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.

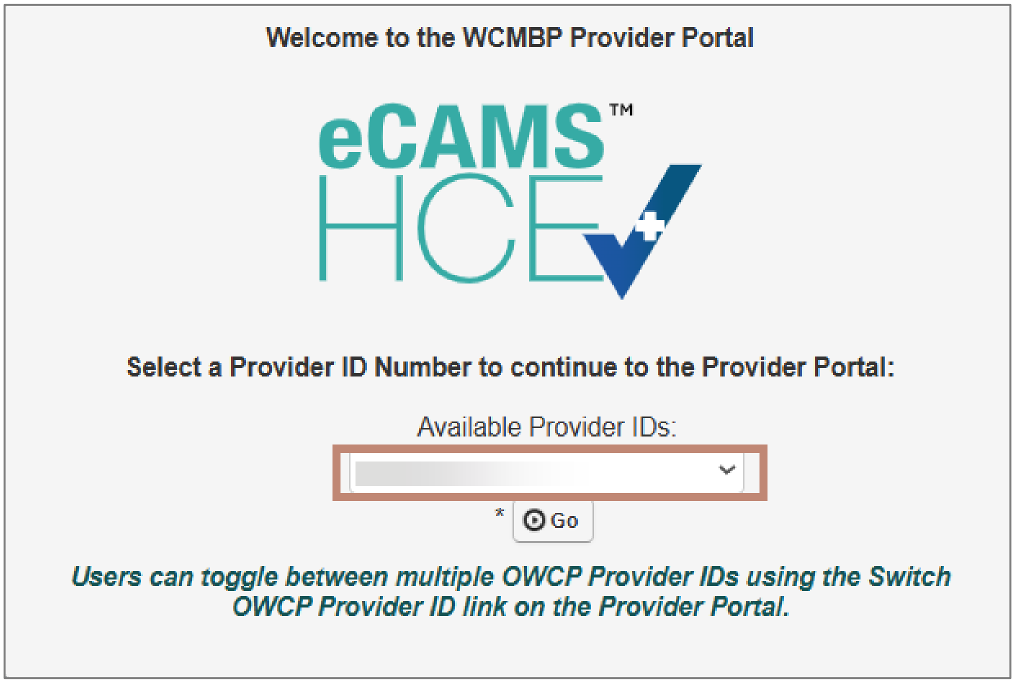
The ability to update provider information requires users be assigned one or more of the following profiles:

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

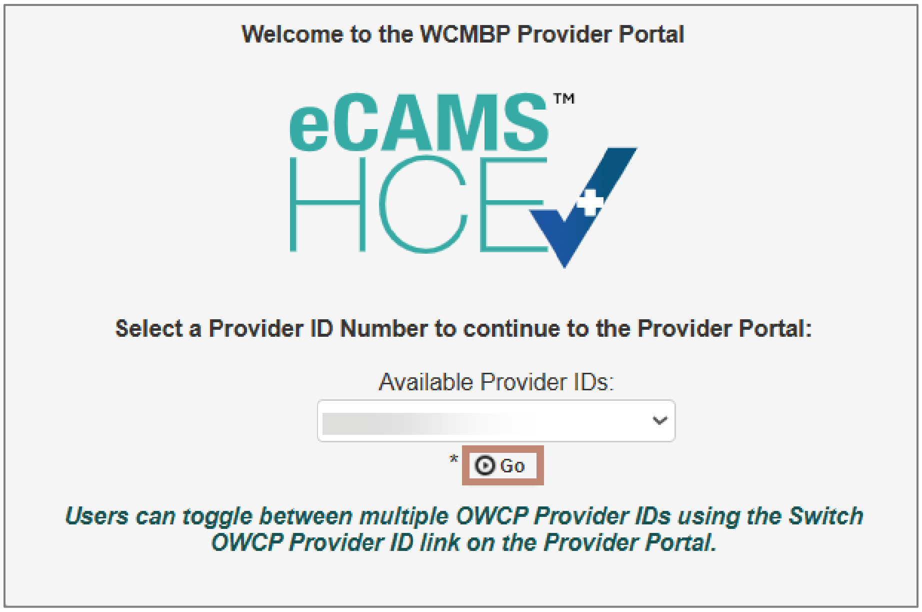
Note: This QRG is intended for Providers with an existing Provider Portal account. To be redirected to the steps required to update Provider information within the Provider Portal, select a link above.

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**.

