

## OnBoard: Limited Release Frequently Asked Questions for Insurers

### General

#### 1. What is OnBoard?

OnBoard is a new, online business information system that the New York State Workers' Compensation Board (Board) is building from the ground up. OnBoard will eventually replace the Board's legacy paper-based claims systems, such as eCase, with a single, web-based platform, providing stakeholders with increased accuracy, paperless transactions, and a user-friendly interface for interacting with the Board. OnBoard will be a better system for a better Board.

#### 2. What is OnBoard: Limited Release?

OnBoard: Limited Release is the first phase of OnBoard, designed to move several key processes for health care providers and insurers from paper to online, as soon as possible. This includes the prior authorization request (PAR) process for treatment that falls outside of the Workers' Compensation Board's **New York Medical Treatment Guidelines (MTGs)** and other variances, as well the submission of **Request for Decision on Unpaid Medical Bill(s) (Form HP-1)**. Note: **Form HP-1** will be named **Form HP-1.0** in OnBoard: Limited Release.

#### 3. What PARs will be included?

- **MTG Confirmation** Requests (previously done using the **Attending Doctor's Request for Optional Prior Approval and Carrier's/Employer's Response [Form MG-1]**).
- **MTG Variance** Requests (previously done using the **Attending Doctor's Request for Approval of Variance and Carrier's Response [Form MG-2]**).
- **MTG Special Services** Requests, which include only the 12 MTG-related requests on the **Attending Doctor's Request for Authorization and Carrier's Response (Form C-4 AUTH)**.
- **Non-MTG Over \$1,000** Requests for treatment costing over \$1,000 for non-MTG body parts previously done on **Form C-4 AUTH**.
- **Non-MTG Under or = \$1,000** Requests for treatment costing \$1,000 or less for non-MTG body parts (new PAR type).
- **Medication** Requests (replacing the current **New York Workers' Compensation Drug Formulary [Drug Formulary]** prior authorization request process).
- **Durable Medical Equipment (DME)** Requests in accordance with the new **Official New York Workers' Compensation Durable Medical Equipment (DME) Fee Schedule** (new PAR type).

#### 4. What is changing that insurers should know?

- PARs are going paperless; faxes will no longer be used.
- The new process for submitting **Form MG-1**, while optional for health care providers, **will be mandatory for insurers**.



- Health care providers will now raise billing disputes by submitting the **Form HP-1** online (**Form HP-1.0** in OnBoard: Limited Release), ensuring accuracy and timely receipt. *Note:* For now, the processing of **Form HP-1.0** after submission will remain the same.
- OnBoard's easy-to-use dashboard will accelerate case status notification.
- The system will send PAR status updates via email.
- Insurers will now provide the email address for their Pharmacy Benefit Manager or other party responsible for informing the pharmacy of the approval or denial of a Medication PAR — allowing for all medication-related decisions to be automatically sent to the appropriate party.

**5. Is the MTG Lookup Tool available for insurer use?**

Insurers interested in using the MTG Lookup Tool can learn more by visiting the [Medical Treatment Guidelines Insurers Training page](#) on the Board's website. This page contains a link to the [MTG Lookup Tool training video](#), which includes details regarding how insurers can gain access.

**6. Will out-of-state Board-authorized health care providers be required to use OnBoard: Limited Release to submit prior authorization requests (PARs)?**

Yes. All health care providers, regardless of their geographic location, will be required to use OnBoard: Limited Release to submit PARs.

**7. Will OnBoard: Limited Release inform health care providers whether a treatment is covered under the MTGs and the submission of a PAR is (or is not) necessary?**

The OnBoard: Limited Release system will guide the health care provider through a series of questions to determine which PAR type to submit. If the treating health care provider believes that the requested treatment is based on a correct application of the **MTGs**, they are not required to submit a PAR for the treatment. If they choose to submit a Confirmation PAR (formerly **Form MG-1**), the insurer is required to respond.

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

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. Please note that use of this feature does not affect the mandatory time frame for response to a PAR, and the health care provider is not obligated to respond. However, in some cases this will allow an insurer to approve medically necessary treatment that is supported by the additional information provided.

## System Access & Roles

**9. How can insurers register, and when?**

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.



**10. Can an insurer's workload administrator assign a PAR to a delegate or another party (i.e., a third-party administrator) to review?**

Yes, an insurer's workload administrator will see all PAR requests in their dashboard, assign all PARs to the necessary reviewers and will have the option to assign certain PAR types to specific reviewers. The workload administrator can also 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. The workload administrator can add a third-party administrator as a PAR reviewer in the system, who will also have the ability to receive email notifications for certain PAR types.

