



Updating Provider Information: Table of Contents

This quick reference guide (QRG) provides examples of steps from a provider enrolled as a group, individual, or facility. The 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**

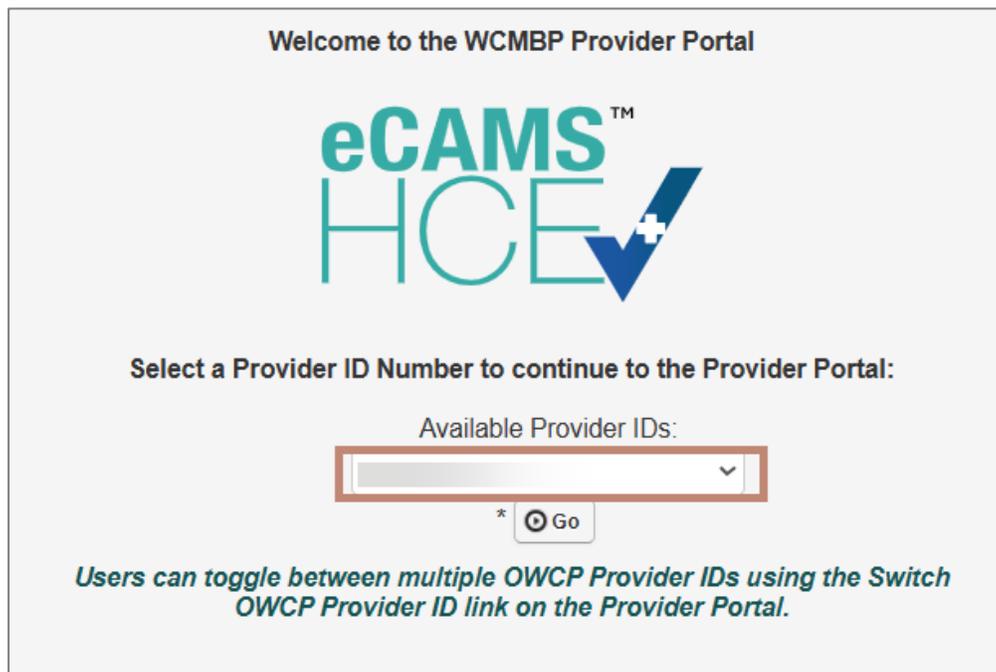
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Note: This QRG is intended for Providers with an existing Provider Portal account. To be redirected to the steps required to update Provider information within the Provider Portal, select a link above.

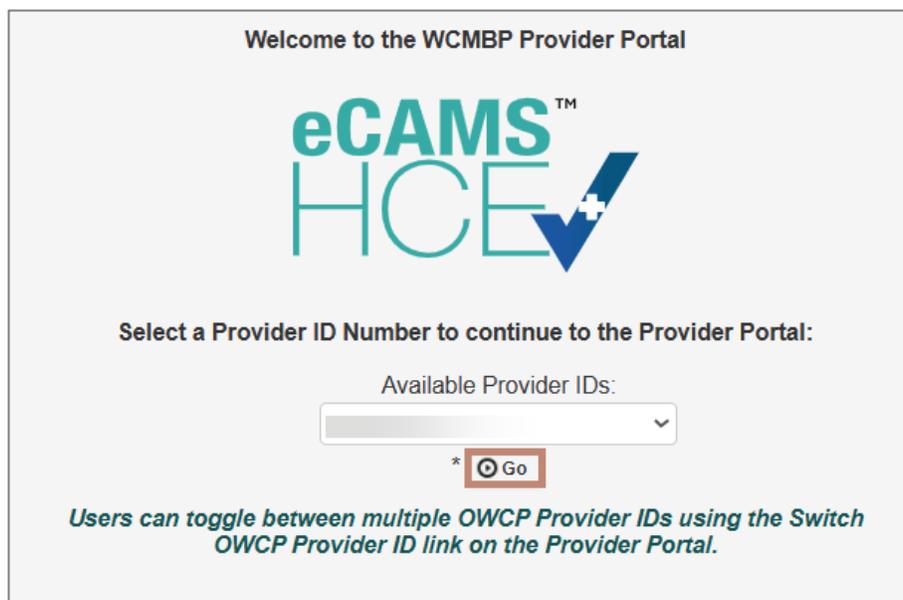


Selecting Provider ID and Profile

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.