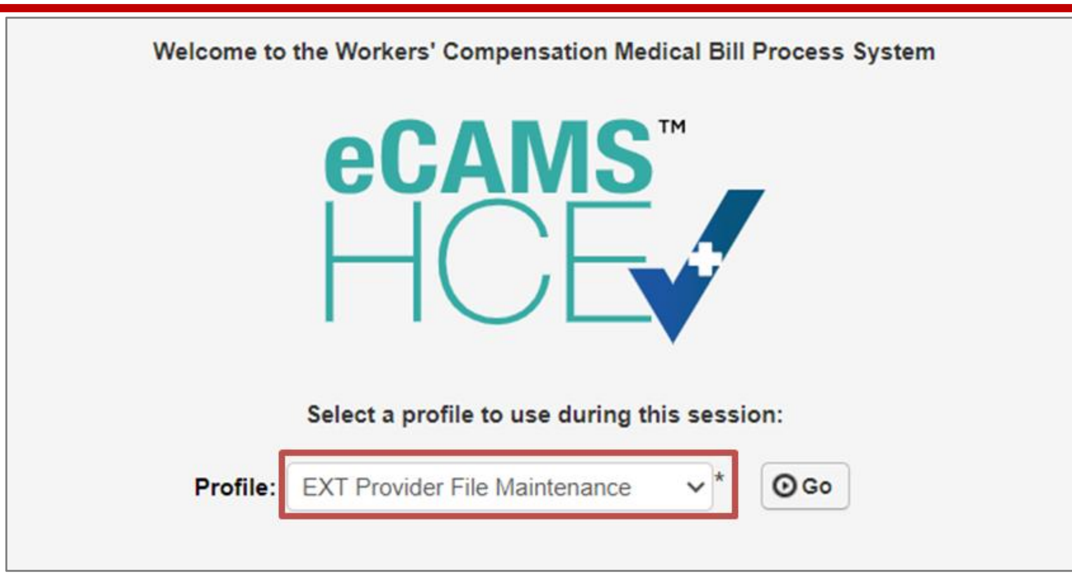


Selecting Provider ID and Profile

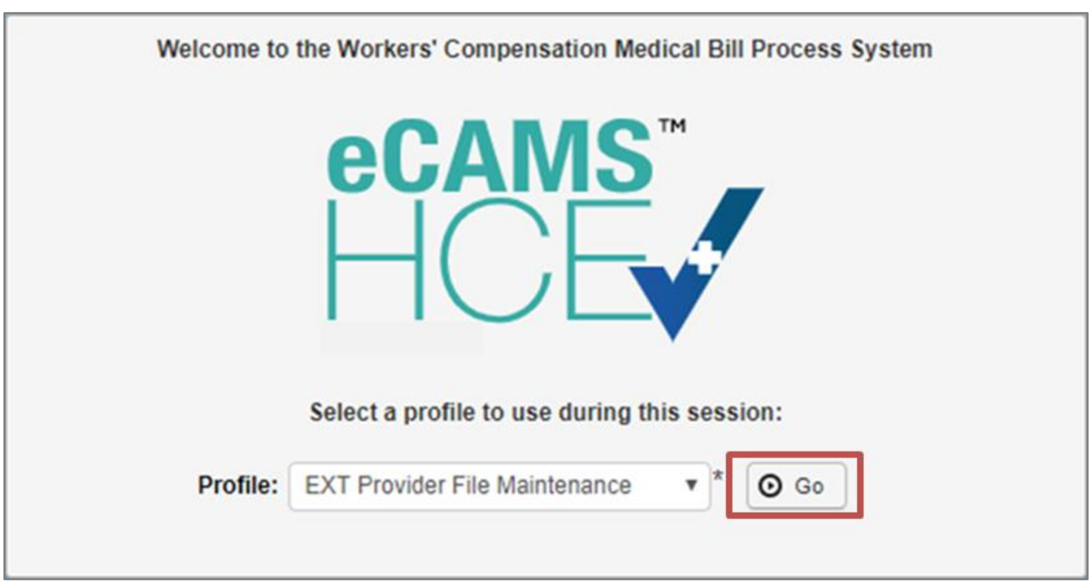
3. Select the applicable profile from the **Profile** drop-down list:

- EXT Provider File Maintenance
- EXT Provider Super User

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

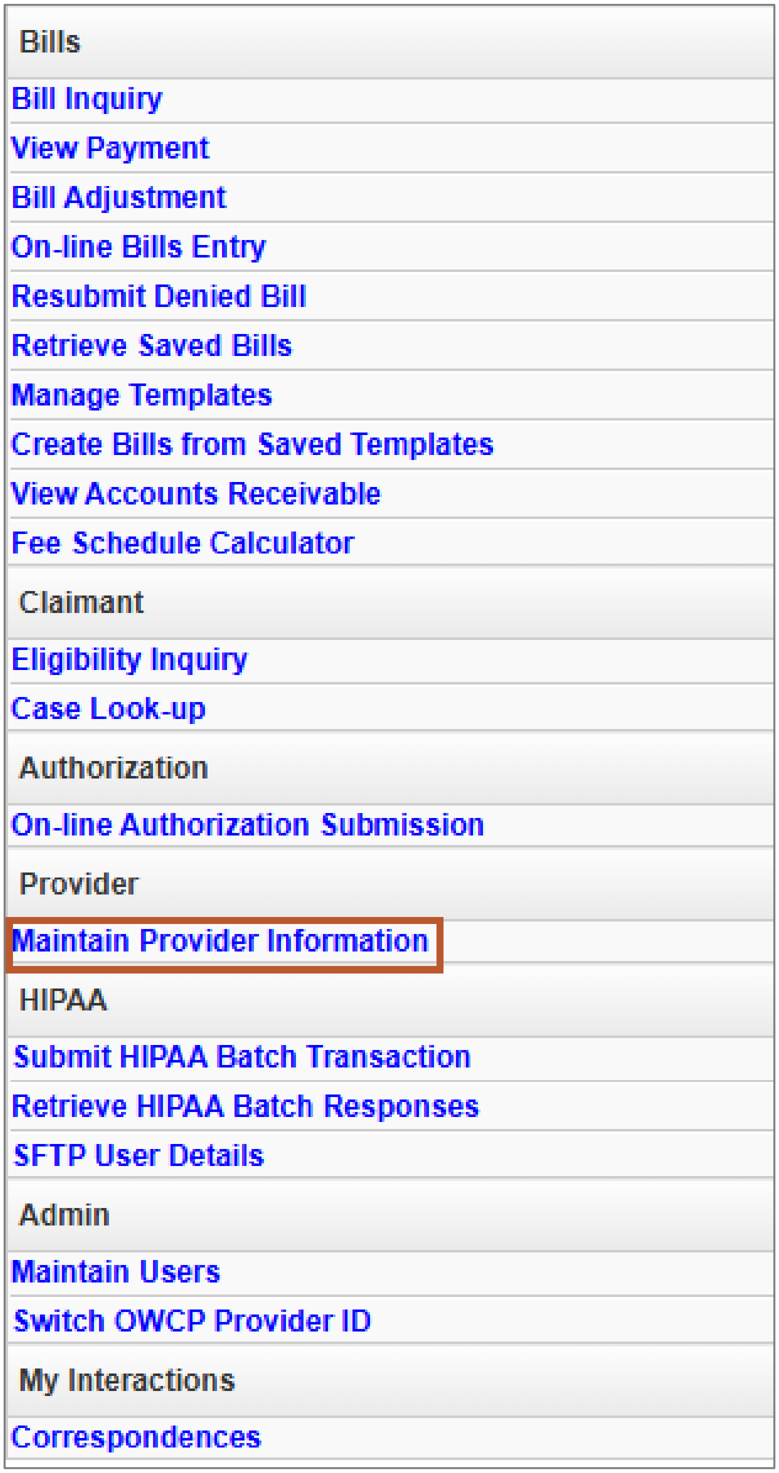


4. Select **Go**.



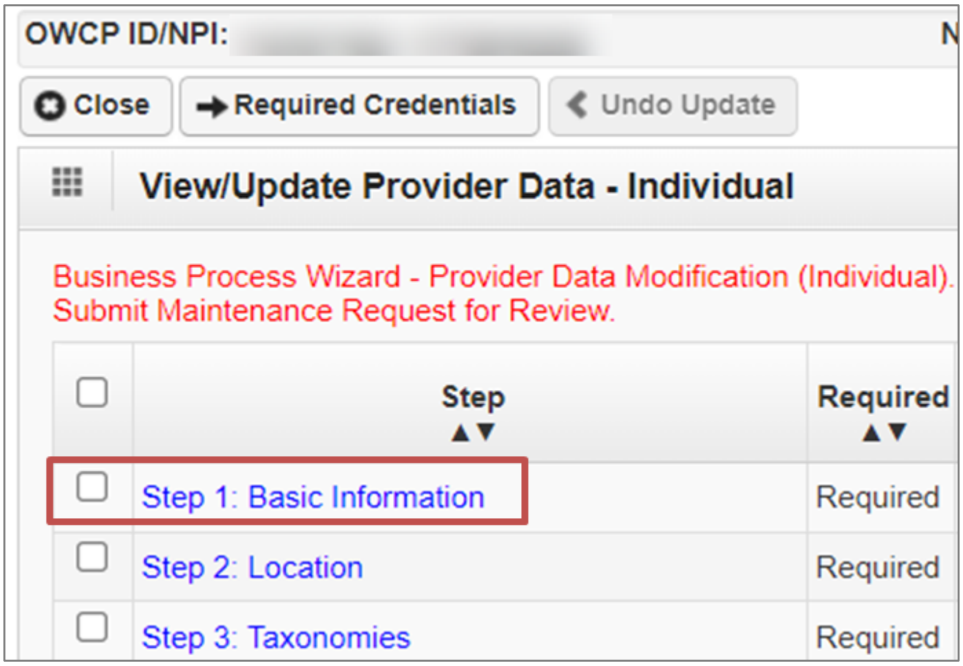
Updating Information

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