**11. Is there a limit to the number of users each insurer can have?**

No, there is no limit to the number of users each insurer can have in OnBoard: Limited Release.

**12. Will existing users of the Medical Portal (i.e., workload administrators, Level 1, or Level 2 reviewers for the *Drug Formulary*) be automatically granted access to OnBoard: Limited Release?**

Users currently registered to use the Medical Portal to access the *Drug Formulary* system will be carried over into the new system. Since the new PAR types do not exist in the Medical Portal today, insurers will need to add the reviewers and Workload Administrators within their user administrator page for these new prior authorization types.

**13. If an insurer works with multiple Pharmacy Benefit Managers (PBMs), how will OnBoard: Limited Release know which PBM is providing service to the insurer on a specific PAR request and receiving notifications about Level 1 and Level 2 determinations?**

The PBM notification email will be entered by the insurer's online administrator via the online administration application. If an insurer works with multiple PBMs, it is suggested that the contact email address be a shared mailbox within the insurer's organization and managed by someone who can distribute the information to the correct PBM.

**14. Who can be a Level 1 and/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.).

**15. Can a Level 2 review be conducted by an Independent Medical Examiner (IME)?**

A Level 2 review must be conducted by the insurer's physician (an M.D. or a D.O.). An IME can be used to inform the Level 2 decision (made by the insurer's physician) but does not replace the Level 2 review.

**16. In scenarios where Level 1 and Level 2 reviews, denials, and escalations are strictly due to questionable relatedness, does this mean that upon a Level 3 review, a PAR will be approved, assuming requested treatment is necessary?**

The determination by the Board's Medical Director's Office is final with regard to the medical necessity of the procedure, DME or medication request only. The insurer may not dispute payment based on medical necessity (including whether such treatment, DME or medication is recommended by the *MTGs*). However, it is important to note that this determination does not resolve any outstanding legal questions, such as whether the injury was work related, and the



insurer may still object to payment regarding a legal question. All legal issues must be raised as part of the initial Level 1 or Level 2 review.

## PAR Submission Process

### 17. Who can submit a PAR?

Board-authorized health care providers and out-of-state health care providers will submit all PAR types outlined above in the new system. Certain types of health care providers can only submit [certain types of PARs](#). Health care providers can assign delegates, who can only enter PAR-related information into OnBoard: Limited Release on behalf of the health care provider – the actual submission must be completed by the provider themselves.

### 18. How will completed PARs be submitted to the insurer in the new system?

When a health care provider submits a PAR, OnBoard will automatically forward the request to the appropriate insurer for review. When an insurer logs in to OnBoard: Limited Release, their dashboard “home screen” will display all active requests in need of a response. Insurers can also receive email updates notifying them that there is a PAR in the system that needs their response.

### 19. Will OnBoard: Limited Release automatically send PAR status updates to insurers and all parties on a claim (e.g., claimant, attorney, health care provider, insurer, etc.)?

Insurers and health care providers will have the ability to sign up to receive system-generated email when there is a change in PAR status, or their action is needed. These emails will come directly from the OnBoard system, from the same email address, regardless of PAR type—allowing claim administrators to easily filter and organize notifications in their inbox.

The user’s dashboard will also be updated and will be able to be sorted by date. In addition, any PAR document generated in OnBoard: Limited Release will be copied to the injured worker’s case folder in eCase for viewing by all parties (including attorneys).

### 20. What is the turnaround time for PAR requests to be viewable by all parties of interest?

Any document generated in OnBoard: Limited Release will be transferred to the case folder and will be viewable in eCase instantly upon submission.

### 21. In OnBoard: Limited Release, will there be mandatory fields that users will be required to complete before a PAR can be submitted?

Yes, the new system makes certain information mandatory, and will prevent submission when this information is missing.

### 22. Will the new system confirm that a health care provider’s request is or is not consistent with the MTGs?

No. The system will not automatically confirm if treatment is consistent with the **MTGs**. The insurer needs to review the request and respond, whether or not they agree, based on the specifics of the claimant’s case, if it is consistent with the guidelines. The [MTG Lookup Tool](#), which will be available when OnBoard: Limited Release is implemented, will make it quick and easy to search the **MTGs**.

### 23. Will a health care provider be able to submit multiple treatments or services on one PAR, or will they require a PAR for each type of treatment/service?

Each type of treatment or service requires a PAR submission; however, the new system allows for treatments, services, and equipment requests to be added as separate line items on a single



## OnBoard: Limited Release – Insurer FAQs

submission. The system will convert these into one or more PARs depending on what is being requested. **If there are multiple medication items being requested, each will get their own individual PAR**—but for the other PAR types, line items within the same PAR family will be combined into a single PAR.

