



Workers'
Compensation
Board

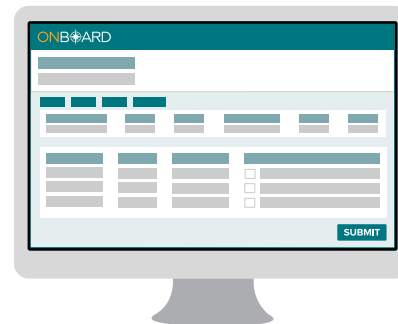
ONBOARD

A Better System for a Better Board

OnBoard: Limited Release for **Payers, Pharmacy Benefit Managers and Medical Review Organizations**

Agenda

1. OnBoard: Limited Release Recap
2. Registering, Roles and Administration
3. Payer FAQs
4. Updates and What's Next
5. Questions



OnBoard Timeline

- Began in summer 2019
- Identified opportunities to release system functionality early, to better assist stakeholders
 - OnBoard: Limited Release
- The project has three phases:



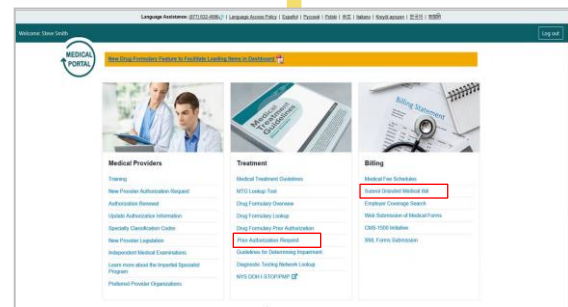
Prior Authorization Requests

PAR Type	Request Type	Mandatory Time Frame for Insurer Response
MTG Confirmation	Requests previously done using the Attending Doctor's Request for <i>Optional Prior Approval and Carrier's/Employer's Response (Form MG-1)</i> .	Eight business days
MTG Variance	Requests previously done using the <i>Attending Doctor's Request for Approval of Variance and Carrier's Response (Form MG-2)</i> .	15/30 calendar days in accordance with GCL* Insurers must respond within 15 calendar days of receipt of a request from a health care provider. If an insurer decides to request an independent medical examination (IME) or the review of records, it must notify the Chair within five business days of such decision and respond within 30 calendar days of receipt of the request.
MTG Special Services	MTG-related requests previously done using the <i>Attending Doctor's Request for Authorization and Carrier's Response (Form C-4 AUTH)</i> .	15/30 calendar days in accordance with GCL* Insurers must respond within 15 calendar days of receipt of a request from a health care provider. If an insurer decides to request an IME or the review of records, it must notify the Chair within five business days of such decision and respond within 30 calendar days of receipt of the request.
Non-MTG Over \$1,000	Requests for treatment costing over \$1,000 for non-MTG body parts previously done using the <i>Attending Doctor's Request for Authorization and Carrier's Response (Form C-4 AUTH)</i> .	30 calendar days in accordance with GCL*
Non-MTG Under or = \$1,000 (new)	Requests for treatment costing \$1,000 or less for non-MTG body parts.	Eight business days
Medication (new)	Medication requests, including medical marijuana (replacing the current New York Workers' Compensation Drug Formulary [Drug Formulary] prior authorization request process).	Four calendar days
Durable Medical Equipment (new)	Requests in accordance with the new Official New York Workers' Compensation Durable Medical Equipment (DME) Fee Schedule.	Four calendar days in accordance with GCL*

* General Construction Law (GCL) 25a states: "When any period of time, computed from a certain day, within which or after which or before which an act is authorized or required to be done, ends on a Saturday, Sunday or a public holiday, such act may be done on the next succeeding business day..."

Prior Authorization Process

- Register for the Medical Portal (if needed)
- Access the Medical Portal
- Access the OnBoard dashboard
- Select “Submit an eForm”
- Begin with a case search
- Enter requested information



Prior Auth ID	Type	Patient	Patient DOB	Carrier Case #	WCB Case #	Last Activity	Prior Auth Status
PA-12-123-1234	Formulary	Underwood, Carrie	01/01/1990	IN234567	01957462	06/23/2020	LEVEL 1 REVIEW
PA-02-123-1234	Mandatory	Smith, Amanda	01/01/1990	IN234567	01957462	06/21/2020	LEVEL 1 REVIEW
PA-12-333-1634	Variance	Baker, Kyle	01/01/1990	IN234567	01957462	07/03/2020	LEVEL 1 REVIEW
PA-10-106-1247	Non-MTG-\$1000	Donaldson, Aaron	01/01/1990	IN234567	01957462	07/05/2020	LEVEL 1 REVIEW
PA-12-443-1833	Formulary	McGibbon, William	01/01/1990	IN234567	01957462	07/10/2020	DRAFTED IN PROGRESS
PA-03-103-1234	Special Services	Garcia, Robert	01/01/1990	IN234567	01957462	07/16/2020	LEVEL 1 REVIEW
PA-11-105-1934	Disable Medical Equipment	Davis, Susan	01/01/1990	IN234567	01957462	07/17/2020	LEVEL 3 REVIEW
PA-08-123-1748	Variance	Brown, Lianne	01/01/1990	IN234567	01957462	07/23/2020	DRAFTED
PA-06-119-1936	Mandatory	Miller, Amber	01/01/1990	IN234567	01957462	07/23/2020	DRAFTED
PA-02-843-9957	Non-MTG-\$1000	Lopez, Julia	01/01/1990	IN234567	01957462	07/24/2020	LEVEL 1 REVIEW

Prior Authorization Process

- Enter the requested information:
 - CPT Code
 - MTG Site
 - Body Part Information
 - MTG Consistency
- Attach documents as necessary
- Add additional items to a PAR
 - Durable Medical Equipment, for example
- Complete request (PAR needs to be submitted by the provider)

