

Agenda

1. Recap
2. Timeline
3. Registration and Administration
4. Delegates
5. Accessing OnBoard
6. Submitting a *Request for Decision on Unpaid Medical Bill(s) (Form HP-1.0)*
7. Submitting a Medication Prior Authorization Request (PAR)
8. Dashboard Walkthrough
9. Insurer Response
10. Escalating Medication PARs
11. OnBoard Training Resources

OnBoard: Limited Release (OBLR)

Digitize and streamline the PAR process for the following requests:

New PAR Name	Current Process
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 13 procedures and second or subsequent procedures related to the <i>New York Medical Treatment Guidelines (MTGs)</i> 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 treatments/tests for a body part not covered by applicable <i>MTGs</i> costing more than \$1,000 on <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 PARs in OnBoard

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

Disputed Medical Bills Submission

- Digitize and streamline the submission of *Requests for Decision on Unpaid Medical Bill(s) (Form HP-1.0)*

OBLR Timeline

1. Phase One

Medication PARs & Form HP-1.0

**includes medical marijuana requests via 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

- All providers who currently have access to the Medical Portal will automatically be registered for OnBoard: Limited Release
- Visit the Medical Portal web pages for health care provider registration and OnBoard administration information

OnBoard Administration

- **Health Care Providers can register delegates to:**
 - Draft PARs, which must be reviewed and submitted by the health care provider
 - Draft escalations to Level 2 Medication PARs, which must be reviewed and submitted by the health care provider
 - Draft PAR escalations to Level 3 for Medical Director's Office review
 - Respond to insurer requests for information (must be designated by the health care provider from within OnBoard)
 - Draft and submit Request for Decision on Unpaid Medical Bills (Form HP-1.0)
- **View administration instructions on the Medical Portal web page to assign delegates**

Health Care Provider Delegates



Delegate vs Provider

Provider Delegates can create prior authorization requests (PARs) to be reviewed and submitted by the health care provider. Provider delegates can also draft and submit *Form HP-1.0s*. To learn more about the role of the provider delegate, visit the [Medical Portal Access and Administration: Health Care Providers](#) page.

Billing Delegates can draft and submit *Request for Decisions on Unpaid Medical Bill(s) (Form HP-1.0)*.

Health Care Providers are required to submit the PAR, whether drafted by themselves or drafted by their delegates. Any PAR drafted by a delegate will appear under the Health Care Provider's Draft eForms tab for final submission.

Multiple Delegates

- Providers can designate multiple delegates to draft PARs on their behalf.
- If a provider has multiple delegates, the delegates will see all PARs drafted and submitted by other delegates and the provider.
- Users can be a delegate for multiple providers.

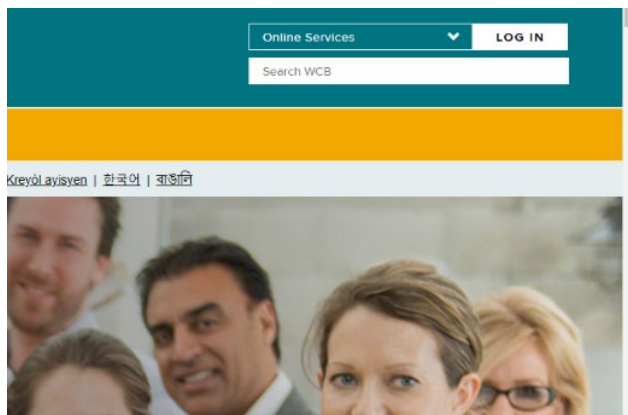


Accessing OnBoard: Limited Release

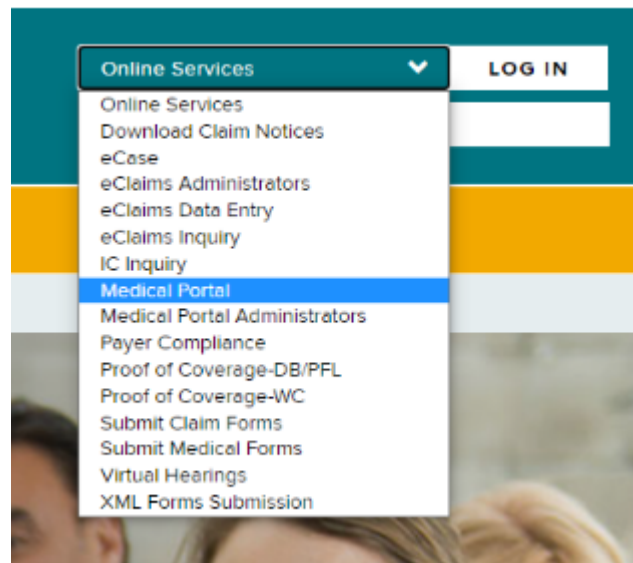


How to Access OBLR

Locate Online Services drop-down list on Board website

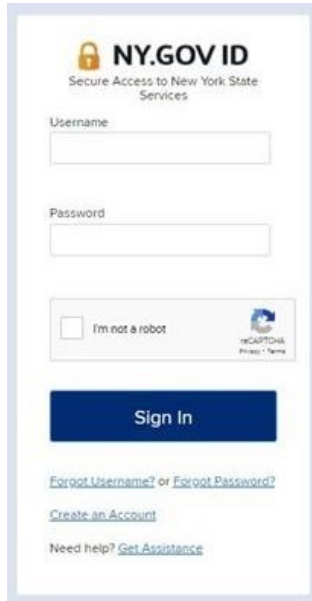


Select Medical Portal



How to Access OBLR - Providers

Enter NY.GOV ID
Username
and Password



The image shows the NY.GOV ID login page. At the top, it says "NY.GOV ID Secure Access to New York State Services". Below this are two input fields for "Username" and "Password". There is a CAPTCHA section with the text "I'm not a robot" and a "Sign In" button. At the bottom, there are links for "Forgot Username? or Forgot Password?", "Create an Account", and "Need help? Get Assistance".



Health Care Providers will select  **Prior Authorization Request (PAR)**
or  **Request for Decision on Unpaid Medical Bill (Form HP-1.0)**




Medical Providers

- Training
- New Provider Authorization Request
- Authorization Renewal
- Update Authorization Information
- Specialty Classification Codes
- New Provider Legislation
- Independent Medical Examinations
- Learn more about the Impartial Specialist Program
- Preferred Provider Organizations
- Medical Portal Administration



Treatment

- Medical Treatment Guidelines
- MTG Lookup Tool
- Drug Formulary Overview
-  **Prior Authorization Request (PAR)**
- Prior Authorization Request (PAR) Overview
- Guidelines for Determining Impairment
- Diagnostic Testing Network Lookup
- NYS DOH I-STOP/PMPLA
- Drug Formulary Prior Authorization - "VIEW ONLY"



Billing

- Medical Fee Schedules
-  **Request for Decision on Unpaid Medical Bill (Form HP-1.0)**
- What To Do When a Bill for Treatment Isn't Paid (HP-1 and HP-J1 Forms)
- Employer Coverage Search
- Web Submission of Medical Forms
- CMS-1500 Initiative
- XML Forms Submission



Entering Your OnBoard Dashboard



OBLR Dashboard

ONBOARD | **My Dashboard** | My Downloads | My Profile ▾ | Submit a Request ▾ | Medical Portal [↗](#)

My Dashboard

Prior Auth | Draft eForms | Submitted eForms

Active | Resolved

[Filter](#)

[Export](#)

PAR ID	Type	Due Date	Patient	DOB	Current Activity	Injury Date	WCB Case #
PA-00-0002-209	MTG Variance				Pending L3 Review		

Page 1 of 1 | < 1 > | Showing 1-1 of 1 | 10 Items per page

My Downloads

ONBOARD | My Dashboard | **My Downloads**

Downloads

Files downloaded in the last 24 hours:

File Name	Related ID	Related Object Type	Date Downloaded
-----------	------------	---------------------	-----------------

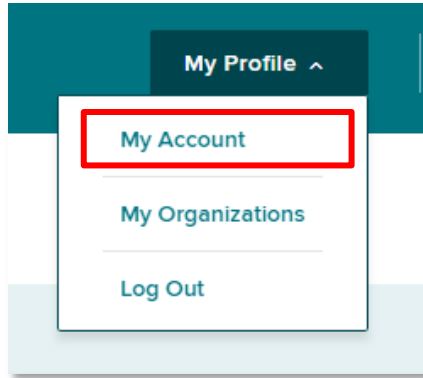
No files downloaded in the last 24 hours.