**24. How does OnBoard: Limited Release allow for the submission of a PAR or Form HP-1.0 for a newly injured worker who doesn't yet have a claim or case on file with the Board?**

When performing a case lookup to submit a PAR, after two unsuccessful attempts to locate the case, health care providers will be able to continue with the request by manually entering any known information. It should be noted that if the insurer is not found, the Board must review the case for assembly, potentially delaying the authorization process. The system will not allow a **Form HP-1.0** to be submitted/accepted if the Board has not assigned a WCB Case Number.

**25. Will health care providers be able to attach supporting medical records with each PAR submission?**

Yes. The PAR submission and response process enables both health care providers and insurers to place notes into an open text field and/or attach necessary documents at each step of the process.

**26. Will the OnBoard system notify the insurer's claims adjuster who is handling a specific claim when a new PAR has been received related to that claim, 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.

## PAR Review Process/Insurer Response

**27. Will the current time periods for insurer response remain the same once the new system is implemented?**

Yes, all current time frames for insurer review and response will remain the same as they are today. If an insurer does not respond within the designated timeframe, an **Order of the Chair** may be issued.

**28. Will an insurer have the option to opt out of the Form MG-1 process in the new system?**

No. A Confirmation PAR in OnBoard: Limited Release (previously done using **Form MG-1**), will be optional for the health care provider to submit. If a health care provider submits a Confirmation PAR, the insurer's response will be mandatory.

**29. Will there be an option to grant without prejudice if the body site is not deemed compensable?**

If the insurer or employer agrees that the requested medical care is medically necessary, the insurer or employer may "grant without prejudice" only when either:



- The insurer or employer has filed a denial (FROI or SROI-04) in the case and the controversy is still pending; or
- The body part or condition has not been accepted by the insurer or employer (with or without liability) on a FROI/SROI or established by decision of the Board. This grant without prejudice must be made by the insurer's physician to be valid.

**30. I understand there are different levels of review for all PARs, mirroring the automatic routing and escalation processes used by the Drug Formulary today. How does this process work, and who are the reviewers at each level of review?**

Upon submission by a health care provider, the system will automatically route the PAR to the correct location and next level of review beginning with the insurer.

- **For all PAR types other than Medication:** If the Level 1 reviewer at the insurer does not approve the request in full, then it is automatically escalated to the Level 2 reviewer at the insurer before it is returned to the requesting health care provider. If the request is partially granted or denied, the health care provider does not know that until the Level 2 reviewer has made their decision and responded. The health care provider would then have the option of either treating the injured worker per the Level 2 review or requesting a Level 3 review.
- **For Medication PARs:** If the Level 1 reviewer at the insurer does not approve the request in full, it can partially grant or deny the PAR – sending the response back to the health care provider who will either agree with the insurer's decision, or request a Level 2 review through the system. If the health care provider requests a Level 2 review, the Level 2 reviewer will provide their review, make a decision and respond. The health care provider will either agree with the decision or request a Level 3 review, which would be routed to the Board's Medical Director's Office.

A full visual walkthrough using the **Drug Formulary** routing process as an example is available as part of the recorded [OnBoard: Limited Release for Insurers webinar](#).

**31. Can a PAR be sent to an insurer in error (i.e., if the request does not apply to an employee of the insured entity)?**

No. The system will only send PARs to the insurer's sender number that is on file for that claim. If there is no sender number found, the PAR will be subject to a manual review by the Board. Once the correct insurer is determined, they will be made aware of the Board's decision.

**32. Will an MTG PAR denial only escalate to a Level 2 review if the claimant or claimant's attorney objects to the denial?**

All Level 1 reviews resulting in a denial or partial grant will require an automatic escalation to a Level 2 review before the response is entered into the system and sent to the health care provider. As outlined in question #20 above, the only exception is a Medication PAR – where the health care provider will need to manually escalate for a Level 2 review if the Level 1 reviewer does not fully grant the Medication PAR.

**33. For Variance PARs (previously Form MG-2), are Workers' Compensation Law Judges no longer ruling on denials?**

All requests from a health care provider for a Level 3 review of a Variance PAR denial will be routed to the Board's Medical Director's Office for review, and the injured worker or their attorney may request a hearing by submitting a **Request for Further Action by Legal Counsel (Form RFA-1LC)**.





**34. 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. If the injured worker is represented, their attorney will be notified of any action that has been taken if the attorney: (1) is identified as a claimant attorney on the claim in eCase and (2) has an email address associated with the “R” Number. These rules apply to all PAR types except Medication PARs. Upon notification of an action, the attorney will retrieve the associated documentation from eCase.

