Updating Provider Information: Table of Contents

In this quick reference guide, examples of steps are from a provider enrolled as a group, individual, or facility. Servicing Providers step is applicable to groups.

The ability to update provider information requires users be assigned one or more of the following profiles:

- **EXT Provider File Maintenance**
- **EXT Provider Super User**

Note: This quick reference guide (QRG) is intended for Providers with an existing Provider Portal account. Select a link above to be redirected to the steps required to update Provider information within the Provider Portal.

Selecting Provider ID and Profile

1. After logging into the WCMBP System portal with the applicable username and password, select the appropriate Provider ID from the **Available Provider IDs** drop-down list.

2. To continue to the Provider Portal, select **Go**.

Selecting Provider ID and Profile

3. Select the applicable profile from the **Profile** drop-down list:
- EXT Provider File Maintenance
- EXT Provider Super User

Note: If a Provider does not have access, they can contact the institution's administrator

4. Select **Go**.

Updating Information

To navigate to the **View/Update Provider Data** page, select the **Maintain Provider Information** link from the **View/Update Provider Data-Individual** page.

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 **Step 1: Basic Information**.

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

Note: If this is the only step requiring an update, the provider can proceed to the final step, Submitting Maintenance Request for Review. Otherwise, the provider proceeds to the next step.

Updating Location

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

2. To review the physical and mailing addresses, select the **Location Name**. The **Location Details** page opens.

Updating Location

3. On the **Location Details** page, verify the **Contact Last Name**, **Contact First Name**, and **Phone Number** fields.

4. To modify the Mailing or Physical address, select the hyperlink corresponding to the address type, which will allow updates to the address.

Updating Location

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

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

Updating Location

7. Once the system validates the address, select **OK** at the bottom right.

8. Review your information, then select **Save**.

Updating Location

9. Select **Close**.

Note: When the updated location is approved, the new entry will replace the previous location entry. This ensures that any modifications are reflected accurately in the system without removing historical data until approval.
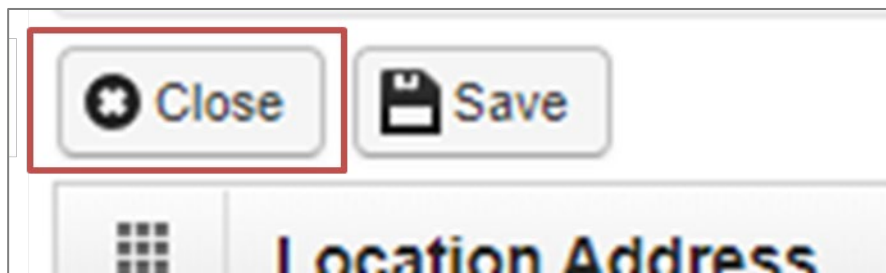
10. To exit, select **Close** at the top of the **Provider Locations List** page.

Note: If this is the only step requiring an update, the provider can proceed to the final step, Submitting Maintenance Request for Review. Otherwise, the provider proceeds to the next step.
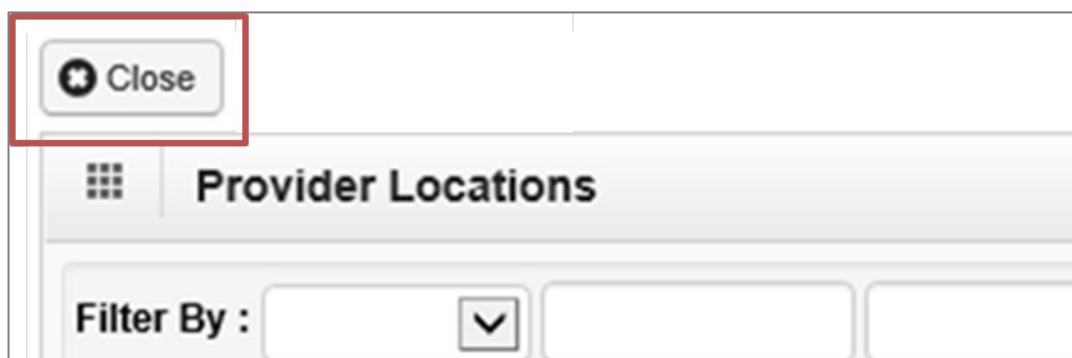
Updating Taxonomies

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

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

The provider can choose to add more taxonomies with the **Add** button, remove or modify an existing taxonomy with the **Update** button, or exit this page with the **Close** button. There is no limit to the number of taxonomies that can be added to an application.

