Agenda

1. Recap
2. Registration and Administration
3. Accessing OnBoard
4. Submitting a Request for Decision on Unpaid Medical Bill(s) (Form HP-1.0)
5. OnBoard Training Resources
Disputed Medical Bills Submission

- Digitize and streamline the submission of *Requests for Decision on Unpaid Medical Bill(s) (Form HP-1.0)*
- March 7, 2022
Registration

- 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 your organization, you will register as a medical supplier.

- 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.

- Visit the Medical Portal web pages for medical supplier registration and OnBoard administration information.
OnBoard Administration

- Medical suppliers can assign delegates to draft and submit Form HP-1.0s.
- If working on behalf of a health care provider registered for the Medical Portal, speak with the HCP to become a billing delegate on their behalf.
- View administration instructions on the Medical Portal web page for complete delegate instructions.
Medical Supplier Roles
Medical Supplier Roles

Online Administrator

- Medical Portal login credentials to access the medical supplier administration application
- Adds/modifies billing delegates
- Adds/removes Online Administrators

Billing Delegates

- Draft and submit Request for Decisions on Unpaid Medical Bill(s) *(Form HP-1.0)*
- If supplier uses billing agent, the Online Administrator will set up user accounts for billing agent employees to submit *Form HP-1.0s*
Accessing OnBoard: Limited Release
How to Access OBLR

Locate Online Services drop-down list on Board website

Select Medical Portal
How to Access OBLR

Enter NY.GOV ID Username and Password

Medical Suppliers will select Request for Decision on Unpaid Medical Bill (Form HP-1.0)
Entering Your OnBoard Dashboard
OBLR Dashboard - Medical Suppliers
# My Downloads

## Downloads

Files downloaded in the last 24 hours:

<table>
<thead>
<tr>
<th>File Name</th>
<th>Related ID</th>
<th>Related Object Type</th>
<th>Date Downloaded</th>
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</thead>
</table>

No files downloaded in the last 24 hours.

Page 1 of 0  |  |  | Showing 0-0 of 0 | Items per page
My Organizations

- My Account
- My Organizations
- Log Out

<table>
<thead>
<tr>
<th>Type</th>
<th>Name</th>
<th>Roles</th>
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<tbody>
<tr>
<td>Medical Supplier</td>
<td>Medical Supplier 1</td>
<td>Medical Supplier User</td>
<td>07/01/2021</td>
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</tbody>
</table>
Organization Details

Medical Supplier 1

Overview

- Medical Supplier Name: Medical Supplier 1
- National Provider Identifier (NPI): 1599999989
- Medical Supplier FEIN: 1234567890
- Op Cert Num: 789898987
- Out of State: No
- Medical Supplier Type: Durable Medical Equipment Supp

Addresses

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<tr>
<th>Invalid?</th>
<th>Source</th>
<th>Type</th>
<th>Address</th>
<th>Effective Date</th>
<th>End Date</th>
<th>Status</th>
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<td></td>
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</table>

New York State Workers’ Compensation Board
Log Out
Submitting a Request for Decision on Unpaid Medical Bill(s) (Form HP-1.0)
Claim Search

If the workers’ compensation insurance carrier hasn’t paid your bill within 45 days of submission and there are no outstanding legal issues regarding your bill’s compensability, the Board may be able to assist you. Use the wizard below to request help.

Claim Search

1. Enter either WCB Case # or Claim Administrator Claim #. The search uses exact values to locate a claim.

WCB Case #

Claim Admin Claim #

Must be 8 characters in length. The first character may be any number or letter EXCEPT [B,E,J,O], the second character may be any number or letter EXCEPT [J,O], and the remaining 6 must be numbers.

[Search for Claim] [Clear Search]
Claim Search

If the workers’ compensation insurance carrier hasn’t paid your bill within 45 days of submission and there are no outstanding legal issues regarding your bill’s compensability, the Board may be able to assist you. Use the wizard below to request help.

**Claim Search**

1. Enter either WCB Case # or Claim Administrator Claim #. The search uses exact values to locate a claim.

   **WCB Case #**

   Must be 8 characters in length. The first character may be any number or letter EXCEPT B, C, E, I, O, the second character may be any number or letter EXCEPT I, O, and the remaining 6 must be numbers.

