



Registration, access and administration for health care providers

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**I. Overview**

Users need access to the Medical Portal to use OnBoard: Limited Release to submit and respond to a prior authorization request (PAR) or *Request for Decision on Unpaid Medical Bill(s) (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
Health care providers <b>with</b> Medical Portal access	Providers who already have access to the Medical Portal are automatically registered for OnBoard.
Health care providers <b>without</b> Medical Portal access	If you are an acupuncturist, chiropractor, licensed clinical social worker, physician, physician assistant, nurse practitioner, podiatrist, psychologist, physical therapist, occupational therapist, dentist, audiologist, or optometrist, you will follow the <b>health care provider registration</b> instructions.
Medical suppliers	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, you will follow

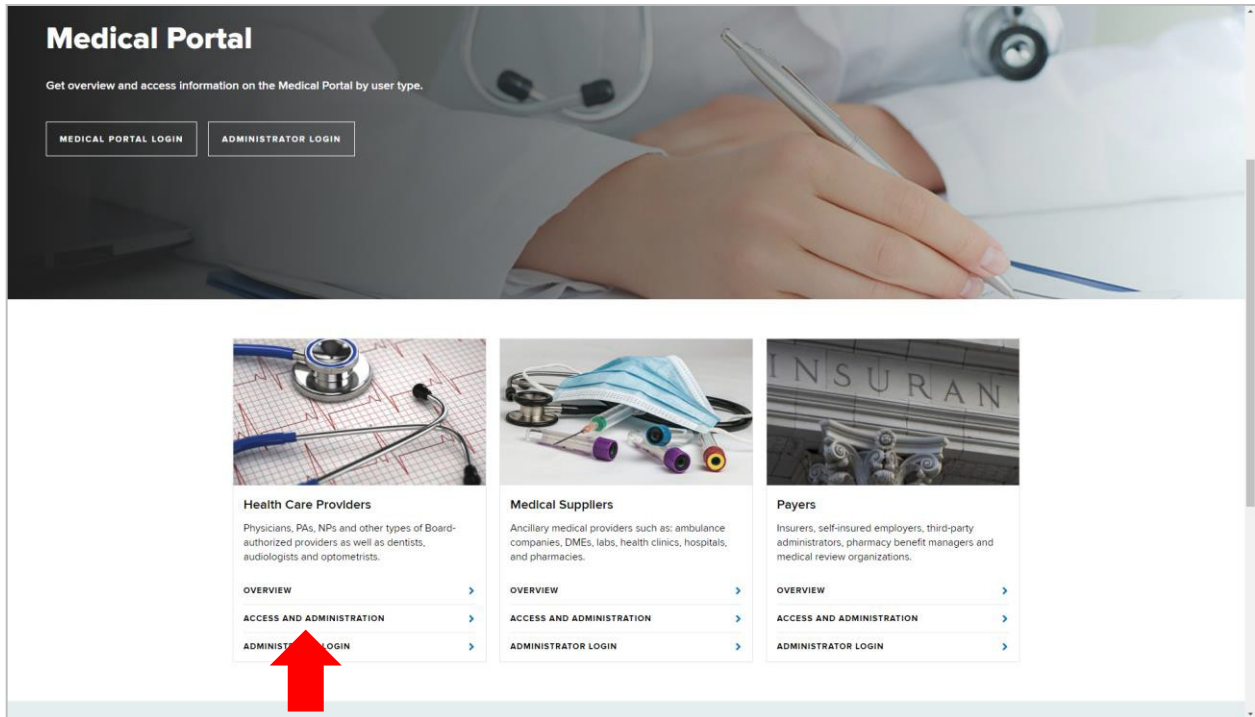
	the <b>medical supplier registration</b> instructions.
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### III. Role types

