



Registration, access and administration for payers, pharmacy benefit managers and medical review organizations through the Medical Portal

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I. Overview

Users need access to the Medical Portal to use OnBoard: Limited Release to submit and respond to aprior authorization request (PAR) or *Request for Decision on Unpaid Medical Bill(s) (Form HP-1.0)*. Some users may already have access and will not need to request access again. The information in this guide details who needs access, how to request (or register) for access, and howto designate and manage user roles in the system.

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

User Type	Details
Payers (insurers, third-party administrators, self-insured employers)	Payers who already have access to the Medical Portal for Drug Formulary prior authorizations are automatically registered for OnBoard. A second registration is not required.
Pharmacy benefit managers (PBMs)	PBMs who already have access to the Medical Portal are automatically registered for OnBoard. PBMs not registered for the Medical Portal must complete the online PBM Medical Portal Registration process.
Medical review organizations (MROs)	MROs must complete the online Medical Review Organization Medical Portal Registration process.

III. Role types

The PAR review process involves several roles that need to be assigned in the system. Each role has specific responsibilities in the PAR review process. The following outlines the role types for payers, PBMs and MROs.

Payer Roles	Responsibilities
<p>Online (User) Administrator</p> <p><i>Payers must assign someone as an Online (User) Administrator.</i></p>	<ul style="list-style-type: none"> • Requests access for users and User Administrators. • Assigns users to Workload Administrator, Level 1, and Level 2 Reviewer roles. • Provides email contacts for PAR notifications. • Designates MRO for PAR reviews. • Designates PBM for Level 1 Medication PAR reviews. • Updates user information as necessary. • Removes users who should no longer have access to the system.
<p>Workload Administrator</p> <p><i>There must be a Workload Administrator for each of the seven PAR types. Workload Administrators may have more than one role type outlined in this section.</i></p>	<ul style="list-style-type: none"> • Receives and assigns all submitted PARs based on one of the following Workload Administrator role types: <ul style="list-style-type: none"> MTG/Non-MTG – assigns MTG Confirmation, MTG Variance, MTG Special Services, Non-MTG Over \$1000 and Non-MTG Under or = \$1000 PARs to appropriate reviewers. Medication – assigns Medication PARs to appropriate reviewers. DME – assigns Durable Medical Equipment (DME) PARs to appropriate reviewers. • Changes delegated reviewers due to situations such as a delegate being absent from work or a change in a delegate's role within the organization.
<p>Level 1 Reviewer</p> <p><i>There can be a Level 1 Reviewer for each of the seven PAR types. Level 1 reviews may be assigned to an MRO for any PAR and a PBM for Medication PARs.</i></p>	<ul style="list-style-type: none"> • Reviews Level 1 PAR requests as designated and assigned.
<p>Level 2 Reviewer</p> <p><i>There must be a Level 2 Reviewer, the payer's physician, if an MRO is not designated for that Level 2 PAR type.</i></p>	<ul style="list-style-type: none"> • Reviews Level 2 PAR requests as designated and assigned.

PBM Roles	Responsibilities
<p>Online (User) Administrator</p> <p><i>PBMs must assign someone as an Online (User) Administrator.</i></p>	<ul style="list-style-type: none"> • Requests access for users in the system. • Assigns users to Workload Administrator and Level 1 Reviewer roles for Medication PARs. • Updates user information as necessary. • Removes users who should no longer have access to the system.

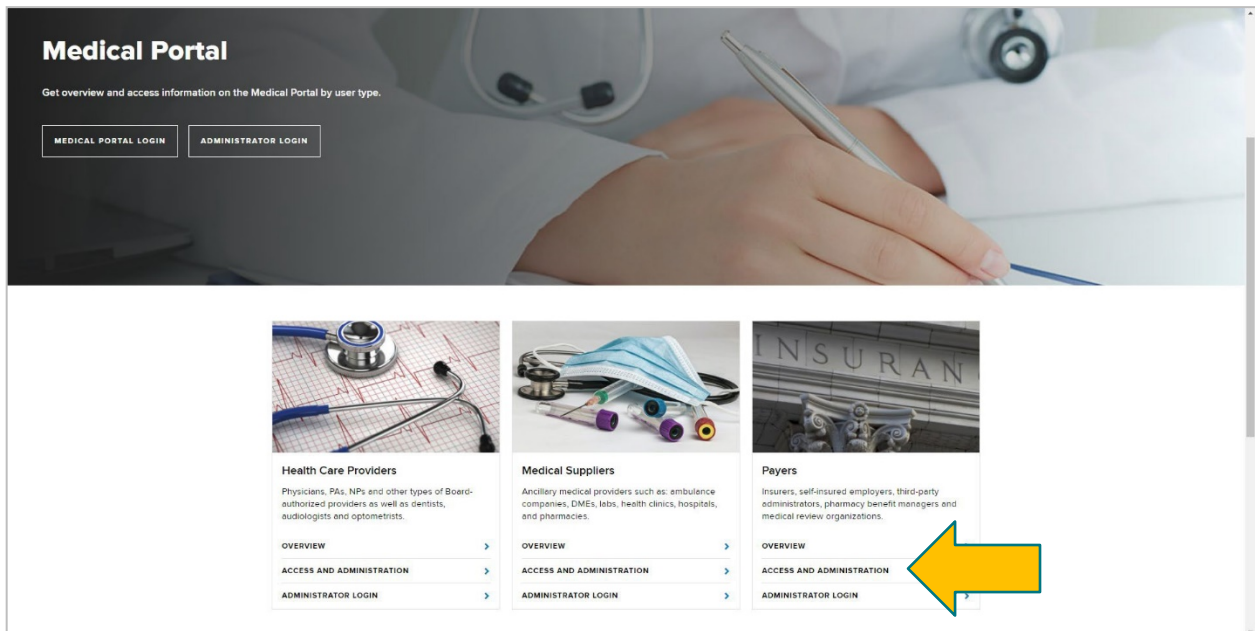
Workload Administrator	<ul style="list-style-type: none"> • Receives and assigns all Medication PARs. • Changes delegated reviewers due to situations such as a delegate being absent from work or a change in a delegate's role within the organization.
Level 1 Reviewer	<ul style="list-style-type: none"> • Reviews Level 1 Medication PARs as designated and assigned.

