



Updating Provider Information: Table of Contents

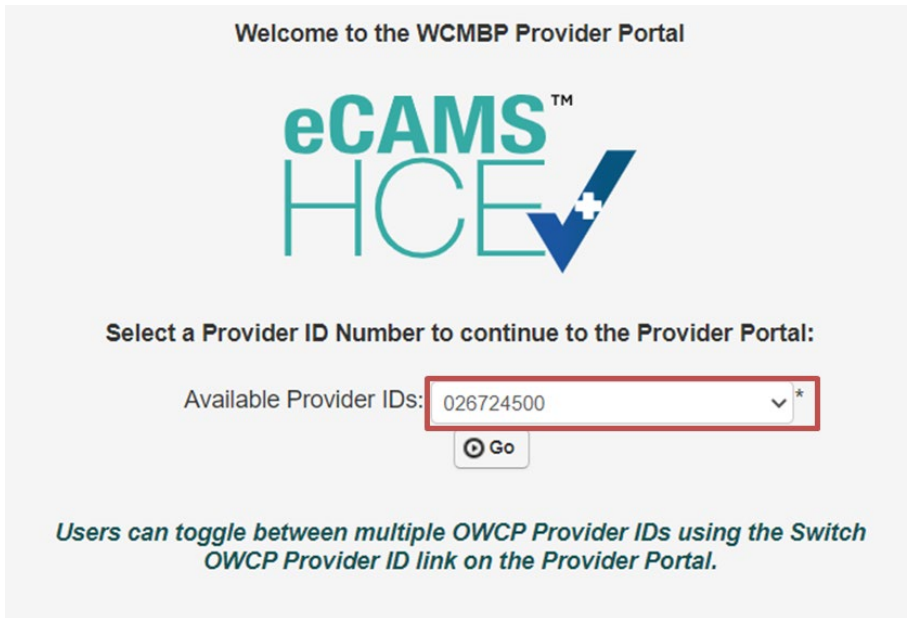
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Note: This guide is intended for Providers with an existing Provider Portal account.

