OnBoard: Limited Release for Payers, Pharmacy Benefit Managers and Medical Review Organizations

A Better System for a Better Board

New York State Workers’ Compensation Board
Agenda

1. OnBoard: Limited Release Recap
2. Registering, Roles and Administration
3. Payer FAQs
4. Updates and What’s Next
5. Questions
OnBoard Timeline

- Began in summer 2019
- Identified opportunities to release system functionality early, to better assist stakeholders
  - OnBoard: Limited Release
- The project has three phases:

  **Limited Release**
  Phase 1

  **January 24, 2022**

  **eClaims EDI R3.1**
  Phase 2

  **OnBoard**
  Phase 3
## Prior Authorization Requests

<table>
<thead>
<tr>
<th>PAR Type</th>
<th>Request Type</th>
<th>Mandatory Time Frame for Insurer Response</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>MTG Confirmation</strong></td>
<td>Requests previously done using the Attending Doctor’s Request for Optional Prior Approval and Carrier’s/Employer’s Response (Form MG-1).</td>
<td>Eight business days</td>
</tr>
<tr>
<td><strong>MTG Variance</strong></td>
<td>Requests previously done using the Attending Doctor’s Request for Approval of Variance and Carrier’s Response (Form MG-2).</td>
<td>15/30 calendar days in accordance with GCL* Insurers must respond within 15 calendar days of receipt of a request from a health care provider. If an insurer decides to request an independent medical examination (IME) or the review of records, it must notify the Chair within five business days of such decision and respond within 30 calendar days of receipt of the request.</td>
</tr>
<tr>
<td><strong>MTG Special Services</strong></td>
<td>MTG-related requests previously done using the Attending Doctor’s Request for Authorization and Carrier’s Response (Form C-4 AUTH).</td>
<td>15/30 calendar days in accordance with GCL* Insurers must respond within 15 calendar days of receipt of a request from a health care provider. If an insurer decides to request an IME or the review of records, it must notify the Chair within five business days of such decision and respond within 30 calendar days of receipt of the request.</td>
</tr>
<tr>
<td><strong>Non-MTG Over $1,000</strong></td>
<td>Requests for treatment costing over $1,000 for non-MTG body parts previously done using the Attending Doctor’s Request for Authorization and Carrier’s Response (Form C-4 AUTH).</td>
<td>30 calendar days in accordance with GCL*</td>
</tr>
<tr>
<td><strong>Non-MTG Under or = $1,000 (new)</strong></td>
<td>Requests for treatment costing $1,000 or less for non-MTG body parts.</td>
<td>Eight business days</td>
</tr>
<tr>
<td><strong>Medication (new)</strong></td>
<td>Medication requests, including medical marijuana (replacing the current New York Workers’ Compensation Drug Formulary [Drug Formulary] prior authorization request process).</td>
<td>Four calendar days</td>
</tr>
<tr>
<td><strong>Durable Medical Equipment (new)</strong></td>
<td>Requests in accordance with the new Official New York Workers’ Compensation Durable Medical Equipment (DME) Fee Schedule.</td>
<td>Four calendar days in accordance with GCL*</td>
</tr>
</tbody>
</table>

* General Construction Law (GCL) 25a states: “When any period of time, computed from a certain day, within which or after which or before which an act is authorized or required to be done, ends on a Saturday, Sunday or a public holiday, such act may be done on the next succeeding business day…”
Prior Authorization Process

- Register for the Medical Portal (if needed)
- Access the Medical Portal
- Access the OnBoard dashboard
- Select “Submit an eForm”
- Begin with a case search
- Enter requested information
Prior Authorization Process

- Enter the requested information:
  - CPT Code
  - MTG Site
  - Body Part Information
  - MTG Consistency

- Attach documents as necessary

- Add additional items to a PAR
  - Durable Medical Equipment, for example

- Complete request (PAR needs to be submitted by the provider)
Prior Authorization Process Response

- Insurers will receive PAR requests in their dashboard
- Workload Administrators will either respond directly or assign the PAR to the level 1 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.).
- The reviewer will fill out their response, shown here
Prior Authorization Process

- Before responding, insurers can attach supporting documentation
- Review and submit response
Injured Worker

Provider

Level I Review

Level II Review

Level III Review

- Submits Prior Authorization
  - Grant
  - Grant / Grant in Part / Deny
  - If granted in part or denied, provider requests level 3 review

- Treatment or Prescription
  - Grant
  - Grant / Grant in Part / Deny

- Treatment or Prescription
  - Grant
  - Grant / Grant in Part / Deny

- Treatment or Prescription if Granted
  - Grant, Grant in Part or Deny
  - If granted in part or denied, provider requests level 3 review

- Grant / Grant in Part / Deny
Requesting Access to OnBoard: Limited Release through the Medical Portal
## Who Needs to Register and Who Doesn’t?

