

ONB ARD

A Better System for a Better Board

OnBoard: Limited Release for Health Care Providers

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New York State Workers' Compensation Board

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Agenda

- 1. OnBoard: Limited Release Recap
- **2.** Who can do what in Onboard: Limited Release?
- **3.** Registration and Administration
- **4.** New FAQs and What's Next
- **5.** Question and Answer Session





OnBoard Timeline

- Began in summer 2019
- Identified opportunities to release system functionality early, to better assist stakeholders

OnBoard: Limited Release

• OnBoard will be released in three phases:



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Prior Authorization Requests

 OnBoard: Limited Release will digitize and streamline the PAR process for the following requests:

| New PAR Name | Old PAR Name |
|--|--|
| Confirmation | previously done using the Attending Doctor's Request for Optional Prior Approval and Carrier's/Employer's Response [Form MG-1]) |
| Variance | previously done using the Attending Doctor's Request for Approval of Variance and Carrier's Response [Form MG-2]) |
| Special Services | includes the 12 requests related to the Medical Treatment Guideline (MTGs) previously done using the Attending Doctor's Request for Authorization and Carrier's Response [Form C-4 AUTH] |
| Non-MTGs treatment costing more than \$1,000 | previously done using Form C-4 AUTH |

 After a transition period that the Board will announce with the effective date of OnBoard: Limited Release, paper Form MG-1, Form MG-2, and Form C-4 AUTH will be eliminated when use of OnBoard: Limited Release begins

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Prior Authorization Requests

- Prior authorization of Durable Medical Equipment (DME)
 - Adoption of amendments announced on March 4, 2021, in Subject Number 046-1379
 - wcb.ny.gov/content/main/regulations
- Non-MTGs under or = \$1,000
- Medication PARs (replacing the current Drug Formulary Prior Authorization Request process)

Disputed Medical Bills Submission

 Digitize and streamline the intake of Requests for Decision on Unpaid Medical Bill(s) (Form HP-1.0)

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Prior Authorization Process

- Sign into the Medical Portal
- Access OnBoard dashboard
- Select "Submit an eForm"
- Begin with entering information
 - Provider delegates will select the provider they are entering information on behalf of

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| My Tasks Prior As | therizations Draft efform | s Submitted eFor | ma | | | | T Bh |
| Prior Auth ID 0 | Type 0 | Patient 0 | Patient DOB 0 | Carrier Case # ≎ | WCB Case # 0 | Last Activity 0 | Prior Auth Status |
| PA-12-123-1234 | Formulary | Underwood, Carrie | 01/01/1990 | IN1234567 | G1957462 | 05/23/2020 | LEVEL 2 REVIEW |
| PA-02-123-1294 | Mandatory | Smith, Amanda | 01/01/1990 | IN1234567 | G1957462 | 06/21/2020 | LEVEL 1 REVIEW |
| PA-12-333-1634 | Variance | Baker, Kyle | 01/01/1990 | IN1234567 | G1957462 | 07/03/2020 | LEVEL 2 REVIEW |
| PA-10-126-1247 | Non-MTG <\$1000 | Donaldson, Aaron | 01/01/1990 | IN1234567 | G1957462 | 07/05/2020 | LEVEL 1 REVIEW |
| PA-12-443-1893 | Formulary | McGibbon, William | 01/01/1990 | IN1234567 | G1957462 | 07/10/2020 | GRANTED IN PART |
| PA-03-113-1224 | Special Services | Garcia, Robert | 01/01/1990 | IN1234567 | G1957462 | 07/15/2020 | LEVEL 2 REVIEW |
| PA-11-155-1934 | Durable Medical Equipment | Davis, Susan | 01/01/1990 | IN1234567 | G1957462 | 07/17/2020 | LEVEL 2 REVIEW |
| PA-08-123-1748 | Verlance | Brown, Lianne | 01/01/1990 | IN1234567 | G1957462 | 07/23/2020 | GRANTED |
| | Mandatory | Mile; Amber | 01/01/1990 | IN1234567 | G1957462 | 07/23/2020 | DENED |
| PA-06-113-1536 | | | 01/01/15/90 | IN1234567 | G1957402 | 07/24/2020 | LITEL / BUTHE |
| PA-06-113-1536 | Non-MTG >\$1000 | Copez, June | | | | | |
| PA-06-112-1526 PA-02-843-9957 Rege 1 of 1 > | Non-MTG >\$1000 Showing 1 - 10 of 10 | Copiez, Juna | | | | | |
| PA-06-113-1536 PA-02-843-9957 Page 1 of 1 > | Non-MTG >\$1000 | Coprez, Suite | | Mu Poster | s. Submit and | forn y | Medical Treatment Port |
| PA-05-113-1536 PA-02-843-9957 Page 1of 1 > ONB@ARD PAR Questionnaire I 56 Request For Infin Request For Infin Request For Infin | Non-MTG >51000 Showing 1- 10 of 10 Home Downloads ornation virtation | LOPEL JUNE | | My Profile | v Subritan e | forn v | Medical Treatment Port |
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Prior Authorization Process

