



# Updating Provider License in the Provider Portal

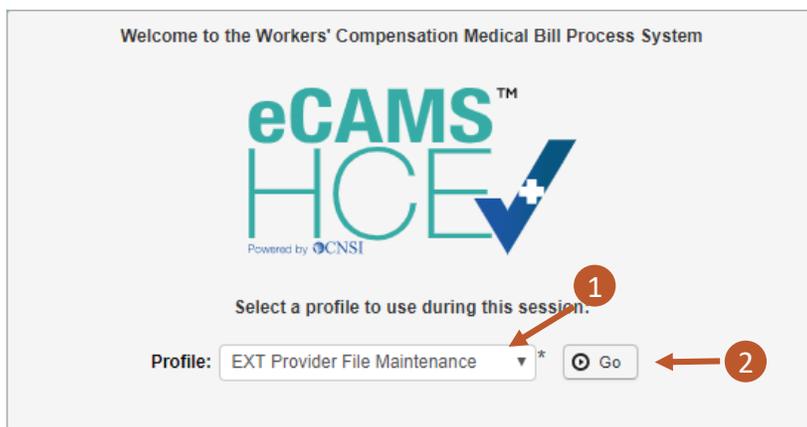
This is a guide for providers that are registered on the portal, but their license has expired.

**Scenario:** Provider is registered on the portal but is terminated due to license expiration.

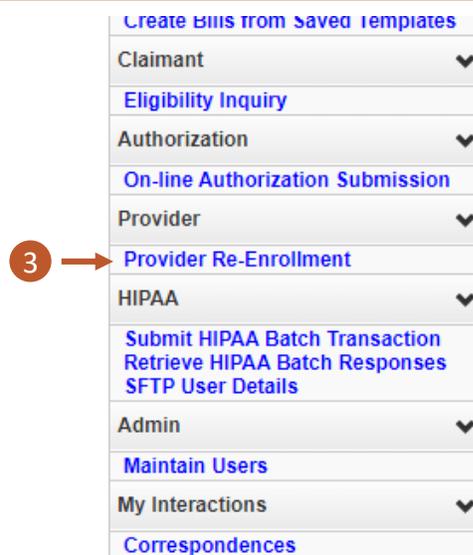
## Steps to Update Provider License

1. Select the **EXT Provider File Maintenance** profile from the **Profile** drop-down.
2. Select the **Go** button.

You will then be taken into the Provider Portal.



3. Select the **Provider Re-Enrollment** hyperlink to navigate to the View/Update Provider Data screen.



If this is your first time accessing the Provider Portal as a Legacy Provider, each of the steps will show an **Incomplete** status. While you may not need to update information in each step, you will need to go into each **Required** step, in order, and select the **OK** button to change the status from Incomplete to Complete.

**View/Update Provider Data - Group Practice**

Business Process Wizard - Provider Data Modification (Group Practice). In order to finalize submission of your requested changes, you must complete the Step - Subm

<input type="checkbox"/>	Step	Required	Last Modification Date	Last Review Date	Status	Modif
<input type="checkbox"/>	Step 1: Basic Information	Required			Incomplete	
<input type="checkbox"/>	Step 2: Location	Required			Incomplete	
<input type="checkbox"/>	Step 3: Taxonomies	Optional			Incomplete	
<input type="checkbox"/>	Step 4: Ownership Details	Optional			Incomplete	
<input type="checkbox"/>	Step 5: Licenses and Certifications	Optional			Incomplete	
<input type="checkbox"/>	Step 6: Identifiers	Optional			Incomplete	
<input type="checkbox"/>	Step 7: EDI Submission Method	Optional			Incomplete	
<input type="checkbox"/>	Step 8: EDI Submitter Details	Optional			Incomplete	
<input type="checkbox"/>	Step 9: EDI Contact Information	Optional			Incomplete	
<input type="checkbox"/>	Step 10: Servicing Provider Information	Required			Incomplete	
<input type="checkbox"/>	Step 11: Payment Details	Required			Incomplete	
<input type="checkbox"/>	Step 12: Complete Provider Disclosure	Required			Incomplete	
<input type="checkbox"/>	Step 13: View/Upload Attachments	Optional			Incomplete	
<input type="checkbox"/>	Step 14: Submit Maintenance Request for Review	Required			Incomplete	

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## Steps to Update Provider License - Continued

4. Select **Step 1: Basic Information** hyperlink.

<input type="checkbox"/>	Step	Required
<input type="checkbox"/>	<a href="#">Step 1: Basic Information</a> ← 4	Required
<input type="checkbox"/>	<a href="#">Step 2: Location</a>	Required
<input type="checkbox"/>	<a href="#">Step 3: Taxonomies</a>	Optional
<input type="checkbox"/>	<a href="#">Step 4: Ownership Details</a>	Optional
<input type="checkbox"/>	<a href="#">Step 5: Licenses and Certifications</a>	Optional

5. Review the information in this step and if everything looks fine, select the **OK** button to mark this step as “Complete.”

