



**Workers'
Compensation
Board**

2025 ANNUAL REPORT

KATHY HOCHUL
GOVERNOR

FREIDA D. FOSTER
CHAIR

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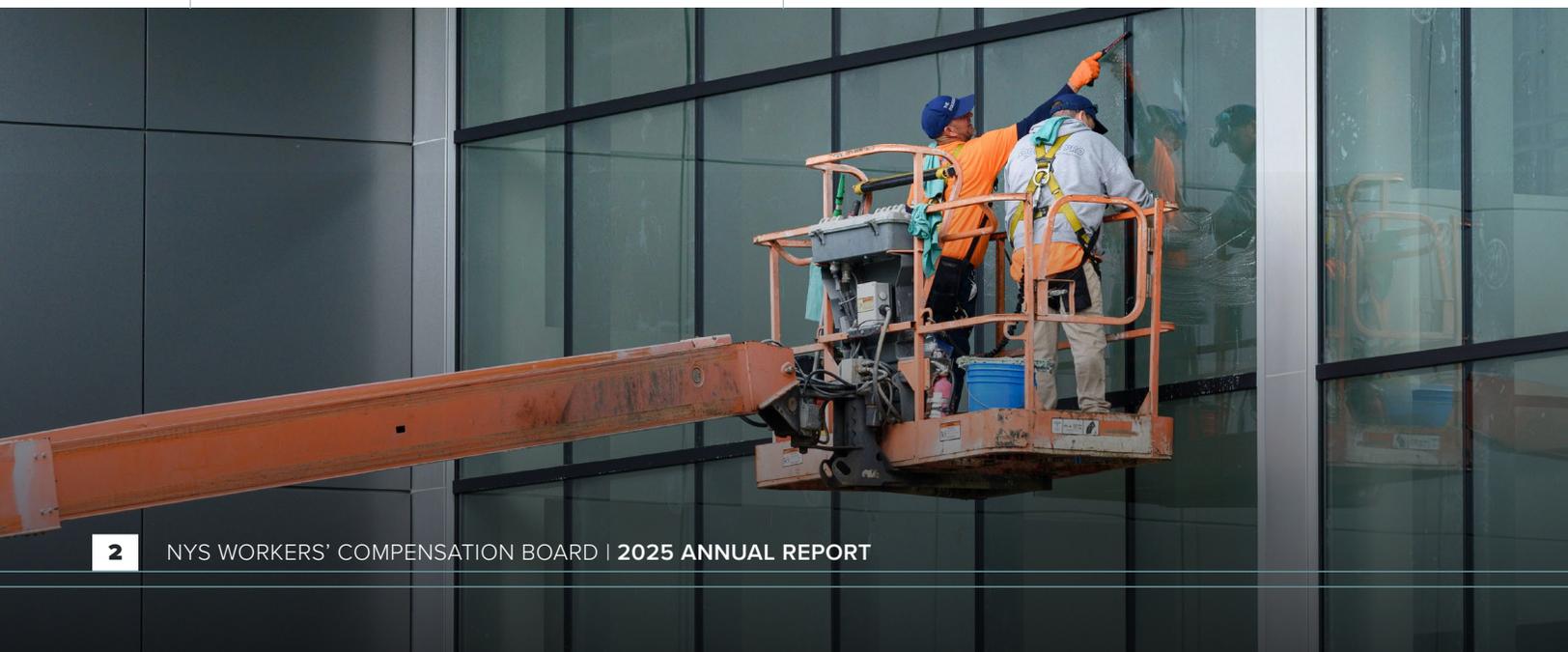
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EXECUTIVE SUMMARY



EXECUTIVE SUMMARY

The New York State Workers' Compensation Board (Board) is pleased to submit its **2025 Annual Report**. Pursuant to *Workers' Compensation Law § 153*, this report details the Board's work in hearing and deciding cases and related aspects of the Board's operations, including the assembly and adjudication of workers' compensation claims, and employer and payer compliance.

The Board is a special revenue agency that acts as the "court system" for a \$9 billion annual* workers' compensation program. The Board ensures that wage replacement and medical benefits are paid in a timely manner, consistent with laws and regulations governing workers' compensation, volunteer firefighters, ambulance and civil defense workers, disability benefits, and Paid Family Leave.

In 2025, the Board worked efficiently to improve access to medical care and meet the needs of injured workers and employers. Benefit levels rose once again for injured workers, and employers experienced lower assessment rates.

The Board continued to make progress on its multi-year OnBoard modernization program, which is moving paper-based systems online. The Board's first eForm (electronic submission) for attorneys was launched at the end of 2024. This change led to significant improvements throughout 2025, including much faster scheduling of hearings and vastly improved data quality.

FREIDA D. FOSTER CHAIR



Efficiency remained a key theme for the Board in 2025, as the Board achieved significant gains in scheduling hearings much more quickly than a year ago, prioritized timely resolution of prior authorization requests (PARs), expanded desk reviews of Section 32 waiver agreements to expedite benefits, and mandated electronic submission of medical bills, among other improvements.

The Board also implemented important legislation in 2025, including a new law allowing more workers to file workers' compensation claims for extraordinary work-related stress, a change in the law to allow resident and fellow physicians to treat injured workers, and the statutory increase in minimum workers' compensation benefits. Additionally, the Board promulgated a significant regulation in 2025 pertaining to non-network pharmacies. This regulation allows injured workers to obtain prescription medication out-of-network when their network pharmacy fails to dispense such medication. It also provides for a significant payment surcharge on the payer if the medication is later found to be compensable. This change helps injured workers get their medications faster and provides clarity to the process for doing so.

** Based on actual workers' compensation insurance premiums reported in 2024.*



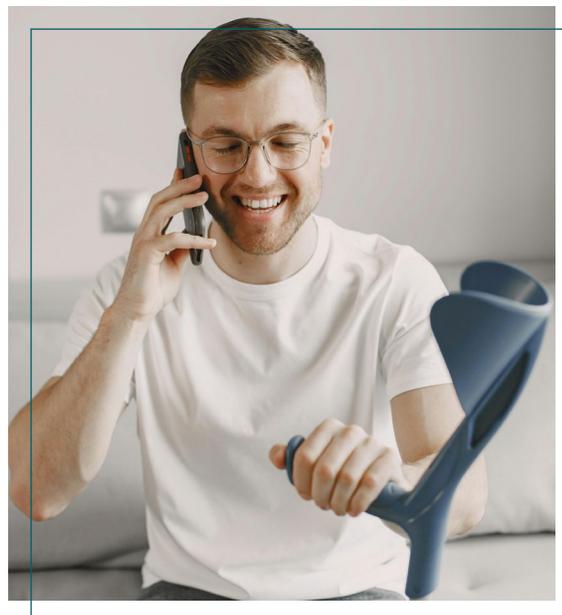
CLAIMS



CLAIMS OVERVIEW

In 2025, the Board received over 8 million claims documents, filed by a variety of system stakeholders, including health care providers, injured workers, employers, attorneys, and insurers. This is a reduction of approximately one million documents compared to 2024, due to the shift toward online processing through OnBoard.

