

See general [OnBoard](#) and [OnBoard: Limited Release](#) FAQs.

OnBoard: Limited Release Frequently Asked Questions for Health Care Providers

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)*.

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 \$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 health care providers?

- PARs are going paperless; faxes will no longer be used.
- Health care providers will have an easy-to-use dashboard for checking PAR status and any required actions.
- The system will send PAR status updates via email and/or text.



- Health care providers will now raise billing disputes by submitting the *Form HP-1* online, ensuring accuracy and timely receipt. *Note:* For now, health care providers will continue to receive insurer responses by mail, and the objection and judgement processes will remain paper based.
- The new process for submitting the *Form MG-1* will be optional for health care providers, but mandatory for insurers.

System Access & Assigning Delegates

5. How can health care providers register?

All health care providers who have access to the current Medical Portal Drug Formulary system will automatically be granted access to a new online administrator function in OnBoard: Limited Release during the mid second quarter of 2021 (calendar year). This will enable health care providers to add delegated users to assist the health care provider with the drafting of PARs and Form HP-1 submissions. The health care provider (administrator) will use their Drug Formulary login credentials to access OnBoard: Limited Release.

6. Will each health care provider need an individual login to access OnBoard: Limited Release, or would a provider group (under a single Tax ID number) use a single login for all providers who are part of their group?

Each individual health care provider will need to have their own credentials to access OnBoard: Limited Release.

7. Will health care providers be able to assign delegates to work on PARs, and how will delegates be identified in conformance with HIPAA?

Yes, health care providers will be able to assign delegates to create PARs. Health care providers will authorize a delegate by adding them as a user, and all account management will be done in real time via the secure Medical Portal – including the removal of users upon termination or a change in role. Health care providers will log in using their Administrator account to add delegates, and each delegate will be provided their own User ID and Password to log into Onboard: Limited Release. Delegates will not have the ability to submit the PARs, which will be saved in the health care provider's dashboard for review and submission.

The Administrator can also assign staff to the appropriate roles. Delegates and other staff will sign into the Medical Portal to access OnBoard: Limited Release.

8. Can a health care provider have more than one delegate?

Yes, and delegates can also be the delegate of more than one health care provider.

9. Will the OnBoard: Limited Release dashboard show the health care provider's full history of PARs, or will it only show requests from mid second quarter 2021 and forward?

OnBoard: Limited Release will only show requests made after the new system is implemented (mid second quarter 2021). All requests made previous to the implementation of OnBoard: Limited Release will continue in the previous process within eCase.



PAR Submission Process

10. Who can submit a PAR?

Board-authorized health care providers and out-of-state health care providers will submit all PAR types outlined above in the new system. Certain types of health care providers can only submit certain types of PARs, shown [here](#). Delegates can only enter PAR-related information into OnBoard: Limited Release on behalf of the health care provider – the actual submission must be completed by the health care providers themselves.

11. How will completed PARs be submitted to the insurer in the new system?

When a health care provider submits a PAR, OnBoard will automatically forward the request to the appropriate carrier for review. When an insurer logs into OnBoard: Limited Release, their dashboard “home screen” will display all active requests in need of a response. Insurers can also receive email and text message updates notifying them that there is a PAR in the system that needs their response.

12. Will OnBoard: Limited Release automatically send PAR status updates to all parties on a claim (e.g., claimant, attorney, health care provider, insurer, etc.)?

The system will automatically send PAR status updates to health care providers and insurers. Any PAR document generated in OnBoard: Limited Release will be copied to the injured worker’s case folder in eCase for viewing by all parties (including attorneys).

13. What is the turnaround time for PAR requests to be viewable by all parties of interest?

Any document generated in OnBoard: Limited Release will be transferred to the case folder and will be viewable in eCase instantly upon submission.

14. In OnBoard: Limited Release, will there be mandatory fields that users will be required to complete before a PAR can be submitted?

Yes, the new system makes certain information mandatory, and will prevent submission when this information is missing.

15. Can attachments be submitted with each PAR, such as medical records or progress notes?

Yes. The PAR submission and response process enables users to place notes into an open text field and/or attach necessary documents.

