WCMBP Provider Search

To assist claimants seeking medical services, OWCP has an online listing of providers by program that is available on the WCMBP Portal at https://owcpmed.dol.gov. A provider can be searched by specialty, name, city, state, and zip code. Customers will be advised that a provider listing:

- Is not an endorsement, referral, or an agreement to reimburse for medical services rendered by the Department of Labor or OWCP;
- Does not guarantee that a medical provider will be reimbursed by OWCP for specific medical services;
- Does not guarantee that a medical provider will agree to provide medical services to a particular claimant.

Below are the Tips for newly enrolled and existing providers on how to be added to or opt-out of the provider search feature.

Section I

Tips for Newly Enrolled Providers to Opt- In/Opt-Out of Search Selection

When completing the OWCP 1168 Provider Enrollment Application, the provider can utilize box #10 to choose to be included in or excluded from the online provider search feature. Please see the scenarios below for detailed instructions on how to opt- in or out of the provider search feature whether submitting the form electronically, via fax, or mail.

A new provider wants to select their opt- in or opt-out status for the Provider Search feature.	 If you are completing an online enrollment application: Register for the WCMBP Portal Login to the WCMBP Portal after registering Select Enrollment Type to begin enrollment application Click on the check box for Step 1 Basic Information Locate the check box "I do not wish to be included in an online searchable list of OWCP providers." Opt-In to be added to Provider Search Leave blank and do not select the check box Do not enter a reason for exclusion Opt-Out to be removed from Provider Search
	• Click on the checkbox to select "X" in the box
	 <u>Putting an "X" in the box indicates the provider does NOT want to be included in the search list.</u> Enter a reason for exclusion
	Complete and submit the enrollment application Click <u>here</u> to review a tutorial to assist you with submitting an enrollment application.
	If you are using mail or fax to complete the enrollment application:
	Print the enrollment form

 Refer to page 1 of the OWCP 1168 Provider Enrollment Application and locate the box 10 that reads "<i>I do</i> not wish to be included in an online searchable list of OWCP providers." Opt-In to be added to Provider Search Leave blank box 10 and box 10a
Opt-Out to be removed from Provider Search
Select the checkbox in box 10 and enter a reason for exclusion in box 10a
Print and sign the completed paper form before mailing or faxing.
Mail the signed paper form to:
U.S. Department of Labor OWCP
P. O. Box 8312
London, KY 40742-8312
Fax the signed paper form to (888) 444-5335

Provider Search Tips Section II

Tips for Currently Enrolled Providers to Opt In/Opt Out of Search Selection

Enrolled Providers can change their opt-in or opt-out selection to be included in the provider search feature either electronically, by fax or mail. Providers are encouraged to submit a provider enrollment modification request via Direct Data Entry (DDE), as it allows the request to be received more quickly. Providers can also submit modifications via fax or paper.

Enrolled provider wants to change their opt-in or opt-out status for the Provider Search feature.	 If you are completing an online modification: Log into the WCMBP Portal Choose the 'EXT Provider File Maintenance' user profile Select 'Maintain Provider Information' Click on the check box for Step 1 Basic Information Locate the check box that reads "I do not wish to be included in an online searchable list of OWCP providers.'
	 Opt-In to be added to Provider Search "De-select" the check box De-selection is successful when you do not see an X in the box Remove the reason for the initial request for exclusion.
	 Opt-Out to be removed from Provider Search Click on the checkbox to select "X" in the box Putting an "X" in the box indicates the provider does NOT want to be included in the search list. Enter a reason for exclusion
	Make sure all required steps are completed and submit the enrollment update for review. Click <u>here</u> to review a quick reference guide to assist you with submitting an enrollment update.
	 If you are using mailroom or fax to complete the modification: Print the enrollment form Refer to page 1 of the OWCP 1168 Provider Enrollment Application and locate the box 10 that reads <i>"I do not wish to be included in an online searchable list of OWCP providers."</i> Opt-In to be added to Provider Search Leave blank box 10 and box 10a
	 Opt-Out to be removed from Provider Search Select the checkbox in box 10 and enter a reason for exclusion in box 10a

Print and sign the paper form before mailing or faxing.
Mail the signed paper form to:
U.S. Department of Labor OWCP P. O. Box 8312 London, KY 40742-8312
Fax the signed paper form to (888) 444-5335