



Workers'  
Compensation  
Board

# ONBOARD

A Better System for a Better Board

OnBoard: Limited Release for **Health Care Providers**

# Agenda



Project Overview



Timeline



What is OnBoard: Limited Release?



Benefits of Limited Release



Impact to Health Care Providers



Sample Prior Authorization Request  
Process



Resources



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

## ■ OnBoard Upgrades

- 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.
- Improved system responsiveness to stakeholder needs.



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

# OnBoard Timeline

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



# 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 Provider Authorization Requests (PARs) and the submission of *Request for Decision on Unpaid Medical Bill(s) (Form HP-1)***
- **All improvements designed to make it easier/better for providers to participate in the workers' comp system, ensuring better care for injured workers.**

# 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

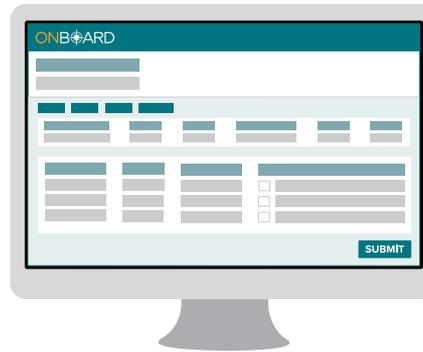
- OnBoard: Limited Release will digitize and streamline the PAR process for the following requests:

New PAR Name	Old PAR Name
Confirmation*	previously done using the <i>Attending Doctor's Request for Optional Prior Approval and Carrier's/Employer's Response [Form MG-1]</i>
Variance	previously done using the <i>Attending Doctor's Request for Approval of Variance and Carrier's Response [Form MG-2]</i>
Special Services	includes the 12 requests related to the Medical Treatment Guideline (MTGs) previously done using the <i>Attending Doctor's Request for Authorization and Carrier's Response [Form C-4 AUTH]</i>
Non-MTGs treatment costing more than \$1,000	previously done using Form C-4 AUTH

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

# New Prior Authorization Requests

- Prior authorization of Durable Medical Equipment (DME).
- Non-MTGs treatment costing \$1,000 or less.
- Medication PARs (replacing the current Drug Formulary Prior Authorization Request process).
- Transfer of completed PAR submissions to the eCase folder.



# Disputed Medical Bills Submission

- Digitize and streamline the intake of *Requests for Decision on Unpaid Medical Bill(s) (Form HP-1)*.



# Benefits for Providers

- Easily see submissions and requests on a concise dashboard, with 24/7 access to your queue of active submissions and requests, both to view and take action on.
- No longer need to remember form names and numbers, where to find them, and who to send them to – providing a clearer path to authorization and injured workers faster access to appropriate treatment.
- Receive timely email and text message status updates on PARs in progress.
- Communicate directly with insurers concerning a PAR.
- Ability to designate delegates to facilitate PAR submissions and monitoring.

# Others Will Benefit, Too

- **External Stakeholders**
  - Injured Workers
  - Medical Suppliers
  - Insurers
  - Third Party Administrators
- **Board Staff**
  - Medical Director's Office



