

WCMBP System

Provider Enrollment



Overview

This webinar provides instructions on how to complete an enrollment application for new providers via the Workers' Compensation Medical Bill Process (WCMBP) Portal.

Note: Legacy providers will not have to enroll into the new system. Legacy providers are providers that were previously enrolled in Conduent's System (Legacy System).

Before we begin the demonstration of online enrollment, we will discuss the new OWCP-1168 Provider Enrollment Application.



Paper Enrollment



New OWCP-1168 Enrollment Application Form

Paper submission is one of the several options for enrollment. While this tutorial will be mostly covering the online enrollment process, it is important to note that you can also enroll via the paper enrollment application using form OWCP-1168.

The form has been updated and can be accessed by following the steps covered on the next several slides.

Note: We encourage Direct Data Entry (DDE) online enrollment as delays might be expected with processing hardcopy/paper submissions due to the current conditions of the pandemic.

Provider Enrollment Form

U.S. Department of Labor
Office of Workers' Compensation Programs

OMB Number 1240-0021
Expires: 09/30/2020

1. Are you applying for a new enrollment or updating your record?
 New Enrollment Re-Enrollment Re-Validation Update

1a. If Update, Re-Enrollment or Re-Validation,
Enter Provider ID or Federal Employer Identification Number (FEIN) _____

PART A: BASIC INFORMATION (Required)

2. Enrollment Type
 Individual
 Group Practice (Please see Page 9 for completion of group practice enrollment)
 Facility/Agency/Organization/Institution

3. Provider Type
(For multi-specialty group provider, select primary provider type)
If you select "Other Provider" (96) or Non-Medical Vendor (53)

3a. Please explain _____

4. Program
 DFEC DCMWC DEEOIC DLHWC

5. Individual Information (If you enroll using SSN)

5a. Last Name _____ 5c. Middle Name _____
5b. First Name _____ 5d. SSN _____

6. Organization Information
6a. Organization Name (Legal Business Name) _____
6b. Organization Business Name (Doing Business As) _____ 6c. FEIN _____

7. National Provider Identifier (NPI) _____

8. Entity Type

8a. If Other, please explain _____

9. Email Address _____

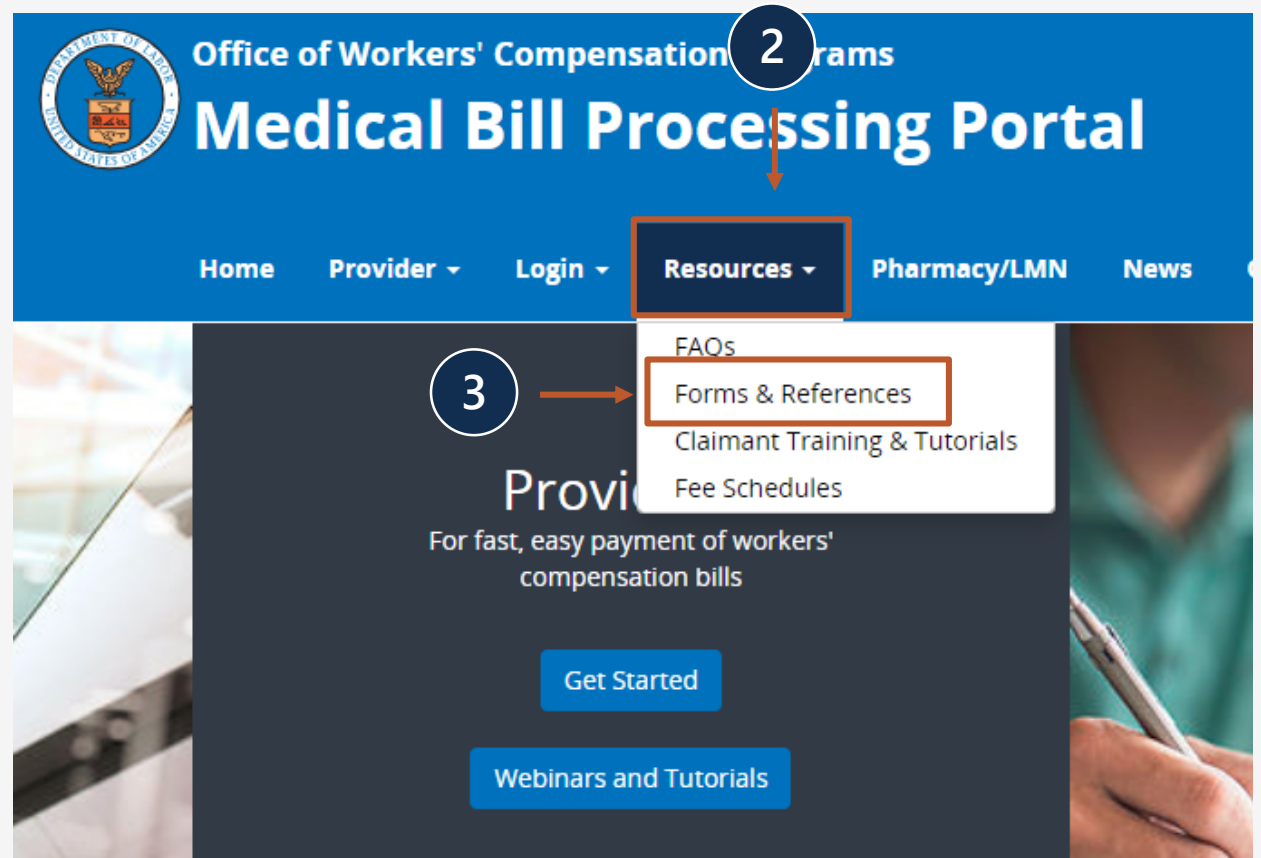
10. I do not wish to be included in an online searchable list of OWCP providers.
10a. Reason _____

Previous editions unusable

OWCP-1168
(Revised 04/20)
Page 1

How to Obtain an Enrollment Application

1. Go to OWCPMED.DOL.GOV
2. Click Resources
3. Click Forms & References

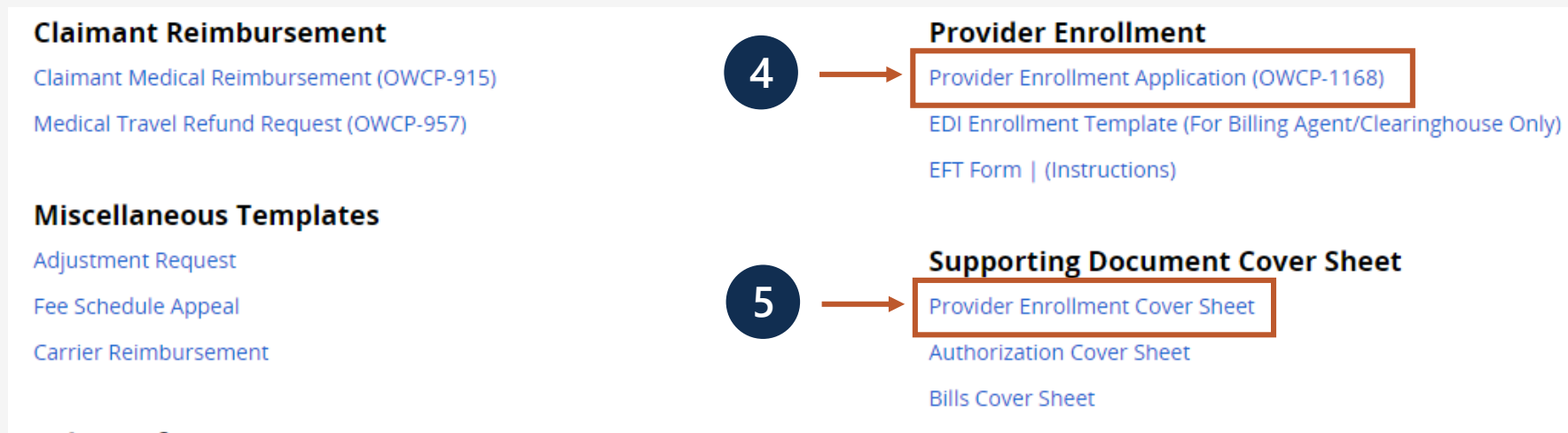


How to Obtain an Enrollment Application

4. Click Provider Enrollment Application (OWCP 1168).

The OWCP-1168 form will open. The application includes a cover page addressed to providers that gives important information about OWCP and provider enrollment. You can begin filling in the required fields and then print for submission.

5. When submitting your paper enrollment application, you will also want to include the Provider Enrollment Cover Sheet if mailing or faxing your application and supporting documentation.