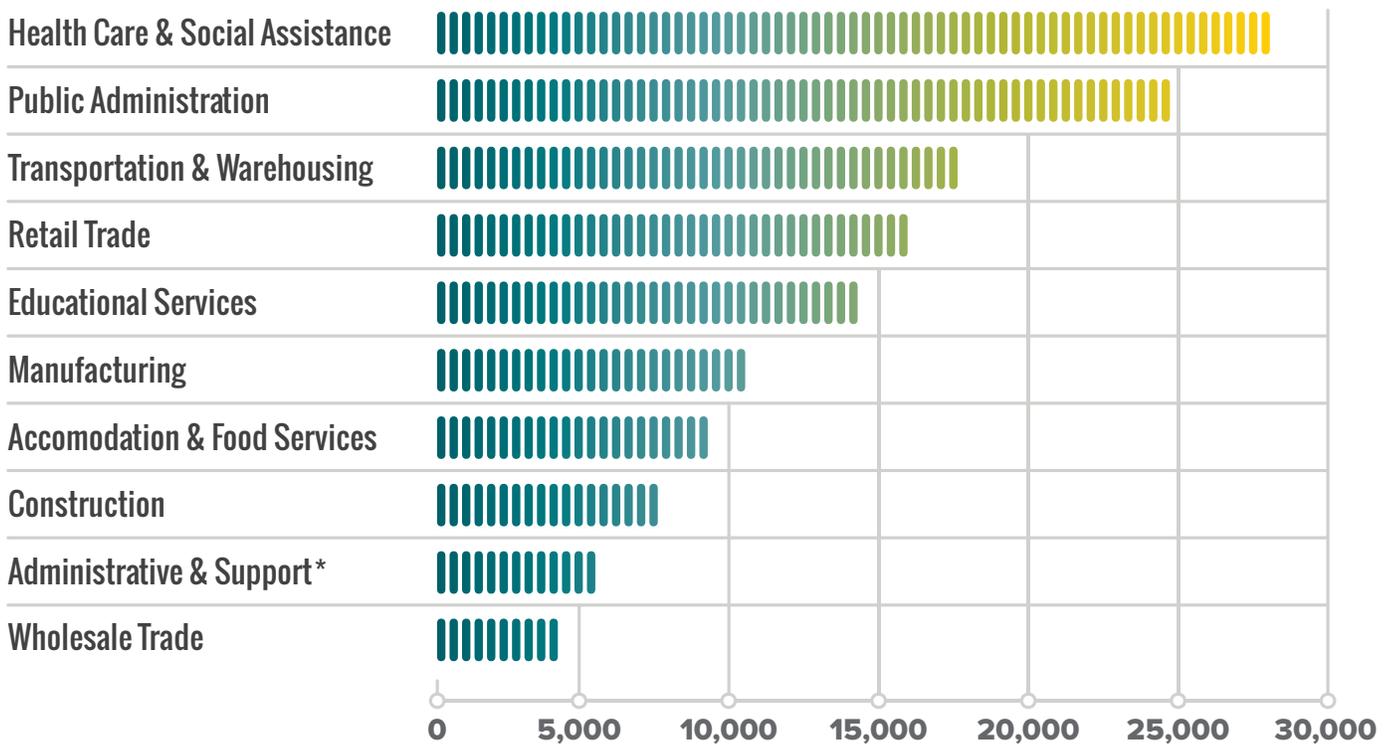
In 2025, 161,264 claims were assembled and designated complete. To be considered a complete claim, the Board must receive a formal notice of the injury from the insurer and a qualifying medical document. The number of claims dropped slightly for the second straight year, indicating that claims have continued to level off following several years of growth after 2020, when the Board recorded the lowest count of claims since the 2014 implementation of eClaims auto-assembly.



CLAIMS BY INDUSTRY

Health Care & Social Assistance, Public Administration, and Transportation & Warehousing were the three industry sectors producing the most workers' compensation claims in 2025. The claims represented in the top 10 industries made up 85.6% of the total claims assembled in 2025.

CLAIMS ASSEMBLED IN 2025 BY NAICS INDUSTRY (TOP 10)



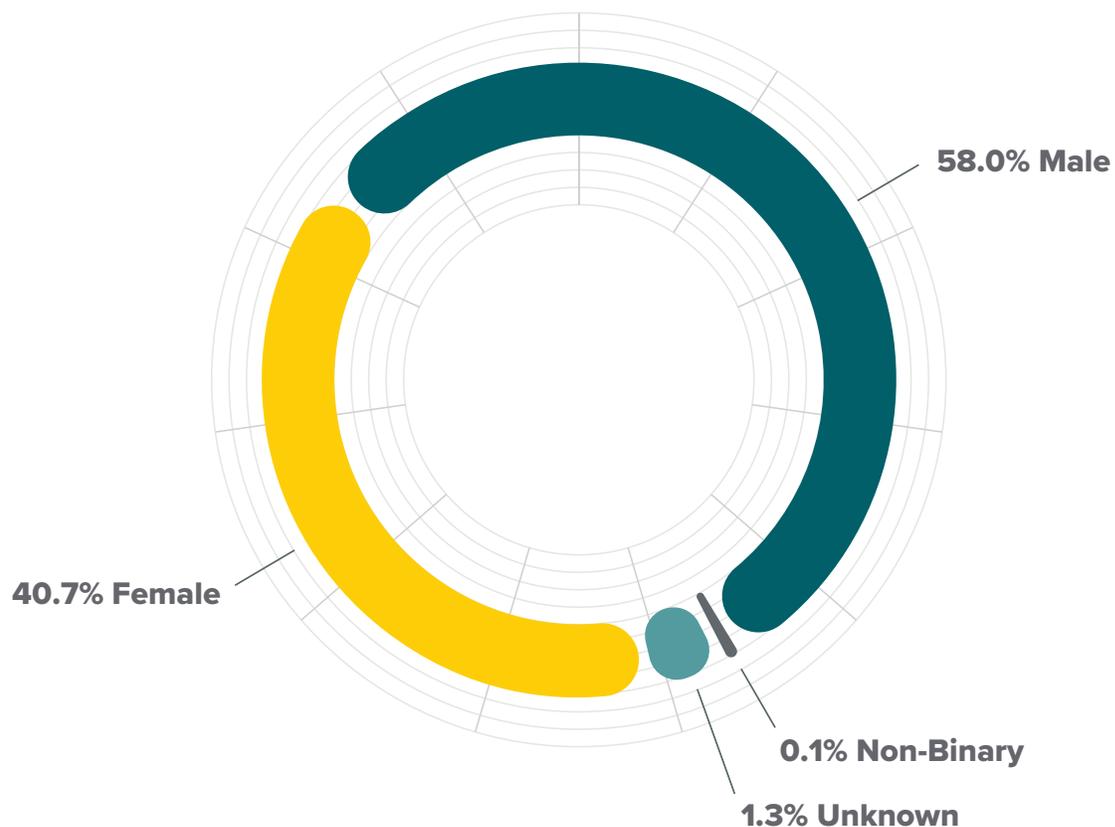
The above chart represents the top 10 industries for claims assembled in 2025. The claims represented in the top 10 industries make up 85.6% of the total claims assembled in 2025. The other 14.4% not shown in the chart fall into one of 11 other industries.