MRO Roles	Responsibilities
<p>Online (User) Administrator</p> <p><i>MROs must assign someone as an Online (User) Administrator.</i></p>	<ul style="list-style-type: none"> • Requests access for users in the system. • Assigns users to Workload Administrator, Level 1, and Level 2 Reviewer roles. • Updates user information as necessary. • Removes users who should no longer have access to the system.
Workload Administrator	<ul style="list-style-type: none"> • Receives and assigns all submitted PARs. • Changes delegated reviewers due to situations such as a delegate being absent from work or a change in a delegate's role within the organization.
<p>Level 1 Reviewer</p> <p><i>Level 1 Reviewers can be assigned to any PAR type.</i></p>	<ul style="list-style-type: none"> • Reviews Level 1 requests as designated and assigned.
<p>Level 2 Reviewer</p> <p><i>There must be a Level 2 Reviewer for each PAR type.</i></p>	<ul style="list-style-type: none"> • Reviews Level 2 requests as designated and assigned.

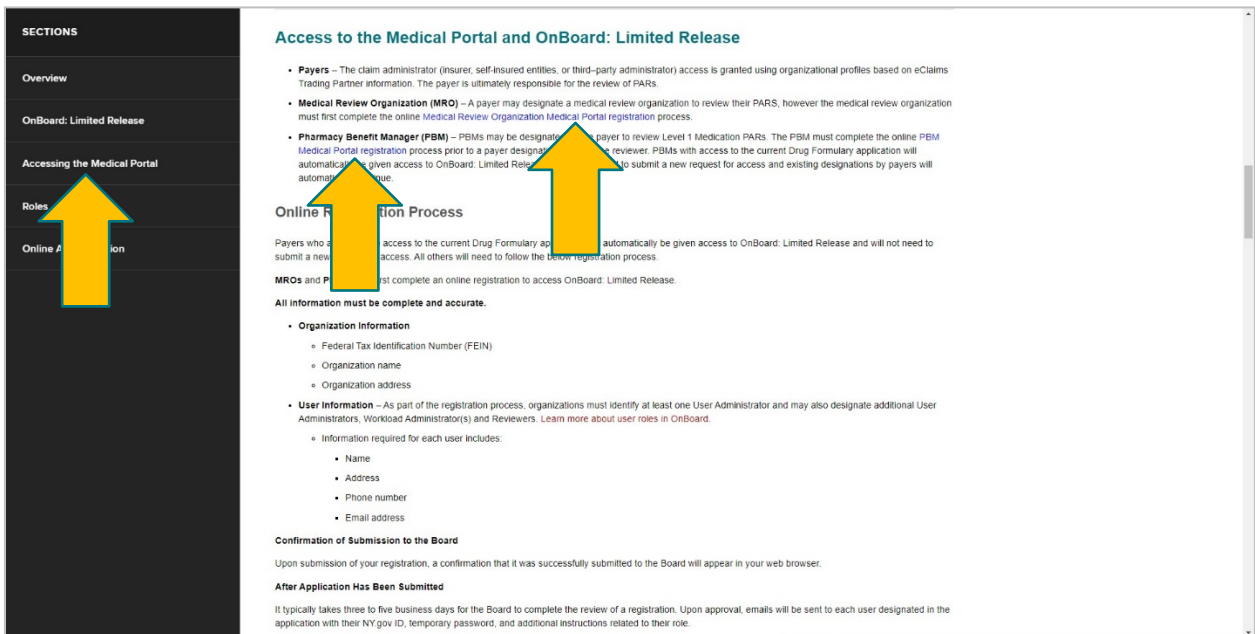
IV. Requesting access to the Medical Portal - PBMs and MROs

Reminder – payers and PBMs who already have access to the Medical Portal for Drug Formulary prior authorizations are automatically registered for OnBoard. A second registration is not required.

1. Visit wcb.ny.gov/medicalportal.
2. Select [Access and Administration](#) under Payers.



3. Select [Accessing the Medical Portal](#).
4. Select either [PBM Medical Portal registration](#) or [Medical Review Organization Medical Portal registration](#).



5. Enter the required information. *Please note – you cannot save work. Completing the online form must be done in one sitting.*

Required organization information: Federal Tax Identification Number (FEIN), organizationname and organization address.

User information: Organizations must first identify at least one **User Administrator** and may also designate additional **User Administrators**, **Workload Administrators**, and **Reviewers** for various levels. The following information is required for each user: name, address, phone number and email address. See [section IV](#) for a definition of the various role types.

