NEW YORK STATE OF OPPORTUNITY. Workers' Compensation Board

Medical Portal

Treatment Authorization Requests (TARs)

January 2016

Why do we need the Medical Portal?

Variance

MG-2

- Over 5,000 variance requests/week
- Examiner must review each request
- Takes approximately 31 days to process a denied variance request.

+

Medical Authorization Request

C-4 AUTH

- Over 3,000 requests/week
- Examiner must review each request
- Takes approximately 136 days to process a C-4 AUTH request

+

Scanning

Documents

- 2014: 707,551 documents scanned relating to medical authorizations

Today vs Tomorrow's Medical Authorization Process

Provider Needs To Request Authorization for Procedure to Treat Injured Worker

Today

Provider/Staff determines appropriate form and retrieves from WCB website, computer, or files

Authorization form is filled out by hand or fillable PDF, supporting medical attached, and form is mailed/faxed to Parties of Interest

Payer receives a copy of authorization request and reviews request

WCB receives a copy of authorization, scans, and manually matches to case

Payer responds to authorization request

WCB rejects form for technical reasons

Parties are notified of response via mail

WCB receives a copy of response, scans, and manually matches to case

Tomorrow

Provider/Staff logs in to Medical Portal and performs a claimant case search

Answers a small set of questions, uploads supporting medical, and clicks submit button

All parties are automatically notified of submission (Electronic/Mail notifications)
**If no case is found WCB will assemble case and case will then be routed to Payer.*

Payer responds to authorization request

All parties are automatically notified of submission (Electronic/Mail notifications)

WCB receives notification that a request for review has been submitted or C-4Auth Denied

Note: If there is no response from the Payer, WCB is automatically notified on due date so appropriate decision can be issued.

WCB takes action on the request for review or sets hearing for C-4Auth Denial

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Benefits

- Expedite & improve the approval process for delivery of appropriate medical care
- Provider does not need to know which form(s) to complete; system will walk them through the process
- Reduce reliance on paper forms while also reducing reliance on scanning of paper forms
- Reduce administrative burden on medical providers and other stakeholders

Features

- User dashboard and work queue
  - Organizational and Individual work queues depending upon role
- Search against WCB claims system if provider has not submitted an authorization request previously for injured worker
- User preferences

Features

- Obtain status
  - Users will be able to log in to the Medical Portal and obtain real time status update of the authorization request.
- Notifications automatically generated
  - Notification within the Medical Portal for all users when status of request changes
  - Paper notification sent to claimant and attorney in addition to notification within the Medical Portal.
- Document Management
  - Ability to upload, save, and print documents.

Search Functionality – Provider Homepage

Providers will have the ability from their homepage to search against cases in the Medical Portal if they have submitted a request previously for that claimant and case or against the WCB claims system if the provider has not submitted an authorization request previously for injured worker.

Search Portal Cases by Injured Worker

This applet enables the user to search the Medical Portal for existing Cases based on the Injured Worker or WCB Case # associated with that Case

First Name: <Case Sensitive>

Last Name: <Case Sensitive>

DOB:

WCB Case#: <Case Sensitive>

Go

Search WCB Claims System

This applet enables the user to search the WCB Claims System for existing Cases based on a variety of Case data

Case Injured Worker

First Name:*

Last Name:*

SSN:

DOB:*

Gender:*

ZipCode:

Date Of Accident

Month:

Day:

Year:*

WCB Case#:

Go

Search Results

In this example, a search within the Medical Portal for last name “Hunter” resulted in finding two cases that have authorization requests previously submitted. By clicking on the blue hyperlink for a case users will be able to initiate a request.

Portal Record Id	Injured Worker Name	Injured Worker First Name	Injured Worker Last N	Injured Worker DOB	WCB Case#	Date of Injury
1-11GIBT	Hunter Michael	Michael	Hunter	11/1/1977	D456789	4/10/2015
1-1AEN6T	Hunter Michael	Michael	Hunter	11/1/1977	56ABCDEF	5/10/2015

Case Search Results

		Injured Worker		Employer	
Portal Record Id:	1-11GIBT	Name:	Hunter Michael	Name:	MP Programm
WCB Case#:	D456789	Gender:	M	Number:	

