

Registration, access and administration for medical suppliers

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I. Overview

Medical suppliers need access to the Medical Portal to use OnBoard: Limited Release to submit a *Request for Decision on Unpaid Medical Bills (Form HP-1.0)*. The information in this guide details how to request (or register) for access and how to designate and manage user roles in the system.

II. Medical Portal access

If you are not an acupuncturist, chiropractor, licensed clinical social worker, physician, physician assistant, nurse practitioner, podiatrist, psychologist, physical therapist, occupational therapist, dentist, audiologist, or optometrist, and you need to submit *Form HP-1.0* on behalf of yourorganization, you will register as a medical supplier. If you are one of these types of health care providers, follow the registration guide for health care providers.

If submitting *Form HP-1.0* on behalf of an individual health care provider, you should have that provider add you as a Delegated User if they have not done so already. For details onproviders adding delegates, view the registration guide for health care providers.

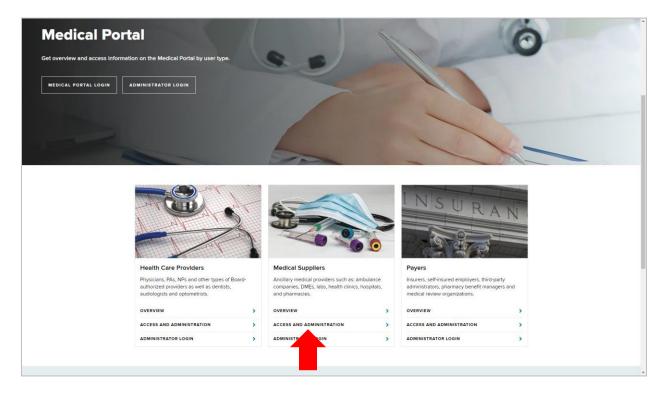
III. Role types

Medical Supplier Roles	Responsibilities
Online Administrator	 Uses Medical Portal login credentials to access the medical supplier
Required to create and keep designated contact and user	administration application.Adds/modifies users and billing

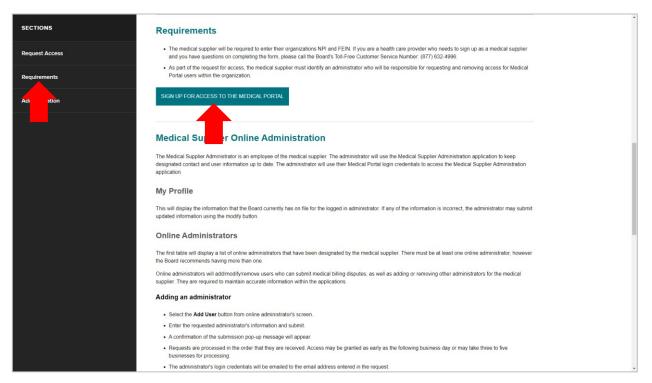
information current. There must be at least one Online Administrator; more than one is recommended.	delegates.Adds or removes other Online Administrators.
Billing Delegate (User) OnBoard users are assignedas a Billing Delegate by the Online Administrator within Medical Portal administration.	 Drafts and submits <i>Form HP-1.0</i> for themedical supplier. If medical supplier uses a billing agent to submit medical bills, the medical supplier's Online Administrator will need to set up user accounts for any employee of the billing agent who will be allowed to submit <i>Form HP-1.0</i> onbehalf of the medical supplier.

IV. Requesting access to the Medical Portal for medical suppliers

- 1. Visit <u>wcb.ny.gov/medicalportal</u>.
- 2. Select <u>Access and Administration</u> under Medical Suppliers.