<table>
<thead>
<tr>
<th>Payers</th>
<th>Medical Review Organizations (MRO)</th>
<th>Pharmacy Benefits Managers (PBMs)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Claim administrator (insurers, self-insured entities, or third-party administrator) access is granted using organizational profiles based on eClaims Trading Partner information</td>
<td>A payer may designate a medical review organization to review their PARs</td>
<td>PBMs may be designated by the payer to review Level 1 Medication PAR submissions</td>
</tr>
<tr>
<td><strong>Online user administrators are automatically registered for OnBoard: Limited Release</strong></td>
<td>Medical Review Organizations must first complete the online Medical Review Organization Medical Portal Registration process found on the Board’s website</td>
<td>The PBM must complete the online PBM Medical Portal Registration process on the Board's website, prior to a payer designating them as the reviewer</td>
</tr>
<tr>
<td></td>
<td></td>
<td>PBMs with access to the Medical Portal will automatically be given access to OnBoard: Limited Release and will not need to submit a new request for access, and existing designations by payers will automatically continue</td>
</tr>
</tbody>
</table>
How To Register

www.wcb.ny.gov/medicalportal
How To Register

- Medical Review Organizations (MROs) and Pharmacy Benefits Managers (PBMs) will need to provide the following:
  - Organization Information
    - Federal Tax Identification Number (FEIN)
    - Organization name
    - Organization address
  - User Information - Organizations must identify at least one User Administrator and may also designate additional User Administrators, Workload Administrator(s) and Reviewers. The following information is required for each user:
    - Name
    - Address
    - Phone number
    - Email address
After Submitting Registration

- Three to five business days for the Board to complete the review of a registration
- Once approved, emails will be sent to each user designated in the application with their NY.gov ID, temporary password and additional instructions related to your role
Roles in OnBoard: Limited Release
Information on Roles

www.wcb.ny.gov/medicalportal
## Payer Roles

<table>
<thead>
<tr>
<th>Roles</th>
<th>Responsibility</th>
</tr>
</thead>
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<tr>
<td>Payer Online (User)</td>
<td>• Requests access for users and user administrators.</td>
</tr>
<tr>
<td>Administrator</td>
<td>• Assigns users to Workload Administrator, Level 1 and Level 2 Reviewer roles.</td>
</tr>
<tr>
<td></td>
<td>• Provides email contacts for PAR notifications.</td>
</tr>
<tr>
<td></td>
<td>• Designates MRO for PAR reviews.</td>
</tr>
<tr>
<td></td>
<td>• Designates PBM for Level 1 Medication PAR reviews.</td>
</tr>
<tr>
<td></td>
<td>• Updates user information as necessary.</td>
</tr>
<tr>
<td></td>
<td>• Removes users who should no longer have access to the system.</td>
</tr>
<tr>
<td>Workload Administrator</td>
<td>• The Workload Administrator will receive and assign all submitted PARs based on the assigned workload administrator role.</td>
</tr>
<tr>
<td></td>
<td>• <strong>Types of Workload Administrator roles:</strong></td>
</tr>
<tr>
<td></td>
<td>• <strong>MTG/Non-MTG</strong> – assigns MTG Confirmation, MTG Variance, MTG Special Services, Non-MTG Over $1000 and Non-MTG Under or = $1000 PARs to appropriate reviewers.</td>
</tr>
<tr>
<td></td>
<td>• <strong>Medication</strong> – assigns Medication PARs to appropriate reviewers</td>
</tr>
<tr>
<td></td>
<td>• <strong>DME</strong> – assigns DME PARs to appropriate reviewers</td>
</tr>
<tr>
<td></td>
<td>• Workload Administrators may have more than one role. Payers should ensure that there is a workload administrator for all PAR types.</td>
</tr>
</tbody>
</table>
|                            | • 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.
# Payer Roles

