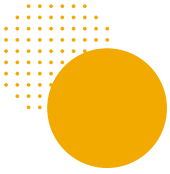# RFA-1LC Electronic Submission Mandate

## Electronic Submission Methods

# AGENDA

1 **Introductions**

2 **Overview**

3 **RFA-1LC Electronic Redesign**

4 **Technical Overview**

5 **eForm Data Requirements**

6 **Draft XML Submission Example**

7 **Next Steps**

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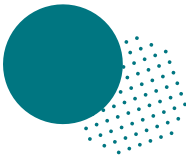
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OnBoard Technical Lead

# Overview

# eForms – RFA-1LC transaction submission

**11/02/2023: Subject Number 046-1636 announced mandate of the electronic submission of the *Request for Further Action by Legal Counsel (Form RFA-1LC)* starting in late 2024, with the following electronic options:**

## eForms Web App

Users submit eForm via eCase.

## eForms REST API

Organizations can submit electronically using our REST API.

## sFTP Process

Organizations can use our file-based Secure File Transfer Protocol (sFTP) to submit multiple RFA-1LC transactions in a single XML file.

# Benefits of electronic submission

- **Improved efficiencies, faster processing**

- **Improved user experience via guided form submission**

- **Near real-time feedback on submissions & immediate placement into case folder**

- **Benefits the injured worker**
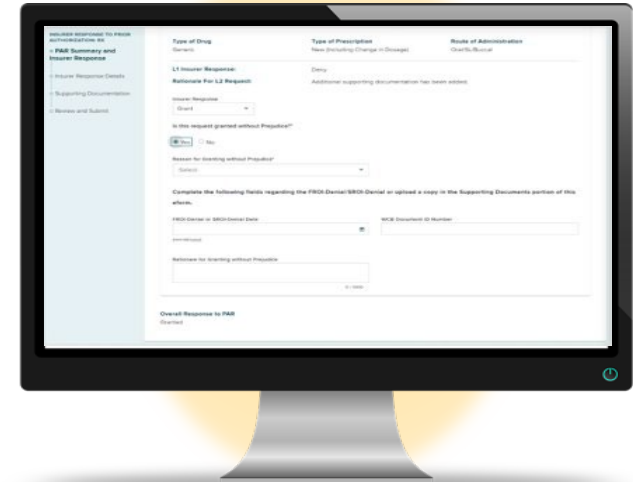
# *RFA-1LC* Electronic Redesign

# eForms – *RFA-1LC* categories and request reasons

## ▼ Compensation

- ○ Claimant is not working and not receiving payments
- ○ Claimant has not been paid properly for lost time (current or past payments)
- ○ Claimant, Attorney, or Licensed Representative has not been paid per decision or was paid late
- ○ Payments need to be adjusted based on average weekly wage (AWW)
- ○ Claimant has concurrent employment
- ○ Claimant is entitled to reduced earnings
- ○ Claimant was convicted and has been released from incarceration (payments should resume)

## ▼ Medical

- ○ Claimant has raised a body part/condition that is (a) in dispute, or (b) not accepted on a First Report of Injury (FROI), or (c) that should be added to an established case
- ○ Prior Authorization Request (PAR) was denied or granted in part by the Insurer
- ○ Prior Authorization Request (PAR) was denied or granted in part by the Medical Director's Office (MDO)
- ○ Claimant is at maximum medical improvement and agrees with insurer's IME permanency report or has obtained their own IME permanency report
- ○ Medical and transportation reimbursement request has been denied by Insurer or has not been responded to within 60 calendar days
- ○ Claimant is classified and has a change in condition
- ○ Request for authorization of non-medical devices or services that fall outside the Prior Authorization Request(PAR) process

## ▼ Other

- ○ Claim is controverted and claimant did not attend or was not ready to proceed at the last hearing
- ○ Claimant has discontinued or settled a lawsuit pertaining to this case
- ○ Request preclusion of medical report(s)
- ○ Request to Update Employer, Insurer, TPA information, and/or Date of Injury

# eForms – *RFA-1LC* example

Request Reason: Claimant is not working and not receiving payments.