The screenshot shows a web form for entering a Prior Authorization Request (PAR) item. The form is titled "Items Requested" and is part of a "COMPLETE REQUEST" process. It includes the following sections:

- Item #1:** Select category of PAR. Radio buttons are provided for "Drug Formulary", "Durable Medical Equipment", "Other Treatment/Testing" (which is selected), and "Non-Medical".
- Enter the CPT Code/Description:** A dropdown menu shows "A0021 - Outside state ambulance service".
- MTG Site:** A dropdown menu shows "Foot and Ankle".
- MTG Reference Code/Description:** A dropdown menu shows "C.T.R.C.A. Nocturnal Splints for Treatment of Tarsal Tunnel Syndrome".
- Body Part:** A dropdown menu shows "Ankle".
- Side of Body:** A dropdown menu shows "Left".
- Is requested treatment/testing addressed by and consistent with the MTG?** Radio buttons are provided for "Not Addressed by MTG", "Addressed by MTG, but Not Consistent with MTG", and "Addressed by MTG and Consistent with MTG" (which is selected).

On the right side of the form, there is a "CLAIM AND REQUESTER INFORMATION" section with the following details:

- Claimant DOB: 06/30/1968
- WCB Case Number: WC-12345
- Site/Condition: Ankle
- Provider: Dr. Ron Swanson

The screenshot shows the "Items Added" summary section of the PAR form. The form is titled "PAR Questionnaire (Step 3 of 3) Items Requested" and is part of a "Request for Prior Authorization" process. It includes the following sections:

- Items Added (1):** A summary of the item entered, including "Item #1", "PAR Type: MG-1, Consistent", "Body Part: Left Ankle", "CPT/HCPCS: C.T.R.C.A. Nocturnal Splints for Treatment of Tarsal Tunnel Syndrome", and "MTG: A0021 - Outside state ambulance service".
- Based on items entered, the following Prior Authorization Request types will be submitted:** A list showing "MG-1, Consistent".
- Heads up!** A warning message: "Once you move on to the next screen, you won't be able to make changes to the Claim details."

On the right side of the form, there is a "CLAIM AND REQUESTER INFORMATION" section with the following details:

- Claimant Name: Julius R. Johnson
- Claimant DOB: 06/30/1968
- WCB Case Number: WC-12345
- Site/Condition: Ankle
- Provider: Dr. Ron Swanson

Prior Authorization Process Response

- Insurers will receive PAR requests in their dashboard
- Workload Administrators will either respond directly or assign the PAR to the level 1 or level 2 reviewer
 - A Level 1 reviewer can be anyone designated by the insurer.
 - A Level 2 Reviewer must be the insurer's physician (licensed M.D. or D.O.).
- The reviewer will fill out their response, shown here

Prior Auth ID	Type	Patient	Patient DOB	Carrier Case #	WCB Case #	Last Activity	Prior Auth Status
PA-02-523-5234	Formulary	Underwood, Carrie	01/01/1990	INV234567	G1957462	06/23/2020	LEVEL 1 REVIEW
PA-02-523-5234	Mandatory	Smith, Amanda	01/01/1990	INV234567	G1957462	06/21/2020	LEVEL 1 REVIEW
PA-02-523-5234	Variance	Baker, Kyle	01/01/1990	INV234567	G1957462	07/03/2020	LEVEL 1 REVIEW
PA-02-523-5234	Non-MTG-\$1000	Donaldson, Aaron	01/01/1990	INV234567	G1957462	07/05/2020	LEVEL 1 REVIEW
PA-02-523-5234	Formulary	McGibbon, William	01/01/1990	INV234567	G1957462	07/02/2020	STARTED IN PART
PA-02-523-5234	Special Services	Garcia, Robert	01/01/1990	INV234567	G1957462	07/16/2020	LEVEL 1 REVIEW
PA-02-523-5234	Durable Medical Equipment	Davis, Susan	01/01/1990	INV234567	G1957462	07/17/2020	LEVEL 1 REVIEW
PA-02-523-5234	Variance	Brown, Lianne	01/01/1990	INV234567	G1957462	07/23/2020	STARTED
PA-06-113-1536	Mandatory	Miller, Amber	01/01/1990	INV234567	G1957462	07/23/2020	SENT
PA-02-843-2957	Non-MTG-\$1000	Lopez, Julia	01/01/1990	INV234567	G1957462	07/24/2020	LEVEL 1 REVIEW

Durable Medical Equipment PAR Summary and Insurer Response

Insurer Response to Prior Authorization: DME

Please provide your response for each line item below

Body Part: [Text Field] Medical Treatment Codes: [Text Field] CPT/HCPCS: [Text Field]

Insurer Response: [Dropdown Menu]

Is this request granted without Prequal? Yes No

Granted for? Purchase Price Retail Price No Yes

Grant Response to PAR: [Text Field]

Insurer Response Details

Insurer Response to Prior Authorization: DME

Is this Claim approprated? Yes No Amount or Percentage covered? [Text Field]

Additional insurer information responsible for this Client?

Insurer Name: [Text Field]

Title of the Business: [Text Field] Other Title: [Text Field]

Prior Authorization Process

- Before responding, insurers can attach supporting documentation
- Review and submit response

Prior Authorization request: PA-00-0001465 | Step 1 of 4:
Supporting Documentation
Insurer Response to Prior Authorization: DME

Save as Draft

INSURER RESPONSE TO PRIOR AUTHORIZATION: DME
• Durable Medical Equipment PAR Summary and Insurer Response
• Insurer Response Details
• **Supporting Documentation**
• Review and Submit

Supporting Documentation

Document must be less than 30MB

File Name	Description	Upload
-----------	-------------	--------

Upload Additional Documents

Insurer Response Details | Review and Submit

Exit

Prior Authorization request: PA-00-0001465 | Step 1 of 4:
Review and Submit
Insurer Response to Prior Authorization: DME

Save as Draft

INSURER RESPONSE TO PRIOR AUTHORIZATION: DME
• Durable Medical Equipment PAR Summary and Insurer Response
• Insurer Response Details
• Supporting Documentation
• **Review and Submit**

Please review the following information for accuracy prior to submission.