Pharmacy Benefit Manager Registration

1. Begin by entering the PBM information and select the right arrow or the **User Information** tab to continue.

The screenshot shows the 'Medical Portal - Pharmacy Benefits Manager - Initial Registration' form. The 'PBM Information' tab is active, and the 'User Information' tab is highlighted with a yellow arrow. The form contains the following fields:

- * Pharmacy Benefit Manager's Information:**
 - *FEIN: 12-3456789
 - *Name: PBM Name
 - Address:**
 - *Address Line 1: First line of address
 - Line 2: Suite, room or floor
 - *City: City of organization
 - *State: New York
 - *Zip Code: 12345-6789

A 'Cancel Registration' button is located at the bottom right. A yellow arrow points to the right arrow navigation button at the bottom center.

2. Select the role type checkbox for the user being entered and enter the required information. If your organization has not registered an Online (User) Administrator, register their information first. If you are registering more than one user, select **Add User**. The Online (User) Administrator may add additional reviewers and administrators through Medical Portal Administration after being sent their NY.gov ID username and password. Select the user role link to learn more about that role type.

The screenshot shows the 'Medical Portal - Pharmacy Benefits Manager - Initial Registration' form. The 'User Information' tab is active. The form contains the following fields:

- User's Information:**
 - Portal Role:**
 - Work Load Administrator - Will Assign Tasks - Workload Admin Role
 - Reviewer - Will Respond to Assigned Tasks - Reviewer Role
 - User Administration:**
 - Will Manage Work Load Administrators and Reviewers for this PBM - User Admin Role
- User Information:**
 - *First Name: [] *Last Name: Smith
 - *Address Line 1: [] *Address Line 2: Suite, room or floor
 - *City Name: [] *State: New York *Zip Code: 13245
 - *Area Code: [] *Phone Number: [] *Extension: []
 - *Email: PBMemail@email.com

An 'Add User' button is highlighted with a yellow arrow. A 'Cancel Registration' button is located at the bottom right.

3. Continue adding users according to their roles. When all information is entered, select **Submit**.

The screenshot shows a registration form with the following fields and sections:

- Personal Information:** Name (Michael Smith), Address Line 1 (1 Allen Avenue), Address Line 2 (Suite, room or floor), City (New York), State (New York), Zip Code (13245), Area Code (555), Phone Number (555-5555), Extensions (555), Email (PBMemail@email.com).
- Portal Role:** Work Load Administrator - Will Assign Tasks - More Info; Reviewer - Will Respond to Assigned Tasks - More Info. A yellow arrow points to this section.
- User Administration:** Will Manage Work Load Administrators and Reviewers for this PBM - More Info.
- Additional Information:** First Name, Last Name, Address Line 1, Address Line 2, City, State, Zip Code, Area Code, Phone Number, Ext, Email (name@example.com).
- Buttons:** Add User, Remove User, Submit, Cancel Registration. A yellow arrow points to the Submit button.

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

The screenshot shows the 'Registration Complete' webpage with the following content:

- Header:** Workers' Compensation Board logo and navigation menu (Workers, Employers, Health Care Providers, Payers, Representatives, Forms, Locations).
- Search:** Search WCB input field.
- Language Assistance:** (877) 632-4266, Language Access Policy, Español, Pycckий, Polski, Italiano, Кыргызский, 日本語.
- Registration Complete:** Your registration has been received for: Online Registration. Your Registration Confirmation Number is: **598150**. Please refer to this number if you need to contact the Workers' Compensation Board regarding this registration.
- What's Next?**
 - If any additional information is required a NY Workers' Compensation Board employee will contact you.
 - Registrations will be processed in the order they are received...
- Questions?** If you have any questions regarding this registration you can either:
 - e-mail: WCBCustomerSupport@wcb.ny.gov OR
 - Call the Customer Support at (949) 327-3200. Monday - Friday 9:30am - 4:30pm.Please refer to the Confirmation Number given above when you contact us.
- Return to WCB Home** button.
- Workers' Compensation Board** footer with links for About WCB, Contact Us, Locations, Bulletins & Subject Numbers, Laws & Regulations, Freedom of Information Law (FOI), Forms & Services, Forms, Online Services, Online Services Availability, Technical Support, Get Adobe Reader, Register to Vote, Become an Organ Donor - Enroll Today!, Communication, Board Announcements, Upcoming Events, Publications, Upcoming Webinars, Website, Privacy Policy, Accessibility, Glossary of Terms, Using this Site.
- CONNECT WITH US** footer.

It may take up to three to five business days for the Board to complete the review of your registration. Once approved, emails will be sent to each individual user designated in the registration with their NY.gov ID username and temporary password to access the system, along with additional instructions related to their role(s).

Medical Review Organization Registration

1. Begin by entering the MRO information, and then select **Next** or the **User Information** tab.

Workers' Compensation Board

Workers Employers Health Care Providers Payers Representatives Forms Locations

Search WCB

Language Assistance: (877) 632-4396 Language Access Policy Español Pycckий Polski 中文 Italiano Kreyòl ayisyen 日本語

Online Registration

Medical Portal - MRO - Initial Registration

Select Submit after completing the mandatory fields on both the MRO and User Information tabs

MRO Information | **User Information**

*** MRO's Information:**

*FEIN:
12-3456789

*Name:
MRO Name

Address:

*Address Line 1: _____ Line 2: _____
First line of address Suite, room or floor

*City: _____ *State: New York *Zip Code: 12345-6789
City of organization

Cancel Registration

Next

2. Select the role type checkbox for the user being entered and enter the required information. If your organization has not registered an Online (User) Administrator, register their information first. If you are registering more than one user, select **Add User**. The Online (User) Administrator may add additional reviewers and administrators through Medical Portal Administration after being sent their username and password.