- Provide a payment reason, either "Payments were suspended and should be reinstated" or "Payments have not been made to date."

- Provide the degree of disability and begin/end dates.

- Is continuing payment requested?  Y/N

- Is an expedited 45-day hearing needed? Y/N

# Technical Overview

# eForms – *RFA-1LC* transaction submission

## eForms Web App

Users can submit *RFA-1LC* form data electronically using the eForms web application by signing into the eCase application. eCase will be the entry point to the eForms application.
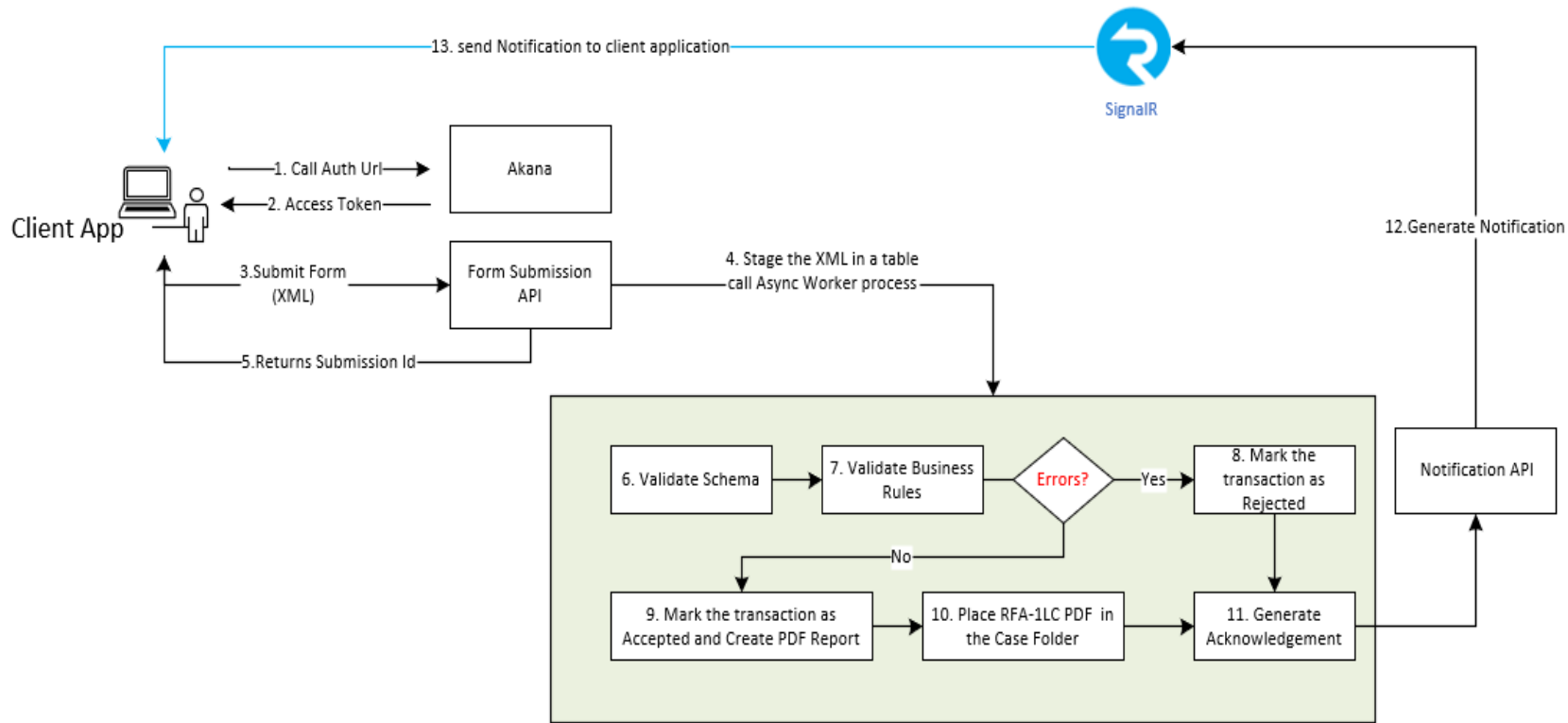
## eForms REST API

Organizations can submit *RFA-1LC* form data using our REST API. This method can be used to submit a single, real-time transaction through an automated transfer of the *RFA-1LC* form XML data to WCB.

