



Workers'  
Compensation  
Board

# ONBOARD

OnBoard: Limited Release for **Attorneys**

# Agenda

1. Project Overview
2. Timeline
3. What is OnBoard: Limited Release?
4. Benefits of Limited Release
5. Changes for Claimant Attorneys
6. Resources
7. Q&A



# ONBOARD

- **What is OnBoard?**

- Next chapter in the modernization of the New York State Workers' Compensation Board.
- A new business information system replacing current paper-based processes.
- A single web-based platform.



# OnBoard Timeline

- Began in summer 2019.
- Identifying opportunities to release system functionality early, to better assist stakeholders.
  - OnBoard: Limited Release
- OnBoard will be released in three phases:





- **OnBoard Benefits**

- Improved and expanded access to real-time claim data.
- New electronic self-service features for interacting with the Board.
- Overall reduction in the number of paper forms.
- Improve system responsiveness to meet stakeholder needs.

**Increased injured worker access to benefits and medical care.**

# First Release of OnBoard

- The first rollout, known as **Limited Release**, is planned for spring 2021.
- Why did we choose to provide a limited release of the system?



# Why OnBoard: Limited Release?

- Expanded Provider Law (EPL) became effective on January 1, 2020.
- Expands types of medical providers authorized to treat in New York's workers' compensation system.
- The Board expects significant increases in:
  - Number of provider registrations received by the Board.
  - Number of providers authorized to treat workers' compensation injured workers.
  - Volume of medical treatment forms received and processed through the Board.
- OnBoard: Limited Release focuses on the automation of Prior Authorization Requests (**PARs**) and the submission of *Request for Decision on Unpaid Medical Bill(s) (Form HP-1)*.
- **Increases injured worker access to benefits and medical care.**

# What Will OnBoard: Limited Release Do?

- Facilitate electronic communications for parties involved in the PAR process (e.g., Insurers, Claim Administrators, Pharmacy Benefit Managers, the Board's Medical Director's Office).
- Eliminate the following paper forms:
  - *Attending Doctor's Request for Optional Prior Approval and Carrier's/Employer's Response (Form MG-1)*
  - *Attending Doctor's Request for Approval of Variance and Carrier's Response (Form MG-2)*
  - *Attending Doctor's Request for Authorization and Carrier's Response (Form C-4 AUTH)*



# 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>   |

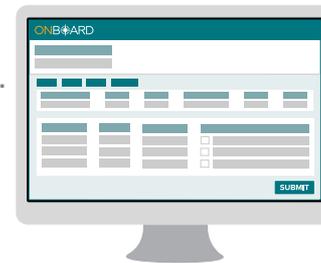
\*Claim Administrators can no longer “opt out” of the process. A response to the PAR is now **mandatory**.

# 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 or not.
- **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.