- Enter the requested information
 - PAR Category
 - CPT Code
 - MTG Site
 - Body Part Information
 - MTG Consistency
- Attach documents as necessary
- Add additional items to a PAR
 - Durable Medical Equipment, for example
- Complete request

| shboard > Request for Priv | er Authorization | | |
|---|---|----------------------------------|---|
| R Questionnaire Step 3 | i of 3: | | |
| ue ouestnonwalle Requeste Information Locate e Claim Request Items OMPLETE REQUEST(\$) | Request terms Are the schematics below to add one or more terms that you will be requesting on the term terms that you will be requesting on the term terms Image: Terms of the term terms of te | ior authorization | CLAIM DETAILS Patter Name Litera Artistabili DO 009/972 WCB Case Number Q200205 Case Southwated? No Case Stabiliheat? Vis |
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Who Can Do What?

Prior Authorization Requests (PARs)

| | Medical Bill Disputes (HP-1.0) | Medication | Confirmation | Variance | Non-MTG Under or = \$1000 | Non-MTG Over \$1000 | Special Services | DME |
|---------------------------------|-----------------------------------|------------|--------------|----------|---------------------------------|------------------------|---------------------|-----|
| Acupuncturist | Х | | | | Х | Х | | |
| Chiropractor | Х | | х | х | х | х | | Х |
| Licensed Clinical Social Worker | Х | | Х | Х | х | Х | | |
| Physician | Х | х | Х | Х | х | Х | х | Х |
| Physician Assistant | Х | х | х | х | х | х | | Х |
| Nurse Practitioner | Х | х | Х | Х | х | Х | Х | х |
| Podiatrist | Х | х | х | Х | х | х | х | Х |
| Psychologists | Х | | Х | Х | Х | Х | | |
| Physical Therapists | Х | | | | Х | Х | | |
| Occupational Therapist | Х | | | | Х | Х | | |
| Dentist | Х | Х | | | х | Х | | х |
| Audiologists | Х | | | | Х | Х | | х |
| Optometrist | Х | | | | х | Х | | х |

wcb.ny.gov/medicalportal/health-care-providers-overview

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Registering for the Medical Portal to Access OnBoard: Limited Release







Who Has Access?

All providers who currently have access to the Medical Portal will automatically be registered for OnBoard: Limited Release

- Same NY.gov ID and Password
- Separate and apart from an NY.gov ID used for Department of Motor Vehicles, Tax and Finance, etc.







If You Don't Already Have Access

Register as a Health Care Provider or Medical Supplier



Health Care Providers

Physicians, PAs, NPs and other types of Boardauthorized providers as well as dentists, audiologists and optometrists.

| OVERVIEW | > |
|---------------------------|---|
| ACCESS AND ADMINISTRATION | > |
| ADMINISTRATOR LOGIN | > |



Medical Suppliers

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

| OVERVIEW | > |
|---------------------------|---|
| ACCESS AND ADMINISTRATION | > |
| ADMINISTRATOR LOGIN | > |





Medical Portal Registration

Health Care Provider or Medical Supplier?

- If your specialty is listed in the "Who Can Do What" list, you will register for the Medical Portal as a Health Care Provider
- If your specialty is not listed in the "Who Can Do What" list, you need to register as a Medical Supplier

| Who Can Do What? |
|---------------------------------|
| Acupuncturist |
| Chiropractor |
| Licensed Clinical Social Worker |
| Physician |
| Physician Assistant |
| Nurse Practitioner |
| Podiatrist |
| Psychologists |
| Physical Therapists |
| Occupational Therapist |
| Dentist |
| Audiologists |
| Optometrist |

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Health Care Provider Registration

- Those with their specialty listed will follow the Health Care Providers registration instructions
- Dentists, Audiologist and Optometrists are not able to become Board-authorized but can request access to the Medical Portal to be able to use OnBoard: Limited Release



| Who Can Do What? |
|---------------------------------|
| Acupuncturist |
| Chiropractor |
| Licensed Clinical Social Worker |
| Physician |
| Physician Assistant |
| Nurse Practitioner |
| Podiatrist |
| Psychologists |
| Physical Therapists |
| Occupational Therapist |
| Dentist |
| Audiologists |
| Optometrist |

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Signing Up for the Medical Portal

Health Care Providers



Visit wcb.ny.gov/medicalportal and select "Access and Administration" under Health Care Providers



Select "Sign Up for Access to the Medical Portal"

