New Workload Administrator Tab

- PAR Search Tab
  - All Inflight PARs
  - All Closed PARs
  - Custom PAR Search
PAR Search Results

- Only view PARs for organizations with the role of workload administrator

<table>
<thead>
<tr>
<th>Type</th>
<th>Name</th>
<th>Roles</th>
</tr>
</thead>
<tbody>
<tr>
<td>Insurer</td>
<td>A Insurance Group</td>
<td>Medication Work Load Administrator</td>
</tr>
<tr>
<td>Insurer</td>
<td>A Insurance Group</td>
<td>DME Work Load Administrator</td>
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<tr>
<td>Insurer</td>
<td>A Insurance Group</td>
<td>MTG/Non-MTG Work Load Administrator</td>
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<tr>
<td>Insurer</td>
<td>C Group</td>
<td>Medication Work Load Administrator</td>
</tr>
<tr>
<td>Insurer</td>
<td>P INSURANCE COMPANY</td>
<td>Medication Level 1 Reviewer</td>
</tr>
</tbody>
</table>
Searching for PARs

- To search all inflight PARs, all closed PARs, or to create a custom search, select the button next to the desired option.
Custom PAR Search

- Narrow results by entering specific data
- If results contain more than 10,000 records, results will not show. A new search with narrowed criteria will be required.
PAR Search Instructions

- Workload Administrator Dashboard Overview instructions updated
Frequently Asked Questions
1. Where should frequency and/or duration be entered for applicable treatment?

A. As part of every submission within OnBoard, the health care provider is required to enter or upload a statement of medical necessity and/or medical supporting documentation. If their request includes therapeutic modalities, including physical therapy, occupational therapy, chiropractic and/or acupuncture services, they will include the specific frequency and duration of the requested treatment within the Medical Necessity field. If the request includes spinal levels, the specific spinal levels applicable to the request will be added to the Medical Necessity field.

![Image of the Medical Necessity section in OnBoard]
2. Can you edit a PAR response if it was filed incorrectly?

A. After the Level 1 or Level 2 reviewer submits a grant in part or denial for any PAR type except Medication, the reviewer can change the response from a grant in part or denial to a grant. Changing the response can only be done for administrative, jurisdiction, or IME related denials. This can be done by the Level 1 reviewer until the Level 2 reviewer has submitted a response. It can be done by a Level 2 reviewer until the time that the Level 3 (Board’s Medical Director’s Office) issues a Notice of Resolution.
3. Are Orders of the Chair automatically generated?

A. Yes, Orders of the Chair are automatically generated for non-Medication PARs in OnBoard.
4. Is a PAR Level 1 response required before it can receive a Level 2 response?

A. Yes, all PAR submissions will first require a Level 1 reviewer to provide a response. If the PAR is denied or granted in part at the Level 1 review for any PAR other than Medication, the PAR will automatically escalate to a Level 2 review.
A. After the payer has provided their response to the PAR and entered applicable information, like claim apportionment information, they can attach any supporting documentation at the end of their submission.
6. If a PAR is sent to the incorrect payer, what should we do?

A. In the event that you believe a PAR was sent to the wrong payer, a response to that PAR is still required. A non-response will still result in an Order of the Chair.
7. How should the payer respond if the attached medical is outdated/stale?

A. There is no administrative denial reason related to the supporting medical. If the payer believes the attached medical does not support what is being requested in the PAR, then a statement to that effect should be part of the rationale when it denies the PAR for medical reasons. Any denial for medical reasons requires an L2 response.
8. What should we do if a provider attaches irrelevant supporting medical documentation?

A. If the health care provider adds or attaches irrelevant or incorrect medical documentation to the PAR, the payer should submit a Request for Further Information (RFI) stating the incorrect document was attached and request that the correct medical documentation be sent in response to the RFI.

If there is no response to the RFI, the payer can deny the PAR and state the reasons for lack of supporting medical. The health care provider can then submit a new PAR.
For full details and instructions, please see the updated training webpages for payers.

If you need assistance with OnBoard registration or technical support, email WCBCustomerSupport@wcb.ny.gov.

If you need assistance with OnBoard processes, email the Board's Medical Director's Office at WCBMedicalDirectorsOffice@wcb.ny.gov.

For all other questions, please email OnBoard@wcb.ny.gov.