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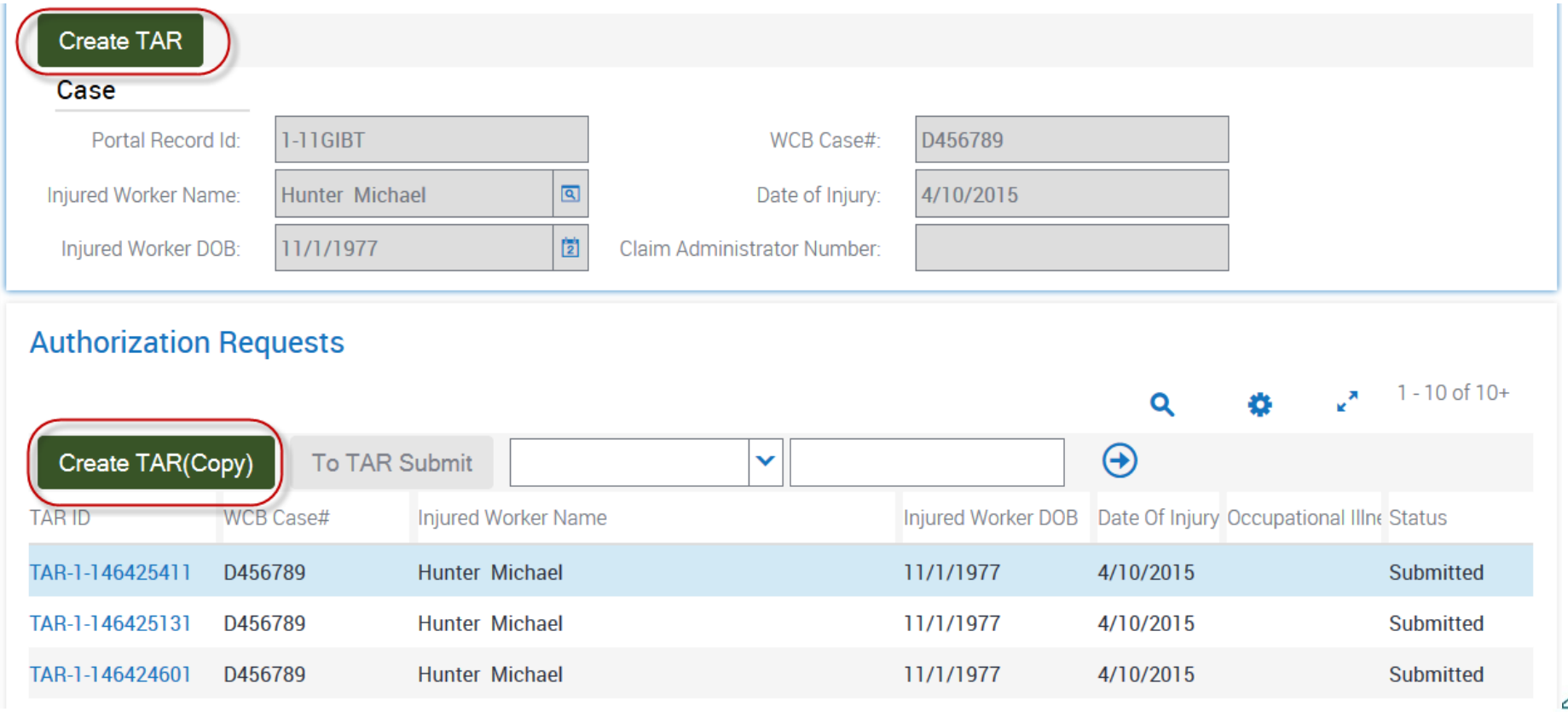
Initiate Request

Providers will be able to create a new authorization request (Create TAR button) or create a copy (Create TAR Copy button) of a previously submitted request. Users can also see all of the requests they have previously submitted for this case.



Add Treatment Request

Providers will be taken through an interactive interview process to create their treatment requests for the case.

Web Determinations

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Medical Portal

Treatment Authorization Request

For information on the Medical Treatment Guidelines, please visit the WCB website at www.wcb.ny.gov

