OnBoard: Limited Release for Claimant and Insurer Attorneys
Agenda

1. OnBoard: Limited Release (OBLR) Overview
2. OBLR Phases Information
3. Information for Claimant and Insurer Attorneys
4. Q&A
Prior Authorization Requests (PARs) in OBLR

- Digitize and streamline the PAR process for the following requests:

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

*Claim administrators can no longer “opt out” of the process. A response to the PAR is now mandatory.*
New Prior Authorization Requests in OBLR

- Durable Medical Equipment (DME), as needed
  - Requests not on the DME fee schedule or those identified on the DME fee schedule as requiring a PAR
- Treatments/tests for a body part not covered by applicable MTGs and costing $1,000 or less
- Medication
  - Replaces current Drug Formulary Prior Authorization Request process
  - In process and completed requests will be transferred to OnBoard: Limited Release
Timeline

1. **Phase One**
   Medication PARs & *Requests for Decision on Unpaid Medical Bill(s)* (Form HP-1.0) Submissions
   *includes medical marijuana requests via a Medication PAR*
   March 7, 2022

2. **Phase Two**
   Durable Medical Equipment Submissions
   April 4, 2022

3. **Phase Three**
   Treatment/Testing PARs
   May 2, 2022
Phase One Information
Medication PARs & Form HP-1.0
Medication PARs

- **Medication PARs** will be used for medication requests (replacing the current *New York Workers’ Compensation Drug Formulary* [*Drug Formulary*] prior authorization request process).

- Medical marijuana will also be requested via a Medication PAR, which will replace the current process using the *Attending Doctor’s Request for Approval of Variance and Carrier's Response* (Form MG-2).
Drug Formulary

- Refills and renewals of prescription medications must comply with the Drug Formulary as of March 7, 2022.
- As communicated in Subject Number 046-1408, the effective dates were previously amended to coincide with the launch of OnBoard: Limited Release.
Form HP-1.0

- As of March 7, 2022, providers will request Board action on unpaid medical bills by submitting Form HP-1.0.
- For now, health care providers will continue to receive administrative and arbitration awards by mail, and the objection and judgement processes will remain paper based.
Phase Two Information

Durable Medical Equipment (DME) PARs
The Board’s new *DME Fee Schedule* becomes effective on April 4, 2022, to coincide with the rollout of the new DME PAR in OnBoard: Limited Release.

The Chair adopted a new *DME Fee Schedule* and PAR processes that were published in the State Register on March 3, 2021.

The *DME Fee Schedule* was later updated on December 22, 2021, and another proposed update was published January 19, 2022.

For more information about the *DME Fee Schedule* and updates, go to the Durable Medical Equipment Fee Schedule page of the Board’s website.
Phase Three Information

Other Treatment/Testing PARs
Phase Three PAR Types

- **MTG Confirmation PARs** - used to request confirmation from the insurer that the procedure or test is based on a correct application of the *MTGs*.
  - Prior to implementation of OBLR, *MG-1* forms were optional for both the provider and the payer. With the implementation of OBLR, MTG Confirmation PARs will continue to be optional for the provider, but if submitted, will be mandatory for the payer.

- **MTG Variance PARs** - used to request testing or treatment that varies from the *MTGs* applicable to the body part or condition being treated.
Phase Three PAR Types

- **MTG Special Services PARs** - used to request authorization for special service(s).
  - Note: This process will mirror the MTG Variance PAR process, rather than the Non-MTG Over $1,000 PAR process.

- **Non-MTG Over $1,000 PARs** - used for requests for treatment costing over $1,000 for non-MTG body parts.

- **Non-MTG Under or = $1,000 PARs (new)** - used for requests for treatment costing $1,000 or less for non-MTG body parts.
  - This PAR type is optional for the health care provider, but a response from the payer is mandatory.
Medical Treatment Guidelines

- The Board has adopted more than a dozen new or updated MTGs.
- All become effective on May 2, 2022.
- Training available on the new and updated MTGs:
  - Overview of the General Guideline Principles
  - Diagnoses associated with the body part or condition
  - Diagnostic and treatment recommendations
Information for Claimant and Insurer Attorneys
Orders of the Chair

