



Updating Provider Information in the Provider Portal

Quick Reference Guide

Updating Provider Information: [Table of Contents](#) →

	Page
1. Selecting Provider ID and Profile.....	2
2. Updating Information.....	2
3. Updating Basic Information.....	3
4. Updating Location.....	3
5. Updating Taxonomies.....	5
6. Updating Ownership Details.....	6
7. Updating Licenses and Certifications.....	6
8. Updating Identifiers.....	7
9. Updating EDI Submission Method.....	8
10. Updating EDI Submitter Details.....	9
11. Updating EDI Contact Information.....	10
12. Updating Payment Details.....	10
13. Complete Provider Disclosure.....	11
14. View/Upload Attachments.....	12
15. Submit Maintenance Request for Review.....	12
16. Updating Servicing Providers.....	13
17. Changing Profiles.....	14

Note: This guide is intended for Providers with an existing Provider Portal account.



Updating Provider Information in the Provider Portal

Quick Reference Guide

Selecting Provider ID and Profile

1. Select the Provider ID from the **Available Provider IDs** drop-down.
2. Select the **Go** button.

Welcome to the WCMBP Provider Portal

eCAMSTM
HCE
Powered by CNSI

Select a Provider ID Number to continue to the Provider Portal:

Available Provider IDs: 020211301

Go

3. Select the Profile from the **Profile** drop-down (ex. EXT Provider File Maintenance).
Note: Choose the applicable profile to access the relevant functionalities of the provider portal.
4. Select the **Go** button.

You will then be taken into the Provider Portal.

Welcome to the Workers' Compensation Medical Bill Process System

eCAMSTM
HCE
Powered by CNSI

Select a profile to use during this session:

Profile: EXT Provider File Maintenance *

Go

Updating Information

1. Select the **Maintain Provider Information** hyperlink to navigate to the View/Update Provider Data screen.

Create Bill Entry
Resubmit Denied/Voided Bill
Retrieve Saved Bills
Manage Templates
Create Bills from Saved Templates

Claimant

Eligibility Inquiry

Authorization

On-line Authorization Submission

Provider

Maintain Provider Information

HIPAA

Submit HIPAA Batch Transaction
Retrieve HIPAA Batch Responses
SFTP User Details





Updating Provider Information in the Provider Portal

Quick Reference Guide

Updating Basic Information

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

<input type="checkbox"/>	Step	Required
<input type="checkbox"/>	Step 1: Basic Information ← 1	Required
<input type="checkbox"/>	Step 2: Location	Required
<input type="checkbox"/>	Step 3: Taxonomies	Optional
<input type="checkbox"/>	Step 4: Ownership Details	Optional

2. Make necessary updates to any of the fields that are editable and then select the **OK** button.

Note: If this is the only step needing an update, proceed to the last step to **Submit Maintenance Request for Review**.

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

Reason:
Status: Approved

2 → OK Cancel

Updating Location

1. Select **Step 2: Location**.

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



Updating Provider Information in the Provider Portal

Quick Reference Guide

Updating Location

2. 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

3. In addition to reviewing the Physical and Mailing addresses, users 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]

4. If needing to change your mailing or physical address, select the hyperlinked **Address Type** at the bottom of the Location Details page.

Address Type

Mailing

Physical

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

[Redacted] [Redacted] [Redacted]

+ Address

6. Enter the new street address in the first line and second or third, if needed.
7. Enter the zip code of the new address.
8. Select the **Validate Address** button
- Note:** If the address is valid, the city/town, State/Province, County, and Country should auto-populate.
9. 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



