



**Workers'  
Compensation  
Board**



**OnBoard: Limited Release Training for Payers**

**BETTER FOR WORKERS**

**New York State Workers' Compensation Board**

**BETTER FOR BUSINESS**

# Agenda

1. Recap
2. Timeline
3. Registration and Administration
4. Accessing OBLR
5. Dashboard Walkthrough
6. Responding to a Medication Prior Authorization Request
  1. Level 1 Response
  2. Level 2 Response
7. Training Resources
8. What's Next

# OnBoard: Limited Release

Digitize and streamline the PAR process for the following requests:

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

\*Claim Administrators can no longer “opt out” of the process.  
A response to the PAR is now [mandatory](#).

# New PARs in OnBoard

- Medication PARs (replacing the current Drug Formulary Prior Authorization Request Process)
- Durable Medical Equipment PARs
- Non-MTGs under or = \$1,000

# Timeline

## 1. Phase One

Medication PARs

*\*includes medical marijuana requests via a Medication PAR*

March 7, 2022

## 2. Phase Two

Durable Medical Equipment PARs

April 4, 2022

## 3. Phase Three

Treatment/Testing PARs

May 2, 2022

# Registration

- **The payer (insurer, self-insured entities, or third-party administrator)** access is granted using organizational profiles based on eClaims Trading Partner information. The insurer is ultimately responsible for the review of PARs.
- **Medical Review Organization (MRO)** – A payer may designate a medical review organization to review their PARS.
- **Pharmacy Benefit Manager (PBM)** – PBMs may be designated by the payer to review Level 1 Medication PARs.

**Visit the Medical Portal webpages for payer registration and OnBoard administration information.**

# OnBoard Administration

- **Ensure all roles are set up for OnBoard Limited Release.**
  - Payer Online (User) Administrator
  - Workload Administrator
  - Level 1 Reviewer
  - Level 2 Reviewer
- **Payer Online (User) Administrators should verify they have designated notification emails for every PAR type and level in their medical portal administration application.**
- **View administration instructions on the Medical Portal webpage to assign user roles.**

# Phase One Information

- **Only Medication PARs.**
- **Drug Formulary**
  - Application not accessible as of 5 p.m. on Friday, March 4. It will be available again as “read-only) on Monday, March 7 for review of previously approved medication requests.
  - PARs in progress as of 5 p.m. on Friday, March 4 will be suspended and converted to a Medication PAR in OBLR. Processing will continue in OBLR on Monday, March 7.
  - Refills and renewals of prescription medications must comply with the Drug Formulary as of Monday, March 7.



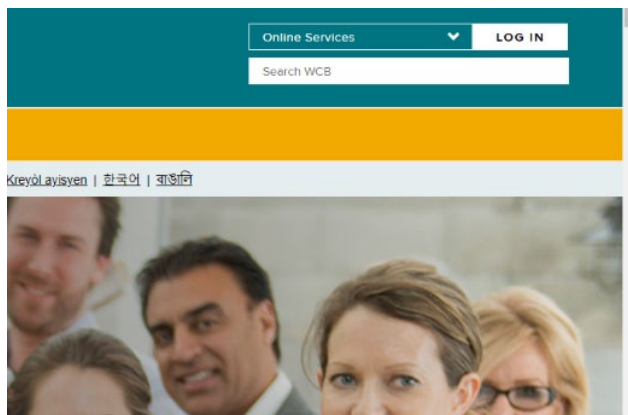


# Accessing OnBoard: Limited Release

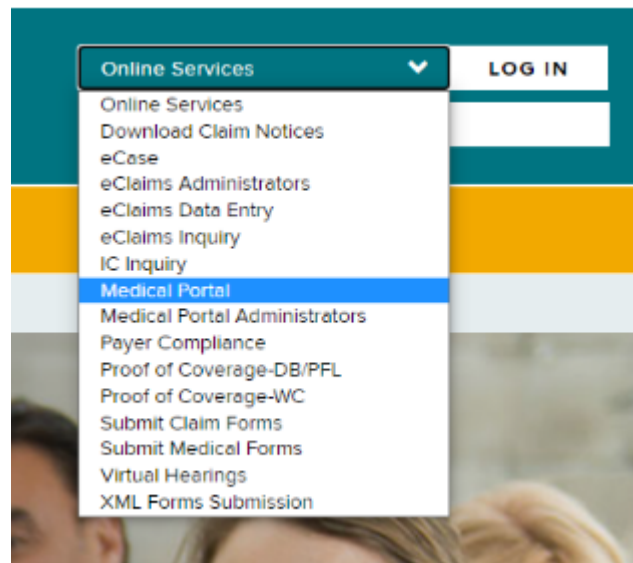


# How to Access OBLR

Locate Online Services dropdown on Board website



Select Medical Portal



# How to Access OBLR

Enter NY.GOV Username and Password



Select  **Prior Authorization PAR**



## Payers

- Training
- Physician Specialty Classification Codes
- New Provider Legislation
- Independent Medical Examinations
- Learn more about the Impartial Specialist Program
- Preferred Provider Organizations
- Medical Portal Administration



## Treatment

- Medical Treatment Guidelines
- MTG Lookup Tool
- Drug Formulary Overview
- Drug Formulary Lookup
-  **Prior Authorization Request (PAR)**
- Prior Authorization Request (PAR) Overview
- Guidelines for Determining Impairment
- Diagnostic Testing Network Lookup
- Medical Treatment Guidelines - Insurer Requirements
- Drug Formulary Prior Authorization - \*VIEW ONLY



## Billing

- Medical Fee Schedules
- Employer Coverage Search
- Web Submission of Claim Forms
- CMS-1500 Initiative
- XML Forms Submission



# Dashboard Walkthrough



# Workload Administrator Dashboard

The screenshot displays the ONBOARD Workload Administrator Dashboard. The top navigation bar includes the ONBOARD logo, 'My Dashboard' (underlined), 'My Downloads', 'My Profile', and 'Medical Portal'. The main content area is titled 'My Dashboard' and features three tabs: 'Prior Auth', 'Draft eForms', and 'Submitted eForms'. Under 'Prior Auth', there are sub-tabs for 'My Organization's PARs' and 'Resolved'. A 'Filter' button is located on the right. Below the tabs, there is a 'Select All' checkbox and an 'Export' button. The main table has columns for PAR ID, Type, Due Date, PAR Status, RFI, Patient, and Claim Admin Claim #. A single row is visible with the following data: PAR ID: PA-00-0002-822, Type: Durable Medical Equipment, Due Date: 07/14/2022, PAR Status: L1 - Requested. The footer shows 'Page 1 of 1', navigation arrows, 'Showing 1-1 of 1', and a dropdown for '10 Items per page'.