Submitting Paper Enrollment Application and Registration Process

After your paper enrollment application has been submitted, reviewed and approved, you will receive a welcome letter and a registration letter.

Welcome letter will contain:

- Welcome message
- OWCP Provider ID
- Temporary ID

Registration letter will contain:

- Instructions on how to complete the registration process
- Temporary key

You will use the OWCP Provider ID, Temporary ID, and Temporary Key provided in the letters, and the SSN/FEIN used on your application, to complete the registration process.



Online Enrollment



Navigating the WCMBP Portal to Begin Online Enrollment

1. Go to <https://owcpmed.dol.gov>
2. Click Provider
3. Click Get Started



Navigating the WCMBP Portal to Begin Online Enrollment

4. Click the Click here to begin the enrollment process hyperlink.

Providers will need to first register with OWCP Connect before starting a new enrollment or accessing the new system.

OWCP Connect is the mechanism by which all users are authenticated.

Get Started in the New Medical Bill Process System

A new medical bill process system was launched on April 27, 2020, offering pro claimants approved by OWCP for workers' compensation.

New Provider
For fast approval, enroll online
[Click here to begin the enrollment process.](#)

4

If I successful before April
No! However, yo

OWCP Connect Registration

5. Select the "here" link to begin the OWCP Connect Registration.

United States Department of Labor
Office of Workers' Compensation Programs

OWCP Workers' Compensation System

5 Account Registration | Reset Password | Change Email | Help

OWCP Connect

About OWCP Connect

OWCP Connect allows users to prove their identity and create an account for communication with OWCP's various self-service applications. It is a centralized identity-proofing system used to create credentials for a user, and then to authenticate the credentials for login.

Identity proofing is accomplished by validating the user's information entered in the Account Registration process against secure Credit Bureau data. Once the user's identity has been verified, their account can be created.

At this time OWCP Connect is only being used to authenticate new users to FECA's Claimant Query System (CQS). You must be the injured worker and have an existing OWCP Case File Number to access FECA's CQS. If you are not the injured worker/claimant you will not be granted access.

A Note About Data Security
OWCP takes information security very seriously. We are aware of

Account Registration

If this is your first time using OWCP Connect, click [here](#) and begin the process to create a new account.

WARNING....WARNING....WARNING....WARNING....WARNING

You are accessing a U.S. Government information system that is owned and operated by the Department of Labor. The Department of Labor information systems are provided for the processing of official U.S. Government information only, and are therefore, owned by the Department of Labor. Authorized users are responsible for the proper handling of information they access.

USE OF THIS SYSTEM BY ANY USER AUTHORIZED OR UNAUTHORIZED CONSTITUTES A CONSENT TO ACTIVITY MONITORING, RECORDING, DISCLOSURE, AND ACCEPTS THAT USE OF THE SYSTEM IS SUBJECT TO AUDIT BY

Login

Welcome to OWCP Connect
Please enter your EMAIL ADDRESS to start.

Email Address

LOGIN

RESET PASSWORD
If you have forgotten password, click [here](#) and you will be guided through the process to reset your password.

If you have Federally-issued PIV card that you have registered with OWCP Connect, you can use it to log in.

OWCP Connect Registration

6. Please enter required information (Name and email address)
7. A message will populate to notify you that the email you are entering is available or already linked to an existing user account.
8. Enter result of the addition problem from the image
9. Click Next

Account Registration

Enter the below information to create the account

First Name*


Last Name*

Middle Initial

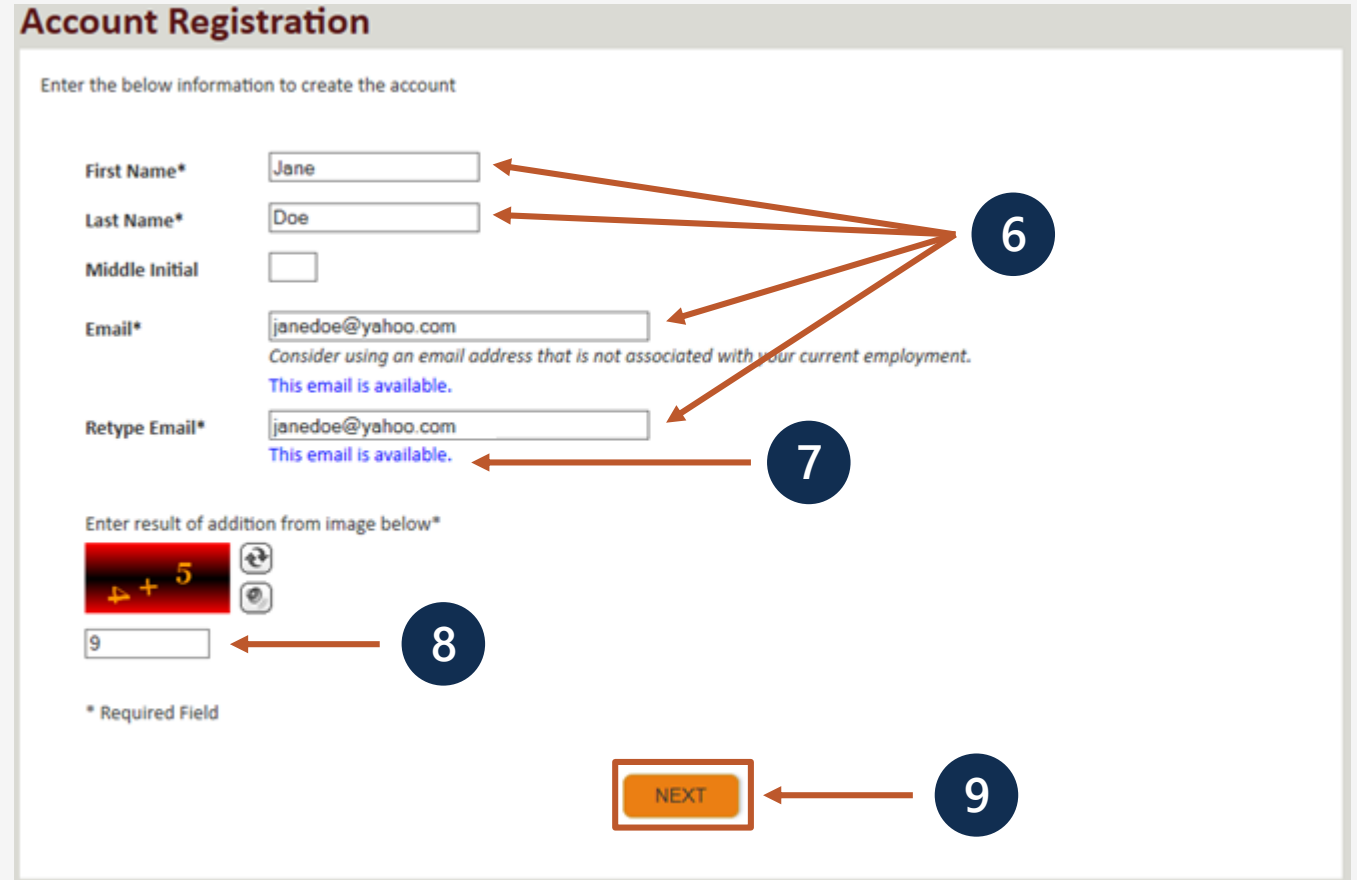
Email*
Consider using an email address that is not associated with your current employment.
[This email is available.](#)

Retype Email*
[This email is available.](#)

Enter result of addition from image below*



* Required Field



OWCP Connect Registration

Login Credential

Your identity has been validated. Please enter a password below to create your account.

Email* Janedoe@yahoo.com

Password*

Retype Password*

* Required Field

PREV NEXT

10. Once the validation is completed, enter a password and retype the password to confirm the password.

11. Click Next.

Note: Password Criteria should:

- be at least 8 characters long,
- include an uppercase letter, a lowercase letter, a number, and a special character.

By clicking the "Next" button, providers will be taken to the security image page where they must select an image and create a "Key Phrase".

OWCP Connect Registration

12. Select a security image, enter a key phrase.
13. Click Next.

Security Images

Please select a security image and enter a key phrase. They are used during the login process for your protection.

Security Images *

Key Phrase *

* Required Field


PREV NEXT

OWCP Connect Registration

Security Questions

Please select security questions & answers. They may be used during the login process for login verification.

Security Questions *

1. What is the name of the boy or girl that you first kissed?  **14**
2. Who is your favorite actor, musician, or athlete?
3. What was the make and model of your first car?

* Required Field

PREV SUBMIT  **15**

14. Select security questions from the drop downs and answer the selected questions.
15. Click Submit.

OWCP Connect Registration

System creates an account and a link to activate the account is sent to your email address used in registration.