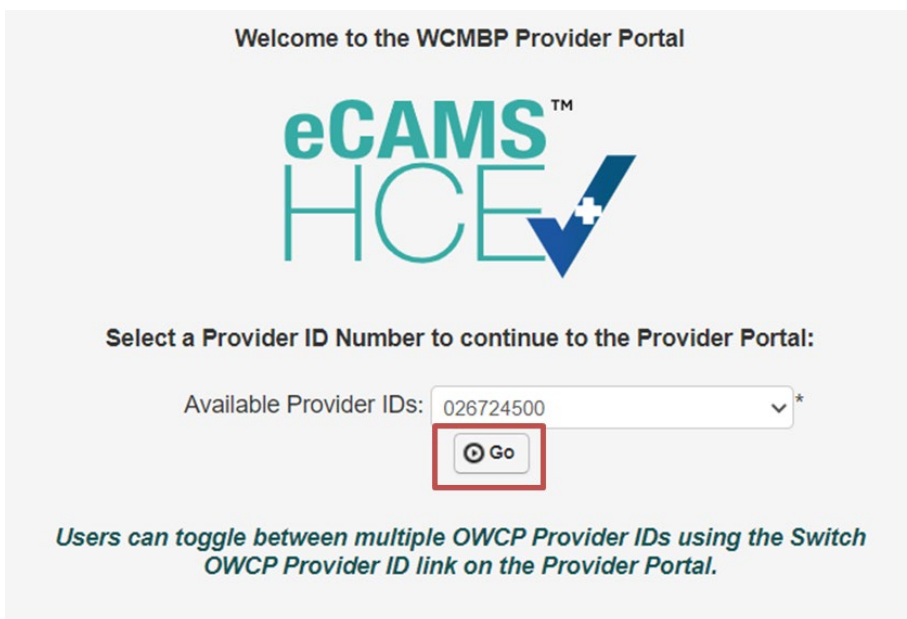


Selecting Provider ID and Profile

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



2. Select **Go**.

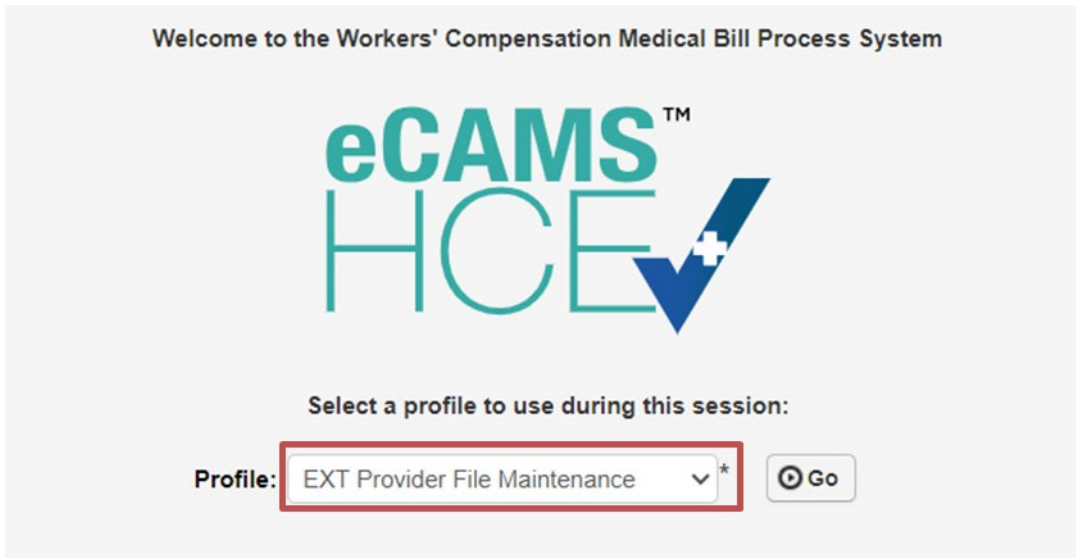




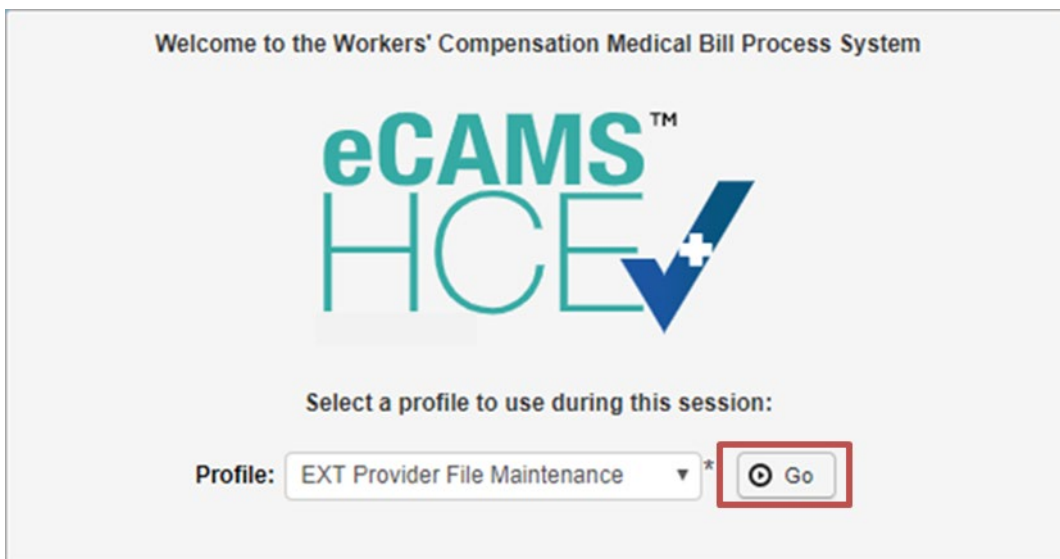
Selecting Provider ID and Profile

3. Select the Profile from the **Profile** drop-down list (for example, EXT Provider File Maintenance).

Note: Choose the applicable profile to access the relevant functionalities of the provider portal.



4. Select **Go**. The Provider Portal opens.





Updating Information

1. To navigate to the **View/Update Provider Data** screen, select the **Maintain Provider Information** link

Bills	▼
Bill Inquiry	
View Payment	
Bill Adjustment	
On-line Bills Entry	
Resubmit Denied Bill	
Retrieve Saved Bills	
Manage Templates	
Create Bills from Saved Templates	
View Accounts Receivable	
Fee Schedule Calculator	
Claimant	▼
Eligibility Inquiry	
Case Look-up	
Authorization	▼
On-line Authorization Submission	
Provider	▼
Maintain Provider Information	
HIPAA	▼
Submit HIPAA Batch Transaction	
Retrieve HIPAA Batch Responses	
SFTP User Details	
Admin	▼
Maintain Users	
Switch OWCP Provider ID	
My Interactions	▼
Correspondences	



Updating Basic Information

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

OWCP ID/NPI: [Redacted] N

Close Required Credentials Undo Update

View/Update Provider Data - Individual

Business Process Wizard - Provider Data Modification (Individual).
Submit Maintenance Request for Review.

<input type="checkbox"/>	Step ▲▼	Required ▲▼
<input type="checkbox"/>	Step 1: Basic Information	Required
<input type="checkbox"/>	Step 2: Location	Required
<input type="checkbox"/>	Step 3: Taxonomies	Required

2. Make necessary updates to any of the editable fields, then select **OK**.

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:
[Text Box]

Program: DFEC DCMWC DEEOIC DLHWC

Provider Name(Organization Name): [Redacted] (as shown on Income Tax Return)
Organization Business Name: [Redacted] Federal Employer Identification Number(FEIN): [Redacted]

National Provider Identifier(NPI): [Redacted] Email Address: [Redacted]

Entity Type: C Corporation *
 I do not wish to be included in an online searchable list of OWCP providers.
Reason: [Redacted]
Status: Approved

OK Cancel



Updating Location

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

OWCP ID/NPI: [Redacted] N

Close → Required Credentials ← Undo Update

View/Update Provider Data - Individual

Business Process Wizard - Provider Data Modification (Individual).
Submit Maintenance Request for Review.

<input type="checkbox"/>	Step ▲▼	Required ▲▼
<input type="checkbox"/>	Step 1: Basic Information	Required
<input type="checkbox"/>	Step 2: Location	Required
<input type="checkbox"/>	Step 3: Taxonomies	Required

2. To review the Physical and Mailing addresses, select the **Location Name** link.

Provider Locations

Filter By : [] [] And [] []

[] Go Clear Filter Save Filter My Filters ▼

<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



Updating Location

3. If applicable, review the **Physical** and **Mailing** addresses to verify and information in the **Contact Last Name**, **Contact First Name**, and **Phone Number** fields.

Location Details

Business Name:

Contact Last Name: Contact First Name:

Phone Number: Fax Number:

Email Address:

I wish to opt-in for paperless correspondence.
By selecting this option, correspondence will only be available via Medical Bill Processing Portal and will not be mailed, except for provider enrollment status correspondence.
Note: OWCP is not responsible for undelivered correspondence notification emails due to invalid or outdated email address.

System Status: Approved Location Start Date: 01/01/1974 Location End Date: 12/31/2999
Business Status: Active Business Status Start Date: 02/09/2022 Business Status End Date: 12/31/2999

4. If the mailing or physical address needs to be changed, select the linked **Address Type** at the bottom of the **Location Details** page.