3. Select **Requirements** in the left column. Then select **Sign Up for Access to the Medical Porta**l.



4. Review the information on this page. Then select **Continue**.

YORK STATE S	ervices News Government Local		
Workers' _{Worke} Compensation Board	rs Employers Health Care Providers Payers	Representatives Forms Locations	
earch WCB :		Language Assistance: (877) 633	2.4998 Language Access Policy Español Pyccurê Polski 中文 Italiano Kreyół ayisyen 핀
Online Registrations			
		Medical Portal Access	
Medical suppliers who a	re interested in using the Board's Medical Portal must sign u	p for access.	
IMPORTANT! Before pr	oceeding, please note:		
	er's organizational National Provider Identification (NPI) nun	nber is required.	
	Organization Information and the User Information tabs.		
 Organizations mus 	designate at least one administrator who will be responsible	e for managing new users and removing users who should no	longer have access to the Medical Portal.
	You can send an e-mail to WCBCur	Continue Cancel Registration	ion.
orkers' Compensation Board	4		
bout WCB	Forms & Services	Communication	Website
intact Us	Forms	Board Announcements	Privacy Policy
cations	Online Services	Upcoming Events	Accessibility
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ulletins & Subject Numbers ws & Regulations eedom of Information Law (FOIL)	Technical Support Get Adobe Reader 🖉		
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 In the Medical Supplier Information tab, enter the registering medical suppliertype, name, National Provider Identifier (NPI) number, Federal Tax Identification Number (FEIN) and address. Select Next.

Compensation Board	Workers Employers	Health Care Providers Payers	Representatives Forms	Locations		
Search WCB				Language Assistance: (877) 632-4996 Language Access	s Policy Español Русский Polski 中文 Maliano Kreyól ayir	syen 한국어
nline Registrati	on					
		Medica	al Portal - Initial Regi	stration		
		Medica	in Fortal - Initial Regi	stration		
Medical Supplier Information	Information					
*The Registering Medical Sup						
Please Select	~					
Name:		*NPI Number:	*FEIN:			
Medical Supplier Name		1234567890	12-3456789			
Address:						
Address Line 1:		Line 2:				
First line of address		Suite, room or floor				
City:	*State:		*Zip Code:			
	New	York	✔ 12345-6789			
City of Medical Supplier						

6. In the User Information tab, begin by entering the information for the Administrator role. After entering theAdministrator information, select Add User to add a user to the registration. Continue selecting Add User until you have entered user information for all users. Select Submit. If your organization already has an Administrator registered for the Medical Portal, the Administrator can add new users within Medical Portal administration.

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nline Regis	stration					
			Medical Porta	- Initial Registration		
fedical Supplier Informatio	User Information					
Jser Information:						
User's Role is: O Administrator User						
First Name		ML	*Last Name:			
John			Smith			
Address Line 1:			Address Line 2:			
1 Main Avenue			Sube, room or floor			
Citys		*State:		*Zip Code:		
Schenectady		New York		✔ 12345		
Area Code:	*Phone Number:	Extension:				
555	555-5555	1234				
Email:						
medsupplieradmin1@ema	ail.com					
User Role is:						
 Administrator User 						
First Name:		ML	*Last Name:			
Rist Nome			Last Name			
Address Line 1:			Address Line 2:			
Rist line of address			Sube, room or floor			
City		*State:		*Zip Code:		
City		New York		•		
Area Code:	*Phone Number:	6tt				
23	123-4567					
Email:						
name@example.com						
Add User Remove Use	er					.
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7. After selecting **Submit**, the Registration Complete page will show.

NEW YORK STATE			Services		News		Governn	nent	Local	
Workers' Compensation Board	Workers	Employers	Health Care Providers	Payers Rep	presentatives	Forms	Locations			
D Search WCB							Language Assistance: (877) 632-4996	Language Access Policy	Español Русский Polski 中文 It	aliano : Kreyòl ayisyen : 한국어
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				Re	gistration Cor	mplete				
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				Your Registration			6: 640425 loard regarding this registration.			
w	at's Next?									
			tion is required a NYS Workers' Compo rocessed in the order they are receiv		e will contact you.					
Qu	estions?									
H ye	ou have any questions	regarding this regis	tration you can either:							
			pport@wcb.ny.gov OR ort at (844) 337-6305. Monday - Frida;	/ 8:30am - 4:30pm						
Pie	ase refer to the Confirm	mation Number give	n above when you contact us.							
					Return to WCE	3 Home				
Workers' Compensation Bo	ard									
About WCB		Forms	& Services		Comm	nunication		Website		
Contact Us		Forms			Board	Announcem	ents	Privacy P	Policy	
Locations		Online	Services		Upcor	ning Events		Accessibi	ility	
Bulletins & Subject Numbers			Services Availability		Public			Glossary		
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It may take up to three to five business days for the Board to complete the review of your registration. Once approved, a message will be sent to the email address you provided in the registration with your NY.gov ID username and temporary password.

