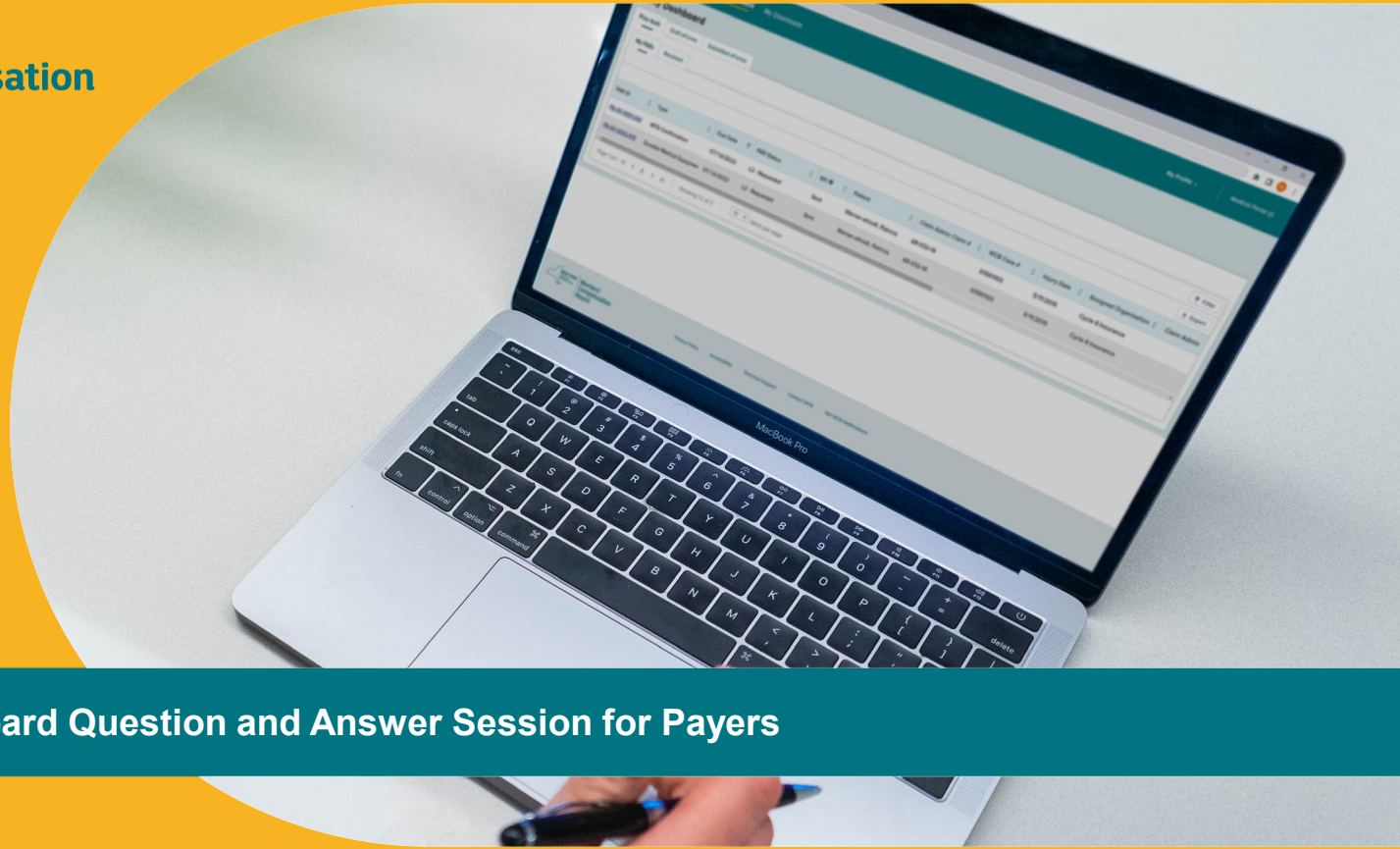




**Workers'
Compensation
Board**



OnBoard Question and Answer Session for Payers

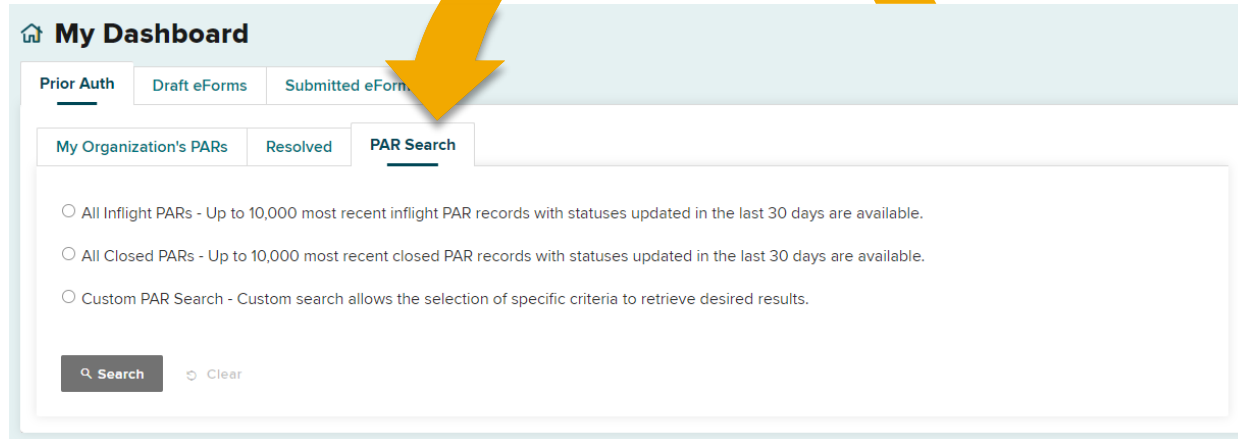
BETTER FOR WORKERS

New York State Workers' Compensation Board

BETTER FOR BUSINESS

New Workload Administrator Tab

- PAR Search Tab
 - All Inflight PARs
 - All Closed PARs
 - Custom PAR Search



PAR Search Results

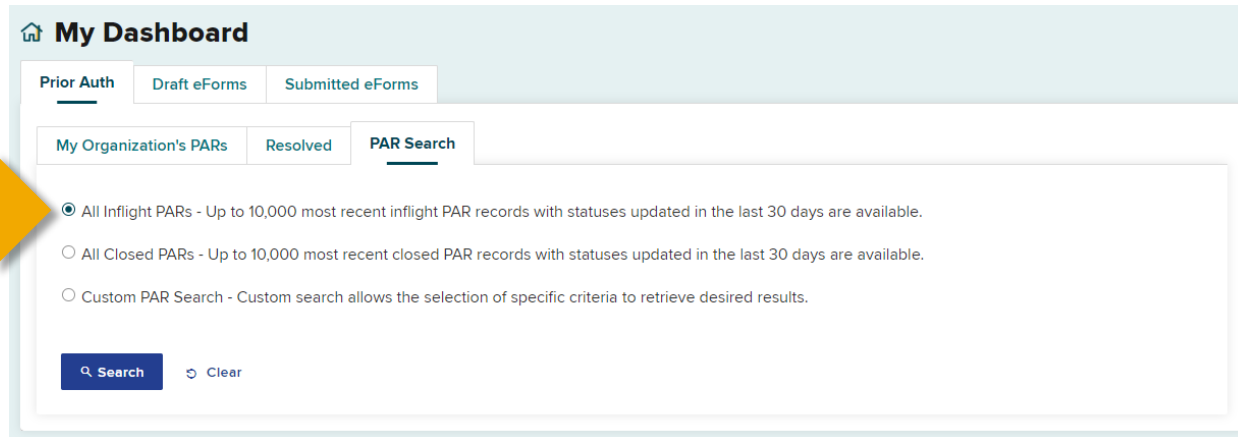
- Only view PARs for organizations with the role of workload administrator

My Organizations

Type	Name	Roles
Insurer	A Insurance Group	Medication Work Load Administrator
Insurer	A Insurance Group	DME Work Load Administrator
Insurer	A Insurance Group	MTG/Non-MTG Work Load Administrator
Insurer	C Group	Medication Work Load Administrator
Insurer	P INSURANCE COMPANY	Medication Level 1 Reviewer

Searching for PARs

- To search all inflight PARs, all closed PARs, or to create a custom search, select the button next to the desired option.