*Administrative, Support, Waste Management, and Remediation

CLAIMS BY GENDER

In 2025, males accounted for 58.0% of claims and females accounted for 40.7%. The injured worker's gender was unknown for 1.3% of claims and 0.1% of claims were from injured workers who identified as non-binary.

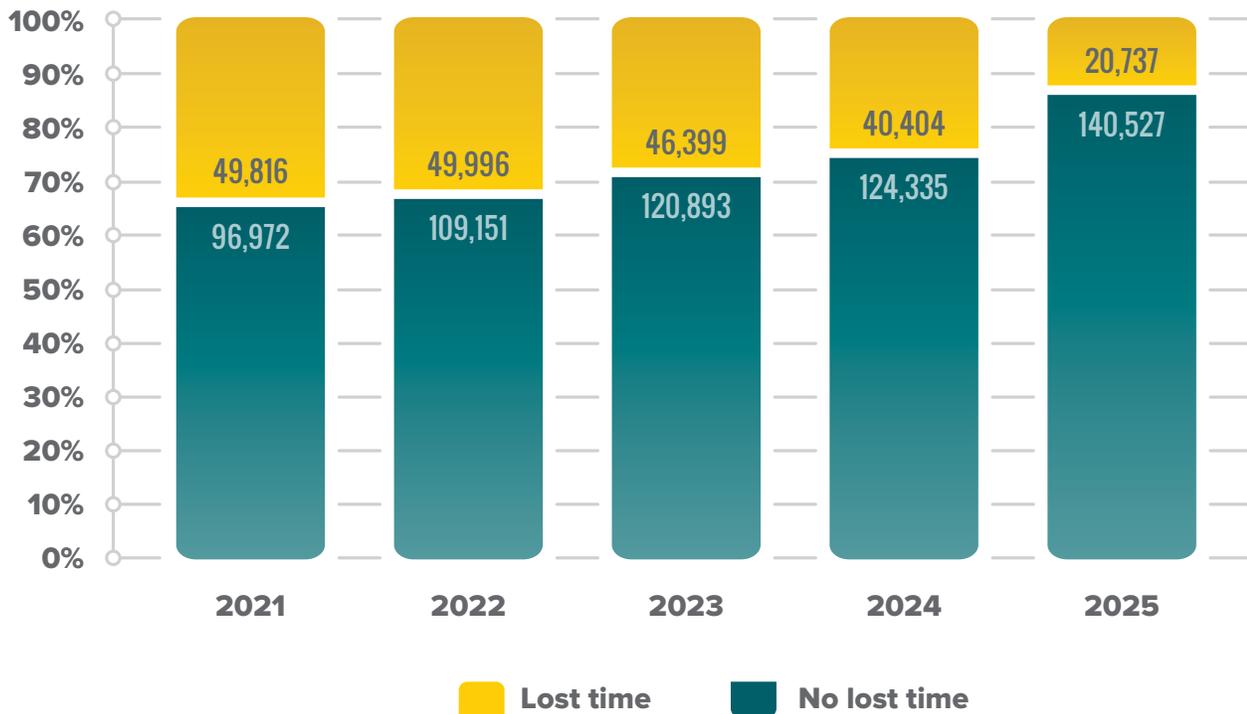
CLAIMS ASSEMBLED IN 2025 BY GENDER



CLAIMS BY TYPE

A workers' compensation claim may be submitted for medical treatment and for lost time (replacement of lost wages) due to a claimant's work-related injury or illness. Generally, as claims mature year to year, and additional documentation is received, the number of claims with lost time increases. While the 2025 claims are not yet mature enough to show the true breakdown of claims with or without lost time, the majority of claims received in 2025 have no lost time — which is similar in comparison to previous years.

ASSEMBLED CLAIMS WITH LOST TIME VS. NO LOST TIME BY ASSEMBLED YEAR

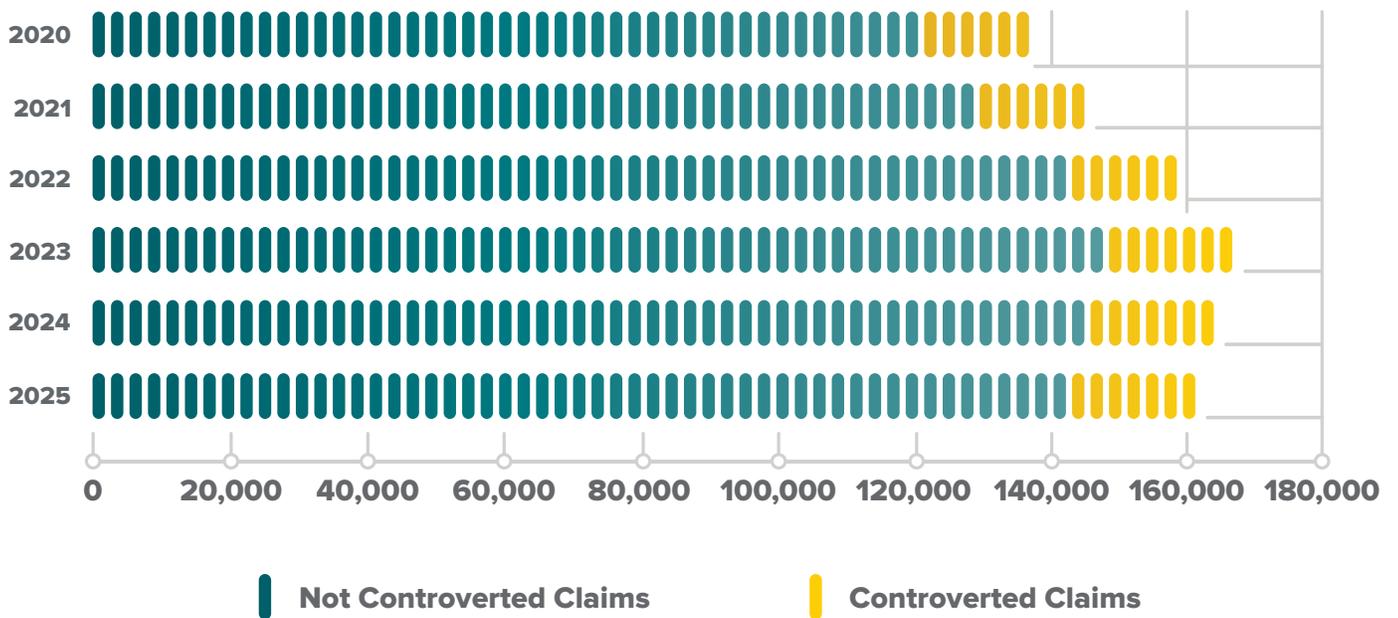


 The above chart shows a breakdown of assembled claims with and without lost time, by assembled claim year. As reflected by claims assembled in earlier years, 2025 claims are not yet mature enough to show the true breakdown of lost time.