Welcome to the Workers' Compensation Medical Bill Process System

eCAMSTM
HCE

Select a profile to use during this session:

Profile: EXT Provider File Maintenance *

4. Select **Go**.

Welcome to the Workers' Compensation Medical Bill Process System

eCAMSTM
HCE

Select a profile to use during this session:

Profile: EXT Provider File Maintenance *



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**.

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

2. Make any necessary updates to all 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 must proceed to the next step.

Basic Information

Provider Type: 25-Physician (MD) & Physician (DO) *

If you select "Other Provider" (96) or Non-Medical Vendor (53), please explain:
[Text Area]

Program: DFEC DCMWC DEEOIC
The OWCP programs for DFEC, DCMWC, and DEEOIC are preselected by default. If you prefer not to enroll in a specific program, deselect it by unchecking the corresponding box.

Last Name: [Text Field] **Middle Name:** [Text Field]

First Name: [Text Field] **SSN:** [Text Field]

National Provider Identifier: [Text Field] (NPI) **Email Address:** [Text Field] *

Entity Type: C Corporation *

I do not wish to be included in an online searchable list of OWCP providers.
Reason: [Text Field]

Finish Cancel



Updating Location

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

OWCP ID/NPI: [REDACTED]

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**. The **Location Details** page opens.

Provider Locations

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

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

Close Save

Location Details

Business Name: [] ND/*

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

Phone Number: []* Fax Number: []

Email Address: []f.com

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: 12/31/2022
Business Status: Active Business Status Start Date: 02/09/2022 Business Status End Date: 12/31/2022

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

Address List

Filter By: [] [] [] Go

<input type="checkbox"/>	Address Type ▲▼	Address ▲▼	Start Date ▲▼	End Date ▲▼	Status ▲▼
<input type="checkbox"/>	Mailing	[]	[]	12/31/2999	APPROVED
<input type="checkbox"/>	Physical	[]	[]	12/31/2999	APPROVED

View Page: 1 Go + Page Count SaveToCSV Viewing Page: 1 << First < Prev > Next >> Last



Updating Location

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

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, and Country, all of which are dropdown menus. The Zip Code field is a text input with a hyphen separator and a "Validate Address" button to its right. The Zip Code field is highlighted with a red border.

6. Select + **Validate Address**.

Note: If the address is valid, the **City/Town**, **State/Province**, **County**, and **Country** fields will auto-populate. If the address is invalid, an error will appear. The provider must attempt to reenter the address correctly.

This screenshot shows the same "Address details" form as above, but now the City/Town, State/Province, County, and Country fields are populated with data. The "Validate Address" button is highlighted with a red border.



Updating Location

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

The screenshot shows a dialog box titled "Address details". At the top left, there is a grid icon. Below the title bar, a message box says "Address validation successful". The form contains several input fields: "Address Line 1:" (with a red asterisk), "Address Line 2:" (with a red asterisk), "Address Line 3:", "City/Town:" (with a dropdown arrow and red asterisk), "State/Province:" (with a dropdown arrow and red asterisk), "County:" (with a dropdown arrow and red asterisk), "Country:" (with a dropdown arrow and red asterisk), and "Zip Code:" (with a red asterisk). A "Validate Address" button with a plus icon is located below the zip code fields. At the bottom right, there are "OK" and "Cancel" buttons, with the "OK" button highlighted by a red box.

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

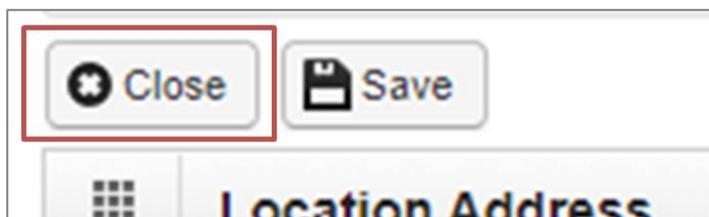
This is a close-up of the bottom right corner of the dialog box. It shows a "Close" button with a red asterisk icon and a "Save" button with a floppy disk icon. The "Save" button is highlighted with a red box. Below the buttons, there is a grid icon and the text "Location Address".