Provider Type: 25-Physician (MD) & Physician (DC)\*

If you select "Other Provider" (96) or Non-Medical Vendor (53), please explain:

Program:  DFEC  DCMWC  DEEOIC  DLHWC

Provider Name(Organization Name): (as shown on Income Tax Return)

Organization Business Name: Federal Employer Identification Number(FEIN):

National Provider Identifier(NPI): Email Address:

Entity Type: C Corporation\* If Other, please explain:

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

Reason:

Status: Approved

5 → OK Cancel

6. Select **Step 2: Location**.

<input type="checkbox"/>	Step	Required
<input type="checkbox"/>	<a href="#">Step 1: Basic Information</a>	Required
<input type="checkbox"/>	<a href="#">Step 2: Location</a> ← 6	Required
<input type="checkbox"/>	<a href="#">Step 3: Taxonomies</a>	Optional
<input type="checkbox"/>	<a href="#">Step 4: Ownership Details</a>	Optional
<input type="checkbox"/>	<a href="#">Step 5: Licenses and Certifications</a>	Optional



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## Steps to Update Provider License - Continued

7. Select the **Location Name** blue hyperlink to review the Physical and Mailing addresses.

<input type="checkbox"/>	Location Name	Location Details	Start Date	End Date	Status	Business Status
<input type="checkbox"/>	[Redacted]	[Redacted]	01/01/1964	12/31/2999	Approved	Active

8. In addition to reviewing your Physical and Mailing addresses, you will be required to enter a **Contact Last Name, First Name,** and **Phone Number.**

Close Save

Business Name: [Redacted]

Contact Last Name: [Redacted] \* Contact First Name: [Redacted] \*

Phone Number: [Redacted] Fax Number: [Redacted]

Email Address: [Redacted]

9. If you need to change your mailing or physical address, you will select the hyperlinked **Address Type** at the bottom of the Location Details page.

Address Type

Mailing

Physical

10. Select the **+ Address** button at the bottom of the Location Address screen.

RY [Redacted] \*

[Redacted] - [Redacted] + Address

11. Enter the new street address in the first line and second or third, if needed.
12. Enter the zip code of the new address.
13. Select the **Validate Address** button
- Note:** If the address is valid, the city/town, State/Province, County, and Country should auto-populate.
14. After the system has validated the address, select the **OK** button at the bottom right of the screen.

Address details

Address Line 1: [Redacted] \* (Enter Street Address or PO Box Only)

Address Line 3: [Redacted]

City/Town: [Redacted] \*

State/Province: [Redacted] \*

County: [Redacted] \*

Country: [Redacted] \*

Zip Code: [Redacted] \*

Validate Address

OK Cancel



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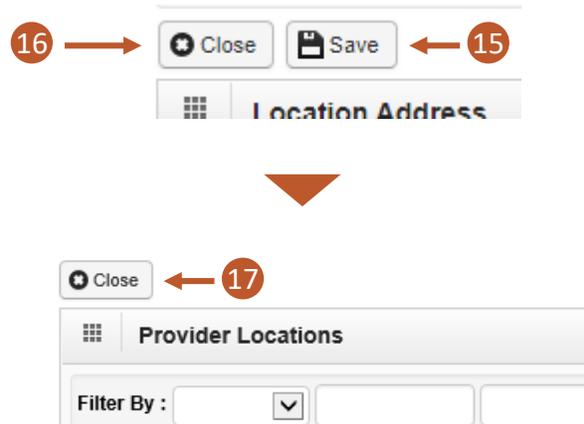
## Steps to Update Provider License - Continued