# How Will It Work?



**Access the  
Medical Portal**



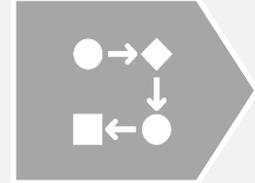
**Perform a Case  
Search**



**Answer a Series  
of Questions**



**Submit Request  
Form/Escalation  
and Auto  
Routing**



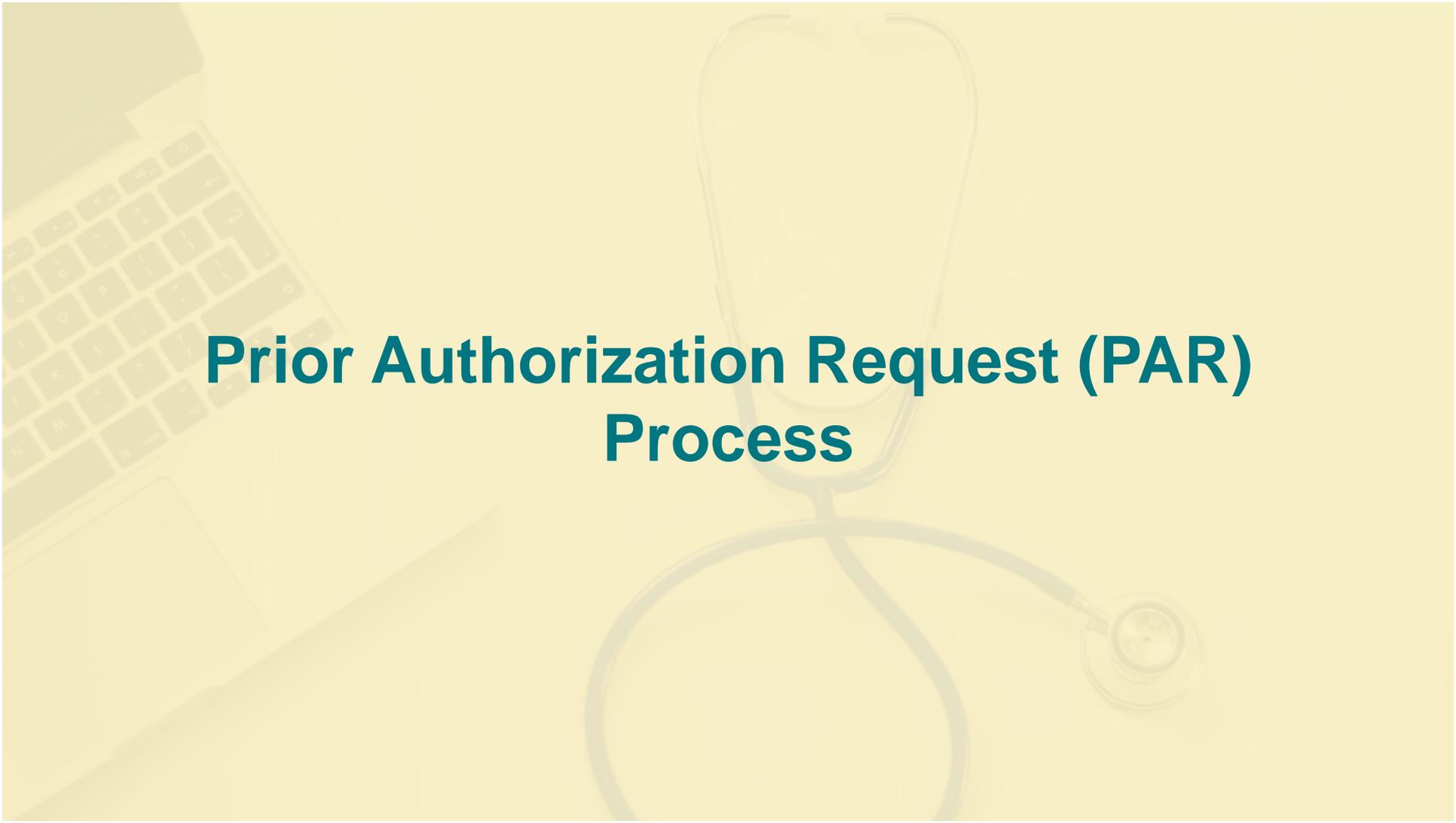
**Navigate Review  
Process**



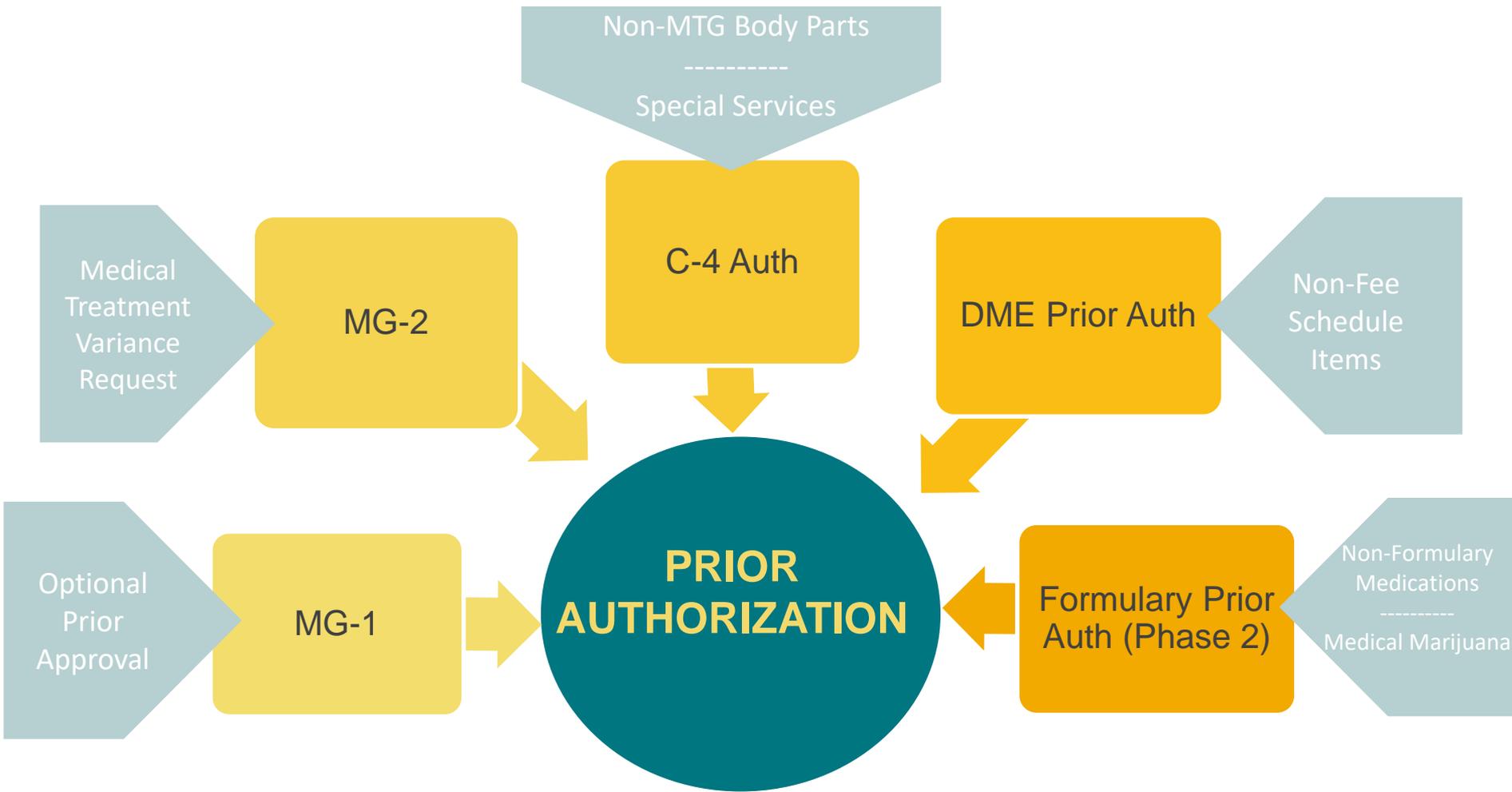
# LIMITED RELEASE

Walkthrough





# **Prior Authorization Request (PAR) Process**



# Medical Portal Homepage

Language Assistance: (877) 632-4996 | Language Access Policy | Español | Русский | Polski | 中文 | Italiano | Kreyol ayisyen | 한국어 | বাংলা

Welcome, Steve Smith

Log out



[New Drug Formulary Feature to Facilitate Loading Items in Dashboard](#)



## Medical Providers

- [Training](#)
- [New Provider Authorization Request](#)
- [Authorization Renewal](#)
- [Update Authorization Information](#)
- [Specialty Classification Codes](#)
- [New Provider Legislation](#)
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- [Learn more about the Impartial Specialist Program](#)
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## Treatment

- [Medical Treatment Guidelines](#)
- [MTG Lookup Tool](#)
- [Drug Formulary Overview](#)