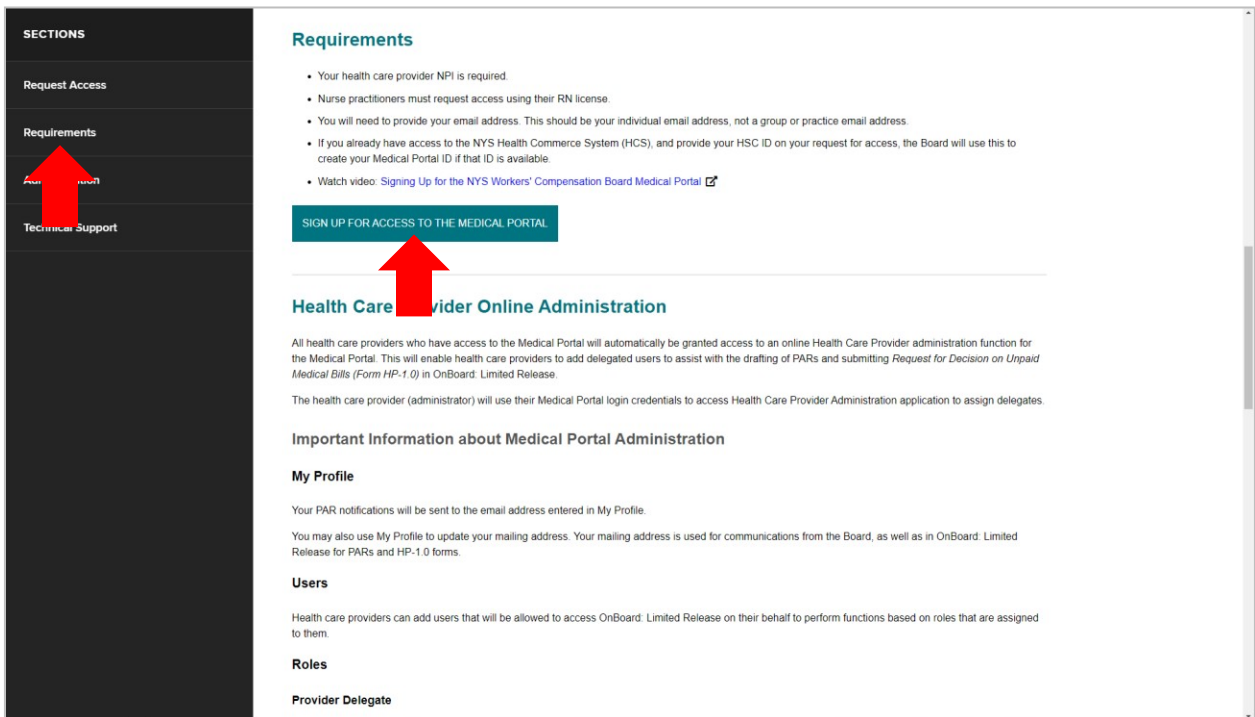
Health Care Provider Roles	Responsibilities
<p><b>Provider</b></p> <p><i>Treating physician, nurse practitioner, chiropractor, etc.</i></p>	<ul style="list-style-type: none"> <li>• Assigns provider delegate and billing delegate users who can draft PARs and draft/submit <i>Form HP-1.0</i> on the provider’s behalf.</li> <li>• Required to submit PARs in OnBoard: Limited Release.</li> </ul>
<p><b>Provider Delegate</b></p> <p><i>Medical Portal users are assigned by the provider as a Provider Delegate.</i></p>	<ul style="list-style-type: none"> <li>• Drafts PARs, which must be reviewed and submitted by the health care provider.</li> <li>• Drafts PAR escalations for provider review and submission.</li> <li>• Responds to insurer requests for information (must be designated by the health care provider from within OnBoard: Limited Release).</li> <li>• Drafts and submits <i>Form HP-1.0</i>.</li> </ul>
<p><b>Billing Delegate</b></p> <p><i>Medical Portal users are assigned by the provider as a Billing Delegate.</i></p>	<ul style="list-style-type: none"> <li>• Drafts and submits <i>Form HP-1.0</i> only.</li> <li>• If the provider uses a billing agent to submit their medical bills, the provider 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> on behalf of the provider.</li> </ul>

### IV. Requesting access to the Medical Portal for health care providers

1. Visit [wcb.ny.gov/medicalportal](http://wcb.ny.gov/medicalportal).
2. Select [Access and Administration](#) under Health Care Providers.



