



**Workers'
Compensation
Board**

ONBOARD

OnBoard: Limited Release for Claimant and Insurer Attorneys

Agenda

1. **OnBoard: Limited Release Recap**
2. **Changes for Claimant Attorneys**
 1. Notifications
 2. *Request for Review by Adjudication (Form RFA-1LC)*
3. **Frequently Asked Questions**
4. **Updates and What's Next**
5. **Q&A**



OnBoard Timeline

- Began in summer 2019.
- Identified opportunities to release system functionality early.
 - OnBoard: Limited Release
- OnBoard will be released in three phases:



Prior Authorization Requests in Limited Release

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

New PAR Name	Current PAR Name
MTG Confirmation*	<i>Attending Doctor's Request for Optional Prior Approval and Carrier's/Employer's Response (Form MG-1)</i>
MTG Variance	<i>Attending Doctor's Request for Approval of Variance and Carrier's Response (Form MG-2)</i>
MTG Special Services	Includes the 12 treatment/tests related to the Medical Treatment Guidelines (MTGs) on the <i>Attending Doctor's Request for Authorization and Carrier's Response (Form C-4 AUTH)</i>
Non-MTG Over \$1,000	Includes any treatment/tests for a body part not covered by applicable MTGs costing more than \$1,000 <i>Form C-4 AUTH</i>

*Claim Administrators can no longer “opt out” of the process. A response to the PAR is now **mandatory**.

New Prior Authorization Requests in Limited Release

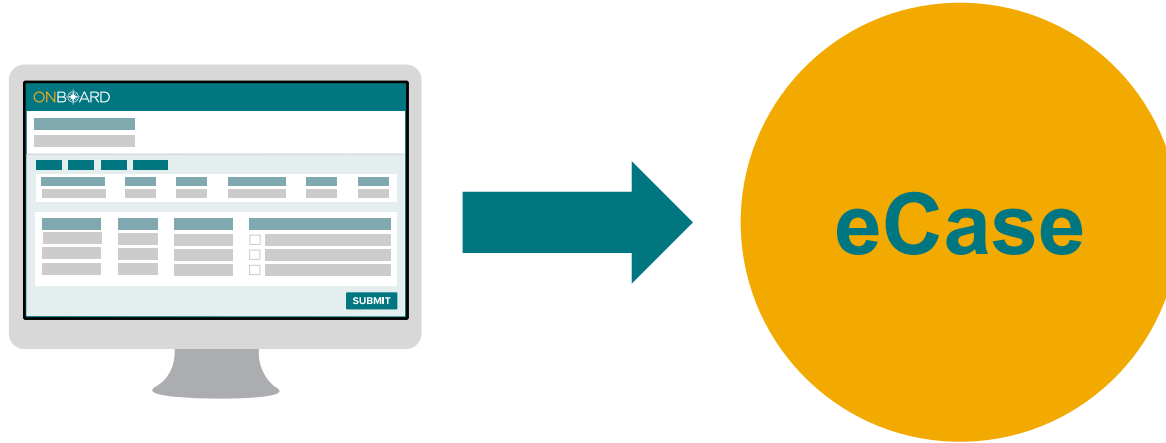
- **Durable Medical Equipment (DME) as needed.**
 - There will be a DME fee schedule that will determine if a DME requires prior authorization.
- **Treatments/tests for a body part not covered by applicable MTGs and costing \$1,000 or less.**
- **Medication.**
 - Replaces current Drug Formulary Prior Authorization Request process.
 - In process and completed requests will be transferred to OnBoard: Limited Release.

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 timeframe ends.**
- **This will greatly reduce the need for claimants and their attorneys to track and follow up.**

eCase Documents from OnBoard

- All PAR documents generated in OnBoard will be viewable in eCase.



Changes for Claimant Attorneys

Claimant Attorneys

- Claimant attorneys will not be users of Limited Release but can receive PAR status email notifications
- At the time of an initial PAR submission by the provider, the attorney or firm needs to have an assigned R-Number, an email address in their profile, and be on notice to the claim for which the PAR is filed to receive notifications

Type	Submission	Response	OOTC	Escalation	NOR
Medication	X	X	X	X	✓
Durable Medical Equipment	✓	✓	✓	✓	✓
MTG Confirmation (MG-1)	✓	✓	✓	✓	✓
MTG Variance (MG-2)	✓	✓	✓	✓	✓
MTG Special Services	✓	✓	✓	✓	✓
Non-MTG Over \$1,000	✓	✓	✓	N/A	N/A
Non-MTG Under \$1,000	✓	✓	✓	✓	N/A

Claimant Attorneys: Email Notifications

- Navigate to eCase Administrator page.
- A section will be added to provide or update your firm's email address.