16. Will there be the ability to mark a PAR as urgent in the new system?

No, you cannot mark a PAR as urgent; however, the automatic escalation and routing of some PARs in the new system will enable more timely reviews, with the current time frames for insurer response remaining as they are today.

17. Is the WCB Case Number or Social Security number required to submit a PAR or *Form HP-1*?

To submit a *Form HP-1* or any PAR in the new system, users will need to first look up a case by either entering the insurer’s case number or WCB Case Number and two of the following:

1. Date of injury
2. Last four digits of patient’s Social Security number
3. Date of birth
4. Patient’s last name



18. Will the new system confirm that a request is or is not consistent with the MTGs?

No. The system will not automatically confirm if treatment is consistent with the MTGs. The insurer needs to review the request and respond, whether or not they agree, based on the specifics of the claimant's case, if it is consistent with the guidelines. The [MTG Lookup Tool](#), which will be available when OnBoard: Limited Release is implemented, will make it quick and easy to search the MTGs.

19. Should PARs be submitted for each Current Procedural Terminology (CPT) code in a group of CPTs for a specific service?

A CPT code must be submitted for each requested procedure; however, health care providers should only submit the CPT code(s) that represent what they want to do. Multiple CPTs will be able to be submitted on a single PAR.

20. What process would a health care provider take to submit a PAR or Form HP-1 if a patient doesn't have a case on file with the Board (i.e., a newly injured worker)?

When performing a case lookup to submit a PAR, after two unsuccessful attempts to locate the case, health care providers will be able to continue with the request by manually entering any known information. It should be noted that if the insurer is not found, the Board must review the case for assembly, potentially delaying the authorization process. The system will not allow a *Form HP-1* to be submitted/accepted if the Board has not assigned a WCB Case Number.

PAR Review Process/Insurer Response

21. Will the current time periods for insurer response remain the same once the new system is implemented?

Yes, all current time frames for insurer review and response will remain the same as they are today. If an insurer does not respond within the designated time frame, an *Order of the Chair* may be issued.

22. Will an insurer have the option to opt out of the Form MG-1 process in the new system?

No. A Confirmation PAR in OnBoard: Limited Release (previously done using *Form MG-1*), will be optional for the health care provider to submit. If a health care provider submits a Confirmation PAR, the insurer's response will be mandatory.

23. Will there be an option to grant without prejudice if the body site is not deemed compensable?

If the insurer or employer agrees that the requested medical care is medically necessary, the insurer or employer may "grant without prejudice" only when either:

- The insurer or employer has filed a denial (*FROI* or *SROI-04*) in the case and the controversy is still pending; or
- The body part or condition has not been accepted by the insurer or employer (with or without liability) on a *FROI/SROI* or established by decision of the Board. This grant without prejudice must be made by the insurer's physician to be valid.

24. 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 treating the injured worker 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 (MDO).

A full visual walkthrough using the *Drug Formulary* as an example is available as part of the recorded [OnBoard: Limited Release for Health Care Providers webinar](#).

25. If the insurer denies a Level 1 or Level 2 PAR, can they request an IME? If so, does the 30-day timeline remain in effect?

Yes, an IME may be requested depending on the PAR type. In those cases, the IME must be requested within five days of the PAR being submitted. If the Level 1 or Level 2 reviewer decides they would like an IME, they would have to make that decision within this time frame and should not respond with an approval or denial until the IME has been completed (or before the time frame for response has expired to avoid an automatic *Order of the Chair*, in the case of non-MTG or DME requests).

26. Will insurers be required to receive contrary medical opinions if a denial is based on "burden of proof"?

Yes. The new process will include several levels of decision making. The Level 1 reviewer may deny for administrative reasons without a medical review; however, if the denial is for medical reasons or "burden of proof," the Level 2 reviewer will be required to review the request and provide the medical rationale within the initial review time frames associated with the PAR type. If the PAR is denied or granted in part, the requesting health care provider will have the option of requesting a Level 3 review with the MDO through the new system. If the injured worker or their legal representative does not agree with the MDO’s resolution, they may request an additional review via Adjudication by using a *Request for Assistance by Injured Worker (Form RFA-1W)* or *Request for Further Action by Legal Counsel (Form RFA-1LC)*.

