



# Updating Provider License in the Provider Portal

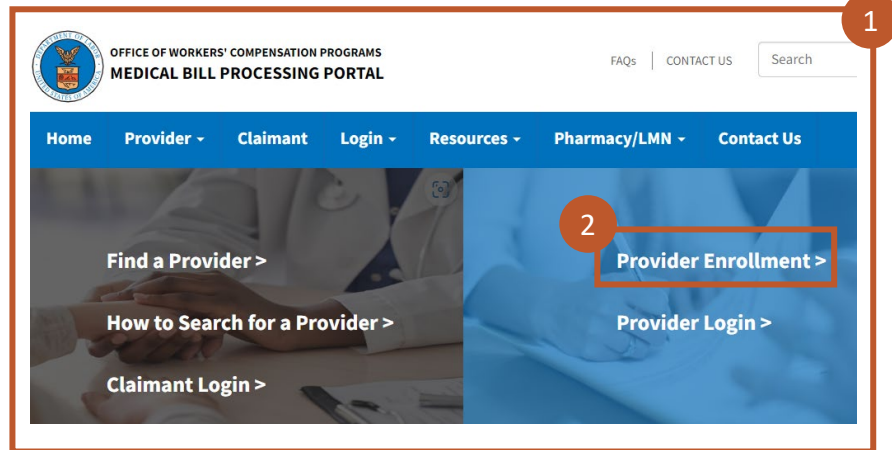
This is a guide for Providers that are not registered on the portal and their license has expired.

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

## Steps to Complete Registration

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

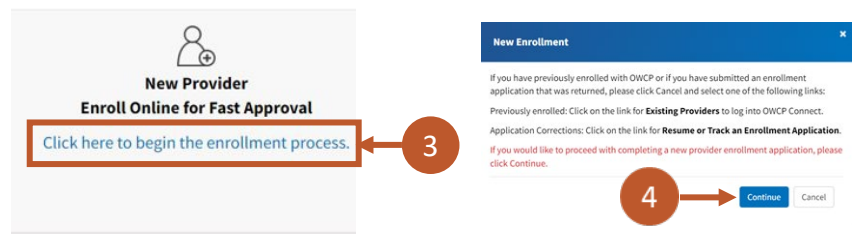
1. Go to the [WCMBP Portal homepage \(https://owcpmed.dol.gov/\)](https://owcpmed.dol.gov/).
2. Select **Provider Enrollment**.



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

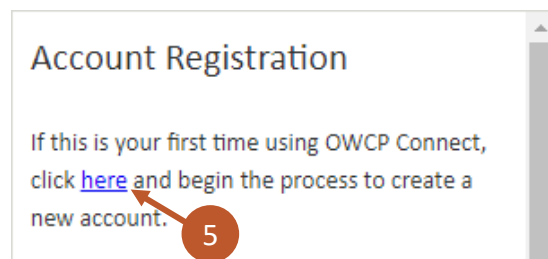
A dialogue box confirms that you want to begin a new enrollment.

4. Select **Continue** to begin a new application.



5. On the OWCP Connect home page, select the **here** link to begin the OWCP Connect Account Registration process.

**Note:** This registration link begins the OWCP Connect registration process. This registration process is required before first accessing the Provider Portal.



6. Complete the required fields and steps of the Account Registration process.





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## Steps to Complete Registration - Continued

7. After completing the OWCP Connect Account Registration, use the credentials created during the account registration to log in to OWCP Connect and select **Login**.

**Note:** The registration process will not be required at future logins.

7

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 appear 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”).