Updating Location

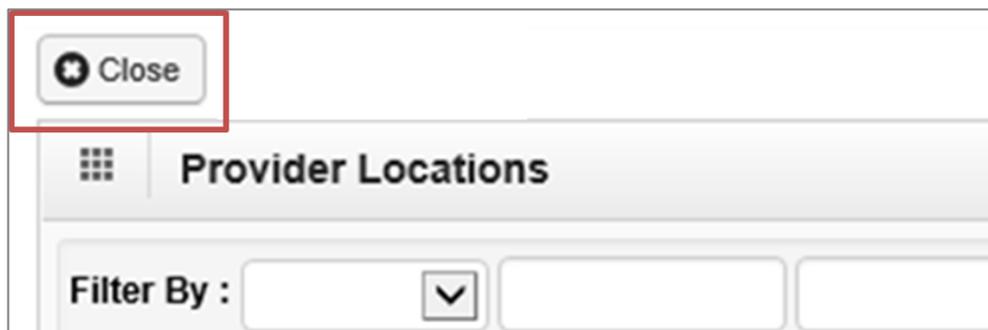
9. Select **Close**.

Note: Upon saving, the new entry replaces 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 must proceed 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.

<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

Refer to the following descriptions of the buttons available on the **Taxonomy List** page.

- **Add:** Providers can select to add more taxonomies.
- **Update:** Providers can select to modify an existing taxonomy.
- **Delete:** Providers can select to remove taxonomies.
- **Reload From NPPES:** Providers can select to populate the page with taxonomies associated with their NPI from the NPPES database.
- **Close:** Providers can select to exit this page.

Note: Providers can enter as many taxonomies as needed to an application.

<input type="checkbox"/>	Taxonomy Code ▲▼	Type ▲▼
<input type="checkbox"/>		10-Behavioral Health & Social Service Providers
<input type="checkbox"/>		10-Behavioral Health & Social Service Providers



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 list of code types.

OWCP ID/NPI: _____ Name: _____ Enrollment Type: _____

Select Taxonomy Code Type/Specialty

Taxonomy Code Type: [dropdown]

Specialty: 19-Group

Start Date: 20-Allopathic & Osteopathic Physicians

Add Taxonomy Code

Available Taxonomy Codes

Associated Taxonomy Codes *

»

«

OK Cancel



Updating Taxonomies

- To update an existing taxonomy, the provider selects the checkbox next to the taxonomy code they want to update, then they select **Update**.

Taxonomy List

Filter By : [] And []

And Operational Status: Active [Go] [Clear Filter] [Save Filter] [My Filters]

<input checked="" type="checkbox"/>	Taxonomy Code ▲▼	Type ▲▼	Specialty/Subspecialty ▲▼	Start Date ▲▼	End Date ▲▼	Operational Status ▲▼	Status ▲▼	Inactivation Date ▲▼	End Reason ▲▼
<input checked="" type="checkbox"/>	[]	20-Allopathic & Osteopathic Physicians	7R-Internal Medicine/00000-Internal Medicine	[]	[]	Active	Approved	[]	[]

View Page: 1 [Go] [Page Count] Viewing Page: 1 [First] [Prev] [Next] [Last]

[SaveToCSV]

Note: The **Update** button is located to the right of the **Delete** button.

[Close] [Add] [Delete] [Update] [Reload From NPPEs]



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 must proceed to the next step.

Manage Taxonomy

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

View Page: 1 Viewing Page: 1

SaveToCSV



Updating Licenses and Certifications

1. Proceed as applicable based on enrollment type:
 - **Individual Providers:** Select **Step 4: Professional Licenses and Certifications** and proceed to the next step.
 - **Facility, Agency, Organization, and Institutional Providers:** Proceed to [Updating Payment Details](#).

Note: The following example reflects Individual Provider Enrollment.

OWCP ID/NPI:

View/Update Provider Data - Individual

Business Process Wizard - Provider Data Modification (Individual). In order 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
<input type="checkbox"/>	Step 4: Professional Licenses and Certifications	Required



Updating Licenses and Certifications

- On the **License/Certification List** page, the provider selects a link from the **License Category** column they want to edit.

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

- Update the desired field or fields on the **Manage License/Certification** page.

Note: Fields marked with an asterisk are required. Verify the content information is present and correct before proceeding.

Name: *

License or Certification Type: *

Initial Issue Date: *

Issued State: *

Licence/Certification #: *

Expiration Date: *

Issuer Agency: *

Web Link: *



Updating Licenses and Certifications

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

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

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

Note: After saving, a message will appear indicating a copy of the license or certification must be uploaded in the **View/Upload Attachments** step.

5. Select **Close** to proceed.

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

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



Updating Licenses and Certifications

Note: To add more licenses, Select **Add**. This allows a provider to add a new license number and info. Repeat steps 4 and 5 after adding new information.

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

6. 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.

Note: Providers can enter as many licenses and certifications as needed 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 must proceed to the next step.