Page 1 of 0 | < > | Showing 0-0 of 0 | 10 Items per page

My Profile

The screenshot displays the ONBOARD web application interface. The top navigation bar includes the ONBOARD logo, 'My Dashboard' (underlined), 'My Downloads', 'My Profile' (with a dropdown arrow), 'Submit a Request' (with a dropdown arrow), and 'Medical Portal' (with an external link icon). The main content area is titled 'My Dashboard' and features tabs for 'Prior Auth', 'Draft eForms', and 'Submitted eForms'. Below these are tabs for 'Active' and 'Resolved'. A table lists items with columns for 'PAR ID', 'Type', 'Due Date', 'Current Activity', 'Injury Date', and 'WCB Case #'. A red box highlights the 'My Profile' dropdown menu, which contains the following options: 'My Profile ^', 'My Account', 'My Organizations', and 'Log Out'. A red arrow points from this menu to the 'My Profile' link in the top navigation bar. The bottom of the page shows pagination information: 'Page 1 of 1', navigation arrows, '1', 'Showing 1-1 of 1', '10' items per page, and 'Items per page'.

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](#).

User Name

User Email Address

Contact Information

First Name

Jordan

Middle Name

Last Name

Name Suffix

Phone Country Code

+1

Phone Number

(222) 222-2223

Extension

Phone Type

Mobile

Notification Preferences

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

PAR Status Update - Email

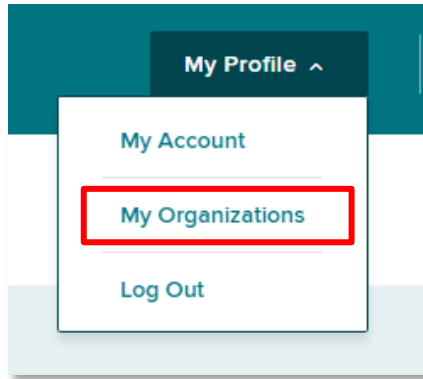
New Item in Queue - Email

Text Message Opt-In - Standard Carrier Msg & Data Rates May Apply.

Save

Cancel

My Organizations

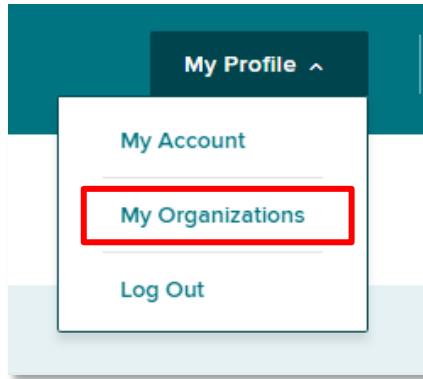


My Organizations

Type	Name	Roles	Start Date
Health Care Provider	John Smith	Physician	01/01/2020

Page 1 of 1 | < > 1 | Showing 1 of 1 items per page

Organization Details

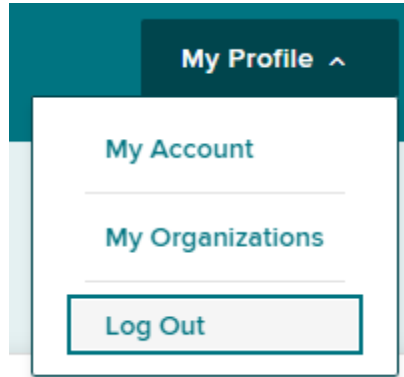


A screenshot of the "My Organizations" page. The page is titled "Health Care Provider" and shows an "Overview" section with personal information. Below this is a section for "Addresses" with a table of one address. The table has columns for "Invalid?", "Source", "Type", "Address", "Effective Date", "End Date", and "Status".

Invalid?	Source	Type	Address	Effective Date	End Date	Status
No		Primary Contact	1111 Main Street, Suite 200, Schenectady, NY, 12202, USA	1/1/2020	1/1/2022	Active

Page 1 of 1 | Showing 1-1 of 1 | 10 items per page

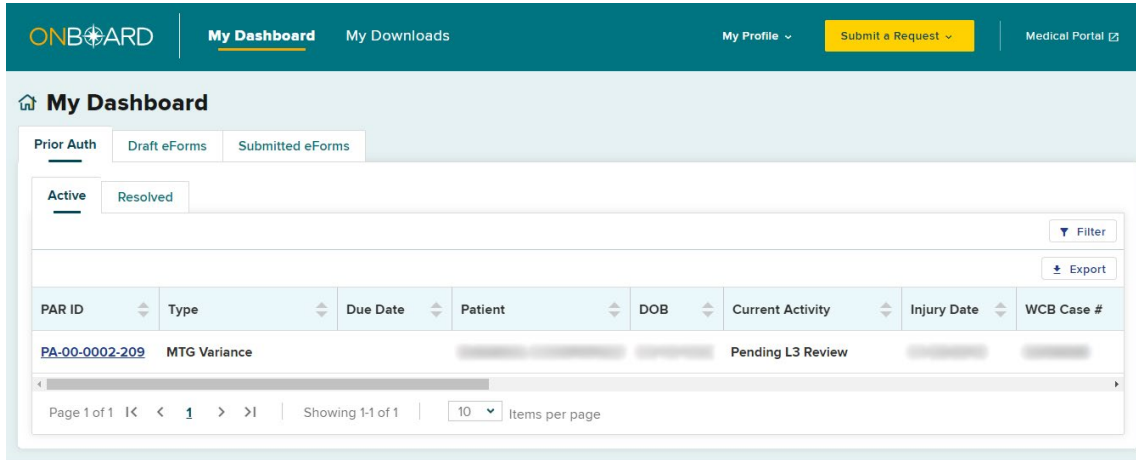
Log Out



***Submitting a Request for
Decision on Unpaid Medical
Bill(s) (Form HP-1.0)***

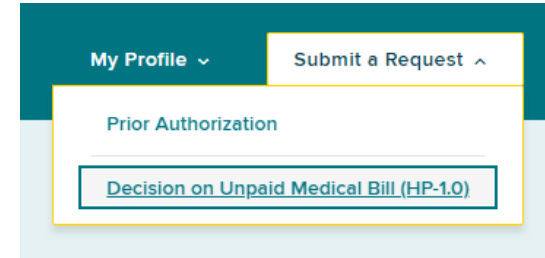


Submit a Request



The screenshot shows the ONBOARD My Dashboard interface. The top navigation bar includes the ONBOARD logo, My Dashboard, My Downloads, My Profile, Submit a Request, and Medical Portal. The main content area is titled My Dashboard and features tabs for Prior Auth, Draft eForms, and Submitted eForms. Under Prior Auth, there are sub-tabs for Active and Resolved. A table lists requests with columns for PAR ID, Type, Due Date, Patient, DOB, Current Activity, Injury Date, and WCB Case #. The first row shows a request with PAR ID PA-00-0002-209, Type MTG Variance, and Current Activity Pending L3 Review. The page footer indicates Page 1 of 1, Showing 1-1 of 1, and 10 items per page.