## sFTP Process

Organizations can use our sFTP platform to submit multiple *RFA-1LC* form transactions in a single XML file.
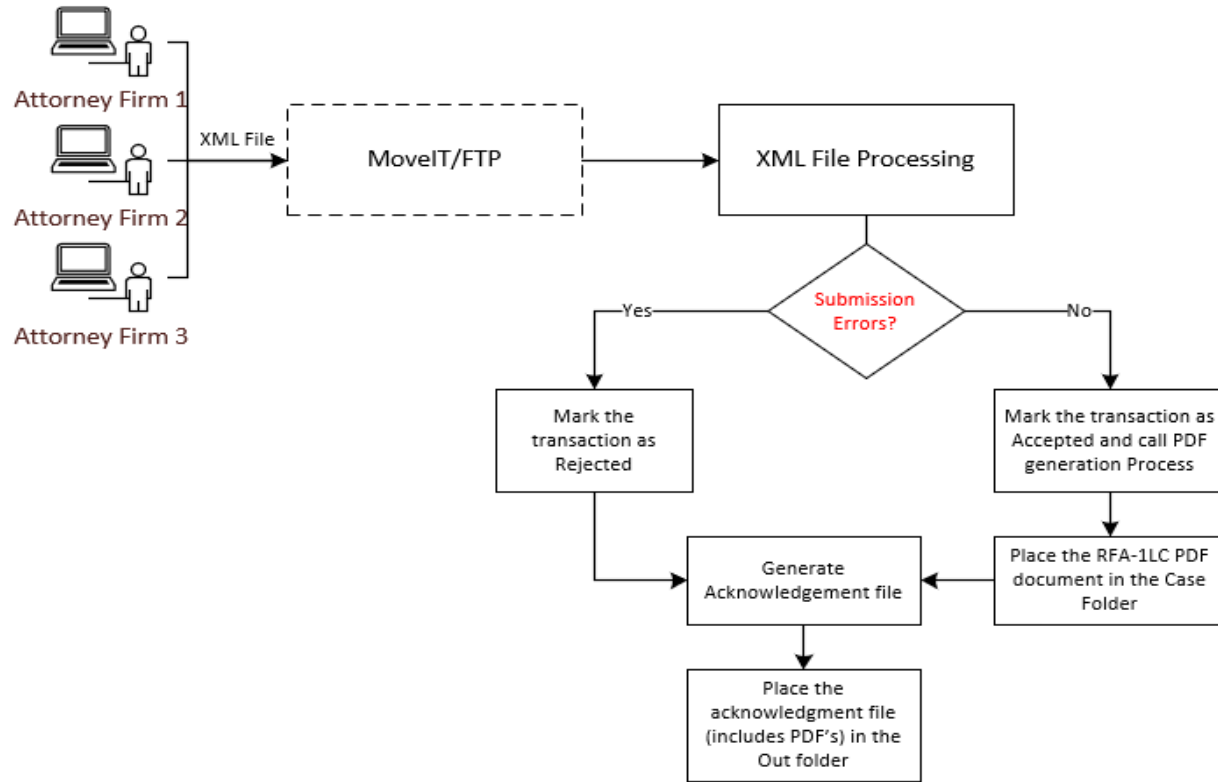
# *RFA-1LC* form submission – eForms REST API

# *RFA-1LC* form submission – eForms REST API

- **Requirements:**

  - Register with WCB to get access to eForms REST API.

  - Complete series of test scenarios (in test environment) to finalize production access.

