ONB ARD

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 inthe system.

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

User Type	Details
Health care providers with Medical Portal access	Providers who already have access to the Medical Portal are automatically registered for OnBoard.
Health care providers without 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 health care provider registration 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 medical supplier registration
instructions.

III. Role types

Health Care Provider Roles	Responsibilities
Provider <i>Treating physician, nurse</i> <i>practitioner, chiropractor, etc.</i>	 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. Required to submit PARs in OnBoard: Limited Release.
Provider Delegate <i>Medical Portal users are</i> <i>assigned by the provider as</i> <i>a Provider Delegate.</i>	 Draft and submit PARs. Escalate Medication PARs to Level 2 Review. Escalate PARs to Level 3 Review. Responds to insurer requests for information (must be designated by the health care provider from within OnBoard: Limited Release). Drafts and submits <i>Form HP-1.0.</i>
Billing Delegate <i>Medical Portal users are</i> <i>assigned by the provider as</i> <i>a Billing Delegate.</i>	 Drafts and submits <i>Form HP-1.0</i> only. 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.

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

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



3. Select <u>Requirements</u> in the left column. Then select <u>Sign Up for Access to the</u> <u>Medical Portal</u>.



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

VORK STATE	Services News Government Local		
Workers' _{Worl} Compensation Board	kers Employers Health Care Providers Payer:	s Representatives Forms Locations	
Search WCB		Language Assistance: (877) 6	132-4996 Language Access Policy Español Pyccuvi Polski 中文 Italiano Kreyol ayisyen 한국어
Online Registrations			
		Medical Portal Access	
Health care providers	who are interested in using the Board's Medical Portal must si	ign up for access.	
IMPORTANT! Before	proceeding, please note:		
 Health care provi access required required training 	iders should use their individual email address (not a group or training through the learning management system, CourseMill prior to approving the request to become a Board-authorized	shared email address) when registering. This same email add I, The Workers' Compensation Board will use this same email provider.	dress should be used to apply for authorization and to address to verify the health care provider has taken the
The health care p	provider's individual National Provider Identification (NPI) num	ber is required on the registration form.	
 Nurse practitione 	ers must use their RN license number when applying for acces	SS.	
 All health care pr 	roviders must complete both the Authorization Status and Pro-	vider Information tabs.	
processing.	You can send an e-mail to WCECCU	Continue Cancel Registration	ation.
Workers' Compensation Board			
Loout WCB	Porms & Services	Communication	
ontact Us	Porms	Board Announcements	Privacy Policy
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aws & Regulations	Technical Support	Upcoming Webinars	Using this Site
	Get Adobe Reader 5		
reedom of Information Law (FOIL)			
reedom of Information Law (FOIL)	Register to Vote		

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

VORK STATE	Services News Government Log	cal	
Workers' Compensation Board	Workers Employers Health Care Providers P	ayers Representatives Forms Locations	
P Search WCB		Language Assistance: (8	77) 632-4996 Language Access Policy Español Pyccowi Polski 中文 Ballano Kieyòl ayisyen 한구익
Online Registratio	on		
	Medica	Portal - Provider - Initial Registration	
	Select Submit after completing the ma	ndatory fields on both the Authorization Status and	Provider Information tabs
Authorization Status Provider Inform	nation		
*The Registering Provider Is:			
Please Select	~		
* The Registering Provider's Au	thorization Status is:		
NYS Licensed Provider - Wor	kers' Compensation Board Authorized		
NYS Licensed Provider - Not	Workers' Compensation Board Authorized		
Out of State Provider - Not V	Vorkers' Compensation Board Authorized and Not NYS Lice	ensed	
		Next	
Workers' Compensation Bo	bard		
About WCB	Forms & Services	munication	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

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

			Medical	Portal - Provi	der - Initial Re	gistration			
		Select Submit after	completing the man	datory fields on b	oth the Authorizat	ion Status and Provid	er Information tab		
uthorization Sta	tus Provider Information								
Provider's In	formation:								
Does the provide	er have a Health Commerce System U	ser ID? OYes ONo							
122456	inder.	1234567800							
123430		1234567656							
First Name		MLL:	*Last Name:						
First Name			Last Name						
Address Line 1:			Address Line 2:						
First line of addr	ress		Suite, room or floor						
City:		*State:			*Zip Code:				
City		New York		~	12345-6789				
Area Code:	*Phone Number:	Extension:							
123	123-4567	1234							
Email:									
name@example	e.com								

