

This is a guide for Providers that are not registered on the portal and their license has expired.

Scenario: Provider is *not registered* on the portal but is terminated due to license expiration.

Providers must first register before updating their license in the Provider Portal. To register via the Provider Portal, complete the following steps.

1. Go to the <u>WCMBP Portal homepage (https://owcpmed.dol.gov/)</u>.

	E OF WORKERS	COMPENSATION F	ROGRAMS PORTAL		FAQs (CONTACT US Search	3
me Pro	ovider -	Claimant	Login -	Resources -	Pharmacy/LMN	I - Contact Us	
			2/	9			
Find	l a Provid	er>	A		Provi	der Enrollment	>
How	v to Searc	h for a Pro	vider >		Provi	der Login >	



2. Select Provider Enrollment.



3. On the **Provider Enrollments** page, select the **Click here to begin enrollment process** link.

A dialogue box confirms that you want to begin a new enrollment.





Un-re To Li	egistered Provider Terminated Due cense Expiration (4 of 28)	Quick Reference Guide
Steps to Comp	lete Registration	
6. Complete process.	the required fields and steps of the Accou	Int Registration
	Account Registration	6
	Enter the below information to create the account	
	First Name*	
	Last Name*	
	Middle Initial	
7. After com credentia Connect a Note: The reg	pleting the OWCP Connect Account Register Is created during the account registration and select Login . gistration process will not be required at fu	tration, use the to log in to OWCP Iture logins.
	Login	-7
	Welcome to OWCP Connect Please enter your EMAIL ADDRESS to start.	
	Email Address	
	LOGIN	

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After logging in for the first time, the system opens to the **Provider Portal Registration** page.

- 8. Enter the required Login information, including:
 - OWCP Provider ID
 - Temporary ID
 - Temporary Key
 - SSN/TAX ID

Note: The Welcome Letter contains the OWCP Provider ID and Temporary ID. The Temporary Key will be included in the Registration Instruction Letter.

Important! Do not include the dot after the Provider ID, Temporary ID, and Temporary Key from the letter. Also, for the Temporary Key, be mindful of letters that may appear as numbers or numbers that may appears as letters (for example, a capital letter "I" may be mistaken for the number "1" or the number "1" may be mistaken for the capital letter "I").

8 OWCP Provider ID	,
• Over Plonderib	
Temporary ID	*
Temporary Key	
SSN/TAX ID	



9. Select Login.

Note: During subsequent logins, the system will not require all required information to be entered.

	Login OWCP Provider ID Comporary ID Comporary Key SSN/TAX ID Composite Login	
10. Select the Provider	ID from the Available Provide r	' IDs drop-down list.
Select a P Ava	Welcome to the WCMBP Provider Portal CANST HCCAST HCCAST Provider ID Number to continue to the Provider Portal: allable Provider IDs: 980053100 ** © Go	10





Steps to Update Provider License

Complete the following steps to update a Provider license.

1. Select the **EXT Provider File Maintenance** profile from the **Profile** dropdown list.





2. Select Go.

The Provider Portal opens.

Welco	ne to the Workers' Compensation Medical Bill Process System ECANS HICLES Select a profile to use during this session: file: EXT Provider File Maintenance * OG GO <u>C</u>
3. Select the Provide Provider Data scre	er Re-Enrollment link to navigate to the View/Update een.
	Create Bills from Saved Templates Claimant Eligibility Inquiry Authorization Authorization On-line Authorization Submission Provider Provider Re-Enrollment HIPAA Submit HIPAA Batch Transaction Retrieve HIPAA Batch Responses SFTP User Details Admin Maintain Users My Interactions



Notes:

- If this is the first time accessing the Provider Portal as a Legacy Provider, each of the steps will show an **Incomplete** status.
- While information in each step may not need to be updated, each Required step must be opened, in order, and the OK button selected to change the status from Incomplete to Complete.