Although workers' compensation is a no-fault insurance system, insurance carriers and self-insured employers dispute or "controversy" the injured worker's eligibility for workers' compensation benefits in a small number of claims. When a claim is disputed, the claim is subject to the statutory expedited hearing process, which seeks to resolve the claim within 90 days. An important step in that process is scheduling pre-hearing conferences, ideally within 30 days. In 2025, the Board's median time frame for scheduling pre-hearing conferences for controverted claims was within 25 days of receiving a complete claim, two days faster than in 2024.



CLAIMS ASSEMBLED – CONTROVERTED VS. NOT CONTROVERTED FROM 2020 TO 2025



Year	Total Claims Assembled	Controverted Claims		Not Controverted	
		Count	Percentage	Count	Percentage
2020	138,006	16,484	11.9%	121,522	88.1%
2021	146,788	16,979	11.6%	129,809	88.4%
2022	159,147	17,415	10.9%	141,732	89.1%
2023	167,292	18,008	10.8%	149,284	89.2%
2024	164,739	17,162	10.4%	147,577	89.6%
2025	161,264	15,700	9.7%	145,564	90.3%



A **controverted claim** is one for which the Board has received:

- 1) "Notice That Right to Compensation Is Controverted" indicating that the carrier disputes the claim, and
- 2) Qualifying medical documentation.

The number of controverted claims will increase over time as claims become more mature.



HEARINGS



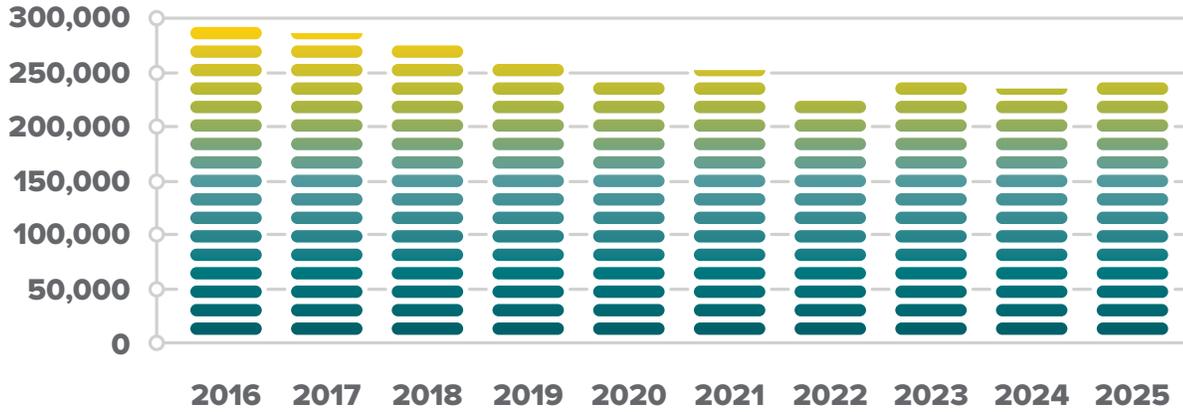
HEARINGS HELD

In 2025, the Board held 244,714 hearings, the large majority of which were conducted remotely through the virtual hearings system. The total number of hearings was approximately 5,000 more than in 2024.

○ ————— ○
244,714
○ ————— ○



NUMBER OF HEARINGS FROM 2016 TO 2025



Year	Total Hearings Held
2016	291,641
2017	283,411
2018	276,320
2019	257,781
2020	244,197
2021	253,627
2022	225,862
2023	244,458
2024	239,760
2025	244,714



If a hearing was held to resolve the issues in more than one claim for an individual injured worker, then the total number of hearings in this report reflects the total number of claims addressed at the hearing.



RESOLUTION PROCESS



RESOLUTION PROCESS

The Board adjudicates claims either formally or informally. Formal resolution is achieved via an actual hearing in front of a Workers' Compensation Law Judge. In 2025, the Board held 244,714 hearings. In approximately 68% of those hearings, all issues presented were resolved at the hearing.

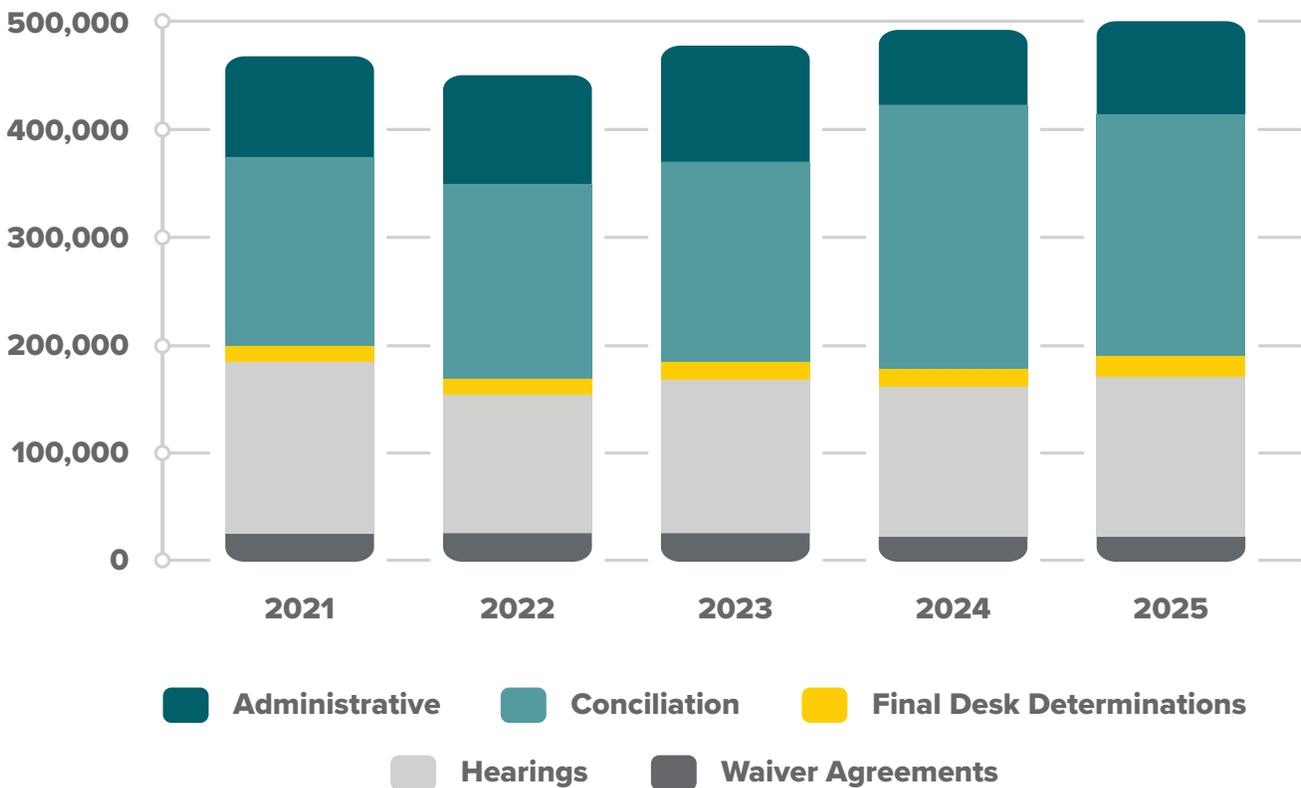
Informal resolution includes administrative actions such as issuing desk decisions and proposed decisions based on the submitted documents. The types of issues that are treated as informal resolutions include, but are not limited to, legal objections to medical bills, penalties, procedural decisions on schedule loss development, and undisputed periods of lost time.