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



Updating Payment Details

1. Select **Step 5: Payment Details**.

Note: For providers enrolled as a **Group Provider**, one additional step, **Servicing Provider Information** is required before completing the **Payment Details** and the step number may be labeled as **Step 6**.

<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 type="checkbox"/>	Step 4: Professional Licenses and Certifications	Required
<input type="checkbox"/>	Step 5: Payment Details	Required

The **Payment Details** page displays.

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

Payment Details

Filter By : ▼ **And** ▼

<input type="checkbox"/>	Account Number ▲▼	Account Type ▲▼	Bank Name ▲▼
<input type="checkbox"/>	*****1901	Checking	[Redacted]



Updating Payment Details

3. On the **Payment Details** page, complete the **Requested EFT Start Date** and **End Date** fields.

The screenshot shows a web form titled "Payment Details". At the top, there are fields for "OWCP ID/NPI:" and "Name:". Below this, the "Payment Method" is set to "Electronic Funds Transfer(Direct Deposit)". The "Requested EFT Start Date:" and "End Date:" fields are highlighted with a red rectangular box. Below these fields, the "Status:" is "Approved". At the bottom of the form, there is a section for "Financial Institution Information" with a disclaimer: "This information is used for Automated Clearing House (ACH) payments with an addendum record that contains payment-related information. The information being collected required under the provision of 31 U.S.C. 3322 and 31 CFR 210. This information will be used by the Treasury Department to transmit payment data by electronic means to vendor's financial institution. Failure to provide the requested information may delay or prevent the receipt of payments through the Automated Clearinghouse Payment System."

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

The screenshot shows the "Financial Institution Information" form. It includes a disclaimer at the top: "This information is used for Automated Clearing House (ACH) payments with an addendum record that contains payment-related information. The information being collected required under the provision of 31 U.S.C. 3322 and 31 CFR 210. This information will be used by the Treasury Department to transmit payment data by electronic means to vendor's financial institution. Failure to provide the requested information may delay or prevent the receipt of payments through the Automated Clearinghouse Payment System." The form contains the following fields:

- Financial Institution Name: *
- Financial Institution ACH Coordinator Name:
- Depositor Account Number: *
- Type of Account: *
- Nine-Digit Routing Transit Number: *
- Phone Number:
- Depositor Account Title:
- Address Line 1: Address Line 2:
- Address Line 3:
- City/Town:
- State/Province: County:
- Country: Zip Code: - [Address]
- Signed by Representative: *
- Title of Representative:
- Representative Phone Number: *

At the bottom right, there are "OK" and "Cancel" buttons.



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](#).

OWCP ID/NPI: 412223518 / 1346573300

Payment Details

Filter By : And

<input type="checkbox"/>	Account Number ▲▼	Account Type ▲▼
<input type="checkbox"/>	*****9999	Checking
<input type="checkbox"/>	*****0000	Checking

View Page:



Updating Payment Details

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

Payment Details

Filter By : And

<input type="checkbox"/>	Account Number ▲▼	Account Type ▲▼	Bank Name ▲▼
<input type="checkbox"/>	*****1901	Checking	[REDACTED]

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

OWCP ID/INPI: [REDACTED] Name: [REDACTED] Enrollment Type: Group Practice

Payment Details

Payment Method: Electronic Funds Transfer(Direct Deposit)

Requested EFT Start Date: [REDACTED]

End Date: [REDACTED]

Status: Approved

Financial Institution Information

This information is used for Automated Clearing House (ACH) payments with an addendum record that contains payment-related information. The information being collected required under the provision of 31 U.S.C. 3322 and 31 CFR 210. This information will be used by the Treasury Department to transmit payment data by electronic means to vendor's financial institution. Failure to provide the requested information may delay or prevent the receipt of payments through the Automated Clearinghouse Payment System.

