



Resubmitting RTP'd Enrollment Application

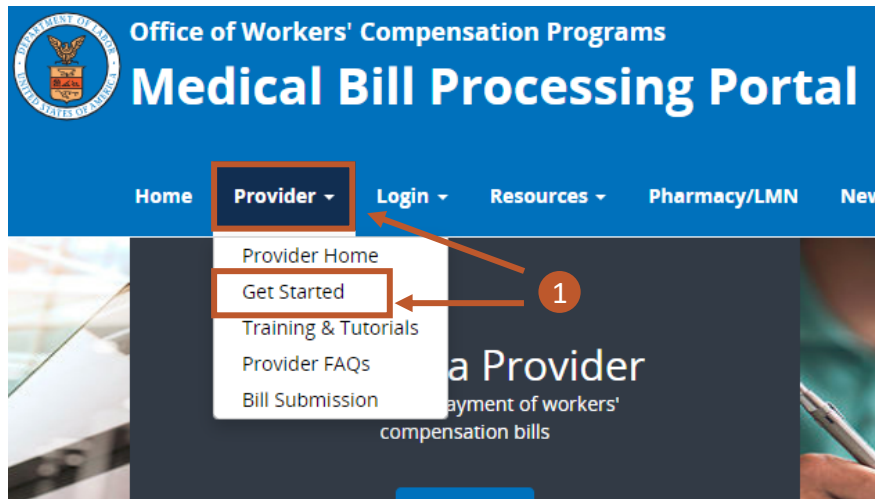
Quick Reference Guide

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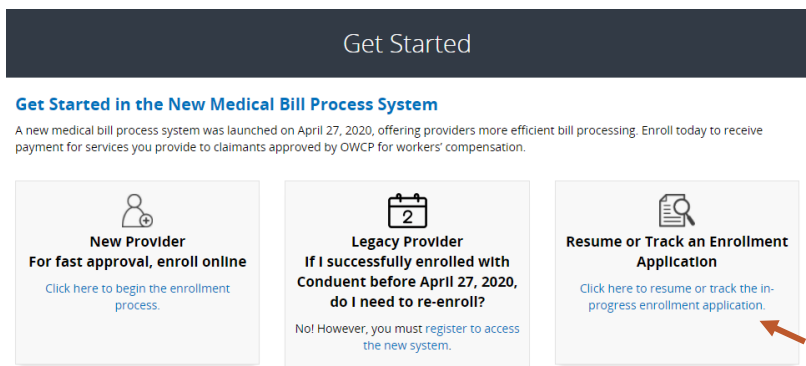
If a Return to Provider (RTP) letter is received after submitting an application, required updates can be made to the initial application and resubmitted.

If an RTP letter is received, follow the steps shown below:

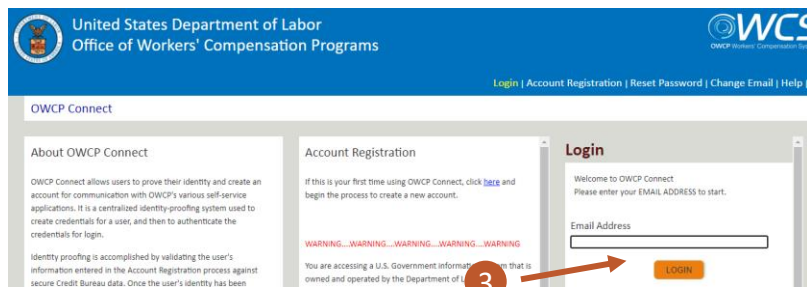
1. From the WCMBP Portal, select **Get Started** under the **Provider** tab.



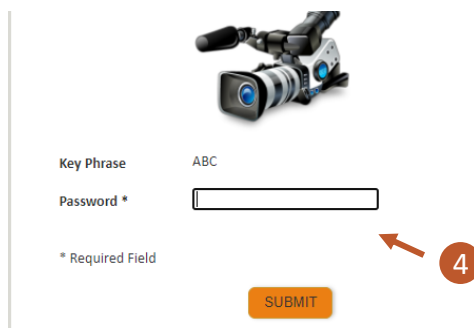
2. Select the **Click here to resume or track the in-progress enrollment application** hyperlink.