V. Managing your profile, online administrators, and users for medical suppliers

Medical supplier Online Administrators can manage other delegated Online Administrators and users for OnBoard: Limited Release. They will log in using their Medical Portal NY.gov ID username and password. The NY.gov ID used to access the Medical Portal is separate and apart from the NY.gov ID that may be used for other NYS agencies, such as the Department of Motor Vehicles and Taxation and Finance.

- 1. Visit <u>wcb.ny.gov/medicalportal</u>.
- 2. Select Administrator Login.

Medical Portal		Ó
Get overview and access information on the Medical Portal by user type.	9.0	
MEDICAL PORTAL LOGIN		
	6	
		INSURAN
Health Care Providers	Medical Suppliers	Payers
Physicians, PAs, NPs and other types of Board- authorized providers as well as dentists, audiologists and optometrists.	Ancillary medical providers such as: ambulance companies, DMEs, labs, health clinics, hospitals, and pharmacies.	Insurers, self-insured employers, third-party administrators, pharmacy benefit managers and medical review organizations.
OVERVIEW >	OVERVIEW >	overview >
ACCESS AND ADMINISTRATION	ACCESS AND ADMINISTRATION	ACCESS AND ADMINISTRATION
ADMINISTRATOR LOGIN	ADMINISTRATOR LOGIN	ADMINISTRATOR LOGIN

3. Enter your Medical Portal NY.gov ID username and password.

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NY.gov ID Onl	ine Services FAQs	About NY.gov ID	Help Desk Information	Privacy Policy	Terms of Service			
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			Agency.	Assistance & Contact I	nformation			
Copyright 🗊 2021 - New York	State Office of Information Te	chnology Services (ITS) Build	: 01/12/2021 1:03 PM Web: 165P	App: 168PA_2				Contact Us
٢	NEW YORK STATE	Agencies Services	App Directory	Countie	es E	vents	Programs	

4. The Medical Supplier Administration page will allow you to manageyour profile, other Online Administrators, and users in the system. The first optionin the menu is **My Profile**. Select **My Profile** to edit your profile information.

May 26, 2021 1:31 pm COVID-19 Updates	•		It is safe, effective and free. Walk in to nask up and stay distant where directed		GET THE FACTS >
VORK STATE	Services News Gov	vernment Local	a president		
Workers' Compensation Board	Workers Employers Health C	Care Providers Payers Repre	esentatives Forms Locations		
Search IV/CB			Language Assistance	r: (877) 632-4996 Language Access Policy Esp	añol Pyccssà Polski 中文 Ballano Kreyði aylsyen 한국어
My Profile Online Admin, Users	Welcome Ambulance Admin1 to Medical Su	unlier Administration for Ambulance	Medical Supplier Admini	stration	
	welcome Ambulance Admini (o Medical Su	ippiler Administration for Ambulance	company. Please select from the menu.		
Workers' Compensation Bo	ard				
About WCB	Forms & Services		Communication	Website	
Contact Us	Forms		Board Announcements	Privacy Policy	
Locations	Online Services		Upcoming Events	Accessibility	
Bulletins & Subject Numbers	Online Services Ava	ellability	Publications	Glossary of Te	rms
Laws & Regulations	Technical Support		Upcoming Webinars	Using this Site	r -
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	Register to Vote				
	Become an Organ D	Donor — Enroll Today!			
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5. Confirm the information is accurate. The mailing address in your profile will be used for communications from the Board. If you need to edit the information, select **Modify My Data** on the bottom left.