Note: The account must be activated within 24 hrs.

Click "Resend Email" if the email is not received within 10 minutes.

Account Creation

Your account creation request has been submitted successfully.

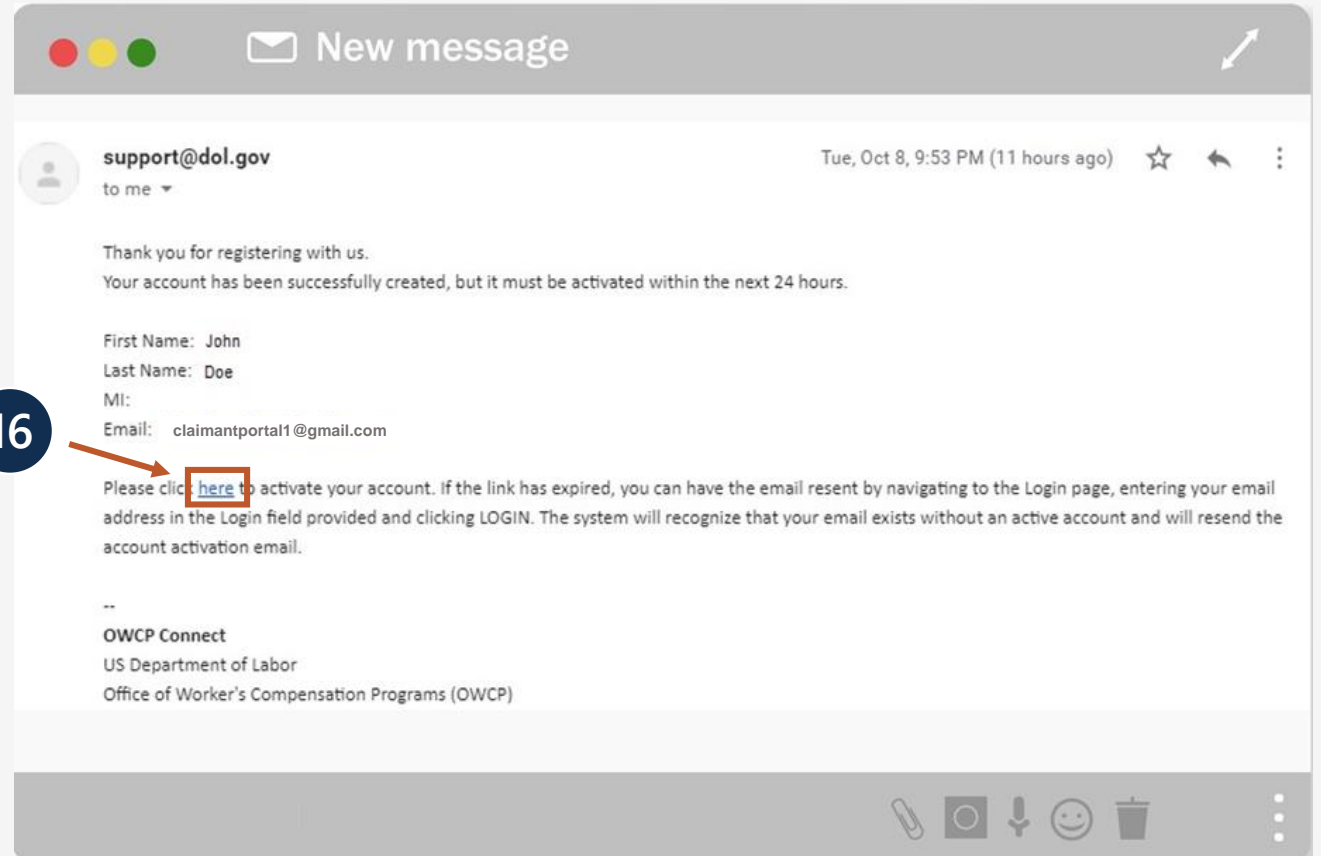
An email has been sent to the email address you provided, which includes a link that you will need to click in order to activate your account. [The link provided in the email is available for 24 hours.](#)

RESEND EMAIL

OWCP Connect Registration

Look for an email from: support@dol.gov.

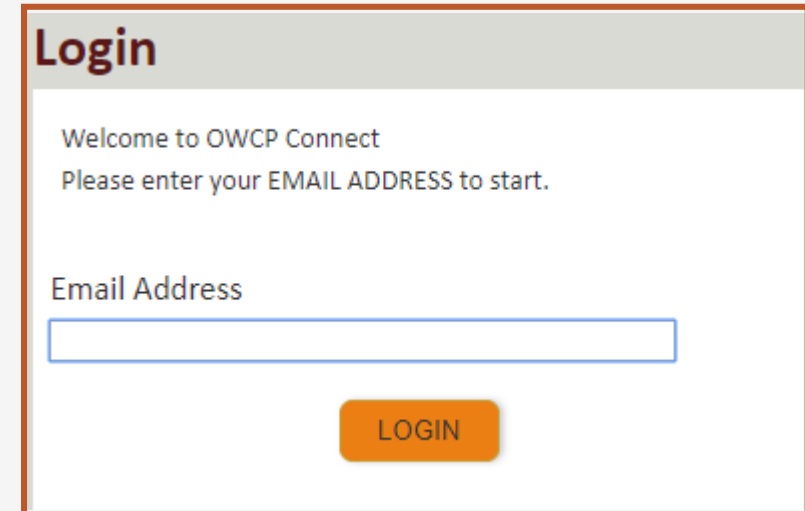
16. Click link that says "here."



OWCP Connect Registration

17. Login to through OWCP Connect to validate your email address and begin your online enrollment.

17 →



The screenshot shows a web page titled "Login" with a grey header. Below the header, the text reads "Welcome to OWCP Connect" and "Please enter your EMAIL ADDRESS to start." There is a text input field labeled "Email Address" with a blue border. Below the input field is an orange button with the text "LOGIN".

Starting the Online Enrollment Application

1. Select the Enrollment Type.
2. Click "Submit".

Note: Enrollment Type Definitions are provided below the Enrollment Type selection area. Please select the appropriate type for your practice, organization and/or business.

The screenshot displays a web application interface for selecting an enrollment type. At the top, a tab labeled "Enrollment Type" is active. Below the tab, a message reads "Please select the applicable Enrollment Type". A list of radio button options is presented: "Individual" (selected), "Group Practice", "Billing Agent/Clearinghouse", "Facility/Agency/Organization/Institution", and "Special Considerations". A red box highlights this list, with a blue circle containing the number "1" and an arrow pointing to it. Below the list are two buttons: "Close" and "Submit". The "Submit" button is highlighted with a red box, and a blue circle containing the number "2" with an arrow points to it. Below the selection area, a section titled "Enrollment Type Definition" is visible, showing the definition for "Individual".

Enrollment Type

Please select the applicable Enrollment Type

- Individual
- Group Practice
- Billing Agent/Clearinghouse
- Facility/Agency/Organization/Institution
- Special Considerations

Close Submit

Enrollment Type Definition

Individual -

- Any provider who is eligible to receive a Type I National Provider Identifier (NPI) through the [National Plan and Provider Enumeration System \(NPPES\)](#). Providers eligible to receive an NPI are those who deliver medical or health services, as defined under [Section 1861\(s\) of the Social Security Act, 42 U.S.C. 1395x\(s\)](#).
- Individuals providing only non-medical services, attendant care, or personal care services, who do not need an NPI.

Starting the Online Enrollment Application

1. Select a Provider Type from drop down menu.
2. Check a Program(s) to enroll in.
3. Select Identifier Type (FEIN or SSN).
4. Based on the responses for steps 1-3, you will either enter an organization name or the individual provider name.
5. Enter an NPI and an Entity Type based on your W9.
6. Check if you do not want to be on the online searchable provider listing. If checked, please supply a reason.
7. Click "Finish".

The screenshot shows a web form titled "Basic Information" with the following fields and callouts:

- 1**: Points to the "Provider Type" dropdown menu.
- 2**: Points to the "Program" section with checkboxes for DFEC, DCMWC, DEEOIC, and DLHWC.
- 3**: Points to the "FEIN" input field.
- 4**: Points to the "Organization Name" and "Organization Business Name" input fields.
- 5**: Points to the "National Provider Identifier" input field.
- 6**: Points to the checkbox "I do not wish to be included in an online searchable list of OWCP providers." and the "Reason" input field below it.
- 7**: Points to the "Finish" button.

Additional form elements include an "Email Address" field, an "Entity Type" dropdown, and a text area for "If Other, please explain:".