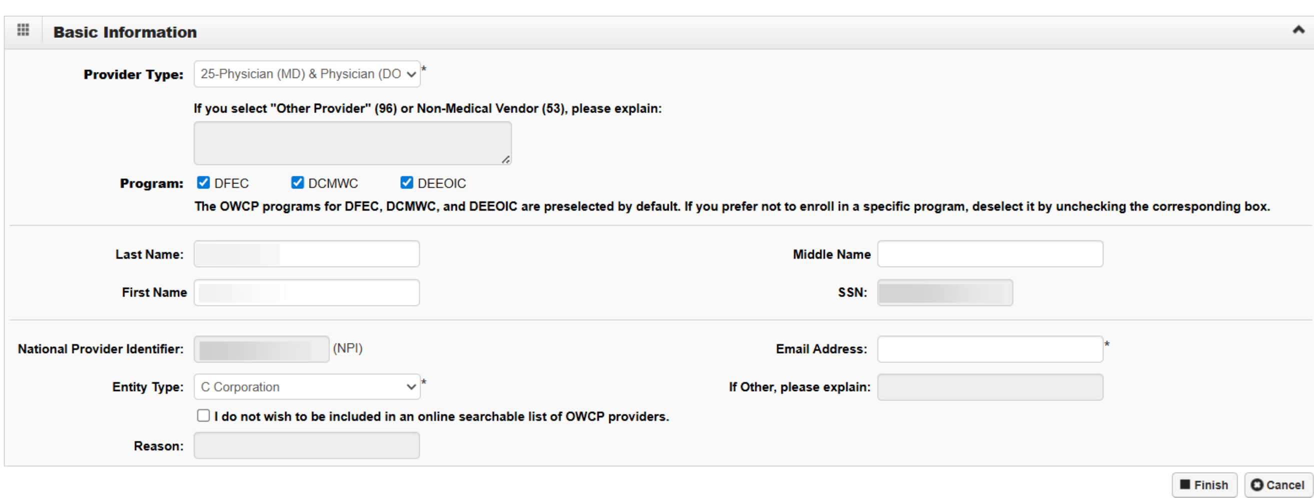
Updating Basic Information

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



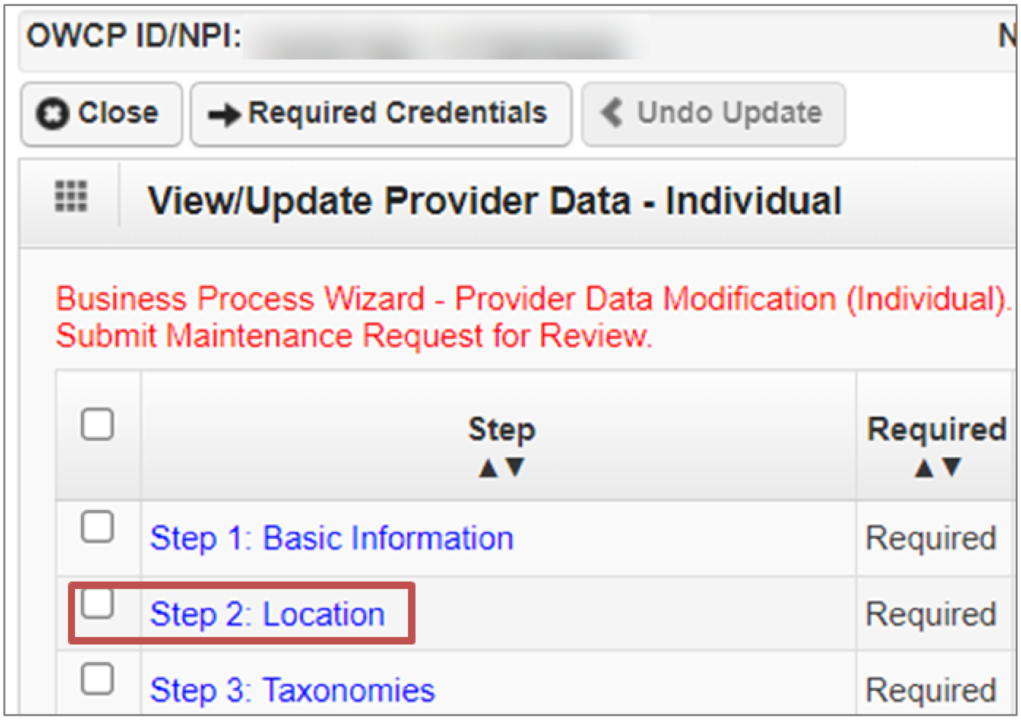
2. Make any necessary updates to all editable fields, then select **OK**.