- **Organization's client application submits RFA-1LC transaction in XML format.**

- **Transaction accepted following validation; API generates the case folder RFA-1LC PDF document as part of acknowledgement.**

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

- **Acknowledgement with Rejected/Accepted status through SignalR notifications. (Documentation will be provided.)**

# *RFA-1LC* form submission – SFTP process

# *RFA-1LC* form submission – sFTP process

- **Requirements:**

  - Register with WCB to get 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.**

- **WCB processes all submissions contained in the uploaded XML files, including an XML schema validation as well as functional validation checks.**

- **If the transaction passes all validation checks, the system marks it as Accepted. If the transaction does not pass all validation checks, it is marked as Rejected.**

- **For each XML file submitted, a corresponding XML acknowledgement file is created and stored on our sFTP server and contains acceptance/rejection status for each transaction and the RFA-1LC case folder PDF for each accepted transaction.**

# eForm Data Requirements

# eForm data requirements

| | Business Name | XML Name | Rule | Error Code | Error | Schema Validate | Element Error Text |
|---|---|---|---|---|---|---|---|
| 1 | | | | | | | |
| 2 | Event Code | EventCode | Must be equal to 'RFA-1LC'. | 1008 | Invalid code | | Invalid code. Must be equal to 'RFA-1LC'. |
| 3 | Reason Code | ReasonCode | Must contain values listed in the "List of Valid Values" tab. | 1008 | Invalid code | | Invalid code. Must contain values listed in the "List of Valid Values" tab. |
| 4 | Reason Code Category | ReasonCodeCategory | Must contain values listed in the "List of Valid Values" tab. | 1008 | Invalid code | | Invalid code. Must contain values listed in the "List of Valid Values" tab. |
| 5 | WCB Case ID | 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). | 1002 | Invalid format | | Invalid Case Number. Must be @@###### with # = 0-9 and @ = A-Z or 0-9. |
| 6 | WCB Case ID | WCBCaseID | 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 | | Match data value not consistent with value listed on Board's case. Is in WCB Case format but no data element match found. Check eCase. |
| 7 | Transaction Sequence Number | TransactionSequenceNumber | Must be unique number. Sequence number for submitted transactions. | 1004 | Must be unique | | Not a unique sequence number. |
| 8 | Date of Injury | <DateOfInjury> | Must be in valid format of YYYY-MM-DD. | 1002 | Invalid format | | Must be in valid format of YYYY-MM-DD. |
| 9 | Date of Injury | <DateOfInjury> | Must match valid date fields from CIS. | 1003 | Corresponding data not found | | Must match valid date fields from CIS. |
| 10 | Date of Injury Month | DoiMonth | Two digits (01, 12, etc.) Use 00 if unknown. | 1015 | Must be valid content | | Must be two digits (00, 12, etc.) Use 00 if unknown. |
| 11 | Date of Injury Day | DoiDay | Two digits (01, 31, etc.) Use 00 if unknown. | 1015 | Must be valid content | | Must be two digits (00, 31, etc.) Use 00 if unknown. |
| 12 | Date of Injury Year | DoiYear | Four digits (1990, 2001, etc.) Use 0000 if unknown. | 1015 | Must be valid content | | Invalid content. Must be four digits (1990, 2001, etc.) Use 0000 if unknown. |
| 13 | | </DateOfInjury> | | | | | |
| 14 | Claimant Reduced Earning Status | ClaimantReducedEarningStatus | Must contain values listed in the "List of Valid Values" tab. | 1008 | Invalid code | | Invalid value. Must contain values listed in the "List of Valid Values" tab. |

Instructions | Change Log | List of Valid Values | **Element Rules** | Schema Elements | Element Requirement Conditions | Body Part Values | ...