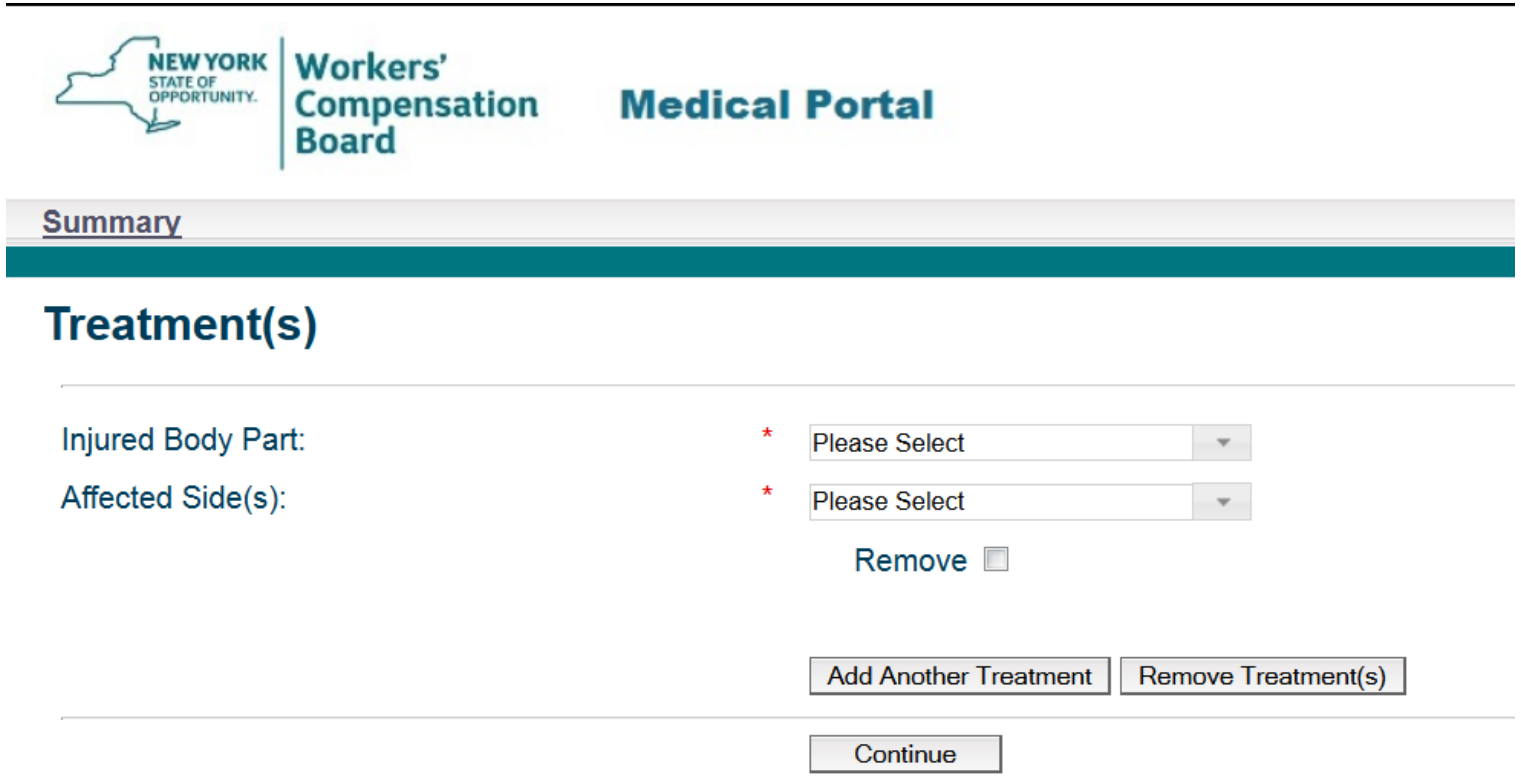
At any time during the interview process, you can close this window and return to your home screen. The information you enter is automatically saved as you proceed through the interview screens. After closing the window you can return to the interview process at any time to complete your authorization request.

Click the button below to proceed:

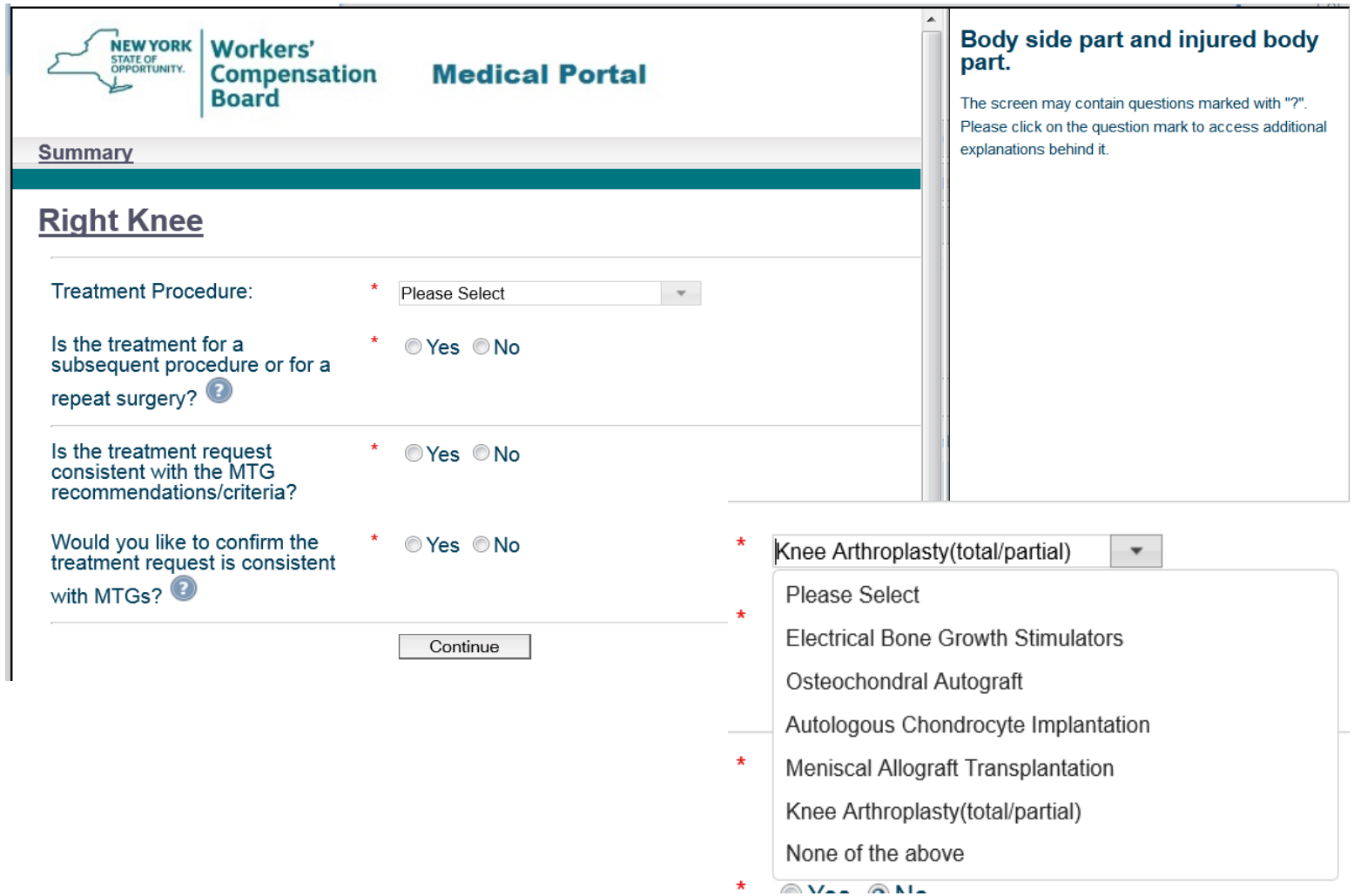
Add/Review Treatment(s)

Treatment Authorization Request

User will indicate the injured body part and affected side(s) through dropdown selections. If there are additional treatments to be requested, user can click “Add Another Treatment”.



Treatment Authorization Request



User will answer a simple set of questions regarding the treatment which will help to determine the path the authorization request should follow. For example, if “Knee Arthroplasty” was selected and the questions answer, it would follow the C-4Auth path.

Treatment Authorization Request

Based on provider inputs, the system has determined the treatment to be a C-4Auth procedure and will ask inputs specifically related to the C-4Auth.

User will also be required to indicate the date of service of supporting medical or attach supporting medical.

Summary

C-4 Authorization Request for Right Knee

The undersigned requests written authorization for the following special service(s) costing over $1,000 or requiring pre-authorization pursuant to the Medical Treatment Guidelines.

Medical Treatment Guidelines Code: * K-F.2 - *Knee Arthroplasty is not in

Description of the request: *

Supporting Medical Documentation/Medical Necessity

It is the attending physician's burden to set forth the medical necessity of the special services required and to provide documentation to support the request for authorization. Failure to supply the proper medical necessity documentation may delay the authorization process.

A Supporting Medical document will be attached: * Yes No

or

Date of Service of Supporting Medical:

Continue

Treatment Authorization Request

Medical Treatment Guidelines Code: *

art

K-C.1.f - Imaging studies-**Art**hrograms

K-C.1.g - Diagnostic **Art**hroscopy

K-C.2.c - Other tests-Venogram/**Art**eriogram

K-D.2.d - Aggravated osteo**art**hritis-Diagnostic Testing Procedures

K-D.2.e - Aggravated osteo**art**hritis-Non-Operative Treatment

K-D.2.f - Aggravated osteo**art**hritis-Surgical Indications/Operative Treatment

K-D.2.g - Aggravated osteo**art**hritis-Post-Operative Therapy

K-F.2 - *Knee **Art**hroplasty is not included on the list of pre-authorized procedures.

Please provide frequency and duratio

Frequency (# per week):

Duration (# of weeks):

Supporting Medical Documentation

There are three types of variance re requirements depend upon the type documentation may delay the auth

Your explanation must provide the foll Medical Treatment Guidelines:

The only MTG Codes displayed are those relevant to that body part. In this example the knee was previously selected.

User will have the ability to start typing a keyword and drill down to the relevant codes. In this example, “art” produced a dropdown of codes to select.

Treatment Authorization Request

Variance Request for Right Knee

Supporting Medical: please either confirm that you attach a document or provide the date of service.

