Updating Provider Information: Table of Contents
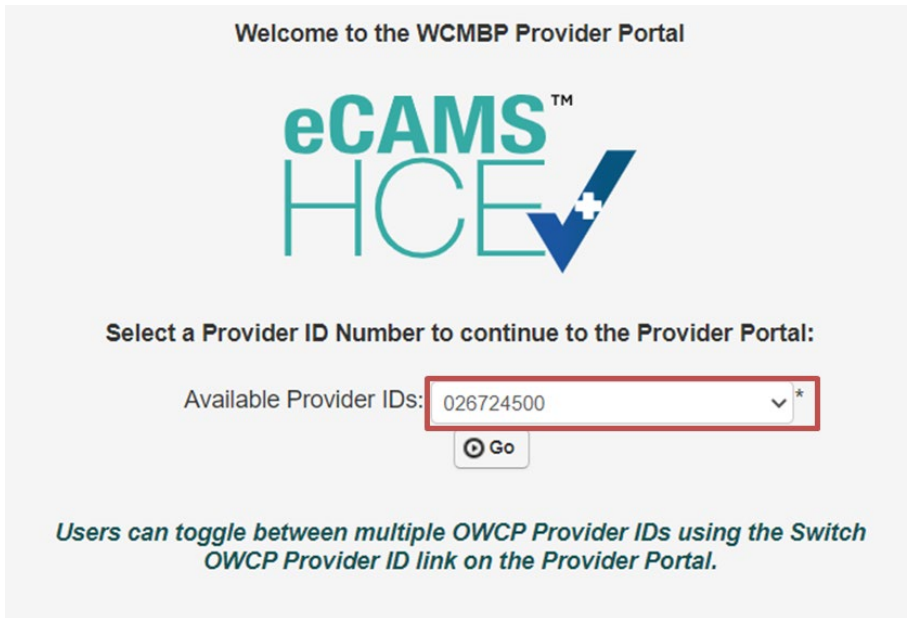
Note: This guide is intended for Providers with an existing Provider Portal account.

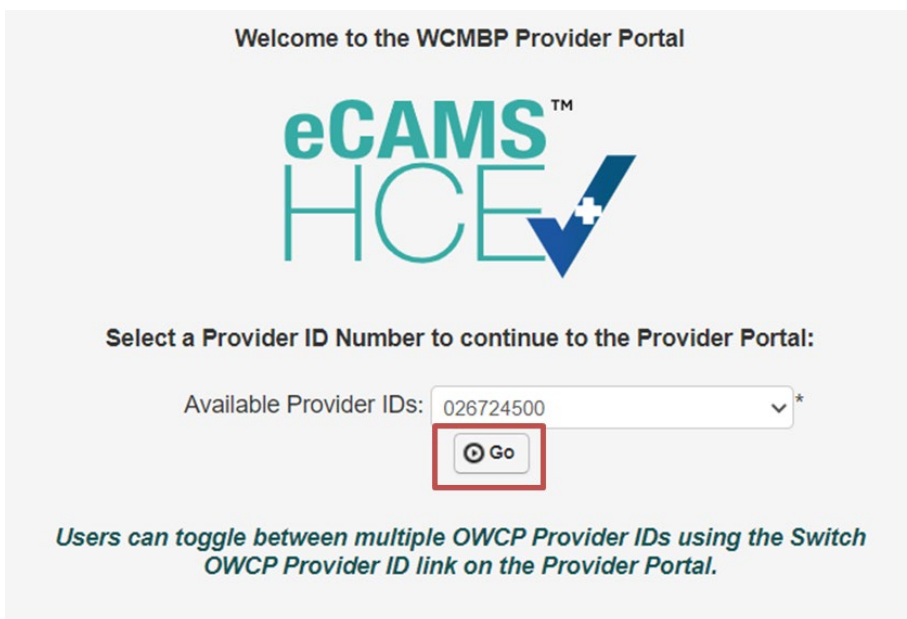## Selecting Provider ID and Profile

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

Welcome to the WCMBP Provider Portal

eCAMS™
HCE✔+

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

Available Provider IDs: 026724500 ⌄ *

⊙ Go

Users can toggle between multiple OWCP Provider IDs using the Switch OWCP Provider ID link on the Provider Portal.