For all PAR types other than Medication, the Level 2 review is an automatic review for a non-administrative denial or grant in part. For Medication PARs, the health care provider will need to specifically request a Level 2 review if the request is denied or granted in part by the Level 1 reviewer. The Level 3 review process will remain the same as other PAR types.

27. How is the denial of an MTG Variance PAR (previously *Form MG-2*) initiated?

Insurers will receive *Form MG-2*, known as an MTG Variance in OnBoard: Limited Release, from the health care provider in the new system. After they submit the denial of the submitted variance, it will go back to the health care provider’s dashboard to escalate if desired.

28. If a PAR is denied, is there an appeal process?

Yes, but it is different than the current appeal process. For anything the MDO reviews, an injured worker or their legal representative can submit a *Form RFA-1W* or a *Form RFA-1LC*, to request a review via Adjudication.



Drug Formulary / Medication PARs

29. Will OnBoard: Limited Release replace the current *New York Workers' Compensation Drug Formulary* for Medication prior authorization requests?

Yes. *Drug Formulary* submissions will be done in OnBoard: Limited Release and will be referred to as Medication PARs.

30. Will the patient's pharmacy be notified through OnBoard: Limited Release once a medication is authorized?

OnBoard: Limited Release will notify the pharmacy benefit manager (PBM), if there is one, that a prior authorization request has been submitted and whether it's been approved or denied for the release of the requested medication.

31. For Medication PARs, will health care providers need to select the body part and relevant MTGs as part of the request?

Yes, health care providers will select the MTG Site, MTG Reference Code/Description, Body Part, and Side of Body. The information requested for a submission will vary based on the PAR type.

32. Will the *Official New York Workers' Compensation Durable Medical Equipment (DME) Fee Schedule* be included in OnBoard: Limited Release?

Yes, the *DME Fee Schedule* will be effective and available for use when OnBoard: Limited Release goes live.

Request for Decision on Unpaid Bills (Form HP-1)

33. Will the new system assist health care providers with the billing process or is it more focused on the authorization process?

OnBoard: Limited Release will focus on the prior authorization process. However, health care providers will submit a *Request for Decision on Unpaid Bills (Form HP-1)* in OnBoard: Limited Release. The rest of the process after the initial submission of *Form HP-1* will remain the same.

34. Will medical billing companies be able to access this new system?

No, medical billing companies will not have access to OnBoard: Limited Release.

35. Will copies of medical bills need to be uploaded and attached to a *Form HP-1* submittal?

Health care providers will have the option of uploading attachments, such as copies of medical bills, with the submission of *Form HP-1*.

36. How will the need for health care provider signatures be handled in the new system?

Part of the final submission includes an attestation for the health care provider to “accept that the use of my password to submit a Prior Authorization Request to the Workers' Compensation Board is equivalent to placing my signature on the request, affirming the information contained herein.” As mentioned above, though a delegate can enter PAR-related information in the new system, health care providers are required to submit a PAR themselves, using their own login credentials.

37. How will the arbitration process for a *Form HP-1* be handled in the new system?

The arbitration process for a *Form HP-1* will continue using the same process as it does today.



Staying Informed & Being Prepared

38. How can health care providers stay informed about OnBoard: Limited Release?

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

39. What should health care providers do now to prepare for the new system?

- Review existing optional prior approval and variance request processes (*Form MG-1* and *Form MG-2*) to identify potential impacts.
- Modify current processes to align with the new system, particularly the PAR dashboard and PAR email notifications, which alert insurers of important PAR status updates.
- Begin planning for staff training and administrative support. The Board will be publishing training materials in the future to support the roll out of the new system.
- Sign up to receive OnBoard: Limited Release updates at wcb.ny.gov/onboard/#get-involved.

40. What type of OnBoard: Limited Release training will be available for health care providers?

The Board will be hosting webinars, which will 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.