WCP ID/NPI :		Name:	PROVIDER, TEST			Enroliment Type:	individual		
Close + Required Credentials	< Undo Update								
III View/Update Provider D	ata - Individual								
Business Process Wizard - Provider	Data Modification (Individual)	. In order to finalize submis	sion of your requested changes, y	ou must complete the Step	- Submit Maintena	nce Request for R	eview.		
0	Step	Required	Last Modification Date	Last Review Date	Status	Modification	Status	Step Re	nark
Step 1: Basic Information		Required			Incomplete				
C Step 2: Location		Required			Incomplete				
Step 3: Taxonomies		Optional			Incomplete				
Step 4: Ownership Details		Optional			Incomplete				
Step 5: Professional Licenses a	nd Certifications	Optional			Incomplete				
O Step 6: Identifiers		Optional			Incomplete				
Step 7: EDI Submission Method	Č.	Optional			Incomplete				
Step 8: EDI Submitter Details		Optional			Incomplete				
Step 9: EDI Contact Information	6	Optional			Incomplete				
O Step 10: Payment Details		Required			Incomplete				
Step 11: Complete Provider Disclosure		Required			Incomplete				
Step 12: View/Upload Attachments		Optional			Incomplete				
Step 13: Submit Maintenance R	equest for Review	Required			Incomplete				
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- 8. In addition to reviewing the physical and mailing addresses, enter the following *required* information:
 - Contact Last Name,
 - Contact First Name, and
 - Phone Number

C Close	Save								
III Lo	ocation	Details			3				
Busine Contact L Phone Emai	ess Name .ast Name e Number I Address			Conta	act First Name Fax Number				*
To cł	nange	the mail	ing or phy	ysical add	dress, se	lect eit	her th	e Ma i	ling lir
To cł or th	nange ne Ph y	the mail /sical link	ing or phy at the bo	ysical add ottom of	dress, se the Loca	lect eit tion D e	her the etails p	e Mai bage.	ling lir
To cł or th	nange ne Ph y	the mail /sical link	ing or phy at the bo	ysical add	dress, se the Loca	lect eit tion D	her the etails p	e Mai bage.	i ling lir
To cł or th	nange ne Ph y	the mail /sical link Ad	ing or phy at the bo Idress T	ysical add ottom of	dress, se the Loca	lect eit tion D	her the etails β	e Mai bage.	i ling lir
To cł or th	nange ne Ph y	the mail sical link Ad	ing or phy at the bo Idress T	ysical add ottom of ype	dress, se the Loca	lect eit tion D	her the	e Mai bage.	i ling lir



Un-registered Provider Terminated Due To License Expiration (14 of 28)	Quick Reference Guide
Steps to Update Provider License	
12. Enter the new zip code in the Zip Code field.	
III Address details	
Address Line 1: (Enter Street Address or PO Box Only) Address Line 3: (Enter Street Address or PO Box Only) Address Line 3: (Enter Street Address or PO Box Only) State/Province: (Enter Street Address or PO Box Only) State/Province: (Enter Street Address or PO Box Only) Country: (Enter Street Address or PO Box Only) State/Province: (Enter Street Address or PO Box On	ince, County, and
III Address details	
Address Line 1:	
(Enter Street Address or PO Box Only)	
City/Town:	
State/Province:	
County: 13	
Country:	
Zip Code:	O OK Cancel



	Un-registered Provider Terminated Due To License Expiration (15 of 28)	Quick Reference Guide
Steps to	Update Provider License	
14. Afte	er the system validates the address, select OK .	
	III Address details	
15. Afte	Address Line 1: (Enter Street Address or PO Box Only) Address Line 3: City/Town: State/Province: County: County: Zip Code: Totalidate Address Validate Address	tion, select Save .
	Close Save -15	



Un-registered Provider Terminated Due To License Expiration (16 of 28)

Steps to Update Provider License

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

Note: On the **Provider Location List** page, if there is a data change in location, there will be two (2) records on the **Provider Location List** page (one [1] "Approved" and one [1] "In Review"). Once the updated location is approved, the previously added location will be replaced with the new one.



17. Select **Close** again on the **Provider Location List** page.

O Clo	se -17
	Provider Locations
Filte	r By :





18. Select the Step 3: Taxonomies link.

Note: Depending on the enrolled Provider Type, this step may be required.



19. Review the Taxonomy information.

- To add more, select Add.
- To mark the step as complete, select **Close**.

Close Add		
Taxonomy L	st	
9		
Filter By :		



20. Select the Step 5: Add Professional or Business Licenses and Certifications based on Enrollment type link.

Notes:

- Depending on the enrolled Provider Type, this step may be required.
- During these instructions, we also skipped **Step 4**: **Ownership Details**, since this is an optional step for all Provider types.

Wiew/Update Provider Data - Individual

Business Process Wizard - Provider Data Modification (Individual). In order to Maintenance Request for Review.