**ONBOARD** | My Dashboard | My Downloads | My Profile | Medical Portal

## My Dashboard

Prior Auth | Draft eForms | Submitted eForms

My Organization's PARs | Resolved

Select All |  |

PAR ID	Type	Due Date	PAR Status	RFI	Patient	Claim Admin Claim #
<input type="checkbox"/> <a href="#">PA-00-0002-822</a>	Durable Medical Equipment	07/14/2022	L1 - Requested			

Page 1 of 1 |   **1**   | Showing 1-1 of 1 |  Items per page

# Workload Administrator Assigning PARs

**My Dashboard**

Prior Auth | Draft eForms | Submitted eForms

My Organization's PARs | Resolved

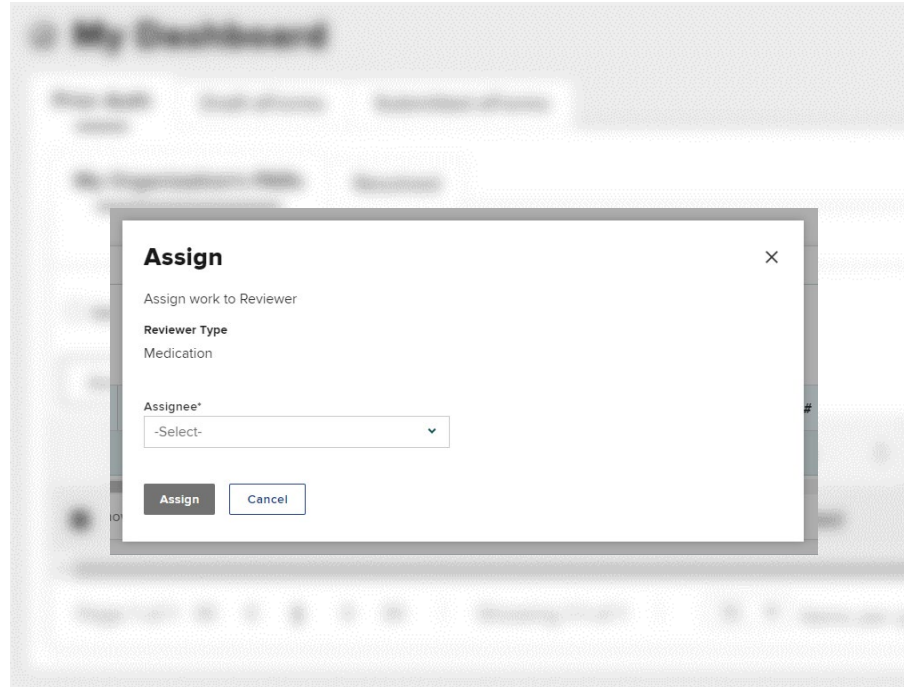
Select All

Assign 1 item(s) selected

	PAR ID	Type	Due Date	PAR Status
<input checked="" type="checkbox"/>	<a href="#">PA-00-0003-476</a>	Medication	12/12/2021	L1 - Requested

Page 1 of 1 | < > 1 > > | Showing 1-1 of 1 | 10 Items per page

# Workload Administrator Assigning PARs



# Workload Administrator Assigning PARs

**My Dashboard**

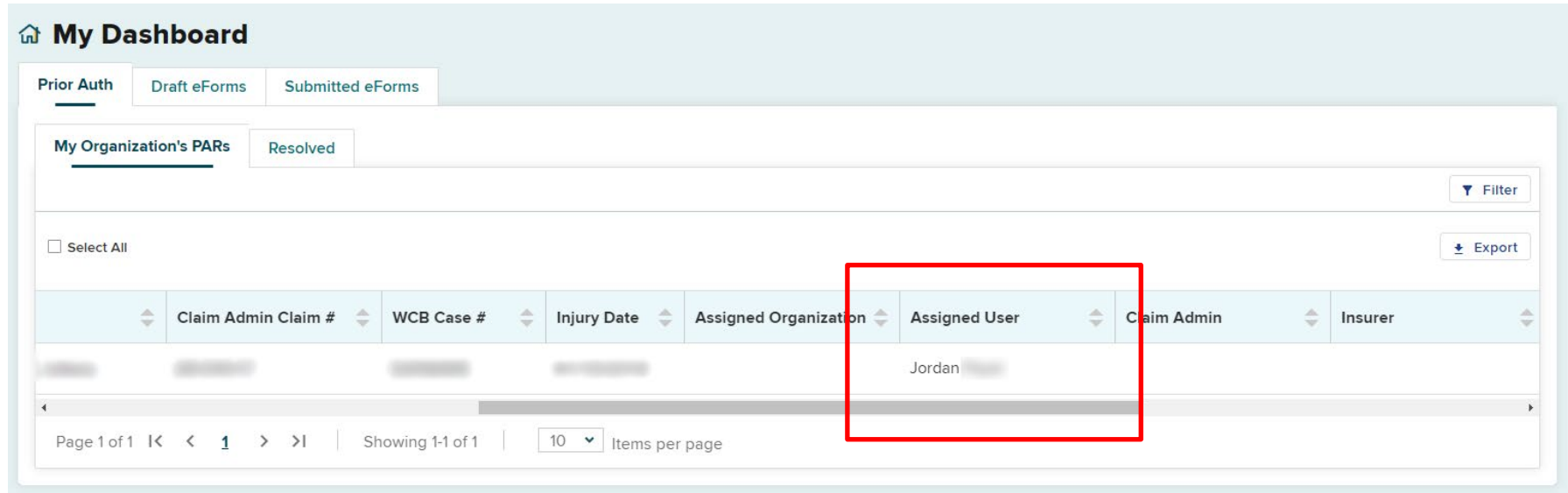
Prior Auth | Draft eForms | Submitted eForms

**My Organization's PARs** | Resolved

Select All Filter | Export

Claim Admin	Claim #	WCB Case #	Injury Date	Assigned Organization	Assigned User	Claim Admin	Insurer
					Jordan		

Page 1 of 1 | Showing 1-1 of 1 | 10 Items per page





# Level 1 or Level 2 Reviewer Dashboard

**ONBOARD** | **My Dashboard** | My Downloads | My Profile ▾ | Medical Portal ↗

## My Dashboard

Prior Auth | Draft eForms | Submitted eForms

My PARs | Resolved

Filter | Export

PAR ID	Type	Due Date	PAR Status	RFI	Patient	Claim Admin Claim #	WCE
<a href="#">PA-00-0003-480</a>	Medication	12/18/2021	L1 - Requested				

Page 1 of 1 | < 1 > | Showing 1-1 of 1 | 10 Items per page

# Workload Administrators Who Are Also Designated Reviewers


The screenshot shows a user interface for a dashboard. At the top left, there is a home icon and the text "My Dashboard". Below this, there are two rows of navigation tabs. The first row contains "Prior Auth" (which is underlined), "Draft eForms", and "Submitted eForms". The second row contains "My Organization's PARs", "My PARs" (which is underlined and highlighted with a red box), and "Resolved". Below the tabs is a table with the following columns: "PAR ID", "Type", "Due Date", "PAR Status", and "RFI". The first row of data in the table is: [PA-00-0049-100](#), Non-MTG Over \$1000, 01/12/2022, L1 - Requested, and RFI with a help icon.

PAR ID	Type	Due Date	PAR Status	RFI ?
<a href="#">PA-00-0049-100</a>	Non-MTG Over \$1000	01/12/2022	L1 - Requested	RFI ?

# My Downloads

## Downloads

Files downloaded in the last 24 hours:

File Name	Related ID	Related Object Type	Date Downloaded	
<a href="#">DO-00-0004-381_12-14-2021-08-40.pdf</a> 	<a href="#">PA-00-0002-900</a>	Prior Authorization	12/14/2021 8:40 AM	

Page 1 of 1 | [◀](#) [▶](#) **1** | Showing 1-1 of 1 |  Items per page

# My Profile

The screenshot shows the ONBOARD My Dashboard interface. At the top, the ONBOARD logo is on the left, and 'My Dashboard' is centered. On the right, there are links for 'My Profile' (with a dropdown arrow) and 'Medical Portal'. The main content area is titled 'My Dashboard' and contains several sections: 'Prior Auth' with sub-sections 'Draft eForms' and 'Submitted eForm'; 'My PARs' with a 'Resolved' sub-section; and a table of PARs. The table has columns for 'PAR ID', 'Type', 'Claim Admin', 'Claim #', and 'WCE'. A row is visible with 'PA-00-0003-480' and 'Medication'. At the bottom, there is a pagination control showing 'Page 1 of 1' and navigation arrows. A red box highlights a 'My Profile' dropdown menu that is open, showing options: 'My Account', 'My Organizations', and 'Log Out'. A red arrow points from the 'My Profile' link in the top navigation to the dropdown menu.

