

NYS WCB eClaims Needs Assessment Questionnaire

Welcome to the NYS Workers' Compensation Board's eClaims Questionnaire

The information you provide will help us better serve your organization and the entire payor community.

BEFORE YOU BEGIN

Please view the eClaims Presentation: Electronic Claims Filing Process before completing this questionnaire.

IMPORTANT

You may input information into this questionnaire until March 30, 2012. Please submit only one questionnaire for your organization.

Questions related to this questionnaire can be directed to: eclaims@wcb.ny.gov

The intent of this document is to assist organizations in preparing answers to the questionnaire. You may wish to print this out and share with others who will be providing information for the process.

- Questions marked with an asterisk are required.
- Dependent upon answers to certain questions, respondents will be directed to different sections of the questionnaire. These directions are in colored font.

This document is only for preparation purposes. The actual questionnaire must be submitted electronically using the link provided on the NYS Workers' Compensation Board's website.

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Contact Information

Note: All questions marked with an * are required before advancing to the next section.

***1. Last Name**

***2. First Name**

***3. Email Address:**

4. Contact Information

Company:

Address:

City/Town:

State:

ZIP:

Phone Number:

***5. Do you work for a Claim Administrator in the New York workers' compensation system? This includes an insurance carrier, self-insured employer, a group self-insurance administrator or a third party administrator.**

Yes

No: [If you choose this response, you do not need to continue as this questionnaire is not relevant to you at this time.](#)

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No further input is needed at this time based on your status

You will be directed to this page if you answer “no” to question 5 or “none” to question 7.

This questionnaire is targeted to stakeholders that will be impacted by electronic claims filing requirements. Based on your response you do not work for an insurance carrier, self-insured employer, a group self-insurance administrator, or a third party administrator. The initial phase of electronic claims filing will not impact you.

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Claim Administrator Information

*6. Please identify your classification as a Claim Administrator?

- National Insurance Carrier: [You will be directed to question 8](#)
- National Third Party Administrator (TPA): [You will be directed to question 7](#)
- NY Only Insurance Carrier: [You will be directed to question 8](#)
- NY Only Third Party Administrator (TPA): [You will be directed to question 7](#)
- Self-Insurer: [You will be directed to question 8](#)
- Group Self-insurance Administrator: [You will be directed to question 8](#)

Third Party Administrator Services Provided

***7. Please check the statement that best describes the type or types of services provided by your organization.**

- Our organization represents self-insured employers by providing claim administration services: [You will be directed to question 13](#)
- Our organization only represents insurance carriers and provides claim administration services: [You will be directed to question 13](#)
- Our organization represents both insurance carriers and self-insured employers by providing claim administration services: [You will be directed to question 13](#)
- Our organization serves as a third party administrator providing claim administration services for other third party administrators: [You will be directed to question 13](#)
- None of the above fully describes the scope of services we provide: [If you choose this response, you do not need to continue as this questionnaire is not relevant to you at this time.](#)

Third Party Administrator (TPA) Use

8. Does your organization use one or more Third Party Administrators (TPA) for claims handling?

- Yes, we use one TPA: [You will be directed to question 9](#)
- Yes, we use multiple TPAs: [You will be directed to question 9](#)
- No: [You will be directed to question 13](#)

TPA knowledge of IAIABC Standard

9. Is/are your TPA/s familiar with the IAIABC Standard for Claims?

- Yes, one or more are familiar
- No
- Unsure

**10. If you use multiple TPAs, how are claims distributed among those organizations?
(Check all that apply)**

- Alphabetical assignment
- Regional or geographic distribution
- By policy year issuance
- By contract period
- Other

If responding "Other", please explain:

Policyholder Reporting

11. Do your policyholders report claims directly to the TPA/s?

Yes: [You will be directed to question 12](#)

No: [You will be directed to question 13](#)

Monitoring TPA process

12. Are you able to monitor this process for statutory requirements?

Yes

No

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Data Quality and Submission Issues

13. On a scale of 1 – 5, with 1 the greatest negative impact and 5 the least negative impact, rate your ability to provide quality data and to submit that data in a timely, accurate way to a jurisdiction/s for the following issues:

	Impacts data quality	Impacts timely, accurate submissions
Poor information (data) is provided by injured workers	<input type="text"/>	<input type="text"/>
Poor information (data) is provided by employers	<input type="text"/>	<input type="text"/>
Ineffective resources to gather the necessary information (E.g. call centers, vendors)	<input type="text"/>	<input type="text"/>
Insufficient time to investigate claims	<input type="text"/>	<input type="text"/>
Workload	<input type="text"/>	<input type="text"/>

14. Does your organization self-monitor timely filing requirements?

Yes

No

In what way could we support your organization in this effort?

Electronic Data Interchange (EDI)

***15. Are you familiar with Electronic Data Interchange (EDI) claims reporting?**

Yes: [You will be directed to question 16](#)

No: [You will be directed to question 28](#)

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Current Electronic Data Interchange

***16. Are you currently submitting workers' compensation First Report of Injury (FROI) and/or Subsequent Report of Injury (SROI) reports via EDI using the IAIABC standard to another jurisdiction?**

Yes: [You will be directed to question 17](#)

No: [You will be directed to question 28](#)

EDI Data Transmission

17. Which IAIABC release/s are you using? (Check all that apply)

Release 1.0

Release 2.0

Release 3.0

18. How do you submit IAIABC FROI/SROI? (Click all that apply)

Submit Flat Files Directly to Jurisdiction

Submit Flat Files to a Vendor

Submit FROI/SROI via Vendor Web Application

Submit FROI/SROI via Jurisdiction Web Application

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IAIABC EDI Implementation Strategy

Based on your experience, consider the strategies followed by other jurisdictions when implementing the IAIABC EDI claims standard and respond to the following questions.