3. Select [Requirements](#) in the left column. Then select [Sign Up for Access to the Medical Portal](#).



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

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### Online Registrations

#### Medical Portal Access

Health care providers who are interested in using the Board's Medical Portal must sign up for access.

**IMPORTANT! Before proceeding, please note:**

- Health care providers should use their individual email address (not a group or shared email address) when registering. This same email address should be used to apply for authorization and to access required training through the learning management system, CourseMill. The Workers' Compensation Board will use this same email address to verify the health care provider has taken the required training prior to approving the request to become a Board-authorized provider.
- The health care provider's individual National Provider Identification (NPI) number is required on the registration form.
- Nurse practitioners must use their RN license number when applying for access.
- All health care providers must complete both the Authorization Status and Provider Information tabs.

You will receive a confirmation number from the Board upon submission of your request for access. Please keep this number for future reference. Registrations may take up to three to five business days for processing.

[Continue](#) [Cancel Registration](#)

You can send an e-mail to [WCBCustomerSupport@wcb.ny.gov](mailto:WCBCustomerSupport@wcb.ny.gov) if you have any questions regarding this registration.

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5. In the Authorization Status tab, select the registering provider type and authorization status. Select **Next**.

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### Online Registration

#### Medical Portal - Provider - Initial Registration

Select Submit after completing the mandatory fields on both the Authorization Status and Provider Information tabs

[Authorization Status](#) [Provider Information](#)

**\*The Registering Provider Is:**

Please Select...

**\* The Registering Provider's Authorization Status is:**

- NYS Licensed Provider - Workers' Compensation Board Authorized
- NYS Licensed Provider - Not Workers' Compensation Board Authorized
- Out of State Provider - Not Workers' Compensation Board Authorized and Not NYS Licensed

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6. In the Provider Information tab, enter the provider information and select **Submit**.

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## Online Registration

### Medical Portal - Provider - Initial Registration

Select Submit after completing the mandatory fields on both the Authorization Status and Provider Information tabs

Authorization Status | **Provider Information**

**Provider's Information:**  
Does the provider have a Health Commerce System User ID?  Yes  No

\*NYS License Number:  \*NPI Number:

\*First Name:  M.I.:  \*Last Name:

\*Address Line 1:  Address Line 2:

\*City:  \*State:  \*Zip Code:

\*Area Code:  \*Phone Number:  Extension:

\*Email:

[Previous](#) [Submit](#)

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

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## On-line Registration

**Registration has been received, but not yet processed.**

Your registration has been received for the Medical Portal - Provider - Initial Registration as a Audiologist - NYS Licensed Provider - Not Workers' Compensation Board Authorized

Your Registration Confirmation Number is **640117**  
Please keep this number in case you need to contact the Board.

**What's Next?**

- Registrations are processed in the order in which they are received and may take up to 5 business days to complete.
- Once the registration is processed and approved you will receive 2 emails. One email will contain your User ID and the second email will contain a temporary password. Instructions will be provided in both emails.
- You will NOT have access to the Medical Portal until you receive a User ID and temporary password.

**Questions?**

- Questions regarding this registration can be directed to [wcbcustomersupport@wcb.ny.gov](mailto:wcbcustomersupport@wcb.ny.gov). Please include your registration confirmation number and User ID when contacting Customer Support. Do NOT send your password.

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	Register to Vote		
	Become an Organ Donor - Enroll Today!		

