

OnBoard: Limited Release Frequently Asked Questions for Attorneys

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 for both claimant and insurer attorneys?

Although attorneys will not be users of OnBoard: Limited Release, all documents, including MTG Confirmation, Durable Medical Equipment, Medication, Non-MTG Over \$1,000, Non-MTG Under or = \$1,000, MTG Special Services, and MTG Variance PARs, will be saved to the case folder in eCase. Attorneys will become users of the full release of OnBoard. At that time, OnBoard will



will replace eCase and attorneys will have access to all documents to which they are a party of interest.

5. What is changing for claimant attorneys?

Claimant attorneys will be able to receive emails alerting them of most actions and directing them to review the document in eCase, if the attorney or firm is assigned an R-Number, has an email address in their profile, and is on notice to the claim for which the PAR is filed at the time the health care provider submits the initial PAR.

- **Orders of the Chair** may be generated automatically if the insurer fails to respond within the designated time frame. This will greatly reduce the need for claimants and claimant attorneys to track and follow up on **Orders of the Chair**.
- Claimant attorneys can submit a **Request for Further Action by Legal Counsel**, but they must use the existing paper or electronic form, **Request for Further Action by Legal Counsel (Form RFA-1LC)**, which is not part of OnBoard: Limited Release. They can submit a paper or electronic **Form RFA-1LC** for the following:
 - To request review by Adjudication after a denial by the insurer for administrative, no jurisdiction or independent medical examination (IME) scheduling reasons for the following PAR types:
 - Durable Medical Equipment (DME)
 - MTG Confirmation
 - MTG Variance
 - MTG Special Services
 - Non-MTG Over or \$1,000
 - Non-MTG Under or = \$1,000
 - To request review by Adjudication after a partial grant or denial by the insurer for medical reasons that is supported by an IME for these PAR types:
 - MTG Variance
 - MTG Special Services
 - To request review by Adjudication after a Level 3/Medical Director's Office (MDO) response for these PAR types:
 - Medication
 - DME
 - MTG Variance
 - MTG Special Services

6. What is changing that insurer attorneys need to know?

PARs will be assigned to the insurer's claim administrator or, if there is more than one, the claim administrator who made the most recent First or Subsequent Report of Injury (FROI/SROI) filing for the claim. Claim administrators can also assign users access to PARs.

- If there are no FROI/SROI filings, then the Board will assign the PAR to one of the insurer's claim administrators, who must respond.
- PARs cannot be reassigned among claim administrators.
- Failure to respond timely may result in an **Order of the Chair**. **Orders of the Chair** may be generated automatically if the insurer fails to respond within the designated time frame. **Orders of the Chair** are final, may include a penalty and cannot be objected to.



PAR Submission Process

7. In OnBoard: Limited Release, how will PARs be submitted by the health care provider and received by the insurer? Is this done automatically, or manually?

Once a PAR is submitted by the health care provider, the system will automatically validate the data for proper completion, route and escalate the submittal for review to the appropriate parties at the appropriate times.

8. Will the Board continue to accept paper PAR and *Form HP-1* submissions once the new system is available?

No. Once OnBoard: Limited Release is available, the submission of PARs and *Form HP-1* must be made in the new system. *Form HP-1* will be named *Form HP-1.0* in OnBoard: Limited Release.

9. Will medical marijuana requests be done via PAR? If so, which PAR type?

Medical marijuana will be submitted as a Medication PAR.

10. Are Medication PARs going to go through OnBoard: Limited Release, regardless of whether the request is for a new or continuing prescription?

When OnBoard: Limited Release goes live, then pending Drug Formulary requests will be migrated to the new system and processing will be completed through the new system.

Requesting authorization to refill an existing prescription follows the same process as requesting authorization for a new prescription, which would be to submit a prior authorization request in OnBoard: Limited Release.

11. How will denials work for a Level 2 Medication PAR?

For Medication PARs, the Level 1 reviewer may approve, deny or grant in part. For a denial or grant in part, the health care provider must request a Level 2 review within 10 days of the insurer's response. For all PARs except Medication, if the insurer denies or partially grants for non-administrative reasons during their Level 1 review, the PAR is automatically escalated to the insurer's Level 2 reviewer before the determination is sent to the health care provider. When the Level 2 reviewer (the insurer's physician) responds with a denial or grant in part, the health care provider may request a Level 3 review from the Board's Medical Director's Office.

PAR Review Process

12. 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 providing the injured worker treatment 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 prior authorization process as an example is available as part of the recorded [OnBoard: Limited Release Attorney webinar](#).

13. What are the required time frames for response at each level of review? Will they be the same as they are today?

The mandatory time frames for each level of review for each PAR type are consistent with the time frames that are used today. These time frames are measured in calendar days, with weekends and public holidays counted as calendar days. Please note that General Construction Law § 25-a provides that if the last date to respond falls on a Saturday, Sunday or public holiday, then the time frame to respond is moved to the next succeeding business day.

14. If the review of a PAR is requested, would this review proceed to a hearing as opposed to a Proposed Decision, and would the hearing be expedited as they are today?

PARs for Non-MTG Over \$1,000 will be scheduled for a hearing if any requested item is fully denied for medical reasons; no request from a party is required and that hearing will be “expedited.” Any other request for review will go to Conciliation/Proposed Decisions unless there is already a hearing scheduled (in which case it will be added to that hearing).