3. Log in via OWCP Connect using the email address used when registering with OWCP Connect.



4. Enter the password created when registering with OWCP Connect, then select **Submit**.





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5. Use the Application Number provided during the initial enrollment.
6. Enter the SSN or FEIN used during the initial enrollment.
7. Select the **Submit** button to return to the application and make the necessary adjustments.

Application Number: *

SSN/FEIN: *

8. All the required steps in the application will be marked with an **Incomplete** status. Each required step will need to be selected to verify the information is correct. Once opening the step and verifying that the information is correct, close the step and the step status will be marked **Complete**.

Step	Required	Start Date	End Date	Status
Step 1: Provider Basic Information	Required	03/14/2021	03/14/2021	Incomplete
Step 2: Add Location	Required	03/14/2021	03/14/2021	Incomplete
Step 3: Add Taxonomies	Required	03/14/2021	03/14/2021	Incomplete
Step 4: Add Ownership Details	Optional	03/14/2021	03/14/2021	Complete
Step 5: Add Licenses and Certifications	Required	03/14/2021	03/14/2021	Incomplete
Step 6: Add Identifiers	Optional	03/14/2021	03/14/2021	Complete
Step 7: Add EDI Submission Method	Optional	03/14/2021	03/14/2021	Complete
Step 8: Add EDI Submitter Details	Required	03/14/2021	03/14/2021	Incomplete
Step 9: Add EDI Contact Information	Required	03/14/2021	03/14/2021	Incomplete
Step 10: Add Payment Details	Required	03/14/2021	03/14/2021	Incomplete
Step 11: Complete Provider Disclosure	Required	03/14/2021	03/14/2021	Incomplete
Step 12: View/Upload Attachments	Optional	03/14/2021	03/14/2021	Complete
Step 13: Submit Enrollment Application for Review	Required	03/14/2021	03/14/2021	Incomplete

9. After verifying the data in each step and making required updates, the last step is to submit the enrollment application. To do so, select "Step 13: Submit Enrollment Application for Review."

Step	Required	Start Date	End Date	Status
Step 1: Provider Basic Information	Required	03/14/2021	03/14/2021	Complete
Step 2: Add Location	Required	03/14/2021	03/14/2021	Complete
Step 3: Add Taxonomies	Required	03/14/2021	03/14/2021	Complete
Step 4: Add Ownership Details	Optional	03/14/2021	03/14/2021	Complete
Step 5: Add Licenses and Certifications	Required	03/14/2021	03/14/2021	Complete
Step 6: Add Identifiers	Optional	03/14/2021	03/14/2021	Complete
Step 7: Add EDI Submission Method	Optional	03/14/2021	03/14/2021	Complete
Step 8: Add EDI Submitter Details	Required	03/14/2021	03/14/2021	Complete
Step 9: Add EDI Contact Information	Required	03/14/2021	03/14/2021	Complete
Step 10: Add Payment Details	Required	03/14/2021	03/14/2021	Complete
Step 11: Complete Provider Disclosure	Required	03/14/2021	03/14/2021	Complete
Step 12: View/Upload Attachments	Optional	03/14/2021	03/14/2021	Complete
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10. Select the **Submit Enrollment** button to submit the enrollment page again. The enrollment application will be changed to **In Review** status.

The screenshot shows the eGAMS HCE application interface. The user is logged in as 'user'. The breadcrumb trail is: Track Application > Individual Enrollment > Submit Enrollment. The application details are: Application Number: 2021-000446, Name: Provider-RTP, and Enrollment Type: Individual. There are two buttons: 'Close' and 'Submit Enrollment'. The 'Submit Enrollment' button is highlighted with a red circle and the number 10. Below the buttons is a section titled 'Final Submission' with instructions for submitting signature and supporting documentation. The instructions are: 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 and signature page, enter the Application Number and print. Then mail or fax the cover sheet, signature page, and other supporting document to the address below. 5. After you submit the enrollment, you cannot make further change until your enrollment application is approved. Below the instructions is the 'Provider Enrollment' information: Department of Labor - OWCP, P.O. Box 8312, London, KY 40742-8312, Fax: 888-444-5335. At the bottom is a 'Privacy Act Statement' regarding the collection of information by OWCP for its administration of various compensation acts.