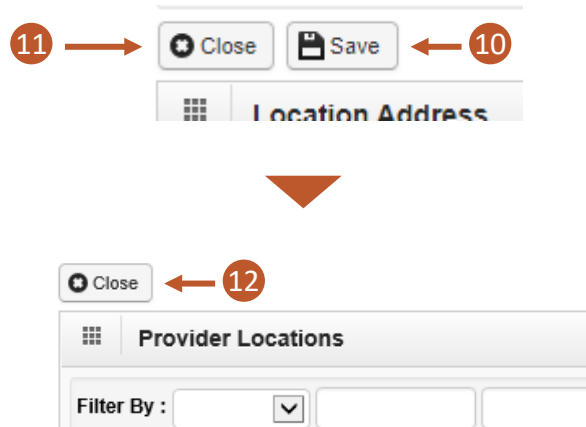
Updating Provider Information in the Provider Portal

Quick Reference Guide

Updating Location

10. After reviewing and entering the required information, select the **Save** button.
 11. 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.
12. Select **Close** again on the Provider Locations list page as well.

Note: If this is the only step needing an update, proceed to the last step to Submit Maintenance Request for Review.



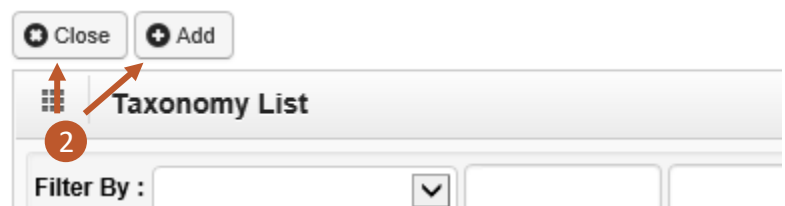
Updating Taxonomies

1. Select **Step 3: Taxonomies**.
- Note:** This step will be required depending on the Provider Type assigned during enrollment.

View/Update Provider Data - Individual			
Business Process Wizard - Provider Data Modification (Individual). In Submit Maintenance Request for Review.			
<input type="checkbox"/>	Step	Required	Last
<input type="checkbox"/>	Step 1: Basic Information	Required	05/0
<input type="checkbox"/>	Step 2: Location	Required	05/0
<input type="checkbox"/>	Step 3: Taxonomies	Required	
<input type="checkbox"/>	Step 4: Ownership Details	Optional	

2. Review the Taxonomy information. If additional taxonomies are needed to be added, select the **Add** button, otherwise, select the **Close** button.

Note: If this is the only step needing an update, proceed to the last step to Submit Maintenance Request for Review.





Updating Provider Information in the Provider Portal

Quick Reference Guide

Updating Ownership Details

1. Select **Step 4: Ownership Details**.

Step	Required	Last
Step 1: Basic Information	Required	05/0
Step 2: Location	Required	05/0
Step 3: Taxonomies	Required	
Step 4: Ownership Details	Optional	

2. Either select the **Owner ID** link to make changes or select the **Add** button to add Ownership Details.

Note: If this is the only step that needs an update, proceed to the last step to Submit Maintenance Request for Review.

Owner ID	Testir

Updating Licenses and Certifications

1. Select **Step 5: Add Professional Licenses and Certifications**.

Note: For Group Practice and Facility, Agency, Organization, and Institution Providers, this step is titled **Step 5: Add Business Licenses and Certifications**.

Note: This step is not required for Group Practice Providers.

Step	Required
Step 1: Provider Basic Information	Required
Step 2: Add Location	Required
Step 3: Add Taxonomies	Required
Step 4: Add Ownership Details	Optional
Step 5: Add Professional Licenses and Certifications	Required
Step 6: Add Identifiers	Optional
Step 7: Add EDI Submission Method	Optional

2. To update the license or certification, select either the **License** link or the **Certification** link.

Note: The **Add** button is available to add a new license number and information.

License Category	License/Certification Number	License/Certification Type	Issued State	Initial Issue Date	Expiration Date	Status	Operational Status	Inactivation Date
License				05/18/1984	05/12/2020	APPROVED	Active	
Certification				07/31/2019	12/31/2999	APPROVED	Active	





Updating Provider Information in the Provider Portal

Quick Reference Guide

Updating Licenses and Certifications

3. Within this step, the following is needed:
 - Name
 - License or Certification Type
 - Initial Issue Date
 - Expiration Date
 - Issued State
 - Issuer Agency
 - Web Link where your license or certification can be verified.
4. After updating this information, select **Save**.
5. After saving the update, select **Close**.