Address List

Filter By:

<input type="checkbox"/>	Address Type ▲▼	Address ▲▼	Start Date ▲▼	End Date ▲▼	Status ▲▼
<input type="checkbox"/>	Mailing		01/01/1974	12/31/2999	APPROVED
<input type="checkbox"/>	Pay-To		01/01/1974	12/31/2999	APPROVED
<input type="checkbox"/>	Physical		01/01/1974	12/31/2999	APPROVED

View Page: 1 Viewing Page: 1



Updating Location

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

County: *

Zip Code: - **+ Address**

6. Enter the new street address in the first line and second or third lines, if needed.

Address details

Address Line 1: *
(Enter Street Address or PO Box Only)

Address Line 3:

City/Town: *

State/Province: *

County: *

Country: *

Zip Code: - **+ Validate Address**



Updating Location

7. Enter the **Zip Code** of the new address.

The screenshot shows a form titled "Address details" with the following fields: "Address Line 1:" (text input), "Address Line 3:" (text input), "City/Town:" (dropdown), "State/Province:" (dropdown), "County:" (dropdown), "Country:" (dropdown), and "Zip Code:" (text input). The "Zip Code:" field is highlighted with a red box. A "Validate Address" button is located at the bottom right of the form.

8. Select **+ Validate Address**.

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

The screenshot shows the same "Address details" form as above, but now the "City/Town", "State/Province", "County", and "Country" dropdown menus are populated with data. The "Zip Code:" field is still highlighted with a red box, and the "Validate Address" button is also highlighted with a red box.



Updating Location

9. Once the system validates the address, select **OK** at the bottom right of the screen.

The screenshot shows a form titled "Address details" with the following fields: "Address Line 1:" (with a subtext "(Enter Street Address or PO Box Only)"), "Address Line 3:", "City/Town:", "State/Province:", "County:", "Country:", and "Zip Code:". A "Validate Address" button is located at the bottom right of the form. To the right of the form, there are two buttons: "OK" and "Cancel". The "OK" button is highlighted with a red box.

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

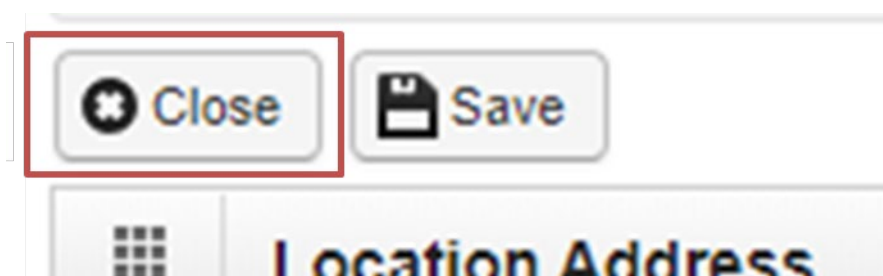
The screenshot shows a close-up of two buttons: "Close" and "Save". The "Save" button, which features a floppy disk icon, is highlighted with a red box. Below the buttons, the text "Location Address" is partially visible.



Updating Location

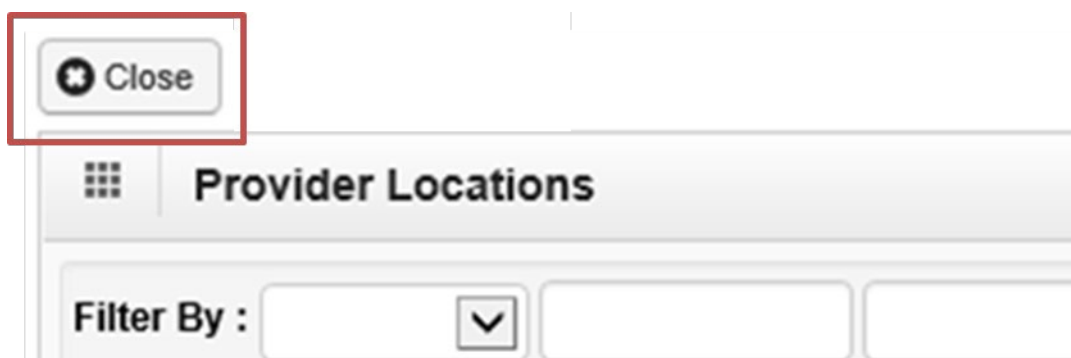
11. After saving the update, select **Close**.

Note: On the **Provider Location List** page, if there is a location change, two records will appear—one labeled as "Approved" and the other as "In Review." Once the updated location is approved, the new entry will replace the previously added location. This ensures that any modifications made are reflected accurately in the system without removing historical data until approval.



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: Depending on the Provider Type assigned during enrollment, this step may not be required.

OWCP ID/NPI: [REDACTED]

Close → Required Credentials ← Undo Update

View/Update Provider Data - Individual

Business Process Wizard - Provider Data Modification (Individual).
Submit Maintenance Request for Review.

<input type="checkbox"/>	Step ▲▼	Required ▲▼
<input type="checkbox"/>	Step 1: Basic Information	Required
<input type="checkbox"/>	Step 2: Location	Required
<input type="checkbox"/>	Step 3: Taxonomies	Required

2. To add more taxonomies, select **Add**; to remove or modify an existing taxonomy, select Update; or to exit, select Close.

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

Close Add Update

Taxonomy List

Filter By : [] And [] And []

<input type="checkbox"/>	Taxonomy Code ▲▼	Type ▲▼	Specialty/Subspecialty ▲▼
<input type="checkbox"/>	207RG0100X	20-Allopathic & Osteopathic Physicians	7R-Internal Medicine/G0100-Gastroenterology
<input type="checkbox"/>	207RC0001X	20-Allopathic & Osteopathic Physicians	7R-Internal Medicine/C0001-Clinical Cardiac Electrophysiology
<input type="checkbox"/>	207RC0000X	20-Allopathic & Osteopathic Physicians	7R-Internal Medicine/C0000-Cardiovascular Disease
<input type="checkbox"/>	207RB0002X	20-Allopathic & Osteopathic Physicians	7R-Internal Medicine/B0002-Obesity Medicine
<input type="checkbox"/>	207RA0401X	20-Allopathic & Osteopathic Physicians	7R-Internal Medicine/A0401-Addiction Medicine
<input type="checkbox"/>	207R0000X	20-Allopathic & Osteopathic Physicians	7R-Internal Medicine/00000-Internal Medicine



Updating Ownership Details

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

OWCP ID/NPI: [Redacted]

View/Update Provider Data - Individual

Business Process Wizard - Provider Data Modification (Individual). In order to finalize

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

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

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

Ownership List (Optional)

Filter By : [Dropdown]

[Input] [Input]

<input type="checkbox"/>	Owner ID ▲▼
<input type="checkbox"/>	[Redacted]



Updating Licenses and Certifications

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

Note: For **individual providers**, select Step 5: Professional Licenses and Certifications. For **Group Practice, Facility, Agency, Organization, and Institution Providers**, this step is titled Step 5: Business Licenses and Certifications and is not required for Group Practice Providers.