**35. 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 requesting health care provider need to request a Level 2 review?**

For all PAR types except Medication, a PAR that is denied or granted in part at the Level 1 review 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.

**36. If a request is submitted with an incorrect WCB Case Number, must the insurer deny the request?**

PARs will not be able to be submitted if an incorrect WCB Case Number is used. The system will instantly notify the health care provider that the WCB Case Number provided was not found, and a correct case number will need to be entered before proceeding with the request. When performing a case lookup to submit a PAR, after two unsuccessful attempts to locate the case, health care providers will be able to continue with the request by manually entering any known information. It should be noted that if the insurer is not found, the Board must review the case for assembly, potentially delaying the authorization process. The system will not allow a **Form HP-1.0** to be submitted/accepted if the Board has not assigned a WCB Case Number.

**37. Is reporting available via OnBoard: Limited Release, or will insurers be able to export information in order to create reports for requests or determinations?**

Reporting tools will not be available within the new system; however, the Board will be reviewing reporting requirements as part of the full release of OnBoard. If you have a recommendation you would like to provide, please email [OnBoard@wcb.ny.gov](mailto:OnBoard@wcb.ny.gov).

**38. Where a treatment has been requested multiple times over the life of a claim, will Level 1, Level 2, and Level 3 reviewers be able to view those prior determinations?**

Yes, provided they were submitted and responded to within the OnBoard system.

## **Drug Formulary/Medication PARs**

**39. Will OnBoard: Limited Release replace the current New York Workers’ Compensation Drug Formulary for Medication prior authorization requests?**

Yes. **Drug Formulary** submissions will be done in OnBoard: Limited Release and will be referred to as Medication PARs. The dashboard in OnBoard: Limited Release will show all PAR submissions, including Medication PARs—so you will no longer need to access the **Drug Formulary** system once OnBoard: Limited Release is available.



**40. If an insurer is currently using a Pharmacy Benefits Manager (PBM) for Drug Formulary review, how will the PBM receive Medication PAR requests?**

The insurer will be required to designate a PBM contact who will receive an email notification of each decision throughout the review process.

## Durable Medical Equipment (DME)

**41. How does DME approval work for a dedicated DME provider?**

If the insurer has a dedicated DME network, they have the option to indicate that as part of their review process. It is the responsibility of the insurer to make sure that they indicate the contact information of the DME provider and that it is within a pre-prescribed distance to the injured worker. Please reference the DME regulations for more detailed information.

**42. Will DME vendors have access to OnBoard: Limited Release to submit their own requests?**

No, the request for DME must come from the treating health care provider.

**43. What is the expected response time for a DME PAR?**

The expected response time for a DME PAR is four calendar days. If the reviewer fails to review and respond within the time frame, an **Order of the Chair** may be issued.

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

Any item not found on the [DME Fee Schedule](#) will require prior authorization, and some items on the **DME Fee Schedule** will require prior authorization with the designation of "PA."

**45. 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 the specified cost.

## Independent Medical Examinations (IMEs)

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

An IME can be requested as part of either a Level 1 or Level 2 review, and the time frame for response will be calculated based on the date the IME request was submitted regardless of whether the IME request was made during a Level 1 or Level 2 review.

**47. Is a Level 2 review required if the Level 1 review was denied by the reviewer?**

Yes. The request must go through two levels of insurer review before the provider may request a Level 3 review from the Board.

**48. 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.





## Staying Informed & Being Prepared

### 49. How can insurers stay informed about OnBoard: Limited Release? Should insurers share information with their vendors as well?

Insurers and their vendors can remain informed on all things OnBoard and OnBoard: Limited Release by visiting [wcb.ny.gov/onboard](http://wcb.ny.gov/onboard). Insurers and their vendors are also encouraged to sign up to [receive email updates](#) regarding OnBoard.

### 50. What should insurers do now to prepare for the new system?

- Review existing optional prior approval and variance request processes (**Form MG-1** and **Form MG-2**) to identify potential impacts.
- Modify current processes to align with the new system, particularly the PAR dashboard and PAR email notifications, which alert insurers of important PAR status updates.
- Begin planning for staff training and administrative support. The Board will be publishing training materials in the future to support the roll out of the new system.
- Sign up to receive OnBoard: Limited Release updates at [wcb.ny.gov/onboard/#get-involved](http://wcb.ny.gov/onboard/#get-involved).

### 51. What training is available for insurers?

The Board is hosting webinars, which provide training and updates on the upcoming OnBoard: Limited Release system, in addition to factsheets, website content, and instruction guides and tutorial videos to demonstrate use of the new system.

