



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 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
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 your specialty is 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 your specialty is 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

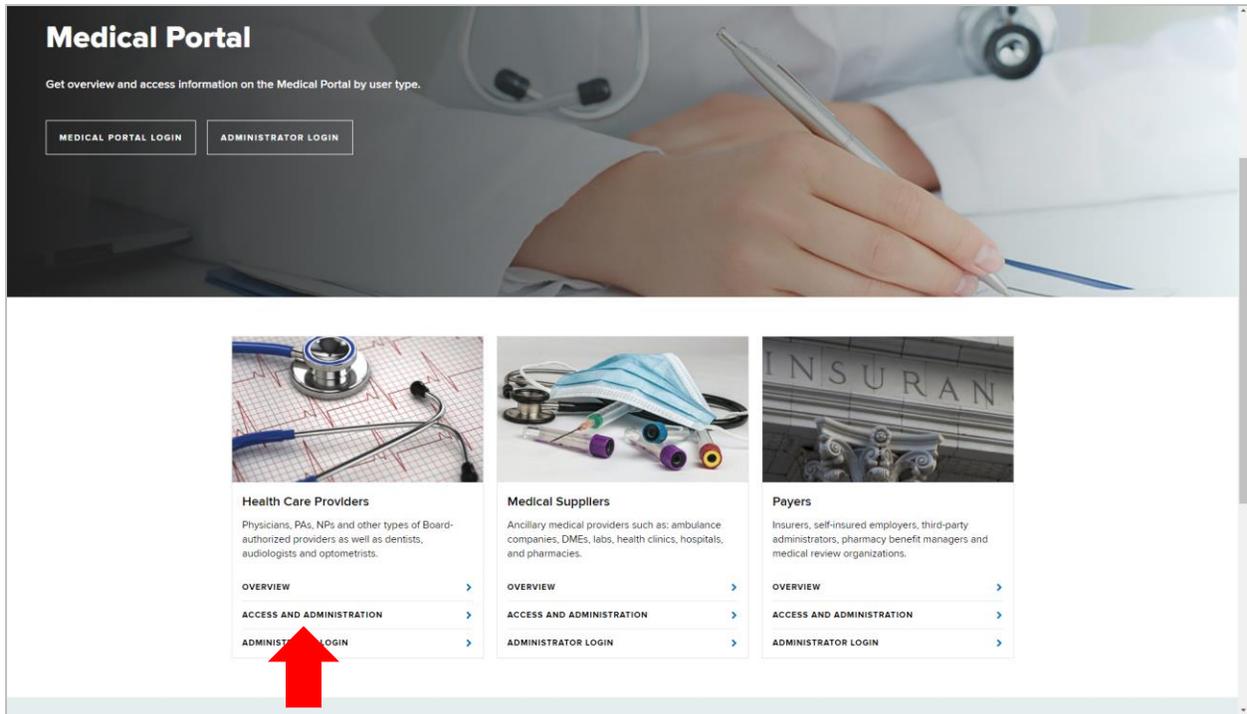
	the medical supplier registration instructions.
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III. Role Types