<input type="checkbox"/>	Step ▲▼	Required ▲▼	Last Modified
<input type="checkbox"/>	Step 1: Basic Information	Required	11/04/2024
<input type="checkbox"/>	Step 2: Location	Required	12/07/2020
<input type="checkbox"/>	Step 3: Taxonomies	Required	12/07/2020
<input type="checkbox"/>	Step 4: Ownership Details	Optional	
<input type="checkbox"/>	Step 5: Professional Licenses and Certifications	Required	06/21/2023

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 info.

Close
Add

License/Certification List

Filter By :

<input type="checkbox"/>	License Category ▲▼	License/Certification Number ▲▼
<input type="checkbox"/>	Certification	FTEST01
<input type="checkbox"/>	License	F1141664



Updating Licenses and Certifications

3. This step requires entering the following information:

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

Manage Professional License/Certification

- Please provide all professional license/certification required by your State to perform the service under your Provider Type.
- OWCP 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: *

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

Initial Issue Date: * **Expiration Date:** *

Issued State: * **Issuer Agency:**

Web Link:



Updating Licenses and Certifications

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

The screenshot shows a web form titled "Manage Professional License/Certification". At the top left, there are two buttons: "Close" and "Save". The "Save" button is highlighted with a red box. Below the buttons is a list of instructions: "Please provide all professional license/certification required by your State to perform the service under your Provider Type.", "OWCP 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.", and "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." Below the instructions, the form has a "Status" field set to "Approved". There are three radio button options: "C-Certification", "L-License" (which is selected), and "N-License or Certification not required". Below these are several input fields: "Name", "License or Certification Type" (set to "MEDICAL DOCTOR"), "License/Certification #", "Initial Issue Date" (set to "07/01/1995"), "Expiration Date" (set to "06/30/2025"), "Issued State" (set to "New Jersey"), "Issuer Agency", and "Web Link".

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

Note: This step is optional for Group Practices. The verbiage for this step that applies to Group Practices is different.

This screenshot is identical to the one above, showing the "Manage Professional License/Certification" form. In this version, the "Close" button at the top left is highlighted with a red box, and the "Save" button is no longer highlighted.



Updating Licenses and Certifications

- 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.

The screenshot shows the 'License/Certification List' interface. At the top, there are 'Close' and 'Add' buttons. Below is a filter section with 'Filter By:' dropdowns and an 'And Operational Status:' dropdown set to 'Active', with a 'Go' button. The main table has columns: License Category, License/Certification Number, License/Certification Type, Issued State, Initial Issue Date, and Expiration Date. A red box highlights the 'License Category' column, which contains two rows: 'Certification' and 'License', each with an unchecked checkbox to its left.

<input type="checkbox"/>	License Category ▲▼	License/Certification Number ▲▼	License/Certification Type ▲▼	Issued State ▲▼	Initial Issue Date ▲▼	Expiration Date ▲▼
<input type="checkbox"/>	Certification			Virginia	06/06/2021	12/31/2999
<input type="checkbox"/>	License			Virginia	06/16/2021	12/31/2999

- After updating 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**.

This screenshot is similar to the previous one but highlights the 'Close' button at the top left of the interface with a red box. The table content is partially visible, showing the 'License Category' column with 'Certification' and 'License' entries.



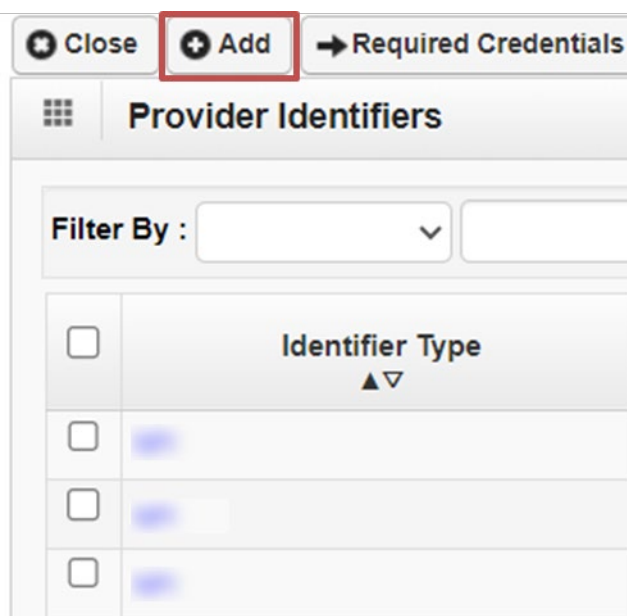
Updating Identifiers

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

<input type="checkbox"/>	Step ▲▼	Required ▲▼	Last Modific
<input type="checkbox"/>	Step 1: Basic Information	Required	11/04/2024
<input type="checkbox"/>	Step 2: Location	Required	12/07/2020
<input type="checkbox"/>	Step 3: Taxonomies	Required	12/07/2020
<input type="checkbox"/>	Step 4: Ownership Details	Optional	
<input type="checkbox"/>	Step 5: Professional Licenses and Certifications	Required	06/21/2023
<input type="checkbox"/>	Step 6: Identifiers	Optional	

2. To add additional Identifiers, select **Add**.

If adding Identifiers, enter the required information in the **Add New Identifier** window, then select **OK** in the **Add New Identifier** window.