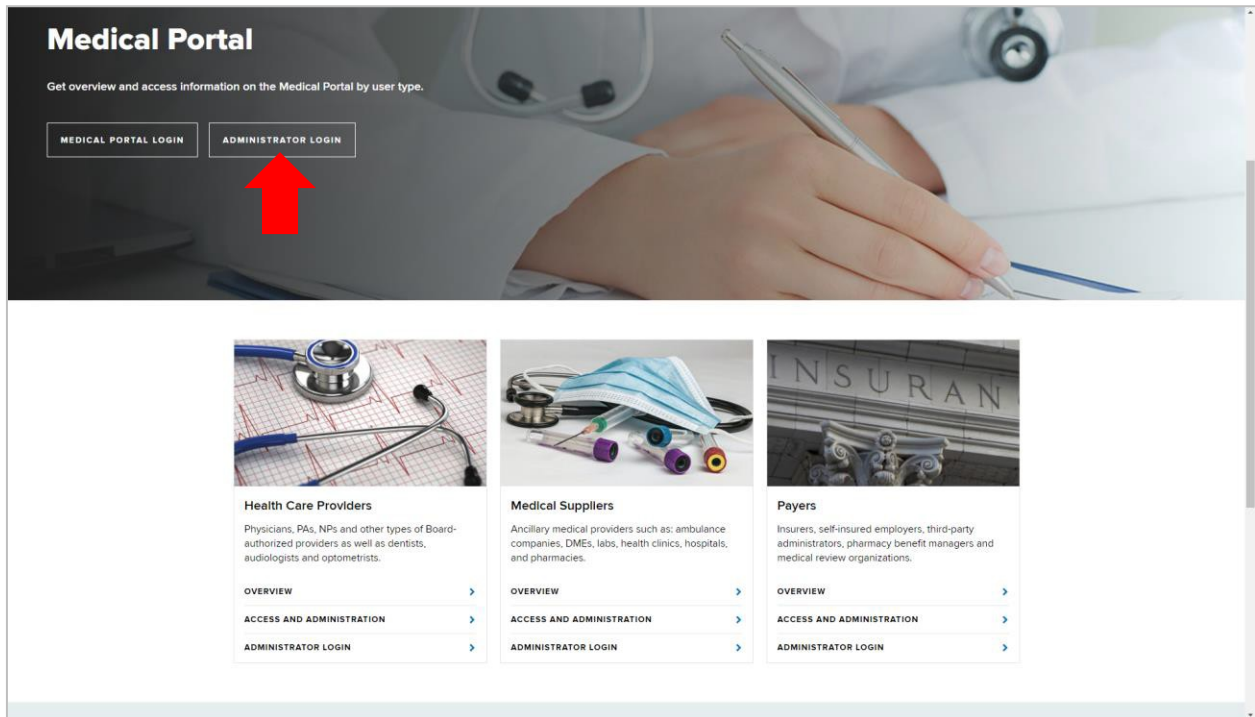
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It may take up to three to five business days for the Board to complete the review of your registration. Once approved, a message will be sent to the email address you provided in the registration with your NY.gov ID username and temporary password.