15. After reviewing and entering the required information, select the **Save** button.

16. After saving the update, select the **Close** button.

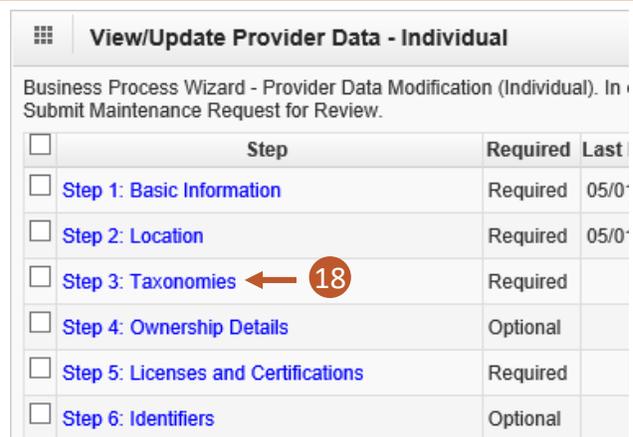
**Note:** On the Provider Location List page, if there is a data change in location, there will be two records on the Provider Location List page (one "Approved" and one "In Review"). Once the updated location is approved, the previously added location will be replaced with the new one.

17. You will need to select **Close** again on the Provider Locations list page as well.

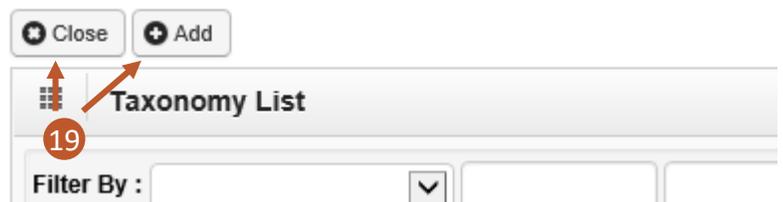


18. Select **Step 3: Taxonomies**.

**Note:** This step will be required depending on the Provider Type you are enrolled as.

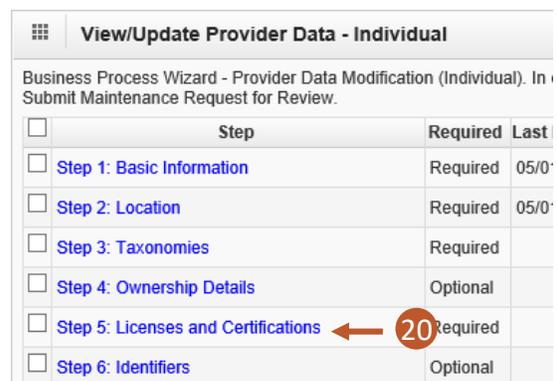


19. Review the Taxonomy information. If you need to add more, you can do so by selecting the **Add** button, otherwise, select the **Close** button to mark the step as complete.



20. Select **Step 5: Licenses and Certifications**.

**Note:** This step will be required depending on the Provider Type you are enrolled as. We also skipped Step 4: Ownership Details since this is an optional step for all provider types.





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## Steps to Update Provider License - Continued

21. You will be required to update the license and/or Certification information by first selecting the blue **License** or **Certification** hyperlink.

**Note:** If you have a new license number, you will need to select the **Add** button to add a new license.

License Category	License/Certification Number	License/Certification Type	Issued State	Initial Issue Date	Expiration Date	Status	Operational Status	Inactivation Date
<a href="#">License</a>				05/18/1984	05/12/2020	APPROVED	Active	
<a href="#">Certification</a>				07/31/2019	12/31/2999	APPROVED	Active	

22. Within this step, you will need to include the following:

- Name
- License or Certification Type
- Initial Issue Date
- Expiration Date
- Issued State
- Issuer Agency
- Web Link where your license or certification can be verified.

23. After updating this information, select the **Save** button.

24. After saving the update, select the **Close** button.

**Manage License/Certification**

Use provide all license/certification required by your State to perform the service under your Provider Type.  
WCP 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.

Status: **Approved**

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

Name:

License or Certification Type:  \* License/Certification #:

Initial Issue Date:  \* Expiration Date:  \*

Issued State:  \* Issuer Agency:

Web Link:

25. If you have multiple licenses or certifications listed on the Licenses/Certification List page, you will need follow steps 22-24 for each item listed in order to complete the update.

26. After making the update to all Licenses and Certifications, you will need to select the **Close** button on the License/Certification List page to return to the list of steps.

License Category	License/Certification Number	License/Certification Type	Issued State	Initial Issue Date	Expiration Date	Status	Operational Status	Inactivation Date
<a href="#">License</a>				05/18/1984	05/12/2020	APPROVED	Active	
<a href="#">Certification</a>				07/31/2019	12/31/2999	APPROVED	Active	



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## Steps to Update Provider License - Continued

27. For **steps 6-10**, if required, you will need to ensure all data that is required is entered into the system and accurate, similar to how we did for the previous five steps. Some of these remaining steps may require you to include data that will need to be added in order to complete the step.