Financial Institution Name: [REDACTED] * Nine-Digit Routing Transit Number: [REDACTED] *

Financial Institution ACH Coordinator Name: [REDACTED] Phone Number: [REDACTED]

Depositor Account Number: [REDACTED] *

Type of Account: [REDACTED] ▼ Depositor Account Title: [REDACTED]

Address Line 1: [REDACTED] Address Line 2: [REDACTED]

Address Line 3: [REDACTED]

City/Town: [REDACTED]

State/Province: [REDACTED] County: [REDACTED]

Country: [REDACTED] Zip Code: [REDACTED] [Address]

Signed by Representative: * Representative Phone Number: [REDACTED] *

Title of Representative: [REDACTED]



Updating Payment Details

8. Select **Close**.



Payment Details

Filter By :

And

<input type="checkbox"/>	Account Number ▲▼	Account Type ▲▼	Bank Name ▲▼
<input type="checkbox"/>	*****1901	Checking	[REDACTED]



Completing Provider Disclosure

1. Select **Step 6: Complete Provider Disclosure**. The **Provider Disclosure** page opens.

<input type="checkbox"/>	Step 3: Taxonomies	Required
<input type="checkbox"/>	Step 4: Professional Licenses and Certifications	Required
<input type="checkbox"/>	Step 5: Payment Details	Required
<input type="checkbox"/>	Step 6: Complete Provider Disclosure	Required

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.

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 <input type="button" value="v"/> *	<input type="text"/>
	No <input type="button" value="v"/> *	<input type="text"/>

View Page: Viewing Page: 1



Completing Provider Disclosure

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

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 box. Below the buttons is a header 'Provider Disclosure' with a grid icon to its left. The main content area contains a question: '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 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?'. Below the question is a note: '(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**

The screenshot shows the top of the 'Provider Disclosure' form. At the top left, there are two buttons: 'Close' and 'Save'. The 'Close' button is highlighted with a red box. Below the buttons is a header 'Provider Disclosure' with a grid icon to its left. The main content area contains a question: '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 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?'. Below the question is a note: '(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 7: View/Upload Attachments**. The **Attachment List** page opens to upload documentation.

<input type="checkbox"/>	Step 4: Professional Licenses and Certifications	Required
<input type="checkbox"/>	Step 5: Payment Details	Required
<input type="checkbox"/>	Step 6: Complete Provider Disclosure	Required
<input type="checkbox"/>	Step 7: View/Upload Attachments	Optional

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

Close Upload Attachments Required Credentials

Attachment List

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

<input type="checkbox"/>	Repository Key ▲▼
<input type="checkbox"/>	[blurred]

View Page: 1 Go + Page Count SaveToCSV



Viewing and Uploading Attachments

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

The screenshot shows the 'Attachment List' interface. At the top, there are three buttons: 'Close' (highlighted with a red box), 'Upload Attachments', and 'Required Credentials'. Below these is a 'Filter By' section with a dropdown menu, two input fields, and a 'Go' button. The main area is a table with columns: 'Repository Key', 'File Name', 'Document Type', and a date column. The first row contains a checkbox, the link 'ATT723984379' (highlighted with a red box), 'licence_test.docx', 'Copy of License/Certification', and '11/05'. At the bottom, there are buttons for 'View Page: 1', 'Go', '+ Page Count', 'SaveToCSV', and 'Viewing Page: 1'.

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

This screenshot is identical to the one above, showing the 'Attachment List' interface. The 'Close' button at the top left is highlighted with a red box, indicating the next step in the process.



Updating Identifiers

1. Select **Step 8: Identifiers**.

<input type="checkbox"/>	Step 4: Professional Licenses and Certifications	Required	10/13/2020
<input type="checkbox"/>	Step 5: Payment Details	Required	05/12/2020
<input type="checkbox"/>	Step 6: Complete Provider Disclosure	Required	05/08/2020
<input type="checkbox"/>	Step 7: View/Upload Attachments	Optional	05/18/2020
<input type="checkbox"/>	Step 8: Identifiers	Optional	

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

The screenshot shows a web interface for managing provider identifiers. At the top, there are three buttons: 'Close', 'Add', and 'Required Credentials'. The 'Add' button is highlighted with a red box. Below these buttons is a section titled 'Provider Identifiers' with a grid icon on the left. Underneath is a 'Filter By' dropdown menu. The main area contains a table with a header row 'Identifier Type' and a dropdown arrow. Below the header are three rows, each with a checkbox and a blurred text field.



Updating Identifiers

3. Select the identifier type from the **Identifier Type** drop-down list.

The screenshot shows a web form titled "Add New Identifier" with a header bar containing "OWCP ID/NPI:", "Name:", and "Enrollment Type:". The form contains four input fields: "Identifier Type:" (a drop-down menu), "Identifier Value:" (a text box), "Start Date:" (a date picker), and "End Date:" (a date picker). The "Identifier Type:" field is highlighted with a red rectangular box. At the bottom right, there are "OK" and "Cancel" buttons.

