



**Workers'
Compensation
Board**



OnBoard: Limited Release Training for Medical Suppliers

BETTER FOR WORKERS

New York State Workers' Compensation Board

BETTER FOR BUSINESS

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*

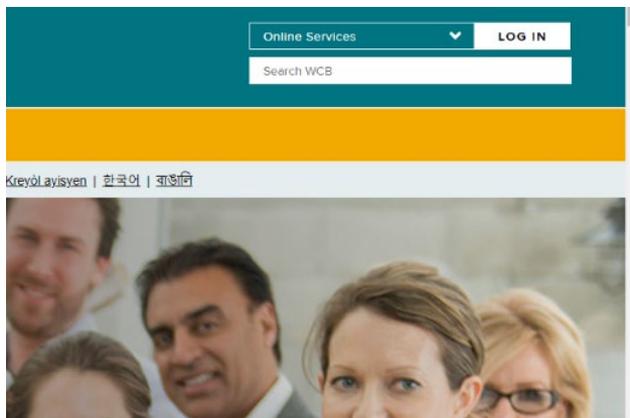


Accessing OnBoard: Limited Release

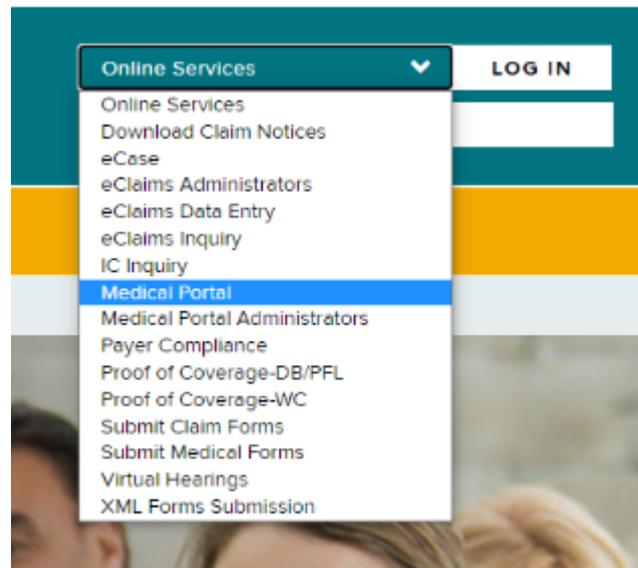


How to Access OBLR

Locate Online Services drop-down list on Board website



Select Medical Portal

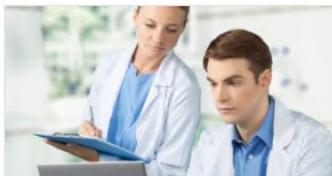


How to Access OBLR

Enter NY.GOV ID
Username
and Password



Medical Suppliers will select **Request for Decision on Unpaid Medical Bill (Form HP-1.0)**



Medical Providers

[Training](#)
[Medical Portal Administration](#)



Treatment

[Medical Treatment Guidelines](#)
[MTG Lookup Tool](#)



Billing

[Medical Fee Schedules](#)
[Request for Decision on Unpaid Medical Bill \(Form HP-1.0\)](#)
[What To Do When a Bill for Treatment Isn't Paid \(HP-1 and HP-J1 Forms\)](#)
[CMS-1500 Initiative](#)
[XML Forms Submission](#)



Entering Your OnBoard Dashboard



OBLR Dashboard - Medical Suppliers

ONBOARD | **My Dashboard** | My Downloads | My Profile | [Submit a Request](#) | [Medical Portal](#)

My Dashboard

[Draft eForms](#) | [Submitted eForms](#)

If you want to resume an existing draft of an eForm, do so from the link in the 'Draft eFormName' column. Filter

Draft eForm Name	Patient Name	Patient DOB	WCB Case #	eForm Details	For	Status	Last Updated By	Last Updated Date
There are no draft eForms to display.								