Magnetic Resonance Imaging (MRI) provides a more definitive visualization of soft tissue structures, including ligaments, tendons, joint capsule, menisci and joint cartilage structures, than x-ray or Computed Axial Tomography in the evaluation of traumatic or degenerative injuries. The addition of intravenous or intra-articular contrast can enhance definition of selected pathologies. In general, the high field, conventional, MRI provides better resolution. A lower field scan may be indicated when a patient cannot fit into a high field scanner or is too claustrophobic despite sedation. Inadequate resolution on the first scan may require a second MRI using a different technique. A subsequent diagnostic MRI may be a repeat of the same procedure, when the rehabilitation physician, radiologist or surgeon says the study was of inadequate quality tomake a diagnosis. All questions in this regard should be discussed with the MRI center and/or radiologist. Ferrous material/metallic objects present in the tissues is a contraindication for the performance of an MRI.

The provider will be given an opportunity to confirm the description of the MTG Code they have selected. In this example, an MRI was chosen.

The system will validate selections and present error and/or warning messages when necessary.

Submission of Request

Provider will receive confirmation that the interview has completed and will be presented with an opportunity to upload supporting medical.

If the interview process indicated supporting medical would be attached, the system will verify a medical report has been attached. If the medical report has not been attached, the "Submit" button will be grayed out and the user will not be able to submit the request.

Submit TAR | Resume TAR

Injured Worker

TAR ID:*	TAR-1-212698155	Name:	Hunter Michael
WCB Case#:	56ABCDEF	Gender:	M
Occupational Illness:		DOB:	11/1/1977
Claim Number:		Street Address:	328 State St.
TAR Submitted By:		City:	Schenectady
TAR Submission Date:		State:	NY
Status:*	Not Submitted	Zipcode:	12305
Date Of Injury:	5/10/2015	Country:	USA
TAR Attestation Date:			

Insurance Carrier		Claim Administrator	
Name:	Berkley National Insurance C	Name:	
Number:	W043822	Number:	
Street Address:	STE 200	Street Address:	
City:	POUHGKEEPSIE	City:	
State:	NY	State:	
Zipcode:	12601	Zipcode:	
Country:	USA	Country:	

TAR Attachments

Delete | New File

Name	Type	Size (In Bytes)	File Ext	Comm

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Submission of Request

Once the user has attached a medical report and saved it, the “Submit” button will change to green. The user will now be allowed to click the “Submit” button and submit their request.

After the user submits the request a work item is generated to the Payer.

Submit TAR | Resume TAR

Injured Worker

TAR ID:*	TAR-1-147018010	Name:	Hunter Michael
WCB Case#:	D456789	Gender:	M
Occupational Illness:		DOB:	11/1/1977
Claim Number:		Street Address:	328 State St.
TAR Submitted By:		City:	Schenectady
TAR Submission Date:		State:	NY
Status:*	Not Submitted	Zipcode:	12305
Date Of Injury:	4/10/2015	Country:	USA
TAR Attestation Date:	12/22/2015 12:00:0		

Insurance Carrier		Claim Administrator	
Name:	Berkley National Insurance Co	Name:	
Number:	W043822	Number:	
Street Address:	1250 E Diehl Road, Ste 200	Street Address:	
City:	Naperville	City:	
State:	IL	State:	
Zipcode:	605639305	Zipcode:	
Country:	USA	Country:	

TAR Attachments

Delete | New File

Name	Type	Size (In Bytes)	File Ext
Patient_Registration_And_Pain_C...	Letter Of Medical Necessity	88,341	pdf

Payer Work Queue

Once the provider has submitted the request, a work item is instantly generated for the Payer. Payer will be able to click the work item and drill down on the request and the treatments requested within the TAR.

Payer will have the ability to register individual users and reassign these work items to those individual users. Administrator/Organizational users will always have access to reassign or pull back anything if needed.

My Homepage

Welcome Back PAYDEMORGUSR1 PAYDEMORGUSR1. Today is Tuesday, December 22, 2015.

Disclaimer:

The NYS WCB Medical Portal can handle and expedite medical treatment authorization processes from initial request to final resolution. Please note, however, that a request to rescind an Order of the Chair cannot be submitted through the Medical Portal. Appeal of a Notice of Decision regarding treatments should be filed using form RB-89.