Updating Identifiers

3. Select the **Identifier Type** links to update the respective Identifier. If making updates to Identifiers, select **Save** and return to the list of steps.

The screenshot shows a web interface for 'Provider Identifiers'. At the top, there are three buttons: 'Close' (with a star icon), 'Add' (with a plus icon), and 'Required Credentials' (with a right arrow icon). Below these is a grid icon and the title 'Provider Identifiers'. A 'Filter By' section contains two dropdown menus. The main content is a table with a header row containing a checkbox and the text 'Identifier Type' with an up/down arrow. Below the header are four rows, each with a checkbox and a blue link. The first row's blue link is highlighted with a red rectangular box.

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

This screenshot is identical to the one above, showing the 'Provider Identifiers' interface. In this version, the 'Close' button at the top left is highlighted with a red rectangular box, indicating the next step in the process.



Updating EDI Submission Method

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

<input type="checkbox"/>	Step ▲▼	Required ▲▼	Last Modific
<input type="checkbox"/>	Step 1: Basic Information	Required	11/04/2024
<input type="checkbox"/>	Step 2: Location	Required	12/07/2020
<input type="checkbox"/>	Step 3: Taxonomies	Required	12/07/2020
<input type="checkbox"/>	Step 4: Ownership Details	Optional	
<input type="checkbox"/>	Step 5: Professional Licenses and Certifications	Required	06/21/2023
<input type="checkbox"/>	Step 6: Identifiers	Optional	
<input type="checkbox"/>	Step 7: EDI Submission Method	Optional	
<input type="checkbox"/>	Step 8: EDI Submission Details	Optional	

2. To add an EDI Submission Method, select **Add**.

If adding an EDI Submission Method, select the preferred modes of submission on the **EDI Submission Details** window, then select **OK** on the **Add New Identifier** window.

The screenshot shows a window titled "EDI Submission Method" with a grid icon in the top left. At the top, there are two buttons: "Close" and "Add". The "Add" button is highlighted with a red box. Below the buttons is a "Filter By" section with two dropdown menus and an "And" label. The main content area shows a list of "EDI Submission Method" options, with the first option "Web Batch, Billing Agent/Clearinghouse, FTP Secured Batch, Web Interactive" highlighted in blue.



Updating EDI Submission Method

3. To update previously selected modes of submission, select the **EDI Submission Method** link.

If making updates to previously selected modes of submission, select **OK** and return to the list of steps.

The screenshot shows a web interface for updating EDI submission methods. At the top, there are two buttons: 'Close' (with a star icon) and 'Add' (with a plus icon). Below these is a header bar with a grid icon and the text 'EDI Submission Method'. Underneath is a 'Filter By' section with a dropdown menu and two empty text input fields. The main content area contains a table with two rows. The first row has a checkbox, the text 'EDI Submission Method', and a small triangle icon. The second row has a checkbox, the text 'Web Interactive' (highlighted with a red box), and a small triangle icon.

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

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

This screenshot is identical to the one above, showing the 'EDI Submission Method' interface. In this view, the 'Close' button at the top left is highlighted with a red box, indicating the next step in the process.



Updating EDI Submitter Details

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

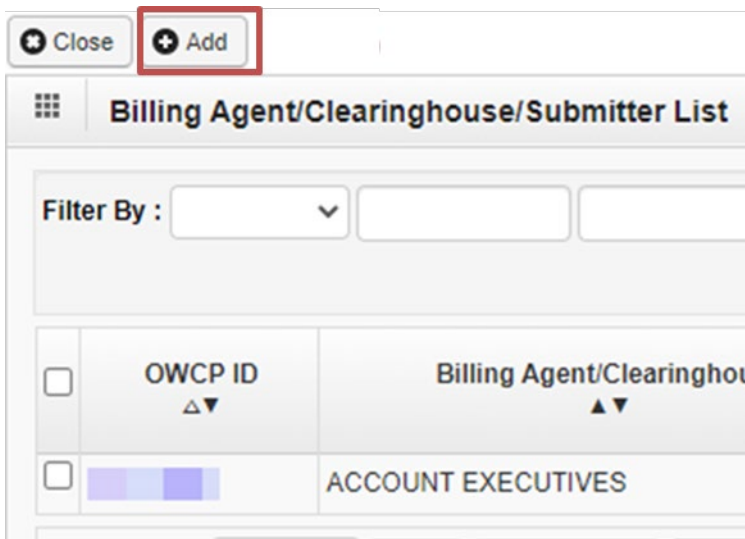
Note: This step is marked as Required only if Billing Agent/Clearinghouse was selected as an EDI Submission Method in the EDI Submission Method step, otherwise it is marked as Optional.

<input type="checkbox"/>	Step 4: Ownership Details	Optional
<input type="checkbox"/>	Step 5: Professional Licenses and Certifications	Required
<input type="checkbox"/>	Step 6: Identifiers	Optional
<input type="checkbox"/>	Step 7: EDI Submission Method	Optional
<input type="checkbox"/>	Step 8: EDI Submitter Details	Optional

2. To add Billing Agent/Clearinghouse, select **Add**.

If adding an EDI Submission Method, include Billing Agent/Clearinghouse, OWCP ID, Start and End dates, select **OK** in the Associate Billing Agent/Clearinghouse window.