Insurer Responses

Body Part: Medical Treatment Guideline: CPT/HCPCS:

Insurer Response:

Is this request granted without Prejudice? *

Granted for? Is model/version on WCB price list? *

Overall Response to PAR

Insurer Response Details

Is this Claim apportioned? * Amount or Percentage covered? *

Additional insurer information responsible for this Claim? *
Insurer Name:

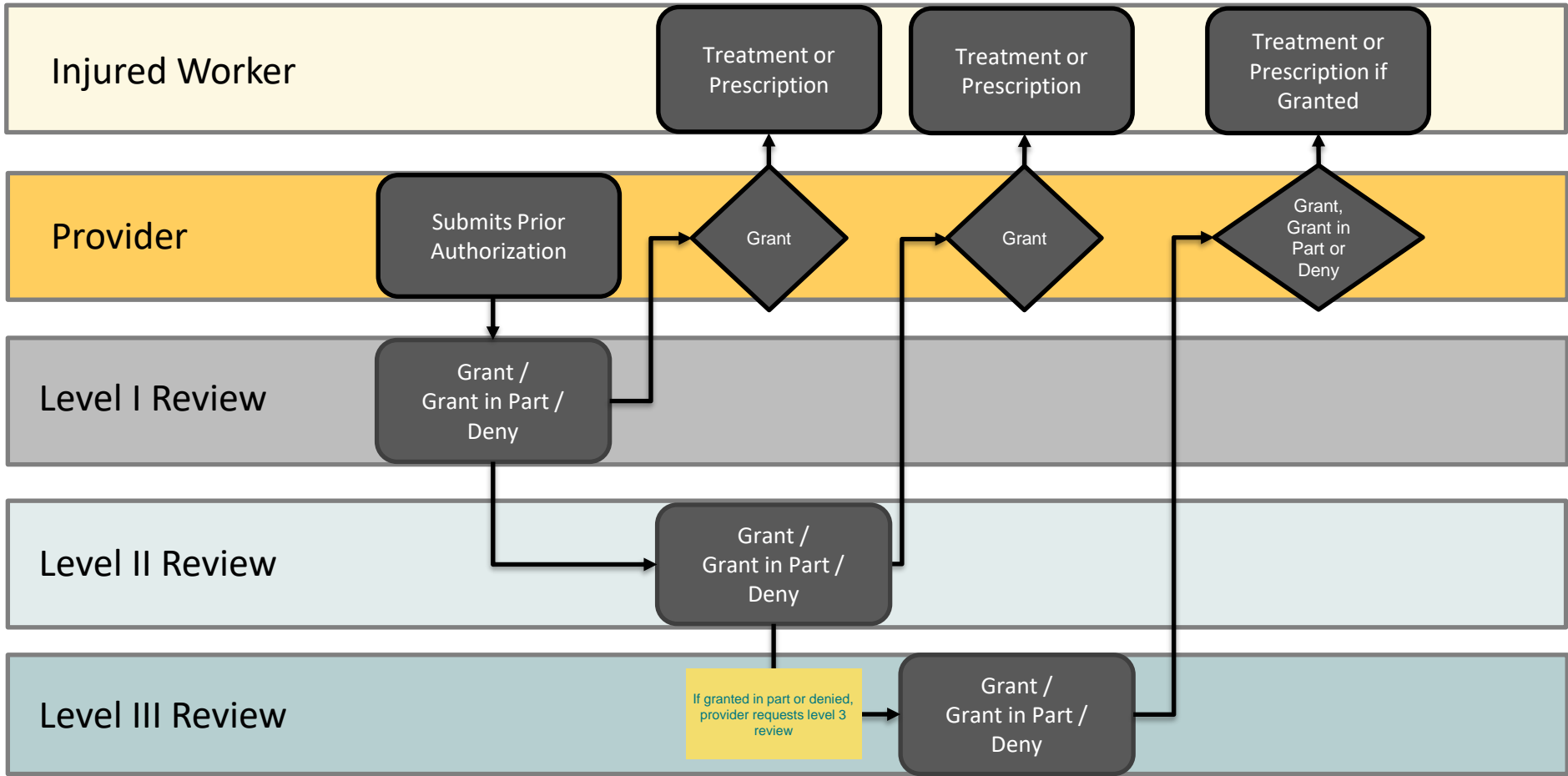
Title of the Reviewer *
Other: Other Title:

Supporting Documentation

No Supporting Documentation attached.

Supporting Documentation | Submit | Previous

Exit



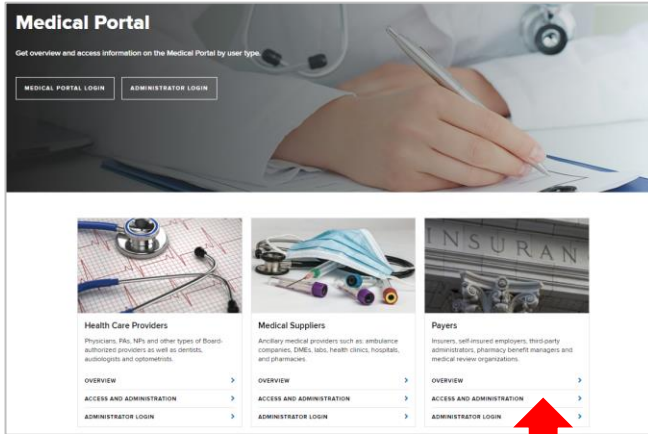
Requesting Access to OnBoard: Limited Release through the Medical Portal



Who Needs to Register and Who Doesn't?

