

Registration, Access and Administration for Payers, Pharmacy Benefit Managers and Medical Review Organizations through the Medical Portal

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I. Overview

Users need access to the Medical Portal to use OnBoard: Limited Release to submit and respond to Prior Authorization Requests (PARs) and *Requests for Decision on Unpaid Medical Bills (Form HP-1.0)*. Some users may already have access and will not need to request access again. The information in this guide details who needs access, how to request (or register) for access, and how to designate and manage user roles in the system.

II. Medical Portal access: who has it, and who needs it?

User type	Details
Payers (insurers, third-party administrators, self-insured employers)	Payers who already have access to the Medical Portal for Drug Formulary prior authorizations are automatically registered for OnBoard. A second registration in not required.
Pharmacy Benefit Managers (PBMs)	PBMs who already have access to the Medical Portal are automatically registered for OnBoard. PBMs not registered for the Medical Portal must complete the online <u>PBM Medical Portal</u> <u>Registration</u> process.
Medical Review Organizations (MRO)	MROs must complete the online <u>Medical</u> <u>Review Organization Medical Portal</u> <u>Registration</u> process.

III. Role types

The PAR review process involves several roles that need to be assigned in the system. Each role has specific responsibilities in the PAR review process. The following outlines the role types for payers, PBMs and MROs.

Payer Roles	Responsibilities
Online (User) Administrator <i>Payers must assign someone as</i> <i>an Online (User) Administrator.</i>	 Requests access for users and User Administrators. Assigns users to Workload Administrator, Level 1, and Level 2 Reviewer roles. Provides email contacts for PAR notifications. Designates MRO for PAR reviews. Designates PBM for Level 1 Medication PAR reviews. Updates user information as necessary. Removes users who should no longer have access to the system.
Workload Administrator There must be a Workload Administrator for each PAR type, and Workload Administrators may have more than one role type outlined in this section.	 Receives and assigns all submitted PARs based on one of the following Workload Administrator role types: MTG/Non-MTG – assigns MTG Confirmation, MTG Variance, MTG Special Services, Non-MTG Over \$1000 and Non-MTG Under or = \$1000 PARs to appropriate reviewers. Medication – assigns Medication PARs to appropriate reviewers. DME – assigns DME PARs to appropriate reviewers. Changes delegated reviewers due to situations such as a delegate being absent from work or a change in a delegate's role within the organization.
Level 1 Reviewer There can be a Level 1 Reviewer for each of the <u>seven PAR types</u> . Level 1 reviews may be assigned to an MRO for any PAR and a PBM for Medication PARs.	 Reviews Level 1 PAR requests as designated and assigned.
Level 2 Reviewer There must be a Level 2 Reviewer, the <u>payer's physician</u> , if an MRO is not designated for that Level 2 PAR type.	 Reviews Level 2 PAR requests as designated and assigned.

PBM Roles	Responsibilities				
Online (User) Administrator	 Request access for users in the system. 				
PBMs must assign someone as an Online (User) Administrator.	 Assigns users to Workload Administrator and Level 1 Reviewer roles for Medication PARs. Update user information as necessary. Removes users who should no longer have access to the system. 				

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Workload Administrator	 Receives and assigns all Medication PARs. Change delegated reviewers due to situations such as a delegate being absent from work or a change in a delegate's role within the organization.
Level 1 Reviewer	 Review Level 1 Medication PARs as designated and assigned.

MRO Roles	Responsibilities
Online (User) Administrator <i>MROs must assign someone as</i> <i>an Online (User) Administrator.</i>	 Requests access for users in the system. Assigns users to Workload Administrator, Level 1, and Level 2 Reviewer roles. Updates user information as necessary. Removes users who should no longer have access to the system.
Workload Administrator	 The workload administrator will receive and assign all submitted PARs. Change delegated reviewers due to situations such as a delegate being absent from work or a change in a delegate's role within the organization.
Level 1 Reviewer Level 1 Reviewers can be assigned to any PAR type.	 Review Level 1 requests as designated and assigned.
Level 2 Reviewer There must be a Level 2 Reviewer for each PAR type	 Review Level 2 requests as designated and assigned.

IV. Requesting access to the Medical Portal - PBMs and MROs

Reminder – payers and PBMs who already have access to the Medical Portal for Drug Formulary prior authorizations are automatically registered for OnBoard. A second registration in not required.

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

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- 3. Select Accessing the Medical Portal.
- 4. Select either <u>PBM Medical Portal Registration</u> or <u>Medical Review Organization Medical</u> Portal Registration.