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.

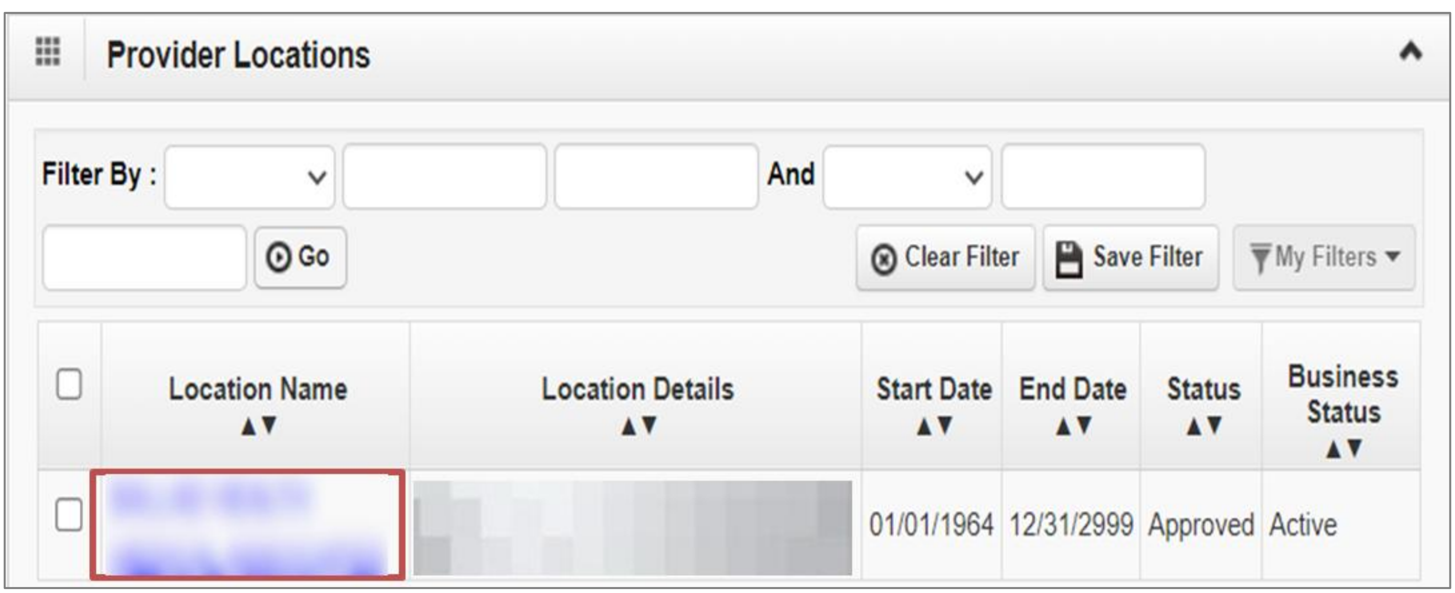


Updating Location

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

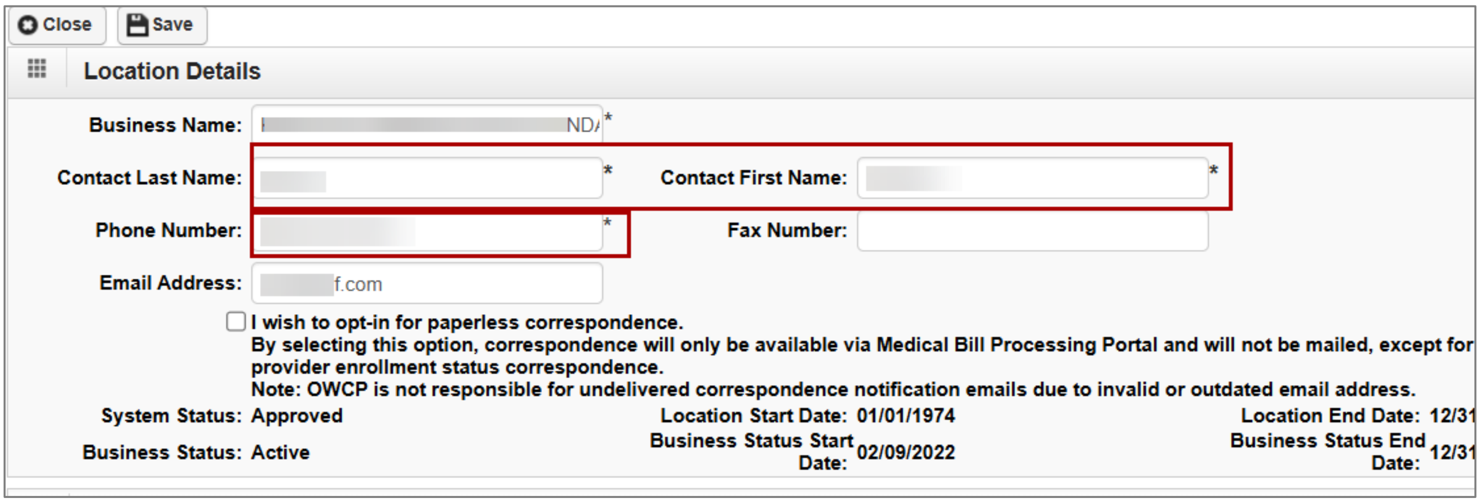


2. To review the physical and mailing addresses, select the **Location Name**. The **Location Details** page opens.

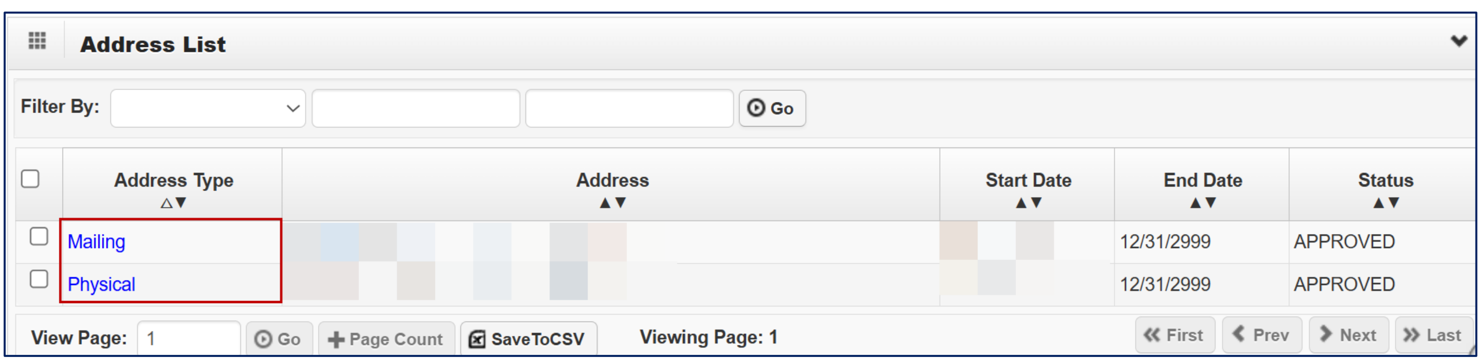


Updating Location

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

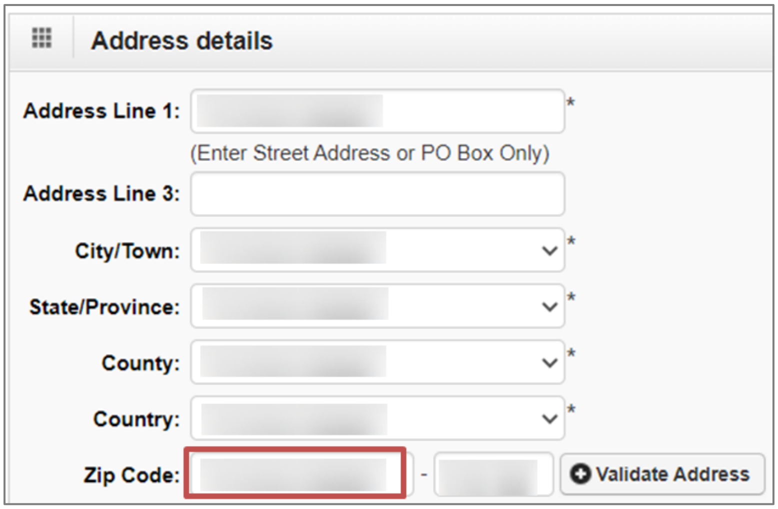


4. To modify the Mailing or Physical address, select the hyperlink corresponding to the address type, which will allow updates to the address.