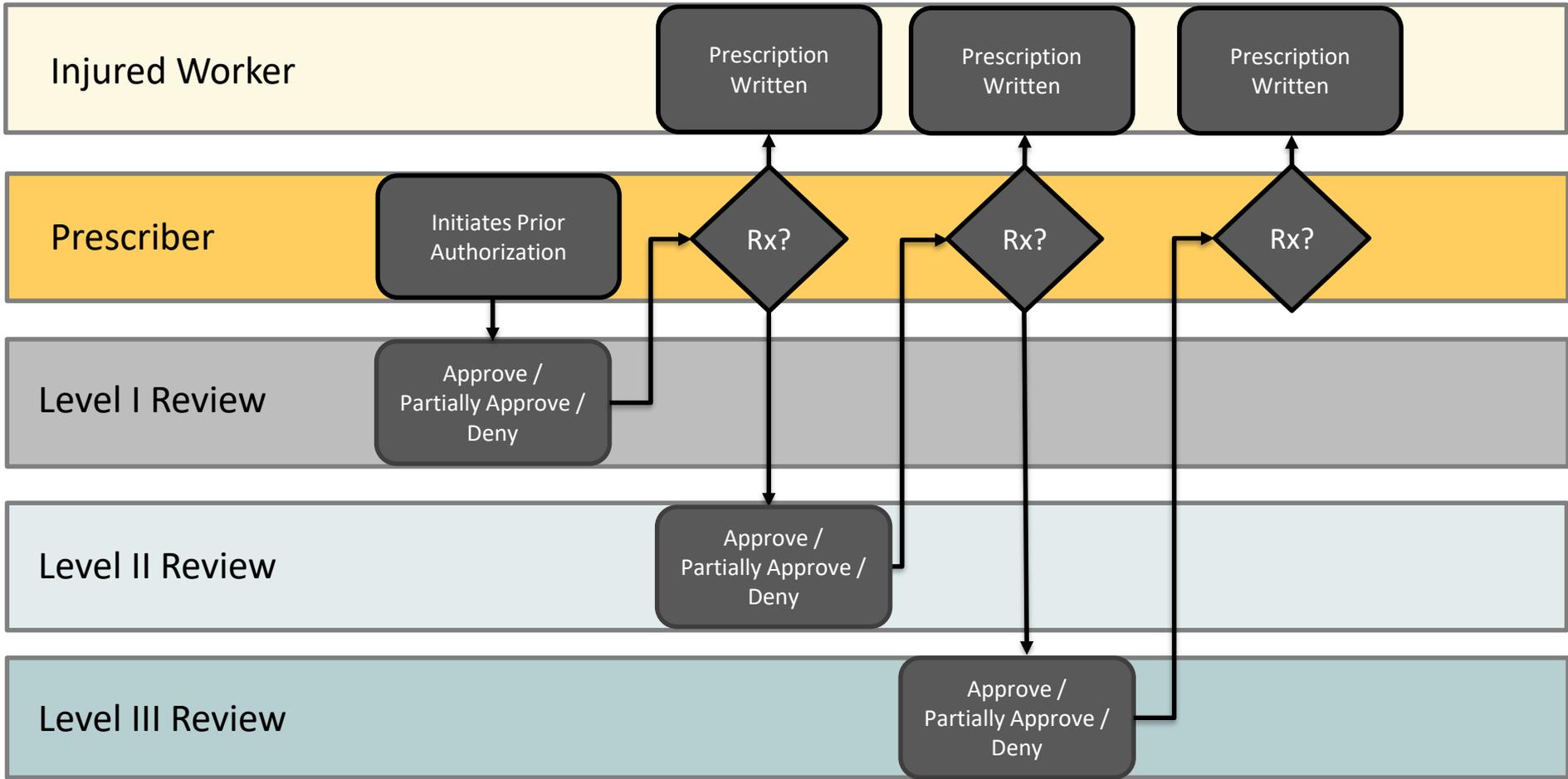


**All documents, including PAR and Formulary submissions, will be transferred to eCase.**



# 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.



# Changes for Claimant Attorneys

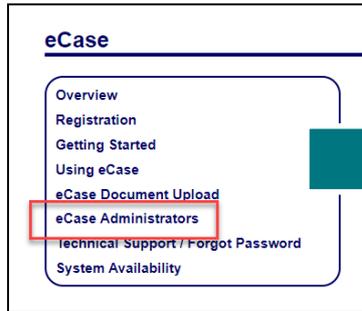
# Claimant Attorneys

- Claimant attorneys will not be users of Limited Release.
- Ability to receive email notifications when certain actions occur.

| Type                      | Submission | Response | OTC | 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 add or update your email address.



**Online Administrator**

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**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](mailto: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

[First](#) [Previous](#) [1](#) [Next](#) [Last](#)

[Update Email](#)

[Return to Administrator Functions Page](#)

# Claimant Attorneys: Request for Review by Adjudication

- Claimant attorneys will use paper form *Request for Further Action by Legal Counsel (Form RFA-1LC)*.

**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.

|  |  |  |  |                                     |  |
|--|--|--|--|-------------------------------------|--|
| <b>1. WCB CASE NO.</b>                         |  | <b>2. CLAIM ADMINISTRATOR CLAIM (Carrier Case) NO.</b> |  | <b>3. DATE OF INJURY (MM/DD/YY)</b> |  |
| <b>NAME</b>                                    |  |  |  |                                     |  |
| <b>ADDRESS TO WHICH NOTICES SHOULD BE SENT</b> |  |  |  |                                     |  |
| <b>4. CLAIMANT</b>                             |  | <input type="checkbox"/> Check if new address:         |  | <b>APT. NO.</b>                     |  |
| <b>5. EMPLOYER (at time of injury)</b>         |  |  |  |                                     |  |
| <b>6. INSURER</b>                              |  |  |  |                                     |  |
| <b>7. ATTORNEY / LICENSED REP.</b>             |  |  |  |                                     |  |

**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.)

**Competition:**

a. Payments should begin as claimant is not working as of \_\_\_\_\_ (medical documentation indicating disability required)  
 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.