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Signing Up for the Medical Portal Health Care Providers

| | Online Registration |
|---|---|
| Demok WGB Lenguage Assentance: (877)152-4555 Language Access Policy Equator Pyrcoat Pulai 492 Indexs Keyel appare 10-93 Online Registrations | Medical Portal - Provider - Initial Registration |
| Hedical Portal Access Health care providers who are interested in using the Board's Medical Portal must sign up for access. HDCRTANT: Before proceeding, please note: address should be used to apply for althorization and to access required training through the learning management system, CourseVall, adproving the requised to apply for althorization and to access required training through the learning management system, CourseVall, approving the required to apply for althorization and to access required training through the learning management system, CourseVall, approving the required to apply for althorization and to access required training through the learning management system, CourseVall, approving the required to apply for althorization and to access required training through the learning management system. CourseVall, approving the required to approving the required training plot or approving the required training plot or approving the required training plot or approving the required training through the required training plot or approving the required training through the required on the registration form. The health care providers must complete both the Authorization Status and Provider Information tabs. To unit 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. Incent Registration Confirme Cancel Registration Autor of the Registration Aut | Colort Submit after compositing 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 Out of State Provider - Not Workers' Compensation Board Authorized |
| Select "Continue" | Enter the required information |

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Signing Up for the Medical Portal

Health Care Providers

Information needed:

- Registering Provider Type
- Registering Provider Authorization Status
- Authorization Number (required if Board authorized)
- NYS License Number (required if NYS Licensed Provider)
- NPI (required for all providers)
 HCS ID (Health Commerce System ID) can select "No" if unsure or you don't have one
- First and Last Name
- Address
- Phone Number
- Email

| Online Regist | ration |
|---|--|
| | Medical Portal - Provider - Initial Registration |
| Select Su | ubmit after completing the mandatory fields on both the Authorization Status and Provider Information tabs |
| Authorization Status Pro | vider Information |
| | |
| *The Registering Provi | der Is: |
| Please Select | ~ |
| * The Registering Prov | ider's Authorization Status is: |
| NYS Licensed Prov | ider - Workers' Compensation Board Authorized |
| NYS Licensed Prov | ider - Not Workers' Compensation Board Authorized |
| Out of state Provid | er - Not workers Compensation Board Authorized and Not NTS Litensed |
| | Nut |

| | Me | dical Portal - Prov | der - Initia | al Registra | tion | | |
|------------------------------------|---------------------|------------------------|---------------|---------------|--------------|-----------------|---------|
| Select Submit af | ter completing t | he mandatory fields on | both the Auth | orization Sta | tus and Prov | ider Informatio | on tabs |
| Authorization Status Provider Info | rmation | | | | | | |
| | | | | | | | |
| Provider's Information: | erre Surten Uner II | Clim Cline | | | | | |
| NYS License Number: | •NPI Number | | | | | | |
| 123455 | 1234567890 | | | | | | |
| First Name | MD | *Last Name | | | | | |
| First Nome | | Lost Nome | | | | | |
| Address Line 1: | | Address Line 2: | | | | | |
| First line of address | | 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.com | | | | | | | |
| | | | | | | | |
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Signing Up for the Medical Portal Health Care Providers

- Three to five business days for the Board to complete the review of a registration
- Once approved, emails will be sent to the user in the application with their NY.gov ID and temporary password





Health Care Provider Roles

Billing Delegate Role

- A user with this role will only be allowed to draft and submit Form HP-1.0 on behalf of the provider
- If the health care provider uses a billing agent to submit their medical bills, the health care
 provider will need to set up user accounts for any employee of the billing agent who will be
 allowed to submit *Form HP-1.0* on behalf of the provider





Health Care Provider Roles

Provider Role

- Actual physician, physical therapist, chiropractor, etc.
- Assigns provider and billing delegates who can draft PARs and HP-1s on provider behalf
- Required to send final PAR in OnBoard: Limited Release

Provider Delegate Role

- Draft PARs, which must be reviewed and submitted by the health care provider
- Draft escalations to Level 2 Medication PARs, which must be reviewed and submitted by the health care provider
- Draft PAR escalations for provider review and submission to Level 3 for Medical Director's Office review
- Respond to insurer requests for information (must be designated by the health care provider from within OnBoard: Limited Release)
- Draft and submit Request for Decision on Unpaid Medical Bills (Form HP-1.0)

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Medical Suppliers

If your specialty is **not** listed in the table "Who Can Do What?" and you need to submit *Request for Decision on Unpaid Medical Bill(s) (Form HP-1.0)*, you will need to request access to the Medical Portal as a **Medical Supplier**

Medical Suppliers include:

- Ambulance companies
- Durable medical equipment suppliers
- Inpatient hospitals
- Laboratories
- Mental health clinics
- Outpatient clinics
- Outpatient hospitals
- Pharmacies
- Psychiatric hospitals



Medical Suppliers

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

| OVERVIEW | |
|---------------------------|--|
| ACCESS AND ADMINISTRATION | |
| ADMINISTRATOR LOGIN | |

| Who Can Do What? |
|---------------------------------|
| Acupuncturist |
| Chiropractor |
| Licensed Clinical Social Worker |
| Physician |
| Physician Assistant |
| Nurse Practitioner |
| Podiatrist |
| Psychologists |
| Physical Therapists |
| Occupational Therapist |
| Dentist |
| Audiologists |
| Optometrist |

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Signing Up for the Medical Portal

Medical Suppliers



Visit wcb.ny.gov/medicalportal and select "Access and Administration" under Medical Suppliers



Select "Sign Up for Access to the Medical Portal"