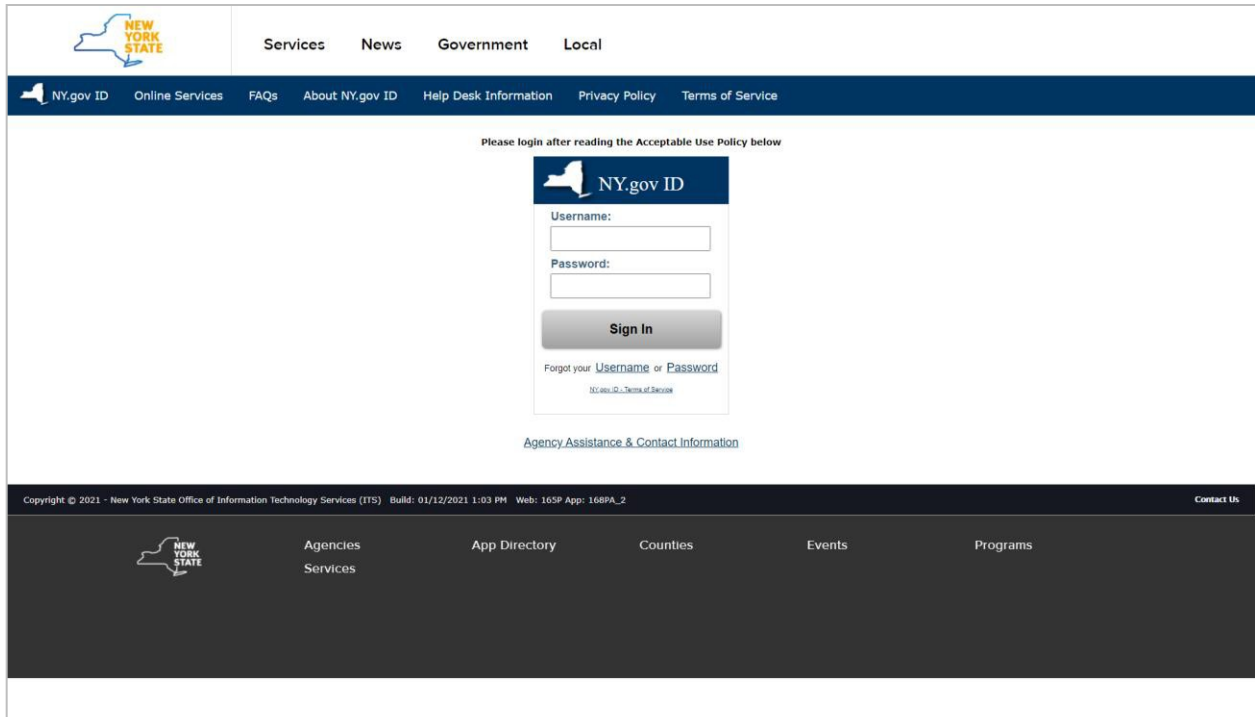
## V. Managing your profile and Medical Portal delegates for health care providers

Health care providers can manage their delegated Medical Portal 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.

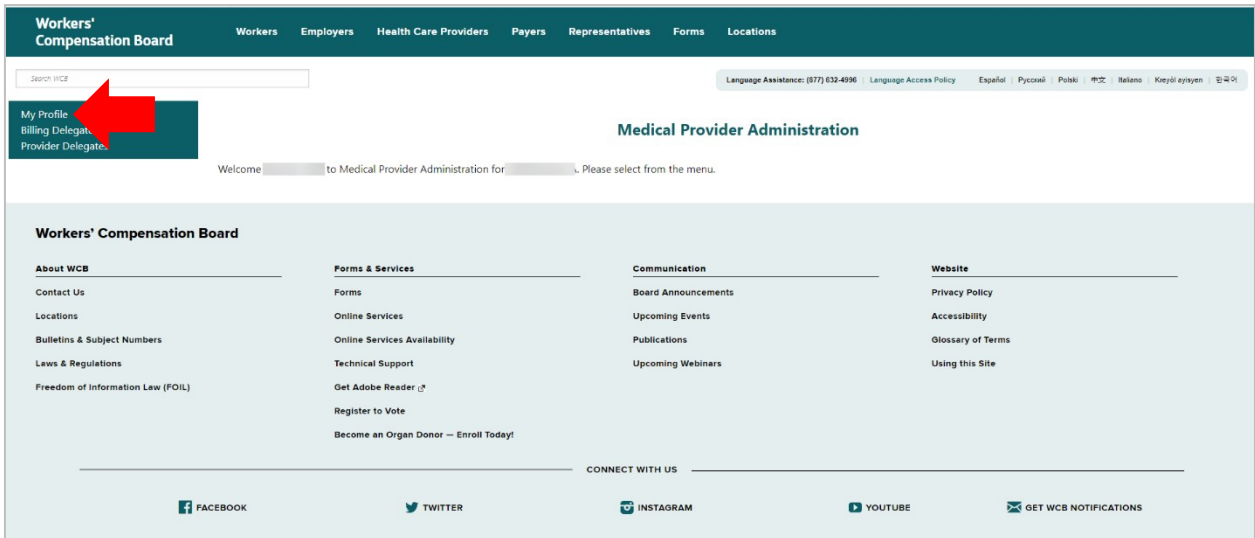
1. Visit [wcb.ny.gov/medicalportal](http://wcb.ny.gov/medicalportal).
2. Select Administrator Login.