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

YORK		Services	N	ews	Governme	ent	Local	
Workers' Compensation Board	Workers E	mployers Health Care Providers	Payers Representativ	es Forms	Locations			
D Search WCB					Language Assistance: (877) 632-4996 La	anguage Access Policy Español	- Pyccnuk Polski 中文 Italiano	Kreyði ayisyen 한국어
On-line Regis	tration							_
		R	egistration has been receiv	ed, but not yet p	rocessed.			
		Audiologist -	Your registration has b Medical Portal - Provider - NYS Licensed Provider - Not V	een received for th Initial Registration Vorkers' Compensa	e as a ttion Board Authorized			
			Your Registration Confirm Please keep this number in case	ation Number is 6	540117 bard			
	What's Next?							
	Registr Once tr You will	ations are processed in the order in which they are rec e registration is processed and approved you will rece NOT have access to the Madinal Fordal until you rece	ceived and may take up to 5 business day aive 2 emails. One email will contain your	is to complete. User ID and the second	email will contain a temporary password. In	structions will be provided in both ema	alts.	
	Questions?		and a door to and temporary personate.					
	Questic	ins regarding this registration can be directed to webco	ustomersupport@wcb.ny.pov. Please incl	ude your registration cont	irmation number and User ID when contact	ting Customer Support. Do NOT send	your password.	
Workers' Compensation	Board							
About WCB		Forms & Services	c	ommunication		Website		
Contact Us		Forms		loard Announcemen	ts	Privacy Policy		
Locations		Online Services	L	pcoming Events		Accessibility		
Bulletins & Subject Numbers		Online Services Availability	P	ublications		Glossary of Terms	1 ·	
Laws & Regulations		Technical Support	ι	pcoming Webinars		Using this Site		
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		Register to Vote						
		Become an Organ Donor — Enroll To	day!					
-			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, 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.
- 2. Select Administrator Login.

Medical Portal Get overview and access information on the Medical Portal by user type.		Red	Ó
MEDICAL PORTAL LOGIN ADMINISTRATOR LOGIN			
	6		
		INSURA	Z
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 medical review organizations.	and
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.

2	NEW YORK STATE	Services News	Government Loca	1			
NY.gov ID	Online Services FAC	s About NY.gov ID H	elp Desk Information Pri	vacy Policy Terms of Se	rvice		
			Please login after read	Ing the Acceptable Use Policy NY.gov ID ne: rd: Sign In Username or Password ver: 0. Securitizes	below		
			Agency Assis	tance & Contact Information			
Copyright 😰 2021 - Ne	w York State Office of Information	Technology Services (ITS) Build: 01/	12/2021 1:03 PM Web: 165P App: 1	68PA_2			Contact Us
		Agencies Services	App Directory	Counties	Events	Programs	

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.

Workers' Compensation Board	Workers	Employers	Health Care Providers	Payers	Representativ	es Forms	Locations							
Search WCS							Language Assistance: (877) 632-4996	Language Acces	ss Policy	Español Русский	Polski	中文 Italians	🔋 🕴 Kreyði avisye	m 한국어
My Profile Billing Delegat Provider Delegate					Me	dical Prov	ider Administration							
	Welcome	to Medi	cal Provider Administration fo	r	. Please select	from the menu.								
Workers' Compensation	Board													
About WCB		Forms	& Services		c	ommunication			Website					
Contact Us		Forms			в	oard Announcem	ents		Privacy	Policy				
Locations		Online	Services		U	pcoming Events			Accessit	bility				
Bulletins & Subject Numbers		Online	Services Availability		Р	ublications			Glossary	of Terms				
Laws & Regulations		Techni	cal Support		U	pcoming Webinar	s		Using th	is Site				
Freedom of Information Law (FOIL)		Get Ad	obe Reader 🖉											
		Registe	er to Vote											
		Becom	e an Organ Donor — Enroll Tod	ay!										
					CONNECT V	VITH US								
	ACEBOOK		Y TWITTER			NSTAGRAM	a	YOUTUBE		SET GET	WCB NOT	FICATIONS		

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.