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

The screenshot shows the same "Add New Identifier" form as above. In this step, the "Identifier Value:" text box is highlighted with a red rectangular box, indicating where the user should enter the identifier value. The "Identifier Type:" field is no longer highlighted. The "OK" and "Cancel" buttons remain at the bottom right.



Updating Identifiers

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

The screenshot shows a web form titled "Add New Identifier" with a header bar containing "OWCP ID/NPI:", "Name:", and "Enrollment Type:". Below the header, there are four input fields: "Identifier Type:" (a dropdown menu), "Identifier Value:" (a text box), "Start Date:" (a date picker), and "End Date:" (a date picker). The "Start Date:" and "End Date:" fields are highlighted with red rectangular boxes. At the bottom right of the form, there are "OK" and "Cancel" buttons.

6. Select **OK**.

This screenshot is identical to the previous one, showing the "Add New Identifier" form. In this view, the "OK" button at the bottom right is highlighted with a red rectangular box, indicating the final step of the process.



Updating Identifiers

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

<input type="checkbox"/>	Identifier Type ▲▼	Identifier Value ▲▼	Start Date ▲▼	End Date ▲▼	Status ▲▼	Operational Status ▲▼	Inactivation Date ▲▼
<input type="checkbox"/>	Provider Medicare Number						
<input type="checkbox"/>							
<input type="checkbox"/>							
<input type="checkbox"/>							
<input type="checkbox"/>							

8. Update the desired field or fields on the **Manage Identifier** page.

IdentifierType: Provider Medicare Number

Status: Approved

Start Date: 01/01/1964 *



Updating Identifiers

9. Select **Save** and then **Close**.

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

The screenshot shows a web form titled "Manage Identifier". At the top, there are two input fields: "OWCP ID/NPI:" and "Name:". Below these fields are two buttons: "Close" and "Save". The "Save" button is highlighted with a red rectangular box. Below the buttons is a section with a grid icon and the title "Manage Identifier". Underneath, the form displays the following information: "IdentifierType: Provider Medicare Number", "Status: Approved", and "Start Date:" followed by a date input field with a calendar icon and an asterisk.

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 must proceed to the next step.



Updating the EDI Submission Method

1. Select **Step 9: EDI Submission Method**.

<input type="checkbox"/>	Step 4: Professional Licenses and Certifications	Required
<input type="checkbox"/>	Step 5: Payment Details	Required
<input type="checkbox"/>	Step 6: Complete Provider Disclosure	Required
<input type="checkbox"/>	Step 7: View/Upload Attachments	Optional
<input type="checkbox"/>	Step 8: Identifiers	Optional
<input type="checkbox"/>	Step 9: 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.

The screenshot shows a user interface for managing EDI Submission Methods. At the top, there are two buttons: 'Close' and 'Add'. The 'Add' button is highlighted with a red box. Below the buttons is a header section with a grid icon and the text 'EDI Submission Method'. Underneath is a 'Filter By' section with a dropdown menu and two input fields. The main content area shows a list of submission methods. The first item is 'EDI Submission Method' with a checkbox and a dropdown arrow. The second item is 'Web Interactive' with a checkbox and is highlighted with a red box.



Updating the EDI Submission Method

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

The screenshot shows a web interface for updating EDI submission methods. At the top, there are two buttons: 'Close' (with a circular arrow icon) and 'Add' (with a plus icon). Below these is a header section with a grid icon and the text 'EDI Submission Method'. Underneath is a 'Filter By' section with a dropdown menu and two empty 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', and a red rectangular box highlighting the text.

- 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](#).

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



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.

Note: This step is only required to be completed **if the provider selected EDI Submission Method as Billing Agent/Clearinghouse** in the previous step.

1. Select **Step 10: EDI Submitter Details**.

<input type="checkbox"/>	Step 6: Complete Provider Disclosure	Required
<input type="checkbox"/>	Step 7: View/Upload Attachments	Optional
<input type="checkbox"/>	Step 8: Identifiers	Optional
<input type="checkbox"/>	Step 9: EDI Submission Method	Optional
<input type="checkbox"/>	Step 10: EDI Submitter Details	Optional



Updating EDI Submitter Details

The **Billing Agent/Clearinghouse/Submitter List** displays.

2. Select **Add**.

The screenshot shows a window titled "Billing Agent/Clearinghouse/Submitter List". At the top left, there are "Close" and "Add" buttons. The "Add" button is highlighted with a red box. Below the title bar, there is a "Filter By:" section with two dropdown menus and an "And" connector. Below the filter section is a table with two columns: "OWCP ID" and "Billing Agent/Clearinghouse". The "OWCP ID" column has a small square checkbox and a triangle icon. The "Billing Agent/Clearinghouse" column has a triangle icon.