Note: If this is the only step requiring an update, the provider can proceed to the final step, Submitting Maintenance Request for Review. Otherwise, the provider proceeds to the next step.

Updating Taxonomies

2. To add more taxonomies, select **Add**.

3. Select the taxonomy code and specialty from the **Taxonomy Code Type** and **Specialty** drop-down lists for the drop-down list of code types.

Updating Taxonomies

4. To update an existing taxonomy, select the taxonomy code the provider wishes to update then select **Update.**

Note: The **Update** button is located on the right side of the **Add** button.

Updating Taxonomies

The **Manage Taxonomy** page opens.

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

Note: If this is the only step requiring an update, the provider can proceed to the final step, Submitting Maintenance Request for Review. Otherwise, the provider proceeds to the next step.

Taxonomy Code	Taxonomy Type	Specialty/Subspecialty	Start Date	End Date	Status
	20-Allopathic & Osteopathic Physicians	7R-Internal Medicine/00000-Internal Medicine			Approved

Manage Taxonomy

View Page: 1   ⊙ Go   ＋ Page Count   Viewing Page: 1   ≪ First   ‹ Prev   › Next   ≫ Last

☒ SaveToCSV

✔ OK   ✖ Cancel

Updating Ownership Details

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

2. To add ownership details, select **Add**.

Updating Ownership Details

3. To update the Ownership List, select the **Owner ID** link and make the designated changes.

   Note: If this is the only step requiring an update, the provider can proceed to the final step, Submitting Maintenance Request for Review. Otherwise, the provider proceeds to the next step.

Updating Licenses and Certifications

1. Select **Step 5: Professional Licenses and Certifications** (based on enrollment type). The example used here reflects Individual Provider Enrollment.
- Individual providers will select "Step 5: Professional Licenses and Certifications."
- Facility, Agency, Organization, and Institution Provider will select "Step 5: Business Licenses and Certifications."

Note: Group Providers will select step 10 for updating professional license details for servicing providers.

	Step ▲▼	Required ▲▼	Last Modification Date	Last Review Date	Status	Modification Status	Step Remark
☐	Step 1: Basic Information	Required	07/07/2025	07/07/2025	Complete		
☐	Step 2: Location	Required	07/07/2025	07/07/2025	Complete		
☐	Step 3: Taxonomies	Required	07/07/2025	07/07/2025	Complete		
☐	Step 4: Ownership Details	Optional	07/07/2025	07/07/2025	Complete		
☐	Step 5: Professional Licenses and Certifications	Required	07/07/2025	07/07/2025	Complete		

Updating Licenses and Certifications

2. On the **License/Certification List** page, select the **License Category** field to display the link for License and Certification.

3. Select **Add** at the top of the **License/Certification List** page.

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

Updating Licenses and Certifications

4. Update the desired field(s) on the "**Manage <Business/Professional> License/Certification**" page.

Note: Fields with the "*" are required. Verify the content information is present and correct before proceeding.

[Close] [Save]

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: Approved

License/Certification Category
- ● 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

5. To save the license or certification information, select **Save** at the top of the section.

6. Select **Close**.

Updating Licenses and Certifications

Note: Should there be a need to add more licenses or certifications to the **Licenses/Certification List** page, refer to Steps 2-5 for each item mentioned to complete the update.

7. After updating the licenses and certifications, select **Close** at the top of the **Licenses/Certification List** page to return to the **View/Update Provider Data-Group Practice** page. There is not a limit to the number of licenses and certification that can be added to an application.