Work Queue

1 - 10 of 10+

Injured Worker Na	WCB Case #	Claim #	Type	TAR ID	Treatment ID	MTG Procedure Code Description	Work Item ID	Status	Requ	Description
Hunter Michael			Work Item	TAR-1-1470180...	V-1-2FPS1H	MRI	1-2FP7AP	New		You have a Treatmer
Hunter Michael			Work Item	TAR-1-1464254...	V-1-2FIXXH	MRI to the right knee	1-2F6EN5	New		You have a Treatmer
Hunter Michael			Work Item	TAR-1-1464251...	V-1-2FH04P	Right knee MRI	1-2F6EFD	New		You have a Treatmer
Penney Jenny			Work Item	TAR-1-1310201...	V-1-26EACT	arthroscopic rotator cuff repair	1-2F6E70	New		You have a Treatmer
Hunter Michael			Work Item	TAR-1-1464246...	V-1-2F6NJN	Surgery to right knee because....	1-2F6E0N	New		You have a Treatmer

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Case Information/Attachments

TAR

1 of 1+

		Injured Worker		Provider Practice		Provider	
TAR ID:*	TAR-1-147018010	Name:	Hunter Michael	Name:	Infineon Orthopedics	Name:	PRVORGUSR1 PRVC
WCB Case#:	D456789	Gender:	M	Number:	R39493	Number:	MD33949594
Occupational Illness:		DOB:	11/1/1977	Street Address:	1788 Old Niskayuna Roa	Street Address:	3501 Silverside Road
Claim Number:		Street Address:	328 State St.	City:	Schenectady	City:	Wilmington
TAR Submitted By:	PRVORGUSR2	City:	Schenectady	State:	NY	State:	DE
TAR Submission Date:	12/22/2015 02:12:0	State:	NY	Zipcode:	12343	Zipcode:	19810
Status:*	Submitted	Zipcode:	12305	Country:	USA	Country:	USA
Date Of Injury:	4/10/2015	Country:	USA				
TAR Attestation Date:	12/22/2015 12:00:0						

Insurance Carrier		Claim Administrator		Employer	
Name:	Berkley National Insu	Name:		Name:	MP Programming Inc

TAR Attachments

1 - 1 of 1

Delete | New File

Name	Type	Size (In Bytes)	File
Patient_Registration_And_Pain_C...	Letter Of Medical Necessity	88,341	pdf

Payer will have the ability to review the case information associated to the request and attachments submitted by provider.

Supporting medical uploaded by Provider can be retrieved from Medical Portal. A copy is also placed in eCase through an overnight process.

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Treatment Request Details/Due Date

Treatment

Treatment Id:* V-1-2FPS1H

Type: MG-2

Status: Payer Review

MTG Body Part: Knee

Body Part Side of Body: Right

Review Preference:

Type of Variance: 1) VARIANCE FROM A M

MTG Procedure Code: K-C.1.a - Imaging studies-Magnetic Resonance Ima

MTG Procedure Code Description:

Additional Treatmen Request:

Key Dates:

Payer Review Date: 12/22/2015

IME Review Due Date: 12/27/2015

Payer Review Due Date: 12/23/2015

Review Preference Due Date:

Statement Of Medical Necessity

Enter Or Indicate:

Enter Statement:

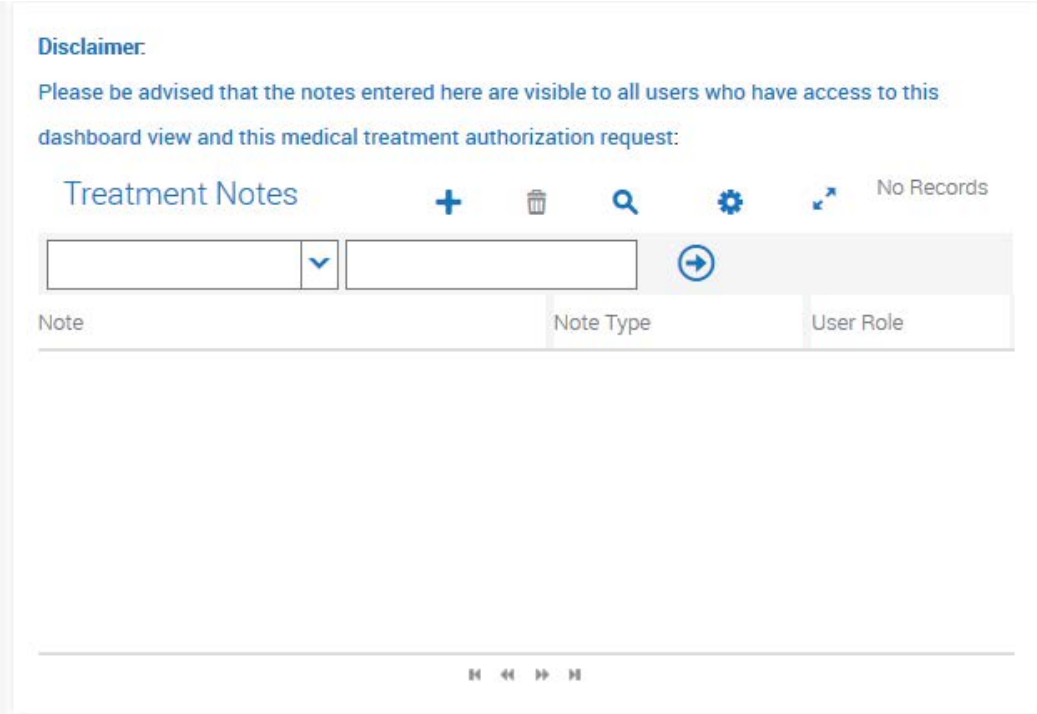
Date Of Service:

IME

Payer will see the current due date for each specific request.