Page 1 of 0 | < > >> | Showing 0-0 of 0 | 10 Items per page

OBLR Dashboard - Medical Suppliers

ONBOARD | **My Dashboard** | My Downloads | My Profile | [Submit a Request](#) | [Medical Portal](#)

My Dashboard

Draft eForms | Submitted eForms

If you want to resume an existing draft of an eForm, do so from the link in the 'Draft eFormName' column. Filter

Draft eForm Name	Patient Name	Patient DOB	WCB Case #	eForm Details	For	Status	Last Updated By	Last Updated Date
There are no draft eForms to display.								

Page 1 of 0 | < > >> | Showing 0-0 of 0 | 10 Items per page

My Downloads



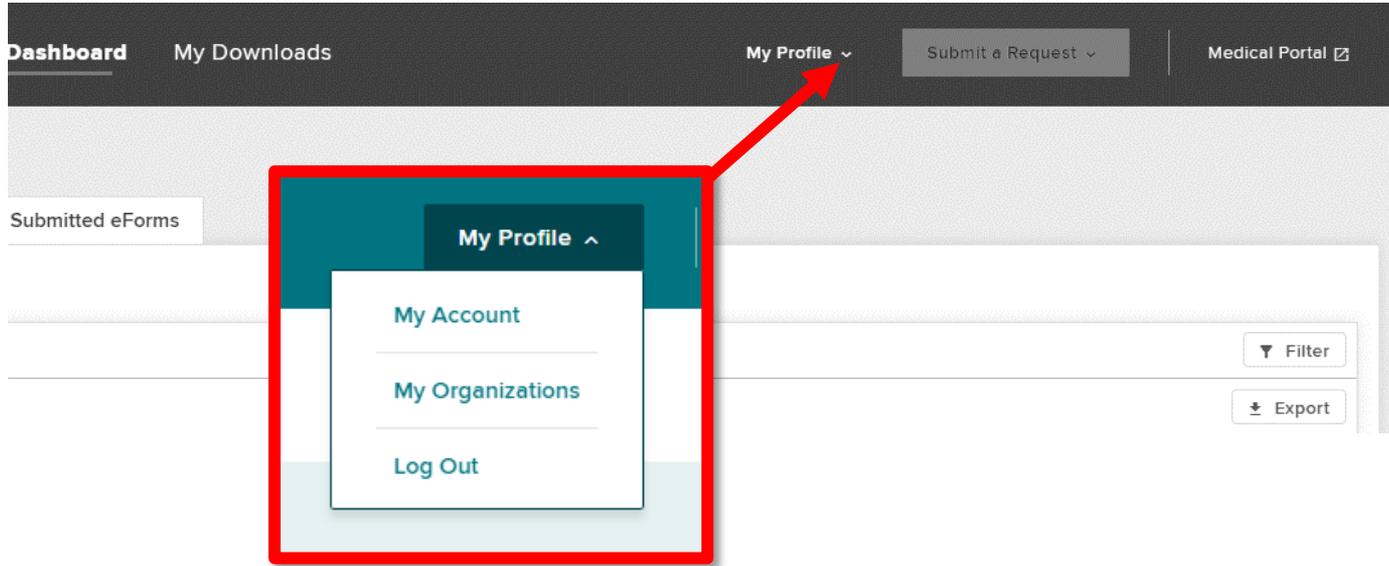
Downloads

Files downloaded in the last 24 hours:

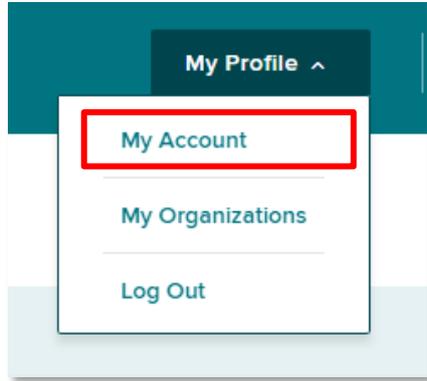
File Name	Related ID	Related Object Type	Date Downloaded
No files downloaded in the last 24 hours.			