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Worker: Comper	s' nsation Board	Workers	Employers	Health Care Providers	Payers	Representatives	Forms	Locations				
Search WCB								Language Assistance: (\$77) 632-4996 Language Access Policy	Español Pycowił Polski	中文 Baliano	Kreyől ayleyen	방국어
My Inf	ormation											
	Board has on file for you	Ambulance Adm	lin1.									
Business Name												
Ambulance C	ompany											
First Name:		Last Name:										
Ambulance		Admin1										
Address Line 1:			Address	Line 2:								
101 Main Stre	et											
City:		State:	Zip:									
Albany		NY	12282									
Area Code:	Phone Number:		Ext:									
(162)	917-2828											
E-mail Address												
Modify My Data											Return To M	Main Page
Worker	s' Compensation E	Board										
www.test.wcb.nv.pov			Forms	& Services		Com	nunication	Website				

6. Update the information as needed and select **Continue.**

VORK STATE	Services Net	ws Government Local				
Workers' Compensation Board	Workers Employers	Health Care Providers Payers	Representatives Forms	Locations		
Search this site for:				Language Assistance: (877) 532-4996	Language Access Policy Español Pyr	ccunê Polski 바文 Italiano Kreyêl ayinyen 한국어
Medical Supplier Admin	istration					
Modify My Data Person's First Name: Ambulance Person's MI: Person's Last Name: Admin1						
*Mailing Address Line 1: 101 Main Street Mailing Address Line 2: *Mailing address City: Albany						
*Mailing address State: New York *Mailing address Zip Code: 12282 *Organization Mailing address Country: *Area Code: 162]					
*Phone Number: 917-2828 ext: *E-mail Address:						
Workers' Compensation Boa	rd		Continue Cancel			
About WCB	Form	is & Services	Communication		Website	
Contact Us	Form	s	Board Announce	ments	Privacy Policy	
Locations	Onlin	e Services	Upcoming Event	5	Accessibility	

7. Select **Online Administrators** to remove, modify, or add new OnlineAdministrators.

COVID-19 Updates		across the state. Con	tinue to mask up and stay di	stant where directed.		- A.			
YORK	Services News G	Government Local							
Workers' Compensation Board	Workers Employers Healt	h Care Providers Payers	Representatives Form	ns Locations					
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8. The Online Administrators page will show two boxes. The first box lists administrators who are currently designated as an Online Administrator. To remove an Online Administrator, select the **Remove** button in that Online Administrator's row. The Online Administrator's information will move from the first box to the second box. Use the **Modify** button to update information for an Online Administrator. Note: There must be atleast one Online Administrator. You can't remove yourself.

Workers' Compensation Board	Workers Employers	Health Care Providers	Payers Representatives F	orms Locations						
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My Profile Online Administrators Users			Medical	Supplier Administration						
	Medical Supplier Of Below is a list of users who ha Medical Supplier Online Admi	ve a Medical Supplier Online Adr	ninistrator designation for Ambulan	e Company. Please note - there must be at least 1	Medical Supplier Online Administrato	r. You can't remove yourself froi				
	Show 5 👻 entries					Search:				
	First Name	Last Name	Phone #	eMail	Remove	Modify				
	Ambulance	Admin1	(162) 917-2828		Remove	Modify				
	Showing 1 to 1 of 1 entries Below is a list of users who DO	DN'T have a Medical Supplier On	line Administrator designation who	re associated with Ambulance Company for the M	edical Portal in some manner.	Next				
	Show 5 👻 entries			• •		Search:				
	First Name	Last Name	Phone #	eMail		Add				
	Ambulance	User1	(728) 171-1128			Add				
	Showing 1 to 1 of 1 entries	Showing 1 to 1 of 1 entries								
	Need to add someo	one new?								

9. The second box shows a list of users who do not have an Online Administrator designation. To designate an Online Administrator, select the **Add** button in that user's row.

Workers' Compensation Board	Workers Employers	Health Care Providers	Payers Representatives	Forms Locations		
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	Show 5 👻 entries				Search:	
	First Name	Last Name	Phone #	eMail	Ac	ld
	Ambulance	User1	(728) 171-112	8	~	dd
	Showing 1 to 1 of 1 entries		ł	J	Pr	1 Next
	Add New User	one new?				