- With limited exceptions, if an Order of the Chair is generated, it will be done automatically and immediately after the insurer response time frame ends.
- This will greatly reduce the need for claimants and their attorneys to track and follow up.
eCase Documents from OnBoard

- Most PAR documents generated in OnBoard will be viewable in eCase.
Workers’ Compensation Board

Prior Authorization Request:
Non-MTG Under CR #1,000

Claim Information:

- Medicare Case #: [Blank]
- Date of Injury: [Blank]
- Claim Admin Case #: [Blank]

Patient Name:
Address:

Employer Name:
Address:

Insurer Name:
Address:

Claim Admin Name:
Address:

Health Care Provider Information:

- Name: [Blank]
- Address: [Blank]
- NPI: [Blank]

Prior Authorization Request Details:

1. Body Part: Spinal Meningeal
   - CPT Code and Description: 6320 (Surgical revision of meninges, surg. with D-0)
   - Type of Service: Surgery
   - Diagnosis Code: [Blank]

2. Body Part: Spinal Meningeal
   - CPT Code and Description: 6320 (Surgical revision of meninges, surg. with D-0)
   - Type of Service: Surgery
   - Diagnosis Code: [Blank]

Statement of Medical Necessity / Supporting Medical Documentation:

- Statement of Medical Necessity: [Blank]
- Medical Documentation: [Blank]

Department’s Authorization:

- Authorization Request: [Blank]
- Diagnosis Code: [Blank]
- Type of Service: Surgery

Issuer Response:

- Issuer Response: [Blank]
- Medical Category: [Blank]
- Diagnosis Code: [Blank]
- Type of Service: Surgery

- Issuer Response: [Blank]
- Medical Category: [Blank]
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- Diagnosis Code: [Blank]
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- Issuer Response: [Blank]
- Medical Category: [Blank]
- Diagnosis Code: [Blank]
- Type of Service: Surgery
Current C-4 AUTH, HP-1, MG-1, and MG-2 Forms

- Become obsolete with OBLR launch
- New provider requests will not be accepted after launch
- *Form HP-1.0* – March 7, 2022
- *C-4 AUTH, MG-1, MG-2* – May 2, 2022
Request for Further Action (RFA) Forms

- Board will accept new versions of RFA forms (*Form RFA-2, Form RFA-1LC, and Form RFA-1W*) on May 2, 2022
- Mandatory use beginning June 6, 2022
Information for Insurer Attorneys
Claim Administrators

- 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.
Claim Administrators

- PARs cannot be reassigned among claim administrators.
- Failure to respond timely may result in an *Order of the Chair*. *Orders of the Chair* will be generated automatically if the insurer fails to respond within the designated time frame, with few exceptions. *Orders of the Chair* are final, may include a penalty and cannot be objected to.
Email Notifications

- Insurer attorneys will not have the ability to submit an email address to receive PAR notifications.
- The insurer’s Medical Portal administrator will provide a single email to receive PAR updates for their organization.
Request for Further Action by Insurer/Employer (Form RFA-2)

- A paper or electronic Form RFA-2 can be submitted by the insurer to request review of an MTG Special Services or MTG Variance PAR that was granted or granted in part by the Medical Director’s Office.
Changes for Claimant Attorneys
Claimant Attorneys

- Claimant attorneys will not be users of OnBoard but can receive automatic email notifications to view documents in eCase whenever certain actions are taken on a PAR.
- To receive email notifications, the attorney or firm should have an assigned R Number, an email address in their profile, and be associated or on notice to the claim for which the PAR is filed to receive notifications at the time of an initial PAR submission by the provider.

<table>
<thead>
<tr>
<th>Type</th>
<th>Submission</th>
<th>Response</th>
<th>OOTC</th>
<th>Escalation</th>
<th>NOR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medication</td>
<td>✓</td>
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<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Durable Medical Equipment</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
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<tr>
<td>MTG Confirmation (MG-1)</td>
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<td>✓</td>
<td>✓</td>
<td>✓</td>
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<td>MTG Variance (MG-2)</td>
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<td>✓</td>
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<td>MTG Special Services</td>
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<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Non-MTG Over $1,000</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td></td>
<td>N/A</td>
</tr>
<tr>
<td>Non-MTG Under $1,000</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td></td>
<td>N/A</td>
</tr>
</tbody>
</table>
Navigate to eCase Administrator page.