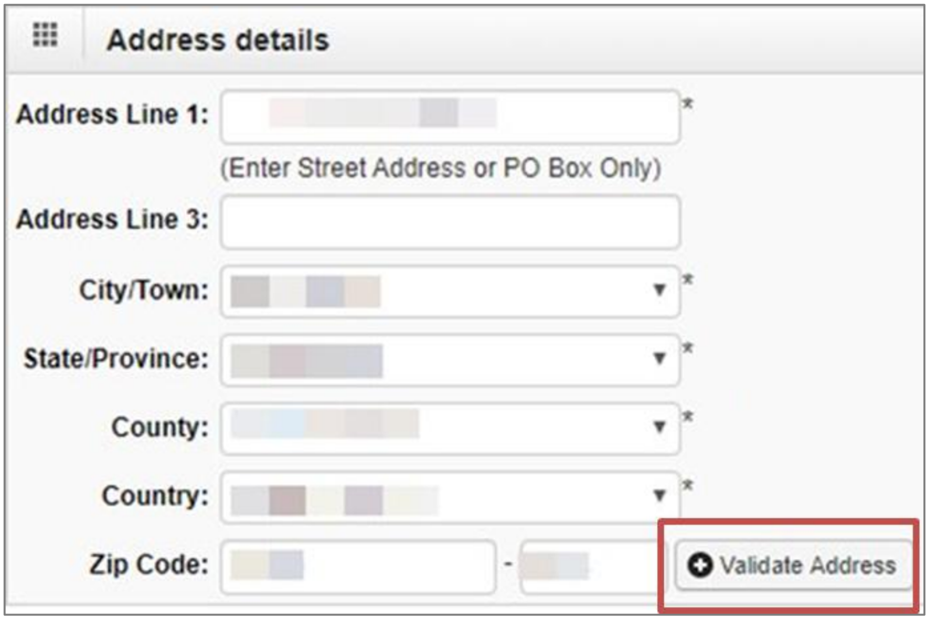
Updating Location

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



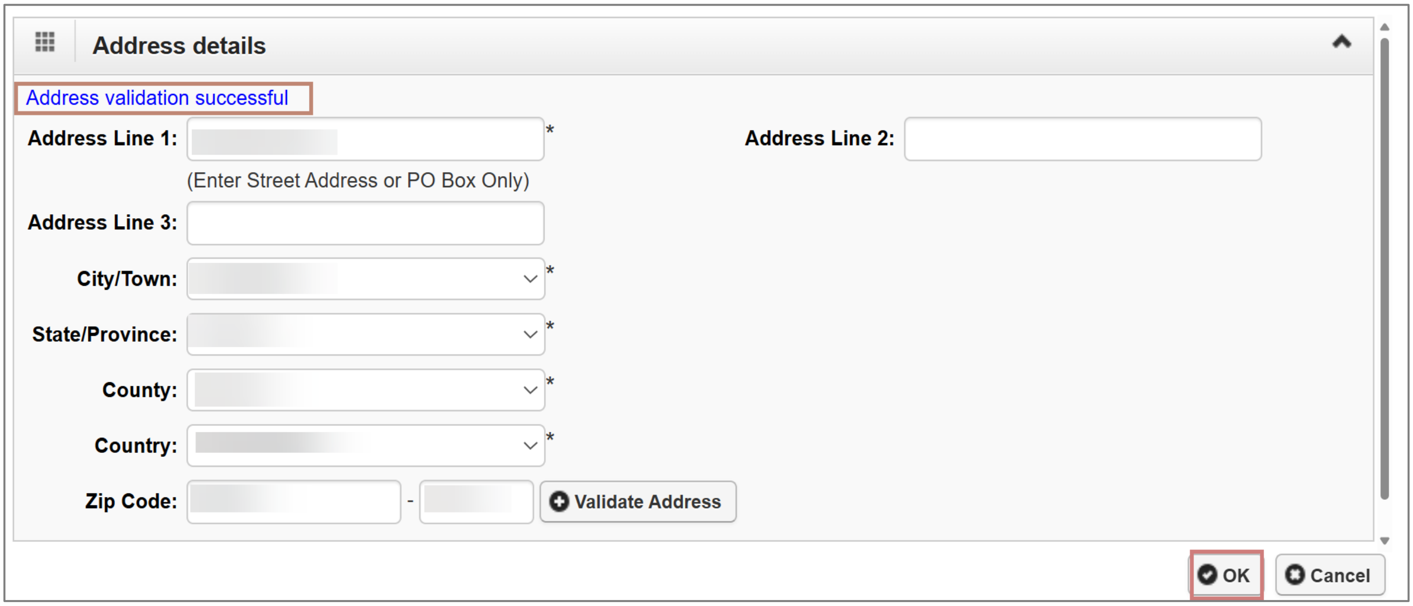
6. Select **+ Validate Address**.

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

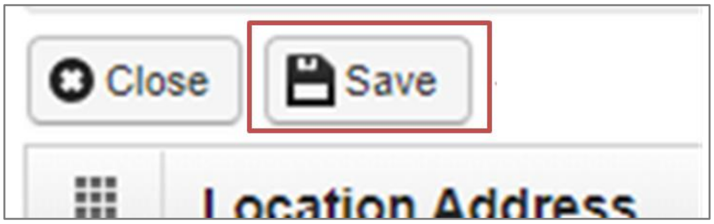


Updating Location

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



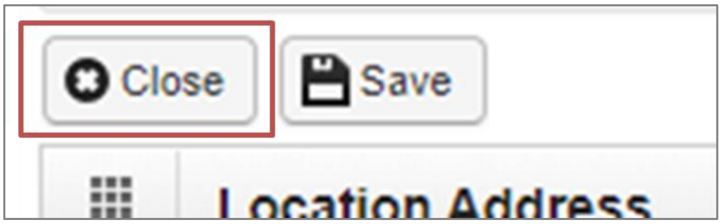
8. Review the information, then select **Save**.



Updating Location

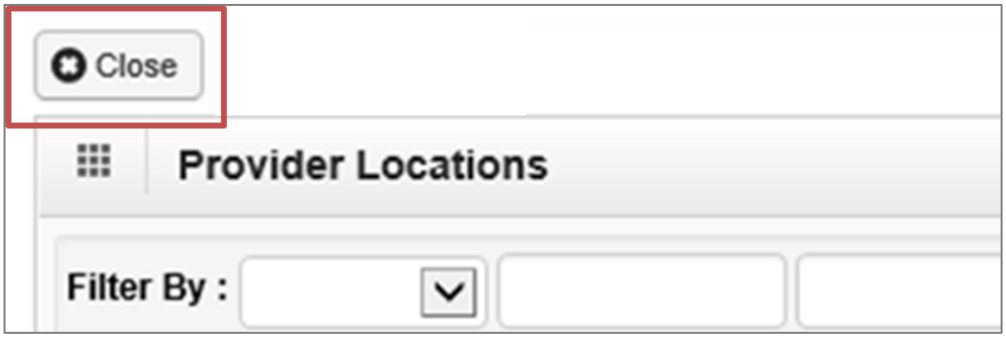
9. Select **Close**.

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.

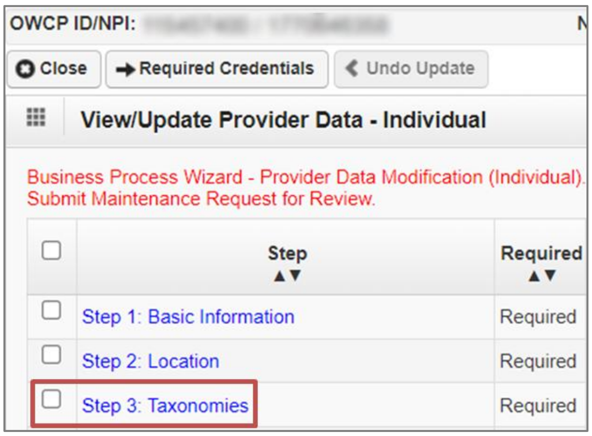
Note: If this is the only step requiring an update, the provider can proceed to the final step, Submitting Maintenance Request for Review. Otherwise, the provider must proceed to the next step.



Updating Taxonomies

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

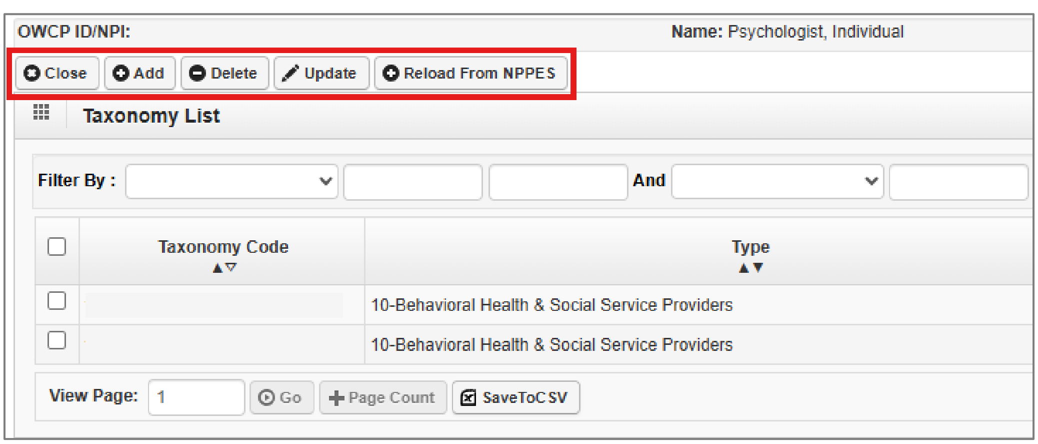
Note: Depending on the Provider Type selected during enrollment, this step may not be required.