9. Select **Login**.

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

8

9

10. Select the Provider ID from the **Available Provider IDs** drop-down list.

11. Select **Go**.

10

11



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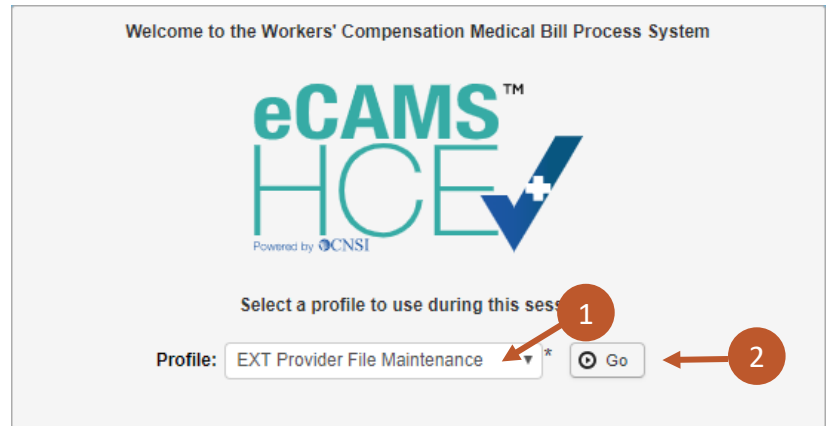
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## Steps to Update Provider License

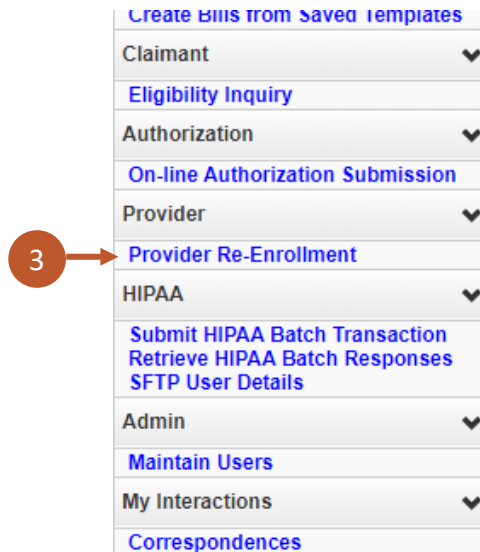
Complete the following steps to update a Provider license.

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

The Provider Portal opens.

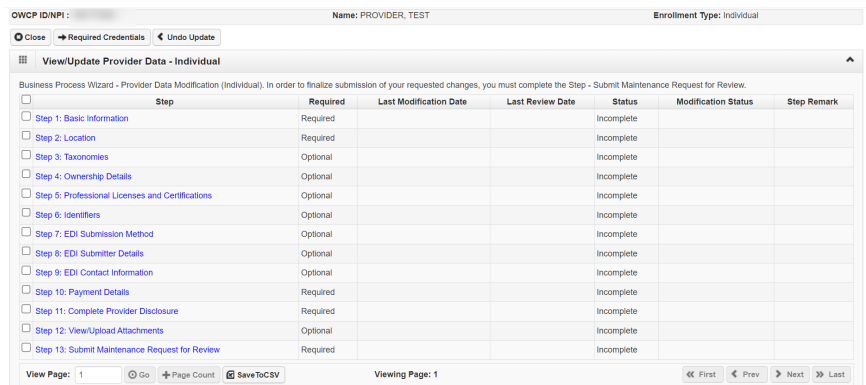


3. Select the **Provider Re-Enrollment** link to navigate to the **View/Update Provider Data** screen.



### 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**.





# Updating Provider License in the Provider Portal

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

## Steps to Update Provider License - Continued

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

<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>	Required
<input type="checkbox"/>	<a href="#">Step 3: Taxonomies</a>	Optional
<input type="checkbox"/>	<a href="#">Step 4: Ownership Details</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 Details**

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** →

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>	Required
<input type="checkbox"/>	<a href="#">Step 3: Taxonomies</a>	Optional
<input type="checkbox"/>	<a href="#">Step 4: Ownership Details</a>	Optional





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## Steps to Update Provider License - Continued

7. Select the **Location Name** link to review both 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 the physical and mailing addresses, enter the following **required** information:

- **Contact Last Name**,
- **Contact First Name**, and
- **Phone Number**.

Close Save

Location Details

Business Name: [Redacted]

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

Phone Number: [Redacted] \* Fax Number: [Redacted]

Email Address: [Redacted]

9. To change the mailing or physical address, select either the **Mailing** link or the **Physical** link at the bottom of the **Location Details** page.