PAR ID	Type	Due Date	Patient	DOB	Current Activity	Injury Date	WCB Case #
PA-00-0002-209	MTG Variance				Pending L3 Review		



This image shows a zoomed-in view of the 'Submit a Request' dropdown menu. The menu is open, showing the following options: Prior Authorization and Decision on Unpaid Medical Bill (HP-1.0). The 'Decision on Unpaid Medical Bill (HP-1.0)' option is highlighted with a blue border.

Claim Search

If the workers' compensation insurance carrier hasn't paid your bill within 45 days of submission and there are no outstanding legal issues regarding your bill's compensability, the Board may be able to assist you. Use the wizard below to request help.


Claim Search


1. Enter either WCB Case # or Claim Administrator Claim #. The search uses exact values to locate a claim.

WCB Case #

Claim Admin Claim #

Must be 8 characters in length. The first character may be any number or letter EXCEPT [B,C,E,I,O], the second character may be any number or letter EXCEPT [I,O], and the remaining 6 must be numbers

 Search for Claim

 Clear Search

Claim Search

If the workers' compensation insurance carrier hasn't paid your bill within 45 days of submission and there are no outstanding legal issues regarding your bill's compensability, the Board may be able to assist you. Use the wizard below to request help.

Claim Search

1. Enter either WCB Case # or Claim Administrator Claim #. The search uses exact values to locate a claim.

WCB Case #

Claim Admin Claim #

Must be 8 characters in length. The first character may be any number or letter EXCEPT [B,C,E,I,O], the second character may be any number or letter EXCEPT [I,O], and the remaining 6 must be numbers

2. Enter only two of the below fields to search for this claim.

Date of Injury

Last Four of SSN

(MM/DD/YYYY). If exact date of injury/illness is not known, use other search criteria.

Date of Birth

Patient Last Name

(MM/DD/YYYY)

🔍 Search for Claim

🗑️ Clear Search

Claim Matched

Search Results

Matching Claim found. Please review the information populated here before proceeding with the Request.

Patient

Patient Name	Patient DOB	Patient SSN	Patient Gender	Patient Address
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

Case Information

WCB Case #	Claim Admin Claim #	Date of Injury	Case Controverted	Case Established
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

Established For	Filed Date
[REDACTED]	[REDACTED]

Employer

Employer Name	Employer Address
[REDACTED]	[REDACTED]

Insurer

Insurer Name	Insurer ID	Claim Administrator	Claim Admin ID
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

User Information - Health Care Provider

REQUEST FOR DECISION ON UNPAID MEDICAL BILL(S)

- Claim Search
- **User**
- Provider/Supplier
- Form C-8.4
- Form C-8.1
- Medical Bill
- Documents

User Information

On Behalf Of*
[Redacted] ▼

License *
[Redacted] ▼

WCB Authorization #
[Redacted]

Is Treat Authorized?
Yes

Associated Specialties

← Claim Search **Provider/Supplier** →

Exit

Provider Information - Health Care Provider

REQUEST FOR DECISION ON UNPAID MEDICAL BILL(S)

- ◉ Claim Search
- ◉ User
- ◉ **Provider/Supplier**
- Form C-8.4
- Form C-8.1
- Medical Bill
- Documents

Provider/Supplier Information

Type of Care Physician	Health Care Provider National Provider Identifier (NPI) [REDACTED]	Health Care Provider First Name [REDACTED]	Health Care Provider Last Name [REDACTED]
---------------------------	---	---	--

FEIN/SSN*
[REDACTED]

Mailing Address
[REDACTED]

Country Code*
+1

Phone Number*
[REDACTED]

Email*
[REDACTED]

Is your Billing Address the same as your Mailing Address? *

Yes

No

← User Form C-8.4 → [Exit](#)

Form C-8.4 Information

REQUEST FOR DECISION
ON UNPAID MEDICAL
BILL(S) (HP-1.0)

- Claim Search
- User
- Provider/Supplier
- **Form C-8.4**
- Form C-8.1
- Medical Bill
- Documents

Notice of Refusal to Pay All (or a Portion of) a Bill Due to Valuation Objection(s) (Form C-8.4) Information

Please Note: This information will be subject to independent verification by the WCB upon submission.

Medical Bill Submission Date*

(mm/dd/yyyy)

Within 45 days of receipt, an insurance carrier has the right to object to your bill with Form C-8.4 questioning the fairness of the total amount that you charged.

Have you received a valuation objection (Form C-8.4) from the claim administrator?*

Yes

No

When was the valuation objection issued by the claim administrator?*

(mm/dd/yyyy)

[← Provider/Supplier](#) [Form C-8.1 →](#) [Exit](#)

Form C-8.1 Information

REQUEST FOR DECISION ON UNPAID MEDICAL BILL(S) (HP-1.0)

- Claim Search
- User
- Provider/Supplier
- Form C-8.4
- Form C-8.1**
- Medical Bill
- Documents

Notice of Treatment Issue/Disputed Bill (Form C-8.1) Information


Please Note: This information will be subject to independent verification by the WCB upon submission.

Within 45 days of receipt, an insurance carrier has the right to object to your bill with Form C-8.1 raising legal issues. These issues must be resolved in your favor through the adjudication process before you can proceed with your HP-1 request.

Have you received a legal objection (Form C-8.1) from the claim administrator?*

Yes
 No

When was the legal objection issued by the claim administrator?*



(mm/dd/yyyy)

Once the legal objection (Form C-8.1) has been resolved, an official notice (Form EC-23 or PD-NSL) is issued with the ruling.


Have you received a notice of decision (Form EC-23 or PD-NSL) resolving the legal objection that was not appealed or objected to by any party?*

Yes
 No

Was the legal objection resolved in your favor?*

Yes
 No

What is the filing date of the notice of decision? You can find this date by looking at the lower-right hand corner of the decision.*



(mm/dd/yyyy)



[← Form C-8.4](#) [Medical Bill →](#) [Exit](#)


Medical Bill Information

REQUEST FOR DECISION ON UNPAID MEDICAL BILL(S) (HP-1.0)

- Claim Search
- User
- Provider/Supplier
- Form C-8.4
- Form C-8.1
- **Medical Bill**
- Documents

Medical Bill Information

Total Charge*	Amount Paid*
\$ 100.00	\$ 50.00
Start Date of Service*	End Date of Service*
12/01/2020 	12/07/2020 
<small>(mm/dd/yyyy)</small>	
Number of Bills Attached*	
1	

← Form C-8.1 **Documents** →  Exit

Documents

REQUEST FOR DECISION ON
UNPAID MEDICAL BILL(S) (HP-
1.0)

- Claim Search
- User
- Provider/Supplier
- Form C-8.4
- Form C-8.1
- Medical Bill
- Documents**

Documents

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 Required Documents

Copies of the medical bill(s) along with the written explanation of partial or non-payment (including Form C-8.4) must be attached.

File Name	Type	Description	Actions
	Medical Bill	Attached Medical Bill	Upload
	C-8.4 Notice of Refusal to Pay Due to Valuation Objection(s)	Attached C-8.4 Notice of Refusal to Pay Due to Valuation Objection(s)	Upload

Upload Additional Documents

Additional documents such as multiple bills and C-8.4 forms, detailed medical narrative, grouper calculation report, pro-rata agreement between co-surgeons, or invoice for medical supplies may also be attached for consideration by the Arbitrator.

[Upload](#)

[← Medical Bill](#)

[Submit →](#)

[Preview](#)

[Exit](#)

Documents

REQUEST FOR DECISION ON
UNPAID MEDICAL BILL(S) (HP-
1.0)

◉ Claim Search

◉ User

◉ Provider/Supplier

◉ Form C-8.4

◉ Form C-8.1

◉ Medical Bill

◉ Documents

Documents

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 Required Documents

A copy of the medical bill(s) must be attached.