Starting the Online Enrollment Application

Carefully note the 14-digit Application ID. You can use this Application ID number, along with the entered FEIN or SSN number to return to your application if you leave at any time during the enrollment process.

The application number will also be emailed to you.

Application Number : 202 Name: test Enrollment Type: Group Practice

Basic Information

You have successfully completed the basic information on the Enrollment Application. This is your Application #: 202. Please make note of this application number. This is the number you will be required to use to track the status of your enrollment application. Do not lose this number once you log off.

Ok

Returning to an Enrollment Application

1. To resume your enrollment application if you left before completing it, select the Provider drop-down from the MBP Portal.
2. Select the Get Started menu option.



Returning to an Enrollment Application

3. Select the “Click here to resume or track the in-progress enrollment application” hyperlink in the Resume or Track an Enrollment Application area.

Note: This same process can be used to check the status of your enrollment application after you have completed it.

The screenshot shows the 'Medical Bill Processing Portal' for the Office of Workers' Compensation Programs. The navigation menu includes Home, Provider, Login, Resources, Pharmacy/LMN, News, and Contact Us. The breadcrumb trail is Home / Provider Home / Get Started. The main heading is 'Get Started'. Below this, a section titled 'Get Started in the New Medical Bill Process System' provides context. Three options are presented in a grid:

- New Provider**: For fast approval, enroll online. Click here to begin the enrollment process.
- Legacy Provider**: If I successfully enrolled with Conduent before April 27, 2020, do I need to re-enroll? No! However, you must register to access the new system.
- Resume or Track an Enrollment Application**: Click here to resume or track the in-progress enrollment application. This option is highlighted with a red box and a circled number 3.

Returning to an Enrollment Application

4. Login via OWCP Connect using the email address you used when registering with OWCP Connect.

Department of Labor
Compensation Programs

OWCP Workers' Compensation System

Login | Account Registration | Reset Password | Change Email | Help

Account Registration

If this is your first time using OWCP Connect, click [here](#) and begin the process to create a new account.

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Login

Welcome to OWCP Connect
Please enter your EMAIL ADDRESS to start.

Email Address

LOGIN

RESET PASSWORD

Returning to an Enrollment Application

5. Enter the password you created when registering with OWCP Connect, then select Submit.

United States Department of Labor
Office of Workers' Compensation Programs

WCS
OWCP Workers' Compensation System

[Login](#) | [Account Registration](#) | [Reset Password](#) | [Change Email](#) | [Help](#) | [FAQ](#)

OWCP Connect

Login

Welcome [Progress Bar] Please verify your security image and enter password.

Security Image

Key Phrase: ABC

Password *

* Required Field

SUBMIT

Instructions

Please make sure that the image and key phrase match what you selected and entered when you created your account.

If the image and key phrase match what you entered when you created your account, please enter your password in the space provided, and select the application you would like to access. Then click SUBMIT.

Returning to an Enrollment Application

6. You will use the Application Number given to you when you started your enrollment.
7. Enter the SSN or FEIN used when you started your enrollment.
8. Select the Submit button to return to your application.

The screenshot shows the eCAMS HCEV interface. At the top, there is a navigation bar with the eCAMS HCEV logo, a power icon, the URL PRVDRENRL, the user name hce, user, and a profile dropdown menu. Below the navigation bar is a breadcrumb trail: Home > Track Application. The main content area is titled 'Track Existing Application' and contains a form with the instruction: 'Please provide the Application Number and SSN/FEIN to track your application.' The form has two input fields: 'Application Number:' and 'SSN/FEIN:'. Both fields have an asterisk (*) indicating they are required. Red arrows point to the 'Submit' button (labeled 8), the 'Application Number' field (labeled 6), and the 'SSN/FEIN' field (labeled 7). There are also 'Close' and 'Submit' buttons at the top of the form area.

Completing an Enrollment Application

Complete each step

Optional vs Required

Start/End Date

Complete vs Incomplete Status

Step	Required	Start Date	End Date	Status	Step Remark
Step 1: Provider Basic Information	Required	04/03/2020	04/03/2020	Complete	
Step 2: Add Location	Required			Incomplete	
Step 3: Add Taxonomies	Required			Incomplete	
Step 4: Add Ownership Details	Optional			Incomplete	
Step 5: Add Licenses and Certifications	Required			Incomplete	
Step 6: Add Identifiers	Optional			Incomplete	
Step 7: Add EDI Submission Method	Optional			Incomplete	
Step 8: Add EDI Submitter Details	Optional			Incomplete	
Step 9: Add EDI Contact Information	Optional			Incomplete	
Step 10: Add Servicing Provider Information	Required			Incomplete	
Step 11: Add Payment Details	Required			Incomplete	
Step 12: Complete Provider Disclosure	Required			Incomplete	
Step 13: View/Upload Attachments	Optional			Incomplete	
Step 14: Submit Enrollment Application for Review	Required			Incomplete	

Note: We already completed step 1, as you can see in the Status column. Based on the information provided in step 1, the enrollment steps are displayed. The “Purge” button will delete all information entered if you need to restart your application. Also, there is one step in particular that only applies to the “Group” Enrollment Type. That is Step 10: Add Servicing Provider Information. This step will not be displayed for the Individual and Facility/Agency/Organization/Institution Enrollment Types.

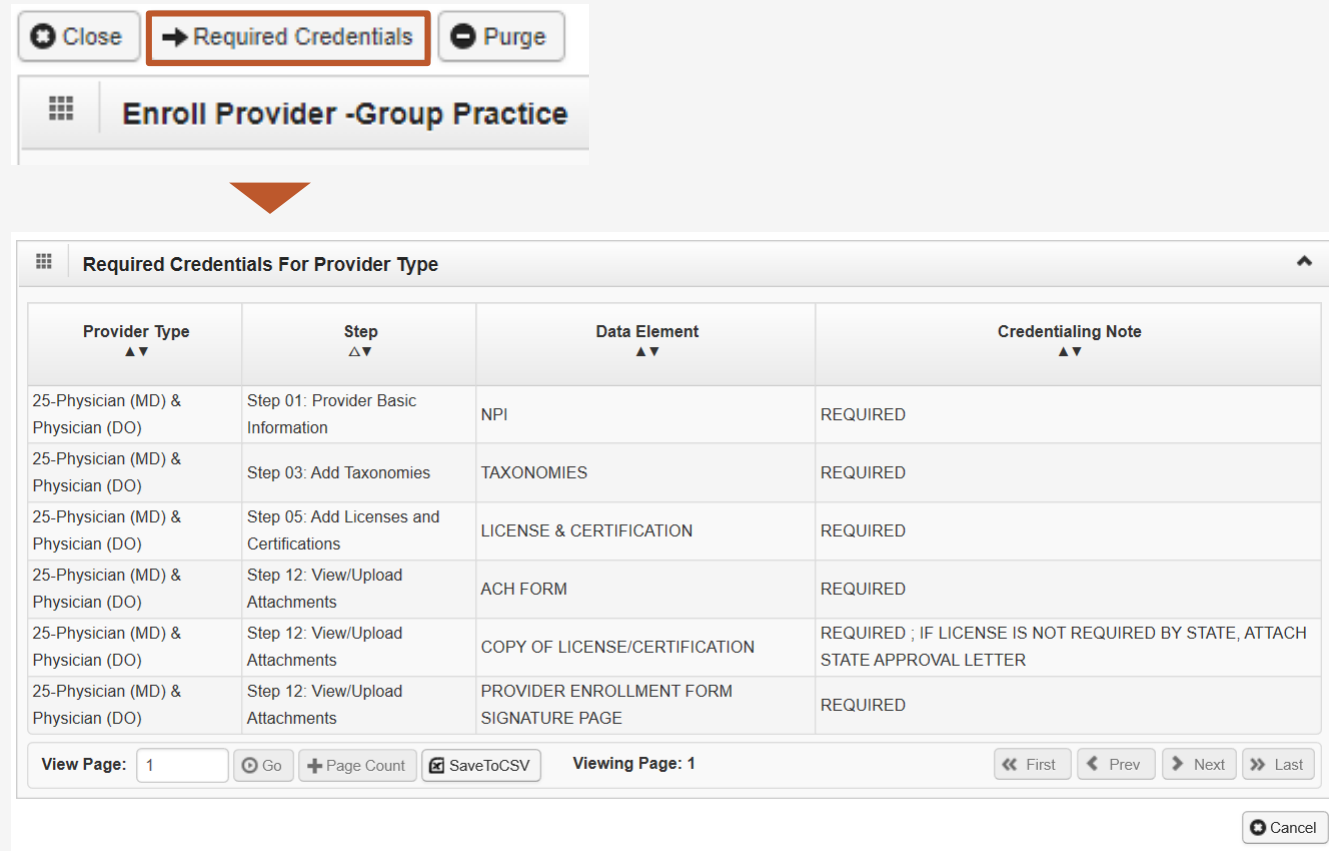
Completing an Enrollment Application

It's important to note for the screen shots shown in this webinar that what is or is not required may not apply to your enrollment or provider type chosen during your enrollment. You can utilize the Required Credentials button when you are enrolling to see what is required for your enrollment and provider type chosen.