Payers	Medical Review Organizations (MRO)	Pharmacy Benefits Managers (PBMs)
Claim administrator (insurers, self-insured entities, or third-party administrator) access is granted using organizational profiles based on eClaims Trading Partner information	A payer may designate a medical review organization to review their PARs	PBMs may be designated by the payer to review Level 1 Medication PAR submissions
Online user administrators are automatically registered for OnBoard: Limited Release	Medical Review Organizations must first complete the online Medical Review Organization Medical Portal Registration process found on the Board's website	The PBM must complete the online PBM Medical Portal Registration process on the Boards website, prior to a payer designating them as the reviewer
		PBMs with access to the Medical Portal will automatically be given access to OnBoard: Limited Release and will not need to submit a new request for access, and existing designations by payers will automatically continue

How To Register



www.wcb.ny.gov/medicalportal

SECTIONS	Access to the Medical Portal and OnBoard: Limited Release
Overview	<ul style="list-style-type: none">• Payers – The claim administrator (insurer, self-insured entities, or third-party administrator) access is granted using organizational profiles based on eClaims Trading Partner information. The payer is ultimately responsible for the review of PARS.• Medical Review Organization (MRO) – A payer may designate a medical review organization to review their PARS, however the medical review organization must first complete the online Medical Review Organization Medical Portal registration process.• Pharmacy Benefit Manager (PBM) – PBMs may be designated by the payer to review Level 1 Medication PARS. The PBM must complete the online PBM Medical Portal registration process prior to a payer designating them as the reviewer. PBMs with access to the current Drug Formulary application will automatically be given access to OnBoard: Limited Release and will not need to submit a new request for access and existing designations by payers will automatically be given access to OnBoard: Limited Release and will not need to submit a new request for access and existing designations by payers will automatically be given access to OnBoard: Limited Release.
OnBoard: Limited Release	
Accessing the Medical Portal	
Roles	Online Registration Process <p>Payers who already have access to the current Drug Formulary application will automatically be given access to OnBoard: Limited Release and will not need to submit a new request for access. All others will need to follow the below registration process.</p> <p>MROs and PBMs must first complete an online registration to access OnBoard: Limited Release.</p> <p>All information must be complete and accurate.</p> <ul style="list-style-type: none">• Organization Information<ul style="list-style-type: none">◦ Federal Tax Identification Number (FEIN)◦ Organization name◦ Organization address
Online Administration	

How To Register

- **Medical Review Organizations (MROs) and Pharmacy Benefits Managers (PBMs) will need to provide the following:**
 - Organization Information
 - Federal Tax Identification Number (FEIN)
 - Organization name
 - Organization address
 - User Information - Organizations must identify at least one User Administrator and may also designate additional User Administrators, Workload Administrator(s) and Reviewers. The following information is required for each user:
 - Name
 - Address
 - Phone number
 - Email address

Online Registration

Medical Portal - MRO - Initial Registration

Select Submit after completing the mandatory fields on both the MRO and User information tabs

MRO Information | User Information

*** MRO's Information:**

*FEIN:

*Name:

Address:
*Address Line 1: Line 2:

*City: *State: *Zip Code:

[Cancel Registration](#)

[Next](#)

Online Registration

Medical Portal - Pharmacy Benefits Manager - Initial Registration

PBM Information | User Information

*** Pharmacy Benefit Manager's Information:**

*FEIN:

*Name:

Address:
*Address Line 1: Line 2:

*City: *State: *Zip Code:

[Cancel Registration](#)

[Next](#)

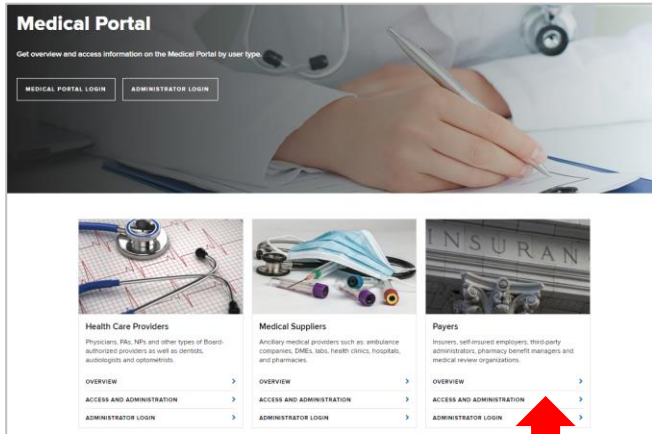
After Submitting Registration

- Three to five business days for the Board to complete the review of a registration
- Once approved, emails will be sent to each user designated in the application with their NY.gov ID, temporary password and additional instructions related to your role

Roles in OnBoard: Limited Release



Information on Roles



www.wcb.ny.gov/medicalportal

SECTIONS

Overview

OnBoard: Limited Release

Accessing the Medical Portal

Roles

Administration

Roles

There are multiple roles designated within OnBoard: Limited Release.

Payer Roles

Role	Responsibility
Payer Online (User) Administrator	<ul style="list-style-type: none"> Request access for users and user administrators Assign users to Workload Administrator, Level 1 and Level 2 Reviewer roles Provide email contacts for PAR Notifications Designate MRO for PAR reviews Designate PBM for Level 1 Medication PAR reviews Update user information as necessary Remove users who should no longer have access to the system
Workload Administrator	<ul style="list-style-type: none"> The Workload Administrator will receive and assign all submitted PARs based on the assigned workload administrator role. <ul style="list-style-type: none"> Types of Workload Administrator roles: <ul style="list-style-type: none"> MTG-Non-MTG – assigns MTG Confirmation, MTG Variance, MTG Special Services, Non-MTG Over \$1000 and Non-MTG Under or = \$1000 PARs to appropriate reviewers. Medication – assigns Medication PARs to appropriate reviewers DME – assigns DME PARs to appropriate reviewers Workload Administrators may have more than one role. <i>Payers should ensure that there is a workload administrator for all PAR types.</i> Change delegated reviewers due to situations such as a delegate being absent from work or a change in a delegate's role within the organization.
Level 1 Reviewer	<ul style="list-style-type: none"> Performed by the payer; can also be delegated to an MRO, or to a PBM for Medication PARs. Review Level 1 requests (as designated and assigned) There is a Level 1 Reviewer role for each PAR type
Level 2 Reviewer	<ul style="list-style-type: none"> Performed by the carrier's physician; can also be delegated to an MRO. Please see Subchapter M of Chapter V of Title 12 of NYCRR Part 441.1(g) for the definition of the Carrier's Physician. Review Level 2 requests (as designated and assigned) There is a Level 2 reviewer role for EACH PAR type

