



**Workers'
Compensation
Board**

ONBOARD

OnBoard: Limited Release for Claimant and Insurer Attorneys

Agenda

1. OnBoard: Limited Release (OBLR) Overview
2. OBLR Phases Information
3. Information for Claimant and Insurer Attorneys
4. Q&A



Prior Authorization Requests (PARs) in OBLR

- Digitize and streamline the PAR process for the following requests:

New PAR Name	Current Process
MTG Confirmation*	<i>Attending Doctor's Request for Optional Prior Approval and Carrier's/Employer's Response (Form MG-1)</i>
MTG Variance	<i>Attending Doctor's Request for Approval of Variance and Carrier's Response (Form MG-2)</i>
MTG Special Services	Includes 13 procedures and second or subsequent procedures related to the Board's <i>New York Medical Treatment Guidelines (MTGs)</i> on the <i>Attending Doctor's Request for Authorization and Carrier's Response (Form C-4 AUTH)</i>
Non-MTG Over \$1,000	Includes any treatment/tests for a body part not covered by applicable <i>MTGs</i> costing more than \$1,000 on <i>Form C-4 AUTH</i>

*Claim administrators can no longer “opt out” of the process. A response to the PAR is now **mandatory**.

New Prior Authorization Requests in OBLR

- **Durable Medical Equipment (DME), as needed**
 - Requests not on the DME fee schedule or those identified on the DME fee schedule as requiring a PAR
- **Treatments/tests for a body part not covered by applicable *MTGs* and costing \$1,000 or less**
- **Medication**
 - Replaces current Drug Formulary Prior Authorization Request process
 - In process and completed requests will be transferred to OnBoard: Limited Release

Timeline

1. Phase One

Medication PARs & *Requests for Decision on Unpaid Medical Bill(s) (Form HP-1.0)*
Submissions

**includes medical marijuana requests via a Medication PAR*

March 7, 2022

2. Phase Two

Durable Medical Equipment Submissions

April 4, 2022

3. Phase Three

Treatment/Testing PARs

May 2, 2022

Phase One Information

Medication PARs & *Form HP-1.0*

Medication PARs

- **Medication PARs** will be used for medication requests (replacing the current *New York Workers' Compensation Drug Formulary* [*Drug Formulary*] prior authorization request process).
- Medical marijuana will also be requested via a Medication PAR, which will replace the current process using the *Attending Doctor's Request for Approval of Variance and Carrier's Response (Form MG-2)*.

Drug Formulary

- Refills and renewals of prescription medications must comply with the *Drug Formulary* as of March 7, 2022.
- As communicated in Subject Number 046-1408, the effective dates were previously amended to coincide with the launch of OnBoard: Limited Release.

Form HP-1.0

- As of March 7, 2022, providers will request Board action on unpaid medical bills by submitting *Form HP-1.0*.
- For now, health care providers will continue to receive administrative and arbitration awards by mail, and the objection and judgement processes will remain paper based.

Phase Two Information

Durable Medical Equipment (DME) PARs

DME Fee Schedule

- The Board's new *DME Fee Schedule* becomes effective on April 4, 2022, to coincide with the rollout of the new DME PAR in OnBoard: Limited Release.
- The Chair adopted a new *DME Fee Schedule* and PAR processes that were published in the State Register on March 3, 2021.
- The *DME Fee Schedule* was later updated on December 22, 2021, and another proposed update was published January 19, 2022.
- For more information about the *DME Fee Schedule* and updates, go to the Durable Medical Equipment Fee Schedule page of the Board's website.

Phase Three Information

Other Treatment/Testing PARs

Phase Three PAR Types

- **MTG Confirmation PARs** - used to request confirmation from the insurer that the procedure or test is based on a correct application of the *MTGs*.
 - Prior to implementation of OBLR, *MG-1* forms were optional for both the provider and the payer. With the implementation of OBLR, MTG Confirmation PARs will continue to be optional for the provider, but if submitted, will be mandatory for the payer.
- **MTG Variance PARs** - used to request testing or treatment that varies from the *MTGs* applicable to the body part or condition being treated.

Phase Three PAR Types

- **MTG Special Services PARs** - used to request authorization for special service(s).
 - Note: This process will mirror the MTG Variance PAR process, rather than the Non-MTG Over \$1,000 PAR process.
- **Non-MTG Over \$1,000 PARs** - used for requests for treatment costing over \$1,000 for non-MTG body parts.
- **Non-MTG Under or = \$1,000 PARs (new)** - used for requests for treatment costing \$1,000 or less for non-MTG body parts.
 - This PAR type is optional for the health care provider, but a response from the payer is mandatory.