Note: If this is the only step requiring an update, the provider can proceed to the final step, Submitting Maintenance Request for Review. Otherwise, the provider proceeds to the next step.

Updating Identifiers

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

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

Updating Identifiers

3. Select the identifier type from the **Identifier Type** drop-down list and complete these steps.

OWCP ID/NPI:	Name:	Enrollment Type:

Add New Identifier

Identifier Type: ⬚*	Identifier Value: ⬚*
Start Date: ⬚ 📅 *	End Date: ⬚ 📅

✔ OK   ✖ Cancel

4. Enter the identifier value in the **Identifier Value** field.

OWCP ID/NPI:	Name:	Enrollment Type:

Add New Identifier

Identifier Type: ⬚ *	Identifier Value: ⬚*
Start Date: ⬚ 📅 *	End Date: ⬚ 📅

✔ OK   ✖ Cancel

Updating Identifiers

5. Enter or select the start and end dates in the **Start Date** and **End Date** fields.

6. Select **OK**.

Updating Identifiers

7. To update an identifier type, select the **Identifier Type** link.

	Close	Add	Required Credentials

Provider Identifiers

Filter By : [dropdown] [____] [____] And [dropdown] [____] [____] And Operational Status:

Active [dropdown] | Go | Clear Filter | Save Filter | My Filters ▾

	Identifier Type ▲▽	Identifier Value ▲▼	Start Date ▲▼	End Date ▲▼	Status ▲▼	Operational Status ▲▼	Inactivation Date ▲▼
☐	Provider Medicare Number						
☐							
☐							
☐							
☐							
☐							

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SaveToCSV

Updating Identifiers

8. Select **Save** and then **Close**.

Note: If updating more than one Identifier type, repeat step 3 for each.

Note: If this is the only step requiring an update, the provider can proceed to the final step, [Submitting Maintenance Request for Review](). Otherwise, the provider proceeds to the next step.

Updating EDI Submission Method

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

	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
☐	Step 6: Identifiers	Optional	
☐	Step 7: EDI Submission Method	Optional	

2. To add one or more EDI submission methods, select **Add**; or to update EDI submission methods, select the **EDI Submission Method** link.

Close   **Add**

EDI Submission Method

Filter By :

☐	EDI Submission Method △▼
☐	Web Interactive

Updating EDI Submission Method

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

4. After completing the updates, select **Close**.
Note: If this is the only step requiring an update, the provider can proceed to the final step, Submitting Maintenance Request for Review.

Updating EDI Submitter Details

The provider's billing agent or clearinghouse must first enroll with OWCP. The provider must obtain the billing agent or clearinghouse's OWCP ID to complete this section. If the provider is not yet enrolled, they can still complete their enrollment by temporarily choosing not to use a billing agent or clearinghouse. The provider can add this information later after they are enrolled with OWCP.

1. **Step 8: EDI Submitter Details** is only required to be completed if EDI Submission Method if Billing Agent/clearinghouse was selected in the previous 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

Updating EDI Submitter Details

2. The **Billing Agent/Clearinghouse/Submitter List** displays, select **Add**.

3. In the **Associate Billing Agent/Clearinghouse** page, enter the **OWCP ID** and **Start** and **End Dates**, then select **OK**.

Note: Instructions are included in the system for this step.

Note: If this is the only step requiring an update, the provider can proceed to the final step, Submitting Maintenance Request for Review. Otherwise, the provider proceeds to the next step.

Updating EDI Submitter Details

4. To update the EDI Submitter Details, select the **OWCP ID** link.

5. After making updates to the billing agent or clearinghouse submitter, select **Save** on the **Manage Billing Agent/Clearinghouse Association** page.

Updating EDI Submitter Details

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

Note: If this is the only step requiring an update, the provider can proceed to the final step, Submitting Maintenance Request for Review. Otherwise, the provider proceeds to the next step.

Updating EDI Contact Information

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

Note: Open the link for Step 9: EDI Contact Information, which is mandatory *if you opted for Web Batch or FTP Secured Batch* as the EDI Submission Method in the earlier 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**.

