

# NYSIF.com Online Account Third-Party Billers

November 29, 2019

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## About this Guide

To safeguard the privileged information of both you and the NYSIF claimant, obtaining explanation of benefits (EOB) and bill payment information requires a secure login and two-step authentication procedure. This will allow authorized medical providers and/or their authorized representatives access to bill status and payment information related to their submitted bills.

Once a medical provider has designated you as an approved third-party biller, you will have online access to that provider’s medical bill payment information and explanation of benefits.

Some additional notes:

- A single payee can grant access to more than one billing service.
- A single billing service can view bills for more than one payee – but only for one at a time.
- A billing service cannot grant or obtain permission to view a payee’s information, nor can NYSIF personnel issue such grants. These permissions must come from the payee.
- A payee can revoke permissions from any billing service at any time.

# Create an Account

Visit nysif.com, choose "Login" at the top and click "Create an Account" from the dropdown menu. Choose "Third Party Medical Biller" from the drop-down.

Enter your contact information. Choose a username and password.

The screenshot shows a progress bar with four steps: Step 1 (Business Relationship), Step 2 (Contact Info), Step 3 (Username & Password), and Step 4 (Confirm). Step 1 is highlighted. Below the progress bar, the title "Business Relationship" is displayed. A note states "All fields are required unless otherwise stated." A dropdown menu for "Account Type" is shown with "Third Party Medical Biller" selected. A "Next" button is located at the bottom right of the form.

## Contact Information

All fields are required unless otherwise stated.

### Your Information

Form fields for "Your Information":

- First Name
- Middle Initial (optional)
- Last Name
- Job Title (dropdown menu)
- Company
- Address Line 1
- Address Line 2 (optional)
- City

Form fields for contact information:

- State (dropdown menu)
- Zip Code
- + 4 (optional)
- Telephone Number (with note: "Numbers only - include area code")
- Fax Number (optional) (with note: "Numbers only - include area code")
- Email
- Verify Email

Previous Next

## Choose Username and Password

All fields are required unless otherwise stated.

Form fields for "Choose Username and Password":

- Username
- Password (with note: "Password must contain at least 10 characters and include at least one of each: uppercase [A-Z], lowercase [a-z], numeric [0-9] and special [-!#\$%&+?] characters")
- Confirm Password

### Terms & Conditions

By checking this box, I agree to the New York State Insurance Fund's [User Agreement](#) and [Privacy Policy](#).

Sign Up Previous

## PIN Validation

Once your registration is complete, you will receive an email asking you to verify the email address you provided. When you receive this email, click on the link provided. You will see a message stating that your email address has been validated and a PIN (personal identification number) will be sent to further verify your account.

### Email Address Validated

Thank you for registering for a nysif.com online account. There is one remaining step needed to complete your registration. You will receive a PIN validation letter at the mailing address you provided, and this correspondence will instruct you on completing your registration. This validation process is designed to protect your security. Thank you for visiting nysif.com.

NYSIF will mail to you (via U.S. mail) a letter containing your unique PIN. Once you receive this PIN, log in to your NYSIF online account and enter the PIN.

## Validate PIN

We mailed you a PIN number on . Please enter it here to validate your account.

NYSIF Pin Number

Once this PIN letter is received the user must login to their NYSIF online account and enter the PIN.  
**Your PIN will expire after 30 days.**