Page 1 of 0 | < > | Showing 0-0 of 0 | 10 Items per page

My Profile



My Account



Your Profile

My Account

Your User Name is a Board assigned User ID and cannot be changed. Updates to the name and email address associated to your account must be made through the Medical Portal administration application. If you are not a health care provider or online user administrator you must speak with your organization's user administrator. More information can be found on the [Board's Website](#).

User Name

User Email Address

Contact Information

First Name

Jordan

Middle Name

Last Name

Name Suffix

Phone Country Code

+1

Phone Number

(222) 222-2223

Extension

Phone Type

Mobile

Notification Preferences

Please select the notifications you would like to opt-in to receive.

PAR Status Update - Email

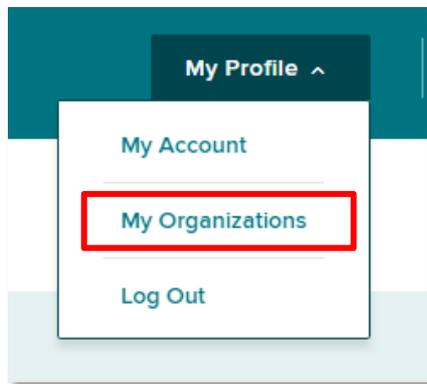
New Item in Queue - Email

Text Message Opt-In - Standard Carrier Msg & Data Rates May Apply.

Save

Cancel

My Organizations

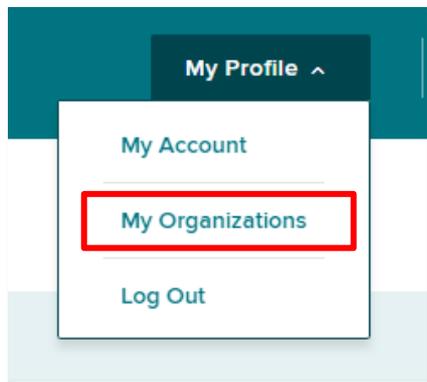


My Organizations

Type	Name	Roles	Start Date
Medical Supplier	Medical Supplier 1	Medical Supplier User	07/01/2021

Page 1 of 1 | < 1 > | Showing 1 of 1 | 10 items per page

Organization Details



Medical Supplier (NPI): 159999989
Medical Supplier 1

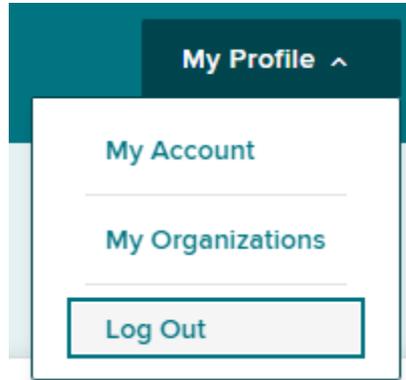
Overview

Medical Supplier Name Medical Supplier 1	National Provider Identifier (NPI) 159999989	Medical Supplier FEIN 123450030
Op Cert Num 78998987	Out of State No	Medical Supplier Type Durable Medical Equipment Supp

Addresses

Invalid?	Source	Type	Address	Effective Date	End Date	Status
No Results Found						

Log Out



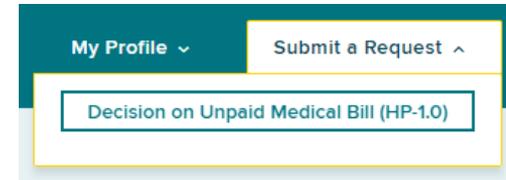
***Submitting a Request for
Decision on Unpaid Medical
Bill(s) (Form HP-1.0)***



Submit a Request



The screenshot shows the ONBOARD dashboard. The top navigation bar includes the ONBOARD logo, 'My Dashboard' (underlined), 'My Downloads', 'My Profile', a yellow 'Submit a Request' button, and 'Medical Portal'. Below the navigation bar, the 'My Dashboard' section has two tabs: 'Draft eForms' (selected) and 'Submitted eForms'. A message states: 'If you want to resume an existing draft of an eForm, do so from the link in the 'Draft eForm Name' column.' A 'Filter' button is visible. Below the message is a table with the following columns: 'Draft eForm Name', 'Patient Name', 'Patient DOB', 'WCB Case #', 'eForm Details', and 'For'.