Address Type

Mailing

Physical

10. Select **+ Address** at the bottom of the **Location Address** page.

RY \*

[Redacted] - [Redacted] + Address

11. Enter the new street address in the **Address Line 1** field (and second or third, if needed).

12. Enter the new zip code in the **Zip Code** field.

13. Select **Validate Address**.

**Note:** If the address is valid, the City/Town, State/Province, County, and Country fields will auto-populate.

14. After the system validates the address, select **OK**.

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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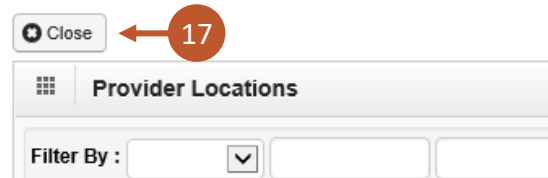
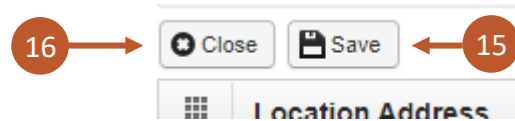
## Steps to Update Provider License - Continued

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

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.



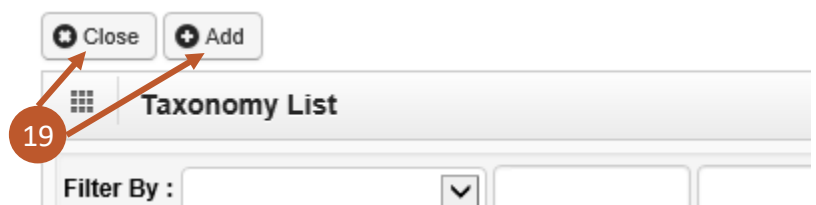
18. Select the **Step 3: Taxonomies** link.

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

<input type="checkbox"/>	Step	Required	Last
<input type="checkbox"/>	<a href="#">Step 1: Basic Information</a>	Required	05/0...
<input type="checkbox"/>	<a href="#">Step 2: Location</a>	Required	05/0...
<input type="checkbox"/>	<a href="#">Step 3: Taxonomies</a>	Required	
<input type="checkbox"/>	<a href="#">Step 4: Ownership Details</a>	Optional	

19. Review the Taxonomy information.

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



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.

<input type="checkbox"/>	Step	Required	Last M
<input type="checkbox"/>	<a href="#">Step 1: Basic Information</a>	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: Professional Licenses and Certifications</a>	Optional	
<input type="checkbox"/>	<a href="#">Step 6: Identifiers</a>	Optional	





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## Steps to Update Provider License - Continued

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 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, 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

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

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

**Manage Professional License/Certification**

Please provide all professional license/certification required by your State to perform the service under your Provider Type. We will verify all your professional 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 professional license/certification information up to date.

- Expired license/certification will cause the termination of the provider status.
- If you have a renewed professional license/certification under a different number, please make sure to enter it using the exact same License/Certification Type.

Status: In Review

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

Name: Test Provider

License or Certification Type: State License/Certification #: 002100

Initial Issue Date: 12/06/1991 Expiration Date: 03/31/2023

Issued State: Kentucky Issuer Agency: hiya

Web Link: www.here.com

25. For multiple licenses or certifications listed on the **Licenses/Certification List** page, complete Steps 22-24 for each item listed in order to complete the update.

26. After making the update to all licenses and certifications, select **Close** 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, 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**.

<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 the **Step 11: Complete Provider Disclosure** link.

<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 (2) questions on the **Provider Disclosure** page.

30. Select **Save**.

31. Select **Close**.

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. A red circle with the number 31 points to the 'Close' button. A red circle with the number 29 points to the 'Answer' column of the disclosure questions. The questions are:

Question	Answer	Comments
Answer Yes to the first Disclosure question, provide details including type of action, Agency undertaking adverse action and date of action.	Not Completed	
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	

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

<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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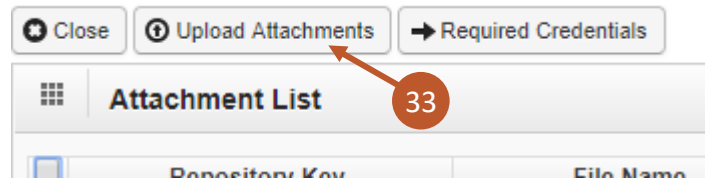
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## Steps to Update Provider License - Continued

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**.



34. Select the **Step 13: Submit Maintenance Request for Review** link to submit the updates of your information for review. **This step is required.**

<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	

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

**Note:** Once submitted, further modifications cannot be made *until after* the modification submission has been reviewed by CNSI staff.