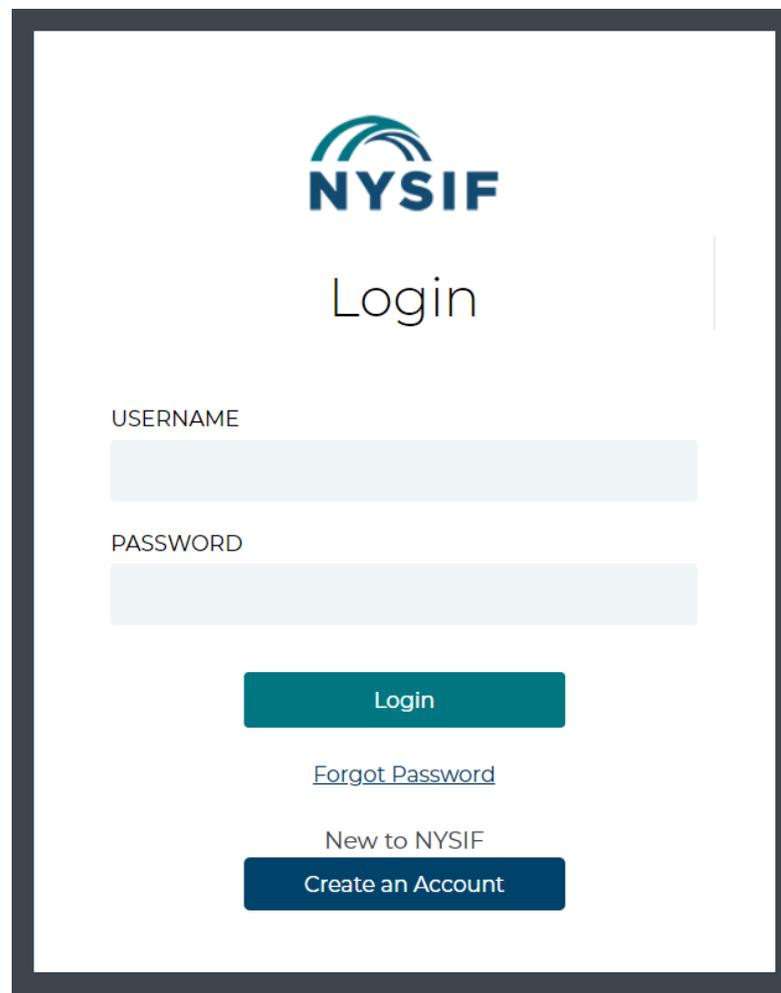
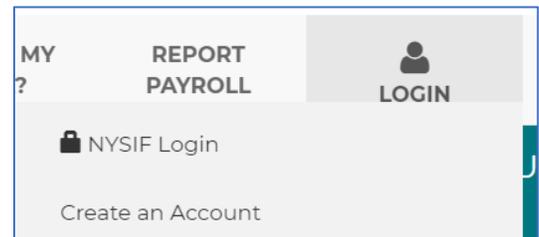
## Enhanced Security (Multi-Factor Authentication)

NYSIF takes your privacy seriously. To protect the personal information of its customers, including health records, NYSIF has implemented an enhanced security feature (also known as multi-factor authentication) for all NYSIF online account holders. Enhanced security allows NYSIF to identify you as the true owner of your online account by adding a layer of protection against unauthorized access. We do this by sending you a one-time passcode, in addition to requesting your username and password.

Please see the following screen shots for more information on how your account will be enrolled in enhanced security.

