OnBoard: Limited Release Training for Payers
Agenda

1. Recap
2. Timeline
3. Registration and Administration
4. Accessing OBLR
5. Dashboard Walkthrough
6. Responding to a Medication Prior Authorization Request
   1. Level 1 Response
   2. Level 2 Response
7. Training Resources
8. What’s Next
**OnBoard: Limited Release**

Digitize and streamline the PAR process for the following requests:

<table>
<thead>
<tr>
<th>New PAR Name</th>
<th>Current PAR Name</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 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 treatments/tests for a body part not covered by applicable MTGs costing more than $1,000 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 PARs in OnBoard

- Medication PARs (replacing the current Drug Formulary Prior Authorization Request Process)
- Durable Medical Equipment PARs
- Non-MTGs under or = $1,000
Timeline

1. **Phase One**
   Medication PARs
   *includes medical marijuana requests via a Medication PAR*
   March 7, 2022

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

3. **Phase Three**
   Treatment/Testing PARs
   May 2, 2022
Registration

- The payer (insurer, self-insured entities, or third-party administrator) access is granted using organizational profiles based on eClaims Trading Partner information. The insurer is ultimately responsible for the review of PARs.

- Medical Review Organization (MRO) – A payer may designate a medical review organization to review their PARS.

- Pharmacy Benefit Manager (PBM) – PBMs may be designated by the payer to review Level 1 Medication PARs.

Visit the Medical Portal webpages for payer registration and OnBoard administration information.
OnBoard Administration

- Ensure all roles are set up for OnBoard Limited Release.
  - Payer Online (User) Administrator
  - Workload Administrator
  - Level 1 Reviewer
  - Level 2 Reviewer
- Payer Online (User) Administrators should verify they have designated notification emails for every PAR type and level in their medical portal administration application.
- View administration instructions on the Medical Portal webpage to assign user roles.
Phase One Information

- Only Medication PARs.
- Drug Formulary
  - Application not accessible as of 5 p.m. on Friday, March 4. It will be available again as “read-only) on Monday, March 7 for review of previously approved medication requests.
  - PARs in progress as of 5 p.m. on Friday, March 4 will be suspended and converted to a Medication PAR in OBLR. Processing will continue in OBLR on Monday, March 7.
  - Refills and renewals of prescription medications must comply with the Drug Formulary as of Monday, March 7.
Accessing OnBoard: Limited Release
How to Access OBLR

Locate Online Services dropdown on Board website

Select Medical Portal
How to Access OBLR

Enter NY.GOV Username and Password

Select Prior Authorization PAR

- Payers
  - Training
  - Physician Specialty Classification Codes
  - New Provider Legislation
  - Independent Medical Examinations
  - Learn more about the Impartial Special List Program
  - Preferred Provider Organizations
  - Medical Portal Administration

- Treatment
  - Medical Treatment Guidelines
  - MTG Lookup Tool
  - Drug Formulary Overview
  - Drug Formulary Search

- Billing
  - Medical Fee Schedules
  - Employer Coverage Search
  - Web Submission of Claim Forms
  - CMS-1500 Initiative
  - XML Formats Submission

NEW YORK STATE WORKERS’ COMPENSATION BOARD

BETTER FOR WORKERS

BETTER FOR BUSINESS
Dashboard Walkthrough
Workload Administrator Dashboard
Workload Administrator Assigning PARs

My Dashboard

Prior Auth

My Organization's PARs

Resolve

Assign 1 item(s) selected

<table>
<thead>
<tr>
<th>PAR ID</th>
<th>Type</th>
<th>Due Date</th>
<th>PAR Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>PA-00-0003-476</td>
<td>Medication</td>
<td>12/12/2021</td>
<td>L1 - Requested</td>
</tr>
</tbody>
</table>

Page 1 of 1 | < | < | 1 | > | > | 1 | Showing 1-1 of 1 | 10 | Items per page
Workload Administrator Assigning PARs
### My Dashboard

#### My Organization's PARs

<table>
<thead>
<tr>
<th>Claim Admin Claim #</th>
<th>WCB Case #</th>
<th>Injury Date</th>
<th>Assigned Organization</th>
<th>Assigned User</th>
<th>Claim Admin</th>
<th>Insurer</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Jordan</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Page 1 of 1, Showing 1-1 of 1, 10 items per page
### Level 1 or Level 2 Reviewer Dashboard