RELATED PAGES
Overview
Registration
Getting Started
Using eCase
Document Upload
Administrators
Technical Support / Forgot Password
System Availability



Online Administrator

Administrator Functions - Main Page

As the administrator, you can perform the functions below. These functions are limited to only employees within your organization - NYS Workers' Compensation Board - for a specific on-line service, which is selected on the next screen.

Function	Explanation
<input type="button" value="View Users"/>	Provides a list of Users and Administrators.
<input type="button" value="Find User"/>	Used to search by last name, or partial last name, through Users and Administrators.
<input type="button" value="Modify User"/>	Provides a list from which to modify a User or Administrator. This change will take effect immediately.
<input type="button" value="Add Users"/>	Used to add a new User or Administrator. This does not take effect immediately, it creates a request to the Board, with a confirmation number, which the Board will review.
<input type="button" value="Delete User"/>	Provides a list from which to delete a User or Administrator. Their access to another on-line service, if they have it, will not be affected. This change will take effect immediately for eCase and ICInquiry On-Line Services; the removal is queued for all other On-Line Services.
<input type="button" value="Make User an Administrator"/>	Provides a list from which to make a User an Administrator. This change will take effect immediately. (To add a new person as an Administrator, use the Add User function.)
<input type="button" value="Remove Administrator"/>	Provides a list from which to make an Administrator a User. This change will take effect immediately. (The change is not allowed if no Administrator will remain after the change.)
<input type="button" value="Add or Update Email"/>	Maintain Notifications of Prior Authorization Requests (PARs) by medical providers for your clients. These PARs will be submitted through the upcoming OnBoard application.

You can send an e-mail to WCBCustomerSupport@wcb.ny.gov if you have any questions regarding this activity.

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).

Show entries Search:

ID	Current Email	Email Should Be	
R999333	testagain@test.com	<input type="text"/>	

Showing 1 to 1 of 1 entries

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.

STATE OF NEW YORK - WORKERS' COMPENSATION BOARD REQUEST FOR FURTHER ACTION BY LEGAL COUNSEL			
This form is for use by claimant's attorney or licensed representative ONLY. Unrepresented claimants should use Form RFA-1W or ask for Board assistance.			
ALL COMMUNICATIONS SHOULD REFER TO THESE NUMBERS		DATE OF INJURY (MM/DD/YY)	
1. WCB CASE NO.	2. CLAIM ADMINISTRATOR CLAIM (Carrier Case) NO.		
NAME			
ADDRESS TO WHICH NOTICES SHOULD BE SENT			APT. NO.
4. CLAIMANT	Check if new address: <input type="checkbox"/>		
5. EMPLOYER (at time of injury)			
6. INSURER			
7. ATTORNEY / LICENSED REP.			
<p>8. INSTRUCTIONS: The claimant seeks Board action regarding the claim identified above for the following reasons (check all that apply). Please note that the required documentation identified below must be attached to the form and submitted to the Board or must be referenced in the space provided below** (by date, name or title of document, and form ID) if it is already in the Board's electronic file. This form must be mailed, faxed or emailed to the Workers' Compensation Board. (See mailing and email filing address on reverse side.)</p> <p>Competition:</p> <p><input type="checkbox"/> a. Payments should begin as claimant is not working as of _____ (medical documentation indicating disability required)</p> <p><input type="checkbox"/> An expedited (45-day) hearing is requested under WCL 29(2)(a). By checking this box I affirm that: A claim has been filed for a work-related injury; the employer is not paying wages; the claim has not been denied; there has not been a decision barring the claimant from compensation; I have reached out to the insurer to try to resolve the issue and was unable to resolve it. I understand that I may be liable for a penalty if I check this box and any of the above conditions do not apply.</p> <p><input type="checkbox"/> b. Payments have been suspended or reduced on: _____</p> <p><input type="checkbox"/> c. Payments should be suspended as claimant returned to work at full wages on _____</p> <p><input type="checkbox"/> d. Payments should be adjusted as claimant is working at reduced earnings as of _____ (documentation of medical disability and current earnings required)</p> <p><input type="checkbox"/> e. Payments should be adjusted as claimant has concurrent employment. (documentation of weekly gross pay preceding injury and statement from second employer regarding lost time required)</p> <p><input type="checkbox"/> f. Payments should be resumed as claimant has been released from incarceration on _____ and now seeks benefits. (medical documentation indicating disability and release from custody documentation required)</p> <p><input type="checkbox"/> g. Payments have not been paid as directed by Decision filed on _____</p> <p>Medical Issues:</p> <p><input type="checkbox"/> h. Claimant's medical condition has changed. (medical documentation indicating change required)</p> <p><input type="checkbox"/> i. Claimant's request for medical treatment has been denied or has not been addressed. (documentation indicating denial of request for medical treatment required. Please use Form MG-2 for variance denials.)</p> <p><input type="checkbox"/> j. Claimant's disability is now permanent. (medical Form C-4.3, Doctor's Report of MMI/Permanent Impairment required)</p> <p><input type="checkbox"/> Check this box if the claimant was under 25 years of age at time of accident.</p> <p><input type="checkbox"/> Check this box if the claimant accepts the insurer's opinion on the severity of disability/loss of use.</p> <p><input type="checkbox"/> k. Claimant's request for medical and transportation reimbursement has been denied or not addressed. (receipts and Form C-257 required)</p> <p>Other:</p> <p><input type="checkbox"/> l. Parties have reached an agreement (Form C-300.5 or written stipulation, Form C-312.5 or proposed findings or Form C-32 required)</p> <p><input type="checkbox"/> m. Claimant has discontinued or settled a lawsuit pertaining to the accident/injury of this claim. (documents indicating discontinuance, settlement, or closing statement required)</p> <p><input type="checkbox"/> n. Claimant has new or requested documentation regarding _____ (documents required)</p> <p><input type="checkbox"/> o. Other (explain fully in the space provided below.) _____</p>			
**Document reference information (date, name/title, form ID):			
I certify that this request for Board action is based upon reasonable grounds, has been submitted with my client's consent, and that this form with attachment(s) has been provided to the opposing party(ies). I also certify that (check one box below):			
<input type="checkbox"/> I have discussed the issue(s) above with the opposing party(ies) or its representative(s) (give name of person contacted) _____ and that: _____ on (date) _____			
<input type="checkbox"/> no settlement of the issue(s) could be reached. <input type="checkbox"/> settlement of the issue(s) was reached (documentation required) _____ on (date) _____			
<input type="checkbox"/> I have attempted to contact (name) _____ on (date) _____ to discuss the issue(s) above, but I have waited a reasonable time for a response, but that no discussion was forthcoming.			
CERTIFIED BY (Please Print Name)	ATTY/REP ID NO.	DATE PREPARED (MM/DD/YY)	AREA CODE TELEPHONE NUMBER
<input type="checkbox"/> An attorney/licensed representative fee is requested and Form OC-400.1 has been submitted.			
RFA-1LC (4-17)		SEE IMPORTANT INFORMATION ON REVERSE	