File Name	Type	Description	Actions
	Medical Bill	Attached Medical Bill	Upload

Upload Additional Documents

Additional documents such as multiple bills or nonpayment explanations (including Form C-8.4), detailed medical narrative, grouper calculation report, pro-rata agreement between co-surgeons, or invoice for the medical supplies can also be submitted along with the request for consideration by the Arbitrator.

[Upload](#)

[← Medical Bill](#)

[Submit →](#)

[Preview](#)

[Exit](#)

Upload Documents

Upload Document ✕

Form Name: Medical Bill

Description*

21 / 256

[Browse](#)

No File Selected

[Upload](#) [Cancel](#)

Confirm Uploaded Documents

REQUEST FOR DECISION ON UNPAID MEDICAL BILLS(S) (HP-1.0)

- Claim Search
- User
- Provider/Supplier
- Form C-8.4
- Form C-8.1
- Medical Bill
- Documents**

Documents

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 Required Documents

Copies of the medical bill(s) along with the written explanation of partial or non-payment (including Form C-8.4) must be attached.

File Name	Type	Description	Actions
Medical Bill.pdf	Medical Bill	Attached Medical Bill	Update Description Remove
Medication Documentation.pdf	C-8.4 Notice of Refusal to Pay Due to Valuation Objection(s)	Attached C-8.4 Notice of Refusal to Pay Due to Valuation Objection(s)	Update Description Remove

Upload Additional Documents

Additional documents such as multiple bills and C-8.4 forms, detailed medical narrative, grouper calculation report, pro-rata agreement between co-surgeons, or invoice for medical supplies may also be attached for consideration by the Arbitrator.

[Upload](#)

I affirm, under penalty of perjury, that:

1. The attached medical bill(s) was submitted to the responsible insurer/self-insured employer for payment, AND
2. Proper payment in accordance with the applicable Fee Schedule has not been received, AND
3. I will abide by the NYS Workers' Compensation Board's decision.

[← Medical Bill](#) [Submit →](#) [Preview](#) [Exit](#)

Attestation

I affirm, under penalty of perjury, that:

1. The attached medical bill(s) was submitted to the responsible insurer/self-insured employer for payment, AND
2. Proper payment in accordance with the applicable Fee Schedule has not been received, AND
3. I will abide by the NYS Workers' Compensation Board's decision.

← Medical Bill

Submit →

🔍 Preview

🚪 Exit

Preview Form HP-1.0

DO-00-0002-328_07-21-2021-01-13.pdf 1 / 2 100%

NEW YORK STATE Workers' Compensation Board

REQUEST FOR DECISION ON UNPAID MEDICAL BILL(S): Arbitration

For Office Use Only

CLAIM INFORMATION		
WCB Case #	Date of Injury	Claim Admin Claim #

Patient Name
Address

SSN DOB Gender

Employer Name
Address

Insurer Name Insurer ID
Address

Claim Admin Name Claim Admin ID
Address

HEALTH CARE PROVIDER/ MEDICAL SUPPLIER INFORMATION	
Name and Mailing Address of Health Care Provider/ Medical Supplier	
Name	
Mailing Address	
Email Address	Phone #
Type	FEIN/ SSN
Type of Care	NPI
WCB Auth #	
WCB Rating Code	

Submitting *Form HP-1.0*

My Dashboard

Prior Auth | Draft eForms | **Submitted eForms**

Filter

eForm Document	eForm Name	Patient Name	Patient DOB	WCB Case #	eForm Details	Provider	Submitted Date	Status	Actions
345376	Request for Decision on Unpaid Med	[REDACTED]	[REDACTED]	[REDACTED]	UB-00-0001-015	[REDACTED]	06/28/2021	Completed	Actions
345373	PAR: Durable Medical Equipment Lev	[REDACTED]	[REDACTED]	[REDACTED]	PA-00-0001-630	[REDACTED]	06/25/2021	Completed	Actions
345370	PAR: Non-MTG Over \$1000 Level 1 R	[REDACTED]	[REDACTED]	[REDACTED]	PA-00-0001-629	[REDACTED]	06/22/2021	Completed	Actions

Page 1 of 1 | < > 1 > | Showing 1-3 of 3 | 10 Items per page



Submitting a Medication Prior Authorization Request



Create PAR

The screenshot shows the ONBOARD My Dashboard interface. The top navigation bar is teal and contains the ONBOARD logo, 'My Dashboard' (underlined), 'My Downloads', 'My Profile', a highlighted 'Submit a Request' button, and 'Medical Portal'. Below the navigation bar, the 'My Dashboard' section has tabs for 'Prior Auth', 'Draft eForms', and 'Submitted eForms'. Under 'Prior Auth', there are sub-tabs for 'Active' and 'Resolved'. A 'Filter' button is visible in the top right of the dashboard area. Below the filters is a table with columns: PAR ID, Type, Due Date, Patient, DOB, Current Activity, Injury Date, and WCB Case #. Two rows of data are visible in the table.

PAR ID	Type	Due Date	Patient	DOB	Current Activity	Injury Date	WCB Case #
PA-00-0003-156	Medication	01/10/2022	[Redacted]	[Redacted]	Review Insurer Level 1 Deni	[Redacted]	[Redacted]
PA-00-0001-643	MTG Confirmation	07/14/2022	[Redacted]	[Redacted]	Provider Response Request	[Redacted]	[Redacted]

Select Prior Authorization Request

The screenshot shows the ONBOARD dashboard interface. At the top, there is a navigation bar with 'ONBOARD' on the left, 'My Dashboard' (underlined), 'My Downloads', 'My Profile' with a dropdown arrow, 'Submit a Request' with a dropdown arrow, and 'Medical Portal' with an external link icon. Below the navigation bar, the 'My Dashboard' section is visible, featuring tabs for 'Prior Auth', 'Draft eForms', and 'S...'. Under 'Prior Auth', there are sub-tabs for 'Active' and 'Resolved'. A table lists prior authorization requests with columns for 'PAR ID' and 'Type'. A red-bordered box highlights a modal window that appears when 'Submit a Request' is clicked. This modal contains a dropdown menu with 'My Profile' and 'Submit a Request' (with an upward arrow). The 'Submit a Request' option is expanded, showing 'Prior Authorization (PAR)' as the selected item, which is also highlighted with a blue border. Below this, the text 'Decision on Unpaid Medical Bill (HP-1.0)' is visible. A red arrow points from the 'Submit a Request' button in the top navigation bar to the modal window.

ONBOARD | My Dashboard | My Downloads | My Profile ▾ | **Submit a Request ▾** | Medical Portal ↗

My Dashboard

Prior Auth | Draft eForms | S...

Active | Resolved

PAR ID	Type
PA-00-0003-156	Medication
PA-00-0001-643	MTG Confirma

Filter | Export

My Profile ▾ | **Submit a Request ▲**

Prior Authorization (PAR)

Decision on Unpaid Medical Bill (HP-1.0)


Requester Information

PAR QUESTIONNAIRE


- Requester Information
- Claim Search
- Request Items

COMPLETE REQUEST(S)

Provider:

Please select License for this request:*

WCB Authorization Number

Claim Search

If the workers' compensation insurance carrier hasn't paid your bill within 45 days of submission and there are no outstanding legal issues regarding your bill's compensability, the Board may be able to assist you. Use the wizard below to request help.

Claim Search

1. Enter either WCB Case # or Claim Administrator Claim #. The search uses exact values to locate a claim.

WCB Case #

Claim Admin Claim #

Must be 8 characters in length. The first character may be any number or letter EXCEPT [B,C,E,I,O], the second character may be any number or letter EXCEPT [L,O], and the remaining 6 must be numbers

2. Enter only two of the below fields to search for this claim.

Date of Injury

Last Four of SSN

(MM/DD/YYYY). If exact date of injury/illness is not known, use other search criteria.