Below is what the B	loard has on file for you	и,	
Business Name:			
First Name:		Last Name:	
Address Line 1: 123 State Street	t)		Address Line 2:
City:		State:	Zip:
Schenectady		NY	12302
Area Code:	Phone Number:		Ext:
(518) E-mail Address:	123-4567		
Modify My Data			

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

Medica	l Provider Adr	ninistration	
			Modify My Data
*First Name:		M.I.:	*Last Name:
Mary			Smith
*Address Line 1:			Address Line 2:
123 State Stree	et		
*City:		*State:	*Zip Code:
Schenectady		New York	♥ 12302
*Area Code:	*Phone Number:	ext:	
518	123-4567		
*E-mail Address:	:		
doctorsmith@	email.com		
			Continue

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

Workers' ^{Workers}	Employers Health Care Providers Payers	Representatives Forms Loca	ations	
Search WCB		Langu	sage Assistance: (877) 632-4996 Language Acces	as Policy Español Pyccani Polski 中文 Italiano Kreyól ayisyen 한국어
My Profile Billing Delegates Provider Delegates Welcome	to Medical Provider Administration for	Medical Provider	Administration	
Workers' Compensation Board				
About WCB	Forms & Services	Communication		Website
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Freedom of Information Law (FOIL)	Get Adobe Reader 🖉			
	Register to Vote			
	Become an Organ Donor — Enroll Today!			
		- CONNECT WITH US		
FACEBOOK	Twitter	INSTAGRAM	VOUTUBE	GET WCB NOTIFICATIONS

8. 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.

My Profile Billing Delegates Provider Delegates			Medical	Provider Administration				
	Billing Delegate Below is a list of users who	nave a Billing Delegate designatio	in for					
	Show 5 v entries	Show 5 v entries						
	First Name	Last Name	Phone # eMail		Remove	Modify		
	Billing	Delegate	(518) 555-0234	@wcb.ny.gov	Remove	Modify		
	Showing 1 to 1 of 1 entrie Below is a list of users who	5 DON'T have a Billing Delegate de	isignation for			r 1 Next		
	Show 5 v entries					Search:		
	First Name	Last Name	Phone #	eMail		Add		
	Provider	Delegate	(518) 555+0234	@wcb.ny.gov		Add		
	Showing 1 to 1 of 1 entrie	5				Previous 1 Next		
	Need to add some	one new?						

9. 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.

My Profile Billing Delegates Provider Delegates			Medica	Provider Administration							
	Billing Delegate Below is a list of users who	Billing Delegate Below is a list of users who have a Billing Delegate designation for									
	Show 5 v entries Search:										
	First Name	Last Name	Phone #	eMail		Modify					
	Billing Delegate		(518) 555-0234	@wcb.ny.gov	Remove	Modify					
	Showing 1 to 1 of 1 entrie	Showing 1 to 1 of 1 entries Previous									
	Below is a list of users who I	OON'T have a Billing Delegate de	signation for								
	Show 5 v entries					Search:					
	First Name	Last Name	Phone #	eMail		Add					
	Provider	Delegate	(518) 555-0234	@wcb.ny.gov	2	Add					
	Showing 1 to 1 of 1 entrie	5				P 1 Next					
	Add New User	ene new?									

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**.

My Profile Billing Delegates Provider Delegates	Medical Provider Administration									
	Billing Delegate Below is a list of users who have a Billing Delegate designation for									
	Show 5 v entries									
	First Name	First Name Last Name Phone # eMail		Remove	Modify					
	Billing Delegate		(518) 555-0234	@wcb.ny.gov Remove		Modify				
	Showing 1 to 1 of 1 entries Previous 1									
	Below is a list of users who	DON'T have a Billing Delegate de	signation for							
	Show 5 v entries					Search:				
	First Name	Last Name	Phone #	eMail		Add				
	Provider	Delegate	(518) 555-0234	@wcb.ny.gov		Add				
	Showing 1 to 1 of 1 entries Previous 1 New									
	Need to add sor	eone new?								
	Add New User									

11. Enter the new user's 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**.

			Add New User
*First Name:		M.L:	*Last Name:
First Name			Last Name
*Address Line 1:			Address Line 2:
Address			Floor, Suite, Apt.
*City:		*State:	*Zip Code:
City		New York	✓ 12345
*Area Code:	*Phone Number:	ext:	
123	456-7890		
*E-mail Address:			
test@test.com			
Comments:			

12. The last option in the main menu is **Provider Delegates**. Provider Delegates will be able to draft and submit PARs and *Form HP-1.0* and do not have to separately be listed as a Billing Delegate.