A section will be added to provide or update your firm’s email address.
# Claimant Attorneys: Email Notifications

**Online Administrator**

List of current ID's on file for NYS Workers' Compensation Board.

Please update the email for the Notifications of Prior Authorization Requests (PARs).

<table>
<thead>
<tr>
<th>ID</th>
<th>Current Email</th>
<th>Email Should Be</th>
</tr>
</thead>
<tbody>
<tr>
<td>R999333</td>
<td><a href="mailto:testagain@test.com">testagain@test.com</a></td>
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</tr>
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Showing 1 to 1 of 1 entries

- Update Email
- Return to Administrator Functions Page
Email Notification Subject Line

Structure: NYS WCB eCase – New [Form ID] - [WCB Case #]: [Claimant Name]
Example: NYS WCB eCase – New EC-325-DME - G1234567: Jane Smith
Claimant Attorneys: Request for Review by Adjudication

- Claimant attorneys will use Request for Further Action by Legal Counsel (Form RFA-1LC).
- Paper or electronic submission as currently available on the Board’s website.
Form RFA-1LC Submissions in OnBoard: Limited Release

<table>
<thead>
<tr>
<th>PAR Type</th>
<th>PAR Decision</th>
<th>Reason</th>
<th>Time Frame</th>
</tr>
</thead>
<tbody>
<tr>
<td>Durable Medical Equipment</td>
<td>Denial</td>
<td>Administrative</td>
<td>Any Time</td>
</tr>
<tr>
<td>MTG Confirmation</td>
<td></td>
<td>No Jurisdiction</td>
<td></td>
</tr>
<tr>
<td>MTG Variance</td>
<td></td>
<td>Independent Medical Exam (IME) Scheduling</td>
<td></td>
</tr>
<tr>
<td>MTG Special Services</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Non-MTG Over $1,000</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Non-MTG Under or = $1,000</td>
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<td></td>
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</table>
### Form RFA-1LC Submissions in OnBoard: Limited Release

<table>
<thead>
<tr>
<th>PAR Type</th>
<th>PAR Decision</th>
<th>Reason</th>
<th>Time Frame</th>
</tr>
</thead>
<tbody>
<tr>
<td>MTG Variance</td>
<td>Grant in Part</td>
<td>Medical Reasons Supported by an IME</td>
<td>Any Time</td>
</tr>
<tr>
<td>MTG Special Services</td>
<td>Denial</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- Health care providers will be able to request a Level 3 Medical Director’s Office review for Medication, Durable Medical Equipment, MTG Confirmation, MTG Variance and MTG Special Services through OnBoard: Limited Release. If an attorney also submits *Form RFA-1LC*, the resolution will follow the path of whichever is received first (not for Confirmation PARs).
- *Form RFA-1LC* can be submitted after the Medical Director’s Office issues a resolution (not for Confirmation PARs).
Form RFA-1LC Submissions in OnBoard: Limited Release

<table>
<thead>
<tr>
<th>PAR Type</th>
<th>PAR Decision</th>
<th>Reason</th>
<th>Time Frame</th>
</tr>
</thead>
<tbody>
<tr>
<td>MTG Variance</td>
<td>Level 3/Medical</td>
<td>Medical Denial or Grant</td>
<td>Any Time</td>
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<tr>
<td>MTG Special</td>
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<tr>
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<tr>
<td>DME</td>
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</tbody>
</table>

- Health care providers will be able to request a Level 3 Medical Director’s Office review for Durable Medical Equipment, MTG Confirmation, MTG Variance and MTG Special Services through OnBoard: Limited Release. If an attorney also submits Form RFA-1LC, the resolution will follow the path of whichever is received first (not for Confirmation PARs).
- Form RFA-1LC can be submitted after the Medical Director’s Office issues a resolution (not for Confirmation PARs).
Updates & What’s Next
Reference Materials

- wcb.ny.gov/onboard/
  - Fact sheets
  - Recorded webinars
  - Email notification examples
Stay Engaged

- **Subscribe for OnBoard Updates**
  - Subscribe to receive email updates on all things OnBoard!
- **Email** OnBoard@wcb.ny.gov
- **Questions?**