ONBOARD | My Dashboard | My Profile ▾ | Medical Portal

## My Dashboard

Prior Auth | Draft eForms | Submitted eForm

My PARs | Resolved

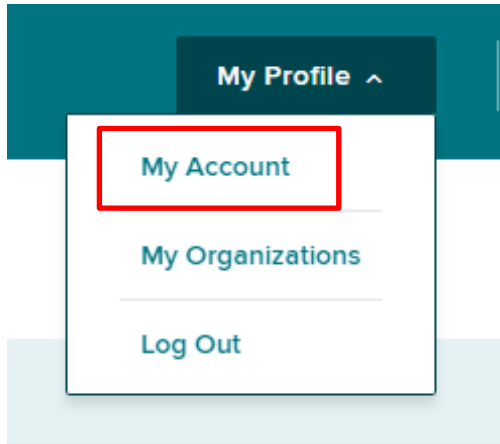
PAR ID	Type	Claim Admin	Claim #	WCE
PA-00-0003-480	Medication			

Page 1 of 1 | < > 1 | Show

### My Profile ▾

- My Account
- My Organizations
- Log Out

# My Account



## Your Profile

### My Account

Your User Name is a Board assigned User ID and cannot be changed. Updates to the name and email address associated to your account must be made through the Medical Portal administration application. If you are not a health care provider or online user administrator you must speak with your organization's user administrator. More information can be found on the [Board's Website](#).

**User Name**  
Training.PayerWorkloadAdmin

**User Email Address**  
[Redacted]

### Contact Information

**First Name**  
TestUser

**Middle Name**

**Last Name**  
TestUser

**Name Suffix**

**Phone Country Code\***  
+1

**Phone Number\***  
(555) 555-5555

**Extension**

**Phone Type\***  
Mobile

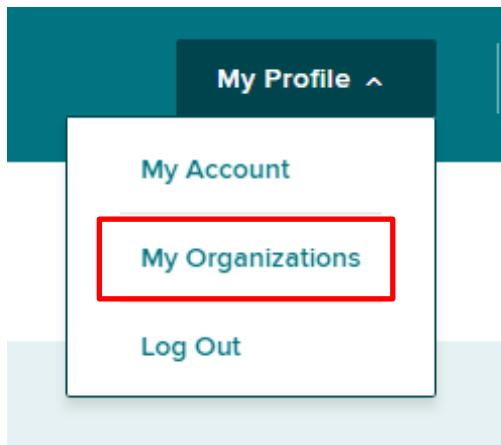
### Notification Preferences

Please select the notifications you would like to opt-in to receive.

- PAR Status Update - Email
- New Item in Queue - Email
- Text Message Opt-In - Standard Carrier Msg & Data Rates May Apply.

**Save** **Cancel**

# My Organizations



ONBOARD | My Dashboard | My Downloads | My Profile | Medical Portal

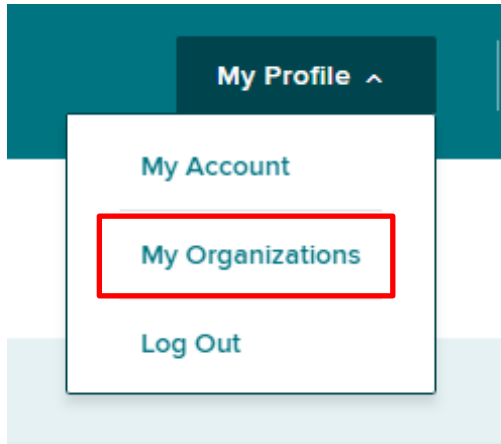
Dashboard > My Organizations

### My Organizations

Type	Name	Roles	Start Date
Insurer	<a href="#">Cycle 8 Insurance</a>	Medication Work Load Administrator	01/01/2020
Insurer	<a href="#">Cycle 8 Insurance</a>	DME Work Load Administrator	01/01/2020
Insurer	<a href="#">Cycle 8 Insurance</a>	MTG/Non-MTG Work Load Administrator	01/01/2020

Page 1 of 1 | < 1 > | Showing 1-3 of 3 | 10 Items per page

# Organization Details



### Cycle 8 Insurance

Insurer ID: [REDACTED]

#### Overview

<b>Insurer Name</b> Cycle 8 Insurance	<b>Group Name</b> Cycle 8 Trust	<b>Insurer FEIN</b> [REDACTED]
<b>NAIC Code</b> [REDACTED]	<b>Insurer Type</b> Licensed Carrier	<b>Insolvent?</b> No

Created: 01/28/2021 11:16 AM by [REDACTED] Last Updated: 01/28/2021 11:16 AM by [REDACTED]

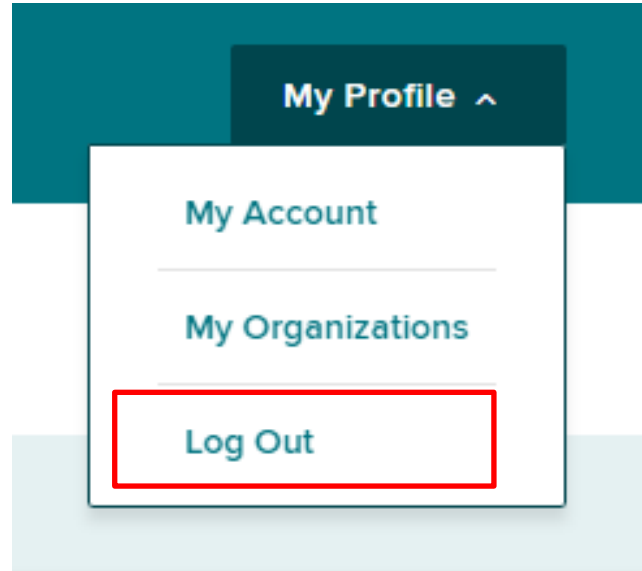
#### Addresses

[Filter](#)

Invalid?	Source	Type	Address	Effective Date	End Date	Status
> No	[REDACTED]	Primary Contact	[REDACTED]			Active

Page 1 of 1 | < 1 > | Showing 1-1 of 1 | 10 Items per page

# Log Out





# Dashboard Features

## Sorting Columns

The screenshot shows the ONBOARD dashboard interface. At the top, there is a navigation bar with 'ONBOARD' on the left, 'My Dashboard' (underlined), 'My Downloads', 'My Profile' with a dropdown arrow, and 'Medical Portal' with an external link icon. Below the navigation bar, the main content area is titled 'My Dashboard' with a home icon. There are two tabs: 'Prior Auth' (selected) and 'Submitted eForms'. Under 'Prior Auth', there is a sub-tab 'My PARs' with a 'Resolved' sub-tab. A table is displayed with columns: 'PAR ID', 'Type', 'Due Date', 'PAR Status', 'RFI', 'Patient', 'Claim Admin Claim #', and 'WCE'. The 'Due Date' column is highlighted with a red box, and a callout box points to it containing the text 'Due Date' and a double-headed vertical arrow, indicating that this column is currently sorted. The table has one row of data: 'PA-00-0003-480', 'Medication', '12/18/2021', 'L1 - Requested', and several blurred cells. At the bottom of the table, there is a pagination control showing 'Page 1 of 1', navigation arrows, 'Showing 1-1 of 1', and a dropdown menu set to '10' items per page.