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 must proceed to the next step.

The screenshot shows a window titled "Associate Billing Agent/Clearinghouse". It contains three bullet points of instructions. Below the instructions are three input fields: "Billing Agent/Clearinghouse OWCP ID:", "Start Date:", and "End Date:". Each input field is highlighted with a red box. Below the input fields is a "Status:" label with the text "In Review". At the bottom right, there are "OK" and "Cancel" buttons.



Updating EDI Submitter Details

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

Close Add

Billing Agent/Clearinghouse/Submitter List

Filter By : [] And []

And Operational Status: Active [Go] [Clear Filter] [Save Filter] [My Filters]

<input type="checkbox"/>	OWCP ID ▲▼	Billing Agent/Clearinghouse ▲▼	Operational Status ▲▼	Start Date ▲▼	End Date ▲▼	Status ▲▼	Inactivation Date ▲▼
<input type="checkbox"/>	[Link]	[Redacted]	Active	[Redacted]	[Redacted]	In Review	

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[SaveToCSV]

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

Close **Save**

Manage Billing Agent/Clearinghouse Association

- Your Billing Agent/Clearinghouse must be enrolled with OWCP first.
- Please obtain the Billing Agent/Clearinghouse's OWCP ID to complete this section.
- If the Billing Agent/Clearinghouse OWCP provider ID is not available at the time of completing your application, please return to the previous step to select None/Paper. This information can be updated after you are enrolled as an active OWCP provider.

Billing Agent/Clearinghouse OWCP ID: [Redacted]

Start Date: [Redacted] * **End Date:** [Redacted]

Status: In Review



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 must proceed to the next step.

Close **Save**

Manage Billing Agent/Clearinghouse Association

- Your Billing Agent/Clearinghouse must be enrolled with OWCP first
- Please obtain the Billing Agent/Clearinghouse's OWCP ID to complete
- If the Billing Agent/Clearinghouse OWCP provider ID is not available, this information can be updated after you are enrolled as an active OWCP provider

Billing Agent/Clearinghouse OWCP ID:

Start Date: *

Status:



Updating EDI Contact Information

1. Select **Step 11: EDI Contact Information**.

Note: Open the link for Step 11: EDI Contact Information, which is mandatory *if provider opted for Web Batch or FTP Secured Batch* as the EDI Submission Method in the earlier step.

<input type="checkbox"/>	Step 5: Payment Details	Required
<input type="checkbox"/>	Step 6: Complete Provider Disclosure	Required
<input type="checkbox"/>	Step 7: View/Upload Attachments	Optional
<input type="checkbox"/>	Step 8: Identifiers	Optional
<input type="checkbox"/>	Step 9: EDI Submission Method	Optional
<input type="checkbox"/>	Step 10: EDI Submitter Details	Optional
<input type="checkbox"/>	Step 11: EDI Contact Information	Optional

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

Close Add

EDI Contact Information List

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

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



Updating EDI Contact Information

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

The screenshot shows a web form titled "Add EDI Contact Information". The form contains the following fields:

- Contact Title: *
- Last Name: *
- Phone Number: *
- Email Address:
- Start Date: *
- First Name: *
- Fax Number:
- End Date:
- Address Line 1: *
- Address Line 2:
- Address Line 3:
- City/Town: *
- State/Province: *
- County: *
- Country: *
- Zip Code: -

At the bottom right of the form are two buttons: **OK** and **Cancel**.



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 must proceed to the next step.



Updating Ownership Details

1. Select **Step 12: Ownership Details**

<input type="checkbox"/>	Step 8: Identifiers	Optional
<input type="checkbox"/>	Step 9: EDI Submission Method	Optional
<input type="checkbox"/>	Step 10: EDI Submitter Details	Optional
<input type="checkbox"/>	Step 11: EDI Contact Information	Optional
<input type="checkbox"/>	Step 12: Ownership Details	Optional

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

Close Add

Ownership List (Optional)

Filter By : [dropdown]

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



Updating Ownership Details

- 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 must proceed to the next step.

The screenshot shows a modal window titled "Ownership List (Optional)". At the top left are "Close" and "Add" buttons. Below the title is a "Filter By:" label followed by a dropdown menu. The main content area is a table with a header row containing a checkbox and the text "Owner ID" with a small triangle icon below it. A red box highlights the first row of the table, which contains a checkbox and a blue bar representing data.