2. Select **Go**.

Welcome to the WCMBP Provider Portal

eCAMS™
HCE✔+

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

Available Provider IDs: 026724500 ⌄ *

⊙ Go

Users can toggle between multiple OWCP Provider IDs using the Switch OWCP Provider ID link on the Provider Portal.
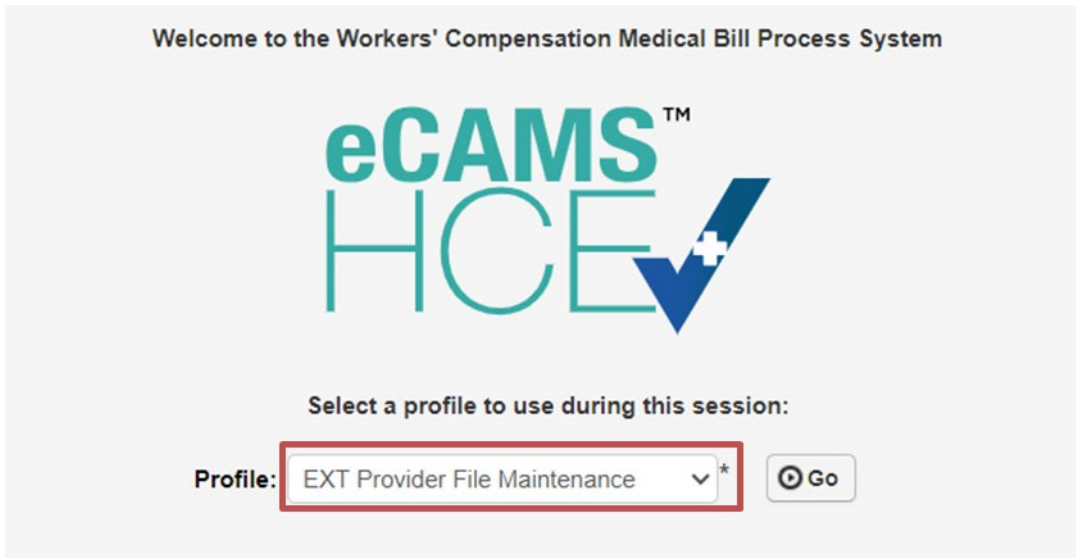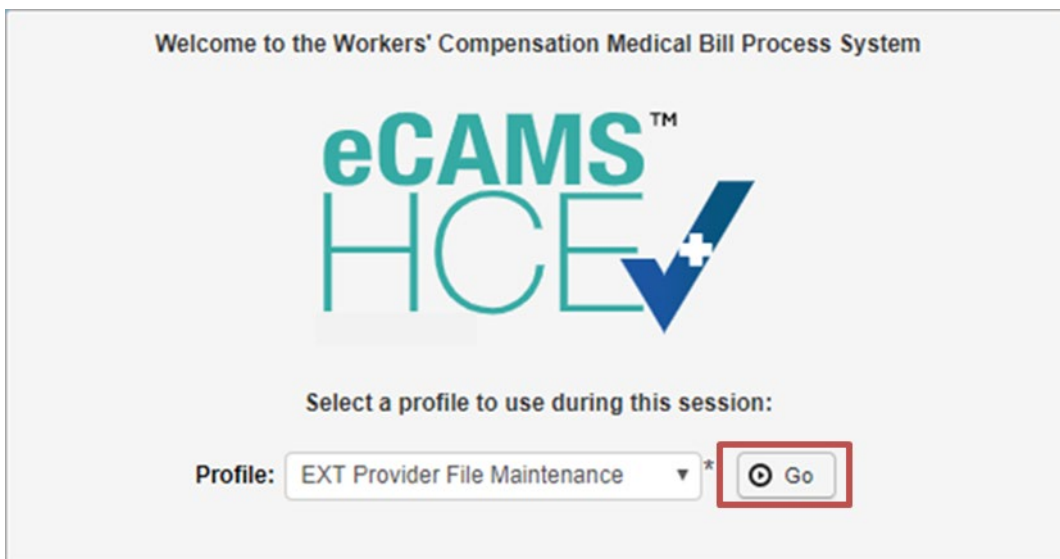
Selecting Provider ID and Profile

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.

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**.

Updating Location

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

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

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.