# Dashboard Features

## Filtering Columns

**My Dashboard**

Prior Auth | Draft eForms | Submitted eForms

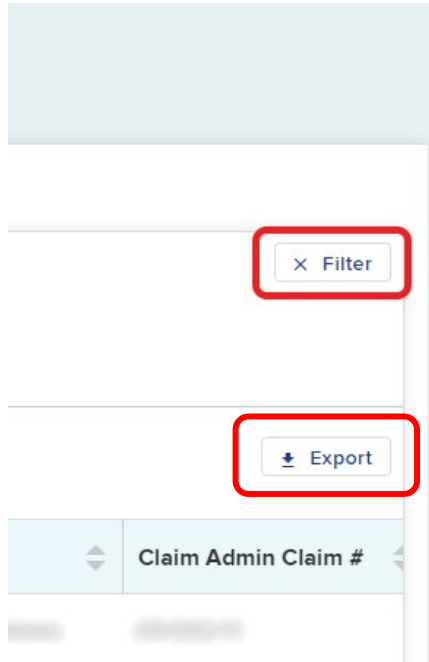
My Organization's PARs | Resolved

Search Type

	Due Date	PAR Status	RFI	Patient	Claim Admin Claim #
Variance	12/14/2022	L1 - Requested		XXXXXX-XXXX-XXXX	00000000
Variance	12/14/2022	L1 - Requested		XXXXXX-XXXX-XXXX	00000000
Variance	12/14/2022	L1 - Requested		XXXXXX-XXXX-XXXX	00000000

# Dashboard Features

## Export



# PAR Status on Dashboard

	PAR ID	Type	Due Date	PAR Status	RFI	Patient	Claim Admin Claim #	WCB Case #	Injury Date
<input type="checkbox"/>	<a href="#">PA-00-0001-625</a>	Non-MTG Over \$1000	01/10/2022	L1 - Requested					
<input type="checkbox"/>	<a href="#">PA-00-0001-648</a>	MTG Confirmation	07/14/2022	L1 - Requested					
<input type="checkbox"/>	<a href="#">PA-00-0001-649</a>	MTG Confirmation	07/14/2022	L1 - Requested					

Examples: L1 – Requested, L1 – Denied, L2 – Requested, L2 – Granted in Part, L3 – Review Requested, L3 – Review Rejected

# Prior Auth – Resolved Tab

**My Dashboard**

Prior Auth | Draft eForms | Submitted eForms

My Organization's PARs | **Resolved**

[Filter](#)

PAR ID	Type	Patient	DOB	PAR Status	PAR Status Date	Inj
<a href="#">PA-00-0003-477</a>	Medication			L2 Granted - Final	12/13/2021 12:26:34	01

Page 1 of 1 | < > 1 > | Showing 1-1 of 1 | 10 Items per page

# Draft eForms Tab

## My Dashboard

Prior Auth

**Draft eForms**

Submitted eForms

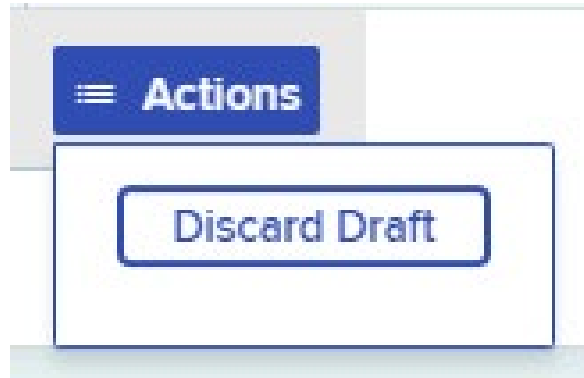
If you want to resume an existing draft of an eForm, do so from the link in the 'Draft eForm Name' column.

Filter

Draft eForm Name	Patient Name	Patient DOB	WCB Case #	eForm Details	For	Sta
<a href="#">PAR: Special Services Level 1 Review Draft</a>				<a href="#">PA-00-0002-900</a>	Cycle 8 Insurance	Dra

Page 1 of 1 | < > 1 > | Showing 1-1 of 1 | 10 Items per page

# Discard Draft



# Submitted eForms

## My Dashboard

Prior Auth

Draft eForms

**Submitted eForms**

Filter

eForm Document

eForm Name

Patient Name

Patient  
DOB

WCB Case #

eForm Details

[348943](#)

PAR: Medication Level 1 Denial

[348932](#)

PAR: Medication Level 1 Grant

[348079](#)

PAR: Medication Level 1 Grant in Part

PAR: MTG Variance Insurer Denial

[PA-00-0003-479](#)

[PA-00-0003-476](#)

[PA-00-0001-775](#)

[PA-00-0001-043](#)



# Submitted eForms



# PAR Details

Patient Name: [REDACTED] | WCB Case #: [REDACTED] | Status: L1 - Requested  
Patient DOB: 12/26/1975 | Date of Injury: [REDACTED] | System ID: PA-00-0002-822

Related Entities | Request Details | Medical Necessity | Documents | Related PARs | Correspondence History | Related Activity

## Patient Details

Patient Name

Last four of Patient SSN

Patient DOB

## Claim Details

WCB Case #

Date of Injury

Claim Admin Claim #

Case Controverted

No

Body Part(s)/Condition(s)

involving the neck

## Prior Authorization Request

Prior Authorization Request Type

Durable Medical Equipment

Requested Date

10/05/2021

PAR ID	Type
<input type="checkbox"/> <a href="#">PA-00-0002-822</a>	Durable



# Related Entities

Patient Name: [REDACTED] | WCB Case #: [REDACTED] | Status: L1 - Requested  
Patient DOB: 12/26/1975 | Date of Injury: [REDACTED] | System ID: PA-00-0002-822

Related Entities | Request Details | Medical Necessity | Documents | Related PARs | Correspondence History | Related Activity

### Related Entities and Users

Health Care Provider | Payer | Claimant

Healthcare Provider: [REDACTED] →

WCB Authorization # [REDACTED]      National Provider Identifier (NPI) [REDACTED]      Provider Type on this PAR  
Physician

### Related Entities and Users

Health Care Provider | Payer | Claimant

Claim Sender: Cycle 8 Insurance →

WC Insurer ID [REDACTED]      Entity Type  
Issuer

Associated Users — Actions

Select Column      Search Type      Apply      Reset      Clear      Status equals Active

Name	Role(s)	Email Address	Phone #	Notification Method	Access Start Date	Access End Date	Status
No Results Found							

### Related Entities and Users

Health Care Provider | Payer | Claimant

Claimant: [REDACTED]

WCB Case # [REDACTED]      Entity Type  
Claimant      Contact Address [REDACTED]      Attorney Email Addresses [REDACTED]

# Request Details

Patient Name: ██████████  
Patient DOB: 12/26/1975

WCB Case #: ██████████  
Date of Injury: ██████████

Status: L1 - Requested  
System ID: PA-00-0002-822



- Related Entities
- Request Details**
- Medical Necessity
- Documents
- Related PARs
- Correspondence History
- Related Activity

## Request Details

### Overall Responses

Overall L1 Insurer Response	L1 Reviewer Name - Title	L1 Response Date & Time
Deny	██████████	08/12/2021 2:13 PM
Overall L2 Insurer Response	L2 Reviewer Name - Title	L2 Response Date & Time
Deny	██████████	08/12/2021 2:14 PM

### Request Items

#### Request #1

Body Part	HCPSC Code & Description	MTG Reference
Bilateral Disc	L0113: Cranial cervical orthosis, torticollis type, with or without joint, with or without soft interface material, prefabricated, includes fitting and adjustment	Neck - NONE: Other - Not Addressed in MTG - Cervical Spine

+ Expand All

- Additional Request Details
- Level 1 Insurer Response Details
- Level 2 Insurer Response Details

# Request Details

Patient Name: ██████████  
Patient DOB: 12/26/1975

WCB Case #: ██████████  
Date of Injury: ██████████

Status: L1 - Requested  
System ID: PA-00-0002-822



Related Entities

Request Details

Medical Necessity

Documents

Related PARs

Correspondence History

Related Activity

- Collapse All

### Additional Request Details

DME Duration	Estimated Purchase Price	Estimated Rental Price
100	\$257.81	\$0.00

### Level 1 Insurer Response Details

#### L1 Insurer Response

Deny

#### Purchase or Rental

#### Denial Category

Medical Reasons

#### Denial Reason

Medical Necessity - documentation absent

#### Denial Rationale

Insufficient medical documentation.