Step	Required	Last Mo
Step 1: Basic Information	Required	
Step 2: Location	Required	
Step 3: Taxonomies	Optional	
Step 4: Ownership Details	Optional	
Step 5: Professional Licenses and Certifications	 20	
Step 6: Identifiers	Optional	





21. To update the license information, certification information, or both, select the **License** link or **Certification** link. *This is required*.

Note: For new license numbers, be sure to select Add to add a new license.

	License/	Certification List							
Filte	r By :	V			And		V		
		And Operational Status:	Active 🔽 🖸 Go			e	Clear Filter	Save Filter	₩ My Filters ▼
	License Category	License/Certification Number	License/Certification Type ▲♡	Issued State	Initial Issue Date ▲▼	Expiration Date	Status ▲▼	Operational Status ▲▼	Inactivation Date ▲▼
– į	license 🚽	21			05/18/1984	05/12/2020	APPROVED	Active	
	Certification				07/31/2019	12/31/2999	APPROVED	Active	



22. Within this step, include the following:

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

III Managa Profession				
Manage Professiona	al License/Certification			^
Please provide all profess	ional license/certification requir	ed by your State to perform the	service under your Provider	lype.
OWCP will verify all your	professional license/certification	with your State's license issue	er agency before your enrollme	ent can be approved.
After your enrollment is a Expired license/certification	pproved, you are responsible to on will cause the termination of	keep your professional license the provider status	certification information up to	date.
If you have a renewed pro	fessional license/certification u	nder a different number, please	make sure to enter it using the	e exact same
License/Certification Type	tatus: la Paulau			
	atus: in Review			
	C-Certification L-License N-License or Certificati	on not required		
	Test Provider	•		
Name:				
Name: License or Certification Type:	State	* Licence/Certification #:	002100	·
Name: License or Certification Type: Initial Issue Date:	State 12/06/1991	* Licence/Certification #: Expiration Date:	002100	-
Name: License or Certification Type: Initial Issue Date: Issued State:	State 12/06/1991 * Kentucky	* Licence/Certification #: Expiration Date:	002100 03/31/2023 * hiya	





22 After undeting this is	C	. .			
23. After updating this in	iformation,	select Sa	ave.		
O Close Bave	23				
III Manage Professiona				^	
Prease provide all protess OWCP will verify all your p After your enrollment is ap Expirat license (aetification)	onal license/certification required b rofessional license/certification with proved, you are responsible to keep	y your state to perform the h your State's license issue p your professional license	er agency before your Provider Type. er agency before your enrollment ca e/certification information up to date	an be approved.	
Expired intersectionate If you have a renewed pro License/Certification Type	essional license/certification under	a different number, please	make sure to enter it using the exa	ct same	
S	tatus: In Review				
	C-Certification L-License N-License or Certification no	ot required			
Name:	Test Provider	•			
License or Certification Type:	State	* Licence/Certification #:	002100	•	
Initial Issue Date:	12/06/1991	Expiration Date:	03/31/2023		
Issued State:	Kentucky	* Issuer Agency:	hiya	•	
		Web Link:	www.here.com	•	
24 After coving the word					
24. After saving the upda	ale, select C	lose.			
O Close Save					
Manage Professiona	I License/Certification			^	
24 P will verify all your p	onal license/certification required b rofessional license/certification with	y your State to perform the h your State's license issue	e service under your Provider Type. er agency before your enrollment ca	an be approved.	
Expired license/certification	proved, you are responsible to keep n will cause the termination of the p	p your professional license provider status.	certification information up to date	h.	
If you have a renewed prof License/Certification Type	essional license/certification under	a different number, please	make sure to enter it using the exa	ct same	
s	tatus: In Review				
	© C-Certification L-License N-License or Certification no	ot required			
Name:	Test Provider	•			
License or Certification Type:	State	* Licence/Certification #:	002100		
Initial Issue Date:	12/06/1991	Expiration Date:	03/31/2023		
Issued State:	Kentucky	* Issuer Agency:	hiya)	
		Web Link:	www.here.com		