Payer Roles

Roles	Responsibility
Payer Online (User) Administrator	<ul style="list-style-type: none"> • Requests access for users and user administrators. • Assigns users to Workload Administrator, Level 1 and Level 2 Reviewer roles. • Provides email contacts for PAR notifications. • Designates MRO for PAR reviews. • Designates PBM for Level 1 Medication PAR reviews. • Updates user information as necessary. • Removes users who should no longer have access to the system.
Workload Administrator	<ul style="list-style-type: none"> • The Workload Administrator will receive and assign all submitted PARs based on the assigned workload administrator role. <ul style="list-style-type: none"> • Types of Workload Administrator roles: <ul style="list-style-type: none"> • MTG/Non-MTG – assigns MTG Confirmation, MTG Variance, MTG Special Services, Non-MTG Over \$1000 and Non-MTG Under or = \$1000 PARs to appropriate reviewers. • Medication – assigns Medication PARs to appropriate reviewers • DME – assigns DME PARs to appropriate reviewers • Workload Administrators may have more than one role. Payers should ensure that there is a workload administrator for all PAR types. • Change delegated reviewers due to situations such as a delegate being absent from work or a change in a delegate's role within the organization.

Payer Roles

Roles	Responsibility
Level 1 Reviewer	<ul style="list-style-type: none">• Performed by the payer; can also be delegated to an MRO, or to a PBM for Medication PARs.• Review Level 1 requests (as designated and assigned).• There is a Level 1 Reviewer role for each PAR type.
Level 2 Reviewer	<ul style="list-style-type: none">• Performed by the carrier's physician; can also be delegated to an MRO. Please see Subchapter M of Chapter V of Title 12 of NYCCR Part 441.1(g) for the definition of the carrier's physician.• Review Level 2 requests (as designated and assigned).• There is a Level 2 reviewer role for each PAR type.

Medical Review Organization (MRO) Roles

Roles	Responsibility
Online (User) Administrator	<ul style="list-style-type: none">• Requests access for users and user administrators.• Assigns users to Workload Administrator, Level 1 and Level 2 Reviewer roles.• Updates user information as necessary.• Removes users who should no longer have access to the system.
Workload Administrator	<ul style="list-style-type: none">• The workload administrator will receive and assign all submitted PARs.• Change delegated reviewers due to situations such as a delegate being absent from work or a change in a delegate's role within the organization.
Level 1 Reviewer	<ul style="list-style-type: none">• Review Level 1 requests (as designated and assigned)
Level 2 Reviewer	<ul style="list-style-type: none">• Review Level 2 requests (as designated and assigned)

Pharmacy Benefit Manager (PBM) Roles

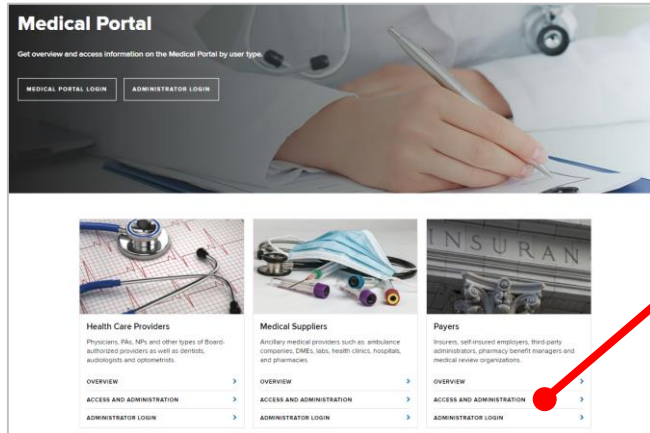
Roles	Responsibility
Online (User) Administrator	<ul style="list-style-type: none">• Request access for users and user administrators• Assign users to Workload Administrator and Level 1 Reviewer roles for Medication PARs• Update user information as necessary• Remove users who should no longer have access to the system
Workload Administrator	<ul style="list-style-type: none">• The workload administrator will receive and assign all Medication PARs.• Change delegated reviewers due to situations such as a delegate being absent from work or a change in a delegate's role within the organization.
Level 1 Reviewer	<ul style="list-style-type: none">• Review Level 1 Medication PARs (as designated and assigned)

Managing Roles in OnBoard: Limited Release



Logging In

- Visit the Payers section of the Medical Portal webpage
- The Online (User) Administrator will log in using the Administrator Login



www.wcb.ny.gov/medicalportal

SECTIONS

- Overview
- OnBoard: Limited Release
- Accessing the Medical Portal
- Roles
- Online Administration**

Select the user from the first table on the screen for the role they are being removed from and choose the **Remove** button. It will take approximately 20 minutes for the system to remove the role. **NOTE:** An online administrator cannot remove themselves from this role.

Responsibilities Specific to Payers

The Payer Online Administrator is an employee of the insurer, self-insured employer, or Third-party Administrator (TPA). The Payer Online Administrator will use the online Medical Portal Administration application to keep designated contact and user information up to date.