Medical Treatment Guidelines

- The Board has adopted more than a dozen new or updated *MTGs*.
- All become effective on May 2, 2022.
- Training available on the new and updated *MTGs*:
 - Overview of the General Guideline Principles
 - Diagnoses associated with the body part or condition
 - Diagnostic and treatment recommendations

Information for Claimant and Insurer Attorneys

Orders of the Chair

- With limited exceptions, if an *Order of the Chair* is generated, it will be done automatically and immediately after the insurer response time frame ends.
- This will greatly reduce the need for claimants and their attorneys to track and follow up.

eCase Documents from OnBoard

- Most PAR documents generated in OnBoard will be viewable in eCase.



Current *C-4 AUTH*, *HP-1*, *MG-1*, and *MG-2* Forms

- Become obsolete with OBLR launch
- New provider requests will not be accepted after launch
- *Form HP-1.0* – March 7, 2022
- *C-4 AUTH*, *MG-1*, *MG-2* – May 2, 2022

Request for Further Action (RFA) Forms

- Board will accept new versions of RFA forms (*Form RFA-2, Form RFA-1LC, and Form RFA-1W*) on May 2, 2022
- Mandatory use beginning June 6, 2022

Information for Insurer Attorneys

Claim Administrators

- PARs will be assigned to the insurer's claim administrator or, if there is more than one, the claim administrator who made the most recent First or Subsequent Report of Injury (FROI/SROI) filing for the claim. Claim administrators can also assign users access to PARs.
- If there are no FROI/SROI filings, then the Board will assign the PAR to one of the insurer's claim administrators, who must respond.

Claim Administrators

- PARs cannot be reassigned among claim administrators.
- Failure to respond timely may result in an *Order of the Chair*. *Orders of the Chair* will be generated automatically if the insurer fails to respond within the designated time frame, with few exceptions. *Orders of the Chair* are final, may include a penalty and cannot be objected to.

Email Notifications

- Insurer attorneys will not have the ability to submit an email address to receive PAR notifications.
- The insurer's Medical Portal administrator will provide a single email to receive PAR updates for their organization.

Request for Further Action by Insurer/Employer (Form RFA-2)

- A paper or electronic *Form RFA-2* can be submitted by the insurer to request review of an MTG Special Services or MTG Variance PAR that was granted or granted in part by the Medical Director's Office.

Changes for Claimant Attorneys

Claimant Attorneys

- Claimant attorneys will not be users of OnBoard but can receive automatic email notifications to view documents in eCase whenever certain actions are taken on a PAR
- To receive email notifications, the attorney or firm should have an assigned R Number, an email address in their profile, and be associated or on notice to the claim for which the PAR is filed to receive notifications at the time of an initial PAR submission by the provider.

Type	Submission	Response	OOTC	Escalation	NOR
Medication	X	X	X	X	✓
Durable Medical Equipment	✓	✓	✓	✓	✓
MTG Confirmation (MG-1)	✓	✓	✓	✓	✓
MTG Variance (MG-2)	✓	✓	✓	✓	✓
MTG Special Services	✓	✓	✓	✓	✓
Non-MTG Over \$1,000	✓	✓	✓	N/A	N/A
Non-MTG Under \$1,000	✓	✓	✓	✓	N/A

Claimant Attorneys: Email Notifications

- Navigate to eCase Administrator page.
- A section will be added to provide or update your firm's email address.

RELATED PAGES
Overview
Registration
Getting Started
Using eCase
Document Upload
Administrators
Technical Support / Forgot Password
System Availability



Online Administrator

Administrator Functions - Main Page

As the administrator, you can perform the functions below. These functions are limited to only employees within your organization - NYS Workers' Compensation Board - for a specific on-line service, which is selected on the next screen.

Function	Explanation
<input type="button" value="View Users"/>	Provides a list of Users and Administrators.
<input type="button" value="Find User"/>	Used to search by last name, or partial last name, through Users and Administrators.
<input type="button" value="Modify User"/>	Provides a list from which to modify a User or Administrator. This change will take effect immediately.
<input type="button" value="Add Users"/>	Used to add a new User or Administrator. This does not take effect immediately, it creates a request to the Board, with a confirmation number, which the Board will review.
<input type="button" value="Delete User"/>	Provides a list from which to delete a User or Administrator. Their access to another on-line service, if they have it, will not be affected. This change will take effect immediately for eCase and ICInquiry On-Line Services; the removal is queued for all other On-Line Services.
<input type="button" value="Make User an Administrator"/>	Provides a list from which to make a User an Administrator. This change will take effect immediately. (To add a new person as an Administrator, use the Add User function.)
<input type="button" value="Remove Administrator"/>	Provides a list from which to make an Administrator a User. This change will take effect immediately. (The change is not allowed if no Administrator will remain after the change.)
<input type="button" value="Add or Update Email"/>	Maintain Notifications of Prior Authorization Requests (PARs) by medical providers for your clients. These PARs will be submitted through the upcoming OnBoard application.