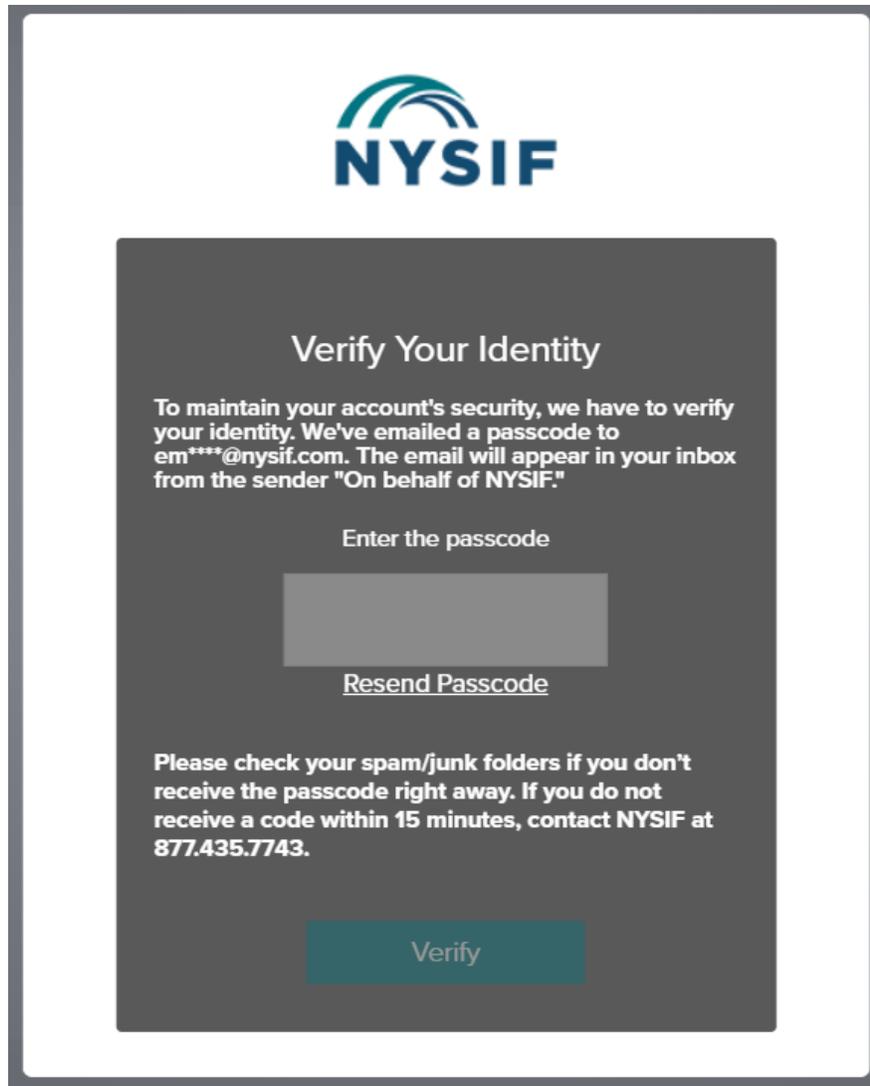
### LOGIN

1. Visit **nysif.com**. Click Login in the upper right corner.
2. Enter your username and password.

A screenshot of the NYSIF login page. At the top center is the NYSIF logo, which consists of a stylized blue and green arch above the text 'NYSIF'. Below the logo is the word 'Login' in a large, black, sans-serif font. Underneath 'Login' are two input fields: the first is labeled 'USERNAME' and the second is labeled 'PASSWORD'. Below the input fields is a teal button with the text 'Login'. Underneath the 'Login' button is a blue link that says 'Forgot Password'. At the bottom of the page is a dark blue button with the text 'Create an Account'.

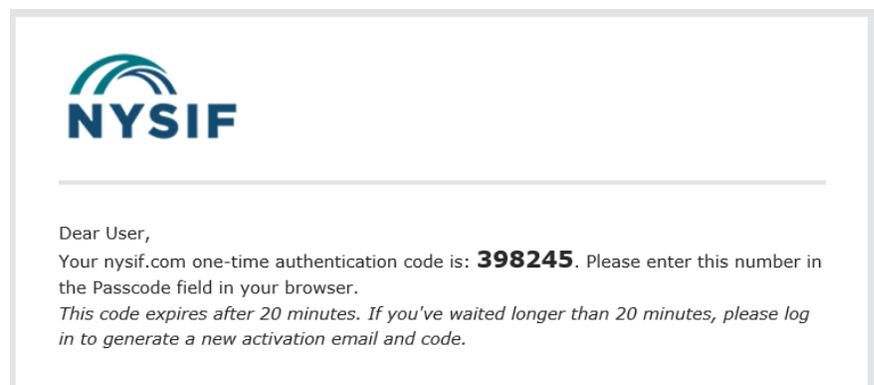
## Passcode

The first time you log into your NYSIF online account following implementation of enhanced security, you will be prompted to enter a passcode to verify your identity. The passcode will be sent to the email address associated with your NYSIF online account. At this time, you can only retrieve this passcode via email.