#### My Dashboard

- Prior Auth
- Draft eForms
- Submitted eForms
- My PARs
- Resolved

#### My Dashboard Table

<table>
<thead>
<tr>
<th>PAR ID</th>
<th>Type</th>
<th>Due Date</th>
<th>PAR Status</th>
<th>RFI</th>
<th>Patient</th>
<th>Claim Admin Claim #</th>
<th>WCE</th>
</tr>
</thead>
<tbody>
<tr>
<td>PA-00-0003-480</td>
<td>Medication</td>
<td>12/18/2021</td>
<td>L1 - Requested</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Page 1 of 1 | Showing 1-1 of 1 | 10 Items per page
Workload Administrators Who Are Also Designated Reviewers
### My Downloads

#### Downloads

Files downloaded in the last 24 hours:

<table>
<thead>
<tr>
<th>File Name</th>
<th>Related ID</th>
<th>Related Object Type</th>
<th>Date Downloaded</th>
</tr>
</thead>
<tbody>
<tr>
<td>DO-00-0004-381_12-14-2021-08-40.pdf</td>
<td>PA-00-0002-900</td>
<td>Prior Authorization</td>
<td>12/14/2021 8:40 AM</td>
</tr>
</tbody>
</table>

Page 1 of 1  
Showing 1-1 of 1  
10 Items per page
My Profile
# My Account

## Your Profile

**My Account**

Your User Name is a Board assigned User ID and cannot be changed. Updates to the name and email address associated to your account must be made through the Medical Portal administration application. If you are not a health care provider or online user administrator you must speak with your organization’s user administrator. More information can be found on the Board’s Website.

<table>
<thead>
<tr>
<th>User Name</th>
<th>User Email Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>Training.Pay/WorkloadAdmin</td>
<td></td>
</tr>
</tbody>
</table>

## Contact Information

- **First Name**: TestUser
- **Middle Name**:  
- **Last Name**: TestUser
- **Name Suffix**:  
- **Phone Country Code**: +1
- **Phone Number**: (555) 555-5555
- **Extension**:  
- **Phone Type**: Mobile

## Notification Preferences

Please select the notifications you would like to opt-in to receive:

- [ ] PAI Status Update - Email
- [ ] New Item in Queue - Email
- [ ] Text Message Opt-In - Standard Center Msg & Data Rates May Apply.
# My Organizations

## My Organizations

My Profile

- **My Account**
- **My Organizations**
- **Log Out**

### My Organizations Table

<table>
<thead>
<tr>
<th>Type</th>
<th>Name</th>
<th>Roles</th>
<th>Start Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Insurer</td>
<td>Cycle &amp; Insurance</td>
<td>Medication Work Load Administrator</td>
<td>01/01/2020</td>
</tr>
<tr>
<td>Insurer</td>
<td>Cycle &amp; Insurance</td>
<td>DME Work Load Administrator</td>
<td>01/01/2020</td>
</tr>
<tr>
<td>Insurer</td>
<td>Cycle &amp; Insurance</td>
<td>MTG/Non-MTG Work Load Administrator</td>
<td>01/01/2020</td>
</tr>
</tbody>
</table>

Page 1 of 1 1 < 1 > 1 Showing 1-3 of 3 10 items per page
## Organization Details

### Cycle 8 Insurance

**Insurer ID:**

<table>
<thead>
<tr>
<th>Insurer Name</th>
<th>Group Name</th>
<th>Insurer FEIN</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cycle 8 Insurance</td>
<td>Cycle 8 Trust</td>
<td></td>
</tr>
</tbody>
</table>

**NAIC Code:**

- Created: 01/28/2021 11:16 AM by [Name]
- Last Updated: 01/28/2021 11:16 AM by [Name]

**Insurer Type:**

- Licensed Carrier

**Insolvent?:**

- No

### Addresses

<table>
<thead>
<tr>
<th>Invalid?</th>
<th>Source</th>
<th>Type</th>
<th>Address</th>
<th>Effective Date</th>
<th>End Date</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
<td></td>
<td>Primary Contact</td>
<td></td>
<td></td>
<td></td>
<td>Active</td>
</tr>
</tbody>
</table>

Page 1 of 1 | < | < | 1 | > | > | Showing 1-1 of 1 | 10 | Items per page
Log Out
Dashboard Features