SECTIONS	Access to the Medical Portal and OnBoard: Limited Release
Overview	Payers – The claim administrator (insurer, self-insured entities, or third-party administrator) access is granted using organizational profiles based on eClaims Trading Partner information. The payer is ultimately responsible for the review of PARs.
OnBoard: Limited Release	Medical Review Organization (MRO) – A payer may designate a medical review organization to review their PARS, however the medical review organization must first complete the online Medical Review Organization Medical Portial registration process. Portune Reset Manager (PMM) – PSN wave to resensate used to least the end Medical Portial registration pages to review text.
Accessing the Medical Portal	Medical Portal registration process prior to a payer designation reviewer. PBMs with access to the current Drug Formulary application will automatication option access to onBoard. Limited Relegation of the current Drug Formulary application will automatication option access to onBoard. Limited Relegation of the current Drug Formulary application will automatication option access to onBoard. Limited Relegation of the current Drug Formulary application will automatication option access to a current Drug Formulary application will automatication option access to a current Drug Formulary application will automatication option access to a current Drug Formulary application will automatication option access to a current Drug Formulary application will automatication option access to a current Drug Formulary application will automatication option access to a current Drug Formulary application will automatication option access to a current Drug Formulary application will automatication option access to a current Drug Formulary application will automatication option access to a current Drug Formulary application will automatication option access to a current Drug Formulary application will automatication option access to a current Drug Formulary application will automatication option access to a current Drug Formulary application will automatication option access to a current Drug Formulary application will automatication option access to a current Drug Formulary application will automatication option access to a current Drug Formulary application will automatication option access to a current Drug Formulary application will automatication option access to a current Drug Formulary application will automatication option access to a current Drug Formulary application will automatication option access to a current Drug Formulary application will automatication option access to a current Drug Formulary application will automatication option access to a current Drug Formulary application will automat
Roles	Online R tion Process
Online A ion	Payers who a cacess to the current Drug Formulary application and automatically be given access to OnBoard. Limited Release and will not need to submit a new access. All others will need to follow the beam regionation process.
	MICe and P so complete and online registration to access Ontoolo. Linned Refease: All information must be complete and accurate.
	Organization Information
	Federal Tax Identification Number (FEIN)
	Organization name
	Organization address
	 User Information – As part of the registration process, organizations must identify at least one User Administrator and may also designate additional User Administrators, Workload Administrator(s) and Reviewers. Learn more about user roles in OnBoard.
	Information required for each user includes:
	Name
	Address
	Phone number
	Email address
	Confirmation of Submission to the Board
	Upon submission of your registration, a confirmation that it was successfully submitted to the Board will appear in your web browser.
	After Application Has Been Submitted
	It typically takes three to five business days for the Board to complete the review of a registration. Upon approval, emails will be sent to each user designated in the application with their NY gov ID, temporary password, and additional instructions related to their role.

5. Enter the required information. *Please note – you cannot save work. Completing the online form must be done in one sitting.*

Organization information required: Federal Tax Identification Number (FEIN), organization name and organization address.

User information: Organizations must first identify at least one **User Administrator** and may also designate additional **User Administrators**, **Workload Administrator(s)**, and **Reviewers** for various levels. The following information is required for each user: name, address, phone number and email address. See <u>section IV</u> for a definition of the various role types.

Pharmacy Benefit Managers Registration

1. Begin by entering PBM information and select the right arrow or the **User Information** tab to continue.

Workers' Compensation Board ^{Workers Employers}	: Health Care Providers Payers	Representatives Forms	Locations		▲
Seew WCR Online Registration			Lange	uage Assistance: (877) 632-6996 Language Access Policy	Español Pycová Polais $\pm \chi$ taliano Keyél ayayan $\underline{\mathbb{D}} \oplus \mathbb{Q}$
PBM Information User Information	Medical Por	tal - Pharmacy Benefit	ts Manager - Initial Regi	stration	
* Pharmacy Benefit Manager's Information: *FEIN:					
12-3456789 *Name:					
PBM Name					
*Address Line 1:	Line 2:				
First line of address	Suite, room or	fioor			
*City:	*State:	*	Zip Code:		
City of organization	New York	~	12345-6789		
					Cancel Registration
www.wcb.ny.gov/content/main/Forms.jsp					

2. Select the role type checkbox for the user being entered and input the required information. If your organization has not registered an Online (User) Administrator, register their information first. If you are registering more than one user, select **Add User**. The Online (User) Administrator may add additional reviewers and administrators through Medical Portal Administration after being sent their User ID and Password. Select the user role link to learn more about that role type.

		Medical Portal - Pharmacy Bene	fits Manager - Initial Registration	1
M Information User Information				
ser's Information:				
ortal Role:				
Work Load Administrator - Will Assign Tasks - Workload Admin Ro Reviewer - Will Respond to Asigned Tasks - Reviewer Role	le			
ser Administration:				
Will Manage Work Load Administrators and Reviewers for this PBN	/ - User Admin Role			
Jame	MI	*Last Name		
one -		Conith		
		Smun		
ss Line 1:		Address Line 2:		
n Avenue		Suite, room or floor		
	*State:		*Zip Code:	
CityName	New York	~	13245	
area Code: Phone Number:	Extension:			
555 555-5555	555			
incili				
man.				
PSMemail@email.com				
Add User Remove User				
				Cancel Reg
		_		