You can send an e-mail to WCBCustomerSupport@wcb.ny.gov if you have any questions regarding this activity.

Claimant Attorneys: Email Notifications

Online Administrator

List of current ID's on file for NYS Workers' Compensation Board.

Please update the email for the Notifications of Prior Authorization Requests (PARs).

Show entries Search:


ID	Current Email	Email Should Be	
R999333	testagain@test.com	<input type="text"/>	

Showing 1 to 1 of 1 entries

Email Notification Subject Line

Structure: NYS WCB eCase – New [Form ID] - [WCB Case #]: [Claimant Name]

Example: NYS WCB eCase – New EC-325-DME - G1234567: Jane Smith



Do not reply to this email. You will not receive a response.

A Prior Authorization Request (PAR) on a claim with which you are associated has a new document available in eCase. To access this new document, please log into eCase: www.wcb.ny.gov

WCB Case Number: [REDACTED]
Form ID: EC-325-DME
Requested Date: 05/03/2021
Received Date: 05/03/2021
PAR Status: OOTC Issued - Granted

New York State Workers' Compensation Board

This email notification is an auto-generated message. Do not reply to the sender. This email may contain confidential or privileged information. If you are not the intended recipient, or the person responsible for delivering it to the intended recipient, please destroy all copies of this email and the attachments.

Claimant Attorneys: Request for Review by Adjudication

- Claimant attorneys will use *Request for Further Action by Legal Counsel (Form RFA-1LC)*.
- Paper or electronic submission as currently available on the Board's website.

STATE OF NEW YORK - WORKERS' COMPENSATION BOARD
REQUEST FOR FURTHER ACTION BY LEGAL COUNSEL

This form is for use by claimant's attorney or licensed representative ONLY. Unrepresented claimants should use Form RFA-1W or ask for Board assistance.

ALL COMMUNICATIONS SHOULD REFER TO THESE NUMBERS		3. DATE OF INJURY (MM/DD/YY)
1. WCB CASE NO.	2. CLAIM ADMINISTRATOR CLAIM (Carrier Case) NO.	
NAME		
ADDRESS TO WHICH NOTICES SHOULD BE SENT		
4. CLAIMANT	<input type="checkbox"/> Check if new address: <input type="checkbox"/>	APT. NO.
5. EMPLOYER (at time of injury)		
6. INSURER		
7. ATTORNEY / LICENSED REP.		

8. INSTRUCTIONS: The claimant seeks Board action regarding the claim identified above for the following reasons (check all that apply). Please note that the required documentation identified below must be attached to the form and submitted to the Board or must be referenced in the space provided below** (by date, name or title of document, and form ID) if it is already in the Board's electronic file. This form must be mailed, faxed or emailed to the Workers' Compensation Board. (See mailing and email filing address on reverse side.)

Compensation:

- a. Payments should begin as claimant is not working as of _____ (medical documentation indicating disability required)
 - An expedited (45-day) hearing is requested under WCL 29(2)(a). By checking this box I affirm that: A claim has been filed for a work-related injury; the employer is not paying wages; the claim has not been denied; there has not been a decision barring the claimant from compensation; I have reached out to the insurer to try to resolve the issue and was unable to resolve it. I understand that I may be liable for a penalty if I check this box and any of the above conditions do not apply.
- b. Payments have been suspended or reduced on: _____
- c. Payments should be suspended as claimant returned to work at full wages on _____
- d. Payments should be adjusted as claimant is working at reduced earnings as of _____ (documentation of medical disability and current earnings required)
- e. Payments should be adjusted as claimant has concurrent employment. (documentation of weekly gross pay preceding injury and statement from second employer regarding lost time required)
- f. Payments should be resumed as claimant has been released from incarceration on _____ and now seeks benefits. (medical documentation indicating disability and release from custody documentation required)
- g. Payments have not been paid as directed by Decision filed on _____

Medical Issues:

- h. Claimant's medical condition has changed. (medical documentation indicating change required)
- i. Claimant's request for medical treatment has been denied or has not been addressed. (documentation indicating denial of request for medical treatment required. Please use Form MG-2 for variance denials.)
- j. Claimant's disability is now permanent. (medical Form C-4.3, Doctor's Report of MMI/Permanent Impairment required)
 - Check this box if the claimant was under 25 years of age at time of accident.
 - Check this box if the claimant accepts the insurer's opinion on the severity of disability/loss of use.
- k. Claimant's request for medical and transportation reimbursement has been denied or not addressed. (receipts and Form C-257 required)

Other:

- l. Parties have reached an agreement (Form C-300.5 or written stipulation, Form C-312.5 or proposed findings or Form C-32 required)
- m. Claimant has discontinued or settled a lawsuit pertaining to the accident/injury of this claim. (documents indicating discontinuance, settlement, or closing statement required)
- n. Claimant has new or requested documentation regarding _____ (documents required)
- o. Other (explain fully in the space provided below.) _____

**Document reference information (date, name/title, form ID):

I certify that this request for Board action is based upon reasonable grounds, has been submitted with my client's consent, and that this form with attachments) has been provided to the opposing party(ies). I also certify that (check one box below):

- I have discussed the issue(s) above with the opposing party(ies) or its representative(s) (give name of person contacted) _____ and that:
 - no settlement of the issue(s) could be reached. settlement of the issue(s) was reached (documentation required).
- I have attempted to contact (name) _____ on (date) _____ to discuss the issue(s) above, but I have waited a reasonable time for a response, but that no discussion was forthcoming.