NOTE: All Online User Administrators for the current Drug Formulary system will automatically be granted access to OnBoard: Limited Release. This will enable administrators to add users to the additional roles that will be required for their organization, as well as add new notification emails. The administrator will use their Drug Formulary login credentials to log into OnBoard: Limited Release.

- **Maintenance of Notification Contact Information:** Email addresses should be kept current as it will be utilized for routing PARs. The email address for Level 1 reviews may be the same for all associated entities or entered separately. The email address for Level 2 may also be the same for all associated entities or entered separately. **Note:** Level 1 and Level 2 email addresses cannot be the same.
 - **Level 1** - Enter/update information in the following fields:
 - **Current Email** - Displays current email address for the Level 1 contact.
 - **Email Should Be** - Enter to update the Level 1 email address.
 - **Name of PBM/MRO** - Select the desired Pharmacy Benefit Manager (PBM) or Medical Review Organization (MRO). The **PBM registration** or **MRO registration** must have been completed **before** they can be selected by the payer within the application.
 - **Level 2** - Enter/update information in the following fields:
 - **Current Email** - Displays current email address for the Carrier's Physician.
 - **Email Should Be** - Enter to update the Level 2 email address for the Carrier's Physician.
 - **Order of the Chair** - Both the claim administrator **AND** insurance carrier must have emails listed. A notification that an Order of the Chair has been generated, will be sent to both entities.
 - **Final Determinations** - Email address for PBM or other party responsible to receive all medication-related decisions and inform the pharmacy of the approval or denial of a Medication PAR. The Board strongly recommends this be a shared email address.

ADMINISTRATOR LOGIN

Navigation Page

- Upon log in, Online (User) Administrators must enter the payer's contacts and users for each PAR type

The screenshot shows a web interface for the Online Administrator. On the left is a dark teal sidebar with a list of navigation items. The main content area is white and contains a welcome message and the user's role.

Navigation Menu (Left Sidebar):

- My Profile
- Notifications
- Medication
 - Level 1
 - Level 2
 - Order of the Chair
 - Final Determination
- MTG Confirmation
 - Level 1
 - Level 2
 - Order of the Chair
- MTG Variance
 - Level 1
 - Level 2
 - Order of the Chair
- Non-MTG Under or = \$1,000
 - Level 1
 - Level 2
 - Order of the Chair
- Non-MTG Over \$1,000
 - Level 1
 - Level 2
 - Order of the Chair
- MTG Special Services
 - Level 1
 - Level 2
 - Order of the Chair
- DME

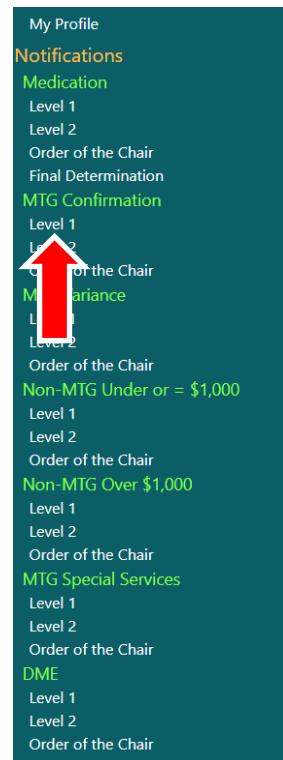
Main Content Area:

Online Administrator

Welcome to Online Administrator for Travelers Group. Please select from the menu.

Notification Administration

- The Online (User) Administrator must enter email addresses for the contacts in Level 1, Level 2, Order of the Chair and Final Determination notifications
- For an example of adding or updating an email for notifications, we will select **Level 1** under **MTG Confirmation**



Notification Contacts

- Users can then add or update email contact information on this page

My Profile

Notifications

Medication

Level 1

Level 2

Order of the Chair

Final Determination

MTG Confirmation

Level 1

Level 2

Order of the Chair

MTG Variance

Level 1

Level 2

Order of the Chair

Non-MTG Under or = \$1,000

Level 1

Online Administrator

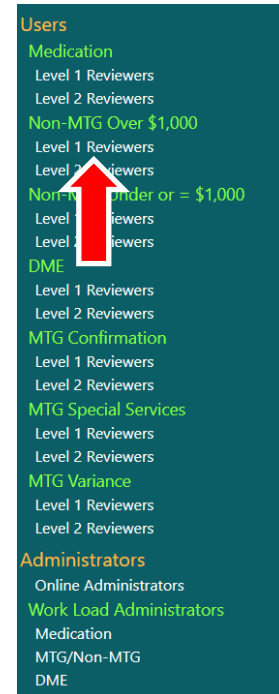
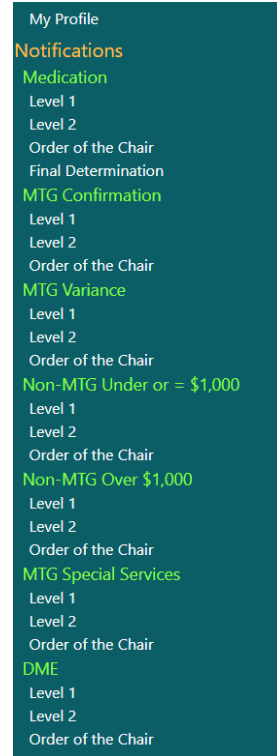
Contact Information for MTG Confirmation Level 1

Claim Administrators for Travelers Group

Organization	ID	Current Email	Email Should Be	Name of MRO
Apply To ALL			<input type="text"/>	<input type="text" value="v"/>
ACE American Insurance Co.	W019004	newconfirm2@wcb.ny.gov	<input type="text"/>	testURAC4 <input type="text" value="v"/>
ACE Fire Underwriters Insurance Company	W011001	confirm1@wcb.ny.gov	<input type="text"/>	--- <input type="text" value="v"/>
ACE Property and Casualty Insurance Company	W012009	confirm1@wcb.ny.gov	<input type="text"/>	URAC_6 <input type="text" value="v"/>

Adding PAR Users

- The Online (User) Administrator must enter designated staff for each type of PAR review
- For an example of adding or updating a user to be a Level 1 reviewer, we will select **Level 1 Reviewers under Non-MTG Over \$1,000**



Level 1 Reviewer Example

- Each screen will display three sections:
 - Registered users designated for that level
 - Registered users not designated for that level
 - Add new users
- These users can be assigned Level 1 PAR reviews in OnBoard: Limited Release

Non-MTG Over \$1,000 Level 1 Reviewer
Below is a list of users who **have** a Non-MTG Over \$1,000 Level 1 Reviewer designation for **Travelers Group**.