Medical Portal - MRO - Initial Registration

Select Submit after completing the mandatory fields on both the MRO and User Information tabs

MRO Information | **User Information**

User's Information:

Portal Role:

Work Load Administrator - Will Assign Tasks - Workload Admin Role
 Level One Reviewer - Will Respond To Assigned Tasks - Reviewer Roles
 Level Two Reviewer - Will Respond To Assigned Tasks - Reviewer Roles

User Administration:

Will Manage Work Load Administrators and Reviewers for this MRO - User Admin Role

*First Name _____ *Last Name: Smith
M.I. _____

*Address Line 1: _____ Address Line 2: _____
Rock Avenue Suite, room or floor

*State: New York *Zip Code: 12345

*Area Code: 510 *Phone Number: 555-5555 *Extension: 555

*Email: UserAdmin@email.com

Add User Remove User

Cancel Registration

Previous

3. Continue adding users according to their roles. Select the user role link to learn more about that role type. When all information is entered, select **Submit**.

The screenshot shows a registration form with the following fields and sections:

- Address Line 1:** 100 Deck Avenue
- Address Line 2:** Suite, room or floor
- City:** New York
- State:** New York
- Zip Code:** 12345
- Area Code:** 518
- Phone Number:** 555-5555
- Extension:** 555
- Email:** UserAdmin@mail.com
- Portal Role:**
 - Work Load Administrator - Will Assign Tasks - More info
 - Level One Reviewer - Will Respond to Assigned Tasks - More info
 - Level Two Reviewer - Will Respond to Assigned Tasks - More info
- User Administration:**
 - Will Manage Work Load Administrators and Reviewers for this MDO - More info
- First Name:** First Name
- M.I.:**
- Last Name:** Last Name
- Address Line 1:** First line of address
- Address Line 2:** Suite, room or floor
- City:** New York
- State:** New York
- Zip Code:**
- Area Code:** 123
- Phone Number:** 123-4567
- Ext.:**
- Email:** name@example.com
- Buttons:** Add User, Remove User, Submit, Cancel Registration

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

The screenshot shows the 'Registration Complete' webpage with the following content:

- Header:** Workers' Compensation Board, Services, News, Government, Local
- Navigation:** Workers, Employers, Health Care Providers, Payers, Representatives, Forms, Locations
- Search:** Search WCB
- Language Assistance:** (877) 632-4896, Language Access Policy, Español, Português, Polski, Italiano, Кыргыз тили, বাংলা
- Section:** On-line Registration
- Registration Complete:**
 - Your registration has been received for: Online Registration
 - Your Registration Confirmation Number is: **598111**
 - Please refer to this number if you need to contact the Workers' Compensation Board regarding this registration.
- What's Next?**
 - If any additional information is required a NYS Workers' Compensation Board employee will contact you.
 - Registrations will be processed in the order they are received.
- Questions?**
 - If you have any questions regarding this registration you can either:
 - e-mail: WCBCustomerSupport@wcb.ny.gov OR
 - Call the Customer Support at (844) 337-6305, Monday - Friday 8:00am - 4:30pm
 - Please refer to the Confirmation Number given above when you contact us.
- Buttons:** Return to WCB Home
- Footer:** Workers' Compensation Board, About WCB, Contact Us, Locations, Bulletins & Subject Numbers, Laws & Regulations, Freedom of Information Law (FOIL), Forms & Services, Online Services, Online Services Availability, Technical Support, Get Adobe Reader, Register to Vote, Become an Organ Donor - Enroll Today!, Communication, Board Announcements, Upcoming Events, Publications, Upcoming Webinars, Website, Privacy Policy, Accessibility, Glossary of Terms, Using this Site, CONNECT WITH US

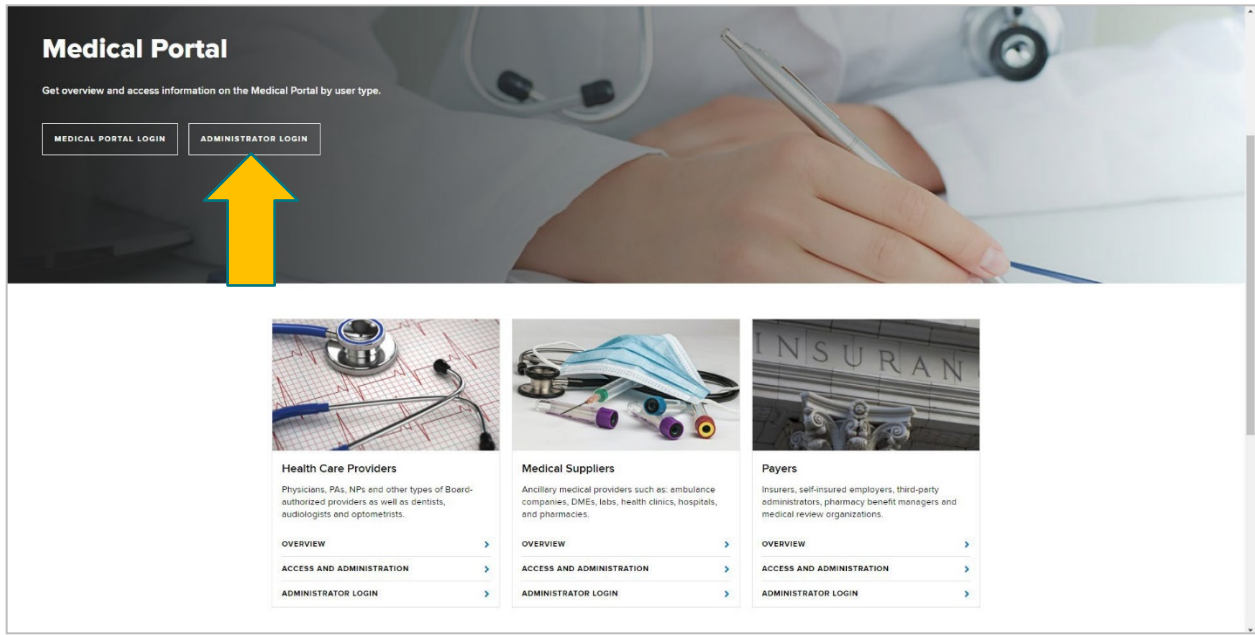
It may take up to three to five business days for the Board to complete the review of your registration. Once approved, emails will be sent to each individual user designated in the application with their NY.gov ID username and temporary password to access the system, along with additional instructions related to their role(s).