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



4. The Medical Provider Administration page will allow you to manage your profile and users in the system. The first option in the menu is **My Profile**. Select **My Profile** to edit profile information.



5. Confirm the information is accurate. The mailing address in your profile will be used for communications from the Board and for PARs. If you need to edit the information, select **Modify My Data** on the bottom left.

### My Information

Below is what the Board has on file for you. [Redacted]

Business Name:  
[Redacted]


First Name: [Redacted] Last Name: [Redacted]

Address Line 1: [Redacted] Address Line 2: [Redacted]

City: [Redacted] State: [Redacted] Zip: [Redacted]

Area Code: [Redacted] Phone Number: [Redacted] Ext: [Redacted]

E-mail Address: [Redacted]

[Modify My Data](#)  [Return To Main Page](#)

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

### Medical Provider Administration

#### Modify My Data


\*First Name: [Mary] M.I.: [ ] \*Last Name: [Smith]

\*Address Line 1: [123 State Street] Address Line 2: [ ]

\*City: [Schenectady] \*State: [New York] \*Zip Code: [12302]

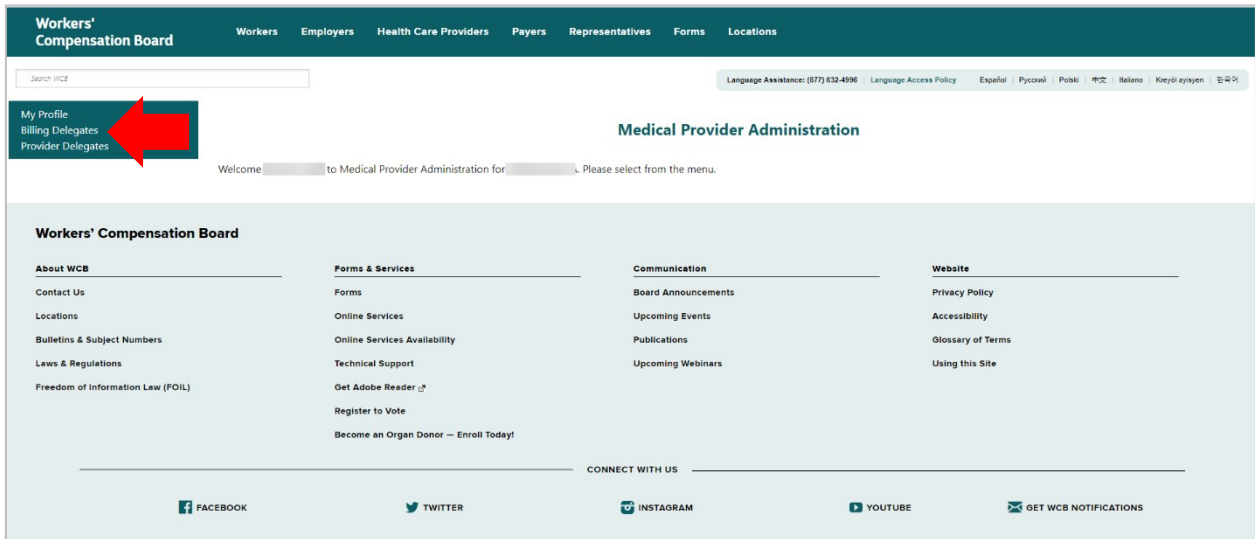
\*Area Code: [518] \*Phone Number: [123-4567] ext: [ ]

\*E-mail Address: [doctorsmith@email.com]