   **Claim Admin Claim #**

2. Enter only two of the below fields to search for this claim.

   **Date of Injury**

   **Last Four of SSN**

   **Date of Birth**

   **Patient Last Name**

   **Search for Claim**

   **Clear Search**
Claim Matched

<table>
<thead>
<tr>
<th>Search Results</th>
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<tr>
<td>Matching Claim found. Please review the information populated here before proceeding with the Request.</td>
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</tbody>
</table>

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<td>Patient DOB</td>
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<tr>
<td>Patient SSN</td>
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<tr>
<td>Patient Gender</td>
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<tr>
<td>Patient Address</td>
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<table>
<thead>
<tr>
<th>Case Information</th>
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<tbody>
<tr>
<td>WCB Case #</td>
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</tr>
<tr>
<td>Claim Admin Claim #</td>
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</tr>
<tr>
<td>Date of Injury</td>
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</tr>
<tr>
<td>Case Controverted</td>
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<tr>
<td>Case Established</td>
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</table>

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<td>Employer Address</td>
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<table>
<thead>
<tr>
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<td>Insurer ID</td>
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</table>

<table>
<thead>
<tr>
<th>Claim Administrator</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Claim Admin Name</td>
<td></td>
</tr>
<tr>
<td>Claim Admin ID</td>
<td></td>
</tr>
</tbody>
</table>
User Information - Medical Supplier
Form C-8.4 Information

Notice of Refusal to Pay All (or a Portion of) a Bill Due to Valuation Objection(s) (Form C-8.4) Information

Please Note: This information will be subject to independent verification by the WCB upon submission.

Medical Bill Submission Date

01/01/2021

Within 45 days of receipt, an insurance carrier has the right to object to your bill with Form C-8.4 questioning the fairness of the total amount that you charged.

Have you received a valuation objection (Form C-8.4) from the claim administrator?

- Yes
- No

When was the valuation objection issued by the claim administrator?

01/08/2021
Form C-8.1 Information
Inpatient and Outpatient Hospitals
Form C-8.1 Information
Other than Inpatient and Outpatient Hospitals

REQUEST FOR DECISION ON UNPAID MEDICAL BILL(S) (HP-1.0)
- Claim Search
- User
- Provider/Supplier
- Form C-8.4
- Form C-8.1
  - Medical Bill
  - Documents

Please continue with the next step.
Medical Bill Information

- **Total Charge**: $100.00
- **Amount Paid**: $50.00
- **Start Date of Service**: 12/01/2020
- **End Date of Service**: 12/07/2020
- **Number of Bills Attached**: 1
## Documents

### Inpatient and Outpatient Hospitals

#### Documents

Recommended document format is PDF (.pdf). Other acceptable formats are: text (txt, doc, docx, rtf, txt), spreadsheet (.csv, xls, xlsx, ods), and image (.tif, .jpeg, .jpg, .png). Non-PDF files will be converted to PDF. The maximum combined total for all uploaded documents is 30 MB.

#### Upload Required Documents

Copies of the medical bill(s) along with the written explanation of partial or non-payment (including Form C-8.4) must be attached.

<table>
<thead>
<tr>
<th>File Name</th>
<th>Type</th>
<th>Description</th>
<th>Actions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical Bill</td>
<td>Attached Medical Bill</td>
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<tr>
<td>C-8.4 Notice of Refusal to Pay Due to Valuation Objection(s)</td>
<td>Attached C-8.4 Notice of Refusal to Pay Due to Valuation Objection(s)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Upload Additional Documents

Additional documents such as multiple bills and C-8.4 forms, detailed medical narrative, grouper calculation report, pro-rata agreement between co-surgeons, or invoice for medical supplies may also be attached for consideration by the Arbitrator.

[Upload]
Documents

Inpatient and Outpatient Hospitals

**Documents**

Recommended document format is PDF (.pdf). Other acceptable formats are: text (.doc, .docx, .rtf, .txt), spreadsheet (.csv, .xls, .xlsx, .ods), and image (.tif, .jpeg, .jpg, .png). Non-PDF files will be converted to PDF. The maximum combined total for all uploaded documents is 30 MB.

**Upload Required Documents**

A copy of the medical bill(s) must be attached.

<table>
<thead>
<tr>
<th>File Name</th>
<th>Type</th>
<th>Description</th>
<th>Actions</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Medical Bill</td>
<td>Attached Medical Bill</td>
<td></td>
</tr>
</tbody>
</table>

**Upload Additional Documents**

Additional documents such as multiple bills or nonpayment explanations (including Form C-8.4), detailed medical narrative, grouper calculation report, pro-rate agreement between co-surgeons, or invoice for the medical supplies can also be submitted along with the request for consideration by the Arbitrator.
**Documents**

Medical Suppliers Other Than Inpatient and Outpatient Hospitals

**Documents**

Recommended document format is PDF (pdf). Other acceptable formats are: text (.doc, .docx, .rtf, .txt), spreadsheet (.csv, .xls, .xlsx, .ods), and image (.tiff, .jpeg, .jpg, .png). Non-PDF files will be converted to PDF. The maximum combined total for all uploaded documents is 30 MB.