Show [5] entries

First Name	Last Name	Phone #	eMail	Remove	Modify
Michael	[REDACTED]	[REDACTED]	[REDACTED]	Remove	Modify
Tina	[REDACTED]	[REDACTED]	[REDACTED]	Remove	Modify
NonMTGlevel1	Overonek	(518) 122-1222	[REDACTED]	Remove	Modify
ellen	ac	(555) 569-9362	ellen2@na.na	Remove	Modify

Showing 1 to 4 of 4 entries

Previous 1 Next

Users who DON'T have a Non-MTG Over \$1,000 Level 1 Reviewer designation for Travelers Group.

Show [5] entries

First Name	Last Name	Phone #	eMail	Add
Ellen	Aa	(555) 853-6695	ellen@na.na	Add
Eric	[REDACTED]	[REDACTED]	[REDACTED]	Add
Travel	ConfFourlevOne	[REDACTED]	[REDACTED]	Add
Trav	DMEFourlevOne	[REDACTED]	[REDACTED]	Add
Michael	Hunter-Test	[REDACTED]	[REDACTED]	Add

Showing 1 to 5 of 42 entries

Previous 1 2 3 4 5 ... 9 Next

Need to add someone new?
[Add New User](#)

Adding New User

- Enter the following information
 - First and last name
 - Address
 - Phone Number
 - Email address

Add New User

*First Name:	M.I.:	*Last Name:
<input type="text" value="First Name"/>	<input type="text"/>	<input type="text" value="Last Name"/>
*Address Line 1:	Address Line 2:	
<input type="text" value="Address"/>	<input type="text" value="Floor, Suite, Apt."/>	
*City:	*State:	*Zip Code:
<input type="text" value="City"/>	<input style="border: none; background-color: #f0f0f0; padding: 2px 5px; font-size: 0.9em; cursor: pointer; text-align: center;" type="text" value="Select State"/> ▼	<input type="text" value="12345"/>
*Area Code:	*Phone Number:	ext:
<input type="text" value="123"/>	<input type="text" value="456-7890"/>	<input type="text"/>
*E-mail Address:		
<input type="text" value="test@test.com"/>		
Comments:		
<input type="text"/>		

Frequently Asked Questions





Q

How will the feature that enables an insurer to request more information from a health care provider work?



A

The insurer will be able to request additional information from the health care provider who submitted the PAR directly within OnBoard: Limited Release. The health care provider will receive a notification that additional information has been requested and will have the opportunity to provide more details. Does not affect the mandatory time frame for response to a PAR, and the health care provider is not obligated to respond.



Will the OnBoard system notify the insurer's claims adjuster handling a specific claim when a new PAR has been received, or will the notification be sent only to the workload administrator?



PAR notifications are sent to the email address the insurer's user administrator has registered for that PAR type/level. Insurers are encouraged to use group emails when possible rather than an individual user's email. For example, ABC Insurance Company may register level1rx@abcinsurance.com for Level 1 medication PAR notifications and ABC Insurance Company can provide access to that email for their various administrators/users. The PAR submission will appear on the Workload Administrator's dashboard for routing appropriately for review.



Since OnBoard: Limited Release is paperless, how will injured workers be notified about activity related to their claim?



Health care providers and insurers are required to notify the injured worker of any actions taken on a prior authorization request related to their claim. The insurer is required to provide a copy of their response, and the health care provider has to notify the injured worker. The Board will continue to mail the injured worker a copy of any action that it takes. Notifications will also be sent to the injured worker's attorney.

Q

Will the Official New York Workers' Compensation Durable Medical Equipment (DME) Fee Schedule indicate which items require prior authorization?

A

An item not found on the DME fee schedule will require a prior authorization. Some items on the DME Fee schedule are designated with a "PA"; these items require prior authorization.



Can an insurer authorize DME requests through a DME supplier that an insurer currently works with?



The insurer may not require the injured worker to use a specific DME supplier just because they are contracted. They may, however, approve an identical line item at a lower cost, but will be required to provide two vendors (including contact information) where the injured worker may obtain the comparable item at a lower cost.



Q

How would an insurer request an IME or record review in OnBoard: Limited Release?



A

An IME can be requested during either a Level 1 or Level 2 review; the updated time frame for response to the PAR will be calculated from the PAR submission date, regardless of whether the IME request was made during a Level 1 or Level 2 review.



Can an insurer determine whether an IME is needed during a Level 1 review, or must that determination be made by the Level 2 reviewer?



Notification that an IME is required is only necessary for MTG Variance and MTG Special Services PARs; this notification can be made by either level.

Q

If a PAR is denied or partially approved during the Level 1 review, is it automatically escalated to a Level 2 for review, or does the treating health care provider need to request a Level 2 review?

A

For all PAR types except Medication, if the PAR is denied or granted in part for medical reasons at the Level 1 review, it will automatically be escalated to a Level 2 review. For Medication PARs, the health care provider will continue to be required to request a Level 2 review.

If a PAR other than medication is denied for administrative reasons, it will go back to the provider and will not escalate to a Level 2 review. The injured worker or their attorney may submit a *Request for Further Action (Form RFA-1LC)* to request adjudication regarding the administrative denial.