3. Continue adding in user information for any user type. When all information is entered, select **Submit**.

Michael			Smith					
*Address Line 1:			Address Line 2:					
1 Allen Avenue			Suite, room or floor					
*City:		*State:		*Zip Code:				
CityName		New York		13245				
*Area Code:	Phone Number:	Extension:						
555	555-5555	555						
*Email:								
PBMemail@email.co	n							
,								
User Administration:								
Will Manage Work I	oad Administrators and Reviewers for this PBM - ore I	nfo						
Will Manage Work I First Name:	oad Administrators and Reviewers for this PBM - Nore I	nfo M.I.:	*Last Name:					
Will Manage Work I First Name: First Name	oad Administrators and Reviewers for this PBM - Nore I	nfo M.L:	*Last Name:					
Will Manage Work I First Name Kaddress Line 1:	oad Administrators and Reviewers for this PBM - Nore I	MJ.:	*Last Name: Last Name Address Line 2:					
Will Manage Work I First Name First Name Address Line 1: First line of address	oad Administrators and Reviewers for this PBM - Nore I	nfo M.I.:	*Last Name: Lost Nome Address Line 2: Suite, room or floor					
Will Manage Work I First Name First Name Address Line 1: First line of address *City:	aad Administrators and Reviewers for this PBM - Sere I	M.I:	Last Name Last Name Addess Line 2: Sure, room or floor	*Zip Code:				
Will Manage Work I First Name First Name Address Line 1: First line of address City: City	aad Administrators and Reviewers for this PBM - Sere I	nfo MJ.: *State: New York	Last Name Last Name Address Line 2: Suite, room or floor	*Zip Code:				
Will Manage Work I First Name: Rist Name Address Line 1: First line of address City: City Area Code:	*Phone Number:	MJ.: *State: New York Ext:	Last Name: Last Name Address Line 2: Suite, room or floor	•Zip Code:				
Will Manage Work I *First Name: First Name First Name *Address Line 1: First line of address *City: City City *Area Code: 123	Phone Number 122-4567	MJ.: *State: New York Ext:	Last Name: Last Name Address Line 2: Suite, room or floor	*Zip Code:				
Will Manage Work I *First Name: First Name *Address Line 1: First line of address *City: City *Area Code: 122 *Email:	Phone Number: 123-4567	nfo M.L: *State: New York Ext:	Lat Name Lat Name Address Line 2: Suit; nom or floor	*Zip Code:				
Will Manage Work I First Name: Frst Name Address Line 1: Frst line of address City: City: City: 122 *Email: name@example.com	Phone Number: 122-4557	ML: *State: New York Ed:	Last Name: Last Name Address Line 2: Suitz, room or floor	*Zip Code				
Will Manage Work II First Name First Name First Ine of address City Avaea code: 123 Firstille Add Uter Rempi	Phone Number: 223-467 Ubor	HC ML: -State: -State: Et: -State:	Last Name: Last Name Address Line 2: Surte, noom or floor	•Zip Code:				
Will Manage Work I First Name First Name First Name First Inore First Inore City: City: City	Phone Number: 22-4557 Worr	nfo ML: *State: *State: Dt: Dt:	Last Name: Last Name Address Line 2: Sude, noom or floor	*Zip Code:				
Will Manage Work I First Name: First Name: First Name Address Line 1: First Ne of address City: City: City: Area Code: 122 *Email: Add User Rem / Re	*Phone Number: 22-457 20cr	nfo ML: *State: State: Dat	Last Name Last Name Address Line 2: Suite, room or floor	*Zpp Code:]			Cancel Rd

4. After selecting **Submit**, the Registration Complete webpage will show.

VORK STATE	Services	News	Government	Local
Workers' Workers Empl	oyers Health Care Providers Payers Representatives Form	ns Locations		
P Search WC8 On-line Registration			Language Assistance: (\$77) \$32-4396 Language Access Poli	oy Español Pycowê Polski ≑⊄ taliano Kreyől syisyen Đ≅R
		Registration Complete		
	`	Your registration has been received for: Online Registration		
	Your Re Please refer to this number if	egistration Confirmation Number is: 598150 you need to contact the Workers' Compensation Board regarding this registration	ı.	
Questions? Provi have any oue Please role to the C	 If any positional information a required a VID Violera' Compression Road employee all control () Registrations will be processed in the order Bwy are resideed. Intro registration for any positive and alter: examt VIOCScharter Support (Permitting) Call the Customer Support (EVER) 2015/05. Montage: 716ay E32am: e32pm Coloremotor Number (yine show when you control due) 	Return to WCB Home		
Workers' Compensation Board	Forms & Services	Communication	Website	
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 8			
	Register to Vote			
	uecome an urgan uonor — Enroll Today!	CONNECT WITH US		

It may take up to three to five business days for the Board to complete the review of your registration. Once approved, emails will be sent to each individual user designated in the registration with their NY.gov ID and temporary password to access the system, along with additional instructions related to their role(s)