15. Will OnBoard: Limited Release indicate which sites are established for treatment?

In OnBoard: Limited Release, health care providers will not have direct access to this information. If they submit a request and it’s being reviewed at Level 1 or Level 2, and the body part that they indicate in the PAR has not been established or accepted, the reviewer can relay that information back to the health care provider for that particular body part. As part of the full release of OnBoard, health care providers will have knowledge of which body part(s) have been established for treatment.

16. Form C-4 AUTH has always required contrary medical opinion for denial. Does that remain the case for Special Services or Non-MTG PARs?

Yes. For Special Services or Non-MTG PARs, the Level 2 reviewer would need to provide a medical rationale (or contrary medical opinion) for anything that they do not approve.

17. How does an insurer reject a PAR on causality?

The Level 1 reviewer can deny the request because the case has been controverted. In a Level 2 review, the insurer’s physician can “grant without prejudice” if a body part/condition has not been accepted but cannot deny for that reason; they would need to deny on a medical basis.

18. Will adjusters be able to object to Variance PARs due to the “burden of proof” not being met, or will they be required to first send it to a medical review?

In OnBoard: Limited Release, for all PAR types, except for Medication PARs, if there is a Level 1 denial, it will be automatically escalated to Level 2, the insurer’s physician. If the Level 1 reviewer denies the PAR based on medical necessity or burden of proof, that will get reviewed by the insurer’s physician. After that review, the submitter has a pre-defined number of days, based on the PAR type, to provide additional information or escalate to Level 3 review (the Board’s Medical Director’s Office).



19. Are all Level 3 PAR denials reviewed by the Board’s Medical Directors Office?

All PAR types except for Non-MTG over \$1,000 and Non-MTG under or equal to \$1,000 will be reviewed by the Board’s Medical Director’s Office. Legal representatives may submit a **Request for Further Action (Form RFA-1LC)** after the MDO Notice of Resolution has been issued. Denials for the aforementioned PAR types will then be reviewed via adjudication.

Notifications

20. What kind of PAR status notifications will attorneys be able to receive from OnBoard: Limited Release?

Although attorneys will not be users in the OnBoard: Limited Release system, **claimant attorneys** will have the ability to receive automatic email notifications and updates on claims for which they are on notice. Claimant attorneys can receive these emails alerting them of most actions and directing them to review the document in eCase, if the attorney or firm is assigned an R-Number, has an email address in their profile, and is on notice to the claim for which the PAR is filed at the time the health care provider submits the initial PAR. **Insurer attorneys will not have the ability to submit an email address to receive PAR notifications** – the insurer’s eCase administrator will provide a single email to receive PAR updates for their organization.

Claimant attorneys will now be able to receive the following types of email notifications:

- a. Updates for PAR submission
- b. Responses by the insurer or claim administrator
- c. **Orders of the Chair** when there is no response from the claim administrator
- d. Escalation of a PAR
- e. Notice of resolution for a PAR

Claimant attorneys will not receive updates for the escalation of Non-MTG over \$1,000 PARs or notice of resolution of both Non-MTG under or = \$1,000 and Non-MTG over \$1,000 PARs. The system does not generate notifications of these PAR statuses.

21. If a claimant attorney receives notifications from the Board’s system today, will they need to provide their contact information again to receive notifications from OnBoard: Limited Release?

Claimant attorneys or claimant attorney firms with an R-Number, who have provided an email address to receive notifications via the eCase Administrators page of the Board’s website will not need to provide their contact information again to receive PAR status notifications from OnBoard: Limited Release.

22. Can a claimant attorney provide more than one email address to receive notifications? No.

Claimant attorneys or claimant attorney firms can only provide a single email address that is associated with the firm’s R-Number. This email address will be used for PAR status change notifications for which the claimant attorney or claimant attorney firm is on notice.

23. Will we get one email per day for all clients associated with an R number? Or one notification per each client?

You will receive a notification for every decision made on a PAR. For example, you will receive a notification when the Level 1 reviewer (Medication only) responds to the request, and a notification



when the Level 2 reviewer responds (all PAR types). If the provider requests a Level 3 review, a notification will be sent when the MDO's Notice of Resolution has been issued. The substance of the decision will be available through eCase.

Request for Further Action by Legal Counsel (Form RFA-1LC) Submissions

24. How, and for which PAR types, can a Form RFA-1LC now be filed?

Claimant attorneys will continue to file **Form RFA-1LC** electronically or on paper, for the reasons outlined above.

25. Will OnBoard: Limited Release change how a Request for Further Action by Insurer/Employer (Form RFA-2) is filed?

No. The process for submitting **Form RFA-2** will remain the same as it is today. It will become web-based as part of the system's full release.

26. Will the same forms be used regarding the resolution of requests, e.g., Form C-325 etc.?

Yes. For resolutions, the same forms and processes will be used as they are today.

Staying Informed & Being Prepared

27. How can attorneys stay informed about OnBoard: Limited Release?

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

28. What should attorneys do now to prepare for the new system?

Register for eCase if you are not already registered. All documents, including MTG Confirmation, Durable Medical Equipment, Medication, Non-MTG Over \$1,000, Non-MTG Under or = \$1,000, MTG Special Services, and MTG Variance PARs, will be placed in eCase. If a claimant attorney or firm is assigned an R-Number, has an email address in their profile and is associated/on notice to the claim on which the PAR is filed, they will receive an email alerting them of most actions, and directing them to review the document in eCase. As noted above, insurer attorneys will not have the ability to enter an email address to receive PAR status notifications. To register for eCase, go to **wcb.ny.gov** and select the eCase icon on the home page.

29. What type of OnBoard: Limited Release training will be available for attorneys?

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.