CERTIFIED BY (Please Print Name)	ATTY/REP ID NO.	DATE PREPARED (MM/DD/YY)	AREA CODE	TELEPHONE NUMBER

An attorney/licensed representative fee is requested and Form OC-400.1 has been submitted.

RFA-1LC (4-17) SEE IMPORTANT INFORMATION ON REVERSE

Form RFA-1LC Submissions in OnBoard: Limited Release

PAR Type	PAR Decision	Reason	Time Frame
<ul style="list-style-type: none">▪ Durable Medical Equipment▪ MTG Confirmation▪ MTG Variance▪ MTG Special Services▪ Non-MTG Over \$1,000▪ Non-MTG Under or = \$1,000	Denial	<ul style="list-style-type: none">▪ Administrative▪ No Jurisdiction▪ Independent Medical Exam (IME) Scheduling	Any Time

Form RFA-1LC Submissions in OnBoard: Limited Release

PAR Type	PAR Decision	Reason	Time Frame
<ul style="list-style-type: none">▪ MTG Variance▪ MTG Special Services	<ul style="list-style-type: none">▪ Grant in Part▪ Denial	Medical Reasons Supported by an IME	Any Time

- Health care providers will be able to request a Level 3 Medical Director's Office review for Medication, Durable Medical Equipment, MTG Confirmation, MTG Variance and MTG Special Services through OnBoard: Limited Release. If an attorney also submits *Form RFA-1LC*, the resolution will follow the path of whichever is received first (not for Confirmation PARs).
- *Form RFA-1LC* can be submitted **after** the Medical Director's Office issues a resolution (not for Confirmation PARs).

Form RFA-1LC Submissions in OnBoard: Limited Release

PAR Type	PAR Decision	Reason	Time Frame
<ul style="list-style-type: none"> ▪ MTG Variance ▪ MTG Special Services ▪ Medication ▪ DME 	Level 3/Medical Director's Office Response	Medical Denial or Grant In Part	Any Time

- Health care providers will be able to request a Level 3 Medical Director's Office review for Durable Medical Equipment, MTG Confirmation, MTG Variance and MTG Special Services through OnBoard: Limited Release. If an attorney also submits *Form RFA-1LC*, the resolution will follow the path of whichever is received first (not for Confirmation PARs).
- *Form RFA-1LC* can be submitted **after** the Medical Director's Office issues a resolution (not for Confirmation PARs).

Updates & What's Next

Reference Materials

- wcb.ny.gov/onboard/
 - Fact sheets
 - Recorded webinars
 - Email notification examples

The screenshot displays the ONBOARD Attorneys website. The header features the ONBOARD logo in orange and white, with a compass rose icon. Below the logo, the word "Attorneys" is written in white. A dark teal navigation bar contains a "SECTIONS" menu with the following items: Overview, What is a Prior Authorization Request (PAR)?, PAR Process, PAR Denial Appeals, Email Notifications, and Training & Resources. The main content area is white and shows the "Overview" page. A breadcrumb trail at the top of the content area reads "< ONBOARD". The "Overview" section contains two paragraphs of text. The first paragraph describes the ONBOARD system as an online information system for the New York State Workers' Compensation Board, intended to replace legacy paper-based systems with a single, web-based platform. The second paragraph describes the "OnBoard: Limited Release" phase, which moves key processes for health care providers and claim administrators online, including the PAR process for medication, durable medical equipment, and medical treatment/testing, as well as the submission of Request for Decision on Unpaid Medical Bill(s) (Form HP-1.0). A final paragraph notes that although attorneys will not be users of the system, all documents resulting from the processing of MTG Confirmation, Durable Medical Equipment, Medication, Non-MTG Over \$1,000, Non-MTG Under or = \$1,000, MTG Special Services, and MTG Variance PARs, will be saved to the case folder in eCase.

Stay Engaged

- **Subscribe for OnBoard Updates**
 - Subscribe to receive email updates on all things OnBoard!
- Email OnBoard@wcb.ny.gov
- **Questions?**



Attorneys

Information claimant attorneys and insurer attorneys need to know about OnBoard: Limited Release.

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