

# eForms FTP/API Registration Process

**All information must be complete and accurate.** The Board will notify the registering party of any discrepancy between the information in this registration and the Board's current records.

- **Identify your organization type:**

- Insurer Group, Insurer, Self-Insured Employer, Third Party Administrator (Payer).
  - Include the name of your organization and W or T number.
- Managed Service Provider (MSP) sending on behalf of a payer.

- **Select your method of data submission:**

- REST API (Representational State Transfer Application Program Interchange)
- SFTP (Secure File Transfer Protocol)

Note: A sender may submit using one or more methods of submission.

- If an MSP is submitting eForms on behalf of one or more payers, use the [eForms API AND SFTP Registration](#) to complete the registration process.
  - **IMPORTANT:** All senders must **provide their Federal Tax Identification Number (FEIN)**. The FEIN provided at registration will be used to validate the sender.
  - **Provide contact information for:**
    - Business Contact,
    - Technical Contact,
    - Executive Officer (someone who is authorized to execute contracts). The Board will email the Executive Officer an Electronic Partnering Agreement to be completed and returned to the Board before the sender can begin submitting eForms data to the Board.

## Web App Submission Requirement

- **Access to eCase.** Payers must [request access to eCase](#) to be able to submit an eForm. A sender must be a party of interest on the case for an eForm to be submitted.

## API Submission Requirement

- **Provide your system name.** The sender must identify the source system name for authentication purposes. This name will be used along with the Client ID and secret code to validate the sender's identity.
- **Credentials for Submission.** Upon successful registration, the following will be sent to the registered user:

- **Client ID.** This ID is linked to the payer, which will be used for case access validation.
- **Client Secret.** This is the password that will be used to get an access token by using token URL.
- **Token URL.** Using Client ID and Client Secret you will get the access token by using this URL. Use OAuth2.0 with Grant Type as Client Credentials for Authorization.
- **Access URL.** Using the above token, send the xml form by using this URL.
- **SignalR.** SignalR is a real-time messaging service that is used to send acknowledgements back to users who registered to utilize API for their eForms submissions. All senders who use API must incorporate SignalR service in their API calls in order to get notifications from the Board. Notifications will be sent after the API processing is complete, and the acknowledgement is ready. After the SignalR client is set up, the sender will have to provide the “origin” URL to the Board to have the security pass-through configured. If you have technical questions regarding this process, please send your questions to: [eForms@wcb.ny.gov](mailto:eForms@wcb.ny.gov).

### **SFTP Submission Requirement**

- **Credentials for upload.** Upon successful registration, the following will be sent to the registered user:
  - **SFTP Server URL.** This is the server information for uploading the XML files and downloading acknowledgements.
  - **Access.** Senders will need these credentials to access the SFTP server.
  - **Folder Information.** Sender will be given folder names/directory location to upload the XML files and to download the acknowledgements.
  - **XML File Naming convention.** All senders must follow the file naming convention assigned to their registered business. Incorrect file names will be rejected without being processed.

## **After Registration Has Been Submitted and Approved**

The payer’s Administrator will need to login and create necessary relationships between the payer and the MSP; payers whose claims data the sender will be submitting; and request access for web users.

Prior to submitting production eForms data, the sender will need to go through a testing phase. Visit the [eForms page](#) on the Board’s website to learn about the testing requirements.

Questions? Please email: [eForms@wcb.ny.gov](mailto:eForms@wcb.ny.gov)