- [Drug Formulary Lookup](#)
- [Drug Formulary Prior Authorization](#)
- [Prior Authorization Request](#)
- [Guidelines for Determining Impairment](#)
- [Diagnostic Testing Network Lookup](#)
- [NYS DOH I-STOP/PMP](#)



## Billing

- [Medical Fee Schedules](#)
- [Submit Disputed Medical Bill](#)
- [Employer Coverage Search](#)
- [Web Submission of Medical Forms](#)
- [CMS-1500 Initiative](#)
- [XML Forms Submission](#)

# Provider Dashboard

The screenshot shows the ONBOARD Provider Dashboard. At the top, there is a navigation bar with the ONBOARD logo, 'Home', 'Downloads', 'My Profile', a 'Submit an eForm' button (highlighted with a red box), and 'Medical Treatment Portal'. Below the navigation bar, there is a 'Home' section with tabs for 'My Tasks', 'Prior Authorizations', 'Draft eForms', and 'Submitted eForms'. The 'Prior Authorizations' tab is active, displaying a table of 10 rows. Each row includes a checkbox, a link to the Prior Auth ID, the Type, Patient name, Patient DOB, Carrier Case #, WCB Case #, Last Activity, and Prior Auth Status. The status buttons range from 'LEVEL 2 REVIEW' to 'DENIED'. At the bottom of the table, it shows 'Page 1 of 1' and 'Showing 1 - 10 of 10'.