In 2025, over 64.5% of resolutions were resolved through informal methods, including proposed Administrative and Conciliation decisions which allow the Board to issue expedited findings to resolve issues that do not warrant a formal hearing before a Workers' Compensation Law Judge. In 2025, approximately 88.8% of proposed Administrative and Conciliation decisions were agreed to by the parties. Using informal resolution methods allows the Board to spend more time on formal hearings for more complex disputes. Resolving a case may take more than a single hearing or informal decision. In total, the Board issued 498,566 claim resolutions over the course of the year, a slight increase over 2024.



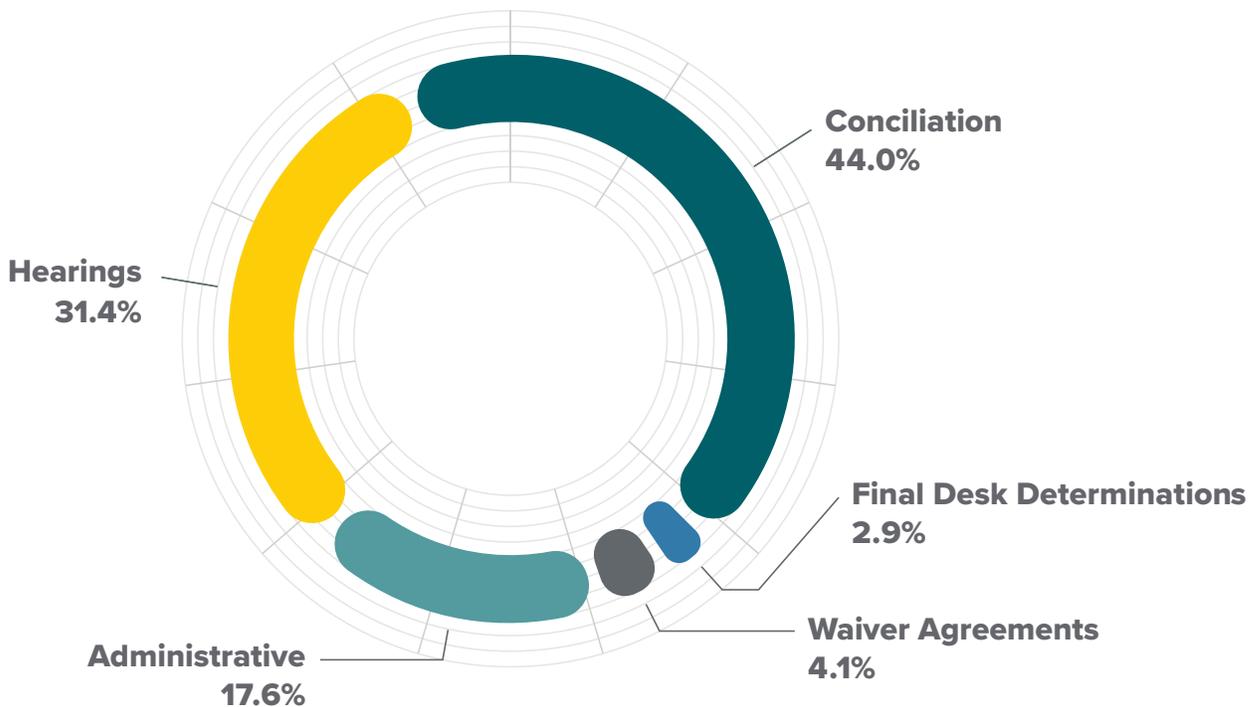
CLAIM RESOLUTIONS BY BOARD PROCESS 2021 TO 2025



CLAIM RESOLUTIONS BY BOARD PROCESS 2021 TO 2025

Claim Resolution	Resolution Year				
	2021	2022	2023	2024	2025
Informal	279,412	277,084	297,400	323,891	321,599
Administrative	80,466	84,759	86,734	79,470	87,796
Conciliation	189,475	182,654	199,687	233,679	219,489
Final Desk Determinations	9,471	9,671	10,979	10,742	14,314
Formal	188,894	167,056	175,907	172,812	176,967
Hearings	166,865	144,690	153,505	152,574	156,720
Waiver Agreements	22,029	22,366	22,402	20,238	20,247
Total	468,306	444,140	473,307	496,703	498,566

CLAIM RESOLUTION BY BOARD PROCESSES IN 2025



CLAIM RESOLUTION BY BOARD PROCESSES IN 2025

Claim Resolution	Number of Resolutions	Percentage of Resolutions
Informal	321,599	64.5%
Administrative	87,796	17.6%
Conciliation	219,489	44.0%
Final Desk Determinations	14,314	2.9%
Formal	176,967	35.5%
Hearings	156,720	31.4%
Waiver Agreements	20,247	4.1%
Total	498,566	100%



Administrative includes Administrative Determinations, Administrative Closures, and Cancellations (a claim is canceled if it is determined to be a duplicate).