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

Updating Location

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

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

Updating Location

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

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

Updating Location

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

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

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.
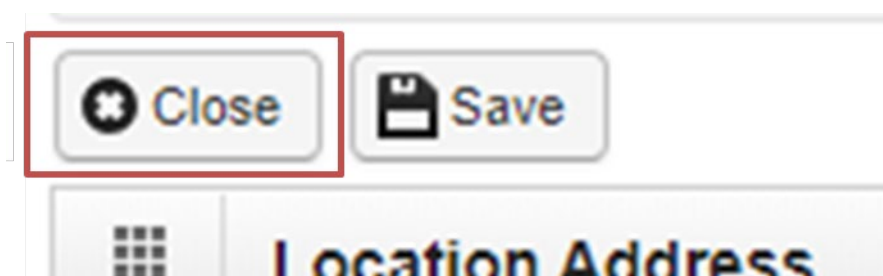
12. Select **Close** again on the **Provider Locations List** page as well.
Note: If this is the only step needing an update, proceed to the last step to **Submit Maintenance Request for Review**.
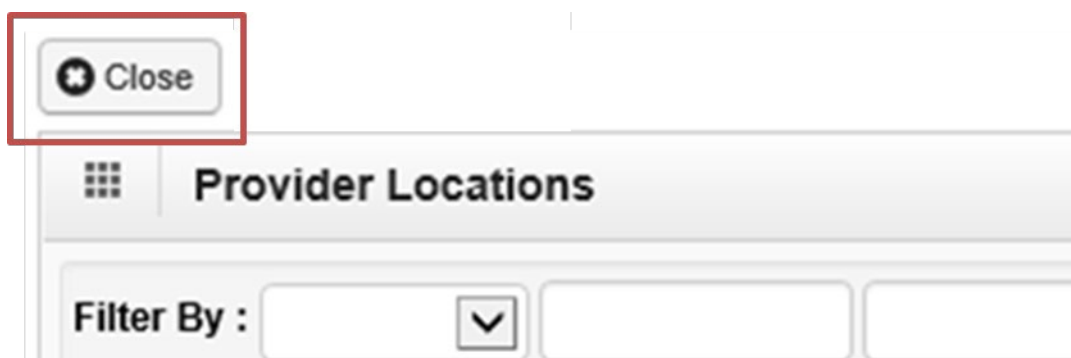
Updating Taxonomies

1. Select **Step 3: Taxonomies**.

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

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**.

Updating Ownership Details

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

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**.

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.

	Step ▲▼	Required ▲▼	Last Modifi...
☐	Step 1: Basic Information	Required	11/04/2024
☐	Step 2: Location	Required	12/07/2020
☐	Step 3: Taxonomies	Required	12/07/2020
☐	Step 4: Ownership Details	Optional	
☐	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 : [⌄] [ ]

	License Category ▲▼	License/Certification Number ▲▼
☐	Certification	FTEST01
☐	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.

Updating Licenses and Certifications

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

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.

Updating Licenses and Certifications

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 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**.

Updating Identifiers

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

	Step ▲▼	Required ▲▼	Last Modific
☐	Step 1: Basic Information	Required	11/04/2024
☐	Step 2: Location	Required	12/07/2020
☐	Step 3: Taxonomies	Required	12/07/2020
☐	Step 4: Ownership Details	Optional	
☐	Step 5: Professional Licenses and Certifications	Required	06/21/2023
☐	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.

⊗ Close	⊕ Add	➔ Required Credentials

⦂⦂⦂ **Provider Identifiers**

Filter By : [▼] [   ]
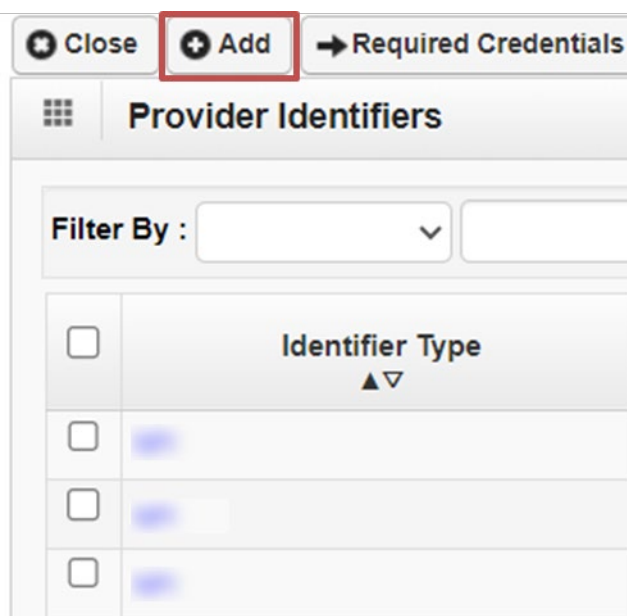
☐	Identifier Type ▲▽
☐	
☐	
☐	

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.

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**.