This zoomed-in view shows the 'My Profile' dropdown and the 'Submit a Request' button. Below the button, a box highlights the link 'Decision on Unpaid Medical Bill (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,C,E,I,O], the second character may be any number or letter EXCEPT [I,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.

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WCB Case #

Claim Admin Claim #

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

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

Date of Injury

(MM/DD/YYYY). If exact date of injury/illness is not known, use other search criteria.

Last Four of SSN

Date of Birth

(MM/DD/YYYY)

Patient Last Name

🔍 Search for Claim

🗑️ Clear Search

Claim Matched

Search Results

Matching Claim found. Please review the information populated here before proceeding with the Request.

Patient

Patient Name	Patient DOB	Patient SSN	Patient Gender	Patient Address
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

Case Information

WCB Case #	Claim Admin Claim #	Date of Injury	Case Controverted	Case Established
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

Established For	Filed Date
[REDACTED]	[REDACTED]

Employer

Employer Name	Employer Address
[REDACTED]	[REDACTED]

Insurer

Insurer Name	Insurer ID
[REDACTED]	[REDACTED]

Claim Administrator

Claim Admin Name	Claim Admin ID
[REDACTED]	[REDACTED]

User Information - Medical Supplier

User

Request for Decision on Unpaid Medical Bill(s) (HP-1.0)

Save as Draft

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

User Information

On Behalf Of
Medical Supplier 1

← Claim Search Provider/Supplier → Exit

Provider Information - Medical Supplier

Provider/Supplier

Request for Decision on Unpaid Medical Bill(s) (HP-1.0)

Save as Draft

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

Provider/Supplier Information

Type of Care

Other Medical Supplier

National Provider Identifier (NPI)

[Redacted]

Medical Supplier Name

[Redacted]

FEIN

[Redacted]

Mailing Address

[Redacted]

Country Code*

+1

Phone Number*

[Redacted]

Email*

[Redacted]

Is your billing address the same as your mailing address?*

Yes

No

← User

Form C-8.4 →

Exit

Form C-8.4 Information

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

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*

(mm/dd/yyyy)

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?*

(mm/dd/yyyy)

[← Provider/Supplier](#) [Form C-8.1 →](#) [Exit](#)

Form C-8.1 Information

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

Notice of Treatment Issue/Disputed Bill (Form C-8.1) Information

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

Within 45 days of receipt, an insurance carrier has the right to object to your bill with Form C-8.1 raising legal issues. These issues must be resolved in your favor through the adjudication process before you can proceed with your HP-1 request.

Have you received a legal objection (Form C-8.1) from the claim administrator?*

Yes
 No

When was the legal objection issued by the claim administrator?*



(mm/dd/yyyy)

Once the legal objection (Form C-8.1) has been resolved, an official notice (Form EC-23 or PD-NSL) is issued with the ruling.

Have you received a notice of decision (Form EC-23 or PD-NSL) resolving the legal objection that was not appealed or objected to by any party?*

Yes
 No

Was the legal objection resolved in your favor?*

Yes
 No

What is the filing date of the notice of decision? You can find this date by looking at the lower-right hand corner of the decision.*



(mm/dd/yyyy)

[← Form C-8.4](#) [Medical Bill →](#) [Exit](#)

Form C-8.1 Information

Other than Inpatient and Outpatient Hospitals

REQUEST FOR DECISION ON UNPAID MEDICAL BILL(S) (HP-1.0)

Please continue with the next step.

- Claim Search
- User
- Provider/Supplier
- Form C-8.4
- Form C-8.1**
- Medical Bill
- Documents

[← Form C-8.4](#) [Medical Bill →](#) [Exit](#)

Medical Bill Information

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

Medical Bill Information

Total Charge*	Amount Paid*
\$ 100.00	\$ 50.00
Start Date of Service*	End Date of Service*
12/01/2020 	12/07/2020 
<small>(mm/dd/yyyy)</small>	
Number of Bills Attached*	
1	

← Form C-8.1 **Documents** →  Exit

Documents

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**

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

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

File Name	Type	Description	Actions
	Medical Bill	Attached Medical Bill	Upload
	C-8.4 Notice of Refusal to Pay Due to Valuation Objection(s)	Attached C-8.4 Notice of Refusal to Pay Due to Valuation Objection(s)	Upload

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](#)

[← Medical Bill](#) [Submit →](#) [Preview](#) [Exit](#)

Documents

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**

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.