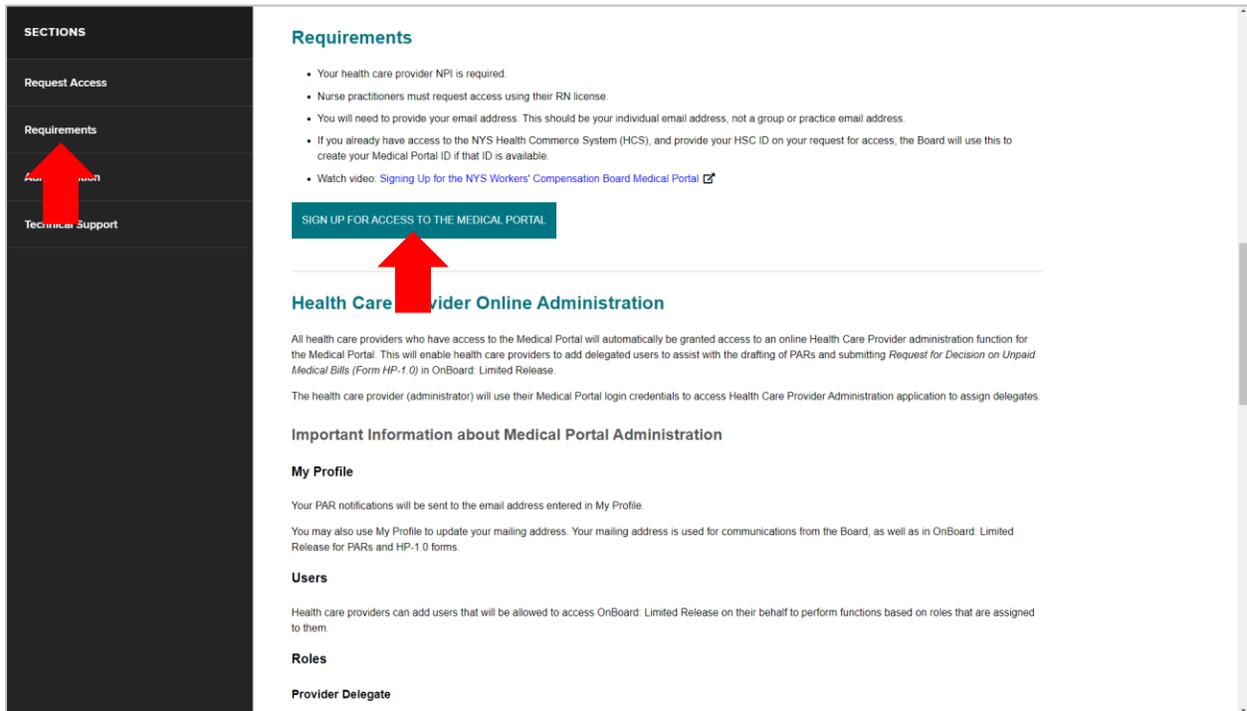
Health Care Provider Roles	Responsibilities
<p>Provider</p> <p><i>Treating physician, nurse practitioner, chiropractor, etc.</i></p>	<ul style="list-style-type: none"> • Assigns provider delegate and billing delegate users who can draft PARs and draft/submit HP-1.0s on the provider’s behalf. • Required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

The screenshot shows the Workers' Compensation Board website. At the top, there is a navigation bar with 'Services', 'News', 'Government', and 'Local'. Below that is a dark green header with 'Workers' Compensation Board' and a menu with 'Workers', 'Employers', 'Health Care Providers', 'Payers', 'Representatives', 'Forms', and 'Locations'. A search bar is on the left, and language assistance options are on the right. The main content area is titled 'Online Registrations' and 'Medical Portal Access'. It contains instructions for health care providers and an 'IMPORTANT! Before proceeding, please note:' section with a bulleted list of requirements. Below the instructions are 'Continue' and 'Cancel Registration' buttons. A red arrow points to the 'Continue' button. At the bottom, there is a footer with a grid of links under the heading 'Workers' Compensation Board'.

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

The screenshot shows the 'Online Registration' form on the Workers' Compensation Board website. The header and navigation are the same as in the previous screenshot. The main content area is titled 'Online Registration' and 'Medical Portal - Provider - Initial Registration'. It includes a sub-header 'Select Submit after completing the mandatory fields on both the Authorization Status and Provider Information tabs'. There are two tabs: 'Authorization Status' (selected) and 'Provider Information'. The form contains two main sections: '*The Registering Provider Is:' with a dropdown menu, and '*The Registering Provider's Authorization Status is:' with three radio button options. Below the form is a 'Next' button, which is highlighted with a red arrow. The footer is the same as in the previous screenshot.

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. Please include your registration confirmation number and User ID when contacting Customer Support. Do NOT send your password.

[Return to WCB Home](#)