Date of Birth

Patient Last Name

(MM/DD/YYYY)

Search for Claim

Clear Search

Unmatched Claim

Search Results

No case matching the search criteria entered can be located in WCB records. Please review the criteria and search again or [proceed without a matching case.](#)

PAR QUESTIONNAIRE

- Requester Information
- Claim Search
- Enter Claim Details**
- Request Items

COMPLETE REQUEST(S)

Enter known claim details. After submission of this PAR, the Board will attempt to match your request with a claim. If a claim is found, your request will be forwarded to the insurer for response. If a matching claim is not found within five days, your request will be closed.

Patient Details

Patient First Name*	Patient Last Name*
<input type="text"/>	<input type="text"/>
Patient Address Line 1*	Patient Address Line 2
<input type="text"/>	<input type="text"/>
Patient City*	Patient State
<input type="text"/>	<input type="text"/>
Patient Zip Code	Patient Country
<input type="text"/>	<input type="text"/>
Patient SSN	
<input type="text"/>	
Patient DOB*	Date of Injury*
<input type="text"/>	<input type="text"/>
<small>(MM/DD/YYYY)</small>	<small>(MM/DD/YYYY)</small>
Patient Gender	
<input type="text"/>	
Body Part(s)/Condition(s)	
<input type="text"/>	
<small>Enter the body part you are looking for.</small>	

Request Items

PAR Questionnaire

Request Items

PAR QUESTIONNAIRE

- Requester Information
- Claim Search
- Request Items**

COMPLETE REQUEST(S)

Request Items

Provide the information below to add one or more items that you will be requesting prior authorization for on this claim.

Request #1
Select category of PAR for this item*

- Treatment/Testing
- Medication
- Durable Medical Equipment
- Non-Medical

First Request Added

PAR QUESTIONNAIRE

- Requester Information
- Claim Search
- Request Items**

COMPLETE REQUEST(S)

Request(s) Added (1)

Request #1		Edit Remove
PAR Type:	Medication	
Body Part:	N/A	
CPT/HCPCS:	N/A	
MTG:	N/A	

[Add Another Item](#)

Based on Items entered, the following Prior Authorization Request types will be submitted.

- Medication

Notice: Once you move on to the next screen, you won't be able to make changes to the request details.

[← Claim Search](#) [Complete Request\(s\) →](#) [Exit](#)

Save as Draft

[Dashboard](#) > Request for Prior Authorization

Complete Request(s)

Request Details

PAR: Medication RX-L1

[Save as Draft](#)

PAR QUESTIONNAIRE CLAIM DETAILS

Request Details

PAR QUESTIONNAIRE

COMPLETE REQUEST(S)

PAR: MEDICATION

- Request Details
- Medical Necessity / Supporting Medical
- Review and Submit

None of the Above

Medication (Name/Strength) *

Oxycodone 5/325mg

Quantity Requested *

60

Days Supply *

30

Type of Drug *

Brand Name

Generic

Refills Requested *

0

Type of Prescription *

New (Including Change in Dosage)

Refill/Renewal (Taken Within the Past Six Months)

Route of Administration *

Oral/SL/Buccal

Medical Necessity / Supporting Medical →

Exit

Statement of Medical Necessity

PAR QUESTIONNAIRE

COMPLETE REQUEST(S)

PAR: MEDICATION

- Request Details
- Medical Necessity / Supporting Medical**
- Review and Submit

Statement of Medical Necessity

Provide / attach all relevant clinical information to support this prior authorization request. Include narrative, progress notes and other supporting documentation (e.g. symptoms, justification for initial or ongoing treatment, diagnostic testing, equipment, etc.), any contraindications or adverse effects experienced, and if applicable, evaluation of efficacy of previous treatment or medication.

Statement of Medical Necessity *

0 / 3500

AND / OR Supporting Medical Documentation

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.

File Name	Type	Description
<input type="button" value="Upload Relevant Clinical Information"/>	Attached Statement of Medical Necessity	Statement of Medical Necessity / Supporting Medical Documentation

[← Request Details](#) [Exit](#)

Upload a Document

Upload Document

Form Name : Attached Statement of Medical Necessity

Browse

Please complete the required fields and click "Upload" to attach the document.

Description*

Medical file supporting narcotic request

40 / 256

Cancel

Upload

Upload a Document

File Name	Type	Description	
Supporting Medical Narcotic.pdf	Attached Statement of Medical Necessity	Medical file supporting narcotic request	✎ Update Description 🗑 Remove

[📎 Upload Additional Documents](#)

[← Request Details](#) [Review and Submit →](#)

✔ Your document has been uploaded successfully.

[🚪 Exit](#)

Review and Submit

Complete Request(s)
Review and Submit
PAR: Medication RX-L1 Save as Draft

PAR QUESTIONNAIRE
COMPLETE REQUEST(S)
PAR: MEDICATION
Request Details
Medical Necessity / Supporting Medical
Review and Submit

Please review the following information for accuracy prior to submission.

Patient

Patient Name	Patient DOB	Patient SSN	Patient Gender	Patient Address
			F	

Request Items: Medication Edit

Is the request for one of the following therapeutic categories?
Narcotic

Medication (Name/Strength)	Quantity Requested	Days Supply	Refills Requested
Oxycodone/5mg	60	30	0
Type of Drug	Type of Prescription	Route of Administration	
Generic	New (Including Change in Dosage)	Oral/SL/Buccal	

Statement of Medical Necessity / Supporting Medical Documentation Edit

Statement of Medical Necessity
Statement of medical necessity entered here.

Case Information

WCB Case #	Claim Admin Claim #	Date of Injury	Case Controverted	Case Established
			No	Yes
Established For	Filed Date			

Employer

Employer Name	Employer Address	Insurer Name	Insurer ID

Claim Administrator

Claim Admin Name	Claim Admin ID	Provider	License

Requester

Medical Necessity / Supporting Medical Attest and Submit Preview Exit

Delegated User



Confirmation

PAR: Medication was successfully saved as Ready to Submit.

This PAR has been added to the Draft tab of the [My Dashboard](#), as well as for the responsible provider [REDACTED]

It is the responsibility of the requesting provider to share this information with the patient.

Health Care Provider Submission

← Medical Necessity / Supporting Medical

Attest and Submit →

🔍 Preview

Health Care Provider Attestation

Attestation and Submission



By submission of this request for prior authorization I certify that: (1) my statements are true and correct, (2) I do not have a substantially similar request pending, (3) the patient understands and agrees to undergo/use the proposed treatment/test/medication/DME, and (4) I 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.

Submit

Cancel

Submission Confirmation

Submission Confirmation

PAR QUESTIONNAIRE

COMPLETE REQUEST(S)

PAR: MEDICATION

● Submission Confirmation

Submission Confirmation

PAR: Medication was successfully submitted. Allow 4 calendar days for the insurer to respond.

Your submission has been added to your Submitted eForms. From [your Dashboard](#) you can check the status of your submission and view, print, or download the completed eForm.

It is the responsibility of the requesting provider to share this information with the patient.