Note: This is an optional step for Group Practices and the verbiage on this step for Group practices is different.

3

4

5

Please provide all professional license/certification required by your State to perform the service under your Provider Type. WCP 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 #: [Redacted]

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

Issued State: Kentucky Issuer Agency: [Redacted]

Web Link: [Redacted]

6. If multiple licenses or certifications are listed on the **Licenses/Certification List** page, then follow Steps 2-5 for each item listed to complete the update.
7. After making the update to all Licenses and Certifications, select **Close** on the **Licenses/Certification List** page to return to the list of steps.

Note: If this is the only step that needs an update, proceed to the last step to Submit Maintenance Request for Review.

7

6

License Category	License/Certification Number	License/Certification Type	Issued State	Initial Issue Date	Expiration Date	Status	Operational Status	Inactivation Date
<input type="checkbox"/> License	[Redacted]	[Redacted]	[Redacted]	05/18/1984	05/12/2020	APPROVED	Active	
<input type="checkbox"/> Certification	[Redacted]	[Redacted]	[Redacted]	07/31/2019	12/31/2999	APPROVED	Active	

Updating Identifiers

1. Select **Step 6: Identifiers**.

1

Step	Required
Step 1: Provider Basic Information	Required
Step 2: Add Location	Required
Step 3: Add Taxonomies	Required
Step 4: Add Ownership Details	Optional
Step 5: Add Professional Licenses and Certifications	Required
Step 6: Add Identifiers	Optional
Step 7: Add EDI Submission Method	Optional



Updating Provider Information in the Provider Portal

Quick Reference Guide

Updating Identifiers

2. Select the **Add** button to add additional Identifiers.
If adding Identifiers, input the required information on the **Add New Identifier** window and then select the **OK** button on the **Add New Identifier** window.
3. Select the **Identifier Type** hyperlinks to update the respective Identifier.
If making updates to Identifiers, select the **Save** button and return to the list of steps.
4. After saving the update, select the **Close** button.

Note: If this is the only step needing an update, proceed to the last step to Submit Maintenance Request for Review.

Updating EDI Submission Method

1. Select **Step 7: EDI Submission Method**.

<input type="checkbox"/>	Step 7: EDI Submission Method	Optional
<input type="checkbox"/>	Step 8: EDI Submitter Details	Required
<input type="checkbox"/>	Step 9: EDI Contact Information	Required

2. Select the **Add** button to add EDI Submission Method.
If adding an EDI Submission Method, select preferred mode(s) of submission on the **EDI Submission Details** window and then select the **OK** button on the **Add New Identifier** window.
3. Select the **EDI Submission Method** hyperlink to update previously selected modes of submission.
If making updates to previously selected modes of submission, select the **OK** button and return to the list of steps.
4. After saving the update, select the **Close** button.

Note: If this is the only step needing an update, proceed to the last step to Submit Maintenance Request for Review.





Updating Provider Information in the Provider Portal

Quick Reference Guide

Updating EDI Submitter Details

1. Select **Step 8: EDI Submitter Details**.

Note: This step is marked as required only if Billing Agent/Clearinghouse was selected as an EDI Submission Method in the EDI Submission Method step, otherwise it would be marked as Optional.

<input type="checkbox"/>	Step 7: EDI Submission Method	Optional
<input type="checkbox"/>	Step 8: EDI Submitter Details ← 1	Required
<input type="checkbox"/>	Step 9: EDI Contact Information	Required

2. Select the **Add** button to add Billing Agent/Clearinghouse.
If adding an EDI Submission Method, include Billing Agent/Clearinghouse OWCP ID, Start and End dates, and select the **OK** button on the **Associate Billing Agent/Clearinghouse** window.