### Level 2 Insurer Response Details

#### L2 Insurer Response

Deny

#### Purchase or Rental

#### Denial Category

Medical Reasons

#### Denial Reason

Medical Necessity - documentation absent

#### Denial Rationale

Insufficient documentation.

### Additional PAR Details

Is this Claim Apportioned?

No

# Medical Necessity

Patient Name: [REDACTED]  
Patient DOB: 12/26/1975

WCB Case # [REDACTED]  
Date of Injury [REDACTED]

Status: L1 - Requested  
System ID: PA-00-0002-822



Related Entities

Request Details

Medical Necessity

Documents

Related PARs

Correspondence History

Related Activity

## Statement of Medical Necessity

Statement Of Medical Necessity

Statement of medical necessity entered here. 

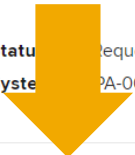
Information related to medical necessity may also be viewed in the Documents section below if the provider uploaded supporting documentation.

# Documents

Patient Name: [Redacted]  
Patient DOB: 12/26/1975

WCB Case #: [Redacted]  
Date of Injury: [Redacted]

Status: Requested  
System: PA-00-0002-822



- Related Entities
- Request Details
- Medical Necessity
- Documents**
- Related PARs
- Correspondence History
- Related Activity

## Documents

Filter

Document ID	Form ID	Form Name	Received Date	Submitting User	On Behalf of
<a href="#">DO-00-0004-381</a>	SS-CP	PAR: MTG Special Services Insurer IME Scheduler	11/17/2021 1:40 PM	[Redacted]	
<a href="#">DO-00-0004-380</a>	SS-L1	PAR: MTG Special Services Level 1 Request	11/17/2021 1:37 PM	Jordan [Redacted]	<a href="#">CONNIE</a>

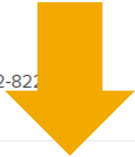
Page 1 of 1 | < 1 > | Showing 1-2 of 2 | 10 Items per page

# Related PARs

Patient Name: [REDACTED]  
Patient DOB: 12/26/1975

WCB Case #: [REDACTED]  
Date of Injury: [REDACTED]

Status: L1 - Requested  
System ID: PA-00-0002-822



- Related Entities
- Request Details
- Medical Necessity
- Documents
- Related PARs**
- Correspondence History
- Related Activity

## Related PARs

Filter				
PAR ID	Type	Provider	Request Date	Status
PA-00-0003-140	Medication	[REDACTED]	11/29/2021	L1 - Requested
PA-00-0003-141	Medication	[REDACTED]	11/29/2021	L1 - Requested



Patient Name: [REDACTED]  
Patient DOB: 12/26/1975

WCB Case #: [REDACTED]  
Date of Injury: [REDACTED]

Status: L1 - Requested  
System ID: PA-00-0002-822



- Related Entities
- Request Details
- Medical Necessity
- Documents
- Related PARs
- Correspondence History
- Related Activity

### Correspondence History

Activity	Activity Status	Comments	Supporting Attachment	Assignee	Response Date	
Provider Response Requested	Ready	Please provide more mec	<input type="checkbox"/>	[REDACTED]	09/28/2021	<a href="#">Actions</a>

Page 1 of 1 | < > 1 > > | Showing 1-1 of 1 | 10 Items per page

Please provide more medical documentation.

Patient Name: [REDACTED]  
Patient DOB: 12/26/1975

WCB Case #: [REDACTED]  
Date of Injury: [REDACTED]

Status: L1 - Requested  
System ID: PA-00-0002-822

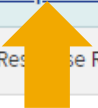


- Related Entities
- Request Details
- Medical Necessity
- Documents
- Related PARs
- Correspondence History**
- Related Activity

### Correspondence History

Activity	Activity Status	Comments	Supporting Attachment
<a href="#">Provider Response Submitted</a>	Auto Closed		<input checked="" type="checkbox"/>
Provider Response Requested	Completed	Please provide more medic	<input type="checkbox"/>

Page 1 of 1 | < 1 > | Showing 1-2 of 2 | 10 Items per page



### Response to Insurer

Request for further information:

Additional information for insurer:

**Supporting Attachment(s)**  
Supporting attachments will open in a new tab.

- [DO-00-0005-541](#)

# Responding to a Medication Prior Authorization Request



# Level 1 Review

ONBOARD **My Dashboard** My Downloads My Profile Medical Portal

## My Dashboard

Prior Auth Draft eForms Submitted eForms

My PARs Resolved

Filter Export

PAR ID	Type	Due Date	PAR Status	RFI	Patient	Claim Admin Claim #	WCB Case #	Injury
<a href="#">PA-00-0003-476</a>	Medication	12/12/2021	L1 - Requested					



# PAR Details

## Medication Request

Patient Name: ██████████ | WCB Case #: ██████████ | Status: L1 - Requested  
Patient DOB: ██████████ | Date of Injury: ██████████ | System ID: PA-00-0003-480

Actions ^

Respond To Request

Request for Further Information

Related Entities

Request Details

Medical Necessity

Documents

Related PARs

Correspondence History

Related Activity

### Patient Details

Patient Name

██████████

Last four of Patient SSN

████████

Patient DOB

████████

### Claim Details

WCB Case #

██████████

Date of Injury

████████

Claim Admin Claim #

██████████

Case Controverted

No

Body Part(s)/Condition(s)

to the left knee

### Prior Authorization Request

Prior Authorization Request Type

Medication

Requested Date

12/14/2021

# Request For Further Information

The screenshot displays a web interface for a Request for Further Information. At the top right, there is a dark blue button labeled "Actions" with a downward arrow. A dropdown menu is open below it, containing two options: "Respond To Request" and "Request for Further Information". The second option is highlighted with a red rectangular border. To the left of the dropdown, the text "ited" and "0003-480" is visible. Below the dropdown, there are three tabs: "Related PARs", "Correspondence History", and "Related Activity". The "Correspondence History" tab is active. Below the tabs, there is a large light blue rectangular area. In the center of this area, the text "Patient DOB" is displayed above a blurred grey box.