Form RFA-1LC Submissions in OnBoard: Limited Release

PAR Type	PAR Decision	Reason	Timeframe
<ul style="list-style-type: none">▪ Durable Medical Equipment▪ MTG Confirmation▪ MTG Variance▪ MTG Special Services▪ Non-MTG Over \$1,000▪ Non-MTG Under or = \$1,000	Denial	<ul style="list-style-type: none">▪ Administrative▪ No Jurisdiction▪ IME Scheduling	Any Time

Form RFA-1LC Submissions in OnBoard: Limited Release

PAR Type	PAR Decision	Reason	Timeframe
<ul style="list-style-type: none">▪ MTG Variance▪ MTG Special Services	<ul style="list-style-type: none">▪ Partial Grant▪ Denial	Medical Reasons Supported by an Independent Medical Exam (IME)	Any Time

- 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.
- *Form RFA-1LC* can be submitted **after** the Medical Director's Office issues a resolution.

Form RFA-1LC Submissions in OnBoard: Limited Release

PAR Type	PAR Decision	Reason	Timeframe
<ul style="list-style-type: none">▪ MTG Variance▪ MTG Special Services▪ Medication▪ DME	Level 3/Medical Director's Office Response	Medical Denial or Grant In Part	At Any Time

- 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.
- *Form RFA-1LC* can be submitted **after** the Medical Director's Office issues a resolution.

Frequently Asked Questions





Who is responsible for notifying the claimant and/or their attorney of a PAR decision?



Attorneys will still have access to eCase and will receive an email notification when the insurer responds to a PAR (except for Medication PARs). As a result, the insurer no longer needs to notify the **attorney** - however, please note that even though the injured worker also has access to eCase and may look up decisions, **it is still required that the insurer notify the injured worker** even if they are represented (except for Medication PARs). The Board will also continue to notify claimants on all PAR-related Board decisions.



Q

Is there a prescribed format for insurers to notify injured workers of PAR decisions?



A

No, there is no prescribed format for notifying the injured worker of the insurer's PAR decision.

Q

Can the insurer file a *Request for Further Action* in response to a Medical Director's Office resolution on a variance or special services PAR?

A

Yes, only for variance or special services prior authorization requests.



Q

What email address do I use to submit a comment/concern about the regulatory changes OnBoard will bring?



A

Please submit your comments to regulations@wcb.ny.gov.



Will there be samples of the notification emails attorneys will receive?



The body of the email will contain the following data:

- WCB Case Number
- Form ID
- Requested Date
- Received Date
- PAR Status

Full notification email examples will be distributed and posted to the website prior to use of OnBoard:
Limited Release for attorney reference.