Sorting Columns

<table>
<thead>
<tr>
<th>PAR ID</th>
<th>Type</th>
<th>Due Date</th>
<th>PAR Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>PA-00-0003-480</td>
<td>Medication</td>
<td>12/18/2021</td>
<td>L1 - Requested</td>
</tr>
</tbody>
</table>
Dashboard Features
Filtering Columns
Dashboard Features

Export
PAR Status on Dashboard

<table>
<thead>
<tr>
<th>PAR ID</th>
<th>Type</th>
<th>Due Date</th>
<th>PAR Status</th>
<th>RFI</th>
<th>Patient</th>
<th>Claim Admin Claim #</th>
<th>WCB Case #</th>
<th>Injury Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>PA-00-0001-625</td>
<td>Non-MTG Over $1000</td>
<td>01/10/2022</td>
<td>L1 - Requested</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PA-00-0001-648</td>
<td>MTG Confirmation</td>
<td>07/14/2022</td>
<td>L1 - Requested</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PA-00-0001-649</td>
<td>MTG Confirmation</td>
<td>07/14/2022</td>
<td>L1 - Requested</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## Prior Auth – Resolved Tab

### My Dashboard

<table>
<thead>
<tr>
<th>PAR ID</th>
<th>Type</th>
<th>Patient</th>
<th>DOB</th>
<th>PAR Status</th>
<th>PAR Status Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>PA-00-0003-477</td>
<td>Medication</td>
<td></td>
<td></td>
<td>L2 Granted - Final</td>
<td>12/13/2021 12:26:34</td>
</tr>
</tbody>
</table>

Showing 1-1 of 1, 10 items per page.
Draft eForms Tab

### My Dashboard

<table>
<thead>
<tr>
<th>Draft eForm Name</th>
<th>Patient Name</th>
<th>Patient DOB</th>
<th>WCB Case #</th>
<th>eForm Details</th>
<th>For</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>PAR: Special Services Level 1 Review Draft</td>
<td></td>
<td></td>
<td>PA-00-0002-900</td>
<td></td>
<td>Cycle 8 Insurance</td>
<td>Draft</td>
</tr>
</tbody>
</table>

If you want to resume an existing draft of an eForm, do so from the link in the 'Draft eForm Name' column.
Discard Draft
Submitted eForms

<table>
<thead>
<tr>
<th>eForm Document</th>
<th>eForm Name</th>
<th>Patient Name</th>
<th>Patient DOB</th>
<th>WCB Case #</th>
<th>eForm Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>348943</td>
<td>PAR: Medication Level 1 Denial</td>
<td></td>
<td></td>
<td></td>
<td>PA-00-0003-479</td>
</tr>
<tr>
<td>348932</td>
<td>PAR: Medication Level 1 Grant</td>
<td></td>
<td></td>
<td></td>
<td>PA-00-0003-476</td>
</tr>
<tr>
<td>348079</td>
<td>PAR: Medication Level 1 Grant in Part</td>
<td></td>
<td></td>
<td></td>
<td>PA-00-0001-775</td>
</tr>
<tr>
<td></td>
<td>PAR: MTG Variance Insurer Denial</td>
<td></td>
<td></td>
<td></td>
<td>PA-00-0001-043</td>
</tr>
</tbody>
</table>
Submitted eForms
Request Details

Overall Responses

Overall L1 Insurer Response
Deny

L1 Reviewer Name- Title

L1 Response Date & Time
08/12/2021 2:13 PM

Overall L2 Insurer Response
Deny

L2 Reviewer Name - Title

L2 Response Date & Time
08/12/2021 2:14 PM

Request Items

Request #1

Body Part
Bilateral Disc

HCP5 Code & Description
LO13: Cervical cervical, cervicothoracic, thoracic spinal type, with or without joint, with or without soft interface material, prefabricated, includes fitting and adjustment

MTG Reference
Neck - NONE; Other - Not Addressed in MTG - Cervical Spine

Additional Request Details
### Request Details

**Patient Name:**

**Patient DOB:** 12/26/1975

**WCB Case #:**

**Date of Injury:**

**Status:** L1 - Requested

**System ID:** PA-00-0002-822

### Related Entities

### Request Details

### Medical Necessity

### Documents

### Related PARs

### Correspondence History

### Related Activity

#### Additional Request Details

<table>
<thead>
<tr>
<th>DME Duration</th>
<th>Estimated Purchase Price</th>
<th>Estimated Rental Price</th>
</tr>
</thead>
<tbody>
<tr>
<td>100</td>
<td>$257.41</td>
<td>$0.00</td>
</tr>
</tbody>
</table>