# Request For Information

## Medication Request

Patient Name: ██████████ WCB Case #: ██████████ Status: L1 - Requested  
Patient DOB: ██████████ Date of Injury: ██████████ System ID: PA-00-0003-480

Actions ^

Respond To Request

Request for Further Information

Related Entities Request Details Medical Necessity Documents Related PARs Correspondence History Related Activity

### Request for Further Information (RFI)



#### Patient Details

Patient Name

Request for Further Information\*

#### Claim Details

0 / 1000

WCB Case #

Submit

Cancel

Case Controverted

No

Body Part(s)/Condition(s)

to the left knee

#### Prior Authorization Request

Prior Authorization Request Type

Medication

Requested Date

12/14/2021

# Request For Information










PAR ID	Type	Due Date	PAR Status	RFI	Patient	Claim Admin Claim #	WCB Case #	Injury
<a href="#">PA-00-0003-476</a>	Medication	12/12/2021	L1 - Reque					

RFI ⓘ

Sent



# Request For Information

 Accessing OnBoard	 Request for Further Information
 Dashboard Overview	 Notifications for Updates to Dashboard
 Workload Administrator: Dashboard	 Pharmacy Benefit Managers PAR Determination Email Notification
 Workload Administrator: Assigning PARs	 Medication PAR
 Generated Documents	

# Level 1 Response



# Level 1 Insurer Response

**Status:** L1 - Requested  
**System ID:** PA-00-0003-480

**Actions** ^

- Respond To Request
- Request for Further Information

**Medical Necessity**    **Documents**    **Related PARs**    **Correspondence History**    **Related Activity**

---

**Last four of Patient SSN**                      **Patient DOB**

██████    ██████

---

**Date of Injury**                                      **Claim Admin Claim #**

██████    ██████

# Insurer Response Grant

Prior Authorization request: PA-00-0003-477 | Step 1 of 4

## PAR Summary and Insurer Response

Save as Draft

Insurer Response to Prior Authorization: RX

Please Note: This is a new submission. If you would like to continue with a previous submission, navigate back to your dashboard and look for your draft in the draft eForms list.

INSURER RESPONSE TO PRIOR AUTHORIZATION: RX

- PAR Summary and Insurer Response
- Insurer Response Details
- Supporting Documentation
- Review and Submit

Please provide your response for each line item below.

<b>Therapeutic Category</b> Narcotic	<b>Medication (Name/Strength)</b> Oxycodone/5mg	
<b>Quantity</b> 60	<b>Days Supply</b> 30	<b>Number of Refills</b> 0
<b>Type of Drug</b> Generic	<b>Type of Prescription</b> New (Including Change in Dosage)	<b>Route of Administration</b> Oral/SL/Buccal

Insurer Response

- Select-
- Grant
- Grant In Part
- Deny

Overall Response to PAR

Insurer Response Details →

Exit

# Insurer Response

## Grant without Prejudice

INSURER RESPONSE TO PRIOR AUTHORIZATION: RX

- **PAR Summary and Insurer Response**
- Insurer Response Details
- Supporting Documentation
- Review and Submit

Please provide your response for each line item below.

<b>Therapeutic Category</b> Narcotic	<b>Medication (Name/Strength)</b> Oxycodone/5mg	
<b>Quantity</b> 60	<b>Days Supply</b> 30	<b>Number of Refills</b> 0
<b>Type of Drug</b> Generic	<b>Type of Prescription</b> New (Including Change in Dosage)	<b>Route of Administration</b> Oral/SL/Buccal

Insurer Response

Grant

Is this request granted without Prejudice?

Yes  No

**Overall Response to PAR**  
Granted

[Insurer Response Details](#) → [Exit](#)

# Insurer Response

## Grant without Prejudice

**INSURER RESPONSE TO PRIOR AUTHORIZATION: RX**

- PAR Summary and Insurer Response**
- Insurer Response Details
- Supporting Documentation
- Review and Submit

Insurer Response  
Grant

Is this request granted without Prejudice?\*

Yes  No

Reason for Granting without Prejudice\*

Claim Controverted

Complete the following fields regarding the FROI-Denial/SROI-Denial or upload a copy in the Supporting Documents portion of this eform.

FROI-Denial or SROI-Denial Date 📅  
(mm/dd/yyyy)

WCB Document ID Number

Rationale for Granting without Prejudice  
0 / 1000

Overall Response to PAR  
Granted

[Insurer Response Details →](#) [Exit](#)

# Insurer Response

## Grant in Part

Prior Authorization request: PA-00-0003-477 | Step 1 of 4

### PAR Summary and Insurer Response

Save as Draft

Insurer Response to Prior Authorization: RX

Please Note: This is a new submission. If you would like to continue with a previous submission, navigate back to your dashboard and look for your draft in the draft eForms list.

INSURER RESPONSE TO PRIOR AUTHORIZATION: RX

- PAR Summary and Insurer Response
- Insurer Response Details
- Supporting Documentation
- Review and Submit

Please provide your response for each line item below.

<b>Therapeutic Category</b> Narcotic	<b>Medication (Name/Strength)</b> Oxycodone/5mg	
<b>Quantity</b> 60	<b>Days Supply</b> 30	<b>Number of Refills</b> 0
<b>Type of Drug</b> Generic	<b>Type of Prescription</b> New (Including Change in Dosage)	<b>Route of Administration</b> Oral/SL/Buccal

**Insurer Response**

- Select-
- Grant
- Grant In Part**
- Deny

**Overall Response to PAR**

Insurer Response Details →

Exit

# Insurer Response

## Grant in Part without Prejudice

**INSURER RESPONSE TO PRIOR AUTHORIZATION: RX**

- PAR Summary and Insurer Response**
- Insurer Response Details
- Supporting Documentation
- Review and Submit

**Insurer Response**  
Grant In Part

Is this request Granted without Prejudice?  
 Yes  No

**Name of Medication being granted in part\***

**Quantity being granted\***  **Number of refills being granted\***

**Rationale for Grant in part\***  
This is approval for Qty #30 with 0 refills. The injured worker has been filling Qty #30 for the last 6 months and there is no documentation provided as to why an increase to Qty #60 is needed.

193 / 1000

**Overall Response to PAR**  
Granted in Part

[Insurer Response Details →](#) [Exit](#)



# Insurer Response Deny

Prior Authorization request: PA-00-0003-478 | Step 1 of 4

## PAR Summary and Insurer Response

Save as Draft

Insurer Response to Prior Authorization: RX

Please Note: This is a new submission. If you would like to continue with a previous submission, navigate back to your dashboard and look for your draft in the draft eForms list.

INSURER RESPONSE TO PRIOR AUTHORIZATION: RX

- PAR Summary and Insurer Response
- Insurer Response Details
- Supporting Documentation
- Review and Submit

Please provide your response for each line item below.

<b>Therapeutic Category</b> Narcotic	<b>Medication (Name/Strength)</b> Oxycodone/5mg	
<b>Quantity</b> 60	<b>Days Supply</b> 30	<b>Number of Refills</b> 0
<b>Type of Drug</b> Generic	<b>Type of Prescription</b> New (Including Change in Dosage)	<b>Route of Administration</b> Oral/SL/Buccal

Insurer Response

- Select-
- Grant
- Grant In Part
- Deny

Overall Response to PAR

Insurer Response Details →

Exit

# Insurer Response

## Deny

INSURER RESPONSE TO PRIOR  
AUTHORIZATION: RX

● **PAR Summary and Insurer  
Response**

- Insurer Response Details
- Supporting Documentation
- Review and Submit

Insurer Response

Deny

Denial Category\*

Medical Reasons

Denial Reason\*

- Initiation of Medication - no supporting documentation
- Continuation of Medication - no documentation of efficacy
- Trial/Failure of Formulary Medication - no documentation of usage
- Pain Medication - multiple without documented efficacy
- Requested Medication - does not match care plan
- Brand Request - no documentation of need for use of
- Other

Rationale for Denial\*

0 / 1000

# Claim Apportioned

## INSURER RESPONSE TO PRIOR AUTHORIZATION: RX

● PAR Summary and Insurer Response

● Insurer Response Details

○ Supporting Documentation

○ Review and Submit

Is this Claim apportioned?\*

Yes  No

Title of the Reviewer\*

-Select-

### Request Items

**Insurer Response:** Grant

**Therapeutic:** Narcotic

**Category:**

+ Show Descriptions

← PAR Summary and Insurer Response

Supporting Documentation →

Exit

# Claim Apportioned

**INSURER RESPONSE TO PRIOR AUTHORIZATION: RX**

- PAR Summary and Insurer Response
- **Insurer Response Details**
- Supporting Documentation
- Review and Submit