# Draft XML Submission Example

# Example of XML submission

Case ID: 55555565

Name: Johnny Appleseed

DOI: 7/23/1990

Reason: Claimant is not working and not receiving payments

Payment status: "payments were suspended and should be reinstated"

| From | To | Degree of Disability |
|------|-----|---------------------|
| 8/1/2023 | 8/15/2023 | 100% |
| 8/15/2023 | 10/24/2023 | 75% |
| CCP | Yes | |
| Expedited hearing | No | |

Additional Proposed Findings: No

Reference doc ID: 985247514, Form Id MED-NARR, Received date 7/1/2023

# Sample XML and XSD files

Sample XML

```xml
<?xml version="1.0" encoding="utf-8"?>
<eForms>
    <Header>
        <APIHeader>
            <Submitter>clientIdGoesHere</Submitter>
            <Name>Test Firm Name</Name>
        </APIHeader>
    </Header>
    <Events>
        <EventCode code="RFA-1LC">
            <TransactionSequenceNumber>123456</TransactionSequenceNumber>
            <WCBCaseID>55555565</WCBCaseID>
            <DateOfInjury>
                <DoiMonth>07</DoiMonth>
                <DoiDay>23</DoiDay>
                <DoiYear>1990</DoiYear>
            </DateOfInjury>
            <AttestationConfirmationCode>Y</AttestationConfirmationCode>
            <AttorneyLicensedRepFirstName>Joe</AttorneyLicensedRepFirstName>
            <AttorneyLicensedRepLastName>Representative</AttorneyLicensedRepLastName>
            <AttorneyLicensedRepRnum>R123456</AttorneyLicensedRepRnum>
            <AttorneyLicensedRepPhone>8005551212</AttorneyLicensedRepPhone>
            <AttorneyLicensedRepPhoneExt>242</AttorneyLicensedRepPhoneExt>
            <Reasons>
                <Reason index="1">
                    <ReasonCode>CNW</ReasonCode>
                    <ReasonCodeCategory>C</ReasonCodeCategory>
                    <PaymentStatus>PS</PaymentStatus>
                    <AwardPeriods>
                        <AwardPeriod index="1" >
                            <DisabilityPercentage>100</DisabilityPercentage>
                            <DisabilityFromDate>2023-08-01</DisabilityFromDate>
                            <DisabilityToDate>2023-08-15</DisabilityToDate>
                        </AwardPeriod>
                        <AwardPeriod index="2">
                            <DisabilityPercentage>75</DisabilityPercentage>
                            <DisabilityFromDate>2023-08-15</DisabilityFromDate>
```

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="10">
                                <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="YesNo"/>
                                        <xs:element name="AttorneyLicensedRepFirstName" type="NameType"/>
                                        <xs:element name="AttorneyLicensedRepLastName" type="NameType"/>
                                        <xs:element name="AttorneyLicensedRepRnum" type="nonEmptyString"/>
                                        <xs:element name="AttorneyLicensedRepPhone" type="TenDigitType"/>
                                        <xs:element name="AttorneyLicensedRepPhoneExt" type="PhoneExtType" minOccurs="0"/>
                                        <xs:element name="Reasons" type="ReasonType" />
                                        <xs:element name="SupportingDocuments" type="SupportingDocumentsType" minOccurs="0"/>
                                        <xs:element name="AdditionalProposedFinding" type="ProposedFindingType" minOccurs="0"/>
                                        <xs:element name="Certification" type="CertificationType" minOccurs="0"/>
                                        <xs:element name="VirtualHearingIndicator" type="YesNo" minOccurs="0"/>
                                    </xs:sequence>
                                    <xs:attribute name="code" type="EventCd" use="required" />
                                </xs:complexType>
                            </xs:element>
                        </xs:sequence>
                    </xs:complexType>
                </xs:element>
            </xs:sequence>
        </xs:complexType>
    </xs:element>
</xs:schema>
```

# Example of XML mapping