#### Level 1 Insurer Response Details

- **L1 Insurer Response**
  - Deny

- **Purchase or Rental**
  - Denial Category: Medical Reasons
  - Denial Reason: Medical Necessity - documentation absent
  - Denial Rationale: Insufficient medical documentation

#### Level 2 Insurer Response Details

- **L2 Insurer Response**
  - Deny

- **Purchase or Rental**
  - Denial Category: Medical Reasons
  - Denial Reason: Medical Necessity - documentation absent
  - Denial Rationale: Insufficient documentation

#### Additional PAR Details

- **Is this Claim Apportioned?**
  - No
**Medical Necessity**

**Patient Name:** [Redacted]  
**Patient DOB:** 12/26/1975  
**WCB Case #:** [Redacted]  
**Date of Injury:** [Redacted]  
**Status:** L1 - Requested  
**System ID:** PA-00-00002-822

### Medical Necessity

**Statement of Medical Necessity**

Statement Of Medical Necessity  
Statement of medical necessity entered here.

Information related to medical necessity may also be viewed in the Documents section below if the provider uploaded supporting documentation.
Documents

<table>
<thead>
<tr>
<th>Document ID</th>
<th>Form ID</th>
<th>Form Name</th>
<th>Received Date</th>
<th>Submitting User</th>
<th>On Behalf Of</th>
<th>DO-00-0004-381</th>
<th>SS-CP</th>
<th>PAR: MTG Special Services Insurer IME Scheduler</th>
<th>11/17/2021 1:40 PM</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>DO-00-0004-380</td>
<td>SS-LI</td>
<td>PAR: MTG Special Services Level 1 Request</td>
<td>11/17/2021 1:37 PM</td>
<td>Connie</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Page 1 of 1  | < | 1 | > | > | Showing 1-2 of 2 | 10 | Items per page
## Related PARs

<table>
<thead>
<tr>
<th>PAR ID</th>
<th>Type</th>
<th>Provider</th>
<th>Request Date</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>PA-00-0003-140</td>
<td>Medication</td>
<td></td>
<td>11/29/2021</td>
<td>L1 - Requested</td>
</tr>
<tr>
<td>PA-00-0003-141</td>
<td>Medication</td>
<td></td>
<td>11/29/2021</td>
<td>L1 - Requested</td>
</tr>
</tbody>
</table>
### Correspondence History

<table>
<thead>
<tr>
<th>Activity</th>
<th>Activity Status</th>
<th>Comments</th>
<th>Supporting Attachment</th>
<th>Assignee</th>
<th>Response Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provider Response Requested</td>
<td>Ready</td>
<td>Please provide more mec</td>
<td></td>
<td></td>
<td>09/28/2021</td>
</tr>
</tbody>
</table>

Please provide more medical documentation.
### Correspondence History

<table>
<thead>
<tr>
<th>Activity</th>
<th>Activity Status</th>
<th>Comments</th>
<th>Supporting Attachment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provider Response Submitted</td>
<td>Auto Closed</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Provider Response Requested</td>
<td>Completed</td>
<td>Please provide more medical documentation.</td>
<td></td>
</tr>
</tbody>
</table>

**Response to Insurer**

Request for further information:

- Please provide more medical documentation.

Additional information for insurer:

- [DO-00-0005-541](#)

Supporting Attachment(s):
- Supporting attachments will open in a new tab.
Responding to a Medication Prior Authorization Request
Level 1 Review

![My Dashboard](image-url)

**My PARs**

<table>
<thead>
<tr>
<th>PAR ID</th>
<th>Type</th>
<th>Due Date</th>
<th>PAR Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>PA-00-0003-476</td>
<td>Medication</td>
<td>12/12/2021</td>
<td>L1 - Requested</td>
</tr>
</tbody>
</table>
PAR Details

Medication Request

Patient Name: 
Patient DOB: 
WCB Case #: 
Date of Injury: 
Status: L1 - Requested 
System ID: PA-00-0003-480

Related Entities | Request Details | Medical Necessity | Documents | Related PARs | Correspondence History | Related Activity