Close Add ← 2

Billing Agent/Clearinghouse/Submitter List

Filter By : [dropdown] [input] [input]

<input type="checkbox"/>	OWCP ID ▲▼	Billing Agent/Clearinghou ▲▼
<input type="checkbox"/>	[blue bar]	ACCOUNT EXECUTIVES

3. Select the **OWCP ID** hyperlink to update the EDI Submitter Details.
After making updates to the Billing Agent/Clearinghouse Submitter, select the **Save** button on the **Manage Billing Agent/Clearinghouse Association** page.
4. After saving the update, select the **Close** button.

Note: If this is the only step needing an update, proceed to the last step to Submit Maintenance Request for Review.

4 → Close Add

Billing Agent/Clearinghouse/Submitter List

Filter By : [dropdown] [input] [input]

<input type="checkbox"/>	OWCP ID ▲▼	Billing Agent/Clearinghou ▲▼
<input type="checkbox"/>	[blue bar]	ACCOUNT EXECUTIVES



Updating Provider Information in the Provider Portal

Quick Reference Guide

Updating EDI Contact Information

1. Select **Step 9: EDI Contact Information**.

Note: This step is marked as required only if Web Batch and/or FTP Secured Batch was selected as an EDI Submission Method in the EDI Submission Method step.

<input type="checkbox"/>	Step 7: EDI Submission Method	Optional
<input type="checkbox"/>	Step 8: EDI Submitter Details	Required
<input type="checkbox"/>	Step 9: EDI Contact Information ← 1	Required

2. Select the **Add** button to add EDI contacts.
If adding a contact, input the required information on the **Add EDI Contact Information** window and then select the **OK** button on the **Add EDI Contact Information** window.

3. Select the **Contact Title** hyperlinks to update the respective contact information.

After making updates to a contact, select the **Save** button.

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

Note: If this is the only step needing an update, proceed to the last step to Submit Maintenance Request for Review.

	Contact Title	Contact Name
<input type="checkbox"/>		
<input type="checkbox"/>		ttt, IIII

Updating Payment Details

1. Select **Step 10: Payment Details**.

Note for Group Providers: If you are enrolled as a Group Provider, an additional step is included prior to this step for adding/associating “Servicing Providers.” The instructions for updating that step is included after the “Submit Maintenance Request for Review” step.

<input type="checkbox"/>	Step 10: Payment Details ← 1	Required	
<input type="checkbox"/>	Step 11: Complete Provider Disclosure	Required	
<input type="checkbox"/>	Step 12: View/Upload Attachments	Optional	
<input type="checkbox"/>	Step 13: Submit Maintenance Request for Review	Required	





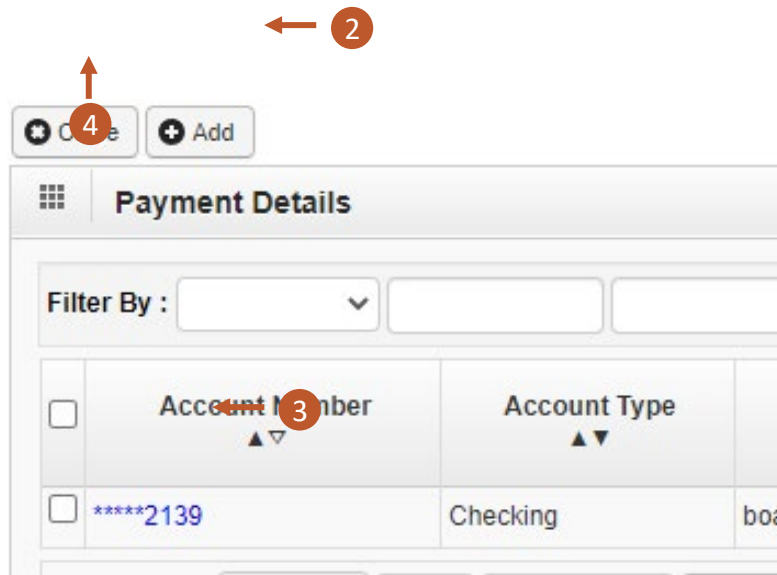
Updating Provider Information in the Provider Portal