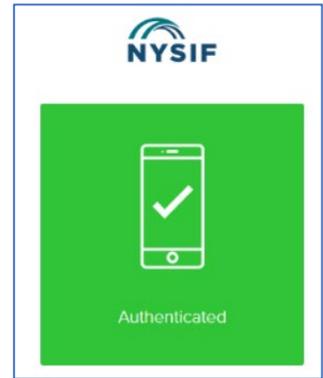
The screenshot shows a web form for verifying identity. At the top is the NYSIF logo. Below it, the heading "Verify Your Identity" is centered. The main text explains that a passcode has been emailed to the user's account. There is a text input field labeled "Enter the passcode" with a grey placeholder. Below the input field is a link for "Resend Passcode". At the bottom, there is a teal "Verify" button. A note at the bottom of the form asks the user to check spam/junk folders and provides contact information for NYSIF.

The passcode will expire after 20 minutes. The email will appear in your inbox from the sender "On behalf of NYSIF."



The screenshot shows an email verification message. It features the NYSIF logo at the top. Below the logo is a horizontal line. The message is addressed to "Dear User," and provides a one-time authentication code: **398245**. It instructs the user to enter this code in the Passcode field in their browser. A note states that the code expires after 20 minutes and advises the user to log in to generate a new activation email and code if they have waited longer than 20 minutes.

Enter the passcode in the field provided. Click "Verify." If authenticated, users will receive confirmation before being directed to their customer landing page or the application they were trying to reach.



## Authentication

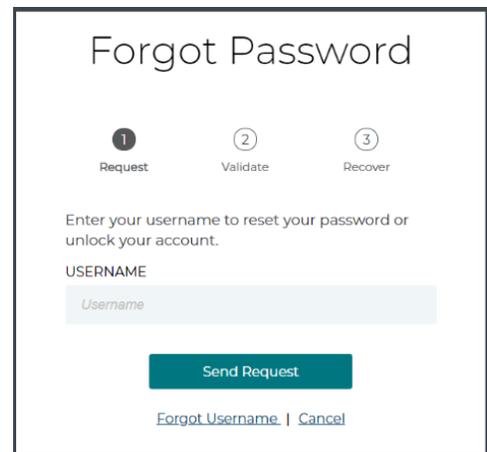
Each time you log into nysif.com, NYSIF's systems will perform a risk assessment of your login details. If the assessment identifies a probability of fraud, you will be asked to authenticate via passcode as shown above, sent to the email address associated with your online account.

Examples of information that might trigger an enhanced security login include:

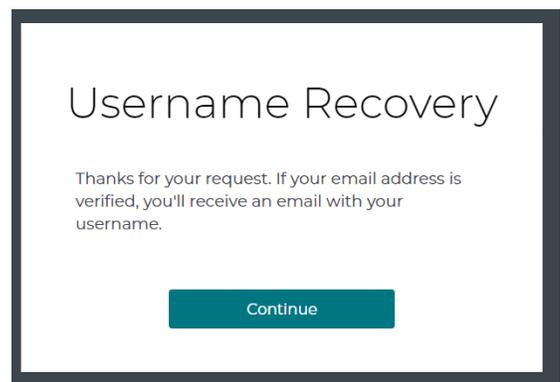
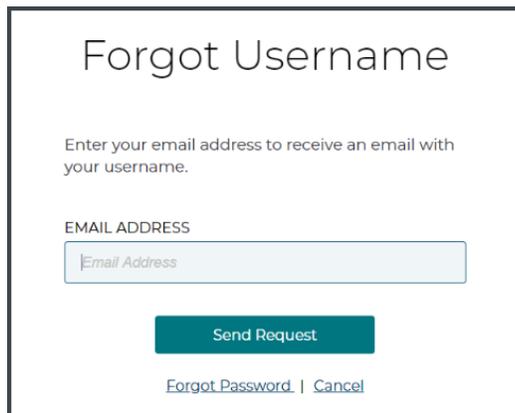
- Frequent password changes
- Different user location or time zone
- Different user IP address
- Different browser or version
- Different or new device/computer
- New mobile login