Leading character in Treatment ID, viewable in multiple screens, also lets user know what was submitted (V-Variance, C-C-4Auth, P-Optional Prior Approval) without having to look any further.

Notes/Request for More Information



Payer will have the ability to place notes to other parties or for their own information. These notes are visible to all users of the Medical Portal.

Payer will also have the ability to request more information from the requestor. For example, if a peer reviewer needs more information from a provider, rather than playing “phone tag” they will be able to upload any relevant attachments, place notes, and request more information from the requestor.

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Update Status

Treatment

1 of 1+

Treatment Id: V-1-2FPS1H
Type: MG-2
Status: Payer Review
MTG Body Part:
Body Part Side of Body:
Review Preference:
Type of Variance:
MTG Procedure Code:
MTG Procedure Code Description:
Additional Treatmen Request:

Treatment Form Applet

- Denied - Pending Hearing
- Withdrawn - Final
- Burden of Proof Not Met
- Denied
- Granted - Final
- Granted in Part
- Granted in Part w/o Prejudice
- Granted w/o Prejudice - Final
- IME Review
- MDO Review
- No Response
- Similar Request Pending/Denied

Key Dates:

Payer Review Date: 12/22/2015
IME Review Due Date: 12/27/2015
Payer Review Due Date: 12/23/2015
Review Preference Due Date:

Statement Of Medical Necessity

Enter Or Indicate:
Enter Statement:
Date Of Service:

IME

IME:
IME Name:
IME Title:

Previous treatment requests

Is the same treatment Denied prior:
Denial submitted through Medical Portal: N
Reason For Denial:

Previous Variance Denials

In the Medical Portal::
Date of Denial Requests(s):
Description:

Disclaimer:
Please be advised that the notes entered here are visible to all users who have access to this dashboard view and this medical treatment authorization request:

Treatment Notes — No Records

Conflicting Medical Attachments — No Records

Delete | New File

Payer will be able to review the treatment details, upload conflicting medical attachments, and update the Treatment status to reflect their decision (denied, granted, etc.). When updating the status of the request the user will receive a warning that confirms the update prior to saving.

Status – Same options available to users that are available today on paper forms.

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Authorization Request Document

- WCB will be generating a document confirming the **requests** submitted by Medical Provider **and** the **responses** submitted by the Payer.
  - Copies mailed to Claimant and Attorney by WCB
  - A copy will be placed in the attachments section associated to that specific authorization request in the Medical Portal **and** a copy will be uploaded for the user into the eCase case folder for parties with access to eCase.
- Any documents uploaded in the Medical Portal (medical reports, conflicting medical) will have a copy of that document automatically uploaded into the eCase case folder.
- Both processes will occur overnight.

Implementation - Rollout

- Medical Portal Pilot
  - Volunteers for User Acceptance Testing and initial small group for rollout have been identified.
  - The Project Team is in the process of extensive internal testing and will be firming up the rollout schedule. Updates will be posted on the Medical Portal page on the WCB website.

Proposed Regulatory Changes

- Amendments to §324.1, §324.3 and §325-1.4
  - Mandates Payer response electronically through Medical Portal if Provider utilizes portal.
  - Provides that the Chair may require parties use of the Medical Portal (unless they certify that they are unable).
- Same language that appears in §324.1 appears in §325-1.4
- Business days have been changed to calendar days throughout to simplify the process.

Proposed Regulatory Changes

- Amendment to §324.1(i):

  §324.1 (i) "Prescribed method of same day transmission" means (1) facsimile transmission, provided that the receiving party has designated a facsimile number for this purpose to other persons, entities, or the Board; (2) electronic mail (email)[, provided that the receiving party has designated an electronic mail address for this purpose to other persons, entities, or the Board]; or (3) such other means of electronic delivery as [the receiving party or] the Chair has designated for this purpose to other persons, entities, or the Board. <u>The Chair shall have discretion to mandate or prohibit any means of same day transmission. When the means of same day transmission is the electronic portal maintained by the Workers' Compensation Board for receipt of medical information and available to all parties of interest and Treating Medical Providers, the requesting Treating Medical Provider and parties shall only be required to submit the request, response or request for review to the portal maintained by the Board and shall not be required to transmit the request, response or request for review to other parties or the requesting Treating Medical Provider.</u>

How to Register – Claimants/Attorneys

- eCase Access will grant Claimant and Attorney access to Medical Portal
  - Visit WCB website and click on the eCase icon to complete the registration process.
  - Medical Portal will not track paper requests

eCase -Electronic Case Folder

- Overview/Features
- eCase Administrator's Responsibilities
- eCase User's Guide
- Password Assistance and Technical Support
- Access eCase

Overview/Features

eCase allows approved users to view the electronic case folders used by the NYS Workers' Compensation Board to process claims for injured workers. Approved users may ONLY access cases where they are either listed as a party of interest, or delegated access by an organization that is a party of interest and has eCase access.