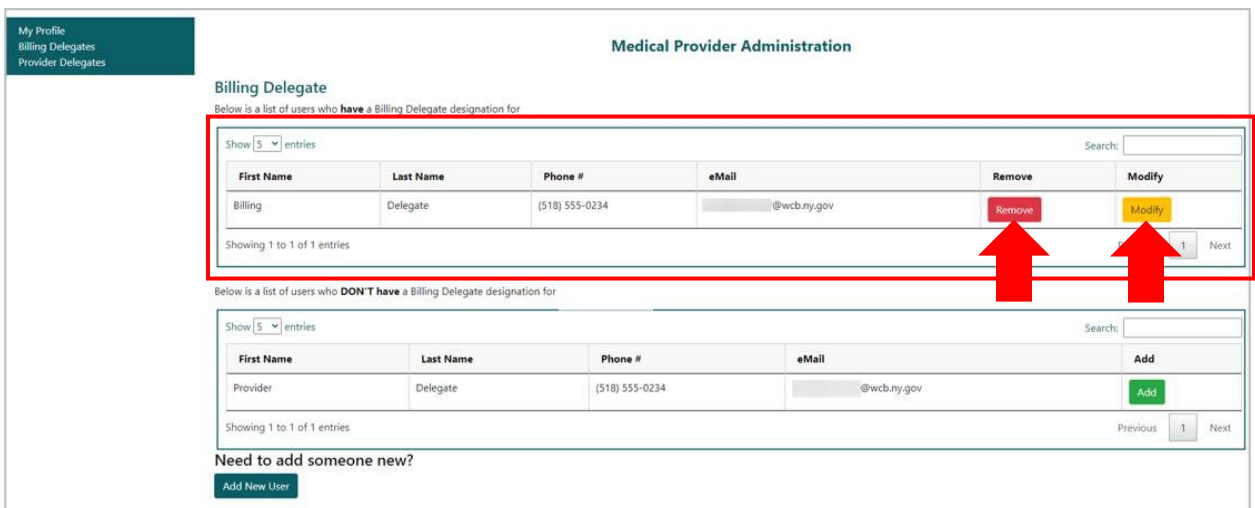
 [Continue](#) [Cancel](#)

7. Select **Billing Delegates** to remove, modify, or add new billing delegates.





- The Billing Delegates page will show two boxes. The first box lists users who are currently a Billing Delegate and can submit *Form HP-1.0* on your behalf. Be sure to keep this list updated and remove users who should no longer submit bills on your behalf. To remove a user as an active Billing Delegate, 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 delegated user as needed.



- The second box shows a list of users who are not currently designated as a Billing Delegate but are registered in the system as a user for the health care provider. To designate one of these users as an active Billing Delegate, select the **Add** button in that user's row.

**Medical Provider Administration**

**Billing Delegate**  
Below is a list of users who **have** a Billing Delegate designation for

Show  entries Search:

First Name	Last Name	Phone #	eMail	Remove	Modify
Billing	Delegate	(518) 555-0234	@wcb.ny.gov	<a href="#">Remove</a>	<a href="#">Modify</a>

Showing 1 to 1 of 1 entries Previous  Next

Below is a list of users who **DON'T** have a Billing Delegate designation for

Show  entries Search:

First Name	Last Name	Phone #	eMail	Add
Provider	Delegate	(518) 555-0234	@wcb.ny.gov	<a href="#">Add</a>

Showing 1 to 1 of 1 entries Previous  Next

**Need to add someone new?**

[Add New User](#)

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

**Medical Provider Administration**

**Billing Delegate**  
Below is a list of users who **have** a Billing Delegate designation for

Show  entries Search:

First Name	Last Name	Phone #	eMail	Remove	Modify
Billing	Delegate	(518) 555-0234	@wcb.ny.gov	<a href="#">Remove</a>	<a href="#">Modify</a>

Showing 1 to 1 of 1 entries Previous  Next

Below is a list of users who **DON'T** have a Billing Delegate designation for

Show  entries Search:

First Name	Last Name	Phone #	eMail	Add
Provider	Delegate	(518) 555-0234	@wcb.ny.gov	<a href="#">Add</a>

Showing 1 to 1 of 1 entries Previous  Next

**Need to add someone new?**

[Add New User](#)

11. Enter the new user's information. Once submitted, the add user request is 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**.