b. Payments have been suspended or reduced on: \_\_\_\_\_

c. Payments should be suspended as claimant returned to work at full wages on \_\_\_\_\_

d. Payments should be adjusted as claimant is working at reduced earnings as of \_\_\_\_\_ (documentation of medical disability and current earnings required)

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)

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)

g. Payments have not been paid as directed by Decision filed on \_\_\_\_\_

**Medical Issues:**

h. Claimant's medical condition has changed. (medical documentation indicating change required)

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.)

j. Claimant's disability is now permanent. (medical Form C-4.3, Doctor's Report of MMI/Permanent Impairment required)  
 Check this box if the claimant was under 25 years of age at time of accident.

k. Check this box if the claimant accepts the insurer's opinion on the severity of disability/loss of use.

k. Claimant's request for medical and transportation reimbursement has been denied or not addressed. (receipts and Form C-257 required)

**Other:**

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)

m. Claimant has discontinued or settled a lawsuit pertaining to the accident/injury of this claim. (documents indicating discontinuance, settlement, or closing statement required)

n. Claimant has new or requested documentation regarding \_\_\_\_\_ (documents required)

o. Other (explain fully in the space provided below.) \_\_\_\_\_

\*\*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 attachments) has been provided to the opposing party(ies). I also certify that (check one box below):

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) \_\_\_\_\_

no settlement of the issue(s) could be reached.  settlement of the issue(s) was reached (documentation required) \_\_\_\_\_ on (date) \_\_\_\_\_

I have attempted to contact (name) \_\_\_\_\_ on (date) \_\_\_\_\_ to discuss the issue(s) above, that I have waited a reasonable time for a response, but that no discussion was forthcoming.

|   |  |                        |                                 |                  |                         |
|---|--|------------------------|---------------------------------|------------------|-------------------------|
| <b>CERTIFIED BY (Please Print Name)</b> |  | <b>ATTORNEY ID NO.</b> | <b>DATE PREPARED (MM/DD/YY)</b> | <b>AREA CODE</b> | <b>TELEPHONE NUMBER</b> |
|   |  |                        |                                 |                  |                         |

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

| PAR Type  | PAR Decision | Reason  | Timeframe                           |
|---|--------------|---|-------------------------------------|
| <ul style="list-style-type: none"><li>▪ Durable Medical Equipment</li><li>▪ MTG Confirmation</li><li>▪ MTG Variance</li><li>▪ MTG Special Services</li><li>▪ Non-MTG Over \$1,000</li><li>▪ Non-MTG Under \$1,000</li></ul> | Denial       | <ul style="list-style-type: none"><li>▪ Administrative</li><li>▪ No Jurisdiction</li><li>▪ IME Scheduling</li></ul> | Within 21 Calendar Days of Decision |

# Form RFA-1LC Submissions

| PAR Type  | PAR Decision   | Reason   | Timeframe                           |
|---|--|--|-------------------------------------|
| <ul style="list-style-type: none"><li>▪ MTG Variance</li><li>▪ MTG Special Services</li></ul> | <ul style="list-style-type: none"><li>▪ Partial Grant</li><li>▪ Denial</li></ul> | Medical Reasons Supported by an Independent Medical Exam (IME) | Within 21 Calendar Days of Decision |

# Form RFA-1LC Submissions

| PAR Type  | PAR Decision                               | Reason   | Timeframe                           |
|---|--|--|-------------------------------------|
| <ul style="list-style-type: none"><li>▪ MTG Variance</li><li>▪ MTG Special Services</li></ul> | Level 3/Medical Director's Office Response | Medical Reasons Supported by an Independent Medical Exam (IME) | Within 21 Calendar Days of Decision |
| <ul style="list-style-type: none"><li>▪ Medication</li><li>▪ DME</li></ul>                    | Level 3/Medical Director's Office Response | Medical Reasons Supported by an Independent Medical Exam (IME) | At Any Time                         |

# How Will Attorneys Stay Informed?

- Webinars
- Attorney materials
- Website content
- Support channels



# Stay Engaged

- [wcb.ny.gov/OnBoard](https://wcb.ny.gov/OnBoard)
  - Overview, timeline, FAQs, resources
- **Subscribe for OnBoard Updates**
  - Subscribe to receive email updates on all things OnBoard!
  - Future training will be available!
- Email [OnBoard@wcb.ny.gov](mailto:OnBoard@wcb.ny.gov)