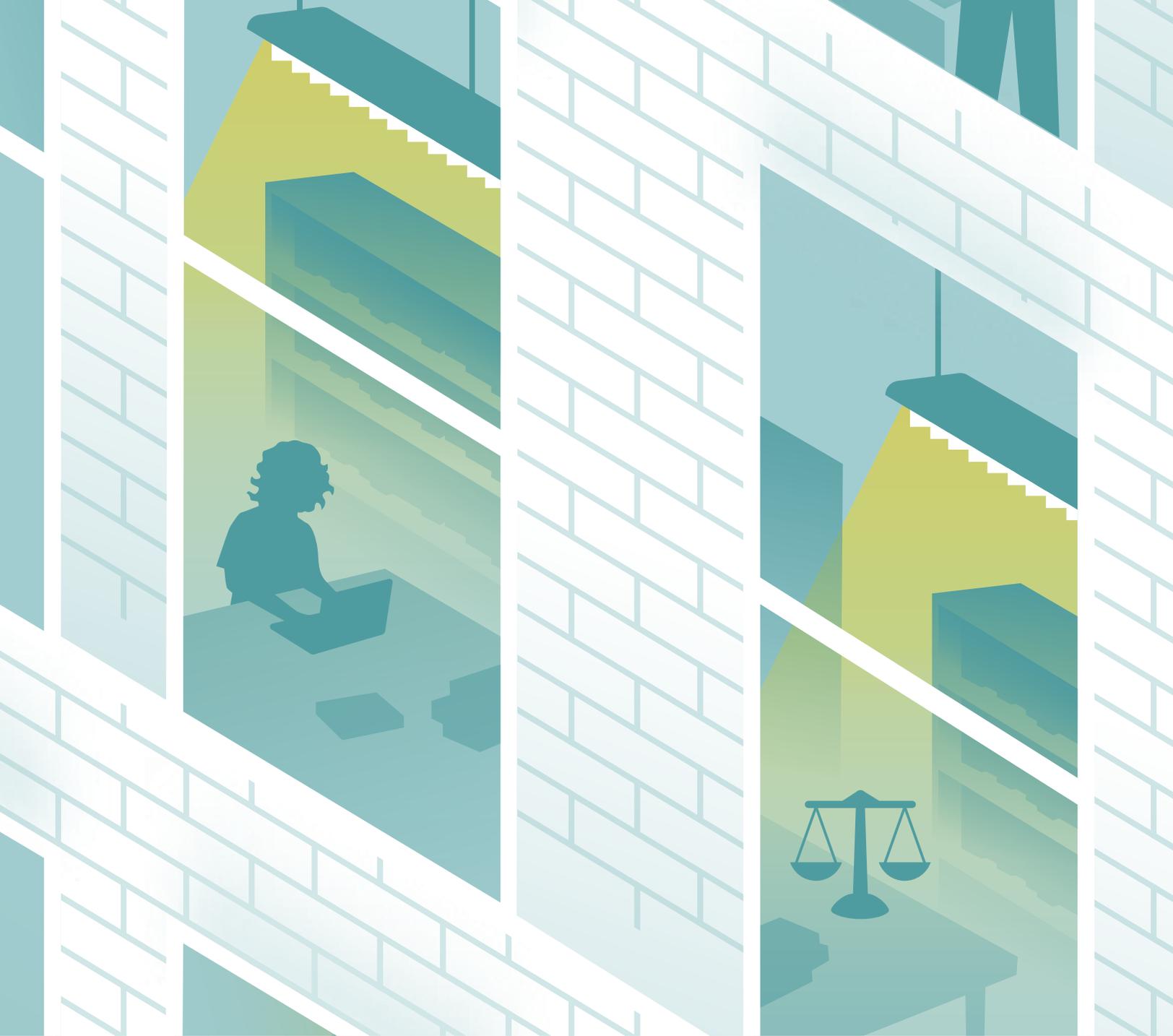
Conciliation provides an informal and prompt resolution of the claim based upon the cooperation of both parties: the injured worker and the insurance carrier/self-insured employer.

Final desk determinations reflect final desk decisions, which are identified by Board decision forms (NOSD-SL, NOSD-NSL, C67-D, C68A-D, and PD-32). The PD-32 waiver agreement has been in effect since March 1, 2016. The stipulation agreements have been in effect since November 2, 2016.

Hearings refers to claims resolved by the hearing process in which a judge has determined that no further action by the Board is necessary at the conclusion of the hearing; this includes pre-hearing conferences. Pre-hearing conferences provide a mechanism for the identification of issues and relevant evidence and permits parties of interest to assess their case and to resolve outstanding issues prior to scheduling a hearing regarding those issues. The count of hearings also includes Board Panel and Full Board Review resolutions.

Section 32 waiver agreements settle any or all issues in a claim for workers' compensation benefits, subject to the Board's approval.





ADMINISTRATIVE APPEALS



ADMINISTRATIVE APPEALS

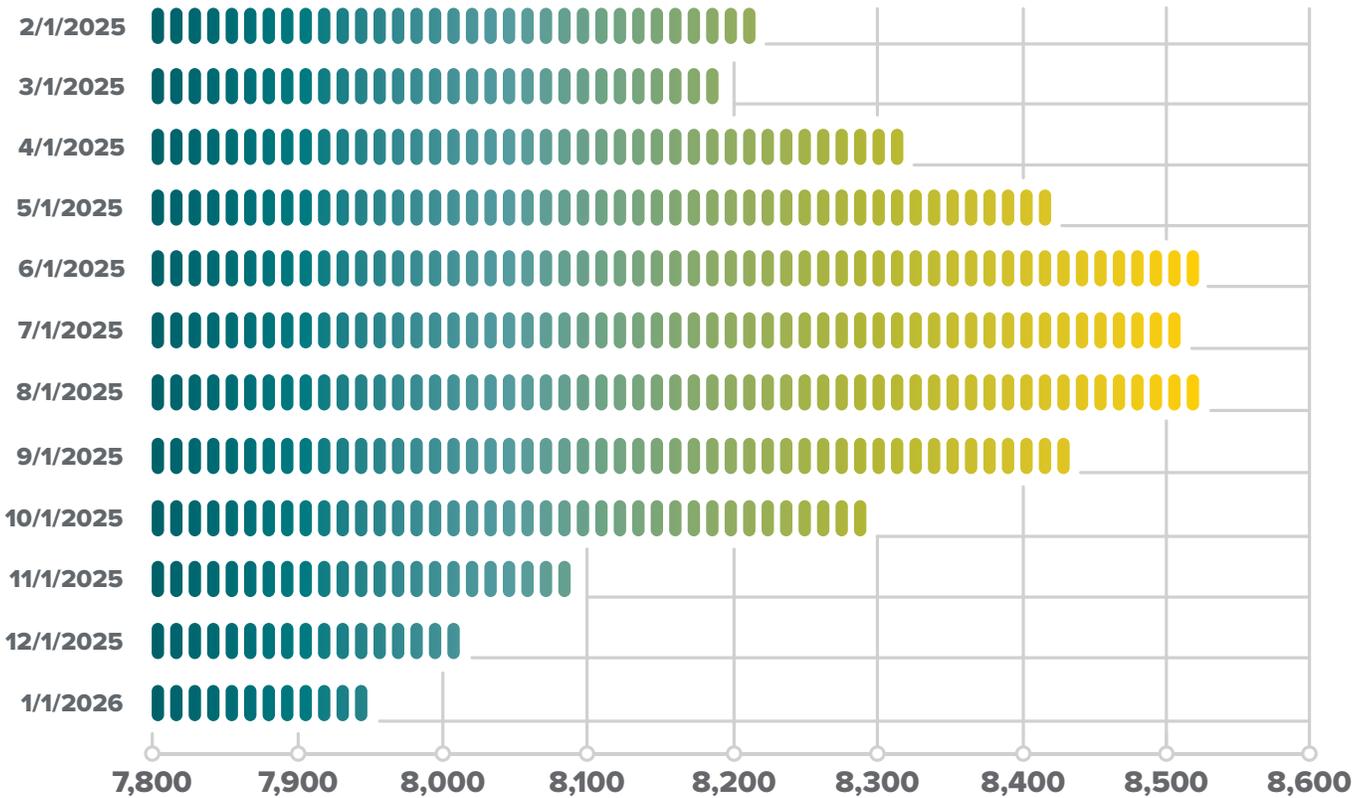
If either party disagrees with a judge's decision, they may request review of the decision by a panel of three Board members. The prompt resolution of these appealed claims has remained a focus for the Board. As of January 1, 2026, the overall inventory of appeals stood at 7,954. The Board plans to continue reducing the inventory with the addition of new staff.