Medical Review Organizations Registration

1. Begin my entering MRO information and select **Next** or the **User Information** tab.

Workers' Compensation Board Workers Employer	rs Health Care Providers Paye	ers Representatives	Forms Locations		
Search WC8				Language Assistance: (877) 632-4996 Language Access Policy	Español Pyccoski Polski 中文 Italiano Kreyölayisyen 한국어
Online Registration					
-		Medical Portal -	MRO - Initial Registr	ation	
	Select Submit after	completing the manda	tory fields on both the MR	D and User Information tabs	
MRO Information User Information	Select Sublint arter	completing the manua	tory news on boar the with		
* MRO's Information:					
*FEIN:					
12-3456789					
*Name:					
MRO Name					
Address:					
*Address Line 1:	Line 2:				
First line of address	Suite, roon	or floor			
*City:	*State:		*Zip Code:		
City of organization	New York		✓ 12345-6789		
					Cancel Registration
			Next		

 Select the role type checkbox for the user being entered and input the required information. If your organization has not registered an Online (User) Administrator, register their information first. If you are registering more than one user, select Add User. The Online (User) Administrator may add additional reviewers and administrators through Medical Portal Administration after being sent their User ID and Password.

	Medical Portal - MRO - Initial Registration						
	Select Submit after completing the mandatory fields on both the MRO and User Information tabs						
MRO Information	User Information						
User's Informati	ion:						
Work Load Admin	istrator - Will Assign Tasks - Workload Admin Role						
Level One Reviewe	er - Will Respond to Assigned Tasks - Reviewer Roles						
C Level 1wo Newewe	 Will Respond to Assigned Tasks - Reviewer Roles 						
User Administration Will Manage Work	1: c Load Administrators and Reviewers for this MRO - User Ad	Imin Role					
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Ivaine		Wite-	-Last reality.				
			Address Line 2:				
is Line I:			Address Line 2:				
OCK AVEIDE			Solite, room or poor				
		•State:		*Zip Code:			
ame		New York	Ť	12345			
•Area Code:	Phone Number:	Extension:					
518	555-5555	555					
*Email:							
UserAdmin@mail.c	om						
Add User Remo	we User						
						Cancel Registration	
			Prev	ious			
			_	_			
s' Cor	mpensation Board						

3. Continue adding in user information for any user type. Select the user role link to learn more about that role type. When all information is entered, select **Submit**.

*Address Line 1:		Address Line 2:		
100 Dock Avenue		Suite, room or floor		
*City:	*State:		*Zip Code:	
CityName	New York	~	12345	
*Area Code: Phone Number:	Extension:			
518 555-5555	555			
*Email:				
UserAdmin@mail.com				
Work Load Administrator - Will Assign Tasks - More Info Level One Reviewer - Will Respond to Assigned Tasks - More Info Level Too Reviewer - Will Respond to Assigned Tasks - More Info User Administration: Will Manage Work Load Administrators and Reviewers for this MOO - More I	nto			
First Name:	M.L.	*Last Name:		
First Name		Last Name		
Address Line 1:		Address Line 2:		
First line of address		Suite, room or floor		
*City:	*State:		*Zip Code:	
<pre>city: City</pre>	*State:	~	•Zip Code:	
*Chy: City *Area Code: *Phone Number:	State: New York Ext:	~	*Zip Code:	
Cfg. Cfg Arta Code: •7hone Number: 123 [123-667	*State: New York Ext:	~	•Zip Code:	
City. City. *Area Code: *Phone Number: 123 [123-4567 *Email:	*State: New York Ext:	~	*2ip Code:	
City. City *Area Code: *Phone Number: 123 2:34567 *Emaik name@example.com	State: New York Ext:	v	*2p Code:	
City. City. *Area Code: *Phone Number: 123 2:34567 *Email: nome@eromple.com Add User: Remy is User	*State: New York Ext:		*2p Code:	

4. After selecting **Submit**, the Registration Complete webpage will show.

NEW YORK STATE	Services	News	Government	Local						
Workers' ^{Workers En} Compensation Board	nployers Health Care Providers Payers Representatives	Forms Locations								
P Search WCB			Language Assistance: (877) 632-4896 Language Access	Policy Español Pyccowk Polski 中文 Italiano Kreyól ayisyen 환국어						
On-line Registration										
		Registration Complete								
Your registration has been received for: Online Registration										
	Yo Please refer to this n	ur Registration Confirmation Number is: 598111 unber if you need to contact the Workers' Compensation Board regarding thi	is registration.							
What's Next?										
Yer ya katika u dhamaɗan a nguiar ki Yila Wankar Campenatan Boat ampiye el la antata jau. Panja dina katika										
Instantian will be processed in the other they are record.										
If you have any	void a contra la contra de la									
	e-mail WCBCustomerSupport@wob.ny.gov OR									
	Call the Customer Support at (844) 337-6305. Monday - Friday 8:30am - 4:30pm									
Hease reer to t	ne Commission Number given scove when you contact us.	Return to WCB Home								
Workers' Compensation Board										
About WCD	from the second s	Communication	Website							
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locations	Online Services	Uncoming Events	Accessibility							
Bulletins & Subject Numbers	Online Services Availability	Publications	Glossary of Terms							
Laws & Regulations	Technical Support	Upcoming Webiners	Using this Site							
Freedom of Information Law (FOIL)	Get Adobe Reader 🖉		. July but one							
	Register to Vote									
	Become an Organ Donor — Enroll Today!									
		CONNECT WITH US								

It may take up to three to five business days for the Board to complete the review of your registration. Once approved, emails will be sent to each individual user designated in the application with their NY.gov ID and temporary password to access the system, along with additional instructions related to their role(s).