	pdat	te Provider	License						
or n	nultip	ole licenses	or certific	atior	ns liste	d on [·]	the		
cen	ses/	Certificatio	n List page	e, coi	mplete	e Step	s 22-2	4 for e	each ite
stec	d in o	rder to com	plete the	upda	ate.				
O Clo	se O Add								
	License/	/Certification List							^
Filter	r By :	~			And				
		And Operational Status:	Active 🔽 🞯 Go			0	Clear Filter	Save Filter	▼ My Filters ▼
	License Category	License/Certification Number	License/Certification Type ▲♡	Issued State ▲▼	Initial Issue Date ▲▼	Expiration Date	Status ▲▼	Operational Status ▲▼	Inactivation Date
Ξį	icense				05/18/1984	05/12/2020	APPROVED	Active	
	Certification -	4 25			07/31/2019	12/31/2999	APPROVED	Active	
ftor	mak	ing the und	ate to all	licen	ses an	d cer	tificati	ons se	elect (
fter	⁻ mak	ing the upd	ate to all	licen	ses an	d cer	tificati	ons, se	elect C
fter n th	⁻ mak ne Lic	ting the upd ense/Certif	ate to all ication Li s	licen st pa	ses an ge to r	d cer eturr	tificati 1 to th	ons, se e list o	elect C f steps
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fter n th	mak ne Lic License	Cense/Certification List	ate to all fication Lis	licen st pa	ses an ge to r	d cer eturn	tificati to the Clear Filter	Ons, se e list o e list o save Filter Operational Status	elect C f steps f steps
fter n th	r mak ne Lic License License Category	Certification List	ate to all fication Lis	licen st pa	ses an ge to r And Initial Issue Date AT	d cer eturn	tificati to the Clear Filter	Ons, se e list o e list o save Filter Operational Status ▲▼	elect C f steps T steps



27. For **Steps 6-10**, if required, ensure all required data is entered into the system and ensure it is accurate, similar to the process for the previous five (5) steps.

Notes:

- Some of these remaining steps may require data to be included that will need to be added in order to complete the step.
- For Step 10: Payment Details, the Financial Institution Name, Nine-Digit Routing Transit Number, Depositor Account Number, Type of Account, title of the Financial Institution Representative, and Representative Phone Number *are required*.

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Step 6: Identifiers	Optional
Step 7: EDI Submission Method	Optional
Step 8: EDI Submitter Details	Optional
Step 9: EDI Contact Information	Optional
Step 10: Payment Details	Required



28. Select the Step 11: Complete Provider Disclosure link.

Step 9: EDI Contact Information	Optional
Step 10: Payment Details	Required
Step 11: Complete Provider Disclosure	Required
Step 12: View/Upload Attachments	Optional
Step 13: Submit Maintenance Request for Review	Required



29. Answer the two (2) questions on the **Provider Disclosure** page.

III Provider Disclosure	
If you answer Yes to the first Disclosure question, provide details including type of action, Agend	cy undertaking adverse action and date of action.
Question	Answer 20 Comments
Within ten years of the date of this statement have you or any individual listed on this applicatio	on
had an action related to fraud or abuse in a government program taken against him or her	Not Completed
resulting in (1) a felony or misdemeanor conviction; (2) a liability finding in civil proceedings; or	T *
(3) a settlement entered into in lieu of conviction?	
(3) a settlement entered into in lieu of conviction? (Required for FECA providers) For Provider Type "Medical Supplies/Durable Medical Equipmer	ent
(3) a settlement entered into in lieu of conviction? (Required for FECA providers) For Provider Type "Medical Supplies/Durable Medical Equipmen (DME) / Prosthetics / Orthotics" (75) only: Are you an accredited DMEPOS supplier enrolled	Not Completed

30. Select Save.

III Provide Discharge		
Provider Disclosure		
If you answer Yes to the first Disclosure question, provide details including type of action, Agency	undertaking adverse action a	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	Not Completed 💟	



31. Select Close.

Provider Disclosure		
31 swer 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 excellment	Not Completed	

32. To upload any required attachments, select the **Step 12: View/Upload Attachments** link.

Step 9: EDI Contact Information	Optional
Step 10: Payment Details	Required
Step 11: Complete Provider Disclosure	Required
Step 12: View/Upload Attachments	2 Optional
Step 13: Submit Maintenance Request for Review	Required



33. Select Upload Attachments.

Notes:

- A copy of the Provider license and the ACH form need to be uploaded. A copy of the ACH form is located on the Forms and References page on the WCMBP Portal (Resources tab > Forms & References > Provider Enrollment section > EFT Form).
- When faxing these forms, be sure to include a cover sheet. The cover sheet can be accessed using a link within Step 13: Submit Maintenance Request for Review.





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