<input type="checkbox"/>	Prior Auth ID	Type	Patient	Patient DOB	Carrier Case #	WCB Case #	Last Activity	Prior Auth Status
<input type="checkbox"/>	<a href="#">PA-12-123-1234</a>	Formulary	Underwood, Carrie	01/01/1990	IN1234567	G1957462	06/23/2020	LEVEL 2 REVIEW
<input type="checkbox"/>	<a href="#">PA-02-123-1294</a>	Mandatory	Smith, Amanda	01/01/1990	IN1234567	G1957462	06/21/2020	LEVEL 1 REVIEW
<input type="checkbox"/>	<a href="#">PA-12-333-1634</a>	Variance	Baker, Kyle	01/01/1990	IN1234567	G1957462	07/03/2020	LEVEL 2 REVIEW
<input type="checkbox"/>	<a href="#">PA-10-126-1247</a>	Non-MTG <\$1000	Donaldson, Aaron	01/01/1990	IN1234567	G1957462	07/05/2020	LEVEL 1 REVIEW
<input type="checkbox"/>	<a href="#">PA-12-443-1893</a>	Formulary	McGibbon, William	01/01/1990	IN1234567	G1957462	07/10/2020	GRANTED IN PART
<input type="checkbox"/>	<a href="#">PA-03-113-1224</a>	Special Services	Garcia, Robert	01/01/1990	IN1234567	G1957462	07/15/2020	LEVEL 2 REVIEW
<input type="checkbox"/>	<a href="#">PA-11-155-1934</a>	Durable Medical Equipment	Davis, Susan	01/01/1990	IN1234567	G1957462	07/17/2020	LEVEL 2 REVIEW
<input type="checkbox"/>	<a href="#">PA-08-123-1748</a>	Variance	Brown, Lianne	01/01/1990	IN1234567	G1957462	07/23/2020	GRANTED
<input type="checkbox"/>	<a href="#">PA-06-113-1536</a>	Mandatory	Miller, Amber	01/01/1990	IN1234567	G1957462	07/23/2020	DENIED
<input type="checkbox"/>	<a href="#">PA-02-843-9957</a>	Non-MTG >\$1000	Lopez, Julia	01/01/1990	IN1234567	G1957462	07/24/2020	LEVEL 2 REVIEW

Provider Forms Queue

Provider Enters PAR Info

Provider Completes PAR

Insurer Responds

Provider Views, Responds or Escalates

# PAR Submission Process

ONBOARD | Home | Downloads | My Profile | Submit an eForm | Medical Treatment Portal

PAR Questionnaire | Step 1 of 3:  
**Requester Information**  
Request for Prior Authorization

PAR QUESTIONNAIRE

- ⊕ Requester Information
- Claim Details
- Items Requested

COMPLETE REQUEST(S)

On behalf of which of the following Providers are you completing this form?

Requesting on Behalf of:  
Dr. Ron Swanson

Please select license for this request.

License  
Select a License  
#123456789 | Physician  
#987654321 | Chiropractor  
#543216789 | Physical Therapist

Claim Details →

Provider Forms Queue

Provider Enters PAR Info

Provider Completes PAR

Insurer Responds

Provider Views, Responds  
or Escalates

# PAR Submission Process

ONBOARD | Home | Downloads | My Profile | Submit an eForm | Medical Treatment Portal

PAR Questionnaire | Step 2 of 3:  
**Claim Details**  
Request for Prior Authorization

PAR QUESTIONNAIRE

- Requester Information
- Claim Details**
- Items Requested

COMPLETE REQUEST(S)

**Select an identifier to match to a claim.**

To match to an eCase claim you must enter a value in the WCB Case Number OR the Claim Admin Claim Number fields. The case search uses exact values to Claim Details. If you have questions, please contact the WCB at (555) 555-5555.

WCB Case Number

Claim Admin Claim Number

Claim Admin Claim Number

W033120448

**Enter information in any two of the following four fields.**

If you are searching based on Claim Admin Claim Number we recommend using the Date of Injury and Last four of SSN.

Date of Injury	Last Four of SSN
06/12/2019	1234
MM / DD / YYYY	
Date of Birth	Patient Last Name
MM / DD / YYYY	

Search for Claim

Provider Forms Queue

Provider Enters PAR Info

Provider Completes PAR

Insurer Responds

Provider Views, Responds  
or Escalates

# PAR Submission Process

**ONBOARD** | Home | Downloads | My Profile | Submit an eForm | Medical Treatment Portal

PAR Questionnaire | Step 3 of 3:  
**Items Requested**  
Request for Prior Authorization

Save as Draft

PAR QUESTIONNAIRE

- Requester Information
- Claim Details
- Items Requested**

COMPLETE REQUEST(S)

### Items Requested

Enter the information below for each item for which you'll be requesting Prior Authorization on this claim.

**Item #1**

Select category of PAR.

- Drug Formulary
- Durable Medical Equipment
- Other Treatment/Testing
- Non-Medical

CLAIM AND REQUESTER INFORMATION

**Claimant Name**  
John R. Johnson

**Claimant DOB**  
06/30/1968

**WCB Case Number**  
WC-12345

**Site/Condition**  
Ankle

**Provider**  
Dr. Ron Swanson

← Claim Details | Complete Request(s) →

Provider Forms Queue

Provider Enters PAR Info

Provider Completes PAR

Insurer Responds

Provider Views, Responds  
or Escalates

# PAR Submission Process

The screenshot shows a web interface for submitting a PAR. The main area is titled "Item #1" and contains several sections, each highlighted with a red border:

- Select category of PAR.** Radio buttons for:
  - Drug Formulary
  - Durable Medical Equipment
  - Other Treatment/Testing
  - Non-Medical
- Enter the CPT Code/Description**  
CPT Code:
- Select MTG associated with this PAR.**  
MTG Site:   
MTG Reference Code/Description:
- Select body part associated with this PAR.**  
Body Part:  Side of Body:
- Is requested treatment/testing addressed by and consistent with the MTGs?**  
 Not Addressed by MTGs  
 Addressed by MTGs, but Not Consistent with MTGs  
 Addressed by MTGs and Consistent with MTGs

On the right side, there is a sidebar with the following information:

- Claimant DOB: 06/30/1968
- WCB Case Number: WC-12345
- Site/Condition: Ankle
- Provider: Dr. Ron Swanson

Provider Forms Queue

Provider Enters PAR Info

Provider Completes PAR

Insurer Responds

Provider Views, Responds  
or Escalates

# PAR Submission Process

ONBOARD Home Downloads My Profile Submit an eForm Medical Treatment Portal

PAR Questionnaire | Step 3 of 3:  
**Items Requested**  
Request for Prior Authorization Save as Draft

PAR QUESTIONNAIRE

- Requester Information
- Claim Details
- Items Requested**

COMPLETE REQUEST(S)

**Items Added (1)**

**Item #1** [Edit](#)

**PAR Type:** MG-1: Consistent  
**Body Part:** Left Ankle  
**CPT/HCPCS:** C.11.c.ii.a: Nocturnal Splints for Treatment of Tarsal Tunnel Syndrome  
**MTG:** A0021 - Outside state ambulance service

[Add Another](#)

**CLAIM AND REQUESTER INFORMATION**

**Claimant Name**  
John R. Johnson

**Claimant DOB**  
06/30/1968

**WCB Case Number**  
WC-12345

**Site/Condition**  
Ankle

**Provider**  
Dr. Ron Swanson

Based on items entered, the following Prior Authorization Request types will be submitted:

- MG-1: Consistent

**Heads up!** Once you move on to the next screen, you won't be able to make changes to the Claim details.

[← Items Requested](#) [Complete Request\(s\) →](#)

Provider Forms Queue

Provider Enters PAR Info

Provider Completes PAR

Insurer Responds

Provider Views, Responds  
or Escalates

# PAR Submission Process

The screenshot shows the ONBOARD web application interface for submitting a Prior Authorization Request (PAR). The top navigation bar includes 'Home', 'Downloads', 'My Profile', 'Submit an eForm', and 'Medical Treatment Portal'. The main content area is titled 'Request Details' and is part of a three-step process. A sidebar on the left contains a 'PAR QUESTIONNAIRE' section with a red box highlighting the 'Request Details' step, and a 'COMPLETE REQUEST(S)' section with 'PAR 1: DME - Durable Medical Equipment' selected. The main content area is divided into three columns: 'DME Request Details', 'CLAIM AND REQUESTER INFORMATION', and a form for 'Add Additional Details'. The 'DME Request Details' column shows 'DME Item #1' as 'INCOMPLETE' and lists details for HCPCS Code, MTG Site, MTG Code, and Body Part. The 'CLAIM AND REQUESTER INFORMATION' column lists Claimant Name, Claimant DOB, WCB Case Number, Site/Condition, and Provider. The 'Add Additional Details' column includes a 'Duration in Weeks' field with the value '2' and an 'Estimated Cost' field with a dollar sign.

ONBOARD | Home | Downloads | My Profile | Submit an eForm | Medical Treatment Portal

Complete Request(s) | Step 1 of 3:  
**Request Details** | Save as Draft

Prior Authorization Request: DME - Durable Medical Equipment

PAR QUESTIONNAIRE

COMPLETE REQUEST(S)

PAR 1: DME - Durable Medical Equipment

Request Details

Medical Necessity and Supporting

Review and Submit

PAR 2: FORMULARY

**DME Request Details**

This eForm is to request prior authorization for durable medical equipment not covered by the fee schedule or where such prior authorization is required by the fee schedule. Submission of this eForm prior to prescribing/providing the equipment is mandatory for the Healthcare Provider.

**DME Item #1** INCOMPLETE

**HCPCS Code/Description:** L3520: Orthopedic shoe addition, insole, felt covered with leather

**MTG Site:** Foot and Ankle

**MTG Code/Description:** C.12.c.iii.a: Ankle Brace (Orthosis) for Acute Ankle Sprain

**Body Part:** Left Ankle

**CLAIM AND REQUESTER INFORMATION**

**Claimant Name**  
John R. Johnson

**Claimant DOB**  
06/30/1968

**WCB Case Number**  
WC-12345

**Site/Condition**  
Ankle

**Provider**  
Dr. Ron Swanson

**Add Additional Details**

DME items can be purchased or rented. The cumulative amount paid in rental fees can not exceed the DME fee schedule purchase amount. Enter the requested DME duration below.