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.

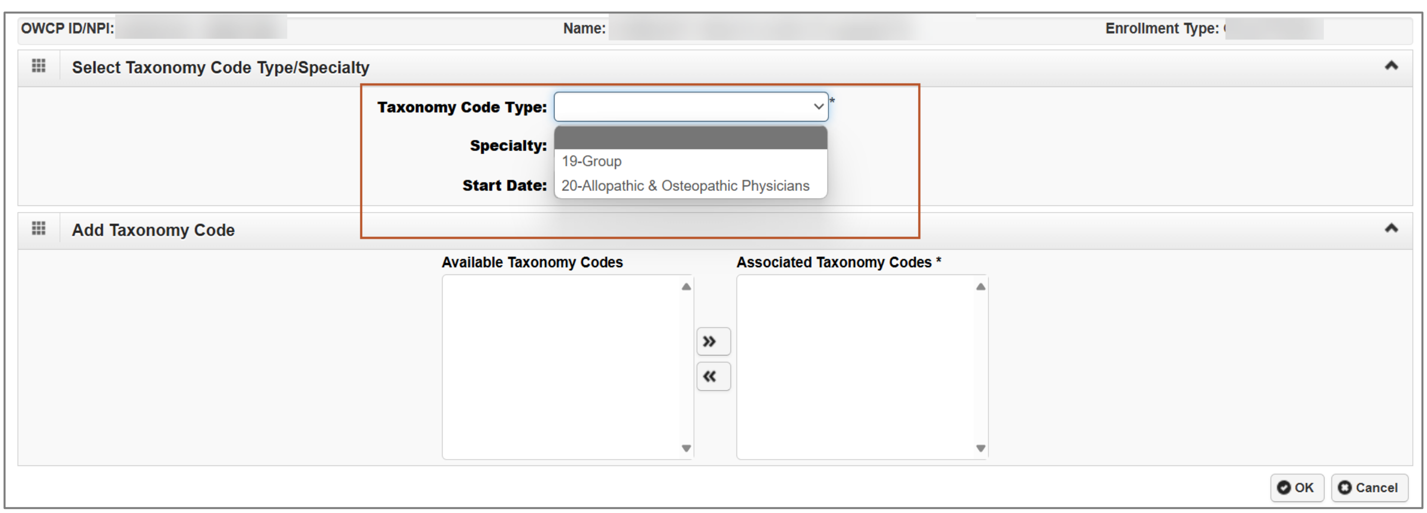
Note: Providers can enter as many taxonomies as needed to an application.



Updating Taxonomies

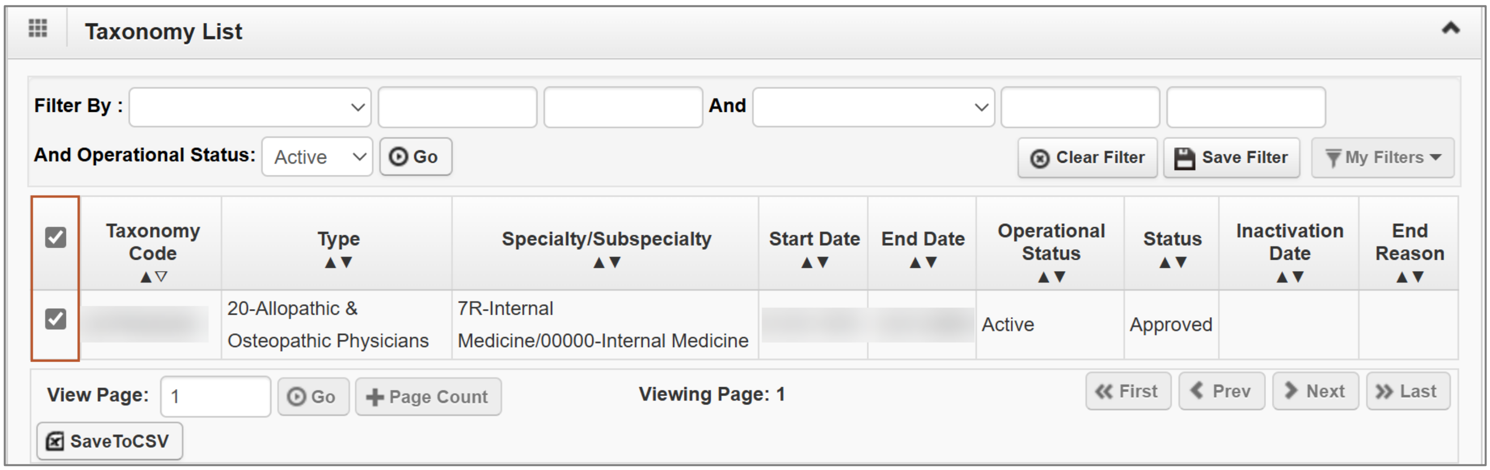
2. To add more taxonomies, select **Add**.

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



Updating Taxonomies

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



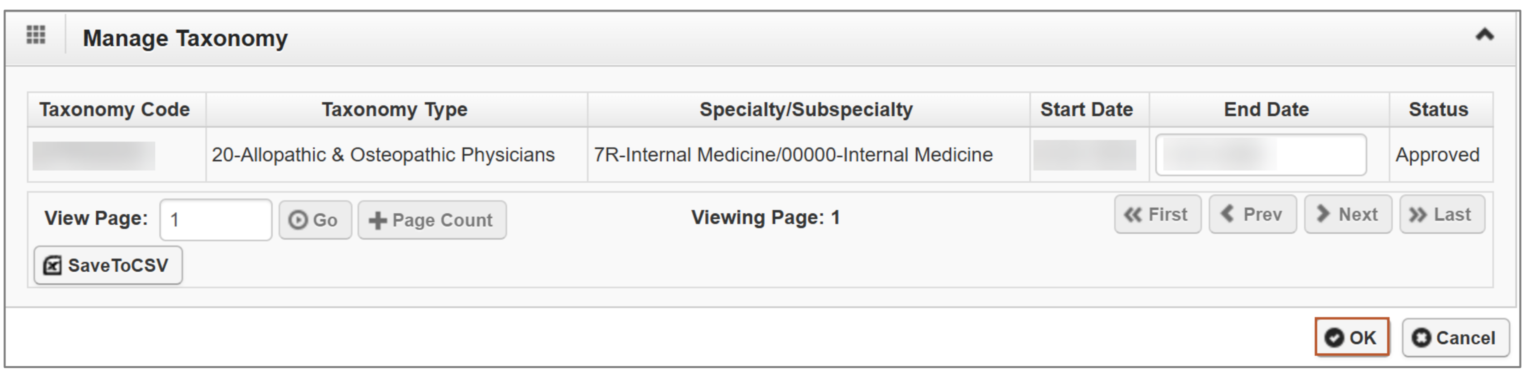
Note: The **Update** button is located to the right of the **Delete** button.