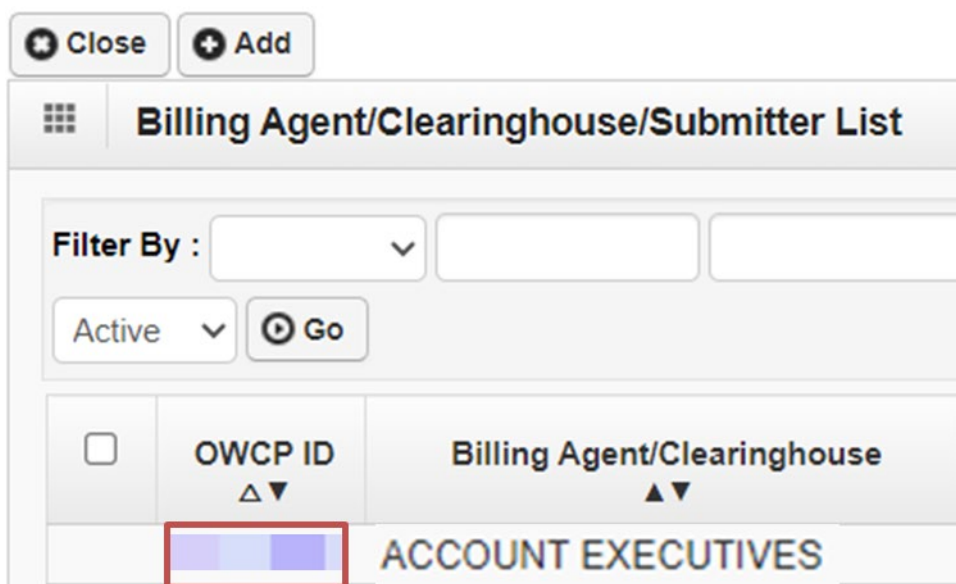
Note: If this is the only step needing an update, proceed to the last step to **Submit Maintenance Request for Review**.



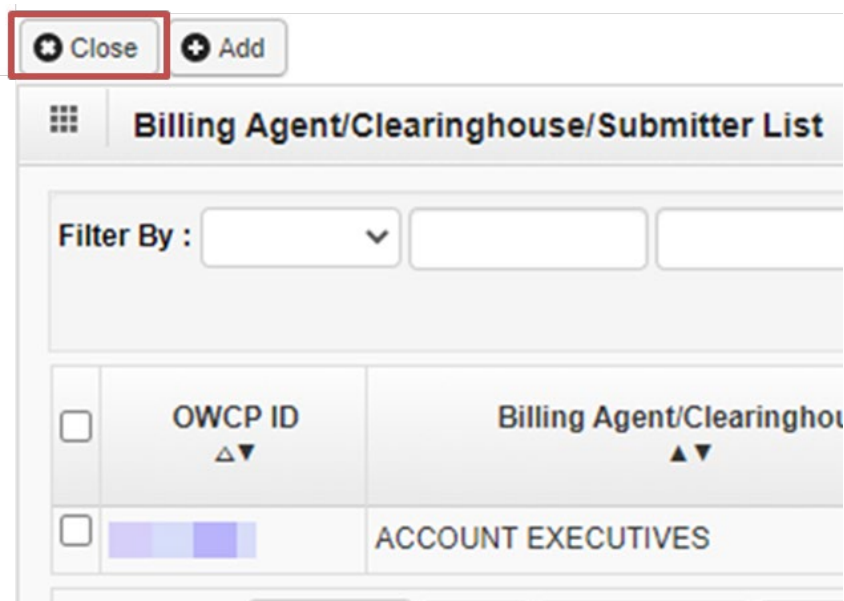


Updating EDI Submitter Details

- To update the EDI Submitter Details, select the **OWCP ID** link. After making updates to the Billing Agent/Clearinghouse Submitter, select **Save** on the **Manage Billing Agent/Clearinghouse Association** page.



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





Updating EDI Contact Information

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

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

<input type="checkbox"/>	Step ▲▼	Required ▲▼	Last Modific
<input type="checkbox"/>	Step 1: Basic Information	Required	11/04/2024
<input type="checkbox"/>	Step 2: Location	Required	12/07/2020
<input type="checkbox"/>	Step 3: Taxonomies	Required	12/07/2020
<input type="checkbox"/>	Step 4: Ownership Details	Optional	
<input type="checkbox"/>	Step 5: Professional Licenses and Certifications	Required	06/21/2023
<input type="checkbox"/>	Step 6: Identifiers	Optional	
<input type="checkbox"/>	Step 7: EDI Submission Method	Optional	
<input type="checkbox"/>	Step 8: EDI Submitter Details	Optional	
<input type="checkbox"/>	Step 9: EDI Contact Information	Optional	
<input type="checkbox"/>	Step 10: Payment Details	Required	08/09/2023

2. To add EDI contacts, select **Add**.

Note: When adding a contact, enter the required information in the **Add EDI Contact Information** window, then select **OK**.

Close Add

EDI Contact Information List

Filter By : [] [] []

<input type="checkbox"/>	Contact Title ▲▼	Contact Name ▲▼
<input type="checkbox"/>	[]	ttt, IIII



Updating EDI Contact Information

3. Select the appropriate **Contact Title** link to update the respective contact information, then select **Save**.

The screenshot shows the 'EDI Contact Information List' interface. At the top, there are 'Close' and 'Add' buttons. Below them is a header with a grid icon and the title 'EDI Contact Information List'. A 'Filter By' section contains a dropdown menu and two input fields. The main area is a table with two columns: 'Contact Title' and 'Contact Name'. The 'Contact Title' column has a dropdown arrow. The first row is highlighted with a blue background. The 'Contact Title' cell in this row contains a red box around a blue bar, indicating the selected link.

<input type="checkbox"/>	Contact Title ▲▼	Contact Name ▲▼
<input type="checkbox"/>	[Red Box]	ttt, IIII

4. After saving the updated information, select **Close**.
Note: If this is the only step needing an update, proceed to the last step to **Submit Maintenance Request for Review**.

This screenshot is identical to the previous one, but the 'Close' button at the top left is highlighted with a red box. The table below shows the same data as the previous screenshot.

<input type="checkbox"/>	Contact Title ▲▼	Contact Name ▲▼
<input type="checkbox"/>	[Red Box]	ttt, IIII



Updating Payment Details

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

Note: If you are enrolled as a **Group Provider**, one other step for adding or associating “Servicing Providers” is required before completing this step. The instructions to complete that step are included after the “Submit Maintenance Request for Review” step.