10. If a new user is not listed in the second box, they will need to be registered as an OnlineAdministrator. Select **Add New User**.

Workers' Compensation Board	Workers Employers	Health Care Providers	Payers Representatives	Forms Locations		
Saorch WCB				Language Assistance: (877) 632-4996	Language Access Policy Español Pyccum Pols	ki 中文 Raliano Kreyől ayisyen 한국이
My Profile Online Administrators Users			Medie	cal Supplier Administration		
			dministrator designation for Amb	ulance Company. Please note - there must	be at least 1 Medical Supplier Online Adminis	trator. You can't remove yourself from
	Show 5 💙 entries					Search:
	First Name	Last Name	Phone #	eMail	Remove	Modify
	Ambulance	Admin1	(162) 917-2828		Remove	Modify
	Showing 1 to 1 of 1 entries	5				Previous 1 Next
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	Show 5 💙 entries					Search:
	First Name	Last Name	Phone #	eMail		Add
	Ambulance	User1	(728) 171-112	3		bbA
	Showing 1 to 1 of 1 entries	5				Previous 1 Next
	Need to add some	one new?				
	Add New User					

11. Enter the new user information. Once submitted, the add user request issent to the Board for processing. Once processed, the user will receive a NY.gov ID username and temporary password via the email address submitted on the form. Select **Continue**.

Workers' Compensa	ation Board	Workers Emp	loyers	Health Care Providers	Payers	Representati	ves Forms	Locations						
Sector WCB								Language Assistance: (677) 632-4996	Language Access Policy	Español Pyr	coună Polski	中文 Italian	o 🦷 Kreyði aylsyen	한국어
Medical	Supplier A	Administ	ratio	on										
						Add Ne	w User							
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*First Name: First Name			M.L.	*Last Name:										
*Address Line 1:				Address Line 2										
*Address Line 1:				Floor, Suite, A										
•City:			*State:				•Zip Code:							
City			New Ye	ork			12345							
•Area Code:	*Phone Number:		ext:											
123	456-7890													
•E-mail Address:														
test@test.com														
Comments:														
														li
						Continue	Cancel Add							
wwtest.wcb.ny.gov														

12. Select **Users** to remove, modify, or add new users to submit *Form HP-1.0* in OnBoard: Limited Release.

Mey 26, 2021 (131 pm COVID-19 Updates		is here. It is safe, effective and free. Walk in to get vaccinat nue to mask up and stay distant where directed.	GET THE FACTS >
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Sector IVCE		Language Assistance: (877) 632-4996	Language Access Policy Español Pyccow Polski 바文 I Balano I Kieryki ayleyen I 한국어
My Profile Online Adr Users		Medical Supplier Administration	
Weld	ome Ambulance Admin1 to Medical Supplier Administration for Am	bulance Company. Please select from the menu.	
Workers' Compensation Board			
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Contact Us	Forms	Board Announcements	Privacy Policy
Locations	Online Services	Upcoming Events	Accessibility
Bulletins & Subject Numbers	Online Services Availability	Publications	Glossary of Terms
Laws & Regulations	Technical Support	Upcoming Webinars	Using this Site
Freedom of Information Law (FOIL)	Get Adobe Reader 🔤		
	Register to Vote		
	Become an Organ Donor — Enroll Today!		
-		CONNECT WITH US	
	K 🎔 TWITTER		YOUTUBE SET WCB NOTIFICATIONS

13. The Users page will show two boxes. The first box lists users who are designated to submit *Form HP-1.0*. To remove a user, select the **Remove** button in that user's row. The user's information will move from the first box to the second box. Use the **Modify** button to update information for a user.