The eCase application allows you to view case information, party of interest contact information, and documents related to the case. This information is read-only; you may not make any changes to it.

Please Note: The eCase application operates only on desktop or laptop computers that support the Java Runtime Environment version 1.4 or later. It does not operate on tablets, iPhones or other similar devices.

If you are having trouble accessing eCase and the On-line Services Availability page does not indicate that it is undergoing maintenance (select eCase from the menu to view information specific to eCase), please contact the NYS Workers' Compensation Board Help Desk.

To access eCase, you must register:

- Registration for Claimants
- Registration for Attorneys, Licensed Reps., Insurance Carriers, TPAs, or Self-Insured Employers

Login To Access: Login

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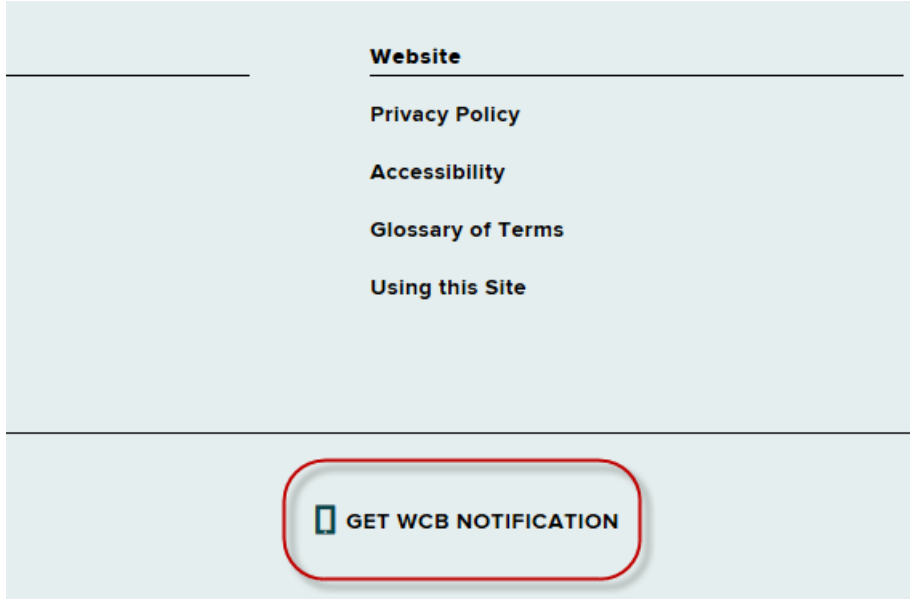
Registration – Medical Providers and Payers

- Registration Process will be announced in the near future
  - Announcement will be made through WCB Notifications
    - Future Medical Portal Users are encouraged to register for WCB Notifications so they receive any future communications on the Medical Portal.
  - WCB website



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WCB Website

Medical Portal page can be accessed from Insurance Carrier, Self-Insured Employer, and Health Care sections of WCB website.

Additional content will continue to be released throughout 2016.

Medical Portal

Overview
News
Webinars
Presentations

Send your questions to:
medauth@wcb.ny.gov

Overview

The New York State Workers' Compensation Board is implementing a web-based Medical Portal. This portal will enable users to submit medical information electronically. The first phase of the Medical Portal will allow for the electronic submission of C-4-AUTH, MG-1, and MG-2 medical authorization treatment requests, allow users to check the status of the request in real time, and receive a notification when a status changes. Users will no longer need to know which form to complete and will be walked through an interactive process that will determine the proper path based upon the answers provided. This web-based process is intended to make medical treatment authorization requests easier; bringing significant improvements to a complicated and often times confusing process. The Board anticipates that electronic submission will make the approval process faster, reduce errors, improve data quality, and replace the need to submit paper authorization forms.

Medical Portal News

December 16, 2015

- In the coming weeks, we will be holding several 1-hour webinar sessions to demonstrate the Medical Portal. We invite you to attend one of the sessions and encourage your feedback. Medical Portal Demo Webinars
- Medical Portal Today vs Tomorrow

Questions/Feedback?

Send questions and feedback to
medauth@wcb.ny.gov