implementing improvements for payers, we're committed to:

- Increased communication.
- Regular engagement regarding OnBoard.

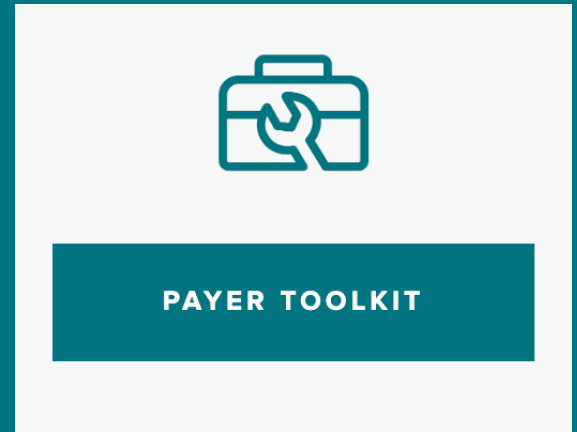


The screenshot displays the homepage of the Workers' Compensation Board website. The top navigation bar is teal and includes the following links: Workers, Employers, Providers, Payers, Representatives, Board Information, Forms, and Paid Family Leave. On the right side of the navigation bar, there is a dropdown menu for 'Online Services' and a 'LOG IN' button. Below the navigation bar is a yellow banner with the text 'Connecting during COVID-19: Interacting with the Board'. Underneath the banner, there is a language assistance section with the text 'Language Assistance: (877) 632-4998 | Language Access Policy | Español | Русский | Polski | 中文 | Italiano | 한국어 | বাংলা | বাংলা | বাংলা | বাংলা'. The main content area features a large image of a person in a suit holding a document. Overlaid on this image is the heading 'Payers' and the text 'OnBoard: Limited Release, the first phase of the Board's new online information system, is launching soon!'. Below this text are two buttons: 'LEARN ABOUT ONBOARD' and 'CMS-1500'.

NEW! What Payers Need to Know

Our toolkit for payers is now live on the Board's website (wcb.ny.gov). Easily access it from the Quick Links on the Payers page.

- Important resources and requirements.
- Instructions for accessing OnBoard and registering for the Medical Portal and eCase.
- Payer news and updates.
- And more!



OnBoard resources

WEBSITE: wcb.ny.gov/onboard

- Walkthrough of registration process
- Video tutorials
- Recorded presentations

CMS-1500 resources

WEBSITE: wcb.ny.gov/CMS-1500

EMAIL: CMS1500@wcb.ny.gov

More information

HELPLINE: (877) 632-4996

WEBSITE: wcb.ny.gov

(select 'Payers' link on top of page)

CLAIM INQUIRIES: wcb.ny.gov/contactclaims

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wcb.ny.gov (“Get WCB Notifications”)



**Workers'
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Thank you

Questions?