⊗ Close   ⊕ Add

EDI Contact Information List

Filter By :

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

Updating EDI Contact Information

3. When adding a contact, enter the required information in the **Add EDI Contact Information** section, then select **OK**.

Updating EDI Contact Information

4. On the **EDI Contact Information List** page, select **Contact Title** for a drop-down list to update this information, which is already on file, and select **Save**.

5. After saving the update, select **Close**.
Note: If this is the only step requiring an update, the provider can proceed to the final step, [Submitting Maintenance Request for Review](#). Otherwise, the provider proceeds to the next step.

Updating Payment Details

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

   Note: If you are enrolled as a **Group Provider**, one additional step, **Servicing Provider Information** is required before completing the **Payment Details** and the step number may be **Step 11**.

After selecting **Payment Details**, the **Payment Details** page will display.

2. To add payment details when there are no current payment details listed, select **Add** at the top of the page.

Updating Payment Details

3. On the **Payment Details** page, enter the **Requested Electronic Fund Transfer (EFT) Start Date** and **End Date**.

4. Complete the required **Financial Institution Information** section.

Updating Payment Details

5. Select **Close**.

Note: If this is the only step requiring an update, the provider can proceed to the final step, Submitting Maintenance Request for Review.

Updating Payment Details

6. To update the account information, select the link under the **Account Number** section.

7. On the **Payment Details** page, update the desired information and select **OK**.

Updating Payment Details

8. Select **Close**.

⊗ Close	⊕ Add

▦	**Payment Details**

Filter By :	▾			**And**	▾	

☐	**Account Number** ▲▽	**Account Type** ▲▼	**Bank Name** ▲▼
☐	*****1901	Checking	

Completing Provider Disclosure

1. Select **Step 11: Complete Provider Disclosure** link. The **Provider Disclosure** page opens.

2. On the lower right side of the **Provider Disclosure** page, update the answers to the two questions on the left and add comments if needed.

Completing Provider Disclosure

3. After completing the required information on the **Provider Disclosure** page, select **Save** at the top of the page.

| | 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.

Viewing and Uploading Attachments

1. If a license, certification, or any other correspondence is necessary for processing the modification, select **Step 12: View/Upload Attachments**. The **Attachment List** page opens to upload documentation.

2. To upload attachments, select **Upload Attachments** at the top of the page.

Viewing and Uploading Attachments

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

4. Select **Close** on the top left side of the page.

Submitting Maintenance Request for Review

Step 13: Submit Maintenance Request for Review is required for review when submitting updated information.

1. If needed, select **Step 13: Submit Maintenance Request for Review**. The **Final Modification Submission** page opens.

☐ 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	
☐ Step 13: Submit Maintenance Request for Review	Required		

2. Read the instructions on this page carefully and check the **First Name** and **Last Name** fields at the bottom to ensure they are correct and make changes if needed. The **Title** field is optional.

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:** 08/05/2025 13: 10: 23

Privacy Act Statement

Collection of this information by OWCP is necessary for its administration of the Federal Employees' Compensation Act, the Black Lung Benefits Act, the Longshore and Harbor Workers' Compensation Act and the Energy Employees Occupational Illness Compensation Program Act, and is authorized under 20 CFR 10.800, 20 CFR 30.700, 20 CFR 702.145, 20 CFR 725.714 and 33 USC 918(b). The information provided will be used to ensure accurate payment of medical and vocational rehabilitation provider bills and is protected by the Privacy Act of 1974, as amended (5 USC 552a) in accordance with the following systems of records: DOL/GOVT-1, DOL/OWCP-4 DOL/OWCP-9 and DOL/OWCP-11, published in the Federal Register, Vol. 81, page 25766, April 29, 2016, or as updated and republished. Completion and submission of this form is voluntary; however, failure to provide the information (including SSN or EIN) will result in substantially delayed payment of bills. This information will be furnished to OWCP and its data processing contractors, and may also be disclosed to other federal and state agencies in connection with the administration of other programs, to the Department of Justice for litigation purposes, and to medical and other provider review boards. Additional disclosures may be made through the routine uses for information contained in the reference systems of records.