Finish →

Exit

Updated Dashboard

Prior Auth > Active Tab

My Dashboard

Prior Auth | Draft eForms | Submitted eForms

Active | Resolved

Filter | Export

PAR ID	Type	Due Date	Patient	DOB	Current Activity	Injury Date	WCB Case #	Assigned Organi
PA-00-0050-924	Medication				Insurer Level 1 Review			

Updated Dashboard

Submitted eForms

My Dashboard

Prior Auth | Draft eForms | **Submitted eForms**

Filter


eForm Document	eForm Name	Patient Name	Patient DOB	WCB Case #	eForm Details	Provider	Submitted Date	Status	
345378	PAR: Medication Level 1 Request	[REDACTED]	01/09/1972	[REDACTED]	PA-00-0001-631	[REDACTED]	07/01/2021	Completed	≡ Acti
345376	Request for Decision on Unpaid Medical Bill(s)	[REDACTED]	01/09/1972	[REDACTED]	UB-00-0001-015	[REDACTED]	06/28/2021	Completed	≡ Acti
345373	PAR: Durable Medical Equipment Level 1 Request	[REDACTED]	01/09/1972	[REDACTED]	PA-00-0001-630	[REDACTED]	06/25/2021	Completed	≡ Acti
345370	PAR: Non-MTG Over \$1000 Level 1 Request	[REDACTED]	12/26/1975	[REDACTED]	PA-00-0001-629	[REDACTED]	06/22/2021	Completed	≡ Acti

Page 1 of 1 | < > 1 > > | Showing 1-4 of 4 | 10 Items per page

Insurer Response to Medication PAR



Insurer Response

 **My Dashboard**

Prior Auth | Draft eForms | Submitted eForms

Active | Resolved

[Filter](#) | [Export](#)

PAR ID	Type	Due Date	Patient	DOB	Current Activity	Injury Date	WCB Case #	A
PA-00-0003-139	Medication	12/16/2021			Review Insurer Level 1 Grant in Part			G

Insurer Response

PAR ID	Type
PA-00-0001-635	Medication



Medication Request

Patient Name: [REDACTED] | WCB Case #: [REDACTED] | Status: L2 Granted in Part
Patient DOB: [REDACTED] | Date of Injury: [REDACTED] | System ID: PA-00-0001-483

Actions ▾

- Related Entities
- Request Details**
- Medical Necessity
- Documents
- Related PARs
- Correspondence History
- Related Activity

Overall L2 Insurer Response	L2 Reviewer Name - Title	L2 Response Date & Time
Deny	[REDACTED]	3/10/2021 1:16 PM
Grant in Part	[REDACTED]	8/10/2021 1:32 PM

Request Items

Request #1

Therapeutic Category	Medication Requested	Quantity Requested
Anti-Anxiety Agent	Test	2

+ Expand All

- Additional Request Details** ▾
- Level 1 Insurer Response Details ▾
- Level 2 Insurer Response Details ▾

Escalating the Medication PAR to Level 2 or Level 3 Review



Escalating to Level 2 Review

My Dashboard

Prior Auth | Draft eForms | Submitted eForms

Active | Resolved

Filter | Export

PAR ID	Type	Due Date	Patient	DOB	Current Activity	Injury Date	WCB Case #	A
PA-00-0003-139	Medication	12/16/2021			Review Insurer Level 1 Grant in Part			G

Request L2 or L3 Review

Medication Request

Patient Name: [redacted] | WCB Case #: [redacted] | Status: L1 Granted in Part
Patient DOB: [redacted] | Date of Injury: [redacted] | System ID: PA-00-0001-635

Actions ▾

Related Entities | **Related Activity**

Patient Details

Patient Name [redacted]

Claim Details

WCB Case Number [redacted]

Case Controverted?
No

Prior Authorization Request

Prior Authorization Request Type: Medication | Requested Date: 07/01/2021

The screenshot shows two side-by-side panels, each containing a blue 'Actions' dropdown menu and a white button with a blue border. The left panel's button is labeled 'Request L2 Review' and the right panel's button is labeled 'Request L3 Review'. Both panels are enclosed in a red rectangular box. A red line extends from the top right corner of the right-hand red box towards the top right corner of the overall screenshot, pointing to the 'Actions' dropdown menu in the top right header.

Rationale for Level 2 Escalation

Level 2 Request

Providers are required to provide relevant clinical information in the space below or attach additional relevant documentation to support the Level 2 request for review and specifically address the issues raised in the Level 1 denial or partial approval.

L2 Request Details

Rationale for L2 Request *

Additional relevant document is attached describing why an increase to Qty #60 is indicated.

92 / 500

Provider Details



Provider Name

Date of Request

Supporting Documentation

Please attach additional relevant documentation to support your request.

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.

File Name	Type	Description
 Upload Relevant Clinical Information	Supporting Documentation	Supporting Documentation for L2 Review Request
		 Upload Additional Documents

Exit

Save as Draft

Submit

Escalation Reason for Level 3 Review

Request for MDO Prior Auth Review: RX-L3

Please select which item(s) you would like to escalate.

Therapeutic Category

Narcotic

Insurer Response

Deny

Rationale

The documentation of efficacy from previous use of this medication does not provide enough rationale for the increase in quantity.

Medication (Name/Strength)

Oxycodone 5/325mg

Denial Reason

Continuation of Medication - no documentation of efficacy

Without Prejudice

Escalation Reason

0 / 4000

Submit

Cancel

Escalation Submitted

PAR: Medication Level 2 Request - RX-L2 Successfully Submitted

Your submission has been added to your [Submitted eForms](#).

Thank you for your submission, your request has been submitted.

eForm Confirmation Number

345394

Submitted On

07/01/2021 10:39 AM

PAR Details

[PA-00-0001-635](#) [REDACTED]

Associated Document(s)

- DO-00-0001-887: PAR.ATT.SMN - Attached Statement of Medical Necessity

 [Print Completed eForm](#)

 [Download Completed eForm](#)

[View Completed eForm](#)

Escalation in Submitted eForms

My Dashboard

Prior Auth | Draft eForms | **Submitted eForms**

Filter

eForm Document	eForm Name	Patient Name	Patient DOB	WCB Case #	eForm Details	Provider	Submitted Date	Status	Action
345394	PAR: Medication Level 2 Request				PA-00-0001-635		07/01/2021	Completed	

Page 1 of 1 | < 1 > | Showing 1-1 of 1 | 10 Items per page

Escalation in Submitted eForms

My Dashboard

Prior Auth | Draft eForms | Submitted eForms

Active | Resolved

Filter | Export

PAR ID	Type	Due Date	Patient	DOB	Current Activity	Injury Date	WCB Case #	Assigned Orgar
PA-00-0003-139	Medication	12/10/2021			Insurer Level 2 Review			

Level 3 Response

My Dashboard


Prior Auth | Draft eForms | Submitted eForms

Active | Resolved


PAR ID	Type	Patient	DOB	PAR Status	PAR Status Date	Injury Date	WCB Case #	Claim Admin Claim #
PA-00-0003-139	Medication	[REDACTED]	[REDACTED]	L3 Granted - Final	12/06/2021 13:19:24	[REDACTED]	[REDACTED]	[REDACTED]

View Notice of Resolution

PAR ID	Type
PA-00-0003-139	Medication



Documents

Document ID	Form ID	Form Name	Received Date	Submitting User	On Behalf Of	Attachments	
DO-00-0005-550	RX-L3G	PAR: Medication Level 3 Grant	12/06/2021 1:19 PM	NYS WCB		No	 Actions

Navigating Your Dashboard



Dashboard Features

Sorting Columns

The screenshot shows the ONBOARD dashboard interface. At the top, there is a navigation bar with the ONBOARD logo, 'My Dashboard', 'My Downloads', 'My Profile', 'Submit a Request', and 'Medical Portal'. Below this, the 'My Dashboard' section is visible, featuring tabs for 'Prior Auth', 'Draft eForms', and 'Su'. There are also filters for 'Active' and 'Resolved'. A table is displayed with columns for 'PAR ID', 'Type', 'Injury Date', and 'WCBC Case #'. A red box highlights the 'PAR ID' and 'Type' columns, which have dropdown arrows indicating they are sortable. A red arrow points from the 'Type' dropdown in the table to the 'Type' dropdown in the highlighted box. The table contains one row with the value 'PA-00-0002-209' under 'PAR ID' and 'MTG Variance' under 'Type'. The status 'Pending L3 Review' is visible to the right of the row. At the bottom, there is a pagination control showing 'Page 1 of 1', 'Showing 1-1 of 1', and '10 Items per page'.