My Dashboard

Prior Auth | Draft eForms | Submitted eForms

My Organization's PARs | Resolved | **PAR Search**

- All Inflight PARs - Up to 10,000 most recent inflight PAR records with statuses updated in the last 30 days are available.
- All Closed PARs - Up to 10,000 most recent closed PAR records with statuses updated in the last 30 days are available.
- Custom PAR Search - Custom search allows the selection of specific criteria to retrieve desired results.

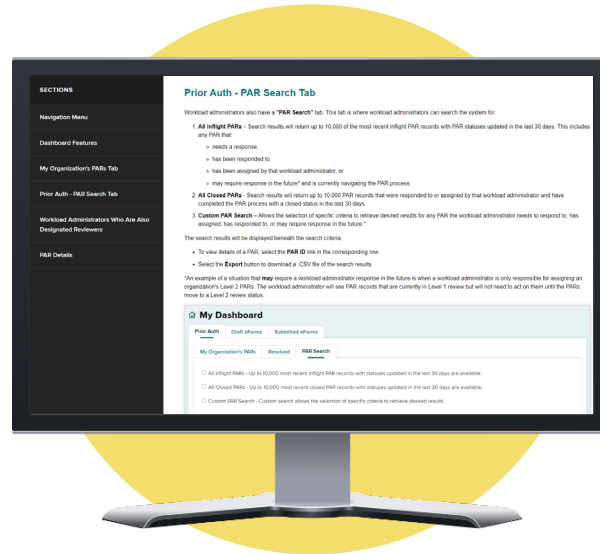
Custom PAR Search

- Narrow results by entering specific data
- If results contain more than 10,000 records, results will not show. A new search with narrowed criteria will be required.

The screenshot shows the 'My Dashboard' interface for PAR search. It features a navigation bar with 'Prior Auth', 'Draft eForms', and 'Submitted eForms'. Below this, there are tabs for 'My Organization's PARs', 'Resolved', and 'PAR Search'. The 'PAR Search' tab is active, displaying three radio button options: 'All Inflight PARs', 'All Closed PARs', and 'Custom PAR Search' (which is selected). The search form includes several input fields: 'PAR ID' (with a sample value 'PA-00-0000-000'), 'PAR Type' (a dropdown menu), 'PAR Status' (a dropdown menu), 'Patient Last Name', 'WCB Case #' (with a note 'Must be 8 characters in length'), 'Claim Admin Claim #', 'Insurer ID', and 'Provider Name' (with a note 'Last, First OR SED Name'). At the bottom, there are date range selectors for 'PAR Submission Date' and 'PAR Status Date', each with 'From' and 'To' fields. A 'Search' button and a 'Clear' button are located at the bottom left of the form area.

PAR Search Instructions

- Workload Administrator Dashboard Overview instructions updated



Frequently Asked Questions



1. Where should frequency and/or duration be entered for applicable treatment?

- A.** As part of every submission within OnBoard, the health care provider is required to enter or upload a statement of medical necessity and/or medical supporting documentation. If their request includes therapeutic modalities, including physical therapy, occupational therapy, chiropractic and/or acupuncture services, they will include the specific frequency and duration of the requested treatment within the Medical Necessity field. If the request includes spinal levels, the specific spinal levels applicable to the request will be added to the Medical Necessity field.



The screenshot displays a web interface with a navigation bar at the top containing the following tabs: Related Entities, Request Details, Medical Necessity (which is currently selected and underlined), Documents, Related PARs, Correspondence History, and Related Activity. Below the navigation bar is a section titled "Statement of Medical Necessity". Inside this section, there is a text input field with the placeholder text "Statement Of Medical Necessity" and "Frequency and/or duration of particular treatment entered here." To the right of the input field is a small lock icon. Below the input field, there is a note: "Information related to medical necessity may also be viewed in the Documents section below if the provider uploaded supporting documentation."

2. Can you edit a PAR response if it was filed incorrectly?

- A.** After the Level 1 or Level 2 reviewer submits a grant in part or denial for any PAR type except Medication, the reviewer can change the response from a grant in part or denial to a grant. Changing the response can only be done for administrative, jurisdiction, or IME related denials. This can be done by the Level 1 reviewer until the Level 2 reviewer has submitted a response. It can be done by a Level 2 reviewer until the time that the Level 3 (Board's Medical Director's Office) issues a Notice of Resolution.