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Signing Up for the Medical Portal Medical Suppliers

| | Online Registra | tion | | | |
|---|----------------------------------|------------------|----------------------|----------------------|--|
| | | | Medical Portal - | Initial Registration | |
| CB Language Assistance: (877) 632-4956 Language Access Policy Español Pyccuel Pulski 바오 Italiano Koryol syloyen 한국어 | Medical Supplier Information | Jser Information | | | |
| Online Registrations | *The Registering Medical S | upplier ls: | | | |
| Medical suppliers who are interested in using the Board's Medical Portal must sign up for access. | Please Select | ~ | | | |
| IMPORTANT! Before proceeding, please note: | *Name: | | *NPI Number: | *FEIN: | |
| The medical supplier's organizational National Provider Identification (NPI) number is required. | Madical Scientian Mana | | 1724567900 | 42.2455772 | |
| Complete both the Organization Information and the User Information tabs. | Meaca: Supplier Name 12:3450/090 | | | | |
| Organizations must designate at least one administrator who will be responsible for managing new users and removing users who should no longer have access to the Medical Portal. | Address: | | | | |
| You will receive a confirmation number from the Board upon submission of your request for access. Please keep this number for future | *Address Line 1: | | Line 2: | | |
| reference. Registrations may take up to three to five business days for processing. | First line of address | | Suite, room or floor | | |
| | *City: | *State: | | *Zip Code: | |
| Continue Cancel Registration | City of Medical Supplier | New York | | 12345-6789 | |
| You can send an e-mail to WCBCuston Art@wcb.ny.gov if you have any questions regarding this registration. | | | | | |
| | | | | Next | |



Enter the required information

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Signing Up for the Medical Portal

Medical Suppliers

Required information:

- Medical Supplier Type
- Name
- NPI Number
- FEIN
- Address
- User or Administrator
- First and Last Name
- Address
- Phone Number
- Email

| mine Registra | ation | | | |
|---|-----------------|----------------------|----------------------|--|
| | | Medical Portal - | Initial Registration | |
| Medical Supplier Information | Ler Information | | | |
| | | | | |
| *The Registering Medical Please Select | Supplier Is: | | | |
| | | | -77111 | |
| Medical Supplier Name | | 1234567890 | 12-3456789 | |
| Address: | | | | |
| Address Line 1: | | Line 2r | | |
| First line of orderess | | Suite, room or floor | | |
| | | | | |
| -City: | *State: | | *Zip Code: | |



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First Time Registration

Medical Suppliers

When registering for the Medical Portal for the first time, you can register multiple administrators and users in a single submission

After information is added for each user, select the "Add User" button and a new information card will appear. You can continue this until all Administrators and Users are added for the access request

| Licer Informatio | | | | | |
|---|----------------------------|------------|----------------------|------------|--|
| User Informatic | n: | | | | |
| • User's Kole Is: | 76 | | | | |
| User | | | | | |
| *First Name | | ML | *Last Name: | | |
| Dae | | | Cmith | | |
| DOI | | | 201001 | | |
| *Address Line 1: | | | Address Line 2: | | |
| S Hollow Road | | | Suite, room or floor | | |
| *City: | | *State: | | *Zip Code: | |
| Albany | | New York | ~ | 12345 | |
| *Area Code: | *Phone Number: | Extension: | | | |
| 585 | 4839999 | 1234 | | | |
| | | | | | |
| *Lmai: | | | | | |
| adminemail@prov | .der.com | | | | |
| | | | | | |
| Administrate User | זנ | | | | |
| *First Name: | | M.L: | *Last Name: | | |
| Allie | | | Benson | | |
| *Address Line 1: | | | Address Line 2: | | |
| 6 Alpine road | | | Suite, room or floor | | |
| *City | | *State | | *Tin Code | |
| Albany | | New York | ~ | 12245 | |
| Houng | | | | | |
| *Area Code: | *Phone Number: | Ext: | | | |
| 518 | 9986417 | | | | |
| *Email: | | | | | |
| test@test.com | | | | | |
| | | | | - | |
| User Role is: | | | | | |
| Administrate | 76 | | | | |
| User User | | | | | |
| *First Name: | | M.L: | *Last Name: | | |
| First Name | | | Last Name | | |
| *Address Line 1: | | | Address Line 2: | | |
| First line of address | | | Suite, room or floor | | |
| | | *State: | | *Zip Code: | |
| *City: | | New York | * | | |
| *Gity: | | | | | |
| *Gity: City *Area Code: | *Dissa Number | Ext | | | |
| *Gty: <i>City</i> *Area Code: | *Phone Number: | Ext: | | | |
| *City: City *Area Code: 123 | *Phone Number: 123-4567 | Ext: | | | |
| *Gity: City *Area Code: 122 *Email: | *Phone Number: | Ext: | | | |
| *Gity: Gity *Area Code: 123 *Email: name@example.com | *Phone Number: | Ext: | | | |

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Medical Supplier Roles

Online Administrators

Keep designated contact and user information current

Use Medical Portal login credentials to access the Medical Supplier Administration Application

There must be at least one administrator; more than one is recommended

Add/Modify users and billing delegates

Add or remove other administrators

Online administrators can sign up and add users today!