Quick Reference Guide

Updating Payment Details

2. Select the **Add** button to add payment details if there is not currently payment details listed.
If adding a contact, input the required information on the **Payment Details** window and then select the **OK** button on the **Payment Details** window.
3. Select the **Account Number** hyperlinks to update the respective payment details.
After making updates to the payment details, select the **OK** button.
4. After selecting the **OK** button, select the **Close** button.

Note: If this is the only step needing an update, proceed to the last step to Submit Maintenance Request for Review.

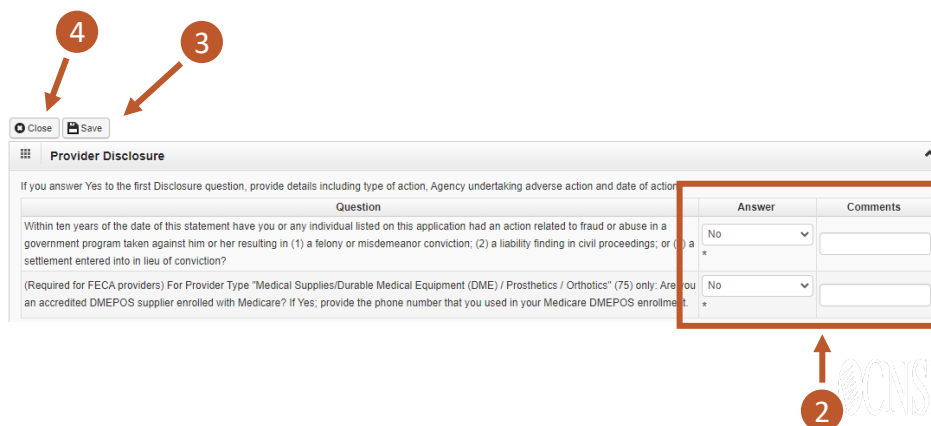


Complete Provider Disclosure

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

<input type="checkbox"/>	Step 10: Payment Details	Required	
<input type="checkbox"/>	Step 11: Complete Provider Disclosure	Required	← 1
<input type="checkbox"/>	Step 12: View/Upload Attachments	Optional	
<input type="checkbox"/>	Step 13: Submit Maintenance Request for Review	Required	

2. Update the answers to the two questions on the Provider Disclosure page and provide comments if necessary
3. Select the **Save** button.
4. Select the **Close** button.





Updating Provider Information in the Provider Portal

Quick Reference Guide

View/Upload Attachments

1. If uploading any required attachments, select **Step 12: View/Upload Attachments**.

<input type="checkbox"/>	Step 10: Payment Details	Required	
<input type="checkbox"/>	Step 11: Complete Provider Disclosure	Required	
<input type="checkbox"/>	Step 12: View/Upload Attachments ← 1	Optional	
<input type="checkbox"/>	Step 13: Submit Maintenance Request for Review	Required	

2. To upload attachments, select the **Upload Attachments** button.
3. To view attachments that were previously uploaded, select the **Repository Key** hyperlink.
4. Select the **Close** button.

The screenshot shows the 'Attachment List' interface. At the top, there are three buttons: 'Close' (with a star icon), 'Upload Attachments' (with a plus icon), and 'Required Credentials' (with a right arrow icon). Below these is the 'Attachment List' header. The list contains three rows, each with a checkbox, a 'Repository Key' (represented by a colored bar), and a 'File Name'. Callout 1 points to the 'Upload Attachments' button. Callout 2 points to the 'Attachment List' header. Callout 3 points to the 'Repository Key' column. Callout 4 points to the 'Close' button.