**Upload Required Documents**

A copy of the medical bill(s) must be attached.

<table>
<thead>
<tr>
<th>File Name</th>
<th>Type</th>
<th>Description</th>
<th>Actions</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Medical Bill</td>
<td>Attached Medical Bill</td>
<td><img src="#" alt="Upload" /></td>
</tr>
</tbody>
</table>

**Upload Additional Documents**

Additional documents such as multiple bills or non-payment explanations (including Form C-8.4), detailed medical narrative, group calculation report, pro-rata agreement between co-surgeons, or invoice for the medical supplies can also be submitted along with the request for consideration by the Arbitrator.

![Upload](#)
Upload Documents

Upload Document

Form Name: Medical Bill

Description*

Attached Medical Bill

Browse

No File Selected

Upload  Cancel
Confirm Uploaded Documents

Documents

Recommended document format is PDF (pdf). Other acceptable formats are: text (.txt), Excel (.xlsx), Word (.docx), and image (.jpg, .jpeg, .png). Non-PDF files will be converted to PDF. The maximum combined total for all uploaded documents is 30 MB.

Upload Required Documents

Copies of the medical bill along with the written explanation of partial or non-payment (including Form C-84) must be attached.

<table>
<thead>
<tr>
<th>File Name</th>
<th>Type</th>
<th>Description</th>
<th>Actions</th>
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</thead>
<tbody>
<tr>
<td>Medical Bill.pdf</td>
<td>Medical Bill</td>
<td>Attached Medical Bill</td>
<td>Update Description</td>
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<tr>
<td>Medication Documentation.pdf</td>
<td>C-84 Notice of Refusal to Pay Due to Valuation Objection(s)</td>
<td>Attached C-84 Notice of Refusal to Pay Due to Valuation Objection(s)</td>
<td>Update Description</td>
</tr>
</tbody>
</table>

Upload Additional Documents

Additional documents such as multiple bills and C-84 forms, detailed medical narrative, group calculation report, pro-rata agreement between co-surgeons, or invoice for medical supplies may also be attached for consideration by the Arbitrator.

I affirm, under penalty of perjury, that:

1. The attached medical bill was submitted to the responsible insurer/self-insured employer for payment, AND
2. Proper payment in accordance with the applicable Fee Schedule has not been received, AND
3. I will abide by the NYS Workers’ Compensation Board’s decision.
Attestation

I affirm, under penalty of perjury, that:

1. The attached medical bill(s) was submitted to the responsible insurer/self-insured employer for payment, AND
2. Proper payment in accordance with the applicable Fee Schedule has not been received, AND
3. I will abide by the NYS Workers’ Compensation Board’s decision.
I affirm, under penalty of perjury, that:

1. The attached medical bill(s) was submitted to:
2. Proper payment in accordance with the applicable wage.
3. I will abide by the NYS Workers’ Compensation Board.
Submitting *Form HP-1.0*

<table>
<thead>
<tr>
<th>eForm Document</th>
<th>eForm Name</th>
<th>Patient Name</th>
<th>Patient DOB</th>
<th>WCB Case #</th>
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<td>345432</td>
<td>Request for Decision on Unpaid Medical Bill(s)</td>
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<td></td>
<td></td>
<td></td>
<td>Medic</td>
</tr>
</tbody>
</table>
OnBoard
Training Resources
Medical Suppliers

Ancillary medical providers such as: ambulance companies, DMEs, labs, health clinics, hospitals, and pharmacies.

OVERVIEW

TRAINING

RESOURCES
ONBOARD

Training: Medical Suppliers

- Accessing OnBoard
- Dashboard Overview
- Generated Documents
- Claim Search
- Request for Decision on Unpaid Medical Bill(s) (Form HP-1.0)
Request for Decision on Unpaid Medical Bills (Form HP-1.0)

Before submitting Form HP-1.0, you will need to log into OnBoard. Instructions can be found on the Accessing OnBoard webpage.

Note: Duplicate submissions of Form HP-1.0 will not be allowed.

From your OnBoard dashboard, select the Submit a Request button on the top right and select Decision on Unpaid Medical Bill (HP-1.0).
General Questions: OnBoard@wcb.ny.gov

Other Questions: (877) 632-4996

News and Updates: Subscribe to WCB Notifications

Instructions: wcb.ny.gov/onboard/