Patient Details

Patient Name
Last four of Patient SSN
Patient DOB

Claim Details

WCB Case #
Date of Injury
Claim Admin Claim #

Case Controverted
No

Body Part(s)/Condition(s)
to the left knee

Prior Authorization Request

Prior Authorization Request Type
Medication
Requested Date
12/14/2021
Request For Further Information
Request For Further Information (RFI)

Request for Further Information:

[Field] 0 / 1000

Submit  Cancel
## Request For Information

<table>
<thead>
<tr>
<th>PAR ID</th>
<th>Type</th>
<th>Due Date</th>
<th>PAR Status</th>
<th>RFI</th>
<th>Patient</th>
<th>Claim Admin Claim #</th>
<th>WCB Case #</th>
<th>Injury</th>
</tr>
</thead>
<tbody>
<tr>
<td>PA-00-0003-476</td>
<td>Medication</td>
<td>12/12/2021</td>
<td>L1 - Requested</td>
<td><img src="Sent" alt="Sent" /></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
## Request For Information

<table>
<thead>
<tr>
<th>Accessing OnBoard</th>
<th>Request for Further Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dashboard Overview</td>
<td>Notifications for Updates to Dashboard</td>
</tr>
<tr>
<td>Workload Administrator: Dashboard</td>
<td>Pharmacy Benefit Managers PAR Determination Email Notification</td>
</tr>
<tr>
<td>Workload Administrator: Assigning PARs</td>
<td>Medication PAR</td>
</tr>
<tr>
<td>Generated Documents</td>
<td></td>
</tr>
</tbody>
</table>

**New York State Workers’ Compensation Board**
Level 1 Response
# Level 1 Insurer Response

<table>
<thead>
<tr>
<th>Status: L1 - Requested</th>
<th>System ID: PA-00-0003-480</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Actual Necessity</th>
<th>Documents</th>
<th>Related PARs</th>
<th>Correspondence History</th>
<th>Related Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Last four of Patient SSN</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Patient DOB</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Date of Injury</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Claim Admin Claim #</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- **Actions**: Respond To Request, Request for Further Information
Please provide your response for each line item below.

<table>
<thead>
<tr>
<th>Therapeutic Category</th>
<th>Medication (Name/Strength)</th>
<th>Number of Refills</th>
</tr>
</thead>
<tbody>
<tr>
<td>Narcotic</td>
<td>Oxycodone/5mg</td>
<td>0</td>
</tr>
<tr>
<td>Quantity</td>
<td>Days Supply</td>
<td></td>
</tr>
<tr>
<td>60</td>
<td>30</td>
<td></td>
</tr>
<tr>
<td>Type of Drug</td>
<td>Type of Prescription</td>
<td>Route of Administration</td>
</tr>
<tr>
<td>Generic</td>
<td>New (Including Change in Dosage)</td>
<td>Oral/SL/Buccal</td>
</tr>
</tbody>
</table>

Insurer Response
- Select
- Grant
- Grant In Part
- Deny

Overall Response to PAR
Insurer Response
Grant without Prejudice

Please provide your response for each line item below.

- **Therapeutic Category**: Narcotic
  - **Medication (Name/Strength)**: Oxycodone 5mg
- **Quantity**: 60
- **Days Supply**: 30
- **Type of Drug**: Generic
  - **Type of Prescription**: New (Including Change in Dosage)
  - **Route of Administration**: Oral/SL/Buccal
- **Number of Refills**: 0

**Insurer Response**
- Grant

Is this request granted without Prejudice?
- Yes
- No

**Overall Response to PAR**
- Granted
Insurer Response

Grant without Prejudice
Insurer Response

Grant in Part

Prior Authorization request: PA-00-0003-477 | Step 1 of 4

PAR Summary and Insurer Response

Insurer Response to Prior Authorization: RX

Please Note: This is a new submission. If you would like to continue with a previous submission, navigate back to your dashboard and look for your draft in the draft eForms list.

Please provide your response for each line item below.