**Duration in Weeks**

2

Must be one week or greater

Enter the total estimated cost of the DME item you are requesting for the entire duration of its use:

**Estimated Cost**

\$

Provider Forms Queue

Provider Enters PAR Info

Provider Completes PAR

Insurer Responds

Provider Views, Responds or Escalates

# PAR Submission Process

\*Multiple requests can be made for the same claim

**PAR QUESTIONNAIRE**

- Requester Information
- Claim Details
- Items Requested**

COMPLETE REQUEST(S)

### Items Added (2)

**Item #1** [Edit](#) [Remove](#)

**PAR Type:** MG-1: Consistent  
**Body Part:** Left Ankle  
**CPT/HCPCS:** C.11.c.ii.a: Nocturnal Splints for Treatment of Tarsal Tunnel Syndrome  
**MTGs:** A0021 - Outside state ambulance service

**Item #2** [Edit](#) [Remove](#)

**PAR Type:** DME: Durable Medical Equipment  
**Body Part:** Left Ankle  
**CPT/HCPCS:** L3520: Orthopedic shoe addition, insole, felt covered with leather  
**MTGs:** A0021 - Outside state ambulance service

Based on items entered, the following Prior Authorization Request types will be submitted:

- MG-1: Consistent
- DME: Durable Medical Equipment

**Heads up!** Once you move on to the next screen, you won't be able to make changes to the Claim details.

[← Items Requested](#) [Complete Request\(s\) →](#)

**CLAIM AND REQUESTER INFORMATION**

**Claimant Name**  
John R. Johnson

**Claimant DOB**  
06/30/1968

**WCB Case Number**  
WC-12345

**Site/Condition**  
Ankle

**Provider**  
Dr. Ron Swanson

Provider Forms Queue

Provider Enters PAR Info

Provider Completes PAR

Insurer Responds

Provider Views, Responds or Escalates

# PAR Submission Process

Prior Auth ID	Type	Patient	Patient DOB	Carrier Case #	WCB Case #	Last Activity	Prior Auth Status
<a href="#">PA-12-123-1234</a>	Formulary	Underwood, Carrie	01/01/1990	IN1234567	G1957462	06/23/2020	LEVEL 2 REVIEW
<a href="#">PA-02-123-1294</a>	Mandatory	Smith, Amanda	01/01/1990	IN1234567	G1957462	06/21/2020	LEVEL 1 REVIEW
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<a href="#">PA-02-843-9957</a>	Non-MTG >\$1000	Lopez, Julia	01/01/1990	IN1234567	G1957462	07/24/2020	LEVEL 2 REVIEW