**Note:** For **Step 10: Payment Details**, you will be required to include Financial Institution Name, Nine-Digit Routing Transit Number, Depositor Account Number, select Type of Account, and the title of the Financial Institution Representative and Representative Phone Number.

<input type="checkbox"/>	<a href="#">Step 6: Identifiers</a>	Optional
<input type="checkbox"/>	<a href="#">Step 7: EDI Submission Method</a>	Optional
<input type="checkbox"/>	<a href="#">Step 8: EDI Submitter Details</a>	Optional
<input type="checkbox"/>	<a href="#">Step 9: EDI Contact Information</a>	Optional
<input type="checkbox"/>	<a href="#">Step 10: Payment Details</a>	Required

28. Select **Step 11: Complete Provider Disclosure**.

<input type="checkbox"/>	<a href="#">Step 9: EDI Contact Information</a>	Optional
<input type="checkbox"/>	<a href="#">Step 10: Payment Details</a>	Required
<input type="checkbox"/>	<a href="#">Step 11: Complete Provider Disclosure</a>	Required
<input type="checkbox"/>	<a href="#">Step 12: View/Upload Attachments</a>	Optional
<input type="checkbox"/>	<a href="#">Step 13: Submit Maintenance Request for Review</a>	Required

29. Answer the two questions on the Provider Disclosure page.

30. Select the **Save** button.

31. Select the **Close** button.

The screenshot shows the 'Provider Disclosure' form. At the top, there are 'Close' and 'Save' buttons. A red circle with the number 30 points to the 'Save' button. Below the form title, there is a question: '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?'. A red circle with the number 29 points to the 'Answer' column, which contains a dropdown menu with 'Not Completed' selected. Below this is another question: '(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.'. A red circle with the number 31 points to the 'Answer' column for this question, which also has a dropdown menu with 'Not Completed' selected.

32. If you will be uploading any required attachments, you can do so by selecting **Step 12: View/Upload Attachments**.

<input type="checkbox"/>	<a href="#">Step 9: EDI Contact Information</a>	Optional
<input type="checkbox"/>	<a href="#">Step 10: Payment Details</a>	Required
<input type="checkbox"/>	<a href="#">Step 11: Complete Provider Disclosure</a>	Required
<input type="checkbox"/>	<a href="#">Step 12: View/Upload Attachments</a>	Optional
<input type="checkbox"/>	<a href="#">Step 13: Submit Maintenance Request for Review</a>	Required



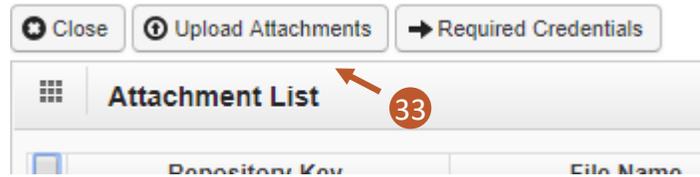
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## Steps to Update Provider License - Continued

33. Select the **Upload Attachments** button.

**Note:** You will need to upload a copy of your license and ACH form. You can find a copy of the ACH form on the Forms and References page on the WCMBP Portal. To get there, select the Resources tab > select Forms & References > select the link titled EFT Form under the Provider Enrollment section on that page. If you will be faxing these forms, you will want to include a cover sheet that can be accessed using a link within Step 13: Submit Maintenance Request for Review.



34. You are required to select **Step 13: Submit Maintenance Request for Review** hyperlink to submit the updates of your information for review.

<input type="checkbox"/>	<a href="#">Step 9: EDI Contact Information</a>	Optional	
<input type="checkbox"/>	<a href="#">Step 10: Payment Details</a>	Required	
<input type="checkbox"/>	<a href="#">Step 11: Complete Provider Disclosure</a>	Required	
<input type="checkbox"/>	<a href="#">Step 12: View/Upload Attachments</a>	Optional	
<input type="checkbox"/>	<a href="#">Step 13: Submit Maintenance Request for Review</a>	Required	34

35. On the Final Modification Submission page, carefully read the instructions, and then select the **Submit Modification** button.

**Note:** You will not be able to make additional modifications to your information until after your modification submission has been reviewed by CNSI staff.

Close Submit Modification 35

### Final Modification Submission

**Instructions for submitting signature and supporting documentation:**

1. Click [this link](#) to download and print the signature page.
2. Review the terms on the signature page, sign and date
3. Upload the signature page and other supporting document.
4. You can also click [this link](#) to open the cover sheet, enter the OWCP ID and pri
5. After you submit the modification request, you cannot make further change un