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Medical Supplier Roles

Users/Billing Delegate

Users are assigned as a billing delegates by the administrator, within Medical Portal administration

Draft and submit *Request for Decision on Unpaid Medical Bill(s) (Form HP-1.0)* for the medical supplier

If medical supplier uses billing agent to submit medical bills, the medical supplier's online administrator will need to set up user accounts for any employee of the billing agent





System Administration Health Care Providers & Medical Suppliers







Administrator Login

Note: If you have forgotten your Password, you may use the NY.gov Password Self-Service. If you do not remember your Shared Secrets, you may select the Email Activation option to receive a password reset to the email associated to your Medical Portal account.



Visit wcb.ny.gov/medicalportal and select the "Administrator Login" button at the top



Sign in with your Medical Portal username and password

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My Profile

| Workers' Compensation Board | Workers | Employers | Health Care Providers | Payers | Representati | ves Forms | Locations | | | | | | | |
|--|---------------------------------|-----------|-------------------------------|--------|---------------|-------------------|-------------------------------------|----------------|------------|-----------------|-----------------|--------------|----------------|-----|
| Search WCB | | | | | | | Language Assistance: (877) 632-4996 | Language Acces | ss Policy | Español Pycck | ий Polski 中 | 文 Italiano | Kreyòl ayisyen | 한국어 |
| My Profile Billing Delegat. Provider Delegate. | Medical Provider Administration | | | | | | | | | | | | | |
| | Welcome | to Medio | al Provider Administration fo | r | . Please sele | ct from the menu. | | | | | | | | |
| Workers' Compensation B | loard | | | | | | | | | | | | | |
| About WCB | | Forms | & Services | | | Communication | | | Website | | | | | |
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| Locations | | Online | Services | | | Upcoming Events | | | Accessibil | ity | | | | |
| Bulletins & Subject Numbers | | Online | Services Availability | | | Publications | | | Glossary o | of Terms | | | | |
| Laws & Regulations | | Technic | al Support | | | Upcoming Webinar | s | | Using this | Site | | | | |
| Freedom of Information Law (FOIL) | | Get Ad | obe Reader ♂ | | | | | | | | | | | |
| | | Registe | er to Vote | | | | | | | | | | | |
| | | Becom | e an Organ Donor — Enroll Tod | ay! | | | | | | | | | | |
| | | | | | - CONNECT | WITH US | | | | | | | | |
| F FA | СЕВООК | | y TWITTER | | 0 | INSTAGRAM | O | YOUTUBE | | 🔀 GE | T WCB NOTIF | ICATIONS | | |

Select "My Profile" on the left navigation bar

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Medical Portal Administration Page My Profile

| My Infor | rmation ard has on file for you, | | |
|-----------------|-------------------------------------|------------|-----------------|
| Business Name: | | | |
| First Name: | | Last Name: | |
| Address Line 1: | | | Address Line 2: |
| City: | | State: | Zip: |
| Schenectady | | NY | 12302 |
| (518) | 123-4567 | | EXC |
| E-mail Address: | | | |
| Modify My Data | | | |

Your information on file will be displayed

Confirm all information is accurate and up to date



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Medical Portal Administration Page My Profile

| Business Name: | | | | |
|-----------------|---------------|------------|-----------------|--|
| First Name: | | Last Name: | | |
| | | | | |
| Address Line 1: | | | Address Line 2: | |
| City: | | State: | Zip: | |
| Schenectady | | NY | 12302 | |
| Area Code: | Phone Number: | | Ext: | |
| (518) | 123-4567 | | | |
| E-mail Address: | | | | |
| | | | | |
| Modify My Data | | | | |

"Modify My Data" button





My Profile

| | | | Мос | lify My Data |
|-----------------------|---------|----------|-----------------|--------------|
| *First Name: | | M.I.: | *Last Name: | |
| Mary | | | Smith | |
| *Address Line 1: | | | Address Line 2: | |
| 123 State Street | | | | |
| *City: | | *State: | | *Zip Code: |
| Schenectady | | New York | | ✓ 12302 |
| *Area Code: *Phone | Number: | ext: | | |
| 518 123-4 | 567 | | | |
| *E-mail Address: | | | | |
| doctorsmith@email.com | | | | |

Update information as necessary and select "Continue"





| Workers' Compensation Board | Workers | Employers | Health Care Providers | Payers | Representativ | es Forms | Locations | | | | | | |
|---|---------|-----------|-------------------------------|--------|---------------|-----------------|-------------------------------------|----------------|------------------|----------------------|------------|----------------------|-----|
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| My Profile Billing Delegates Provider Delegates | Welcome | to Medic | al Provider Administration fo | r | Me | dical Provi | der Administration | | | | | | |
| Workers' Compensation I | Board | | | | | | | | | | | | |
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| Bulletins & Subject Numbers | | Online | Services Availability | | P | ublications | | | Glossary of Terr | ns | | | |
| Laws & Regulations | | Technic | al Support | | U | pcoming Webinar | s | | Using this Site | | | | |
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| | | Registe | r to Vote | | | | | | | | | | |
| | | Become | e an Organ Donor — Enroll Tod | ay! | | | | | | | | | |
| | | | | | CONNECT V | VITH US | | | | | | | |
| f e | ACEBOOK | | y TWITTER | | 0 1 | NSTAGRAM | o | YOUTUBE | | SET WCB N | OTIFICATIO | NS | |