V. Managing roles and notifications

The Online (User) Administrator for Payers, PBMs and MROs can manage their organization email notifications and assign users to roles. They will log in using their Medical Portal NY.gov ID and password.

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



3. Begin assigning notification contacts and users to the various roles in the dashboard.

Managing organization email notifications

1. Under **Notifications**, select one of the roles listed under a PAR type.

My Profile			
Notifications			Online Administrator
Medication			
Level 1	Welcome to Online Administrator for	Please select from the menu.	
Level 2			
Order of the Chair			
Final Determination			
MTG Confirmation			
Level 1			
<u>/ </u>			
the Chair			
N uriance			
of the Chair			
Non-MTG Under or = \$1,000			
Level 1			
Level 2			
Order of the Chair			
Non-MTG Over \$1,000			
Level 1			
Level 2			
Order of the Chair			
MIG Special Services			
Level 1			
Level 2			
DME			
DME			

 Add or update current email in Email Should Be boxes and select Update [Role] Organization at the bottom of the page. Note - the top row has an Apply to All feature when multiple organizations are listed.

Workers' Compensation Board	Workers Employers Health Care Providers Payers R	epresentatives	Forms Locations		
D Search WC8			Language Assistance: (877) 632-4995 Lang	suage Access Policy Español Pyccasă Polski	中文 Italiano Kreyòl ayisyen 한국어
My Profile Notifications Medication Level 1 Level 2 Order of the Chair	Contact Information for MTG Confirmation Level 1 Claim Administrators for	c	Online Administrator		
MTG Confirmation	Organization	ID	Current Email	Email Should Be	Name of MRO
Level 2 Order of the Chair	Apply To ALL				·······
MTG Variance	ACE American Insurance Co.	W019004	newconfirm2@wcb.ny.gov		testURAC4 V
Level 1 Level 2	ACE Fire Underwriters Insurance Company	W011001	confirm1@wcb.ny.gov		···· V
Order of the Chair Non-MTG Under or = \$1,000	ACE Property and Casualty Insurance Company	W012009	confirm1@wcb.nv.gov		
Level 1 Level 2		W110250	confirm1@wcb.ny.gov		
Order of the Chair Non-MTG Over \$1,000		115255	committercomy.gov		tastuRAC4
Level 1 Level 2	AlG Property Carualty Company	W045000	confirm1@wcb.av.ac**		
Order of the Chair MTG Special Services	Alg Property Casualty Company	W045009	confirm (@wcb.ny.gov		•
Level 1 Level 2	AIU Insurance Company	W015754	confirm1@wcb.ny.gov		···· •
Order of the Chair	ARCH INSURANCE CO	W087381	confirm1@wcb.ny.gov		· •
Level 1	Acadia Insurance Company	W010250	confirm1@wcb.ny.gov		· V
				· · · · · · · · · · · · · · · · · · ·	
	Transportation Insurance Co.	W211007	confirm1@wcb.ny.gov		· V
	Travelers Casualty & Surety Company	W010003	confirm1@wcb.ny.gov		· V
	Travelers Casualty & Surety Company of America	W010631	confirm1@wcb.ny.gov		· ·
	Travelers Casualty Company	W039507	confirm1@wcb.ny.gov		· ·
	Travelers Casualty Company of Connecticut	W010698	confirm1@wcb.ny.gov		V
	Travelers Casualty Insurance Company Of America	W010508	confirm1@wcb.ny.gov		· ·
	Travelers Commercial Insurance Co.	W010755	confirm1@wcb.ny.gov		· •
	Travelers Indemnity Company	W212005	confirm1@wcb.ny.gov		···· •
	Travelers Indemnity Company of America	W212252	contirm1@wcb.ny.gov		····· ··· ··· ··· ··· ··· ··· ··· ···
	Travelers Indemnity Company of Connecticut	W212500	confirm1@wcb.ny.gov		···· ·
	Travelers Property Casualty Company Of America	W212/5/	confirm1@wcb.ny.gov		···· ·· ·· ·· ·· ·· ·· ·· ·· ·· ·· ·· ·
	United States Eidelity and Guaranty Co	W220008	confirm1@wcb.ny.gov		
	Valley Forge Insurance Co.	W224000	confirm1@wcb.ny.gov		···· ·
	Vigilant Insurance Company	W225007	confirm1@wcb.ny.gov		
	Zurich American Insurance Co.	W228001	confirm1@wcb.ny.gov		···· ·
	Showing 1 to 87 of 87 entries				
	g , to at at a times				
		l	Update Level 1 Organization		