Workers' Compensation Board	Workers Employer	rs Health Care Providers	Payers Representative	s Forms Locations							
Japrofi WCB				Language Assistance: (\$77) 832-4996 L	anguage Access Policy Español Pyccusk Polski	中文 I Ballano Kreyòl ayisyen 한국어					
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	Show 5 👻 entries					Search:					
	First Name	Last Name	Phone #	eMail	Remove	Modify					
	Ambulance	User1	(728) 171-1128		Remove	Modify					
	Showing 1 to 1 of 1 entrie	25				P 1 Next					
	Below is a list of users who I	DON'T have a Medical Supplier	User designation who are assoc	iated with Ambulance Company for the Medical i	Portal in some manner.	Search:					
	First Name	Last Name	Phone #	eMail		Add					
	Ambulance	Admin1	(162) 917-;	2828		Add					
	Showing 1 to 1 of 1 entries Previous 1 New										
	Need to add some	eone new?									
Workers' Compensation	Board										

14. The second box shows a list of users who are not designated. To designate a user, select the **Add** button in that user's row.

Workers' Compensation Board	Workers Employers	s Health Care Providers	Payers Representatives	Forms Locations						
Japroh WCB				Language Assistance: (877) 632-4996 Language A	Access Policy Español Pyccural Polski 바文 Italiano Kneyči ayisyen 한구어					
My Profile Online Administrators Jsers			Medie	al Supplier Administration						
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	Show 5 👻 entries				Search:					
	First Name	Last Name	Phone #	eMail	Remove Modify					
	Ambulance	User1	(728) 171-1128		Remove Modify					
	Showing 1 to 1 of 1 entries	8			Previous 1 Next					
	Below is a list of users who D	ON'T have a Medical Supplier U	lser designation who are associate	d with Ambulance Company for the Medical Portal in	n some manner.					
	Show 5 👻 entries				Search:					
	First Name	Last Name	Phone #	eMail	Add					
	Ambulance	Admin1	(162) 917-282	3	Add					
	Showing 1 to 1 of 1 entries									
	Need to add some	one new?								
	Add New User									
Workers' Compensation	Poard									

15. If a new user is not listed in the second box, they will need to be registered. Select AddNew User.

Workers' Compensation Board	Workers Employe	s Health Care Providers	Payers Representative	s Forms Locations		
Septem WCB				Language Assistance: (877) 632-499	16 Language Access Policy Español Pyccusk Polski	中文 I Raliano i Kreyöl ayisyen i 함구어
My Profile Online Administrators Users			Me	dical Supplier Administration	n	
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	Show 5 👻 entries					Search:
	First Name	Last Name	Phone #	eMail	Remove	Modify
	Ambulance	User1	(728) 171-1128		Remove	Modify
	Showing 1 to 1 of 1 entrie	rs				Previous 1 Next
	Below is a list of users who I	DON'T have a Medical Supplier	User designation who are assoc	ated with Ambulance Company for the Med	dical Portal in some manner.	
	Show 5 👻 entries					Search:
	First Name	Last Name	Phone #	eMail		Add
	Ambulance	Admin1	(162) 917-2	828	50 mm - 0 500	Add
	Showing 1 to 1 of 1 entrie	5				Previous 1 Next
	Need to add sorte	eone new?				
	Add New User					
Workers' Compensation	Board					

16. Enter the new user information. Once submitted, the add user requestis sent to the Board for processing. Once processed, the user will receive a NY.gov ID username and temporary password via the email address submitted on the registration. Select **Continue**.

Workers' Compens	ation Board	Workers Employ	vers	Health Care Providers	Payers	Representat	ves Forms	Locations					
Search WCB								Language Assistance: (877) 632-4996	Language Access Policy	Español Pyccusi	Polski 中文	italiano 🕴 Kreyöl ayis	yen 한국어
Medical	Supplier /	Administra	atio	n									
						Add No	w User						
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VI. Need help?

Medical Portal access: <u>wcb.ny.gov/medicalportal</u> General registration questions: Customer Service (877) 632-4996 Technical assistance: <u>WCBCustomerSupport@wcb.ny.gov</u> OnBoard webpage: <u>wcb.ny.gov/onboard</u> Email OnBoard: <u>OnBoard@wcb.ny.gov</u>