File Name	Type	Description	Actions
	Medical Bill	Attached Medical Bill	Upload

Upload Additional Documents

Additional documents such as multiple bills or nonpayment explanations (including Form C-8.4), detailed medical narrative, grouper 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](#)

[← Medical Bill](#) [Submit →](#) [Preview](#) [Exit](#)

Documents

Medical Suppliers 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**

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.

File Name	Type	Description	Actions
	Medical Bill	Attached Medical Bill	<input type="button" value="Upload"/>

Upload Additional Documents

Additional documents such as multiple bills or nonpayment explanations (including Form C-8.4), detailed medical narrative, grouper 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 Documents

Upload Document ✕

Form Name: Medical Bill

Description*

21 / 256

[Browse](#)

No File Selected

[Upload](#) [Cancel](#)

Confirm Uploaded Documents

REQUEST FOR DECISION ON UNPAID MEDICAL BILLS(S) (HP-1.0)

- Claim Search
- User
- Provider/Supplier
- Form C-8.4
- Form C-8.1
- Medical Bill
- Documents**

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

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

File Name	Type	Description	Actions
Medical Bill.pdf	Medical Bill	Attached Medical Bill	Update Description Remove
Medication Documentation.pdf	C-8.4 Notice of Refusal to Pay Due to Valuation Objection(s)	Attached C-8.4 Notice of Refusal to Pay Due to Valuation Objection(s)	Update Description Remove

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](#)

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.

[← Medical Bill](#) [Submit →](#) [Preview](#) [Exit](#)

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.

[← Medical Bill](#)

[Submit →](#)

[🔍 Preview](#)

[🚪 Exit](#)

Preview Form HP-1.0

I affirm, under penalty of perjury, that:

1. The attached medical bill(s) was submitted to
2. Proper payment in accordance with the appl
3. I will abide by the NYS Workers' Compensati

[← Medical Bill](#) [Submit →](#) [Preview](#)

DD-00-0002-328_07-21-2021-01-13.pdf

1 / 2 100%

NEW YORK STATE Workers' Compensation Board

REQUEST FOR DECISION ON UNPAID MEDICAL BILL(S): Arbitration

For Office Use Only

CLAIM INFORMATION

WCB Case #	Date of Injury	Claim Admin Claim #

Patient Name
Address

SSN DOB Gender

Employer Name
Address

Insurer Name Insurer ID
Address

Claim Admin Name Claim Admin ID
Address

HEALTH CARE PROVIDER/ MEDICAL SUPPLIER INFORMATION

Name and Mailing Address of Health Care Provider/ Medical Supplier

Name
Mailing Address

Email Address Phone #
Type FEN/ SSN
Type of Care NPI
WCB Auth #
WCB Rating Code

Submitting *Form HP-1.0*

My Dashboard

Draft eForms

Submitted eForms

Filter

eForm Document	eForm Name	Patient Name	Patient DOB	WCB Case #	eForm Details	For
346133 	Request for Decision on Unpaid Medical Bill(s)				UB-00-0001-091	Medic
345432 	Request for Decision on Unpaid Medical Bill(s)				UB-00-0001-016	Medic



OnBoard Training Resources





Medical Suppliers

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

OVERVIEW



TRAINING



RESOURCES





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



Training: Medical Suppliers

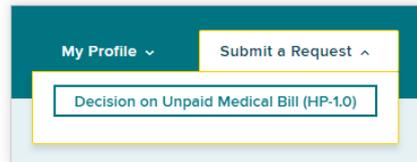
Request for Decision on Unpaid Medical Bills (Form HP-1.0)

< TRAINING: MEDICAL SUPPLIERS

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/