Workers' Compensation Board

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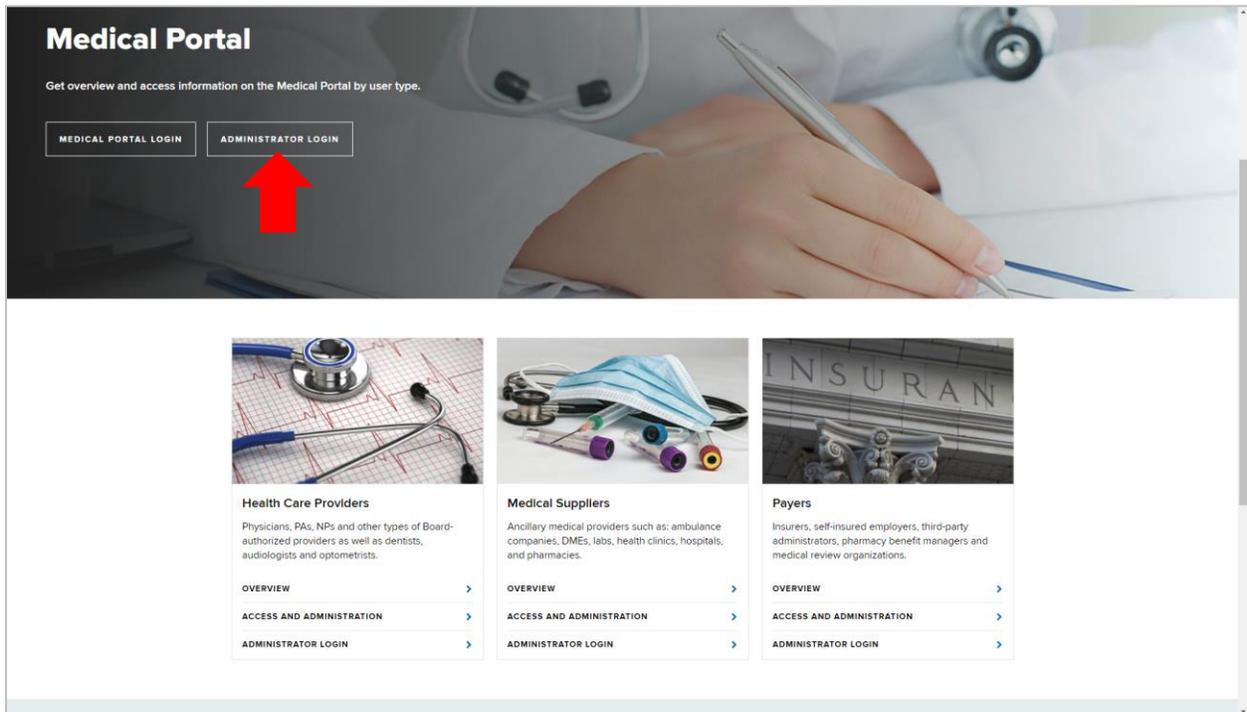
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It may take up to three to five business days for the Board to complete the review of your registration. Once approved, a message will be sent to the email in the registration with your NY.gov ID and temporary password.

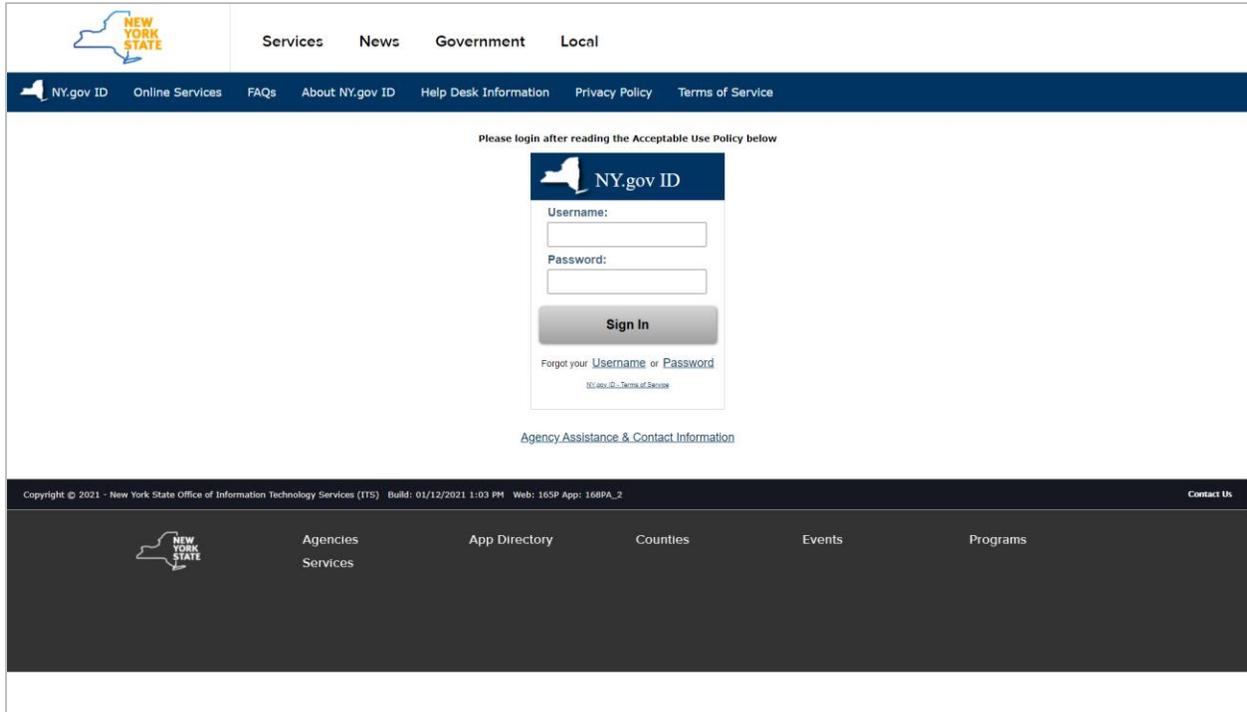
V. Managing your profile and Medical Portal delegates for health care providers

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 and password. The NY.gov ID that you use to access the Medical Portal is separate and apart from the NY.gov ID that you may use for other NYS agencies, such as the Department of Motor Vehicles and Tax and Finance.