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

2. To add payment details if there are no current payment details listed, select **Add**.

If adding a contact, enter the required information on the **Payment Details** window, then select **OK** on the **Payment Details** window.

The screenshot shows a window titled "Payment Details" with a "Close" button and an "Add" button. Below the title bar is a "Filter By:" dropdown menu. A table below contains the following data:

<input type="checkbox"/>	Account Number	Account Type	
<input type="checkbox"/>	*****2139	Checking	boa



Updating Payment Details

3. Select the appropriate **Account Number** link to update the respective payment details.

Close Add

Payment Details

Filter By : [] [] []

<input type="checkbox"/>	Account Number ▲▼	Account Type ▲▼	
<input type="checkbox"/>	*****2139	Checking	boa

4. Select **OK**, then select **Close**.

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

Close Add

Payment Details

Filter By : [] [] []

<input type="checkbox"/>	Account Number ▲▼	Account Type ▲▼	
<input type="checkbox"/>	*****2139	Checking	boa



Complete Provider Disclosure

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

<input type="checkbox"/> Step 7: EDI Submission Method	Optional	
<input type="checkbox"/> Step 8: EDI Submitter Details	Optional	
<input type="checkbox"/> Step 9: EDI Contact Information	Optional	
<input type="checkbox"/> Step 10: Payment Details	Required	12/21/2
<input type="checkbox"/> Step 11: Complete Provider Disclosure	Required	12/21/2

2. Update the answers to the two questions on the **Provider Disclosure** page and provide any necessary comments.

Provider Disclosure

If you answer 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? <small>(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.</small>	No	
	No	

View Page: 1 Viewing Page: 1



Complete Provider Disclosure

3. Upon completing Step 11, select **Save**.

The screenshot shows the top of the 'Provider Disclosure' form. At the top left, there are two buttons: 'Close' and 'Save'. The 'Save' button is highlighted with a red rectangular box. Below the buttons is a header bar with a grid icon and the text 'Provider Disclosure'. The main content area contains a paragraph: 'If you answer Yes to the first Disclosure question, provide details including type of action, Agency undertaking adverse action and date'. Below this is a section titled 'Question' with the following text: '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? (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.'

4. Select **Close**.

This screenshot is identical to the one above, showing the 'Provider Disclosure' form. However, in this version, the 'Close' button at the top left is highlighted with a red rectangular box, while the 'Save' button is not.



View/Upload Attachments

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

<input type="checkbox"/> Step 7: EDI Submission Method	Optional	
<input type="checkbox"/> Step 8: EDI Submitter Details	Optional	
<input type="checkbox"/> Step 9: EDI Contact Information	Optional	
<input type="checkbox"/> Step 10: Payment Details	Required	12/21/2
<input type="checkbox"/> Step 11: Complete Provider Disclosure	Required	12/21/2
<input type="checkbox"/> Step 12: View/Upload Attachments	Optional	12/21/2

2. To upload attachments, select **Upload Attachments**.

OWCP ID/NPI:

Attachment List

Filter By :

<input type="checkbox"/>	Repository Key ▲▼	File Name ▲▼



View/Upload Attachments

- To view previously uploaded attachments, select the **Repository Key** link.

Attachment List

Filter By :

<input type="checkbox"/>	Repository Key ▲▼	File Name ▲▼	Document Type ▲▼	
<input type="checkbox"/>	ATT723984379	licence_test.docx	Copy of License/Certification	11/05

View Page: Viewing Page: 1

- Select **Close**.

Attachment List

Filter By :

<input type="checkbox"/>	Repository Key ▲▼	File Name ▲▼	Document Type ▲▼	
<input type="checkbox"/>	ATT723984379	licence_test.docx	Copy of License/Certification	11/05

View Page: Viewing Page: 1



Submit Maintenance Request for Review

1. As required, select the **Step 13: Submit Maintenance Request for Review** link as displayed in the screenshot to submit the updated information for review.

<input type="checkbox"/> Step 7: EDI Submission Method	Optional	
<input type="checkbox"/> Step 8: EDI Submitter Details	Optional	
<input type="checkbox"/> Step 9: EDI Contact Information	Optional	
<input type="checkbox"/> Step 10: Payment Details	Required	12/21/2
<input type="checkbox"/> Step 11: Complete Provider Disclosure	Required	12/21/2
<input type="checkbox"/> Step 12: View/Upload Attachments	Optional	12/21/2
<input type="checkbox"/> Step 13: Submit Maintenance Request for Review	Required	

2. On the **Final Modification Submission** page, carefully read the instructions and pre-populated **First Name** and **Last Name**.

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.

Confirm & Sign

I, the undersigned, certify to the following: I have read the contents of this application, and the information contained herein is true, correct, and complete. I certify that I and my agents have currently in effect all necessary licenses, certifications, approvals, insurance, etc. required to properly provide the services and/or supplies for the OWCP in the state, county, locality, or jurisdiction where the services and/or supplies are provided. I will provide proof of such licenses, certifications, approvals, insurance, etc. upon the OWCP's request. I understand that any revocation, withdrawal, or non-renewal of necessary license, certification, approval, insurance, etc. required for me to properly provide services, shall be grounds for termination of enrollment/registration by the OWCP.

I authorize the OWCP to verify the information contained herein. I agree to notify the OWCP of any change in ownership, practice location and/or Final Adverse Action involving fraud or abuse within 30 days of the reportable event. In addition, I agree to notify the OWCP of any other changes to the information in this form within 90 days of the effective date of change.

I also certify that I am not currently sanctioned, suspended, debarred or excluded by any Federal or State Health Care Program, (e.g., Medicare, Medicaid, or any other Federal program), or otherwise prohibited from providing services to Medicare, Medicaid, or other Federal program beneficiaries nor am any owners, officers, or managing employees of the practice listed in this application. I understand that any deliberate omission, misrepresentation, or falsification of any information contained in this application or contained in any communication supplying information to the Department of Labor, Office of Workers' Compensation Program (OWCP), or any deliberate alteration of any text on this application form, may be punished by criminal, civil, or administrative penalties including, but not limited to, the denial or revocation of OWCP billing privileges, civil damages, and/or imprisonment.