<table>
<thead>
<tr>
<th>Therapeutic Category</th>
<th>Medication (Name/Strength)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Narcotic</td>
<td>Oxycodone/5mg</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Quantity</th>
<th>Days Supply</th>
<th>Number of Refills</th>
<th>Route of Administration</th>
</tr>
</thead>
<tbody>
<tr>
<td>60</td>
<td>30</td>
<td>0</td>
<td>Oral/SL/Buccal</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Type of Drug</th>
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<tbody>
<tr>
<td>Generic</td>
<td>New (Including Change in Dosage)</td>
</tr>
</tbody>
</table>

Insurer Response

- Select -
- Grant
- Deny

Overall Response to PAR

Insurer Response Details →
Insurer Response
Grant in Part without Prejudice
Insurer Response
Deny
Claim Apportioned
Claim Apportioned
INSURER RESPONSE TO PRIOR AUTHORIZATION: RX

- PAR Summary and Insurer Response
- Insurer Response Details
- Supporting Documentation
- Review and Submit

Upload Supporting Attachment(s)

Recommended document format is PDF (.pdf). Other acceptable formats are: text (.doc, .docx, .rtf, .txt), spreadsheet (.csv, .xls, .xlsx, .ods), and image (.tiff, .jpeg, .jpg, .png). Non-PDF files will be converted to PDF. The maximum combined total for all uploaded documents is 30 MB.

Upload
Supporting Documentation

Upload Document

Type*
- Begin Typing -

Description*

Browse
No File Selected

Upload  Cancel
Supporting Documentation

Upload Supporting Attachment(s)

Recommended document format is PDF (.pdf). Other acceptable formats are: text (.doc, .docx, .rtf, .txt), spreadsheet (.csv, .xls, .xlsx, .ods), and image (.gif, .jpg, .png). Non-PDF files will be converted to PDF. The maximum combined total for all uploaded documents is 30 MB.

<table>
<thead>
<tr>
<th>File Name</th>
<th>Type</th>
<th>Description</th>
<th>Actions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medication Documentation.pdf</td>
<td>Supporting Medical Documentation</td>
<td>Supporting documentation attached.</td>
<td>Update Description, Remove</td>
</tr>
</tbody>
</table>

Your document has been uploaded successfully.
FROI SROI Documents
Granting or Granting in Part Without Prejudice
Review PAR Response

### Insurer Responses

<table>
<thead>
<tr>
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<tr>
<th>Quantity</th>
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<th>Number of Refills</th>
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<tbody>
<tr>
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<td>30</td>
<td>Generic</td>
<td>New (including change in dosage)</td>
<td>0</td>
<td>Oral,SL,Buccal</td>
</tr>
</tbody>
</table>

**LT Insurer Response:**
- Grant
- Is this request granted without Prejudice? No

**Overall Response to PAR**
- Granted

### Insurer Response Details

- Is this Claim apportioned? No
- Title of the Reviewer: LT Reviewer

### Supporting Documentation

**Supporting Medical Documentation**
- Supporting documentation attached. - Medication Documentation.pdf
Submission Confirmation

PAR: Medication Level 1 Grant - RX-L1G Successfully Submitted

Your response was created. This submission has been added to your Submitted eForms.

From My Dashboard you can check the status of the PAR and view, print, or download the completed eForm.

eForm Confirmation #
348932

PAR Details
PA-00-0003-476
# Submitted eForms

## My Dashboard

<table>
<thead>
<tr>
<th>eForm Document</th>
<th>eForm Name</th>
<th>Patient Name</th>
<th>Patient DOB</th>
<th>WCB Case #</th>
<th>eForm Details</th>
<th>For</th>
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<tbody>
<tr>
<td>348932</td>
<td>PAR: Medication Level 1 Grant</td>
<td></td>
<td></td>
<td></td>
<td>PA-00-0003-476</td>
<td>Cycle 8 Insurance</td>
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</tbody>
</table>

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<th>WCB Case #</th>
<th>eForm Details</th>
<th>For</th>
</tr>
</thead>
<tbody>
<tr>
<td>348934</td>
<td>PAR: Medication Level 1 Grant in Part</td>
<td></td>
<td></td>
<td></td>
<td>PA-00-0003-477</td>
<td>Cycle 8 Insurance</td>
</tr>
</tbody>
</table>

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<th>WCB Case #</th>
<th>eForm Details</th>
<th>For</th>
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</thead>
<tbody>
<tr>
<td>348936</td>
<td>PAR: Medication Level 1 Denial</td>
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<td></td>
<td>PA-00-0003-478</td>
<td>Cycle 8 Insurance</td>
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</tbody>
</table>
Resolved

<table>
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<tr>
<th>PAR ID</th>
<th>Type</th>
<th>Patient</th>
<th>DOB</th>
<th>PAR Status</th>
<th>PAR Status Date</th>
<th>Injury Date</th>
<th>WCB Case</th>
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</thead>
<tbody>
<tr>
<td>PA-00-0003-476</td>
<td>Medication</td>
<td></td>
<td></td>
<td>L1 Granted - Final</td>
<td>12/08/2021 14:21:54</td>
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</table>
## Level 2 Responses