7,954

APPEALED CLAIMS INVENTORY

AS OF:



Inventory

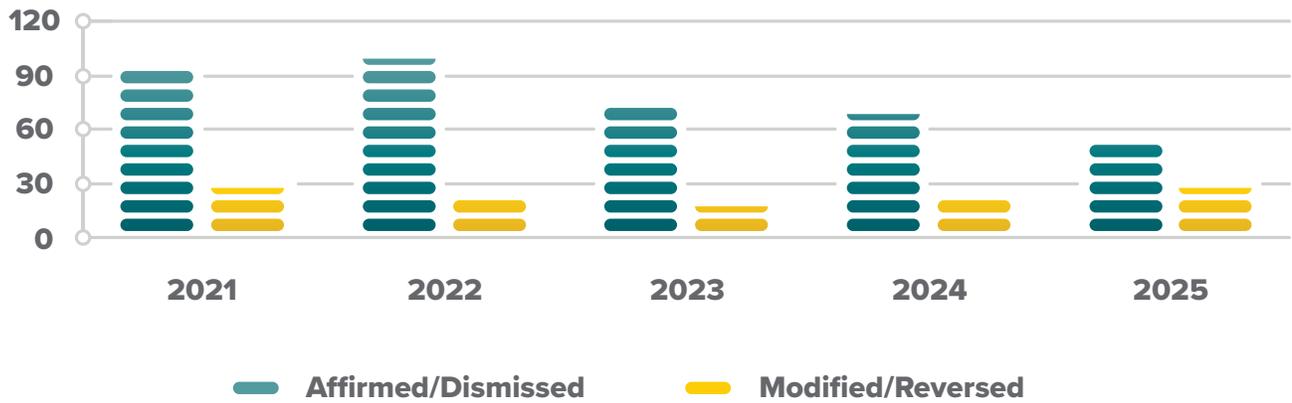
As of Date	2/1/2025	3/1/2025	4/1/2025	5/1/2025	6/1/2025	7/1/2025
Inventory	8,223	8,191	8,319	8,418	8,530	8,515
As of Date	8/1/2025	9/1/2025	10/1/2025	11/1/2025	12/1/2025	1/1/2026
Inventory	8,534	8,444	8,273	8,072	8,028	7,954

Age is measured from the application date of the administrative review. Accuracy of age depends on availability and accuracy of the "Appeal Application Date" of the claim.

ADMINISTRATIVE APPEALS

If either party disagrees with a Board panel decision, they may appeal the case to the State of New York Supreme Court, Appellate Division, Third Department. Of the 70 appeals decided by the Third Department in 2025, 70% were affirmed or dismissed, and 30% were modified or reversed.

APPELLATE DECISIONS BY YEAR FROM 2021 TO 2025



Year	Total Decisions	Modified / Reversed	Affirmed / Dismissed
2021	113	21	92
2022	113	18	95
2023	84	13	71
2024	81	15	66
2025	70	21	49



STEVEN M. SCOTTI
EXECUTIVE DIRECTOR

BOARD PROGRESS ON KEY INITIATIVES

MODERNIZING AND MOVING KEY PROCESSES ONLINE

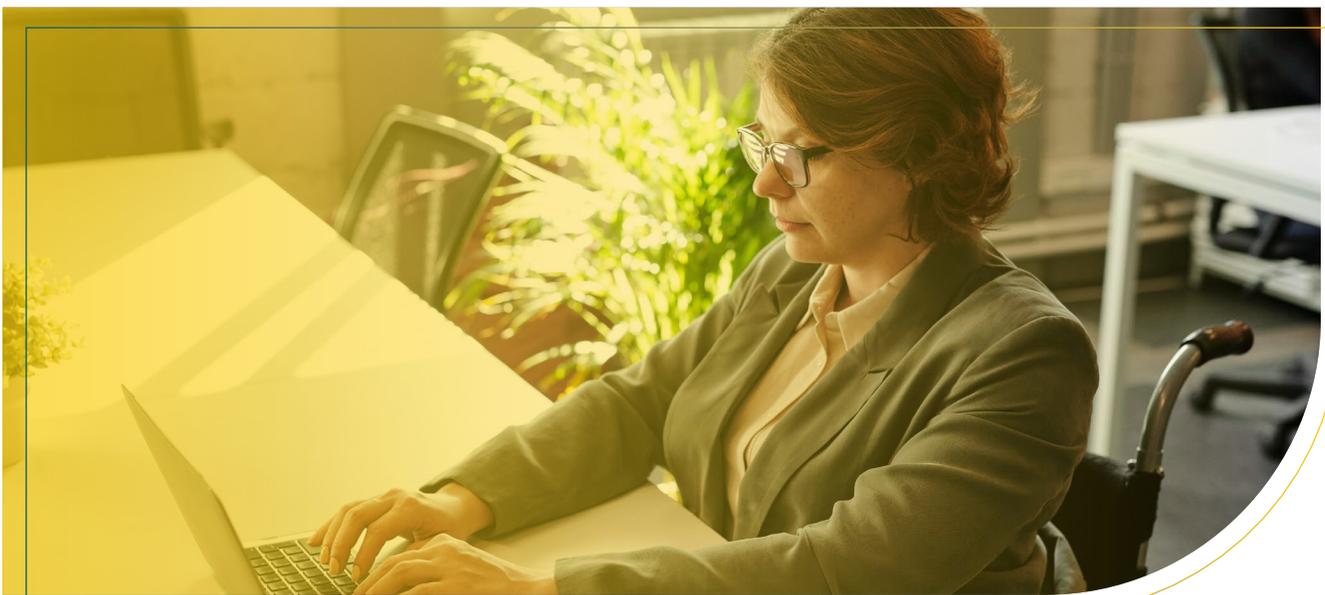
Through the multi-year OnBoard modernization program, the Board is moving New York's paper-based workers' compensation system online, making it easier for system stakeholders to interact with one another and the Board, and increasing efficiency in getting benefits to injured workers.