Select "Billing Delegates" on the left navigation bar

BETTER FOR WORKERS

New York State Workers' Compensation Board

BETTER FOR BUSINESS

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| My Profile Billing Delegates Provider Delegates | Medical Provider Administration | | | | | | | | | | | |
|---|--|--|--------------|----------------|-------|-------------|--------|-----------------|--|--|--|--|
| | Billing Delegate Below is a list of users who h | Billing Delegate Below is a list of users who have a Billing Delegate designation for | | | | | | | | | | |
| | Show 5 🗸 entries | | | | | | s | earch: | | | | |
| | First Name | Last Name | Phone # | | eMail | | Remove | Modify | | | | |
| | Billing | Delegate | (518) 555-0. | 234 | @w | vcb.ny.gov | Remove | Modify | | | | |
| | Showing 1 to 1 of 1 entrie | | Pr 1 Next | | | | | | | | | |
| | Below is a list of users who I | OON'T have a Billing Delegate des | ignation for | | | | | | | | | |
| | Show 5 🗸 entries | | | | | | s | earch: | | | | |
| | First Name | Last Name | | Phone # | | eMail | | Add | | | | |
| | Provider | Delegate (51 | | (518) 555-0234 | | @wcb.ny.gov | | Add | | | | |
| | Showing 1 to 1 of 1 entrie | S | | | | | | Previous 1 Next | | | | |
| | Need to add some | one new? | | | | | | | | | | |

The first box displays the current billing delegates in the system. These users will be able to submit Request for Decision on Unpaid Medical Bill (Form HP-1.0).

You can remove or modify user information by selecting the "Remove" or "Modify" button.

New York State Workers' Compensation Board

BETTER FOR BUSINESS

34

BETTER FOR WORKERS

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

The second box shows existing users in the system who can be added as a billing delegate. Select the "Add" button on a user's row to give that user the ability to submit *Request for Decision on Unpaid Medical Bill (Form HP-1.0).*

New York State Workers' Compensation Board

BETTER FOR WORKERS



| My Profile Billing Delegates Provider Delegates | Medical Provider Administration | - |
|---|--|---------------------------------|
| | Billing Delegate × | Search: |
| | has been added to Billing Delegate for | Modify Previous 1 Next |
| | Close | Search: Add Add Previous 1 Next |
| | Need to add someone new? Add New User | |

When you click the "Add" button for a user, you will receive a pop-up, confirming a billing delegate has been added.

BETTER FOR WORKERS



| My Profile Billing Delegates Provider Delegates | | | | Medical Pro | ovider Admiı | nistration | | |
|---|---|---|-------------|----------------|--------------|-------------|--------|-----------------|
| | Billing Delegate Below is a list of users who have a | Billing Delegate designation for | | | | | | |
| | Show 5 🗸 entries | | | | | | Search | n |
| | First Name | Last Name | Phone # | | eMail | | Remove | Modify |
| | Billing | Delegate | (518) 555-0 | 0234 | @1 | wcb.ny.gov | Remove | Modify |
| | Showing 1 to 1 of 1 entries | | | | | | | Previous 1 Next |
| | Below is a list of users who DON " | F have a Billing Delegate designat | tion for | | | | | |
| | Show 5 🗸 entries | | | | | | Search | n: |
| | 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 Next |
| | Need to add someone Add New User | e new? | | | | | | |

To add a new user to the system, select Add New User.



New York State Workers' Compensation Board

BETTER FOR BUSINESS

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Billing Delegates

BETTER FOR WORKERS

| | | | | Add New User | |
|------------------|----------------|----------|--------------------|------------------|--|
| *First Name: | | M.I.: | *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: | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | Cor | tinue Cancel Add | |

Enter in the new user information and select "Continue". 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 above.



Provider Delegates (not an option for Medical Suppliers)

| Workers' Compensation B | oard | rs Employers | Health Care Providers | Payers | Representati | ves Forms | Locations | | | | | | |
|---|---------------|--------------|---------------------------------|--------|-----------------|-----------------|-------------------------------------|-----------------|------------------|----------------------|------------|----------------------|-----------|
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| My Profile Billing Delegates Provider Delegates | Welcome | to Mec | lical Provider Administration f | or | N. Please selec | edical Prov | der Administration | | | | | | |
| Workers' Compe | nsation Board | | | | | | | | | | | | |
| About WCB | | Form | s & Services | | | Communication | | | Website | | | | |
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| Bulletins & Subject Num | bers | Onlin | e Services Availability | | 1 | Publications | | | Glossary of Terr | ns | | | |
| Laws & Regulations | | Techr | lical Support | | | Upcoming Webina | s | | Using this Site | | | | |
| Freedom of Information | Law (FOIL) | Get A | dobe Reader 🖉 | | | | | | | | | | |
| | | Regis | ter to Vote | | | | | | | | | | |
| | | Becor | ne an Organ Donor — Enroll To | day! | | | | | | | | | |
| | | | | | CONNECT | WITH US | | | | | | | |
| | FACEBOOK | | y twitter | | ٥ | INSTAGRAM | o | YOUTUBE | | GET WCB N | OTIFICATIO | ONS | |