Dashboard Features

Filtering Columns

My Dashboard

Prior Auth | Draft eForms | Submitted eForms

Active | Resolved

Search Type Apply

	Due Date	Patient	DOB	Current Activity	Injury Date	WCB Case #
ice	03/03/2022	XXXXXXXXXX	XXXXXXXXXX	Provider Response Request	03/03/2022	XXXXXXXXXX
ice	03/03/2022	XXXXXXXXXX	XXXXXXXXXX	Insurer Level 1 Review	03/03/2022	XXXXXXXXXX
ice	03/03/2022	XXXXXXXXXX	XXXXXXXXXX	Insurer Level 1 Review	03/03/2022	XXXXXXXXXX
PA-00-0001-050	03/03/2022	XXXXXXXXXX	XXXXXXXXXX	Insurer Level 1 Review	03/03/2022	XXXXXXXXXX

Prior Auth - Active Tab

My Dashboard

Prior Auth | Draft eForms | Submitted eForms

Active | Resolved

Filter | Export

PAR ID	Type	Due Date	Patient	DOB	Current Activity	Injury Date	WCB Case #
--------	------	----------	---------	-----	------------------	-------------	------------

Assigned Organization	Assigned User	Claim Admin Claim #	Claim Admin	Insurer	Provider	PAR Status	PAR Status Date
-----------------------	---------------	---------------------	-------------	---------	----------	------------	-----------------

Prior Auth – Resolved Tab

My Dashboard

Prior Auth

Draft eForms

Submitted eForms

Active

Resolved

PAR ID	Type	Patient	DOB	PAR Status
PA-00-0001-568	Durable Medical Equipment	[REDACTED]	[REDACTED]	Grant After Deny
PA-00-0001-573	Durable Medical Equipment	[REDACTED]	[REDACTED]	L1 Granted - Final

Draft eForms Tab

My Dashboard

Prior Auth **Draft eForms** Submitted eForms

If you want to resume an existing draft of an eForm, do so from the link

Draft eForm Name	Patient Name
PAR: MTG Variance Level 1 Review Draft	

Page 1 of 1 | < > 1 > | Showing 1-1 of 1

021

Actions

Discard Draft

Submitted eForms Tab

My Dashboard

Prior Auth | Draft eForms | **Submitted eForms**

Filter

eForm Document	eForm Name	Patient Name	Patient DOB	WCB Case #	eForm Details	For	Submitted Date	Status	
347375	PAR: Medication Level 1 Request	[REDACTED]	9/13/1988	[REDACTED]	PA-00-0002-797	[REDACTED]	8/10/2021	Completed	Actions Print Download
347373	PAR: Medication Level 1 Request	[REDACTED]	9/13/1988	[REDACTED]	PA-00-0002-796	[REDACTED]	8/10/2021	Completed	
347371	PAR: Medication Level 1 Request	[REDACTED]	9/13/1988	[REDACTED]	PA-00-0002-795	[REDACTED]	8/10/2021	Completed	
347369	PAR: Medication Level 1 Request	[REDACTED]	9/13/1988	[REDACTED]	PA-00-0002-794	[REDACTED]	8/10/2021	Completed	Actions

PAR Document in OBLR

Dashboard > [PA-00-0002-791](#) > DO-00-0003-791

Document: DO-00-0003-791

Actions

NEW YORK STATE Workers' Compensation Board

PRIOR AUTHORIZATION REQUEST: MEDICATION

Listed below are details of a Prior Authorization Request (PAR) that was submitted to request non-formulary medication(s). The claim administrator is required to respond by 08/14/2021; parties will be notified of the outcome.

CLAIM INFORMATION		
WCB Case #	Date of Injury	Claim Admin Claim #

Patient Name
Address
SSN DOB Gender Male

Employer Name
Address

Insurer Name Insurer ID
Address

Document Details

Document ID DO-00-0003-791	Attachment(s) No
Create Date 8/10/2021	Created By Training.Provider1
Form ID RX-L1	Form ID Version
Form Name PAR: Medication Level 1 Request	
Description	Source eForm
Viewable Date 8/10/2021	Received Date 8/10/2021

Related Information

Related ID	Related Object Name
------------	---------------------

PAR Details



PAR Details



Durable Medical Equipment Request

Patient Name: [REDACTED] WCB Case #: [REDACTED] Status: L2 - Requested
Patient DOB: [REDACTED] Date of Injury: 1/25/2018 System ID: PA-00-0002-755

[Related Entities](#) [Request Details](#) [Medical Necessity](#) [Documents](#) [Related PARs](#) [Correspondence History](#) [Related Activity](#)

Patient Details

Patient Name	Last 4 of Patient SSN	Patient DOB
[REDACTED]	[REDACTED]	[REDACTED]

Claim Details

WCB Case #	Date of Injury	Claim Admin Claim #
[REDACTED]	[REDACTED]	[REDACTED]

Case Controverted: No Body Part(s)/Condition(s): CAREGIVER INJURED LEFT THUMB WHILE TRYING TO CALM AN INDIVIDUAL

Prior Authorization Request

Prior Authorization Request Type	Requested Date
Durable Medical Equipment	8/9/2021

Durable Medical Equipment Request

Related Entities

Patient Name: [REDACTED] | WCB Case #: [REDACTED] | Status: L2 - Requested
Patient ID: [REDACTED] | Date of Injury: 1/25/2018 | System ID: PA-00-0002-755



- Related Entities**
- Request Details
- Medical Necessity
- Documents
- Related PARs
- Correspondence History
- Related Activity

Related Entities and Users

Health Care Provider | Payer | Claimant

[Healthcare Provider: SED324](#) →

WCB Authorization #	National Provider Identifier (NPI)	Provider Type on this PAR
[REDACTED]	[REDACTED]	Optometrist

Related Entities and Users

Health Care Provider | **Payer** | Claimant

[Claim Sender: \[REDACTED\] Insurance](#) →

WC Insurer ID	Entity Type
[REDACTED]	Insurer

Related Entities and Users

Health Care Provider | Payer | **Claimant**

Claimant: [REDACTED]

WCB Case #	Entity Type	Contact Address	Attorney Email Addresses
[REDACTED]	Claimant	[REDACTED]	[REDACTED]

Durable Medical Equipment Request

Request Details

Patient Name: [Redacted]
Patient DOB: [Redacted]

WCB Case #: [Redacted]
Date of Injury: 1/25/2018

Status: L2 - Requested
System ID: PA-00-0002-755



- Related Entities
- Request Details**
- Medical Necessity
- Documents
- Related PARs
- Correspondence History
- Related Activity

Request Details

Overall Responses

Overall L1 Insurer Response	L1 Reviewer Name - Title	L1 Response Date & Time
Deny	[Redacted]	08/12/2021 2:13 PM
Overall L2 Insurer Response	L2 Reviewer Name - Title	L2 Response Date & Time
Deny	[Redacted]	08/12/2021 2:14 PM

Request Items

Request #1

Body Part	HCPSC Code & Description	MTG Reference
Bilateral Disc	L0113: Cranial cervical orthosis, torticollis type, with or without joint, with or without soft interface material, prefabricated, includes fitting and adjustment	Neck - NONE: Other - Not Addressed in MTG - Cervical Spine

+ Expand All

- Additional Request Details
- Level 1 Insurer Response Details
- Level 2 Insurer Response Details

Durable Medical Equipment Request

Request Details

Patient Name: [Redacted]
Patient DOB: [Redacted]

WCB Case #: [Redacted]
Date of Injury: 1/25/2018

Status: L2 - Requested
System ID: PA-00-0002-755



- Related Entities
- Request Details**
- Medical Necessity
- Documents
- Related PARs
- Correspondence History
- Related Activity

- Collapse All

Additional Request Details		
DME Duration	Estimated Purchase Price	Estimated Rental Price
100	\$25781	\$0.00

Level 1 Insurer Response Details	
L1 Insurer Response	
Deny	
Purchase or Rental	
Denial Category	Denial Reason
Medical Reasons	Medical Necessity - documentation absent
Denial Rationale	
Insufficient medical documentation.	