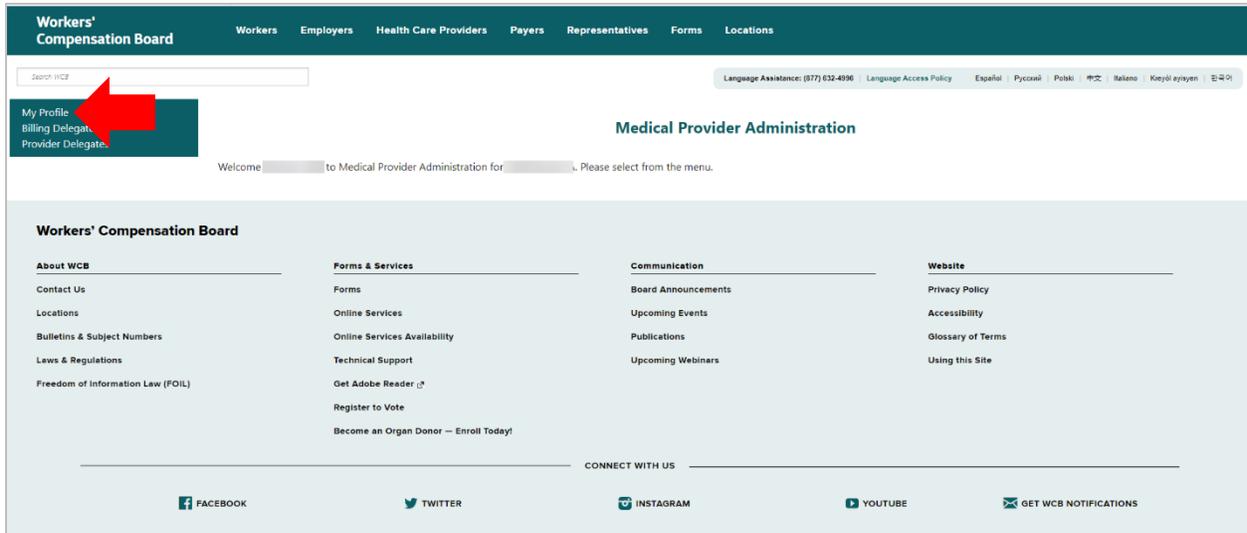
1. Visit wcb.ny.gov/medicalportal.
2. Select Administrator Login.



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



4. The Medical Provider Administration page will allow health care providers to manage their 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]

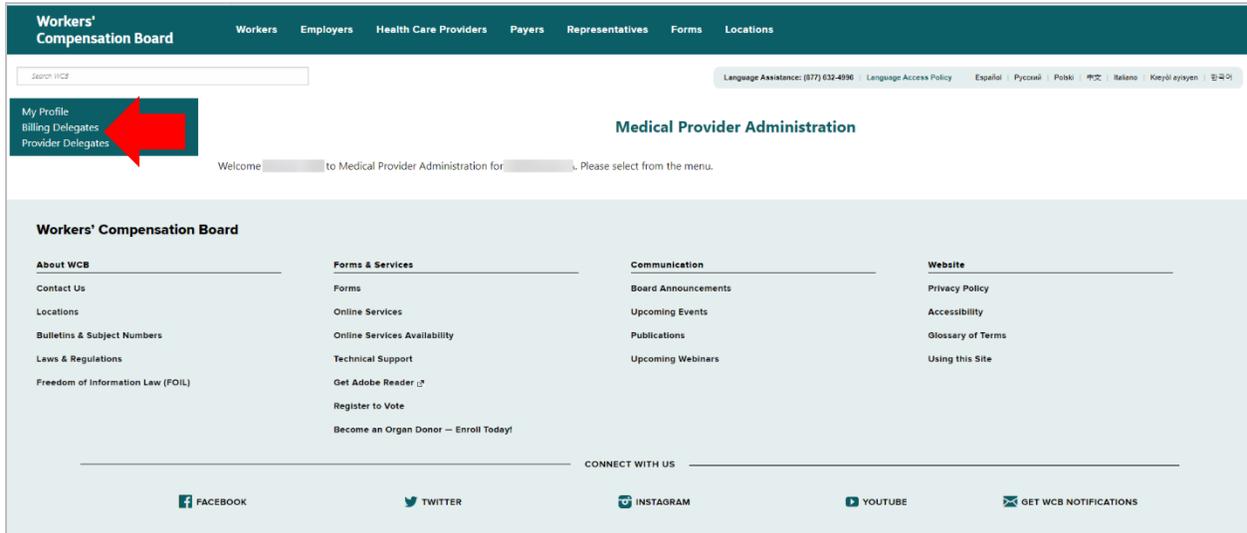
*Area Code: [518] *Phone Number: [123-4567] ext: []