Close   Submit Modification

Submitting Maintenance Request for Review

3. Select **Submit Modification** at the very bottom of the page.
Note: Acentra Health staff must first complete their review of this submitted modified content. Only after this step are additional modifications to the submitted information allowed.

and that payment of a claim by OWCP is conditioned upon the claim and the underlying
ons.

Last Name: [redacted] *

Signature Date: 01/27/2025 12:39:35

shore and Harbor Workers' Compensation Act and the Energy Employees Occupational Illness
ed will be used to ensure accurate payment of medical and vocational rehabilitation provider
OL/OWCP-9 and DOL/OWCP-11, published in the Federal Register, Vol. 81, page 25766, April 29,
ill result in substantially delayed payment of bills. This information will be furnished to OWCP
the Department of Justice for litigation purposes, and to medical and other provider review

Close   Submit Modification

Submitting Maintenance Request for Review

4. 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*)

For the Providers enrolled as Group Providers, an additional Step 10: Servicing Provider Information link will appear before Step 11: Payment Details.

1. Select **Step 10: Servicing Provider Information**. The **Servicing Provider List** page opens.

Step 9: EDI Contact Information	Required
Step 10: Servicing Provider Information	Required
Step 11: Payment Details	Required

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

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.

4. Select **Inactivate** at the top of the page.

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

5. To confirm, select **OK** on the confirmation window.

sit.wcmbp.com says

Do you want to Inactivate the selected record?

| OK | Cancel |
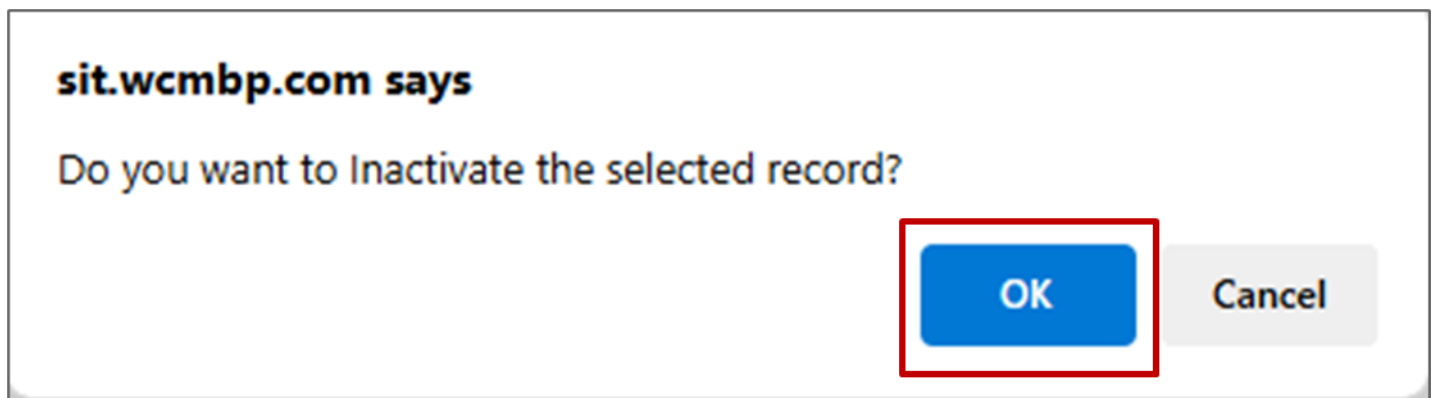
6. To update the respective servicing provider information, select the **SSN/FEIN** links.

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

7. When updates have been made to the selected servicing providers, select **Save** and return to the list of steps.

8. After saving the updated information, select **Close** at the top of the **Servicing Provider List** page.

Note: If these are the only updates needed, proceed to the required final step, [Submitting Maintenance Request for Review](#).

Changing Profiles

Notes:

- Profiles can be switched at any point while you are in the Provider Portal. Providers can 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 are accessible to a provider to 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