In May 2022, the Board launched the first phase of its new business information system, OnBoard: Limited Release (OBLR), which health care providers and payers use to submit, review, and approve prior authorization requests (PARs) for medical treatment. Providers also use it to submit requests for decisions on unpaid medical bills. In 2025, more than 907,251 PARs successfully flowed through the new system (over 40,000 more than in 2024), with the all-time count reaching over three million.

This online process is working very well. In 2025, 92% of all PARs were handled without escalation to the Board's Medical Director's Office; fewer than 1% required a hearing; and 95% of medication, durable medical equipment, special services, and behavioral health PARs were resolved within one day, with the remaining 5% of PARs resolved within two days. This is significantly expedited compared to the prior paper process.

Additionally, 108,978 **Requests for Decision on Unpaid Medical Bill(s) (Form HP-1.0)** were submitted online through OBLR in 2025. The Board continued to focus on resolving **HP-1.0s** expeditiously, ensuring prompt adjudication of medical disputes.

At the end of 2024, the Board moved the **Request for Further Action by Legal Counsel (Form RFA-1LC)** online, eliminating use of the paper form — and we saw the benefits of the transition in 2025. The new online form significantly improved the accuracy and efficiency of these filings and the Board was able to reduce the average time-to-hearing from the RFA request date by 44%.



FINDING EFFICIENCIES IN THE ADJUDICATION PROCESS

The Board works to resolve all disputes efficiently and effectively. In 2025, over 64.5% of resolutions were resolved through informal methods, with high rates of approval by all parties. Resolving disputes through informal methods where possible enables the Board to preserve calendar time for disputes that require a hearing before a Workers' Compensation Law Judge. The Board has been very successful in doing this, and getting necessary hearings scheduled more quickly. By the end of 2025, the Board was scheduling hearings, on average, within 35-37 days of receiving a request. This is 50% faster than just one year ago.

MANDATING ELECTRONIC SUBMISSION OF MEDICAL BILLS

After a year of outreach and education, the Board's mandate for health care providers to submit **CMS-1500** medical bills and related medical reports through a Board-approved electronic submission partner took effect on August 1, 2025. Electronic submission brings providers significant benefits, including faster bill payment, reduced administrative burden, increased certainty (including electronic acknowledgment of the insurer's receipt), faster identification and correction of technical errors, and quicker resubmission. Comprehensive information about the mandate, including the current listing of Board-approved electronic submission partners, is available on the Board's website at wcb.ny.gov/CMS-1500.



EDUCATING BOARD STAKEHOLDERS

To help stakeholders better understand and use Board systems, processes, and forms in the most effective manner, the Board continued its ongoing outreach and education efforts. In addition to sharing key messages and best practices to stakeholders through targeted emails, the Board's website, and social media channels, the Board also expanded its popular webinar program. In 2025, Board webinars were attended by more than 8,900 live participants (more than double the attendance in 2024), and reached additional audiences through recorded sessions posted to the Board's website. Key webinar topics included *Workers' Compensation 101 & 102*; *Protecting Yourself and Your Team: Coverage Essentials for Business*; *What Providers Need to Know*; *CMS-1500 Electronic Submission Mandate*; *NYS Paid Family Leave*; and more.

ATTRACTING PROVIDERS TO IMPROVE ACCESS TO CARE

The Board continued efforts to attract more health care providers to the system, giving injured workers more treatment options and better access to care. In 2025, the Board implemented new legislation enabling resident and fellow physicians to treat injured workers and met with several New York State health care systems to encourage provider participation. The Board also updated its **Dental Fee Schedule**, prepared updates to the Board's other medical fee schedules (proposed changes were published and made available for public comment in early January 2026), and streamlined the authorization process and related training. These enhancements make it easier for providers to understand their obligations as a Board-authorized provider and begin treating injured workers.



ENSURING PROMPT PAYMENT AND NOTIFICATION

The Board's ongoing efforts to educate payers, monitor their performance against legal time frames, and systematically penalize lapses, has resulted in insurers paying timely lost wage benefits to injured workers and timely filing of benefit suspensions.

In 2025, nine in 10 injured workers received their first benefit payment timely (within 18 days of disability or 10 days from the worker notifying the employer of an injury, whichever is later). This represents the ninth straight year of 90% timely first payments.

In instances when benefits to injured workers have been suspended, payers must file documentation within 16 days of stopping payment to an injured worker. In 2025, the Board's fourth full year of monitoring, 93.6% of Subsequent Report of Injury (SROI) suspension transactions were transmitted timely by payers, our highest number recorded.

A BETTER BOARD

IN 2025 THE BOARD ENJOYED ANOTHER YEAR OF SIGNIFICANT PROGRESS.

Substantive advances were made for injured workers and all Board stakeholders, as the Board continued delivering on its promise to be “Better for Workers, Better for Business, Better for Providers, and Better for New York.”

In 2026, the Board will continue building on these successes while preparing for upcoming legislative changes, including a new law allowing payers to provide benefits in medical-only claims for up to one year without assuming liability, an extension of a provision (21-a) currently available in indemnity claims. Additionally, the Board will implement the final phase of a statutory change to the minimum weekly benefit for injured workers, which has been increasing for the past two years and as of July 2026, will be indexed to one-fifth of the New York State Average Weekly Wage.

The OnBoard program of projects will continue, including expansion of eForm capabilities with the transition to the Board’s second eForm, the **Request for Further Action by Insurer/Employer (Form RFA-2)**. The new eForm is expected to bring significant efficiencies to the claims process, similar to those gained through the 2025 implementation of the **Request for Further Action by Legal Counsel (Form RFA-ILC)**.

Health care providers will see appropriate updates to the medical fee schedules, to make workers’ compensation reimbursement more competitive. The Board is also updating its medical treatment guidelines to reflect current best practices.

Throughout the year, the Board will continue to engage regularly with stakeholders to identify improvement areas, share best practices, and provide important information on Board and legislative initiatives.



**Workers'
Compensation
Board**

Our mission: The New York State Workers' Compensation Board protects the rights of employees and employers by ensuring the proper delivery of benefits and by promoting compliance with the law.



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