### Request Details

#### Overall Responses

<table>
<thead>
<tr>
<th>Request</th>
<th>Insurer Response</th>
<th>L1 Reviewer Name - Title</th>
<th>L1 Response Date &amp; Time</th>
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</thead>
<tbody>
<tr>
<td>Grant in Part</td>
<td></td>
<td></td>
<td>02/01/2022 9:58 AM</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Request</th>
<th>Insurer Response</th>
<th>L2 Reviewer Name - Title</th>
<th>L2 Response Date &amp; Time</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Request Items

**Request #1**

<table>
<thead>
<tr>
<th>Therapeutic Category</th>
<th>Medication Requested</th>
<th>Quantity Requested</th>
</tr>
</thead>
<tbody>
<tr>
<td>Narcotic</td>
<td>Oxycodeine/5mg</td>
<td>60</td>
</tr>
</tbody>
</table>

*Expand All*

**Additional Request Details**

**Level 1 Insurer Response Details**

**Level 2 Escalation Reason**
Level 2 Responses

Additional Request Details

Level 1 Insurer Response Details

L1 Insurer Response
Grant in Part

Partial Grant Rationale
This is approval for Qty #30 with 0 refills. The injured worker has been filling Qty #30 for the last 6 months and there is no documentation provided as to why an increase to Qty #60 is indicated.

Partial Granted Medication | Quantity Granted | Refills Granted
Oxycodeine | 30 | 0

Granted Without Prejudice (GWP)
No

Level 2 Escalation Reason

Rationale for L2 Request
Rationale for a L2 request is entered here.
## Level 2 Responses

quested
-00-0003-631

<table>
<thead>
<tr>
<th>Documents</th>
<th>Related PARs</th>
<th>Correspondence History</th>
<th>Related Activity</th>
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</table>

**L1 Response Date & Time**
02/01/2022 9:56 AM
Level 2 Responses

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<tbody>
<tr>
<td>Narcotic</td>
<td>Oxycodone/32mg</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Quotient</th>
<th>Days Supply</th>
<th>Number of Refills</th>
</tr>
</thead>
<tbody>
<tr>
<td>60</td>
<td>30</td>
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</tr>
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</table>

**L1 Insurer Response:**

- Grant in Part

**Rationale For L2 Request:**

Rationale for a L2 request is entered here.

**Insurer Response:**

- Select: Grant, Grant In Part, Deny

**Overall Response to PAR**
Level 2 Grant without Prejudice
Level 2 Responses

Level 2 Insurer Response

To issue a determination on the submitted PAR, select the Actions button at the top right of the PAR Details page and select Respond to Request.

A Level 2 reviewer can grant the request, grant part of the request or deny the request. Select the option you would like to take on the PAR to see the steps to respond.

› Grant

› Grant in Part

› Deny
OnBoard Training Resources
Payers

Insurers, self-insured employers, third-party administrators, pharmacy benefit managers and medical review organizations.

OVERVIEW

TRAINING

RESOURCES

Training & Resources

Training

- Training for Payers

Videos

- Intro to OnBoard: Video

Guides

- OnBoard: Registration Guide - Payers, Pharmacy Benefit Managers and Medical Review Organizations: Guide / Video

Fact Sheets

- OnBoard: Limited Release – What Insurers Need to Know

Webinars

- OnBoard: Limited Release for Insurers Webinar – April 2021: Video / Slides

Questions about OnBoard: Limited Release?

- Email onboard@wcb.ny.gov

Technical Assistance

- Contact WCB Customer Support
Payers

Insurers, self-insured employers, third-party administrators, pharmacy benefit managers and medical review organizations.

OVERVIEW

TRAINING

RESOURCES
What’s Next?

- **Phase Two** will add Durable Medical Equipment PARs to OnBoard: Limited Release on April 4, 2022.
- **Phase Three** will add Treatment/Testing PARs to OnBoard: Limited Release on May 2, 2022.
- DME and Treatment/Testing training webinars will be announced via WCB Notifications!
General Questions: OnBoard@wcb.ny.gov

Other Questions: (877) 632-4996

News and Updates: Subscribe to WCB Notifications

Instructions: wcb.ny.gov/onboard/