Updating EDI Submission Method

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

	Step ▲▼	Required ▲▼	Last Modific
☐	Step 1: Basic Information	Required	11/04/2024
☐	Step 2: Location	Required	12/07/2020
☐	Step 3: Taxonomies	Required	12/07/2020
☐	Step 4: Ownership Details	Optional	
☐	Step 5: Professional Licenses and Certifications	Required	06/21/2023
☐	Step 6: Identifiers	Optional	
☐	Step 7: EDI Submission Method	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.

✪ Close   ✪ Add

⠿ **EDI Submission Method**

Filter By : [▾] [   ] [   ] And [▾]

☐	EDI Submission Method △▼
☐	Web Batch, Billing Agent/Clearinghouse, FTP Secured Batch, Web Interactive

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.

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**.

Updating EDI Submitter Details

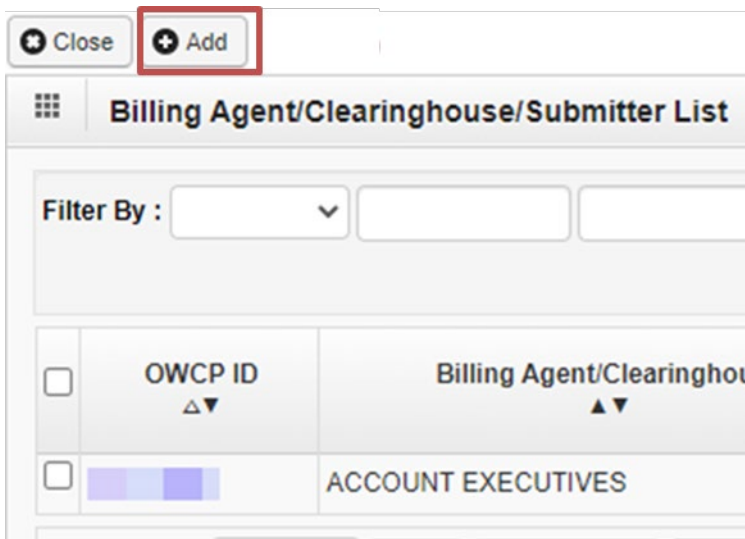1. Select **Step 8: EDI Submitter Details**.
Note: This step is marked as Required only if Billing Agent/Clearinghouse was selected as an EDI Submission Method in the EDI Submission Method step, otherwise it is marked as Optional.

	Step	
☐	Step 4: Ownership Details	Optional
☐	Step 5: Professional Licenses and Certifications	Required
☐	Step 6: Identifiers	Optional
☐	Step 7: EDI Submission Method	Optional
☐	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.
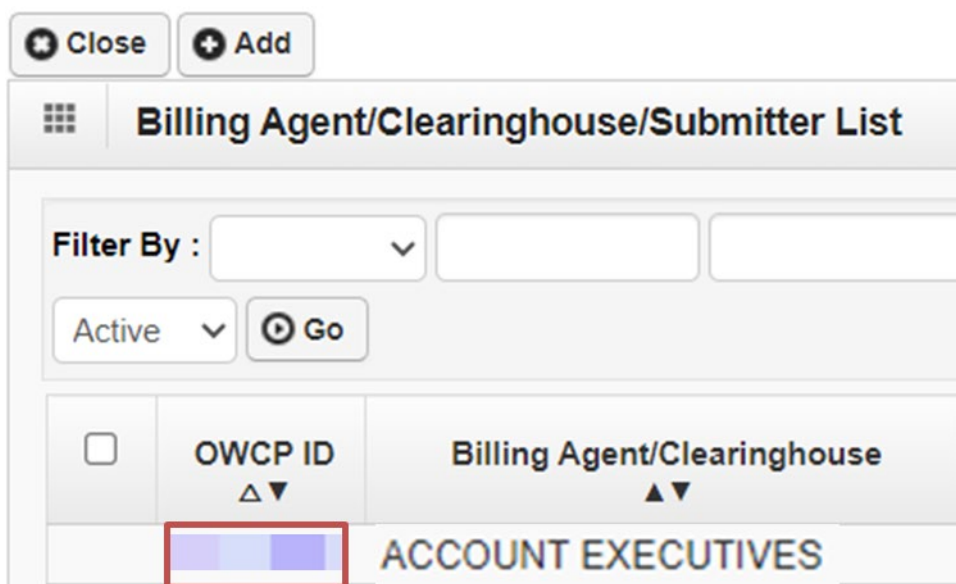**Note:** If this is the only step needing an update, proceed to the last step to **Submit Maintenance Request for Review**.

Updating EDI Submitter Details

3. 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.

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**.