The screenshot shows a web interface for a 'Durable Medical Equipment Request'. At the top, there is a header with the title 'Durable Medical Equipment Request' and a status message: 'This PAR has been denied for administrative, jurisdiction, or IME-Related reasons, and it cannot be escalated for review.' Below the header, there are fields for 'Patient Name', 'WCB Case #', 'Date of Injury', 'Status: Denied - Final', and 'System ID: PA-00-0003-487'. A blue 'Actions' dropdown menu is visible next to the status message. Below the header, there are several tabs: 'Related Entities', 'Request Details', 'Medical Necessity', 'Documents', 'Related PARs', 'Correspondence History', and 'Related Activity'. The 'Request Details' tab is selected, showing a form with sections for 'Patient Details' and 'Claim Details'. The 'Patient Details' section includes fields for 'Patient Name', 'Last four of Patient SSN', and 'Patient DOB'. The 'Claim Details' section includes fields for 'WCB Case #', 'Date of Injury', 'Claim Admin Claim #', and 'Case Controverted' (with a 'No' option). A yellow circle highlights the 'Actions' dropdown menu in the top right, and a larger yellow circle highlights the 'Change Response' button within the dropdown menu.

3. Are Orders of the Chair automatically generated?

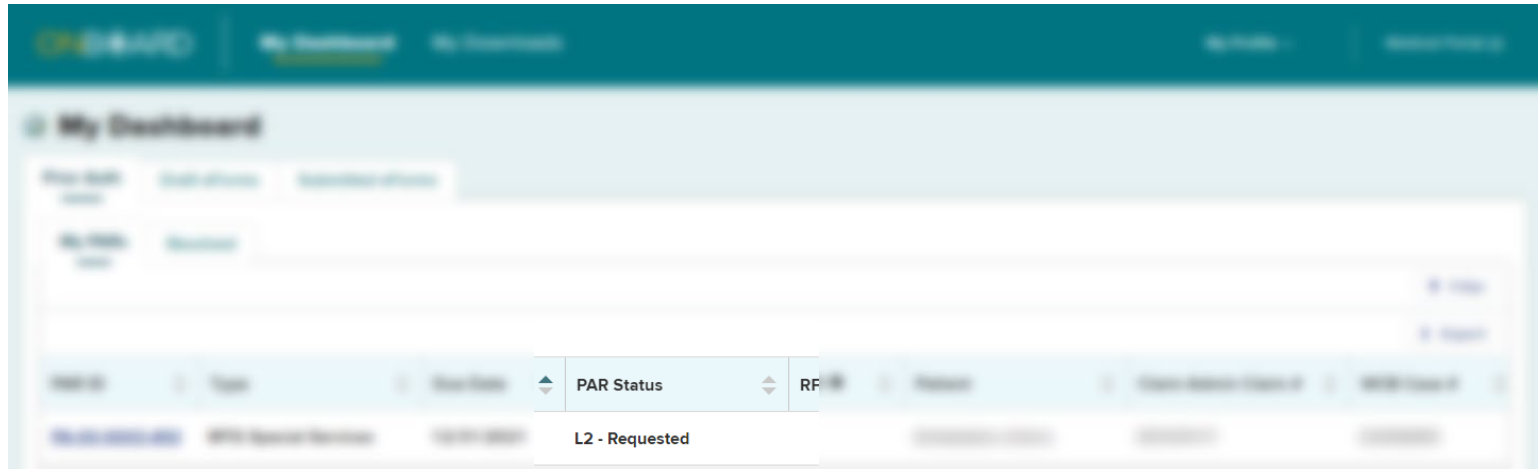
A. Yes, Orders of the Chair are automatically generated for non-Medication PARs in OnBoard.

Documents

Document ID	Form ID	Form Name	Received Date	Submitting User
DO-00-0007-034	EC-325-MG2	PAR: MTG Variance Order of the Chair	04/22/2022 12:00 AM	System Generated

4. Is a PAR Level 1 response required before it can receive a Level 2 response?

- A. Yes, all PAR submissions will first require a Level 1 reviewer to provide a response. If the PAR is denied or granted in part at the Level 1 review for any PAR other than Medication, the PAR will automatically escalate to a Level 2 review.