## Forgot Password or Username:

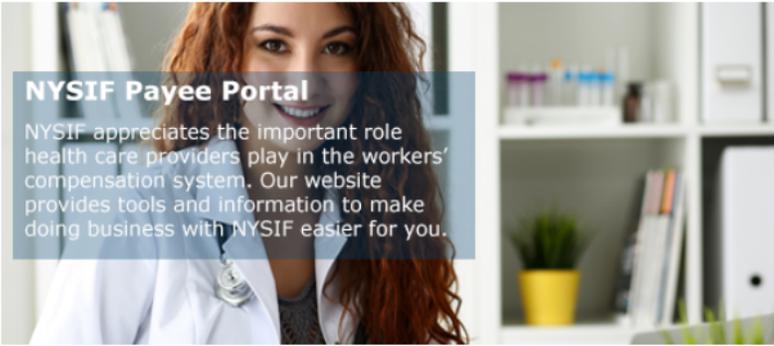
Choose "Forgot Password" from the login page. Enter your Username in the field provided. A temporary password will be sent to the email address associated with the online account.



Choose "Forgot Username." Enter your email address. Our system will send the username associated with that email address to the email address.



# Online Account Administration



**NYSIF Payee Portal**  
NYSIF appreciates the important role health care providers play in the workers' compensation system. Our website provides tools and information to make doing business with NYSIF easier for you.

You are now logged-in.

The New York State Insurance Fund sells workers' compensation and disability benefits insurance. Claims are adjudicated by the Workers' Compensation Board, which is not a part of the New York State Insurance Fund.

Please read this [User's Guide](#) carefully before using the Medical Payee Portal for the first time.

Your Third Party Biller unique ID is: **15F473**. Please contact the medical providers you represent and provide them with this unique ID. Once a medical provider has designated you as an approved third party biller, you will have online access to that providers medical bill payment information and explanation of benefits.

The list below displays medical providers that have designated you as an approved third party biller. To begin, first select a payee by clicking on a provider to view that provider's information and start your search. Please note that you can only access one medical provider's information at a time. To view another medical provider's information, please click "Online Account Home" in the top left of your screen to return to this page where you can choose a different provider and begin a new search.

Medical Provider Name
<a href="#">DOCTOR TEST'S OFFICE</a>

On your landing page, your unique ID number will be provided. This is the ID you must provide to medical payees for whom you provide billing services.

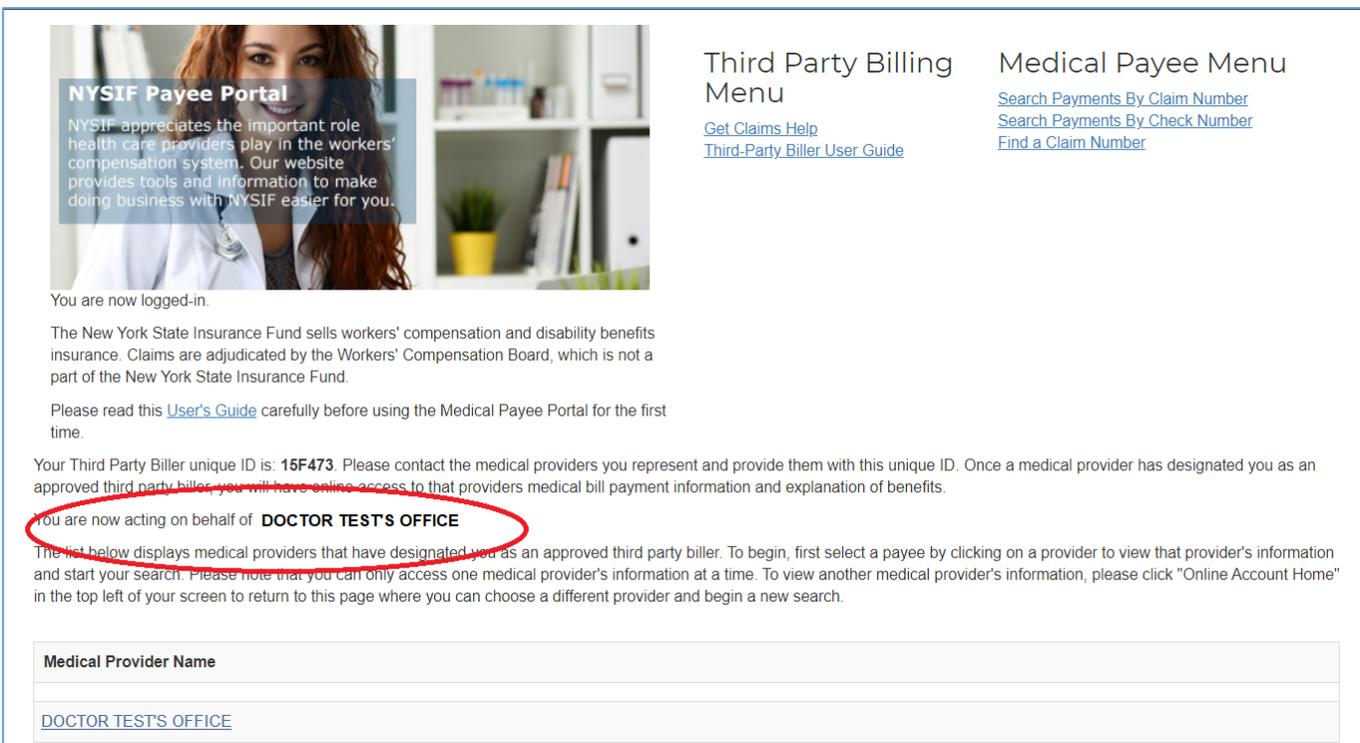
When you log in to your NYSIF online account, search options will not immediately appear. If you have been granted access, the table will display medical providers that have designated you as an approved third-party biller.