3. A pop up will appear, confirming any changes. Select **Close**, and the changes will be made.

Travelers Casualty & Surety					
Travelers Casualty & Surety	Contact Informa	tion for MTG	Variance Level 1	×	
Travelers Casualty Company					
Travelers Casualty Company	Contact Information	for MTG Variar	nce Level 1 for		
Travelers Casualty Insurance	Test.OBActEmail@w	/cb.nv.gov.	IS HOW		
Travelers Commercial Insura		,			
Travelers Indemnity Compar					
Travelers Indemnity Compar					
Travelers Indemnity Company	y of Connecticut	W212500	confirm1@wcb.ny.gov		
Travelers Property Casualty C	Company Of America	W212757	confirm1@wcb.ny.gov		
Travelers Property Casualty I	nsurance	W213508	confirm1@wcb.ny.gov		
United States Fidelity and Gu	aranty Co.	W220008	confirm1@wcb.ny.gov		
Valley Forge Insurance Co.		W224000	confirm1@wcb.ny.gov		
Vigilant Insurance Company		W225007	.confirm1@wcb.ny.gov		
Zurich American Insurance C		W228001	confirm1@wcb.ny.gov		

Managing user roles

1. Select a PAR type under **Users**.



2. The first box shows users who are assigned to the role of the selected PAR type. These users can be assigned PAR reviews in OnBoard: Limited Release. To remove a designated user, select **Remove** in the user's row.

Medication									
Level 1 Level 2	Non-MIG Over \$1,00	U Level I Kev	iewer						
Order of the Chair	Below is a list of users who have	a Non-MTG Over \$	1,000 Level 1 Reviewer	designation for					
Final Determination									
MTG Confirmation	Show 5 💙 entries								Search:
Level 1									
Level 2	First Name	Last Nar	ne	Phone #		eMail		Remove	Modify
Order of the Chair	A first and	-							
	Michael							Remove	Modify
Level 1									
Level 2	Tina								Modify
Order of the Chair									
lon-M1G Under or = \$1,000 Level 1	NonMTGlevel1	Overonek		(518) 122-1222					Modify
Level 2 Order of the Chair	ellen	ac		(555) 569-5362		ellen2@na.na			Modify
Non-MTG Over \$1,000 Level 1 Lovel 2	Showing 1 to 4 of 4 entries								Previous 1 Next
Order of the Chair									
MTG Special Services	Below is a list of users who DOM	Thave a Non-MTG	Over \$1,000 Level 1 Re	viewer designation for					
Level 1									
Level 2	Show 5 Y entries								Search
Order of the Chair									Startin
	First Name		Last Name		Phone #		eMail		Add
Level 1	Files		A.2		(555) 953 6605		allan and no		
Order of the Chair	Lien				(555) 055-0055		enerriginalita		Add
	Eric								Add
Medication									
Level 1 Reviewers	Travel		ConfFourleveOne						Add
Level 2 Reviewers									
Non-Mild Over \$1,000	Trav		DMEFourlevOne						Add
Level 2 Reviewers									- Add
Non-MTG Upder or = \$1,000	Michael		Hunter-Test						
Level 1 Reviewers									Add
Level 2 Reviewers									
DME	Snowing 1 to 5 of 42 entries							Previous 1 2 3	4 5 9 Next
Level 1 Reviewers	Need to add compare	0.000/2							
Level 2 Reviewers	Need to add someor	ie new?							
MTG Confirmation	Add New User								
Level 1 Reviewers									
Level 2 Reviewers									

3. Modify designated user information by selecting **Modify** in that user's row.

Medication Level 1 Level 2 Order of the Chair	Non-MTG Over \$1,00 Below is a list of users who hav	0 Level 1 Rev a Non-MTG Over 1	viewer \$1,000 Level 1 Reviewer	designation for							
Final Determination MTG Confirmation	Show 5 ventries								Search:		
Level 1 Level 2	First Name	Last Na	ime	Phone #		eMail		Remove	Modify		
Order of the Chair MTG Variance	Michael	E						Remove	Modify		
Level 1 Level 2 Order of the Chair	Tina	L.						Remove			
Non-MTG Under or = \$1,000 Level 1	NonMTGlevel1	Overone	k	(518) 122-1222				Remove			
Cevel 2 Order of the Chair Non-MTG Over \$1.000	ellen	ellen ac (555) 569-5362 ellen2@na.na Re									
Level 1 Level 2	Showing 1 to 4 of 4 entries										
Order of the Chair MTG Special Services	Below is a list of users who DO	I'T have a Non-MT	G Over \$1,000 Level 1 Re	eviewer designation fo	r						
Level 1 Level 2 Order of the Chair	Show 5 v entries				_				Search:		
DME Level 1	First Name		Last Name		Phone #		eMail		Add		
Level 2 Order of the Chair	Ellen		Aa		(555) 853-6695		ellen@na.na		Add		
Users Medication	Eric								Add		
Level 1 Reviewers Level 2 Reviewers	Travel		ConfFourleveOne						Add		
Non-MTG Over \$1,000 Level 1 Reviewers	Trav		DMEFourlevOne						Add		
Non-MTG Under or = \$1,000 Level 1 Reviewers	Michael		Hunter-Test						Add		
Level 2 Reviewers DME	Showing 1 to 5 of 42 entries							Previous 1 2	3 4 5 9 Next		
Level 1 Reviewers Level 2 Reviewers MTG Confirmation Level 1 Reviewers Level 2 Reviewers	Need to add someor Add New User	ne new?									