5. How can the payer attach information to a response?

- A. After the payer has provided their response to the PAR and entered applicable information, like claim apportionment information, they can attach any supporting documentation at the end of their submission.

The screenshot shows a web application interface for uploading supporting attachments. On the left is a vertical navigation menu with four items: 'PAR Summary and Insurer Response' (selected), 'Insurer Response Details', 'Supporting Documentation' (highlighted), and 'Review and Submit'. The main content area is titled 'Upload Supporting Attachment(s)' and contains a text block with instructions: '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.' Below this text is an 'Upload' button with a document icon. At the top right of the main area is a 'Save as Draft' button. At the bottom of the interface are three buttons: 'Insurer Response Details' (with a left arrow), 'Review and Submit' (in a dark blue box with a right arrow), and 'Exit' (with a document icon).

6. If a PAR is sent to the incorrect payer, what should we do?

- A. In the event that you believe a PAR was sent to the wrong payer, a response to that PAR is still required. A non-response will still result in an Order of the Chair.

My Dashboard

Prior Auth | Draft eForms | Submitted eForms

My PARs | Resolved

Filter | Export

PAR ID	Type	Due Date	PAR Status	RFI	Patient	Claim Admin Claim #	WCB Case #
PA-00-0002-900	MTG Special Services	12/17/2021	L1 - Requested				
PA-00-0002-061	Non-MTG Over \$1000	07/14/2022	L1 - Requested	Sent			
PA-00-0001-642	MTG Confirmation	07/14/2022	L1 - Requested				

7. How should the payer respond if the attached medical is outdated/stale?

- A. There is no administrative denial reason related to the supporting medical. If the payer believes the attached medical does not support what is being requested in the PAR, then a statement to that effect should be part of the rationale when it denies the PAR for medical reasons. Any denial for medical reasons requires an L2 response.

8. What should we do if a provider attaches irrelevant supporting medical documentation?

A. If the health care provider adds or attaches irrelevant or incorrect medical documentation to the PAR, the payer should submit a Request for Further Information (RFI) stating the incorrect document was attached and request that the correct medical documentation be sent in response to the RFI.

If there is no response to the RFI, the payer can deny the PAR and state the reasons for lack of supporting medical. The health care provider can then submit a new PAR.

The image shows two screenshots from a software interface. The left screenshot is a 'Medication Request' form. It has a header with 'Medication Request' and a status of 'L1 - Requested'. Below the header are fields for Patient Name, WCB Case #, Status, Patient DOB, Date of Injury, and System ID. A red box highlights an 'Actions' dropdown menu with two options: 'Respond To Request' and 'Request for Further Information'. Below the header are tabs for 'Related Entities', 'Request Details', 'Medical Necessity', 'Documents', 'Related PARs', 'Correspondence History', and 'Related Activity'. The 'Request Details' tab is active, showing 'Patient Details' and 'Claim Details' sections. The 'Patient Details' section includes Patient Name, Last four of Patient SSN, and Patient DOB. The 'Claim Details' section includes WCB Case #, Date of Injury, Claim Admin Claim #, and Case Controversied No. The 'Body Part(s)/Condition(s)' field contains 'to the left knee'. A large grey arrow points from the 'Request for Further Information' button in the red box to the right screenshot. The right screenshot is a 'Request for Further Information (RFI)' modal form. It has a title bar with 'Request for Further Information (RFI)' and a close button. The main content area has a label 'Request for Further Information*' and a text input field. Below the input field is a 'Submit' button and a 'Cancel' button. At the bottom of the modal, there are labels for 'Date of Injury' and 'Claim Admin Claim #'. The character count '0 / 1000' is visible at the bottom right of the input field.



For full details and instructions, please see the updated training webpages for payers.

If you need assistance with OnBoard registration or technical support, email WCBCustomerSupport@wcb.ny.gov.

If you need assistance with OnBoard processes, email the Board's Medical Director's Office at WCBMedicalDirectorsOffice@wcb.ny.gov.

For all other questions, please email OnBoard@wcb.ny.gov.