**Please note that the unique ID must be provided by the biller to the payee through direct communication. NYSIF cannot provide this information, nor play an active role in granting these permissions. Please note that only the master account for the medical provider can add/authorize a third-party biller. Authorized User (or "child") accounts set up by the provider do not have permission to grant authorization.**

# Third-Party Biller Provider List

The lower half of your home page will list those payees who have granted you access to their billing information. Using their own NYSIF account, payees on this list have granted you this access. If you do not see an expected payee in the list, you will need to contact the payee so that they can grant you access, using the unique ID number shown on your home page. **NYSIF cannot authorize access to third-party billers.**

1. To begin, first select a payee by clicking on a provider to view that provider's information. The page will display a message indicating that you are acting on behalf of the selected payee. (Please note that you can only access one medical provider's information at a time.)
2. A menu of search options will appear. Perform your claim search.
3. To view another medical provider's information, please click the NYSIF logo in the top left of your screen to return to your home page.
4. Choose a different provider and begin a new search.



**NYSIF Payee Portal**  
NYSIF appreciates the important role health care providers play in the workers' compensation system. Our website provides tools and information to make doing business with NYSIF easier for you.

You are now logged-in.

The New York State Insurance Fund sells workers' compensation and disability benefits insurance. Claims are adjudicated by the Workers' Compensation Board, which is not a part of the New York State Insurance Fund.

Please read this [User's Guide](#) carefully before using the Medical Payee Portal for the first time.

Your Third Party Biller unique ID is: **15F473**. Please contact the medical providers you represent and provide them with this unique ID. Once a medical provider has designated you as an approved third party biller, you will have online access to that providers medical bill payment information and explanation of benefits.

You are now acting on behalf of **DOCTOR TEST'S OFFICE**

The list below displays medical providers that have designated you as an approved third party biller. To begin, first select a payee by clicking on a provider to view that provider's information and start your search. Please note that you can only access one medical provider's information at a time. To view another medical provider's information, please click "Online Account Home" in the top left of your screen to return to this page where you can choose a different provider and begin a new search.

Medical Provider Name
<a href="#">DOCTOR TEST'S OFFICE</a>

# Claim Search

## Search Payments by Claim Number

From your landing page, select "Search Payments by Claim Number." Note on this page that the user's (NYSIF-generated, internal) Payee ID and business name are displayed. For any searches performed by these applications, only information specifically associated with payments to a single provider, over a specific time period, will be displayed.

*You may search by claim number for any date of service in the last five years. Drag the date range fields to reposition the slider or narrow the range. The maximum range for a single search is 180 days.*

Enter the claim number. Click "Submit."