<table>
<thead>
<tr>
<th>Roles</th>
<th>Responsibility</th>
</tr>
</thead>
</table>
| Level 1 Reviewer  | • Performed by the payer; can also be delegated to an MRO, or to a PBM for Medication PARs.  
|                   | • Review Level 1 requests (as designated and assigned).  
|                   | • **There is a Level 1 Reviewer role for each PAR type.**                                                                                       |
| Level 2 Reviewer  | • Performed by the carrier’s physician; can also be delegated to an MRO. Please see Subchapter M of Chapter V of Title 12 of NYCCR Part 441.1(g) for the definition of the carrier’s physician.  
|                   | • Review Level 2 requests (as designated and assigned).  
|                   | • **There is a Level 2 reviewer role for each PAR type.**                                                                                      |
# Medical Review Organization (MRO) Roles

<table>
<thead>
<tr>
<th>Roles</th>
<th>Responsibility</th>
</tr>
</thead>
</table>
| Online (User) Administrator   | • Requests access for users and user administrators.  
|                               | • Assigns users to Workload Administrator, Level 1 and Level 2 Reviewer roles.  
|                               | • Updates user information as necessary.  
|                               | • Removes users who should no longer have access to the system.                                                                               |
| Workload Administrator        | • The workload administrator will receive and assign all submitted PARs.  
|                               | • 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. |
| Level 1 Reviewer              | • Review Level 1 requests (as designated and assigned)                                                                                       |
| Level 2 Reviewer              | • Review Level 2 requests (as designated and assigned)                                                                                       |
# Pharmacy Benefit Manager (PBM) Roles

<table>
<thead>
<tr>
<th>Roles</th>
<th>Responsibility</th>
</tr>
</thead>
</table>
| Online (User) Administrator   | • Request access for users and user administrators  
• Assign users to Workload Administrator and Level 1 Reviewer roles for Medication PARs  
• Update user information as necessary  
• Remove users who should no longer have access to the system |
| Workload Administrator        | • The workload administrator will receive and assign all Medication PARs.  
• 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.                                                                                                                                                                       |
| Level 1 Reviewer              | • Review Level 1 Medication PARs (as designated and assigned)                                                                                                                                                                                                                                                                                  |
Managing Roles in OnBoard: Limited Release
Logging In

- Visit the Payers section of the Medical Portal webpage
- The Online (User) Administrator will log in using the Administrator Login

www.wcb.ny.gov/medicalportal
Upon log in, Online (User) Administrators must enter the payer’s contacts and users for each PAR type.
The Online (User) Administrator must enter email addresses for the contacts in Level 1, Level 2, Order of the Chair and Final Determination notifications.

For an example of adding or updating an email for notifications, we will select **Level 1** under **MTG Confirmation**.
Notification Contacts

- Users can then add or update email contact information on this page

<table>
<thead>
<tr>
<th>Organization</th>
<th>ID</th>
<th>Current Email</th>
<th>Email Should Be</th>
<th>Name of MRO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Apply To ALL</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ACE American Insurance Co.</td>
<td>W010004</td>
<td><a href="mailto:newconfirm2@wcb.ny.gov">newconfirm2@wcb.ny.gov</a></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ACE Fire Underwriters Insurance Company</td>
<td>W011001</td>
<td><a href="mailto:confirm1@wcb.ny.gov">confirm1@wcb.ny.gov</a></td>
<td></td>
<td>testURAC4</td>
</tr>
<tr>
<td>ACE Property and Casualty Insurance Company</td>
<td>W012009</td>
<td><a href="mailto:confirm1@wcb.ny.gov">confirm1@wcb.ny.gov</a></td>
<td></td>
<td>URAC_6</td>
</tr>
</tbody>
</table>
Adding PAR Users

- The Online (User) Administrator must enter designated staff for each type of PAR review.
- For an example of adding or updating a user to be a Level 1 reviewer, we will select **Level 1 Reviewers** under **Non-MTG Over $1,000**.
Level 1 Reviewer Example

- Each screen will display three sections:
  - Registered users designated for that level
  - Registered users not designated for that level
  - Add new users

- These users can be assigned Level 1 PAR reviews in OnBoard: Limited Release
Adding New User

- Enter the following information
  - First and last name
  - Address
  - Phone Number
  - Email address
Frequently Asked Questions
Q: How will the feature that enables an insurer to request more information from a health care provider work?