<input type="checkbox"/>	Repository Key	File Name
<input type="checkbox"/>	[Blue bar]	DFEC Surgical Package Authorization Request.pdf
<input type="checkbox"/>	[Blue bar]	Provider ACH Form.pdf
<input type="checkbox"/>	[Blue bar]	Home Health - DEEOIC-Authorization Request.pdf

Submit Maintenance Request for Review

1. As a required step, select **Step 13: Submit Maintenance Request for Review** hyperlink to submit the updates of the information for review.

<input type="checkbox"/>	Step 10: Payment Details	Required	
<input type="checkbox"/>	Step 11: Complete Provider Disclosure	Required	
<input type="checkbox"/>	Step 12: View/Upload Attachments	Optional	
<input type="checkbox"/>	Step 13: Submit Maintenance Request for Review ← 1	Required	





Updating Provider Information in the Provider Portal

Quick Reference Guide

Submit Maintenance Request for Review

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

Note: Additional modifications to the information are not allowed until after the modification submission has been reviewed by CNSI staff.

- Existing Group Practice Providers will see revised attestation verbiage that they need to consent to by selecting the checkbox.

Close Submit Modification

Final Modification Submission

Instructions for submitting modification:

Note: When updating license details
 1. If your licensing agency does not allow online verification free of charge, please upload your current license as your business status is at risk of being terminated for expired licenses.
 2. After you submit the modification, you cannot make further changes until your modification application is approved.
 3. You must press **SUBMIT MODIFICATION** for your update to be reviewed.

OWCP has removed the requirement that Group Practices submit business license annually and have replaced it with revised attestation verbiage. Please read and acknowledge the following:

I certify that I and my agents have currently in effect all necessary licenses, certifications, approvals, insurance, etc. required to properly provide to locality, or jurisdiction where the services and/or supplies are provided. I will provide proof of such licenses, certifications, approvals, insurance, et withdrawal, or non-renewal of necessary license, certification, approval, insurance etc. required for me to properly provide services, shall be ground

By selecting the checkbox, I agree to this attestation.

Updating Servicing Provider Information (FOR PROVIDERS ENROLLED AS GROUP PROVIDERS)

If the Provider is enrolled as a **Group Provider**, this is an additional step that will appear before the **Payment Details** Step.

- Select **Step 10: Servicing Provider Information**.

<input type="checkbox"/>	Step 9: EDI Contact Information	Required
<input type="checkbox"/>	Step 10: Servicing Provider Information	Required
<input type="checkbox"/>	Step 11: Payment Details	Required

- To add associate additional servicing providers, select **Add**.
If associating additional servicing providers, within the **Associate Servicing Provider** window enter the required information and select **OK**.

- To deactivate a servicing provider, select the checkbox next to the **SSN/FEIN** link, select **Inactivate**, then select **OK** on the confirmation window to confirm.

- Select the **SSN/FEIN** links to update the respective servicing provider.
 - If making updates to the selected servicing providers, select **Save** and return to the list of steps.

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

Close Add Inactivate

Servicing Provider List

Filter By: [dropdown] And [dropdown]

If the group or facility has more than 9 servicing providers, the group/facility itself is responsible for valida

<input type="checkbox"/>	SSN/FEIN ▲▼	Provider Name ▲▼	NPI ▲▼	Provider Ty ▲▼
<input type="checkbox"/>	[redacted]	[redacted]	[redacted]	25 - Physician (MD) & Physician (

View Page: 1 Go Page Count SaveToCSV Viewing Page: 1

Note: If this is the only step needing an update, proceed to the last step to Submit Maintenance Request for Review.





Updating Provider Information in the Provider Portal

Quick Reference Guide

Changing Profiles

Notes:

- Profiles can be switched at any point while in the Provider Portal by selecting the **Profile** drop-down list in the menu bar near the top of the Provider Portal. A list of available profiles displays.
- By selecting the applicable profile from this drop-down list, the Provider Portal functions you have access to will be updated after making that selection.