V. Managing roles and notifications

The Online (User) Administrator for payers, PBMs and MROs can manage their organization email notifications and assign users to roles. They will log in using their Medical Portal NY.gov ID username and password. The NY.gov ID used to access the Medical Portal is separate and apart from the NY.gov ID that may be used for other NYS agencies, such as the Department of Motor Vehicles and Taxation and Finance.

1. Visit wcb.ny.gov/medicalportal.

2. Select **Administrator Login**.

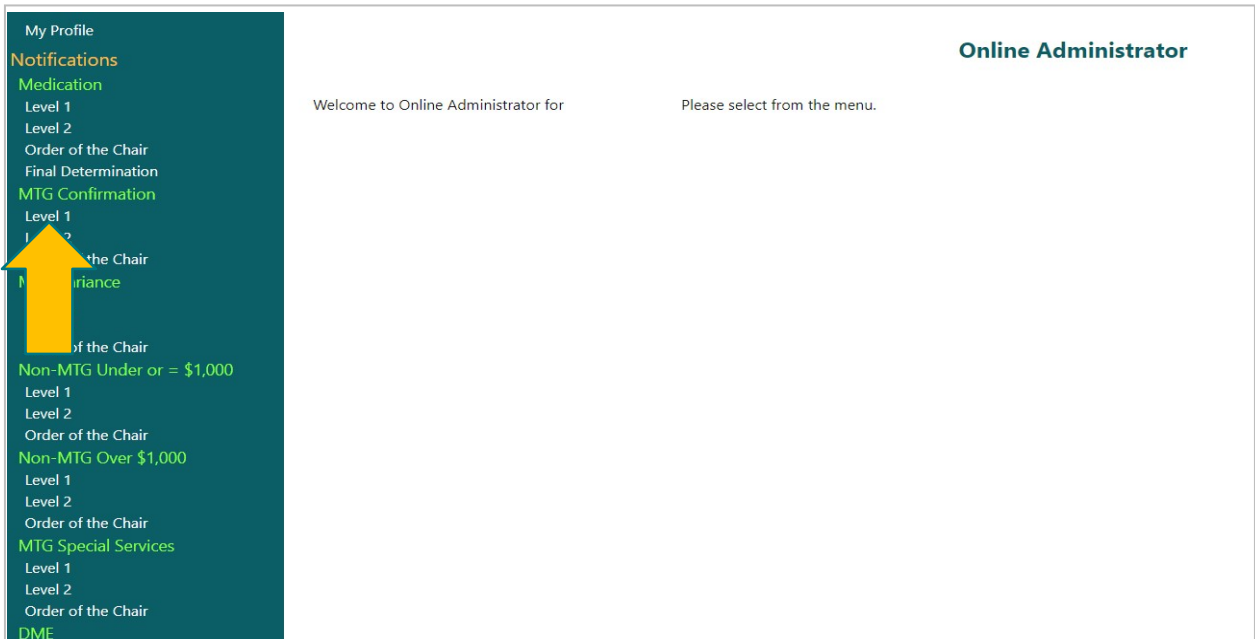


3. Log in using your NY.gov ID username and password. The Online Administrator profile page will appear on the screen.

Managing organization email notifications

Begin by assigning notification contacts and users to the various roles in the dashboard.

1. Under **Notifications**, select one of the roles listed under a PAR type.



2. Add or update the current email address in the **Email Should Be** boxes and select **Update [Role] Organization** at the bottom of the page. Note: The top row has an **Apply to All** feature when multiple organizations are listed.

Workers' Compensation Board | Workers | Employers | Health Care Providers | Payers | Representatives | Forms | Locations

Search WCB | Language Assistance: (877) 632-4996 | Language Access Policy | Español | Pycckий | Polski | 中文 | Italiano | Kreyòl ayisyen | 日本語

Online Administrator

Contact Information for MTG Confirmation Level 1

Claim Administrators for

Organization	ID	Current Email	Email Should Be	Name of MRO
Apply To ALL			<input type="text"/>	<input type="text"/>
ACE American Insurance Co.	W019004	newconfirm2@wcb.ny.gov	<input type="text"/>	testURAC4
ACE Fire Underwriters Insurance Company	W011001	confirm1@wcb.ny.gov	<input type="text"/>	---
ACE Property and Casualty Insurance Company	W012009	confirm1@wcb.ny.gov	<input type="text"/>	URAC_6
AGCS MARINE INSURANCE COMPANY	W119259	confirm1@wcb.ny.gov	<input type="text"/>	URAC_8
			<input type="text"/>	testURAC4
AIG Property Casualty Company	W045009	confirm1@wcb.ny.gov	<input type="text"/>	---
AIU Insurance Company	W015754	confirm1@wcb.ny.gov	<input type="text"/>	---
ARCH INSURANCE CO	W087381	confirm1@wcb.ny.gov	<input type="text"/>	---
Acadia Insurance Company	W010250	confirm1@wcb.ny.gov	<input type="text"/>	---