A: 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. Does not affect the mandatory time frame for response to a PAR, and the health care provider is not obligated to respond.
Will the OnBoard system notify the insurer’s claims adjuster handling a specific claim when a new PAR has been received, 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.
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. Notifications will also be sent to the injured worker’s attorney.
Will the Official New York Workers’ Compensation Durable Medical Equipment (DME) Fee Schedule indicate which items require prior authorization?

An item not found on the DME fee schedule will require a prior authorization. Some items on the DME Free schedule are designated with a "PA"; these items require prior authorization.
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 a lower cost.
How would an insurer request an IME or record review in OnBoard: Limited Release?

An IME can be requested during either a Level 1 or Level 2 review; the updated time frame for response to the PAR will be calculated from the PAR submission date, regardless of whether the IME request was made during a Level 1 or Level 2 review.
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.
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 treating health care provider need to request a Level 2 review?

For all PAR types except Medication, if the PAR is denied or granted in part for medical reasons at the Level 1 review, it 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.

If a PAR other than medication is denied for administrative reasons, it will go back to the provider and will not escalate to a Level 2 review. The injured worker or their attorney may submit a Request for Further Action (Form RFA-1LC) to request adjudication regarding the administrative denial.

If a medication PAR is denied for administrative reasons, the provider can request a Level 2 review.
Will Utilization Review Organizations access OnBoard: Limited Release and be able to have their own workload admin?

Utilization Review Organizations hired by a payer will be able to access OnBoard: Limited Release directly if the payer has set them up with access. Utilization Review Organizations will see and be able to take action on prior authorization requests assigned by the payer’s workload administrator. In other cases, the Utilization Review Organization will work directly with the payer according to the payer’s processes.
What happens to in-flight Drug Formulary requests?

When OnBoard: Limited Release launches, any authorization obtained before the OnBoard: Limited Release effective date will be valid, and a new authorization won’t be required for something already authorized. Any new authorizations requested after the OnBoard: Limited Release effective date will need to go through the new OnBoard system. “In-flight” requests: If the authorization request is submitted prior to the OnBoard: Limited Release effective date, and the timeframe for response has not expired, the request will be migrated to the new system and completed in OnBoard.
Can different contact email addresses be designated for each notification type?

Yes, payers can associate a different email address for Level 1 vs. Level 2 requests for each of the PAR types, if desired.
Projects to Coincide with OnBoard

- **New York Workers’ Compensation Drug Formulary (Drug Formulary) Refill Compliance**
  - Deadline for prescription drug refills to comply with the *Drug Formulary* becomes effective with launch of OnBoard: Limited Release

Reminder - OnBoard: Limited Release will include Medication PARs, and replace the current *Drug Formulary* available in the Medical Portal
Projects to Coincide with OnBoard

- **Workers’ Compensation Board’s New York Medical Treatment Guidelines**
  - The following become effective with Limited Release:
    - Hand, Wrist and Forearm Injuries (these guidelines will replace the Carpal Tunnel MTGs)
    - Occupational/Work Related Asthma
    - Ankle and Foot Injuries
    - Elbow Injuries
    - Hip and Groin Injuries
    - Occupational Interstitial Lung Disease
    - Post-Traumatic Stress Disorder
    - Major Depressive Disorder
  - **Updated Medical Treatment Guidelines coming:**
    - **New**: Traumatic Brain Injury
    - Revisions of Mid and Low Back, Neck, Shoulder and Knee
Updates & What’s Next
Updated Reference Materials

- Updated Insurer fact sheet
- New frequently asked questions for insurers
- Webinar slides and recordings
Future Insurer Training

- Just-in-time training webinars
- Webinar series
- Training guides and video tutorials
- Q&A webinars
- Website content
- Support channels
Next Steps for Insurers

- Get early access!
- Review your current paper or fax-based systems. You will no longer be using these!
- Review the new registration webpages
- Share this information with your Medical Review Organizations and Pharmacy Benefits Managers
Stay Engaged

- wcb.ny.gov/onboard
  - Overview, timeline, FAQs, resources
- Subscribe for OnBoard Updates
  - Subscribe to receive email updates on all things OnBoard!
- Email OnBoard@wcb.ny.gov
- Questions?