Before completing the next steps, select "Required Credentials". A separate window will display the credentials that are required for your provider type.

Note: Credential requirements will change depending on the selected provider type.

1. Exit out this window to move on to the next step Add Location.



The screenshot shows the 'Enroll Provider -Group Practice' application. At the top, there are three buttons: 'Close', 'Required Credentials' (highlighted with a red box), and 'Purge'. Below these is a grid icon and the text 'Enroll Provider -Group Practice'. An orange arrow points down to a window titled 'Required Credentials For Provider Type'. This window contains a table with the following data:

Provider Type ▲▼	Step ▲▼	Data Element ▲▼	Credentialing Note ▲▼
25-Physician (MD) & Physician (DO)	Step 01: Provider Basic Information	NPI	REQUIRED
25-Physician (MD) & Physician (DO)	Step 03: Add Taxonomies	TAXONOMIES	REQUIRED
25-Physician (MD) & Physician (DO)	Step 05: Add Licenses and Certifications	LICENSE & CERTIFICATION	REQUIRED
25-Physician (MD) & Physician (DO)	Step 12: View/Upload Attachments	ACH FORM	REQUIRED
25-Physician (MD) & Physician (DO)	Step 12: View/Upload Attachments	COPY OF LICENSE/CERTIFICATION	REQUIRED ; IF LICENSE IS NOT REQUIRED BY STATE, ATTACH STATE APPROVAL LETTER
25-Physician (MD) & Physician (DO)	Step 12: View/Upload Attachments	PROVIDER ENROLLMENT FORM SIGNATURE PAGE	REQUIRED

At the bottom of the window, there is a 'View Page: 1' field, a 'Go' button, a '+ Page Count' button, a 'SaveToCSV' button, and a 'Viewing Page: 1' field. Navigation buttons include '<< First', '< Prev', '> Next', and '>> Last'. A 'Cancel' button is located at the bottom right.

Step 2: Add Location

The screenshot shows a web interface for adding a location. At the top, there is a 'Close' button and an 'Add' button, with a red arrow pointing to the 'Add' button and a circled '1' next to it. Below this is a 'Locations List' header. The main form contains several input fields: 'Business Name' (required, marked with an asterisk), 'Contact Last Name' (required, marked with an asterisk), 'Phone Number' (required, marked with an asterisk), 'Email Address' (optional), 'Contact First Name' (optional), and 'Fax Number' (optional). Red arrows point to the 'Business Name' field (circled '2'), the 'Contact Last Name' field (circled '3'), the 'Phone Number' field (circled '4'), and the 'Next' button (circled '5').

1. Select the Add button.
2. Enter Location Business Name.
3. Enter Contact Person First and Last Name.
4. Enter Contact Person Phone Number. (Do not add dashes or spaces)
5. Click "Next."


Note: Email Address and Fax Number entries are Optional

Step 2: Add Location

1. You must add your physical address, click "Address."

Type of Address: ▾

Address Input Option: Manually Input

End Date: 

Address Line 1: * Address Line 2:

Address Line 3:

City/Town: *

State/Province: * County: *

Country: * Zip Code: - ← 1

Step 2: Add Physical Location

1 → Address Line 1: * (Enter Street Address or PO Box Only) Address Line 2:

Address Line 3:

City/Town: *

State/Province: *

County: *

Country: *

2 → Zip Code: - 3 →

4 →

1. Enter the Physical Address Street Number and Street Name.
2. Enter the Zip Code.
3. Click "Validate Address" . (Complete address will auto populate after validation)
4. Click "OK".

Possible Validation Results

→ Address not found with Street Address and Zip Code Combination

→ Address validation successful

Step 2: Add Mailing Location

Type of Address: Mailing

Address Input Option: Manually Input Same as Physical Address

End Date: 12/31/2999

Address Line 1: * Address Line 2:

Address Line 3:

City/Town: *

State/Province: * County: *

Country: * Zip Code: -

1. If mailing address is the same as the physical address, check the bubble that states "Same as Physical Address".
OR
2. Click "Address" to Enter Mailing Address Street Number and Street Name if the address is different.
3. Click "OK" after adding the mailing address.

Step 2: Add Mailing Location

Close Add

Locations List

	Business Name ▲▼	Location Details ▲▼
<input type="checkbox"/>	Angel PA	1447

1. The system displays the Location List, which confirms your address information entered.
2. Click "Close" to move on to the next step, Add Taxonomies.

Note: Taxonomy codes refer to the Healthcare Provider Taxonomy Code Set, which categorize the type, classification, and/or specialization of health care providers. This step and some of the subsequent steps may or may not be required, depending on the enrollment and provider type chosen. For example, a Non-Medical Vendor Provider Type will not be required to enter Taxonomy Codes. Again, selecting the "Required Credentials" button on the page listing the enrollment steps will help determine what is or is not required for your enrollment and provider type chosen.

Step 3: Add Taxonomies

1. Click "Add."
2. Use the dropdown menu to view your existing Taxonomy Code Type.
3. Select Specialty type.
4. Available Taxonomy codes will populate. Highlight the codes that are applicable to your organization. Move applicable codes to Associated Taxonomy Codes.
5. Click "OK."
6. Click "Close" to move on to the next step, "Add Ownership Details."

The screenshot shows a software interface for adding taxonomies. It consists of three main sections: 'Taxonomy List', 'Select Taxonomy Code Type/Specialty', and 'Add Taxonomy Code'. The 'Add Taxonomy Code' section contains two columns: 'Available Taxonomy Codes' and 'Associated Taxonomy Codes *', with arrows between them for moving items. Numbered callouts (1-6) indicate the following steps: 1. Click the 'Add' button at the top right. 2. Click the dropdown arrow next to the 'Taxonomy Code Type' field. 3. Click the dropdown arrow next to the 'Specialty' field. 4. Click the 'Available Taxonomy Codes' list area. 5. Click the 'OK' button at the bottom right. 6. Click the 'Close' button at the top left.

Note: Ownership Details list any business with more than a 5% interest in or where involvement is at an officer, director or agent of the company. This step is optional for all enrollment and provider types.

Step 4: Add Ownership Details

This step optional. If completed, you must complete required fields and click OK.

1. Select the Disclosure Type (Individual or Organization) Ownership.
2. Enter SSN or FEIN.
3. Enter Organization Name or First/Last Name.
4. Click "Address" to enter Street Number, Street Name and Zip Code.
5. Click "OK."

Note: If the ownership information is the same name, FEIN and address as previously entered, click "Copy Name and Tax." The information will auto populate.

The screenshot shows the 'Add Ownership' form with the following fields and annotations:

- 1:** Points to the 'Disclosure Type' dropdown menu, which is set to 'Individual Ownership'.
- 2:** Points to the 'SSN/FEIN' text input field.
- 3:** Points to the 'Organization Name' and 'Last Name' text input fields.
- 4:** A bracket groups the 'Address Line 1', 'Address Line 3', 'City/Town', 'State/Province', 'County', 'Country', and 'Zip Code' fields. An arrow points from this group to the 'Address' button.
- 5:** Points to the 'OK' button at the bottom right of the form.

At the bottom of the form, there are three buttons: 'Copy Name and Tax', 'OK', and 'Cancel'. The 'OK' button is highlighted with a red box.

Step 4: Add Ownership Details

The screenshot shows a web interface for managing ownership details. At the top, there are 'Close' and 'Add' buttons. Below is a table with columns for Owner ID, Owner Name, and Ownership Type. The first row contains the values '48-6434834', 'test', and 'Organization'. The interface also includes a filter section, a 'Go' button, and pagination controls at the bottom.

Owner ID	Owner Name	Ownership Type
48-6434834	test	Organization

1. The system displays the Ownership List, which was entered.
2. Click "Close" to move on to the next step, "Add Licenses and Certifications."

Note: License and Certifications are required by most states to perform the services under your Provider Type. There are exceptions, as with many of other the remaining steps. For example, a Billing Agent provider type will not be required to enter this information.