Provider Forms Queue

Provider Enters PAR Info

Provider Completes PAR

Insurer Responds

Provider Views, Responds  
or Escalates

# Provider PAR Review & Submission

**ONBOARD** Home My Downloads My Profile Submit a Request Medical Portal

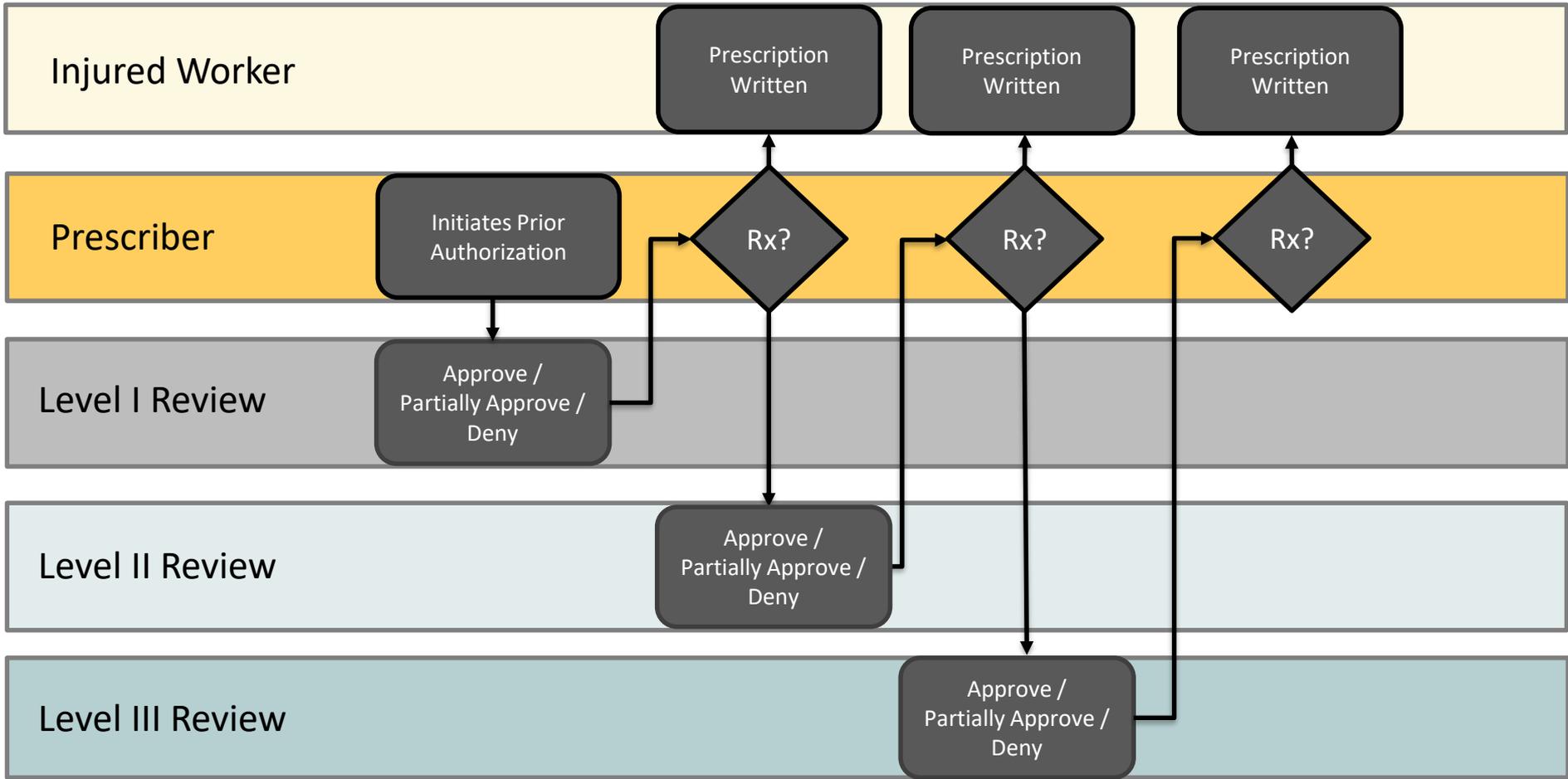
### My Dashboard

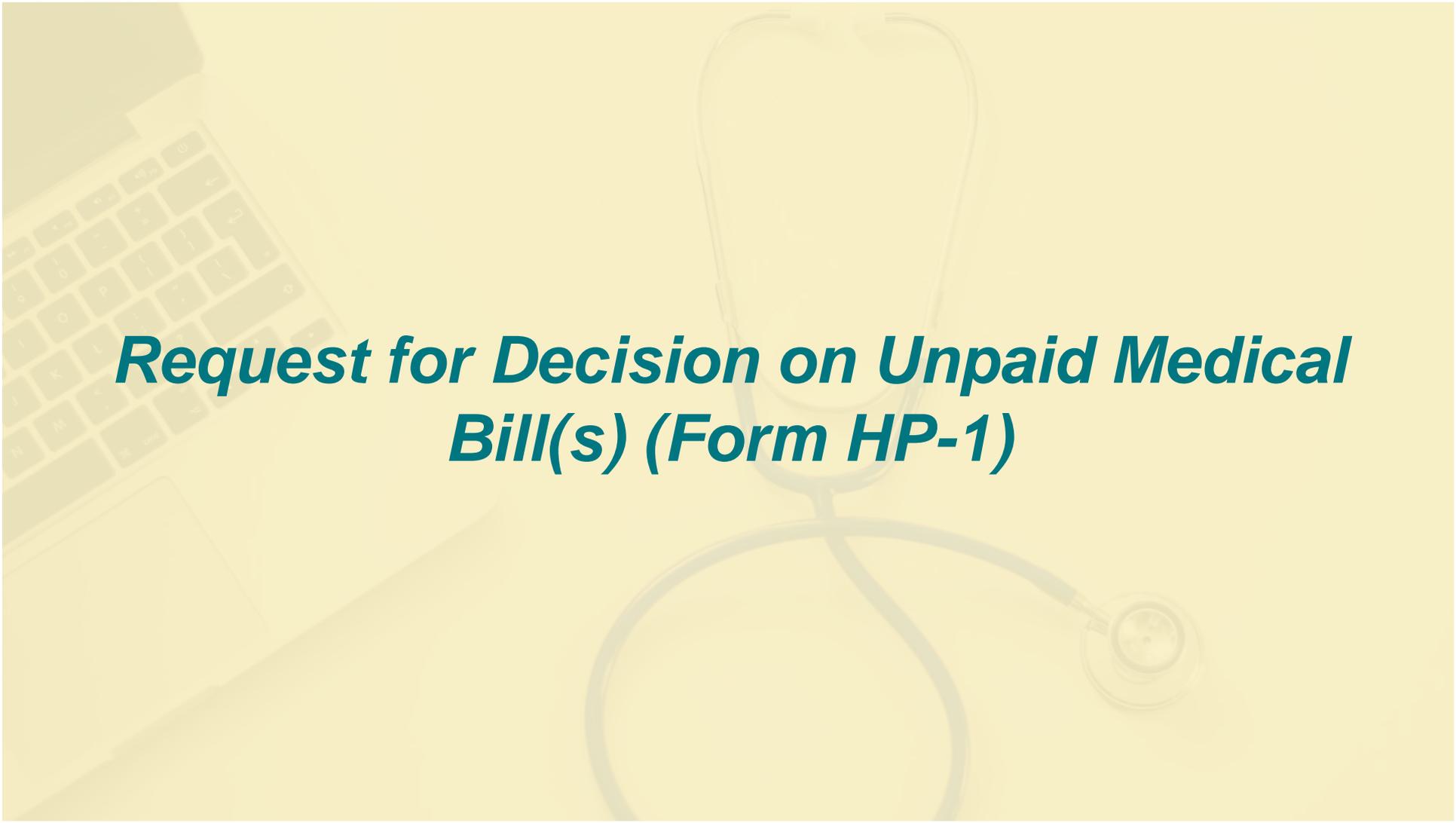
Prior Auth **Draft eForms** Submitted eForms