4. The second box features registered users in the system who have not been designated to the role of the selected PAR type. Select **Add** to designate a user into a selected PAR type role.

Medication											
Level 1	Non-MTG Over \$1,000	Level 1 Rev	liewer								
Level 2	Below is a list of users who have a	Non-MTG Over	\$1,000 Level 1 Reviewer o	esignation for							
Order of the Chair				-							
Final Determination	Show 5 Y entries								learch:		
MIG Confirmation										_	
Level 1	First Name	Last Na	me	Phone #		eMail		Remove	Modify		
Level 2 Order of the Chain										_	
Under of the Chair	Michael	ŧ						Remove	Modify		
with variance								inclusive .	mouny		
Level 1	Tina	1.0									
Order of the Chair								Remove	Modity		
Non-MTG Linder or = \$1,000										_	
level 1	NonMIGlevel1	Overone	k	(518) 122-1222				Remove	Modify		
level 2											
Order of the Chair	ellen	ac		(555) 569-5362		ellen2@na.na		Remove	Modify		
Non-MTG Over \$1.000										_	
Level 1	Showing 1 to 4 of 4 entries										
Level 2										·	
Order of the Chair											
MTG Special Services	Below is a list of users who DON'T	have a Non-MT	G Over \$1,000 Level 1 Re	viewer designation for	Travelers Group	a.					
Level 1											
Level 2	Show 5 V entries							-	Search:		
Order of the Chair										=	
DME	First Name		Last Name		Phone #		eMail		Add		
Level 1									_	-	
Level 2	Ellen		Aa		(555) 853-6695		ellen@na.na		Add		
Order of the Chair											
Users	Eric										
Medication										_	
Level 1 Reviewers	Travel		ConfFourleveOne								
Level 2 Reviewers											
Non-MTG Over \$1,000	Tray		DMEFourlevOne								
Level 1 Reviewers											
Level 2 Reviewers	Michael		Hunter Test								
Non-MIG Under or = \$1,000	WICHAM		Tent mat								
Level 1 Reviewers	L										
DATE	Showing 1 to 5 of 42 entries							Previous 1 2 3	4 5 9 Nex	.t	
Level 1 Reviewers											
I evel 2 Reviewers	Need to add someone	new?									
MTG Confirmation	Add New Liser										
Level 1 Reviewers											
Loval 2 Paviaware											

5. After removing or modifying a user from box one or adding a user from box two, a pop up will appear confirming the change. After selecting **Close** on this pop up, the change will be made instantly.

Medication	N. NTC 0. 610001					
Level 1	Non-MIG Over \$1,000 Le	vel 1 Reviewer				
Order of the Chair	Below is a list of users who have a Non	-				
Final Determination		Non-MTG Over \$1	l 000 l evel 1 Revie	wer ×		
MTG Confirmation	Show 5 entries			WCI **	Search	
Level 1						
Level 2	First Name				Remove	Modify
Order of the Chair	ALC: NO DECISION					
MTG Variance	michael		been removed fro	om Non-MIG Over	Remove	
Level 1	-	¢1000 Lovel 1 Deview	ar far			
Level 2	Tina	\$1,000 Level 1 Review	erior		Remove.	
Order of the Chair						
Non-M1G Under or = \$1,000	NonMTGlevel1				Remove	
Level 1						
Order of the Chair	ellen			Close	Remove	
Non-MTG Over \$1,000				01030	Consection of the local division of the loca	
Level 1	Showing 1 to 4 of 4 entries					
Level 2	and the second second					
Order of the Chair						
MTG Special Services	Below is a list of users who DON'T hav	e a Non-MTG Over \$1,000 Level 1 Reviewer de	signation for			
Lovel 1						
Level 2	Show S Y entries				Search:	
Order of the Chair						
DME	First Name	Last Name	Phone #	eMail		Add
Level 1						
Order of the Chair	Ellen	~		elleniginalina		Add
Charles the char						
Users						Add
Medication						
Level 1 Reviewers	Travel	ConfFourieveOne				Add
Non-MTG Own \$1,000						
Level 1 Reviewers	Trav	DMEFourlevOne				Add
Level 2 Reviewers						
Non-MTG Under or = \$1,000	Michael	Hunter-Test				Add
Level 1 Reviewers						
Level 2 Reviewers					Previous 1 2 3 4	5 9 Nevt
DME						
Level 1 Reviewers	Need to add someone ne	w?				
Level 2 Reviewers						
MIG Confirmation	Add New User					
Level 1 Reviewers						

6. If you do not see the intended user assigned in the tables, you can request for a new user to be added. Select **Add New User** to create a new user role for selected PAR type.