Step 5: Add License/Certification

1. Click "Add" to enter License/Certification information.
2. Indicate if this is a required certification or required license, or if this specifies that a certification or license is not required.
3. Enter the recipient's name in the "Name" field.
4. Enter the license or certification type in the "License/Certification Type" field.
5. Enter the license or certificate number in the "License/Certification #" field.

The screenshot shows a web interface for adding license/certification information. At the top, there are 'Close' and 'Add' buttons. Below them is a 'License/Certification List' section. The main form is titled 'Add License/Certification' and contains the following fields and options:

- Radio buttons for selection: C-Certification, L-License, N-License or Certification not required.
- Name: *
- License/Certification Type: *
- Initial Issue Date: (with calendar icon) *
- Issued State: (with dropdown arrow) *
- Licence/Certification #: *
- Expiration Date: (with calendar icon) *
- Issuer Agency: *
- Web Link: *

At the bottom right of the form are 'OK' and 'Cancel' buttons. Numbered callouts (1-5) are placed over the form to indicate the steps: 1 points to the 'Add' button, 2 points to the radio buttons, 3 points to the 'Name' field, 4 points to the 'License/Certification Type' field, and 5 points to the 'Licence/Certification #' field.

Step 5: Add License/Certification

6. Enter or select the initial issue date and expiration date in the "Initial Issue Date" and the "Expiration Date" fields.
7. Within the "Issued State" drop-down menu, select the state where the license or certification was issued. (Must match the state of physical address)
8. Enter the issuing agency in the "Issuer Agency" field.
9. In the "Web Link" field, enter the web link to the issuing agency.
10. Click "OK."

Add License/Certification

- Please provide all license/certification required by your State to perform the service under your Provider Type.
- OWCP will verify all your license/certification with your State's license issuer agency before your enrollment can be approved.
- After your enrollment is approved, you are responsible to keep your license/certification information up to date.
- Expired license/certification will cause the termination of the provider status.
- If you have a renewed license/certification under a different number, please make sure to enter it using the exactly same License/Certification Type.

C-Certification
 L-License
 N-License or Certification not required

Name: *

License/Certification Type: *

Initial Issue Date: *

Expiration Date: *

Issued State: *

License/Certification #: *

Issuer Agency: *

Web Link: *

OK Cancel

The form includes numbered callouts: 6 points to the Initial Issue Date and Expiration Date fields; 7 points to the Issued State dropdown; 8 points to the Issuer Agency field; 9 points to the Web Link field; and 10 points to the OK button.

Step 5: Add License/Certification

1. The system displays the License/Certification List, which confirms your license/certification information entered.
2. Click "Close" to move on to the next step Add Identifiers.

Note: Identifiers that are typically issued by external entities that uniquely identify the provider and are required to maintain provider enrollment.

The screenshot shows a web interface for managing License/Certification. At the top, there are 'Close' and 'Add' buttons. Below is a 'License/Certification List' section with a filter bar and a table. The table has columns for License Category, License/Certification Number, License/Certification Type, Issued State, Initial Issue Date, and Expiration Date. A single row is visible with the value 'License' in the License Category column. At the bottom, there are navigation controls including 'Delete', 'View Page: 1', 'Go', 'Page Count', 'SaveToCSV', and 'Viewing Page: 1' with navigation buttons for First, Prev, Next, and Last.

License Category	License/Certification Number	License/Certification Type	Issued State	Initial Issue Date	Expiration Date
<input type="checkbox"/> License				03/01/2020	03/06/2020

Step 6: Add Identifiers (Optional)

The screenshot shows a software interface for adding provider identifiers. At the top, there are buttons for 'Close', 'Add', and 'Required Credentials'. Below these is a 'Provider Identifiers' section. The main area is titled 'Add New Identifier' and contains the following fields:

- Identifier Type:** A dropdown menu currently showing 'Drug Enforcement Agency (DEA) N'. A list of options is shown in a separate box: Drug Enforcement Agency (DEA) Number, NPI, Other Provider ID, Previous Provider ID, Provider Medicare Number, and United Mine Workers' of America (UMWA) Number.
- Identifier Value:** A text input field.
- Start Date:** A date picker field.
- End Date:** A date picker field.

At the bottom right of the dialog are 'OK' and 'Cancel' buttons.

1. Click "Add."
2. Select the identifier type from the "Identifier Type" drop-down menu.
3. Enter the identifier value in the "Identifier Value" field.
4. Enter or select the start and end dates in the "Start Date" and "End Date" fields.
5. Select "Ok."

Note: This step is optional because all provider types do not require Identifiers. Identifiers are typically issued by external entities that uniquely identify the provider. Please refer to the "Required Credentials" button to check if your provider type requires an identifier.

Step 6: Add Identifiers (Optional)

1. The system displays the Provider Identifiers list, which confirms your identifiers entered.
2. Click "Close" to move on to the next step, "Add EDI Submission Method."

Note: Electronic Data Interchange (EDI) is the computer-to-computer exchange of business documents in a standard electronic format between business partners.

The screenshot shows a web interface for managing Provider Identifiers. At the top, there is a toolbar with buttons for 'Close', 'Add', and 'Required Credentials'. Below this is a section titled 'Provider Identifiers' with a filter bar containing 'Filter By' dropdowns, a 'Go' button, and 'Clear Filter', 'Save Filter', and 'My Filters' options. The main area is a table with the following columns: 'Identifier Type', 'Identifier Value', 'Start Date', and 'End Date'. The first row of the table contains the following data: 'NPI' (with a checkbox), a greyed-out 'Identifier Value', '03/07/2020' for 'Start Date', and '03/07/2020' for 'End Date'. At the bottom, there is a toolbar with 'Delete', 'View Page: 1', 'Go', 'Page Count', 'SaveToCSV', 'Viewing Page: 1', and navigation buttons for 'First', 'Prev', 'Next', and 'Last'.

Step 7: Add EDI Submission Method (Optional)

1. Select your "Mode of Submission."
2. Click "Ok."

Note: If the Mode of Submission is Billing Agent/Clearinghouse, you must provide the billing agent/clearinghouse OWCP ID in the next step.

EDI Submission Details

1 → **Mode of Submission:** Billing Agent/Clearinghouse Web Interactive FTP Secured Batch Web Batch None

Method	When to Use
Billing Agent/Clearinghouse	For providers who use a 3rd party to bill
Web Interactive	For entering (keying) bills directly in the System
FTP Batch	For submitting files via an SFTP site
Web Batch	For upload/download of files in the System
None	For submission through paper form ONLY.

- Web Batch method is often used by providers who submit their own HIPAA batch transactions. It allows a maximum file size of 50 MB.
- Your EDI submission method is FTP Secured Batch if you submit and retrieve batches at a secure web folder assigned to you by OWCP. This method was designed with clearinghouses and billing agents in mind. It allows a maximum file size of 100 MB.
- Don't select "None" if other submission method is selected. You can always submit paper form in addition to EDI Submission.

2 ↓

Step 8: Add EDI Submitter Details (Optional)

Note: This step is required if the EDI Submission Method is Billing Agent/Clearinghouse in the previous step.

1. Enter the "Billing Agent/Clearinghouse OWCP ID."
2. Enter the date(s).
3. Click "OK."

The screenshot shows a dialog box titled "Associate Billing Agent/Clearinghouse". Inside the dialog, there are four bullet points: "Your Billing Agent/Clearinghouse must be enrolled with OWCP first.", "Please obtain the Billing Agent/Clearinghouse's OWCP ID to complete this section.", "If they are not yet enrolled, you can still complete your enrollment by temporarily choosing not to use Billing Agent/Clearinghouse.", and "You can add them later after they are enrolled with OWCP." Below the text are three input fields: "Billing Agent/Clearinghouse OWCP ID:" with a text box and an asterisk, "Start Date:" with a date picker and an asterisk, and "End Date:" with a date picker and an asterisk. At the bottom right are "OK" and "Cancel" buttons. Three numbered callouts are present: callout 1 points to the OWCP ID field, callout 2 points to the Start Date field, and callout 3 points to the OK button.

Step 8: Add EDI Submitter Details (Optional)

1. The system displays the Billing Agent/Clearinghouse, which confirms their OWCP ID was entered.
2. Click "Close" to move on to the next step, "Add EDI Contact Information."

Note: EDI Contact Information will need to be on file if we need to ask the Billing Agent/Clearinghouse any questions pertaining to their EDI enrollment and/or future submissions and retrievals.