Column Value Apply Reset Status ReadyToSubmit

Form Type	WCB Case Number	Associated With	On behalf of	Status	Last Updated By	Last Updated Date
<a href="#">PAR: Medication Level 1 R...</a>	1		ANN MCCRINK	ReadyToSubmit	OFawuml_ext	10/29/2020
<a href="#">Request for Decision on...</a>	1		ANN MCCRINK	ReadyToSubmit	vetcharamarao	10/08/2020
<a href="#">Request for Decision on...</a>	1		ANN MCCRINK	ReadyToSubmit	vetcharamarao	10/08/2020
<a href="#">Request for Decision on...</a>	1		ANN MCCRINK	ReadyToSubmit	vetcharamarao	10/08/2020
<a href="#">Request for Decision on...</a>	1		ANN MCCRINK	ReadyToSubmit	vetcharamarao	10/08/2020
<a href="#">Request for Decision on...</a>	1		ANN MCCRINK	ReadyToSubmit	vetcharamarao	10/08/2020
<a href="#">PAR: Medication Level 2...</a>	W-639727	PA-00-0025-872	ANN MCCRINK	ReadyToSubmit	QA_ExtMultiGr	10/07/2020
<a href="#">Prior Authorization: Dura...</a>	1		ANN MCCRINK	ReadyToSubmit	OFawuml_ext	10/06/2020
<a href="#">PAR: Medication Level 2...</a>	W-639727	PA-00-0025-852	ANN MCCRINK	ReadyToSubmit	QA_ExtMultiGr	10/06/2020
<a href="#">PAR: Medication Level 2...</a>	W-639727	PA-00-0025-837	ANN MCCRINK	ReadyToSubmit	Suvin.Gamage@wcb.ny.gov	10/06/2020

Page 1 of 3 | Showing 1-10 of 30 | 10 Items per page





***Request for Decision on Unpaid Medical  
Bill(s) (Form HP-1)***

# OnBoard: Limited Release

## *Request for Decision on Unpaid Medical Bill(s) (Form HP-1)*

- Providers will submit a *Request for Decision on Unpaid Medical Bill(s) (Form HP-1)* eForm through OnBoard: Limited Release
- *Form HP-1* will be resolved using current state systems and processes.
- Escalation to arbitration or adjudication will continue, as needed, using the same process it does today.

# Medical Portal Homepage

Language Assistance: (877) 632-4996 | Language Access Policy | Español | Русский | Polski | 中文 | Italiano | Kreyol ayisyen | 한국어 | বাংলা

Welcome, Steve Smith

Log out



[New Drug Formulary Feature to Facilitate Loading Items in Dashboard](#)



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- [Medical Treatment Guidelines](#)
- [MTG Lookup Tool](#)
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- [CMS-1500 Initiative](#)
- [XML Forms Submission](#)

# HP-1 Submission Process



**Access the  
Medical Portal**



**Perform a Case  
Search**



**Answer a Series  
of Questions**



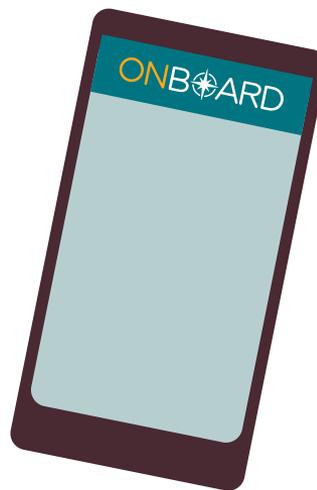
**Submit Form  
HP-1**



**Navigates  
Current Review  
Process**

# How Will Providers Be Trained?

- **Monthly webinar series**
  - Subscribe to Health Care Provider or OnBoard updates to receive the invitations
- **Just-in-time training webinars**
- **Q&A webinars**
- **Educating NYS medical trade associations to support you**
- **Training guides and video tutorials**
- **Website content**
- **Support channels**



# Next Steps for Providers

- Review your current paper or fax-based systems. You will no longer be using these!
- Review the OnBoard webpage



# 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)