Is this Claim apportioned?\*

Yes  No

Amount or Percentage covered?\*

0 / 10

Additional apportionment information?\*

0 / 250

Title of the Reviewer\*

L1 Reviewer ▾

---

**Request Items**

**Insurer Response:** Grant

**Therapeutic:** Narcotic

**Category:**

+ Show Descriptions

← PAR Summary and Insurer Response   Supporting Documentation →   Exit

# Supporting Documentation

INSURER RESPONSE TO PRIOR  
AUTHORIZATION: RX

● PAR Summary and Insurer  
Response

● Insurer Response Details

● **Supporting  
Documentation**

○ Review and Submit

## Upload Supporting Attachment(s)

Recommended document format is PDF (.pdf). Other acceptable formats are: text (.doc, .docx, .rtf, .txt), spreadsheet (.csv, .xls, .xlsx, .ods), and image (.tiff, .jpeg, .jpg, .png). Non-PDF files will be converted to PDF. The maximum combined total for all uploaded documents is 30 MB.

 Upload

[← Insurer Response Details](#)

[Review and Submit →](#)

[Exit](#)

# Supporting Documentation

## Upload Document ×

Type\*

Description\*

0 / 256

[Browse](#)

No File Selected

[Upload](#) [Cancel](#)

# Supporting Documentation

INSURER RESPONSE TO PRIOR AUTHORIZATION: RX

- PAR Summary and Insurer Response
- Insurer Response Details
- **Supporting Documentation**
- Review and Submit

## Upload Supporting Attachment(s)

Recommended document format is PDF (.pdf). Other acceptable formats are: text (.doc, .docx, .rtf, .txt), spreadsheet (.csv, .xls, .xlsx, .ods), and image (.tiff, .jpeg, .jpg, .png). Non-PDF files will be converted to PDF. The maximum combined total for all uploaded documents is 30 MB.

[Upload](#)

File Name	Type	Description	Actions
Medication Documentation.pdf	Supporting Medical Documentation	Supporting documentation attached.	<a href="#">Update Description</a> <a href="#">Remove</a>

[← Insurer Response Details](#) [Review and Submit →](#) [Exit](#)

✔ Your document has been uploaded successfully.

# FROI SROI Documents

## Granting or Granting in Part Without Prejudice

**INSURER RESPONSE TO PRIOR AUTHORIZATION: RX**

- PAR Summary and Insurer Response
- Insurer Response Details
- **Supporting Documentation**
- Review and Submit

### Upload Required Documentation

Recommended document format is PDF (.pdf). Other acceptable formats are: text (.doc, .docx, .rtf, .txt), spreadsheet (.csv, .xls, .xlsx, .ods), and image (.tiff, .jpeg, .jpg, .png). Non-PDF files will be converted to PDF. The maximum combined total for all uploaded documents is 30 MB.

File Name	Type	Description	Actions
	FROI-Denial	FROI-Denial	<a href="#">Upload</a>
	SROI-Denial	SROI-Denial	<a href="#">Upload</a>

### Upload Supporting Attachment(s)

Recommended document format is PDF (.pdf). Other acceptable formats are: text (.doc, .docx, .rtf, .txt), spreadsheet (.csv, .xls, .xlsx, .ods), and image (.tiff, .jpeg, .jpg, .png). Non-PDF files will be converted to PDF. The maximum combined total for all uploaded documents is 30 MB.

[Upload](#)

[← Insurer Response Details](#) [Review and Submit →](#) [Exit](#)



# Review PAR Response

**INSURER RESPONSE TO PRIOR AUTHORIZATION: RX**

- PAR Summary and Insurer Response
- Insurer Response Details
- Supporting Documentation
- Review and Submit**

### Insurer Responses [Edit](#)

<b>Therapeutic Category</b> Narcotic	<b>Medication (Name/Strength)</b> Oxycodone/5mg	
<b>Quantity</b> 60	<b>Days Supply</b> 30	<b>Number of Refills</b> 0
<b>Type of Drug</b> Generic	<b>Type of Prescription</b> New (Including Change in Dosage)	<b>Route of Administration</b> Oral/SL/Buccal

---

**L1 Insurer Response:** Grant

**Is this request granted without Prejudice?** No

**Overall Response to PAR**  
Granted

### Insurer Response Details [Edit](#)

**Is this Claim apportioned?**  
No

**Title of the Reviewer**  
L1 Reviewer

### Supporting Documentation [Edit](#)

**Supporting Medical Documentation**  
Supporting documentation attached. - Medication Documentation.pdf

[← Supporting Documentation](#) [Submit →](#) [🔍 Preview](#) [🚪 Exit](#)

# Submission Confirmation

## PAR: Medication Level 1 Grant - RX-L1G Successfully Submitted

**Your response was created. This submission has been added to your Submitted eForms.**

From [My Dashboard](#) you can check the status of the PAR and view, print, or download the completed eForm.

---

### eForm Confirmation #

348932

### PAR Details

[PA-00-0003-476](#) XXXXXXXXXX

# Submitted eForms

## My Dashboard

Prior Auth

Draft eForms

**Submitted eForms**

Filter

eForm Document	eForm Name	Patient Name	Patient DOB	WCB Case #	eForm Details	For
<a href="#">348932</a>	PAR: Medication Level 1 Grant				<a href="#">PA-00-0003-476</a>	Cycle 8 Insurance

eForm Document	eForm Name	Patient Name	Patient DOB	WCB Case #	eForm Details	For
<a href="#">348934</a>	PAR: Medication Level 1 Grant in Part				<a href="#">PA-00-0003-477</a>	Cycle 8 Insurance

eForm Document	eForm Name	Patient Name	Patient DOB	WCB Case #	eForm Details	For
<a href="#">348936</a>	PAR: Medication Level 1 Denial				<a href="#">PA-00-0003-478</a>	Cycle 8 Insurance

# Resolved

## My Dashboard

Prior Auth

Draft eForms

Submitted eForms

My PARs

Resolved


Filter

PAR ID	Type	Patient	DOB	PAR Status	PAR Status Date	Injury Date	WCB Case #
<a href="#">PA-00-0003-476</a>	Medication	[REDACTED]	[REDACTED]	L1 Granted - Final	12/08/2021 14:21:54	[REDACTED]	[REDACTED]

# Level 2 Response



# Level 2 Responses

 **My Dashboard**

Prior Auth   Draft eForms   Submitted eForms

My PARs   Resolved

[Filter](#)   [Export](#)

PAR ID	Type	Due Date	PAR Status	RFI	Patient	Claim Admin Claim #	WCB Case #
<a href="#">PA-00-0003-631</a>	Medication	02/05/2022	L2 - Requested				

# Level 2 Responses

PAR ID	Type
<a href="#">PA-00-0003-631</a>	Medication

Related Entities   **Request Details**   Medical Necessity   Documents   Related PARs   Correspondence History   Related Activity

### Request Details

**Overall Responses**

<b>Overall L1 Insurer Response</b> Grant in Part	<b>L1 Reviewer Name- Title</b> [REDACTED]	<b>L1 Response Date &amp; Time</b> 02/01/2022 9:58 AM
<b>Overall L2 Insurer Response</b>	<b>L2 Reviewer Name - Title</b>	<b>L2 Response Date &amp; Time</b>

**Request Items**

**Request #1**

Therapeutic Category	Medication Requested	Quantity Requested
Narcotic	Oxycodone/5mg	60

+ Expand All

- Additional Request Details
- Level 1 Insurer Response Details
- Level 2 Escalation Reason

# Level 2 Responses

+ Expand All

## Additional Request Details

### Level 1 Insurer Response Details

#### L1 Insurer Response

Grant in Part

#### Partial Grant Rationale

This is approval for Qty #30 with 0 refills. The injured worker as been filling Qty #30 for the last 6 months and there is no documentation provided as to why an increase to Qty #60 is indicated.