2 →

1 →

<input type="checkbox"/>	OWCP ID ▲▼	Billing Agent/Clearinghouse ▲▼	Start Date ▲▼	End Date ▲▼
<input type="checkbox"/>		ABC Billing	02/23/2020	12/31/2999

Close Add

Filter By : [] [] [] Go Clear Filter Save Filter My Filters

Delete View Page: 1 Go Page Count SaveToCSV Viewing Page: 1 First Prev Next Last

Step 9: Add EDI Contact Information (Optional)

The screenshot shows a web form titled "Add EDI Contact Information". The form contains the following fields and controls:

- Contact Title:** A text input field with a blue border and a cursor, indicated by callout 1.
- Last Name:** A text input field, indicated by callout 2.
- First Name:** A text input field, indicated by callout 2.
- Phone Number:** A text input field, indicated by callout 3.
- Fax Number:** A text input field.
- Email Address:** A text input field.
- Address Line 1:** A text input field.
- Address Line 2:** A text input field.
- Address Line 3:** A text input field.
- City/Town:** A dropdown menu.
- State/Province:** A dropdown menu.
- County:** A dropdown menu.
- Country:** A dropdown menu.
- Zip Code:** A text input field with a hyphen separator and a small "Address" button to its right, indicated by callout 4.

At the bottom right of the form are "OK" and "Cancel" buttons.

Note: This step is required if the EDI Submission Method is Billing Agent/Clearinghouse in Step 7.

1. Enter the Title of the contact person to answer EDI questions if needed.
2. Enter contact person's First and Last Name.
3. Enter 10-digit phone number.
4. Click "Address."

Step 9: Add EDI Contact Information (Optional)

Note: This step is required if the EDI Submission Method is Billing Agent/Clearinghouse in Step 7

1. Enter Street Number and Name in Address Line 1.
2. Enter Zip Code.
3. Click "Validate Address".
4. Click "OK".

The screenshot shows a web form titled "Address details" with the following fields and controls:

- Address Line 1:** A text input field with an asterisk (*). An arrow labeled "1" points to this field.
- Address Line 2:** A text input field.
- Address Line 3:** A text input field.
- City/Town:** A dropdown menu with a downward arrow and an asterisk (*).
- State/Province:** A dropdown menu with a downward arrow and an asterisk (*).
- County:** A dropdown menu with a downward arrow and an asterisk (*).
- Country:** A dropdown menu with a downward arrow and an asterisk (*).
- Zip Code:** Two text input fields separated by a hyphen (-). An arrow labeled "2" points to the first input field.
- Validate Address:** A button with a plus sign icon and the text "Validate Address". An arrow labeled "3" points to this button.
- OK/Cancel:** Two buttons at the bottom right: "OK" and "Cancel". An arrow labeled "4" points to the "OK" button.

Step 9: Add EDI Contact Information (Optional)

2

Close Add

EDI Contact Information List

Filter By : Go Clear Filter Save Filter My Filters

<input type="checkbox"/>	Contact Title ▲▼	Contact Name ▲▼	Contact Phone Number ▲▼	Contact Email ▲▼	End Date ▲▼
<input type="checkbox"/>					12/31/2999

Delete View Page: 1 Go Page Count SaveToCSV Viewing Page: 1 << First < Prev > Next >> Last

1

1. The system displays the EDI Contact Information List, which confirms contact information entered.
2. Click Close to move on to the next step, "Add Servicing Providers."

Step 10: Add Servicing Providers (Applies to "Group" Enrollment Type)

Note: As mentioned before, this step only applies to "Group" Enrollment Type. Step 10 and subsequent steps will have different step numbers for the other Enrollment Types.

1. Click "Add."
2. Select the "Tax Identifier Type" SSN.
3. Enter the individual servicing providers First and Last Name and SSN.
4. Select the provider type from the "Provider Type" drop down.
5. Enter the NPI.
6. Enter up to 5 taxonomy codes.
7. Enter all the license/certification information.
8. Click "OK."

There is no limit to how many servicing providers can be added to your practice.

The screenshot shows the 'Associate Servicing Provider' form with the following fields and callouts:

- 1:** 'Add' button
- 2:** 'Tax Identifier Type' radio buttons (FEIN, SSN)
- 3:** 'Last Name' and 'First Name' input fields
- 4:** 'Provider Type' dropdown menu
- 5:** 'National Provider Identifier (NPI)' input field
- 6:** 'Taxonomy' input field
- 7:** License/Certification table
- 8:** 'OK' button

License/Certification Category	License/Certification Type	License/Certification Number	Issued State	Initial Issue Date	Expiration Date
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Step 10: Add Servicing Providers (Applies to "Group" Enrollment Type)

2 →

Servicing Providers

Filter By :

If the group or facility has more than 9 servicing providers, the group/facility itself is responsible for validating its providers' individual licenses.

<input type="checkbox"/>	SSN/FEIN ▲▼	Provider Name ▲▼	NPI ▲▼	Provider Type ▲▼
<input type="checkbox"/>	[REDACTED]	[REDACTED]	[REDACTED]	25 - Physician (MD) & Physician (DO)

View Page: Viewing Page: 1

1 →

1. The system displays the Servicing Providers Information, which confirms the servicing providers information entered.
2. Click "Close" to move on to the next step, "Add Payment Details."

Note: Electronic Funds Transfer (EFT) is mandatory. Payment Details must be entered to receive payment from OWCP.

Step 11: Add Payment Details

Close Add

Payment Details

Payment Method: Electronic Funds Transfer(Direct Deposit)

Financial Institution Information

Financial Institution Name:

Nine-Digit Routing Transit Number:

ACH Coordinator Name: Phone Number:

Depositor Account Number:

Type of Account:

Depositor Account Title:

Address Line 1
(Enter Street Address or PO Box Only)

Address Line 2

Address Line 3

City/Town

State/Province

County

Country

Zip Code

Signed by Representative:

The ACH form has to be signed by a Financial Institution Representative.
Please upload the copy of the signed form in "View/Upload Attachments" step or mail it in to complete your enrollment.

Title of Representative: Representative Phone Number:

Note: Electronic Funds Transfer (EFT) is mandatory. Payment Details must be entered to receive payment from OWCP. The ACH form must be signed, uploaded, faxed or mailed. If faxed or mailed, the enrollment cover sheet is needed.

1. Click "Add."
2. Enter the name of the financial institution.
3. Enter the institution's routing number.
4. Your depositor account number.
5. Select the "Type of Account" from the drop down (Checking or Saving).
6. Enter the "Depositor Account Title" (The name that is printed on your checks).

Step 11: Add Payment Details

Payment Details

Payment Method: Electronic Funds Transfer(Direct Deposit)

Financial Institution Information

Financial Institution Name: *
ACH Coordinator Name:
Depositor Account Number: *
Type of Account: *

Nine-Digit Routing Transit Number: *
Phone Number:
Depositor Account Title:

Address Line 1
(Enter Street Address or PO Box Only)
Address Line 2
Address Line 3
City/Town 7
State/Province
County
Country
Zip Code - ← 7

Signed by Representative: ← 8
The ACH form has to be signed by a Financial Institution Representative.
Please upload the copy of the signed form in "View/Upload Attachments" step or mail it in to complete your enrollment.

Title of Representative: ← 9
Representative Phone Number: * ← 10

← 11

Note: Electronic Funds Transfer (EFT) is mandatory. Payment Details must be entered to receive payment from OWCP. The ACH form must be signed, uploaded, faxed or mailed. If faxed or mailed, the enrollment cover sheet is needed.

7. Click "Address" to add the Financial Institution address. The address details dialog will display.
8. Once address is added, select the "Signed by Representative" check box to indicate that the ACH form has been signed by a representative of the financial institution.
9. Enter the title of the financial institution's representative in the "Title of Representative" field.
10. Enter the representative's phone number in the "Representative Phone Number" field.
11. Click "OK."

Step 11: Add Payment Details

2 →

1 →

EDI Contact Information List

Filter By :

<input type="checkbox"/>	Contact Title ▲▼	Contact Name ▲▼	Contact Phone Number ▲▼	Contact Email ▲▼	End Date ▲▼
<input type="checkbox"/>	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	12/31/2999

View Page: Viewing Page: 1

1. The system displays the Payment Details List, which confirms payment information was entered.
2. Click Close to move on to the next step, "Complete Provider Disclosure."

Note: Provider Disclosure page asks questions of the provider to confirm additional background information.

Step 12: Complete Provider Disclosure

1. Answer the two disclosure questions below:

Note: If you answer Yes to the first Disclosure questions, please provide details under comments section including type of action, agency undertaking adverse action and date of action.

If you are a **FECA** provider enrolling in Provider "75" Durable Medical Equipment (DME) and answer "Yes", provide the phone number that you used in your Medicare DMEPOS enrollment.