```xml
<Events>
    <EventCode code="RFA-1LC">
        <TransactionSequenceNumber>123456</TransactionSequenceNumber>
        <WCBCaseID>55555565</WCBCaseID>
        <DateOfInjury>
            <DoiMonth>07</DoiMonth>
            <DoiDay>23</DoiDay>
            <DoiYear>1990</DoiYear>
        </DateOfInjury>
        <AttestationConfirmationCode>Y</AttestationConfirmationCode>
        <AttorneyLicensedRepFirstName>Joe</AttorneyLicensedRepFirstName>
        <AttorneyLicensedRepLastName>Representative</AttorneyLicensedRepLastName>
        <AttorneyLicensedRepRnum>R123456</AttorneyLicensedRepRnum>
        <AttorneyLicensedRepPhone>8005551212</AttorneyLicensedRepPhone>
        <AttorneyLicensedRepPhoneExt>242</AttorneyLicensedRepPhoneExt>
        <Reasons>
            <Reason index="1">
                <ReasonCode>CNW</ReasonCode>
                <ReasonCodeCategory>C</ReasonCodeCategory>
                <PaymentStatus>PS</PaymentStatus>
                <AwardPeriods>
                    <AwardPeriod index="1" >
                        <DisabilityPercentage>100</DisabilityPercentage>
                        <DisabilityFromDate>2023-08-01</DisabilityFromDate>
                        <DisabilityToDate>2023-08-15</DisabilityToDate>
                    </AwardPeriod>
                    <AwardPeriod index="2">
                        <DisabilityPercentage>75</DisabilityPercentage>
                        <DisabilityFromDate>2023-08-15</DisabilityFromDate>
                        <DisabilityToDate>2023-10-26</DisabilityToDate>
                    </AwardPeriod>
                </AwardPeriods>
                <DisabilityContinuingPaymentIndicator>Y</DisabilityContinuingPaymentIndicato
                <ExpeditedHearingRequested>N</ExpeditedHearingRequested>
            </Reason>
        </Reasons>
        <SupportingDocuments>
            <ReferencedDocuments>
                <ReferencedDocument index="1">
                    <ReferenceDocumentId>985247514</ReferenceDocumentId>
                    <ReferenceFormId>MED-NARR</ReferenceFormId>
                    <ReferenceDocumentReceivedDate>2023-07-01</ReferenceDocumentReceivedDate
                </ReferencedDocument>
            </ReferencedDocuments>
        </SupportingDocuments>
        <AdditionalProposedFinding>
            <AdditionalProposedFindingNO>Y</AdditionalProposedFindingNO>
        </AdditionalProposedFinding>
```

## Example of XML submission

Case ID: 55555565

Name: Johnny Appleseed

DOI: 7/23/1990

Reason: Claimant is not working and not receiving payments

Payment status: "payments were suspended and should be reinstated"

| From | To | Degree of Disability |
|------|-----|---------------------|
| 8/1/2023 | 8/15/2023 | 100% |
| 8/15/2023 | 10/24/2023 | 75% |
| CCP | Yes | |
| Expedited hearing | No | |

Additional Proposed Findings: No

Reference doc ID: 985247514, Form Id MED-NARR, Received date 7/1/2023

# List of valid values