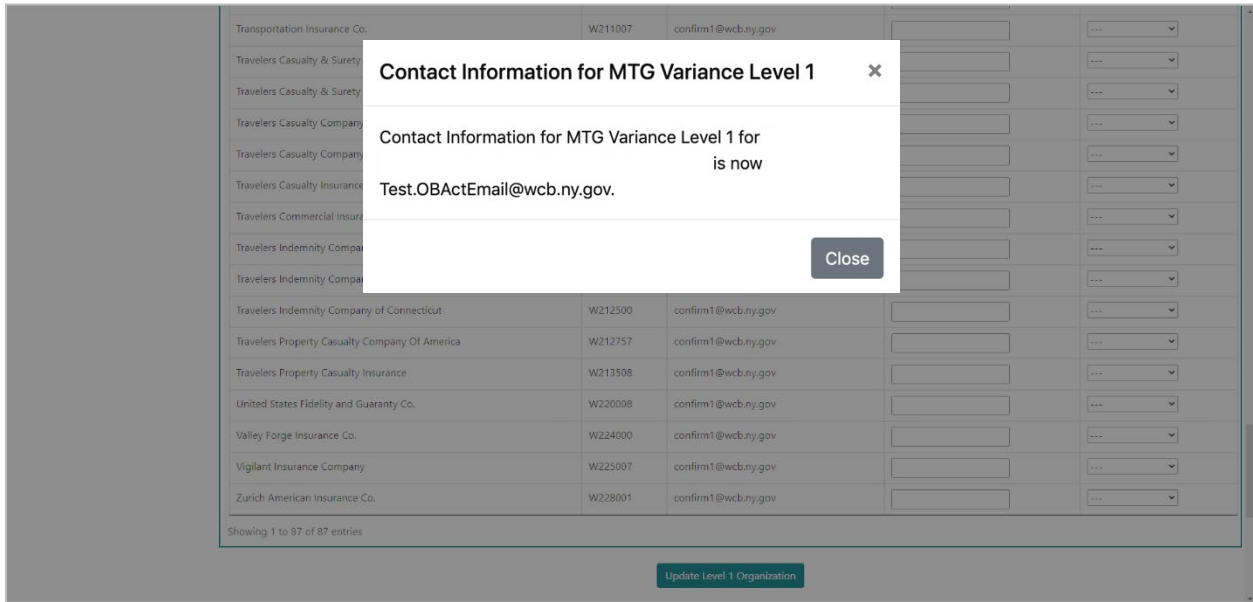
Transportation Insurance Co.	W211007	confirm1@wcb.ny.gov	<input type="text"/>	---
Travelers Casualty & Surety Company	W010003	confirm1@wcb.ny.gov	<input type="text"/>	---
Travelers Casualty & Surety Company of America	W010631	confirm1@wcb.ny.gov	<input type="text"/>	---
Travelers Casualty Company	W039507	confirm1@wcb.ny.gov	<input type="text"/>	---
Travelers Casualty Company of Connecticut	W010698	confirm1@wcb.ny.gov	<input type="text"/>	---
Travelers Casualty Insurance Company Of America	W010508	confirm1@wcb.ny.gov	<input type="text"/>	---
Travelers Commercial Insurance Co.	W010755	confirm1@wcb.ny.gov	<input type="text"/>	---
Travelers Indemnity Company	W212005	confirm1@wcb.ny.gov	<input type="text"/>	---
Travelers Indemnity Company of America	W212252	confirm1@wcb.ny.gov	<input type="text"/>	---
Travelers Indemnity Company of Connecticut	W212500	confirm1@wcb.ny.gov	<input type="text"/>	---
Travelers Property Casualty Company Of America	W212757	confirm1@wcb.ny.gov	<input type="text"/>	---
Travelers Property Casualty Insurance	W213508	confirm1@wcb.ny.gov	<input type="text"/>	---
United States Fidelity and Guaranty Co.	W220008	confirm1@wcb.ny.gov	<input type="text"/>	---
Valley Forge Insurance Co.	W224000	confirm1@wcb.ny.gov	<input type="text"/>	---
Vigilant Insurance Company	W225007	confirm1@wcb.ny.gov	<input type="text"/>	---
Zurich American Insurance Co.	W228001	confirm1@wcb.ny.gov	<input type="text"/>	---

Showing 1 to 87 of 87 entries

[Update Level 1 Organization](#)