**Medical Provider Administration**

**Add New User**

\*First Name:  M.I.:  \*Last Name:

\*Address Line 1:  Address Line 2:

\*City:  \*State:  \*Zip Code:

\*Area Code:  \*Phone Number:  ext:

\*E-mail Address:

Comments:

[Continue](#) [Cancel Add](#)

12. The last option in the main menu is **Provider Delegates**. Provider Delegates will be able to draft PARs, but the health care providers themselves are required to submit them. Provider delegates can also draft and submit *Form HP-1.0* and do not have to separately be listed as a Billing Delegate.

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**Medical Provider Administration**

Welcome [Name] to Medical Provider Administration for [Name]. Please select from the menu.

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13. The Provider Delegates page will show two boxes. The first box lists users who are currently Provider Delegates and can draft PARs and *Form HP-1.0*. Be sure to keep this updated and remove users who should no longer draft or submit on your behalf. To remove a user as an active Provider Delegate, 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 delegated user as needed.

**Medical Provider Administration**

**Provider Delegate**

Below is a list of users who **have** a Provider Delegate designation for:

First Name	Last Name	Phone #	eMail	Remove	Modify
Provider	Delegate	(518) 555-0234	r@wcb.ny.gov	Remove	Modify

Showing 1 to 1 of 1 entries

Below is a list of users who **DON'T have** a Provider Delegate designation for:

First Name	Last Name	Phone #	eMail	Add
Billing	Delegate	(518) 555-0234	@wcb.ny.gov	Add

Showing 1 to 1 of 1 entries

Need to add someone new?  
[Add New User](#)

14. The second box shows a list of users who are not currently designated as a Provider Delegate but are registered in the system as a user for the health care provider. To designate one of these users as an active Provider Delegate, select the **Add** button in that user's row.

**Medical Provider Administration**

**Provider Delegate**

Below is a list of users who **have** a Provider Delegate designation for:

First Name	Last Name	Phone #	eMail	Remove	Modify
Provider	Delegate	(518) 555-0234	r@wcb.ny.gov	Remove	Modify

Showing 1 to 1 of 1 entries

Below is a list of users who **DON'T have** a Provider Delegate designation for:

First Name	Last Name	Phone #	eMail	Add
Billing	Delegate	(518) 555-0234	@wcb.ny.gov	Add

Showing 1 to 1 of 1 entries

Need to add someone new?  
[Add New User](#)

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

**Medical Provider Administration**

**Provider Delegate**  
Below is a list of users who **have** a Provider Delegate designation for:

First Name	Last Name	Phone #	eMail	Remove	Modify
Provider	Delegate	(518) 555-0234	r@wcb.ny.gov	Remove	Modify

Showing 1 to 1 of 1 entries

Below is a list of users who **DON'T** have a Provider Delegate designation for:

First Name	Last Name	Phone #	eMail	Add
Billing	Delegate	(518) 555-0234	@wcb.ny.gov	Add

Showing 1 to 1 of 1 entries

Need to add someone new?  
**Add New User**

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

**Medical Provider Administration**

**Add New User**

\*First Name:  M.I.:  \*Last Name:

\*Address Line 1:  Address Line 2:

\*City:  \*State:  \*Zip Code:

\*Area Code:  \*Phone Number:  ext:

\*E-mail Address:

Comments:

**Continue** **Cancel Add**

### VIII. Need help?

Medical Portal access for providers: [wcb.ny.gov/medicalportal](http://wcb.ny.gov/medicalportal)  
 General registration questions: Customer Service (877) 632-4996  
 Technical assistance: [WCBCustomerSupport@wcb.ny.gov](mailto:WCBCustomerSupport@wcb.ny.gov)  
 OnBoard webpage: [wcb.ny.gov/onboard](http://wcb.ny.gov/onboard)  
 Email OnBoard: [OnBoard@wcb.ny.gov](mailto:OnBoard@wcb.ny.gov)