Note: all questions are related to the submission of **non-medical** claims data.

19. Can your organization support sending the NYS Workers' Compensation Board's FROI/ SROI data for new claims starting from a defined mandate date?

Yes

No

20. Can your organization support sending FROI/ SROI data for active existing claims (also referred to as legacy or historical) with relaxed requirements for FROI data elements at the same time you are sending data for new claims?

Yes

No

Comments?

21. What have been the most significant challenges for your organization in implementing an EDI requirement?

22. Would you be interested in submitting FROI/SROI data in an extensible mark-up language (XML) format?

Yes

No

Comments?

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Readiness to Implement

Please answer the following questions based on past implementation experiences with other jurisdictions.

23. What do you need from New York State to assist your organization in transitioning to an EDI standard? (Check all that apply)

- Training
- Updates published on NYS WCB's website
- E-mail notifications of updates and official communications related to this mandate
- An e-mail address for technical questions
- An e-mail address for business questions

Are there other technical or business needs to address?

24. Considering the current volume of claims you submit to the NYS Workers' Compensation Board and your past implementation experience with other jurisdictions, how quickly will you be able to test with the Board once the NYS Data Requirements Tables are published?

- 3 - 6 months
- 7 - 9 months
- 10 - 12 months
- Unsure

Vendors for FROI/SROI Submissions

Please provide the names of the vendors you use to submit FROI/SROI data.

25. Vendor 1: please fill in all fields

Vendor Name:	<input type="text"/>
Company Contact:	<input type="text"/>
Contact Number:	<input type="text"/>
E-mail Address:	<input type="text"/>

26. Vendor 2: please fill in all fields

Vendor Name:	<input type="text"/>
Company Contact:	<input type="text"/>
Contact Number:	<input type="text"/>
E-mail Address:	<input type="text"/>

27. Vendor 3: please fill in all fields

Vendor Name:	<input type="text"/>
Company Contact:	<input type="text"/>
Contact Number:	<input type="text"/>
E-mail Address:	<input type="text"/>

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Employer Support and Communication

28. Does your organization provide support to employers for the reporting of claims?

	Available	Captures same info as NYS C-2 form
A web-based application	<input type="checkbox"/>	<input type="checkbox"/>
Call center	<input type="checkbox"/>	<input type="checkbox"/>

29. How does your organization communicate jurisdiction requirements to employers/ policyholders? (Check all that apply)

- Mass mailings
 - Periodic (monthly/ quarterly/ annual newsletters)
 - With policy renewals
 - Rely on agents and brokers to communicate requirements
 - Do not have a regular method of communication
- Other (please specify)

Linkages to the Board

30. Is your organization currently registered to receive e-mail notification of Board Bulletins and Subject Numbers?

- Yes
- No
- Unsure

31. Check all of the NYS Workers' Compensation Board's web applications that you currently access:

- e-Case
- Electronic claims forms
- Proof of Coverage - WC
- IC Inquiry

Training

The Workers' Compensation Board plans to develop training programs to instruct Claim Administrators on the new jurisdiction requirements.

32. Check all the training delivery methods that would assist your organization in this transition:

- Webinars
- Recorded and on-line training programs available 24/7
- In-person sessions with jurisdiction trainers
- Fact sheets, bulletins, desk/job aids

33. Have you identified specific business and/or technical requirements training needs? If so, please explain what those are:

Industry Representation

34. We are creating eClaims workgroups with industry representatives. Would you or someone in your organization like to participate in a workgroup?

Yes

No

35. Is that representative you?

Yes: [You will be directed to the end of the questionnaire](#)

No: [You will be directed to question 36](#)

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Names for Workgroup/s

Please identify the names of people from your organization to contact for industry representative workgroup/s. You may include up to two names.

Note: if you submit two names, it is preferable that one is from Claims and the other from Information Technology.

36. Contact Person #1

Last name	<input type="text"/>
First name	<input type="text"/>
Title	<input type="text"/>
Organization name	<input type="text"/>
Street Address	<input type="text"/>
City	<input type="text"/>
State	<input type="text"/>
Zip Code	<input type="text"/>
Email Address	<input type="text"/>
Phone number with area code	<input type="text"/>

37. Contact Person #2

Last name	<input type="text"/>
First name	<input type="text"/>
Title	<input type="text"/>
Organization name	<input type="text"/>
Street Address	<input type="text"/>
City	<input type="text"/>
State	<input type="text"/>
Zip Code	<input type="text"/>
Email Address	<input type="text"/>
Phone number with area code	<input type="text"/>

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Questionnaire End

If you have completed all your responses and are ready to submit, click the NEXT button and then click DONE on the "Thank You" page. Your questionnaire will be final at this point.

If you wish to continue to work on your responses, click on the EXIT THIS SURVEY button in the upper right corner of this page. Your responses will not be submitted.

Thank you for participating

Thank you for taking the time to respond to this questionnaire.