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.

<input type="checkbox"/>	Step 9: EDI Submission Method	Optional
<input type="checkbox"/>	Step 10: EDI Submitter Details	Optional
<input type="checkbox"/>	Step 11: EDI Contact Information	Optional
<input type="checkbox"/>	Step 12: Ownership Details	Optional
<input type="checkbox"/>	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



Submitting Maintenance Request for Review

3. Select **Submit Modification** at the 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:

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
L/OWCP-9 and DOL/OWCP-11, published in the Federal Register, Vol. 81, page 25766, April 29,
will 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

- 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 4: Servicing Provider Information link will appear before Step 5: Payment Details.

1. Select **Step 4: Servicing Provider Information**. The **Servicing Provider List** page opens.

<input type="checkbox"/>	Step 3: Taxonomies	Required
<input type="checkbox"/>	Step 4: Servicing Provider Information	Required
<input type="checkbox"/>	Step 5: Payment Details	Required
<input type="checkbox"/>	Step 6: Complete Provider Disclosure	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**.

	SSN/FEIN	Provider Name	NPI
<input type="checkbox"/>	[Redacted]	[Redacted]	[Redacted]
<input type="checkbox"/>	[Redacted]	[Redacted]	[Redacted]



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

- To deactivate a servicing provider, select the checkbox next to the **SSN/FEIN** link.

The screenshot shows the 'Servicing Provider List' interface. At the top, there are four buttons: 'Close', 'Add', 'Reconsider', and 'Inactivate'. Below the buttons is a filter section with 'Filter By :', two input fields, and an 'And' button. A note states: 'If the group or facility has more than 9 servicing providers, the group/facility itself is resp...'. The main table has two columns: 'SSN/FEIN' and 'Provider Name'. The first row in the table has a checkbox selected, which is highlighted with a red box. Each row also has an 'UnMask' button.

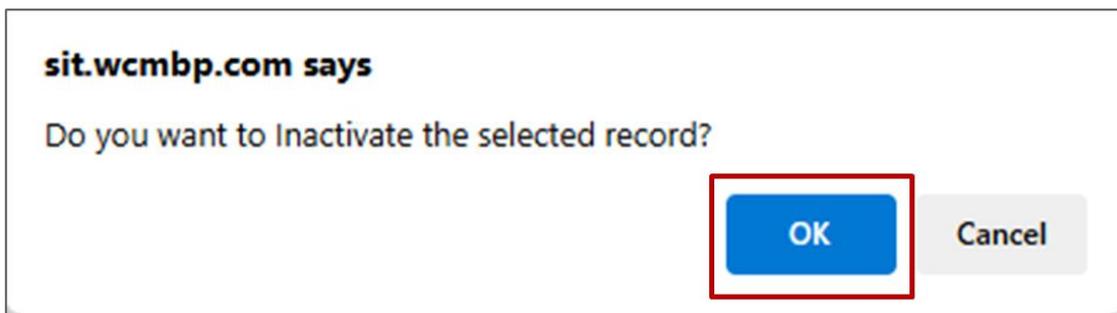
- Select **Inactivate** at the top of the page.

This screenshot is identical to the previous one, but the 'Inactivate' button at the top is highlighted with a red box, indicating the next step in the process.



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

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



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

Close Add Reconsider Inactivate

Servicing Provider List

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

Active [Go] [Clear Filter] [Save Filter] [My Filters]

If the group or facility has more than 9 servicing providers, the group/facility itself is responsible for validating its providers' individual licenses.

<input type="checkbox"/>	SSN/FEIN ▲▼	Provider Name ▲▼	NPI ▲▼	Provider Type ▲▼	Business Status ▲▼	Business Status Effective Date ▲▼	Status ▲▼	Operational Status ▲▼	Inactivation Date ▲▼
<input type="checkbox"/>	UnMask	[Blurred]	[Blurred]	30 - Advanced Registered Nurse Practitioner (ARNP)	Inactivate servicing providers	02/03/2023	In Review	Active	
<input type="checkbox"/>	UnMask	[Blurred]	[Blurred]	30 - Advanced Registered Nurse Practitioner (ARNP)			In Review	Active	

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

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

Close **Save**

Manage Servicing Provider Association

Status: Approved

Last Name: Middle Name:

First Name: SSN:

Provider Type: * National Provider Identifier (NPI):

Taxonomy:

- 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](#).

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"/>



Changing Profiles

Notes:

- Profiles can be switched at any point while 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.