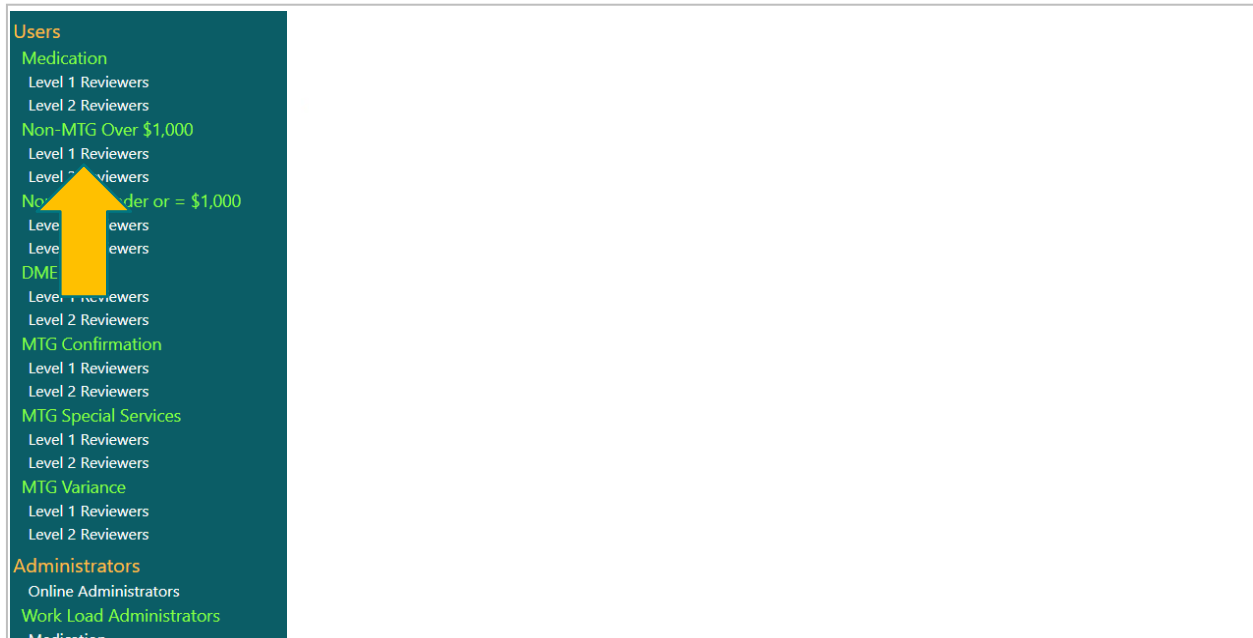


- A popup message will appear, confirming any changes. Select **Close**, and the changes will be made.



Managing user roles

1. Select a PAR type under **Users**.



2. The first box shows users who are assigned to the Level 1 Reviewer role of the selected PAR type. These users can be assigned PAR reviews in OnBoard: Limited Release. To remove a delegated user, select **Remove** in the user's row.

- Medication
- Level 1
- Level 2
- Order of the Chair
- Final Determination
- MTG Confirmation
- Level 1
- Level 2
- Order of the Chair
- MTG Variance
- Level 1
- Level 2
- Order of the Chair
- Non-MTG Under or = \$1,000
- Level 1
- Level 2
- Order of the Chair
- Non-MTG Over \$1,000
- Level 1
- Level 2
- Order of the Chair
- MTG Special Services
- Level 1
- Level 2
- Order of the Chair
- DME
- Level 1
- Level 2
- Order of the Chair
- Users
- Medication
- Level 1 Reviewers
- Level 2 Reviewers
- Non-MTG Over \$1,000
- Level 1 Reviewers
- Level 2 Reviewers
- Non-MTG Under or = \$1,000
- Level 1 Reviewers
- Level 2 Reviewers
- DME
- Level 1 Reviewers
- Level 2 Reviewers
- MTG Confirmation
- Level 1 Reviewers
- Level 2 Reviewers

Non-MTG Over \$1,000 Level 1 Reviewer

Below is a list of users who **have** a Non-MTG Over \$1,000 Level 1 Reviewer designation for

Show 5 entries Search:

First Name	Last Name	Phone #	eMail	Remove	Modify
Michael				Remove	Modify
Tina				Remove	Modify
NonMTGlevel1	Overonek	(518) 122-1222		Remove	Modify
ellen	ac	(555) 569-5362	ellen2@na.na	Remove	Modify

Showing 1 to 4 of 4 entries Previous 1 Next

Below is a list of users who **DON'T have** a Non-MTG Over \$1,000 Level 1 Reviewer designation for

Show 5 entries Search:

First Name	Last Name	Phone #	eMail	Add
Ellen	Aa	(555) 853-6695	ellen@na.na	Add
Eric				Add
Travel	ConfFourleveOne			Add
Trav	DMEFourlevOne			Add
Michael	Hunter-Test			Add

Showing 1 to 5 of 42 entries Previous 1 2 3 4 5 ... 9 Next

Need to add someone new?
Add New User

3. To modify designated user information, select **Modify** in that user's row.

- Medication
- Level 1
- Level 2
- Order of the Chair
- Final Determination
- MTG Confirmation
- Level 1
- Level 2
- Order of the Chair
- MTG Variance
- Level 1
- Level 2
- Order of the Chair
- Non-MTG Under or = \$1,000
- Level 1
- Level 2
- Order of the Chair
- Non-MTG Over \$1,000
- Level 1
- Level 2
- Order of the Chair
- MTG Special Services
- Level 1
- Level 2
- Order of the Chair
- DME
- Level 1
- Level 2
- Order of the Chair
- Users
- Medication
- Level 1 Reviewers
- Level 2 Reviewers
- Non-MTG Over \$1,000
- Level 1 Reviewers
- Level 2 Reviewers
- Non-MTG Under or = \$1,000
- Level 1 Reviewers
- Level 2 Reviewers
- DME
- Level 1 Reviewers
- Level 2 Reviewers
- MTG Confirmation
- Level 1 Reviewers
- Level 2 Reviewers

Non-MTG Over \$1,000 Level 1 Reviewer

Below is a list of users who **have** a Non-MTG Over \$1,000 Level 1 Reviewer designation for

Show 5 entries Search:

First Name	Last Name	Phone #	eMail	Remove	Modify
Michael				Remove	Modify
Tina				Remove	Modify
NonMTGlevel1	Overonek	(518) 122-1222		Remove	Modify
ellen	ac	(555) 569-5362	ellen2@na.na	Remove	Modify

Showing 1 to 4 of 4 entries Previous 1 Next

Below is a list of users who **DON'T have** a Non-MTG Over \$1,000 Level 1 Reviewer designation for

Show 5 entries Search:

First Name	Last Name	Phone #	eMail	Add
Ellen	Aa	(555) 853-6695	ellen@na.na	Add
Eric				Add
Travel	ConfFourleveOne			Add
Trav	DMEFourlevOne			Add
Michael	Hunter-Test			Add

Showing 1 to 5 of 42 entries Previous 1 2 3 4 5 ... 9 Next

Need to add someone new?
Add New User

4. The second box features registered users in the system who have not been assigned to the role of the selected PAR type. Select **Add** to designate a user into a selected PAR type role.