Level 2 Insurer Response Details	
L2 Insurer Response	
Deny	
Purchase or Rental	
Denial Category	Denial Reason
Medical Reasons	Medical Necessity - documentation absent
Denial Rationale	
Insufficient documentation.	

Additional PAR Details
Is this Claim Apportioned?
No



Durable Medical Equipment Request

Medical Necessity


Patient Name: [REDACTED] | WCB Case #: [REDACTED] | Status: L2 - Requested
Patient DOB: [REDACTED] | Date of Injury: 02/25/2018 | System ID: PA-00-0002-755



[Related Entities](#) | [Request Details](#) | [Medical Necessity](#) | [Documents](#) | [Related PARs](#) | [Correspondence History](#) | [Related Activity](#)

Statement of Medical Necessity

Statement Of Medical Necessity

The injured worker requires bracing post-operatively to restrict movement. 

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

Durable Medical Equipment Request

Documents

Patient Name: [REDACTED] | WCB Case #: [REDACTED] | Status: L2 - Requested
Patient DOB: [REDACTED] | Date of Injury: 1/25/2018 | System: PA-00-0002-755



- Related Entities
- Request Details
- Medical Necessity
- Documents**
- Related PARs
- Correspondence History
- Related Activity

Documents

Document ID	Form ID	Form Name	Received Date	Submitting User	On Behalf Of	Attachments	
DO-00-0096-027	EC-325-MG2	PAR: MTG Variance Order of the Chair	12/10/2021 12:00 AM	[REDACTED]	[REDACTED]	No	≡ Actions
DO-00-0095-400	OTHER	Supporting Medical Documentation	11/24/2021 2:20 PM	[REDACTED]	[REDACTED]	No	≡ Actions
DO-00-0095-399	PAR.ATT.SMN	Attached Statement of Medical Necessity	11/24/2021 2:20 PM	[REDACTED]	[REDACTED]	No	≡ Actions
DO-00-0095-398	MG2-L1	PAR: MTG Variance Level 1 Request	11/24/2021 2:20 PM	[REDACTED]	[REDACTED]	Yes	≡ Actions

Durable Medical Equipment Request

Related PARs

Patient Name: [REDACTED]

WCB Case #: [REDACTED]

Status: L2 - Requested

Patient DOB: [REDACTED]

Date of Injury: 1/25/2018

System ID: PA-00-0002-755



Related Entities

Request Details

Medical Necessity

Documents

Related PARs

Correspondence History

Related Activity

Related PARs

PAR ID	Type	Provider	Request Date	Status
PA-00-0002-807	Medication	[REDACTED]	09/28/2021	L1 Denied
PA-00-0002-806	Medication	[REDACTED]	08/27/2021	L1 Granted in Part - Final

Filter

Durable Medical Equipment Request

Correspondence History

Patient Name: [REDACTED]
Patient DOB: [REDACTED]

WCB Case #: [REDACTED]
Date of Injury: 1/25/2018

Status: L2 - Requested
System ID: PA-00-0002-755



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

Correspondence History

Activity	Activity Status	Comments	Supporting Attachment	Assignee	Response Date	
Provider Response Requested	Ready	Please provide more mec	<input type="checkbox"/>	[REDACTED]	09/28/2021	Actions

Page 1 of 1 < 1 > Showing 1-1 of 1 10 Items per page

Please provide more medical documentation.

Durable Medical Equipment Request

Patient Name: [REDACTED]
Patient DOB: [REDACTED]

WCB Case #: [REDACTED]
Date of Injury: 1/25/2018

Status: L2 - Requested
System ID: PA-00-0002-755

Correspondence History



Related Entities

Request Details

Medical Necessity

Documents

Related PARs

Correspondence History

Related Activity

Response Date	Actions
09/28/2021	Response to Insurer

Durable Medical Equipment Request

Patient Name: [REDACTED]

WCB Case #: [REDACTED]

Status: L2 - Requested

Patient DOB: [REDACTED]

Date of Injury: 1/25/2018

System ID: PA-00-0002-755

Correspondence History



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

Response Date	Actions
09/28/2021	Response to Insurer



Response to Insurer

Request for Further Information

Please provide more medical documentation.

Further information for Insurer

0 / 1000

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.

Durable Medical Equipment Request

Correspondence History

Patient Name: [REDACTED]
Patient DOB: [REDACTED]

WCB Case #: [REDACTED]
Date of Injury: 1/25/2018

Status: L2 - Requested
System ID: PA-00-0002-755



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

Correspondence History

Activity	Activity Status	Comments	Supporting Attachment
Provider Response Submitted	Auto Closed		<input checked="" type="checkbox"/>
Provider Response Requested	Completed	Please provide more medic	<input type="checkbox"/>

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

Response to Insurer

Request for further information:
Please provide more medical documentation.

Additional information for insurer:

Supporting Attachment(s)

Supporting attachments will open in a new tab.

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

Close

Durable Medical Equipment Request

Related Activity

Patient Name: [REDACTED] | WCB Case #: [REDACTED] | Status: L2 - Requested
Patient DOB: [REDACTED] | Date of Injury: 1/25/2018 | System ID: PA-00-0002-755



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

Related Activity History

This subsection contains a view of all activity requests. Please navigate to your dashboard for further information regarding open requests that may be assigned to you.

[Filter](#)

Activity	Activity Status	Due Date	Source	Assignee
Insurer Level 1 Review	Ready	07/14/2022	System Generated	Cycle 8 Insurance
Provider Response Requested	Completed	07/14/2022	[REDACTED]	[REDACTED]
Provider Response Submitted	Auto Closed	07/14/2022	[REDACTED]	[REDACTED]

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OnBoard Training Resources





Health Care Providers

Physicians, PAs, NPs and other types of Board-authorized providers as well as dentists, audiologists and optometrists.

OVERVIEW



TRAINING



RESOURCES





Accessing OnBoard: Limited Release



Dashboard Overview



Notifications for Updates to Dashboard



Generated Documents



Independent Medical Exam Request Notification



Claim Search



Request for Decision on Unpaid Medical Bills (Form HP-1.0)



Medication PAR



Training: Health Care Providers

Medication PAR

SECTIONS

Submitting a Medication PAR

Dashboard Updates

Insurer Response

Escalating Medication PARs to Level 2 Review

Escalating PARs to Level 3 Review

Level 3 Response

← TRAINING: HEALTH CARE PROVIDERS

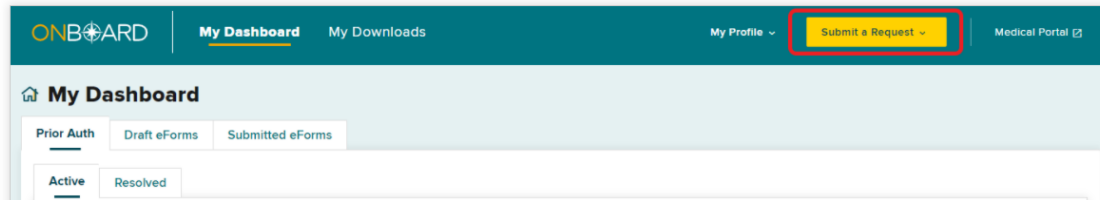
Submitting a Medication PAR

Provider Delegates can create prior authorization requests (PARs) to be reviewed and submitted by the health care provider. To learn more about the role of the provider delegate, visit the [Medical Portal Access and Administration: Health Care Providers](#) page.

Health Care Providers are required to submit the PAR, whether drafted by themselves or drafted by their delegates. Any PAR drafted by a delegate will appear under the Health Care Provider's Draft eForms tab for final submission.

Create PAR

To create a Medication PAR, select the **Submit a Request** button on the top right of your **dashboard**.



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/