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

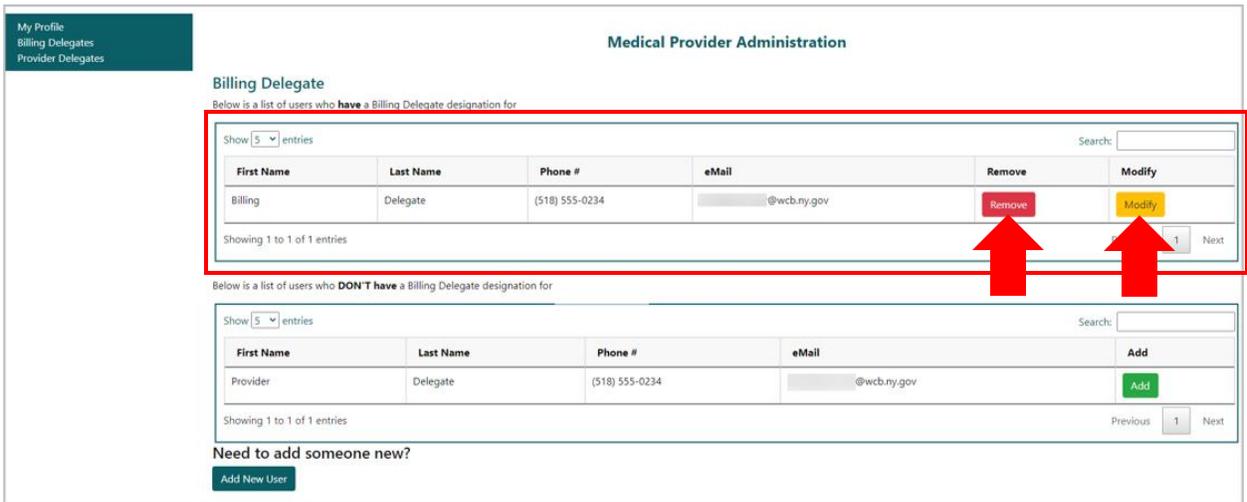
[Continue](#) [Cancel](#)



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 *HP-1.0s* on your behalf. Be sure to keep this updated and remove users who should no longer submit bills on your behalf. When a user is removed, they will appear in the second box, which lists users who are not currently selected as a Billing Delegate. 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

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

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

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

Showing 1 to 1 of 1 entries

Need to add someone new?

[Add New User](#)

10. If a new user is not listed in the second box and needs 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

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

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

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

Showing 1 to 1 of 1 entries

Need to add someone new?

[Add New User](#)

11. The new user information is then entered. Once submitted, the add user request is sent to the Board for processing. Once processed, the user will receive a User ID and temporary password via the email submitted in the form. 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 prior authorization requests, but the health care providers themselves are required to submit them. Provider delegates can also draft and submit *Request for Decision on Unpaid Medical Bills (Form HP-1.0)* and do not have to separately be listed as a Billing Delegate.

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My Profile

Billing Delegates

Provider Delegates

Medical Provider Administration

Welcome _____ to Medical Provider Administration for _____ . Please select from the menu.

Workers' Compensation Board

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13. The Provider Delegates page will show two boxes. The first box lists users who are currently a Provider Delegate and can draft PARs and *Form HP-1.0s*. Be sure to keep this updated and remove users who should no longer draft or submit on your behalf. When selecting **Remove** in a user's row, they will move to the second box which lists users who are not currently selected as a Provider Delegate. 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
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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 and needs 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](#)

- The new user information is then entered. Once submitted, the add user request is sent to the Board for processing. Once processed, the user will receive a User ID and temporary password via the email submitted in the form. 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
 General registration questions: Customer Service (877) 632-4996
 Technical assistance: WCBCustomerSupport@wcb.ny.gov
 OnBoard Webpage: wcb.ny.gov/onboard
 Email OnBoard: OnBoard@wcb.ny.gov