```xml
<Events>
    <EventCode code="RFA-1LC">
        <TransactionSequenceNumber>123456</TransactionSequenceNumber>
        <WCBCaseID>55555565</WCBCaseID>
        <DateOfInjury>
            <DoiMonth>07</DoiMonth>
            <DoiDay>23</DoiDay>
            <DoiYear>1990</DoiYear>
        </DateOfInjury>
        <AttestationConfirmationCode>Y</AttestationConfirmationCode>
        <AttorneyLicensedRepFirstName>Joe</AttorneyLicensedRepFirstName>
        <AttorneyLicensedRepLastName>Representative</AttorneyLicensedRepLastName>
        <AttorneyLicensedRepRnum>R123456</AttorneyLicensedRepRnum>
        <AttorneyLicensedRepPhone>8005551212</AttorneyLicensedRepPhone>
        <AttorneyLicensedRepPhoneExt>242</AttorneyLicensedRepPhoneExt>
        <Reasons>
            <Reason index="1">
                <ReasonCode>CNW</ReasonCode>
                <ReasonCodeCategory>C</ReasonCodeCategory>
                <PaymentStatus>PS</PaymentStatus>
                <AwardPeriods>
                    <AwardPeriod index="1" >
                        <DisabilityPercentage>100</DisabilityPercentage>
                        <DisabilityFromDate>2023-08-01</DisabilityFromDate>
                        <DisabilityToDate>2023-08-15</DisabilityToDate>
                    </AwardPeriod>
                    <AwardPeriod index="2">
                        <DisabilityPercentage>75</DisabilityPercentage>
                        <DisabilityFromDate>2023-08-15</DisabilityFromDate>
                        <DisabilityToDate>2023-10-26</DisabilityToDate>
                    </AwardPeriod>
                </AwardPeriods>
                <DisabilityContinuingPaymentIndicator>Y</DisabilityContinuingPaymentIndicator>
                <ExpeditedHearingRequested>N</ExpeditedHearingRequested>
            </Reason>
        </Reasons>
        <SupportingDocuments>
            <ReferencedDocuments>
                <ReferencedDocument index="1">
                    <ReferenceDocumentId>985247514</ReferenceDocumentId>
                    <ReferenceFormId>MED-NARR</ReferenceFormId>
                    <ReferenceDocumentReceivedDate>2023-07-01</ReferenceDocumentReceivedDate>
                </ReferencedDocument>
            </ReferencedDocuments>
        </SupportingDocuments>
        <AdditionalProposedFinding>
            <AdditionalProposedFindingNO>Y</AdditionalProposedFindingNO>
        </AdditionalProposedFinding>
```

| Data Element | List of Values | | | |
|---|---|---|---|---|
| Reason Code | CNW<br><br>Compensation - Claimant is not working and not receiving payments | CVW<br><br>Compensation - Volunteer firefighter/ambulance worker: Claimant is disabled and not receiving payments | CNP<br><br>Compensation - Claimant has not been paid properly for lost time (current or past payments) | CAN<br><br>Compensa<br>Licensed R<br>per decisio |
| Reason Code Category | C<br><br>Compensation | M<br><br>Medical | O<br><br>Other | |
| Payment Status Code | PS<br><br>Payments were suspended and should be reinstated | PN<br><br>Payments have not been issued and should begin | | |
| Form ID | AFF-1<br><br>AFF-1 - Affidavit for Death Benefits | BIRTH-CERT<br><br>BIRTH-CERT - Birth Certificate | C-4.3<br><br>C-4.3 - Doctor's Report of MMI/Permanent Impairment | C-62<br><br>C-62 - Clai |
| Proposed Finding Award Period Designation Code | HIA<br><br>Held in Abeyance | NCLT<br><br>No Compensable Lost Time | NLT<br><br>No Lost Time | NME<br><br>No Medica |
| AWW Calculation Method Code | FRSR<br><br>Per First Report of Injury (FROI)/Second Report of Injury (SROI) | P260<br><br>Per payroll using 260 multiple | P300<br><br>Per payroll using 300 multiple | P200<br><br>Per payrol |
| Certification Code | NOST<br><br>I have discussed the reason(s) selected with the opposing party(ies) or its representative(s) and no settlement could be reached | NORS<br><br>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 | | |
| Closing Statement or Discontinued Lawsuit Code | CSCL<br><br>Closing statement and consent letter | SDCL<br><br>Stipulation of discontinuance and consent letter | CSNP<br><br>Closing statement and nunc pro tunc order | SDNP<br><br>Stipulatio<br>tunc order |
| Disability | CSPC | CPTF | DNDA | DATP |

Instructions | Change Log | **List of Valid Values** | Element Rules | Schema Elements | EDI | Element Requirement Conditions | Body Part Values | ...

# Mandatory sections of XML