Non-MTG Over \$1,000 Level 1 Reviewer
Below is a list of users who **have** a Non-MTG Over \$1,000 Level 1 Reviewer designation for

First Name	Last Name	Phone #	eMail	Remove	Modify
Michael				Remove	Modify
Tina				Remove	Modify
NonMTGlevel1	Overonek	(518) 122-1222		Remove	Modify
ellen	ac	(555) 569-5362	ellen2@na.na	Remove	Modify

Showing 1 to 4 of 4 entries

Non-MTG Over \$1,000 Level 1 Reviewer
Below is a list of users who **DON'T have** a Non-MTG Over \$1,000 Level 1 Reviewer designation for **Travelers Group**.

First Name	Last Name	Phone #	eMail	Add
Ellen	Aa	(555) 853-6695	ellen@na.na	Add
Eric				Add
Travel	ConfFourleveOne			Add
Trav	DMEFourlevOne			Add
Michael	Hunter-Test			Add

Showing 1 to 5 of 42 entries

Need to add someone new?
[Add New User](#)

- After removing or modifying a user from the first box or adding a user from the second box, a popup message will appear to confirm the change. Select **Close** in the popup message window to make the change.

Non-MTG Over \$1,000 Level 1 Reviewer X

been removed from Non-MTG Over \$1,000 Level 1 Reviewer for

Close

- If you do not see the intended user assigned in the tables, you can request a new user be added. Select **Add New User** to add a new user for the selected PAR type.

- Medication
- Level 1
- Level 2
- Order of the Chair
- Final Determination
- MTG Confirmation
- Level 1
- Level 2
- Order of the Chair
- MTG Variance
- Level 1
- Level 2
- Order of the Chair
- Non-MTG Under or = \$1,000
- Level 1
- Level 2
- Order of the Chair
- Non-MTG Over \$1,000
- Level 1
- Level 2
- Order of the Chair
- MTG Special Services
- Level 1
- Level 2
- Order of the Chair
- DME
- Level 1
- Level 2
- Order of the Chair
- Users
- Medication
- Level 1 Reviewers
- Level 2 Reviewers
- Non-MTG Over \$1,000
- Level 1 Reviewers
- Level 2 Reviewers
- Non-MTG Under or = \$1,000
- Level 1 Reviewers
- Level 2 Reviewers
- DME
- Level 1 Reviewers
- Level 2 Reviewers
- MTG Confirmation
- Level 1 Reviewers
- Level 2 Reviewers

Non-MTG Over \$1,000 Level 1 Reviewer

Below is a list of users who **have** a Non-MTG Over \$1,000 Level 1 Reviewer designation for

Show entries Search:

First Name	Last Name	Phone #	eMail	Remove	Modify
Michael				Remove	Modify
Tina				Remove	Modify
NonMTGlevel1	Overonek	(518) 122-1222		Remove	Modify
ellen	ac	(555) 569-5362	ellen2@na.na	Remove	Modify

Showing 1 to 4 of 4 entries Previous Next

Below is a list of users who **DON'T have** a Non-MTG Over \$1,000 Level 1 Reviewer designation for

Show entries Search:

First Name	Last Name	Phone #	eMail	Add
Ellen	Aa	(555) 853-6695	ellen@na.na	Add
Eric				Add
Travel	ConfFourleveOne			Add
Trav	DMEFourlevOne			Add
Michael	Hunter-Test			Add

Showing 1 to 5 of 42 entries Previous 2 3 4 5 ... 9 Next

Need to add someone new?

Add New User



7. Enter the following user information: first and last name, address, phone number and email address. Then select **Continue**.

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

8. A pop-up message will appear, confirming that the new user has been submitted for processing. It may take up to three to five days for the registration to be reviewed and accepted by the Board. That user will receive their Medical Portal NY.gov ID username and temporary password at the email address the administrator included for the user on the registration. Once the user is registered, they can be designated for PAR reviews, perform Workload Administrator duties, or administer users depending on the role assigned to the user.

Non-MTG Over \$1,000 Level 1 Reviewer

A user ID and password will be generated for [Name] to access OnBoard through the Medical Portal. Requests for access are processed in the order in which they are received.

Close

First Name	Last Name	Phone #	eMail	Add
Ellen	Aa	(555) 853-6695	ellen@na.na	Add
Eric				Add
Travel	ConfFourIevOne			Add
Trav	DIMEFourIevOne			Add
Michael	Hunter-Test			Add

Need to add someone new?
Add New User

We encourage you to share this guide with other users in your organization or the organizations with whom youwork. Please contact the Board if you need assistance.

VI. Need help?

Medical Portal access for payers: wcb.ny.gov/medicalportal

General registration questions: Customer Service (877) 632-4996

Technical assistance: WBCCustomerSupport@wcb.ny.gov

OnBoard webpage: wcb.ny.gov/onboard

Email OnBoard: OnBoard@wcb.ny.gov