2. Click "Save" and then click "Close" to move on to the next step, View/Upload Attachments.

Close **Save**

2

Provider Disclosure

If you answer Yes to the first Disclosure question, provide details including type of action, Agency undertaking adverse action and date of action.

Question	Answer	Comments
Within ten years of the date of this statement have you or any individual listed on this application had an action related to fraud or abuse in a government program taken against him or her resulting in (1) a felony or misdemeanor conviction; (2) a liability finding in civil proceedings; or (3) a settlement entered into in lieu of conviction?	Not Completed	
(Required for FECA providers) For Provider Type "Medical Supplies/Durable Medical Equipment (DME) / Prosthetics / Orthotics" (75) only: Are you an accredited DMEPOS supplier enrolled with Medicare? If Yes; provide the phone number that you used in your Medicare DMEPOS enrollment.	<input type="radio"/> No <input checked="" type="radio"/> Not Completed <input type="radio"/> Yes	

1

View Page: 1 Go Page Count SaveToCSV Viewing Page: 1 First Prev Next Last

Step 13: View/Upload Attachments (Optional)

Note: This Step is optional because you are able to submit the application via DDE and then mail or fax required attachments with a Provider Enrollment Cover Sheet. If attachments are not uploaded at the time of submission, your application will stay in an "Awaiting Attachments Status". If the attachments and cover sheet are not received, your application will be Returned to Provider (RTP'd). **Please click Required Credentials to check what attachments are required for Provider Type.**

1. Click "Upload Attachments".

Note: Only PDF and TIFF file formats can be uploaded.

2. Select the document type from the Document Type drop-down menu.
3. Click the "Browse" button. (The system displays the Open window.)
4. Locate and select the file from your local drive that you need to upload and click the "Open" button. (The system updates the File Name field.)
5. Click "OK."

Close Upload Attachments Required Credentials

Attachment List

Attachment

Please select the file to be uploaded

Document Type: ---SELECT---
ACH Form
Copy of License/Certification
Other Supporting Document
State Approval Letter

File Name: Browse...

Filename cannot be longer than 50 characters
If you are unable to upload attachment(s) here, you can choose to mail or fax the copy following the instruction on the Submit Enrollment Application for Review step.

Ok Cancel

Step 13: View/Upload Attachments (Optional)

1. The system displays the Attachment List, which confirms an attachment uploaded.
2. Click Close to move on to the next step, "Submit Enrollment Application for Review."

The screenshot shows a web interface for managing attachments. At the top, there are three buttons: 'Close' (highlighted with a dashed border and callout 2), 'Upload Attachments', and 'Required Credentials'. Below this is a section titled 'Attachment List' with a grid icon and an upward arrow. The list contains one entry with the following details:

<input type="checkbox"/>	Repository Key	File Name	Document Type	Uploaded Date
<input type="checkbox"/>	[Redacted]	Provider Enrollment Application.pdf	ACH Form	03/08/2020 12:50:43 AM

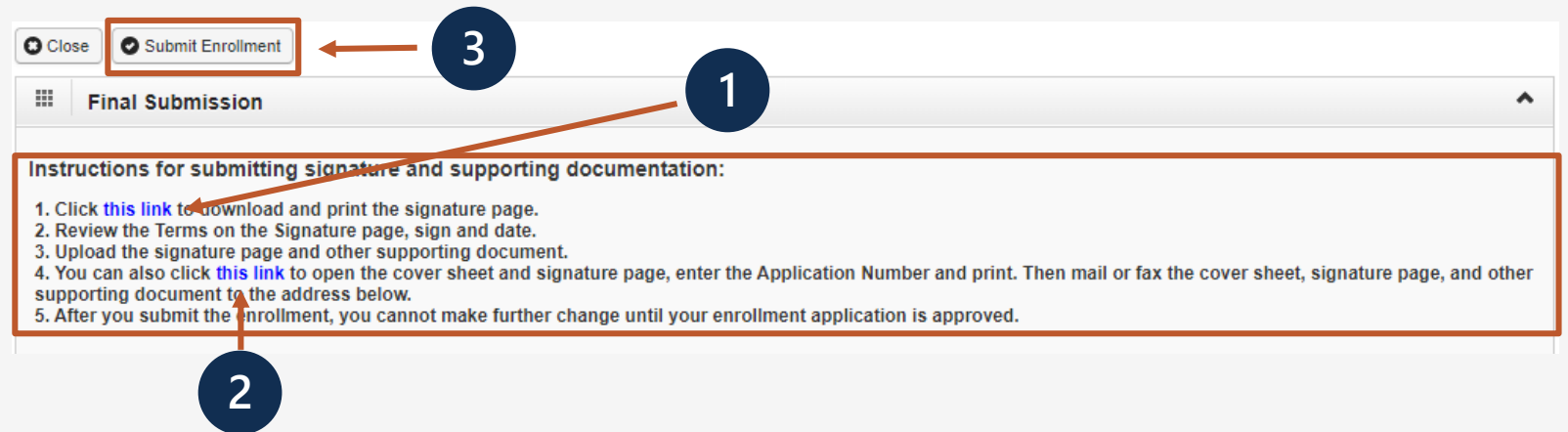
Below the table is a control bar with a 'Delete' button (callout 1), 'View Page: 1', 'Go', '+ Page Count', 'SaveToCSV', and 'Viewing Page: 1'. On the right side of the control bar are navigation buttons: '<< First', '< Prev', 'Next >', and '>> Last'.

Step 14: Submit Enrollment Application for Review

1. Click "this link" to print the Signature Page to sign and date it.

Note: Signature page can be faxed or mailed in with cover sheet. If you want to upload, click "Close" and click on previous step to upload the attachment.

2. Click "this link" to obtain and print the cover sheet.
3. Click "Submit Enrollment".



Submitting an Enrollment Application

Faxed and/or Mailed applications will be RTP'd if incomplete and/or have missing attachments.

Once the enrollment application is completed, the provider can submit:

Via Mail **Provider Enrollment
Department of Labor OWCP**
P.O. Box 8312
London, KY 40742-8312

Via Fax 888.444.5335

Via DDE owcpmed.dol.gov

After Submitting Your Application

Note: Until your application has been reviewed, you will not be able to make any changes to your application.

If your application has been approved, you will be able to make changes to your information from within the Provider Portal.

Please refer to the Training & Tutorials page within the WCMBP Portal for a variety of training materials that will be helpful in guiding you on how to perform provider profile updates (ex. Provider Enrollment and Profile Updates webinar presentation)

The screenshot displays the 'Medical Bill Processing Portal' website. The header includes the logo of the Office of Workers' Compensation Programs and a search bar. The navigation menu features 'Home', 'Provider', 'Login', 'Resources', 'Pharmacy/LMN', 'News', and 'Contact Us'. The 'Provider' dropdown menu is open, showing options: 'Provider Home', 'Get Started', 'Training & Tutorials', 'Provider FAQs', and 'Bill Submission'. The main content area is titled 'Provider Training & Tutorials' and includes a sub-section 'Training & Tutorials for Provider' with a brief introductory text. Below this, there are two columns of links: 'Tutorials' and 'Reference Guides'. The 'Tutorials' column lists 'Bills Tutorials' (Enter Bills Online, Create Bill Templates, Adjust and Void Bills), 'Provider Enrollment Tutorials' (Facility Enrollment, Group Enrollment, Individual Enrollment), and 'Authorization Tutorials' (DFEC Authorization Templates, DEEOIC Authorization Templates, Submit DFEC Authorization Online, Submit DEEOIC Authorization Online). The 'Reference Guides' column lists 'EDI Companion Guides' (837 Companion Guide, 835 Companion Guide), 'Quick Reference Guides' (Provider Registration for Online Access, Interactive Voice Response System (IVRS), Online Billing), and 'Webinar Presentations' (Updating Legacy Providers, Bill Submissions, Legacy Provider Transition, Provider Enrollment and Profile Updates, DFEC Authorizations, DEEOIC Authorizations). An orange arrow points from the text in the left column to the 'Provider Enrollment and Profile Updates' link in the 'Webinar Presentations' section.

Thank you!

CNSI looks forward to being the new medical bill processing agent for the OWCP programs and working with each of you!

Email: CNSIOWCPOutreach@cns-inc.com

Call Center:

Division of Federal Employees' Compensation
(DFEC) 1-844-493-1966

Division of Energy Employees
Occupational Illness Compensation
(DEEOIC) 1-866-272-2682

Division of Coal Mine Workers' Compensation
(DCMWC) 1-800-638-7072