Select "Provider Delegates" on the left navigation bar

BETTER FOR WORKERS



Provider Delegates (not an option for Medical Suppliers)

| My Profile Billing Delegates Provider Delegates | | Medical Provider Administration | | | | | | |
|---|--|--|----------------|----------------|-------------|-------------|--------|-----------------|
| | Provider Delegate Below is a list of users who ha | ive a Provider Delegate designati | on for | | | | | |
| | Show 5 🗸 entries | | | | | | Searc | h: |
| | First Name | Last Name | Phone # | | eMail | | Remove | Modify |
| | Provider | Delegate | (518) 555- | 0234 | r@v | vcb.ny.gov | Remove | Modify |
| | Showing 1 to 1 of 1 entries | 1 | | | | | | Prr 1 Next |
| | Below is a list of users who D | ON'T have a Provider Delegate d | esignation for | | | | | |
| | Show 5 🗸 entries | | | | | | Searc | h: |
| | First Name | Last Name | | Phone # | | eMail | | Add |
| | Billing | Delegate | | (518) 555-0234 | | @wcb.ny.gov | | Add |
| | Showing 1 to 1 of 1 entries | | | | · · · · · · | | | Previous 1 Next |
| | Need to add some | one new? | | | | | | |
| | Add New User | | | | | | | |
| | | | | | | | | |

The first box displays the current provider delegates in the system. These users will be able to submit PARs. You can remove or modify user information by selecting the "Remove" or "Modify" button.

BETTER FOR WORKERS

New York State Workers' Compensation Board

BETTER FOR BUSINESS

Provider Delegates (not an option for Medical Suppliers)

| My Profile Billing Delegates Provider Delegates | | Medical Provider Administration | | | | | | |
|---|--|--|-----------------|----------------|-------|--------------|--------|-----------------|
| | Provider Delegate Below is a list of users who ha | ve a Provider Delegate designat | ion for | | | | | |
| | Show 5 🗸 entries | | | | | | Search | : |
| | First Name | Last Name | Phone # | eM | ail | | Remove | Modify |
| | Provider | Delegate | (518) 555-0 | 234 | r@wcb | o.ny.gov | Remove | Modify |
| | Showing 1 to 1 of 1 entries | | i | I | | | | Previous 1 Next |
| | Below is a list of users who DC | N'T have a Provider Delegate c | designation for | | | | | |
| | Show 5 👻 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 | 2 | | | | | | Pr 1 Next |
| | Add New User | | | | | | | |

The second box shows existing users in the system who can be added as a provider delegate. Select the "Add" button on a user's row to give that user the ability to submit PARs.

BETTER FOR WORKERS



Provider Delegates (not an option for Medical Suppliers)

| My Profile Billing Delegates Provider Delegates | | | | Medical Pro | ovider Admir | nistration | | |
|---|--|---|------------------|----------------|--------------|-------------|--------|-----------------|
| | Provider Delegate Below is a list of users who have | a Provider Delegate designation f | for Slaff Bertra | am A. | | | | |
| | Show 5 👻 entries | | | | | | Search | : |
| | First Name | Last Name | Phone # | | eMail | | Remove | Modify |
| | Provider | Delegate | (518) 555- | 0234 | r@v | vcb.ny.gov | Remove | Modify |
| | Showing 1 to 1 of 1 entries | | | | | | | Previous 1 Next |
| | Below is a list of users who DON | I'T have a Provider Delegate desig | nation for Slat | ff Bertram A. | | | | |
| | Show 5 🗸 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 | | | | | | | Previous 1 Next |
| | Need to add someor Add New User | ie new? | | | | | | |

To add a new users to the system, select the "Add New User" button at the bottom.

BETTER FOR WORKERS



Provider Delegates (not an option for Medical Suppliers)

BETTER FOR WORKERS

| | | | Add New User |
|------------------|----------------|----------|--------------------|
| *First Name: | | M.I.: | *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: | | | |
| | | | |
| | | | |
| | | | |

Enter in the new user information and select "Continue". 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 above.

New York State Workers' Compensation Board

BFTTER FOR BUSINESS

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More Registration Information

- Visit wcb.ny.gov/medicalportal and select the links under Health Care Providers or Medical Suppliers
- For questions about the registration process, call Customer Service at (877) 632-4996
- For technical assistance, contact WCBCustomerSupport@wcb.ny.gov





Frequently Asked Questions









As a DME Supplier, will we be able to submit PARs as a delegate on behalf of the Board-authorized provider?