I agree to abide by the OWCP regulations and program instructions that apply to me or to the organization listed in Section 3A of this enrollment form. I understand that payment of a claim by OWCP is conditioned upon the claim and the underlying transaction complying with state and federal laws (including, but not limited to, the Federal anti-kickback statute) and OWCP regulations, and program instructions.

First Name: * Last Name: *

Title: Signature Date: 11/05/2024 10:38:02



Submit Maintenance Request for Review

3. Optionally, enter the **Title** of the Final Modification Submission.

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.

Confirm & Sign

I, the undersigned, certify to the following: I have read the contents of this application, and the information contained herein is true, correct, and complete. I certify that I and my agents have currently in effect all necessary licenses, certifications, approvals, insurance, etc. required to properly provide the services and/or supplies for the OWCP in the state, county, locality, or jurisdiction where the services and/or supplies are provided. I will provide proof of such licenses, certifications, approvals, insurance, etc. upon the OWCP's request. I understand that any revocation, withdrawal, or non-renewal of necessary license, certification, approval, insurance, etc. required for me to properly provide services, shall be grounds for termination of enrollment/registration by the OWCP.

I authorize the OWCP to verify the information contained herein. I agree to notify the OWCP of any change in ownership, practice location and/or Final Adverse Action involving fraud or abuse within 30 days of the reportable event. In addition, I agree to notify the OWCP of any other changes to the information in this form within 90 days of the effective date of change.

I also certify that I am not currently sanctioned, suspended, debarred or excluded by any Federal or State Health Care Program, (e.g., Medicare, Medicaid, or any other Federal program), or otherwise prohibited from providing services to Medicare, Medicaid, or other Federal program beneficiaries nor are any owners, officers, or managing employees of the practice listed in this application.

I understand that any deliberate omission, misrepresentation, or falsification of any information contained in this application or contained in any communication supplying information to the Department of Labor, Office of Workers' Compensation Program (OWCP), or any deliberate alteration of any text on this application form, may be punished by criminal, civil, or administrative penalties including, but not limited to, the denial or revocation of OWCP billing privileges, civil damages, and/or imprisonment.

I agree to abide by the OWCP regulations and program instructions that apply to me or to the organization listed in Section 3A of this enrollment form. I understand that payment of a claim by OWCP is conditioned upon the claim and the underlying transaction complying with state and federal laws (including, but not limited to, the Federal anti-kickback statute) and OWCP regulations, and program instructions.

First Name: Last Name:

Title: Signature Date: 11/05/2024 10:38:02

4. Select **Submit Modification**.

Note: Additional modifications to the information are not allowed until after Acentra Health staff reviews the modification submission.

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.

Confirm & Sign

I, the undersigned, certify to the following: I have read the contents of this application, and the information contained herein is true, correct, and complete. I certify that I and my agents have currently in effect all necessary licenses, certifications, approvals, insurance, etc. required to properly provide the services and/or supplies for the OWCP in the state, county, locality, or jurisdiction where the services and/or supplies are provided. I will provide proof of such licenses, certifications, approvals, insurance, etc. upon the OWCP's request. I understand that any revocation, withdrawal, or non-renewal of necessary license, certification, approval, insurance, etc. required for me to properly provide services, shall be grounds for termination of enrollment/registration by the OWCP.



Submit Maintenance Request for Review

- Existing Group Practice Providers must read and select the checkbox next to the revised attestation verbiage to acknowledge their consent.

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 the services and/or supplies for the OWCP in the state, county, locality, or jurisdiction where the services and/or supplies are provided. I will provide proof of such licenses, certifications, approvals, insurance, etc. upon the OWCP's request. I understand that any revocation, withdrawal, or non-renewal of necessary license, certification, approval, insurance, etc. required for me to properly provide services, shall be grounds for termination of enrollment/registration by the OWCP.

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**, an additional **Step 10: Servicing Provider Information** will appear before **Step 11: Payment Details**.

1. 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

2. In the Associate **Servicing Provider List** window, select **Add**, enter the required information, and select **OK**. The new provider will then be added to the **Servicing Provider List**.

Close Add Reconsider Inactivate

Servicing Provider List

Filter By :

If the group or facility has more than 9 servicing providers,

SSN/FEIN	Provider Name
<input type="text"/>	<input type="text"/>

UnMask



Updating Servicing Provider Information (For Providers Enrolled As Group Providers)

- 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.

Close Add Reconsider **Inactivate**

Servicing Provider List

Filter By : [dropdown]

If the group or facility has more than 9 servicing providers,

SSN/FEIN	Provider Name
[red box]	[redacted]

UnMask

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

Close Add Reconsider Inactivate

Servicing Provider List

Filter By : [dropdown]

If the group or facility has more than 9 servicing providers,

SSN/FEIN	Provider Name
[red box]	[redacted]

UnMask



Updating Servicing Provider Information (For Providers Enrolled As Group Providers)

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

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

Close **Add** **Reconsider** **Inactivate**

Servicing Provider List

Filter By :

If the group or facility has more than 9 servicing providers,

SSN/FEIN	Provider Name
<input type="text"/>	<input type="text"/>

UnMask



Changing Profiles

Notes:

- Profiles can be switched at any point while you are in the Provider Portal. Select the **Profile** link in the menu bar near the top of the Provider Portal page to view the drop-down list for a list of profiles.
- By selecting the applicable profile from the drop-down list, the Provider Portal functions accessible to you, will be updated.

Profile: EXT Provider Bills Submitter ▼

EXT Provider Claims Payment Status
Checker

EXT Provider Eligibility Checker - Auth
Submitter

EXT Provider Eligibility Checker-Claims
Submitter

EXT Provider File Maintenance

EXT Provider Super User

EXT Provider System Administrator