Medication Level 1	Non-MTG Over \$1,00) Level 1 Rev	viewer							
Level 2 Order of the Chair	Below is a list of users who have	a Non-MTG Over	\$1,000 Level 1 Reviewer of	designation for						
Final Determination MTG Confirmation	Show 5 💌 entries								Search:	
Level 1	First Name	Last Na	me	Phone #		eMail		Remove		Modify
Order of the Chair	Michael									
Level 1								Kemove		Wouliy
Level 2 Order of the Chair	Tina	L.						Remove		Modify
Non-MTG Under or = \$1,000 Level 1	NonMTGlevel1	Overone	k	(518) 122-1222				Remove		Modify
Level 2 Order of the Chair Non-MTG Over \$1,000	ellen	ac		(555) 569-5362		ellen2@na.na		Remove		Modify
Level 1 Level 2	Showing 1 to 4 of 4 entries									Previous 1 N
Order of the Chair MTG Special Services	Below is a list of users who DON	T have a Non-MT	G Over \$1,000 Level 1 Re	viewer designation for						
Level 2 Order of the Chair	Show 5 ventries								Search:	
DME Level 1	First Name		Last Name		Phone # eMail		eMail			Add
Level 2 Order of the Chair	Ellen		Aa		(555) 853-6695		ellen@na.na			Add
Jsers Medication	Eric									Add
Level 1 Reviewers Level 2 Reviewers	Travel		ConfFourleveOne							Add
Non-MTG Over \$1,000 Level 1 Reviewers	Trav		DMEFourlevOne							Add
Non-MTG Under or = \$1,000 Level 1 Reviewers	Michael		Hunter-Test							Add
Level 2 Reviewers DME	Showing 1 to 5 of 42 entries							Previous 1	2 3 4	5 9 N
Level 1 Reviewers Level 2 Reviewers MTG Confirmation	Need to add someon	e new?								
Level 2 Reviewers										

7. Enter the following user information then select **Continue** – first and last name, address, phone number and email address.

*First Name:	M.I.:	*Last Name:		
First Name		Last Name		
*Address Line 1:		Address Line 2:		
Address		Floor, Suite, Apt.		
*City:	*State:		*Zip Code:	
City	Select S	itate 🗸	12345	
Area Code: Phone Number: 123 456-7890 *E-mail Address:	ext:			
test@test.com				
Comments:				

8. A pop up will appear, confirming the new user has been submitted for processing. This may take up to three to five days for the registration to be reviewed and accepted by the Board. That user will receive their Medical Portal NY.gov ID and temporary password to the email the administrator included for the user on the registration. Once the user is registered, they can be designated for PAR reviews, perform Workload Administrator duties, or administer users depending on the role the user was added as.

Medication						
Level 1	Non-MIG Over \$1,000 Level	1 Reviewer				
Order of the Chair	Below is a list of users who have a Non-M1					
Final Determination		Non-MTG Over \$1,	000 Level 1 Reviewe	r X		
MTG Confirmation	Show 5 v entries				Se	arch:
Level 1						
Level 2	First Name				Remove	Modify
Order of the Chair	Summer St.	A user ID and password	I will be generated for	to		
MTG Variance	Michael	access OnBoard throug	h the Medical Portal Peg	uncto for	Remove	
Level 1		access OnBoard throug	in the Medical Foltal. Requ	uests ioi		
Level 2	Tina	access are processed in	n the order in which they a	are received.	Remove	
Order of the Chair						
Non-MTG Under or = \$1,000	NonMTGlevel1				The second se	
Level 1					Remove	
Level 2	and a second			Close		
Order of the Chair	enen			01030	Remove	
Non-MTG Over \$1,000						
Level 1	Showing 1 to 4 of 4 entries					
Level 2						
Order of the Chair						
MTG Special Services	Below is a list of users who DON'T have a N	Ion-MTG Over \$1,000 Level 1 Reviewer de	signation for			
Level 1						
Order of the Chair	Show S entries				Se.	arch:
DME						
lovel 1	First Name	Last Name	Phone #	eman		Add
Level 2	Ellen	As		ellen@na.na		1000 C
Order of the Chair						ADD
litere						
						Add
I devel 1 Deviewage						
Level 2 Deviewers	Travel	ConfFourieveOne				Add
Non-MTG Over \$1,000						
Level 1 Reviewers	Trav	DMEFourlevOne				Add
Level 2 Reviewers						
Non-MTG Under or = \$1.000	Michael	Hunter-Test				Add
Level 1 Reviewers						
Level 2 Reviewers						A C D New
DME	showing i to social entries					A 2 In 2 Next
Level 1 Reviewers	Need to add someone new?					
Level 2 Reviewers	recu to add someone new:					
and the second se						
MTG Confirmation	Add New User					

We encourage you to share this guide with other users in your organization or the organizations you work with. Please contact the Board if you need assistance.

VI. Need help?

Medical Portal access for payers: <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>