```
<SupportingDocuments>
    <UploadedDocuments>
        <UploadedDocument index="1">
            <UploadFormId></UploadFormId>
            <UploadDocumentFormName></UploadDocumentFormName>
            <UploadFileName></UploadFileName>
            <UploadHealthCareProviderName></UploadHealthCareProviderName>
            <UploadServiceDate></UploadServiceDate>
            <UploadFileSize></UploadFileSize>
            <UploadDocumentDescription></UploadDocumentDescription>
            <UploadSupportingDocumentImage></UploadSupportingDocumentImage>
        </UploadedDocument>
    </UploadedDocuments>
    <ReferencedDocuments> …
    </ReferencedDocuments>
</SupportingDocuments>
<AdditionalProposedFinding>
    <AdditionalProposedFindingNO></AdditionalProposedFindingNO>
    <AdditionalProposedFindingANCR></AdditionalProposedFindingANCR>
    <AdditionalProposedFindingBodyParts> …
    </AdditionalProposedFindingBodyParts>
    <AdditionalProposedFindingAWW></AdditionalProposedFindingAWW>
    <EstablishAwwResultInAdjustmentIndicator></EstablishAwwResultInAdjustmentIndicator>
    <EstablishAWWConcurrentEmployment></EstablishAWWConcurrentEmployment>
    <EstablishAWWPrimaryEmployerDollarAmount></EstablishAWWPrimaryEmployerDollarAmount>
    <EstablishAWWCalculationMethod></EstablishAWWCalculationMethod>
    <EstablishAWWCalculationMethodOther></EstablishAWWCalculationMethodOther>
    <AdditionalProposedFindingAwardLostWageBen></AdditionalProposedFindingAwardLostWageBen>
    <ALWBContinuingPaymentIndicator></ALWBContinuingPaymentIndicator>
    <AdditionalProposedFindingAwardPeriods> …
    </AdditionalProposedFindingAwardPeriods>
    <AdditionalProposedFindingAttorneyFeeReq></AdditionalProposedFindingAttorneyFeeReq>
</AdditionalProposedFinding>
<Certification>
    <CertificationCode></CertificationCode>
    <DiscussPersonContactedFirstName></DiscussPersonContactedFirstName>
    <DiscussPersonContactedLastName></DiscussPersonContactedLastName>
    <DiscussPersonContactedOrganizationName></DiscussPersonContactedOrganizationName>
    <DiscussPersonContactedDate></DiscussPersonContactedDate>
    <AttemptedCertificationContacts> …
    </AttemptedCertificationContacts>
</Certification>
<VirtualHearingIndicator></VirtualHearingIndicator>
/EventCode>
```

All supporting documents must be included in the XML in base64 string.

Additional proposed findings section must be completed for each submission.

Each RFA-1LC must be certified by completing the certification section of the XML.

NYS Workers' Compensation Board

# Acknowledgement XML

```xml
<?xml version="1.0" encoding="utf-8"?>
<eForms>
    <Header>
        <APIHeader>
            <SenderFEIN />
            <SenderPOI />
            <SubmitDate />
        </APIHeader>
    </Header>
    <Events>
        <EventCode code="RFA-1LC">
            <WCBCaseID />
            <TransactionSequenceNumber/>
            <SubmissionId/>
            <SubmissionStatus/>
            <FormImage/>
            <Errors>
                <Error>
                    <FileErrorIndicator/>
                    <ReasonCode/>
                    <DataElementName/>
                    <ErrorCode/>
                    <ErrorText/>
                    <ErrorDescription/>
                    <ErrorSegmentIndex/>
                    <ErrorSegmentChildIndex/>
                </Error>
            </Errors>
        </EventCode>
    </Events>
</eForms>
```

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 was accepted or rejected.

If accepted, RFA-1LC pdf file will be embedded as base64 string in the return XML.

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

# Next Steps

# Next steps – API/sFTP

- **RFA-1LC go-live late 2024**

  - Decision to use sFTP or REST API

  - WCB will post technical instructions & documentation

  - Beta testing summer 2024

  - Prep application based on WCB documentation

  - Work within test windows to validate submissions

# Questions?

OnBoard@wcb.ny.gov