**TIP:** Place your cursor on the blue slider and reposition the date range in six-month increments.

**TIP:** Drag the right or left end-point to narrow your date range.

The system will return information about the claim – specifically the claimant last name, date of birth, and accident date. The NYSIF case manager's name and email address are also available. If more than one payment was made during the search period, the search will return all payments.

Claim Number	Last Name	Date of Birth	Accident Date	Case Manager
9876543	SMITH	05/12/1955	10/21/2014	<a href="#">Nysif, John</a>
Bill Number	Billed Amount	Last Date of Service		
+ 34440161	769.62	04/17/2015		
+ 33823108	769.62	02/26/2015		

Click the "plus" sign to expand details about the payment. Click "Bill Details" for further information.

Claim Number 9876543	Last Name SMITH	Date of Birth 05/12/1955	Accident Date 10/21/2014	Case Manager 		
Bill Number 34440161	Billed Amount 769.62		Last Date of Service 04/17/2015			
	Paid Amount 769.62	Check Number 57808893	Check Amount 7,322.68	Check Date 05/15/2015	Message Paid in full.	Document Link <a href="#">Repricing EOR</a>
Service Date 04/17/2015	Codes 64721	Modifiers 79	Charges 769.62	Paid Amount 769.62		
Bill Number 33823108	Billed Amount 769.62		Last Date of Service 02/26/2015			
	Paid Amount 769.62	Check Number 57553815	Check Amount 10,086.68	Check Date 03/24/2015	Message Paid in full.	Document Link <a href="#">Repricing EOR</a>
Service Date 02/26/2015	Codes 64721	Modifiers	Charges 769.62	Paid Amount 769.62		

In the table there will be a record for each bill stored for this claimant, for services billed by this provider, during the service date range submitted. For each record, the following fields, if applicable, are displayed:

- NYSIF Bill Number
- Billed Amount
- Last Date of Service
- Paid Amount (for this specific bill)
- Check Number (if payment was issued)
- Check Amount (can and will often differ from billed amount/paid amount, due to repricing and the combination of multiple bills on a single check)
- Check Date
- Bill Status Message
- Document Link (Documents related to Objections and Repricing on the bill)
- Service Dates covered by the payment
- Codes, charges and paid amount for each service date.

The text in the "Document Link" field describes the type of each available document: "OBJ" (Objection Letter), "Repricing EOR" (Explanation of Review from repricing service), or "C-8-4" (NYSIF generated C-8.4 document). Clicking on one of these document links will open a new web page that displays the requested document.

**Note:** All documents available for display are images of documents already sent to the Provider.

**Note:** If there are no bills associated with the submitted claim/service date range and this Provider, no information will be returned.

## Search Payments by Check Number

Clicking the "Search Payments by Check Number" link on the landing page will bring up a check-specific search. Enter a check number, and click the "Submit" button. If the check number entered does not match that of a check issued to the Provider being queried, no information will be returned.

If you are enrolled in direct deposit, please use the draft number provided to you in the payment notification email to "Search Payments by Check Number."

### Search Payments By Check Number

Payee ID 00112233 ORTHO TESTING, INC

Check Number

[Submit](#)

In accordance with New York State Public Health Law §2782(5)a, you may not further disclose HIV related information without the specific written consent of the person to who it pertains, or as otherwise permitted by law. Any authorized further disclosure in violation of state law may result in a fine or jail sentence or both. A general authorization for the release of medical or other information is NOT sufficient authorization for further disclosure of HIV related personal health information.