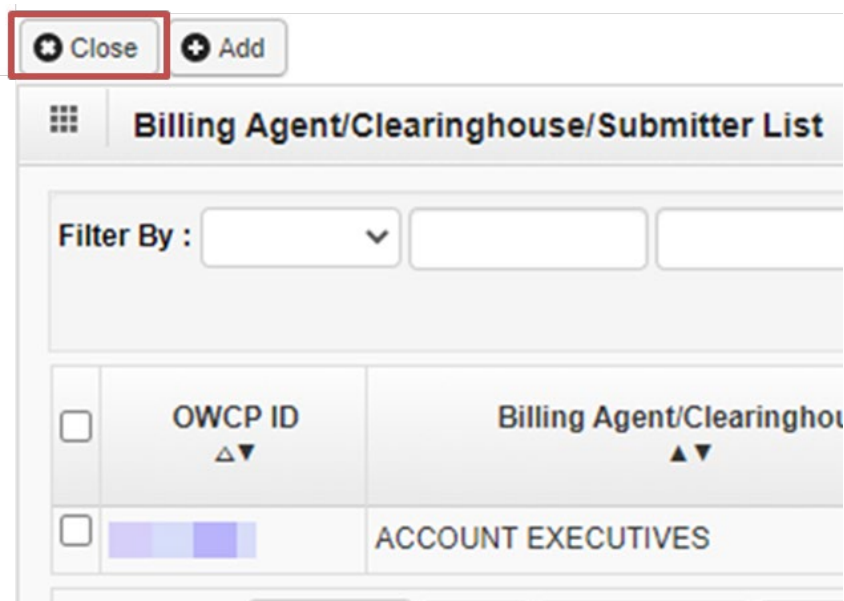## Updating EDI Contact Information

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.

	Step ▲▼	Required ▲▼	Last Modifie
☐	Step 1: Basic Information	Required	11/04/2024
☐	Step 2: Location	Required	12/07/2020
☐	Step 3: Taxonomies	Required	12/07/2020
☐	Step 4: Ownership Details	Optional	
☐	Step 5: Professional Licenses and Certifications	Required	06/21/2023
☐	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	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 :

	Contact Title ▲▼	Contact Name ▲▼
☐		ttt, llll

Updating EDI Contact Information

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

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**.

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.

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.

Updating Payment Details

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

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**.

Complete Provider Disclosure

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

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

Complete Provider Disclosure

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

Close   🖫 Save
⊞   **Provider Disclosure**
If you answer Yes to the first Disclosure question, provide details including type of action, Agency undertaking adverse action and date
Question
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**.

Close   🖫 Save
⊞   **Provider Disclosure**
If you answer Yes to the first Disclosure question, provide details including type of action, Agency undertaking adverse action and date
Question
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.

View/Upload Attachments

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

Step 7: EDI Submission Method	Optional		
Step 8: EDI Submitter Details	Optional		
Step 9: EDI Contact Information	Optional		
Step 10: Payment Details	Required	12/21/2	
Step 11: Complete Provider Disclosure	Required	12/21/2	
Step 12: View/Upload Attachments	Optional	12/21/2	

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

OWCP ID/NPI:

⊗ Close   ⊕ Upload Attachments   ➡ Required Credentials

Attachment List

Filter By : [▼] [   ] [   ] ⊙ Go

☐	Repository Key △▼	File Name ▲▼	

View/Upload Attachments

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

	Repository Key △▼	File Name ▲▼	Document Type ▲▼	
☐ Close	⊙ Upload Attachments	➡ Required Credentials		
▦ **Attachment List**				
Filter By :	☐▼			⊙ Go
☐				
☐	ATT723984379	licence_test.docx	Copy of License/Certification	11/05
View Page:	1	⊙ Go ➕ Page Count	🗒 SaveToCSV	Viewing Page: 1

4. Select **Close**.

	Repository Key △▼	File Name ▲▼	Document Type ▲▼	
☐ **Close**	⊙ Upload Attachments	➡ Required Credentials		
▦ **Attachment List**				
Filter By :	☐▼			⊙ Go
☐				
☐	ATT723984379	licence_test.docx	Copy of License/Certification	11/0
View Page:	1	⊙ Go ➕ Page Count	🗒 SaveToCSV	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.

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

Submit Maintenance Request for Review

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

4. Select **Submit Modification**.
Note: Additional modifications to the information are not allowed until after Acentra Health staff reviews the modification submission.

Submit Maintenance Request for Review

5. 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**.

☐ Step 9: EDI Contact Information	Required
☐ Step 10: Servicing Provider Information	Required
☐ 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
▢▢▢ 👁 UnMask	▢▢▢

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

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

4. 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.

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**.

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