No, only the requesting medical provider may submit prior authorization requests.







How is the denial of an MTG Variance PAR (previously *Form MG-2*) initiated?



Insurers will receive an MTG Variance in OnBoard: Limited Release from the health care provider. After they submit the denial of the submitted variance, it will go back to the health care provider's dashboard to escalate if desired.







How will the arbitration process for a *Form HP-1.0* be handled in the new system?



The arbitration process for a *Form HP-1.0* will continue using the same process as it does today.





Updates & What's Next





- New York Workers' Compensation Drug Formulary (Drug Formulary) Refill Compliance
 - New effective date for amendment regulations will coincide with the launch of OnBoard: Limited Release
 - Revised Formulary currently in the comment period
 - More information in Subject Number 046-1389: Proposed Amendment of 12 NYCRR 441.1, 441.2, 441.3, and 441.5 (New York Workers' Compensation Drug Formulary Updates)

Reminder - OnBoard: Limited Release will include Medication PARs, and replace the current *Drug Formulary* available in the Medical Portal

BETTER FOR WORKERS



- Durable Medical Equipment (DME) Fee Schedule
 - New effective date for amendment regulations will coincide with the launch of OnBoard: Limited Release
 - More information in Subject Number 046-1379: Adoption of Amendments to Sections 442.2, and addition of 442.4 and 442.5 of 12 NYCRR (DME Fee Schedule)







- Workers' Compensation Board's New York Medical Treatment Guidelines
 - Amendment proposed to 12 NYCRR 324.2 to incorporate updates to the New York Non-Acute Pain Medical Treatment Guidelines (MTGs) by reference
 - The Notice of Proposed Rule Making published in the April 14, 2021 edition of the State Register
 - Currently in the comment period
 - Subject Number 046-1394: Proposed Amendment to 12 NYCRR 324.2 (Medical Treatment Guidelines)



- Workers' Compensation Board's New York Medical Treatment Guidelines (cont'd)
 - The following become effective with Limited Release:
 - Hand, Wrist and Forearm Injuries (these guidelines will replace the Carpal Tunnel MTGs)
 - o Occupational/Work Related Asthma
 - o Ankle and Foot Injuries
 - o Elbow Injuries
 - o Hip and Groin Injuries
 - o Occupational Interstitial Lung Disease
 - o Post-Traumatic Stress Disorder
 - Work-Related Depression and Depressive Disorders

- Updated MTGs
 - o Mid and Low Back, Neck, Shoulder and Knee
- Coming MTGs
 - o Traumatic Brain Injury
 - o Eye Disorders

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Reference Materials

- Fact sheet for health care providers
- New OnBoard: Limited Release frequently asked questions for providers
- OnBoard: Limited Release Webinar slides and recordings
- New Medical Portal registration pages on the Board website wcb.ny.gov/medicalportal



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Future Provider Training

- Just-in-time training webinars
- Webinar series
- Training guides and video tutorials
- Q&A webinars
- Website content
- Support channels



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Next Steps

- Get early access!
- Review the new registration webpages at wcb.ny.gov/medicalportal
- Review your current paper or fax-based systems. You will no longer be using these!
- Share this information with your colleagues!



Stay Engaged

- wcb.ny.gov/onboard
 - Overview, timeline, FAQs, resources
- Subscribe for OnBoard Updates
 - Subscribe to receive email updates on all things OnBoard!
- Email OnBoard@wcb.ny.gov
- wcb.ny.gov/medicalportal
- Questions?

| 301083 | Resources |
|---|--|
| Overview | Videos |
| Timeline | Intro to OnBoard: Video et |
| OnBoard: General FAQs | Fact Sheets |
| | OnBoard: Limited Release – What Health Care Providers Need to Know 12 |
| OnBoard: Limited Release | OnBoard: Limited Release – What Insurers Need to Know 1 |
| | OnBoard. Limited Release – What Claimant Attorneys Need to Know 📸 |
| Get Involved & Stay Informed | OnBoard, Limited Release – What Insurer Attorneys Need to Know 12 |
| A Business Process Re-Engineering Project | Frequently Asked Questions |
| | OnBoard: Limited Release – Health Care Provider FAQs 🍨 |
| Resources | OnBoard: Limited Release – Insurer FAQs 🔮 |
| | OnBoard: Limited Release – Attorney FAQs ************************************ |
| | Webinars |
| | OnBoard. Limited Release for Physical Therapists Webinar for the NYPTA – December 2020. Video & / Slides |
| | OnBoard: Limited Release for Health Care Providers Webinar - November 2020. Video & / Slides 🐒 |
| | OnBoard: Limited Release for Insurers Webinar - November 2020: Video & / Sildes 📆 |
| | OnBoard: Limited Release for Attorneys Webinar - November 2020: Video & / Slides * |
| | Business Information System (BIS) Project Webinar - January 2020: Video & / Slides 1 |
| | Business Information System (BIS) Project Q&A Webinar - January 2020: Video & / Slides 📆 |

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