Q

If my client is seeing an out-of-state provider, will they have to comply with the same PAR and MTG requirements as NYS providers? Will they have access to OnBoard: Limited Release?

A

Yes. out-of-state, non-NYS licensed providers (ie. FL, VA, etc.) can sign up for the Medical Portal today and have access to submit Drug Formulary requests. Once registered with the Medical Portal, they will have access to OnBoard: Limited Release for requests related to NYS injured workers.

Updates & What's Next

Other Board Updates for Attorneys

- ***New York Workers' Compensation Drug Formulary (Drug Formulary) Refill Compliance***

- New effective date for amendment regulations will coincide with the launch of OnBoard: Limited Release this summer.
- See Subject Number 046-1408 for more information.

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

Other Board Updates for Attorneys

- ***Durable Medical Equipment (DME) Fee Schedule***
 - New effective date for amendment regulations will coincide with the launch of OnBoard: Limited Release this summer.
 - See Subject Number 046-1408 for more information.



Other Board Updates for Attorneys

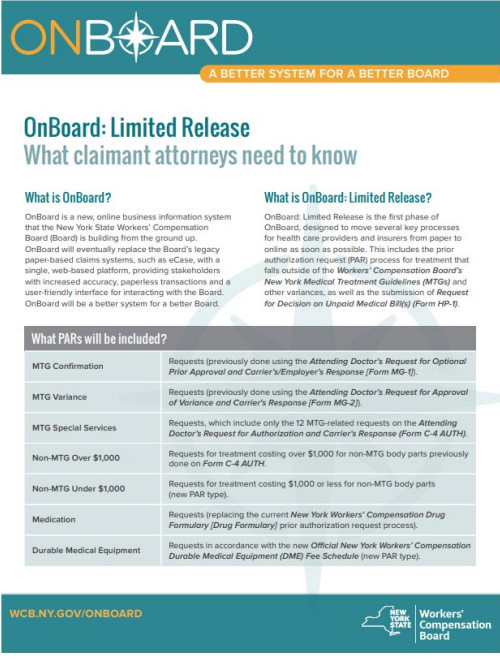
- **Workers' Compensation Board's New York Medical Treatment Guidelines**
 - Amendment proposed to 12 NYCRR 324.2 to incorporate updates to the New York Non-Acute Pain Medical Treatment Guidelines (MTGs) by reference.
 - The Notice of Proposed Rule Making published in the April 14, 2021, edition of the State Register.
 - Currently in the comment period.
 - Subject Number 046-1394: Proposed Amendment to 12 NYCRR 324.2 (Medical Treatment Guidelines).

Other Board Updates for Attorneys

- **Workers' Compensation Board's New York Medical Treatment Guidelines (cont'd)**
 - **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
 - Work-Related Depression and Depressive Disorders
 - **Updated MTGs**
 - Mid and Low Back, Neck, Shoulder and Knee
 - **Coming MTGs**
 - Traumatic Brain Injury
 - Eye Disorders

Reference Materials

- Fact sheet for attorneys.
- New OnBoard: Limited Release frequently asked questions for attorneys.
- OnBoard: Limited Release Webinar slides and recordings.
- wcb.ny.gov/onboard/#resources



ONBOARD
A BETTER SYSTEM FOR A BETTER BOARD

OnBoard: Limited Release

What claimant attorneys need to know


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.

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 as the submission of **Request for Decision on Unpaid Medical Bills (Form HP-1)**.

What PARs will be included?

MTG Confirmation	Requests (previously done using the <i>Attending Doctor's Request for Optional Prior Approval and Carrier's/Employer's Response (Form MG-1)</i>).
MTG Variance	Requests (previously done using the <i>Attending Doctor's Request for Approval of Variance and Carrier's Response (Form MG-2)</i>).
MTG Special Services	Requests, which include only the 12 MTG-related requests on the <i>Attending Doctor's Request for Authorization and Carrier's Response (Form C-4 AUTH)</i> .
Non-MTG Over \$1,000	Requests for treatment costing over \$1,000 for non-MTG body parts previously done on <i>Form C-4 AUTH</i> .
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 <i>New York Workers' Compensation Drug Formulary (Drug Formulary)</i> prior authorization request process).
Durable Medical Equipment	Requests in accordance with the new <i>Official New York Workers' Compensation Durable Medical Equipment (DME) Fee Schedule</i> (new PAR type).

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 **Workers' Compensation Board**

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?**

The screenshot shows a dark navigation menu on the left with the following sections: SECTIONS, Overview, Timeline, OnBoard: General FAQs, OnBoard: Limited Release, Get Involved & Stay Informed, A Business Process Re-Engineering Project, and Resources. The main content area on the right is titled 'Resources' and includes sections for Videos (Intro to OnBoard), Fact Sheets (four items related to Limited Release for various groups), Frequently Asked Questions (three items), and Webinars (five items).