Check Number	Check Amount	Check Date	Cashed Date
57808893	7,322.68	05/15/2015	05/21/2015

Claim Number	Unit Number	Claimant	Bill Number	Bill Reference	Payment amount	Document Link
<a href="#">0123456</a>	95	John Smith	34393226	04/07/15-04/07/15	3,582.98	<a href="#">Repricing EOR</a>
<a href="#">1234567</a>	94	SUSAN J. JONES	34403906	04/13/15-04/13/15	675.68	<a href="#">C-8-4 Repricing EOR</a>
<a href="#">2345678</a>	65	William Williams	34414209	04/21/15-04/21/15	450.00	<a href="#">C-8-4 Repricing EOR</a>
<a href="#">345678</a>	91	Joseph Nysif	34403937	04/13/15-04/13/15	1,138.14	<a href="#">C-8-4 Repricing EOR</a>
<a href="#">4567890</a>	91	MARY THOMAS	34409837	04/20/15-04/20/15	706.26	<a href="#">Repricing EOR</a>
<a href="#">5678901</a>	91	Jane Doe	34440161	04/17/15-04/17/15	769.62	<a href="#">Repricing EOR</a>

Hover over the claim number for case manager information. Hover over the claimant name for accident date and date of birth.

The document links in the far-right column function in the same way as described for "Search by Claim."

<a href="#">345678</a>	91	Joseph Nysif	Claimant Date of Birth: 01/27/1961 Accident Date: 12/05/2013	04/13/15-04/13/15	1,138.14	<a href="#">Repricing EOR</a> <a href="#">C-8-4 Repricing EOR</a>
<a href="#">4567890</a>	91	MARY THOMAS	34409837	04/20/15-04/20/15	706.26	<a href="#">Repricing EOR</a>
<a href="#">5678901</a>	91	Jane Doe	34440161	04/17/15-04/17/15	769.62	<a href="#">Repricing EOR</a>

## Find a Claim Number (Associated)

In some cases, the user may not know the claim number that is required for a billing/payment search. "Find a Claim Number" requires certain claimant information and returns a claim number meeting the submitted criteria.

If the provider has previously submitted a bill to NYSIF for this claimant, choose "Yes" and complete the fields required. The provider must provide the claimant's **exact date of birth**, an accident date that falls within three days of the date stored by NYSIF, and the first two letters of the claimant's last name. As with the "Search Payments by Claim Number" function, use the slider to select and narrow the service date range. The search will return the claim number and full last name of the claimant.

### Find a Claim Number

Payee ID 00112233 ORTHO TESTING, INC

Have you submitted a bill to NYSIF for this claimant?

Yes  
 No

Service Date

04/01/2015 07/25/2015

You may search by claim number for any date of service in the last year. Drag the date range fields to reposition the slider or narrow the range. The maximum range for a single search is 180 days.

\*Date of Birth

\*Accident Date

*The accident date needs to be within 3 days to return the correct claim.*

\*Last Name

Claim Number	Claimant Last Name	Claimant Date of Birth	Date of Accident	Unit
<a href="#">345678</a>	Nysif	01/27/1961	12/05/2013	91

If there are no bills associated with the submitted claim/service date range and this provider, no information will be returned.

Other conditions resulting in "No records" would include a mismatch on last name, an accident date out of range, or no billing information for this provider during the range submitted. Only claimants that fit the provided identification information AND were provided billed services by this provider, during the specific service date range in question, will be returned.

\*Last Name

No data found for given search criteria. This may be because a claim has not yet been created or there is no bill yet on file associated with both you, the medical provider, and the injured worker. Please contact the claimant or the employer for a claim number. Please note that a provider may submit a medical bill without a claim number.

## Find a Claim Number (Not Associated)

In some cases, the provider may have recently treated a claimant, but not yet submitted a bill to NYSIF. Because the claimant and the provider are not associated yet, NYSIF requires more information to perform a search for a claim number. The provider must have the **exact** name and birthdate, and the accident date within three days.

### Find a Claim Number

Payee ID 00112233 ORTHO TESTING, INC

Have you submitted a bill to NYSIF for this claimant?

Yes  
 No

\*Date of Birth  

\*Accident Date  

*The accident date needs to be within 3 days to return the correct claim.*

\*First Name  

\*Last Name

A successful search will return the claim number.

### Find a Claim Number

Payee ID 00112233 ORTHO TESTING, INC

**Claimant Name:** john nysif  
**Accident Date:** 12/05/2013  
**Claim Number:** 345678  
**Unit Number:** 91

Only claimants that fit the provided identification information will be returned.