#### Partial Granted Medication

Oxycodone

#### Quantity Granted

30

#### Refills Granted

0

#### Granted Without Prejudice (GWP)

No

### Level 2 Escalation Reason

#### Rationale for L2 Request

Rationale for a L2 request is entered here.



# Level 2 Responses

quested  
-00-0003-631

**Actions** ^

- Respond To Request
- Request for Further Information

---

**Documents**      **Related PARs**      **Correspondence History**      **Related Activity**

**L1 Response Date & Time**  
02/01/2022 9:58 AM

# Level 2 Responses

**INSURER RESPONSE TO PRIOR AUTHORIZATION: RX**

- **PAR Summary and Insurer Response**
- Insurer Response Details
- Supporting Documentation
- Review and Submit

Please provide your response for each line item below.

<b>Therapeutic Category</b> Narcotic	<b>Medication (Name/Strength)</b> Oxycodone/5mg	
<b>Quantity</b> 60	<b>Days Supply</b> 30	<b>Number of Refills</b> 0
<b>Type of Drug</b> Generic	<b>Type of Prescription</b> New (Including Change in Dosage)	<b>Route of Administration</b> Oral/SL/Buccal

---

**L1 Insurer Response:** Grant in Part

**Rationale For L2 Request:** Rationale for a L2 request is entered here.

**Insurer Response**

- Select-
- Grant
- Grant In Part
- Deny

**Overall Response to PAR**

[Insurer Response Details](#) → [Exit](#)

# Level 2 Grant without Prejudice

**INSURER RESPONSE TO PRIOR AUTHORIZATION: RX**

- **PAR Summary and Insurer Response**
- Insurer Response Details
- Supporting Documentation
- Review and Submit

Generic New (Including Change in Dosage)

**Route of Administration**  
Oral/SL/Buccal

---

**L1 Insurer Response:** Deny

**Rationale For L2 Request:** Supporting documentation added.

**Insurer Response**  
Grant

Is this request granted without Prejudice?  
 Yes  No

**Reason for Granting without Prejudice\***

- Select-
- Claim Controverted
- Body Part/Condition Not Accepted or Established

0 / 1000

**Overall Response to PAR**  
Granted

[Insurer Response Details →](#) EXIT

**Reason for Granting without Prejudice\***  
Claim Controverted

Complete the following fields regarding the FROI-Denial/SROI-Denial or upload a copy in the Supporting Documents portion of this eform.

**FROI-Denial or SROI-Denial Date** **WCB Document ID Number**

(mm/dd/yyyy)

**Rationale for Granting without Prejudice**

0 / 1000

**Reason for Granting without Prejudice\***  
Body Part/Condition Not Accepted or Established

**Rationale for Granting without Prejudice**

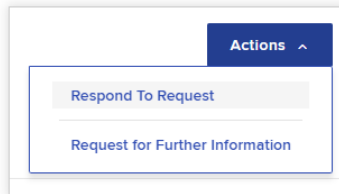
0 / 1000

# Level 2 Responses

- Level 1 Review
- Level 1 Responses
- Level 2 Review
- Level 2 Responses

## Level 2 Insurer Response

To issue a determination on the submitted PAR, select the Actions button at the top right of the PAR Details page and select **Respond to Request**.



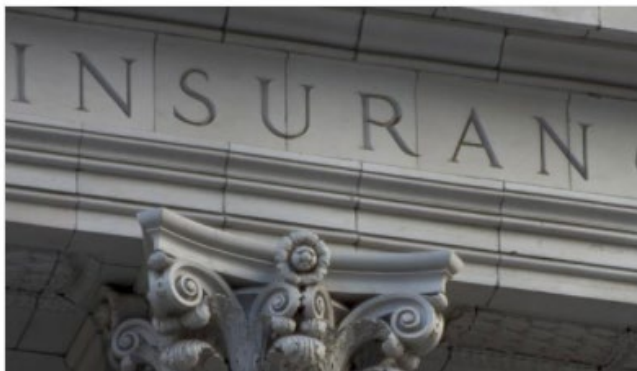
A Level 2 reviewer can grant the request, grant part of the request or deny the request. Select the option you would like to take on the PAR to see the steps to respond.

- > Grant
- > Grant in Part
- > Deny



# OnBoard Training Resources





## Payers

Insurers, self-insured employers, third-party administrators, pharmacy benefit managers and medical review organizations.

OVERVIEW >

TRAINING >

RESOURCES >



## Training & Resources

### Training

- [Training for Payers](#)

### Videos

- Intro to OnBoard: [Video](#)

### Guides

- OnBoard: Registration Guide - Payers, Pharmacy Benefit Managers and Medical Review Organizations: [Guide](#) / [Video](#)

### Fact Sheets

- OnBoard: Limited Release – What Insurers Need to Know

### Webinars

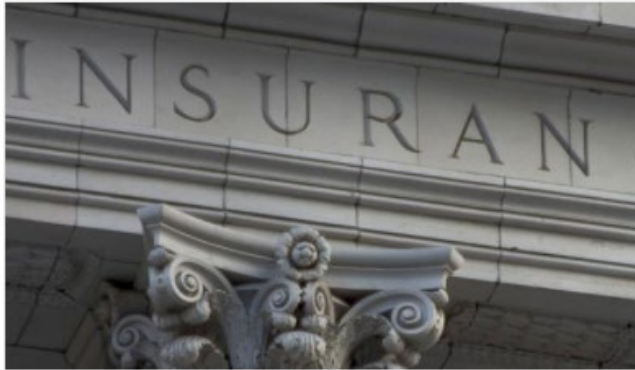
- OnBoard: Limited Release for Insurers Webinar – April 2021: [Video](#) / [Slides](#)

### Questions about OnBoard: Limited Release?

- Email [onboard@wcb.ny.gov](mailto:onboard@wcb.ny.gov).

### Technical Assistance

- Contact [WCB Customer Support](#)



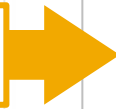
## Payers

Insurers, self-insured employers, third-party administrators, pharmacy benefit managers and medical review organizations.

OVERVIEW >

TRAINING >

RESOURCES >



# ONBOARD

## Training: Payers

- Accessing OnBoard: Limited Release
- Request for Further Information
- Dashboard Overview
- Notifications for Updates to Dashboard
- Workload Administrator: Dashboard
- Pharmacy Benefit Managers PAR Determination Email Notification
- Workload Administrator: Assigning PARs
- Medication PAR
- Generated Documents

# What's Next?

- **Phase Two** will add Durable Medical Equipment PARs to OnBoard: Limited Release on April 4, 2022.
- **Phase Three** will add Treatment/Testing PARs to OnBoard: Limited Release on May 2, 2022.
- DME and Treatment/Testing training webinars will be announced via WCB Notifications!





**General Questions: [OnBoard@wcb.ny.gov](mailto:OnBoard@wcb.ny.gov)**

**Other Questions: (877) 632-4996**

**News and Updates: [Subscribe to WCB Notifications](#)**

**Instructions: [wcb.ny.gov/onboard/](http://wcb.ny.gov/onboard/)**