Workers' Workers Empi Compensation Board	oyers Health Care Providers Payers R	Representatives Forms	Locations			
Search WCB			Language Assistance: (877) 632-4996	Language Access Policy Espa	añol Русский Polski 中文 Italiano Kreyòl a	visyen (한국어
My Profile Billing Delegates Provider Delegates Welcome	to Medical Provider Administration for	Medical Provi	der Administration			
Workers' Compensation Board						
About WCB	Forms & Services	Communication		Website		
Contact Us	Forms	Board Announceme	ints	Privacy Policy		
Locations	Online Services	Upcoming Events		Accessibility		
Bulletins & Subject Numbers	Online Services Availability	Publications		Glossary of Te	rms	
Laws & Regulations	Technical Support	Upcoming Webinar	•	Using this Site	•	
Freedom of Information Law (FOIL)	Get Adobe Reader 🖉					
	Register to Vote					
	Become an Organ Donor — Enroll Today!					
		CONNECT WITH US				
FACEBOOK	y TWITTER	TINSTAGRAM	0	YOUTUBE	GET WCB NOTIFICATIONS	

13. The Provider Delegates page will show two boxes. The first box lists users who are currently Provider Delegates and can submit PARs and *Form HP-1.0*. Be sure to keep this updated and remove users who should no longer draft or submiton 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.

My Profile Billing Delegates Provider Delegates			Medical	Provider Administration		
	Provider Delegate Below is a list of users who h	ave a Provider Delegate designat	tion for			
	Show 5 v entries				1	Search:
	First Name	Last Name	Phone #	ione # eMail		Modify
	Provider	Delegate	(518) 555-0234	r@wcb.ny.gov	Remove	Modify
	Showing 1 to 1 of 1 entries	5				1 Next
	Below is a list of users who D	ON'T have a Provider Delegate	designation for			
	Show 5 v entries					Search:
	First Name	Last Name	Phone #	eMail		Add
	Billing	Delegate	(518) 555-0234	@wcb.ny.gov		Add
	Showing 1 to 1 of 1 entries	5				Previous 1 Next
	Need to add some	one new?				

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.

	Provider Delegate							
	Below is a list of users who l	have a Provider Delegate design	ation for					
	Show 5 v) entries Sear							
	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							
			721.7.7					
	Below is a list of users who	DON'T have a Provider Delegate	designation for					
	Below is a list of users who I	DON'T have a Provider Delegate	designation for			Search:		
	Below is a list of users who I Show 5 v entries First Name	DON'T have a Provider Delegate	designation for Phone #	eMail		Search: Add		
	Below is a list of users who I Show S entries First Name Billing	DON'T have a Provider Delegate Last Name Delegate	designation for Phone # (518) 555-023	eMail 4 @wcb.ny.gov		Search: Add		
	Below is a list of users who I Show <u>5 v</u> entries First Name Billing Showing 1 to 1 of 1 entrie	DON'T have a Provider Delegate Last Name Delegate	designation for Phone # (518) 555-023	eMail 4 @wcb.ny.gov		Search: Add Add		

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**.

My Profile Billing Delegates Provider Delegates	Medical Provider Administration								
	Provider Delegate Below is a list of users who I	have a Provider Delegate design	ation for						
	Show 5 v entries							Search:	
	First Name	Last Name	Phone #		eMail		Remove	Modify	
	Provider	Delegate	(518) 555-	0234 r@w		twcb.ny.gov		Modify	
	Showing 1 to 1 of 1 entries								Next
	Below is a list of users who I	DON'T have a Provider Delegate	e designation for					Search:	
	First Name	Last Name		Phone #		eMail		Add	
	Billing	Delegate		(518) 555-0234		'@wcb.ny.gov		Add	
	Showing 1 to 1 of 1 entrie	*5						Previous 1	Next
	Need to add some	eone new?							

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**.

			Add New Use	r
*First Name:		M.I.:	*Last Name:	
First Name			Last Name	
*Address Line 1:			Address Line 2:	
Address			Floor, Suite, Apt.	
City:		*State:	*Zip Code	21
City		New York	✓ 12345	
*Area Code:	*Phone Number:	ext:		
123	456-7890			
*E-mail Address:				
test@test.com				
Comments:				
			Continue Cancel	Add

VIII. Need help?

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