If a medication PAR is denied for administrative reasons, the provider can request a Level 2 review.



Will Utilization Review Organizations access OnBoard: Limited Release and be able to have their own workload admin?



Utilization Review Organizations hired by a payer will be able to access OnBoard: Limited Release directly if the payer has set them up with access. Utilization Review Organizations will see and be able to take action on prior authorization requests assigned by the payer's workload administrator. In other cases, the Utilization Review Organization will work directly with the payer according to the payer's processes.



What happens to in-flight Drug Formulary requests?



When OnBoard: Limited Release launches, any authorization obtained before the OnBoard: Limited Release effective date will be valid, and a new authorization won't be required for something already authorized. Any new authorizations requested after the OnBoard: Limited Release effective date will need to go through the new OnBoard system. "In-flight" requests: If the authorization request is submitted prior to the OnBoard: Limited Release effective date, and the timeframe for response has not expired, the request will be migrated to the new system and completed in OnBoard.

Q

Can different contact email addresses be designated for each notification type?

A

Yes, payers can associate a different email address for Level 1 vs. Level 2 requests for each of the PAR types, if desired.

Projects to Coincide with OnBoard

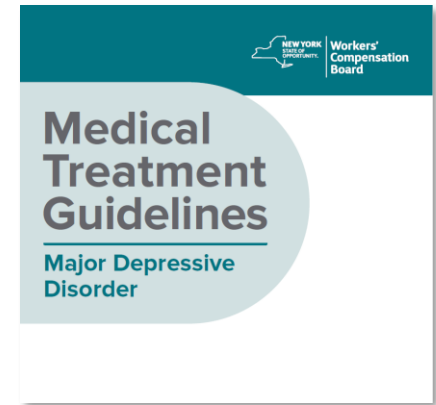
- ***New York Workers' Compensation Drug Formulary (Drug Formulary) Refill Compliance***
 - Deadline for prescription drug refills to comply with the *Drug Formulary* becomes effective with launch of OnBoard: Limited Release

Reminder - OnBoard: Limited Release will include Medication PARs, and replace the current *Drug Formulary* available in the Medical Portal



Projects to Coincide with OnBoard

- ***Workers' Compensation Board's New York Medical Treatment Guidelines***
 - The following become effective with Limited Release:
 - Hand, Wrist and Forearm Injuries (these guidelines will replace the Carpal Tunnel MTGs)
 - Occupational/Work Related Asthma
 - Ankle and Foot Injuries
 - Elbow Injuries
 - Hip and Groin Injuries
 - Occupational Interstitial Lung Disease
 - Post-Traumatic Stress Disorder
 - Major Depressive Disorder
 - Updated Medical Treatment Guidelines coming:
 - **New:** Traumatic Brain Injury
 - Revisions of Mid and Low Back, Neck, Shoulder and Knee



Updates & What's Next

Updated Reference Materials

- Updated Insurer fact sheet
- New frequently asked questions for insurers
- Webinar slides and recordings



Future Insurer Training

- Just-in-time training webinars
- Webinar series
- Training guides and video tutorials
- Q&A webinars
- Website content
- Support channels

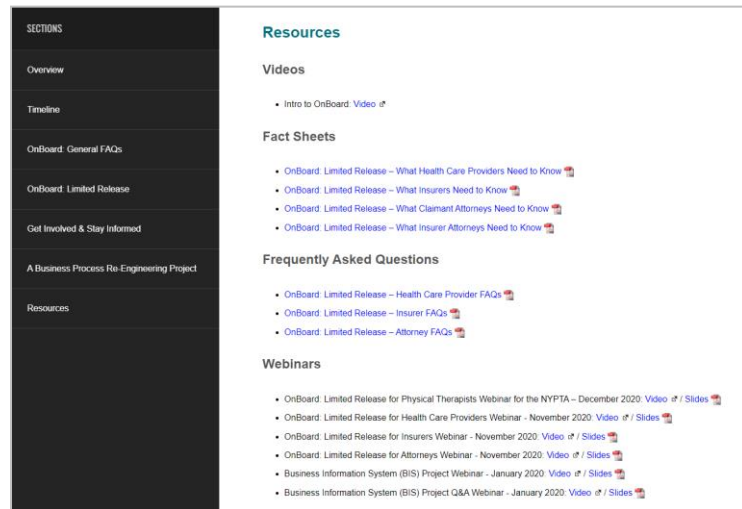


Next Steps for Insurers

- **Get early access!**
- **Review your current paper or fax-based systems. You will no longer be using these!**
- **Review the new registration webpages**
- **Share this information with your Medical Review Organizations and Pharmacy Benefits Managers**

Stay Engaged

- wcb.ny.gov/onboard
 - Overview, timeline, FAQs, resources
- **Subscribe for OnBoard Updates**
 - Subscribe to receive email updates on all things OnBoard!
- Email OnBoard@wcb.ny.gov
- **Questions?**



The screenshot shows the 'Resources' page of the OnBoard website. On the left is a dark sidebar with a 'SECTIONS' menu containing: Overview, Timeline, OnBoard: General FAQs, OnBoard: Limited Release, Get Involved & Stay Informed, A Business Process Re-Engineering Project, and Resources. The main content area is white and titled 'Resources'. It features four sections: 'Videos' with one link 'Intro to OnBoard: Video'; 'Fact Sheets' with four links related to 'Limited Release' for Health Care Providers, Insurers, Claimant Attorneys, and Insurer Attorneys; 'Frequently Asked Questions' with three links for Health Care Provider FAQs, Insurer FAQs, and Attorney FAQs; and 'Webinars' with five links for various webinars including Physical Therapists, Health Care Providers, Insurers, Attorneys, and Business Information System (BIS) Project Q&A.