Updating Taxonomies

The **Manage Taxonomy** page opens.

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

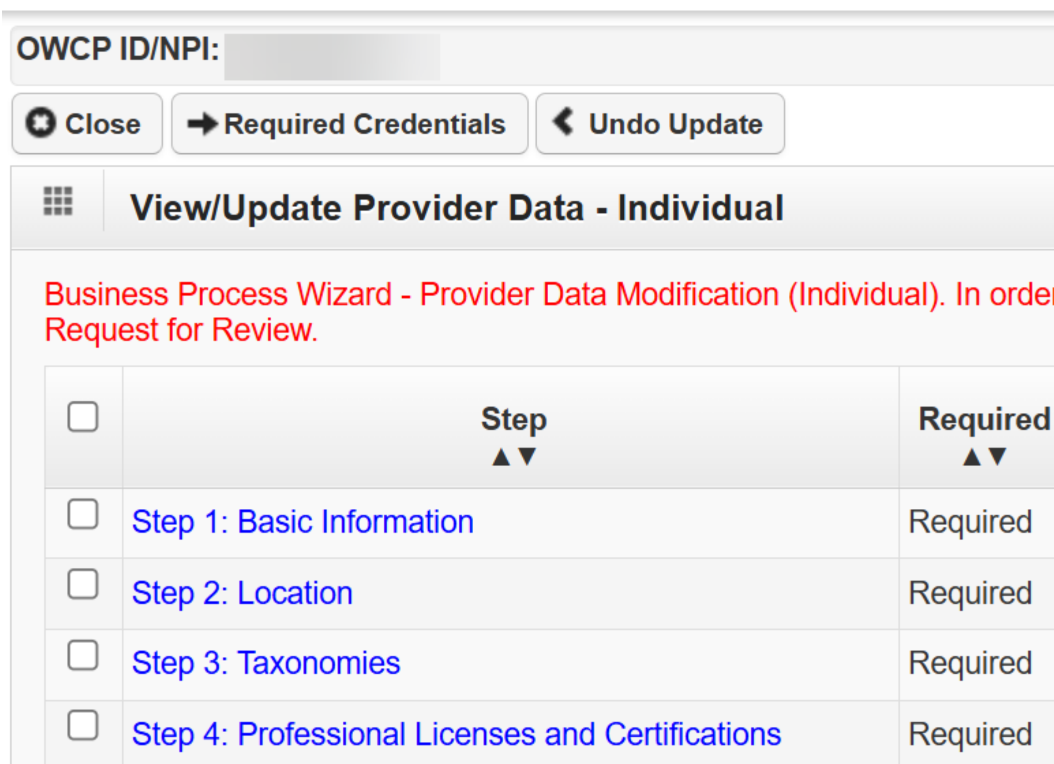
Note: If this is the only step requiring an update, the provider can proceed to the final step, Submitting Maintenance Request for Review. Otherwise, the provider must proceed to the next step.



Updating Licenses and Certifications

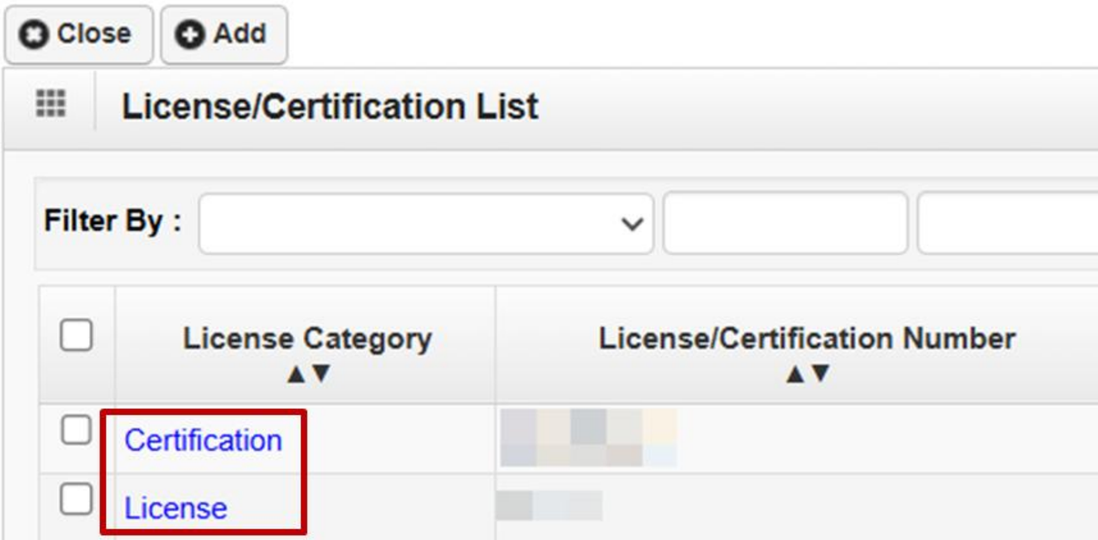
1. Proceed as applicable based on enrollment type:
   - **Individual Providers:** Select **Step 4: Professional Licenses and Certifications** and proceed to the next step.
   - **Facility, Agency, Organization, and Institutional Providers:** Proceed to Updating Payment Details.

Note: The following example reflects Individual Provider Enrollment.



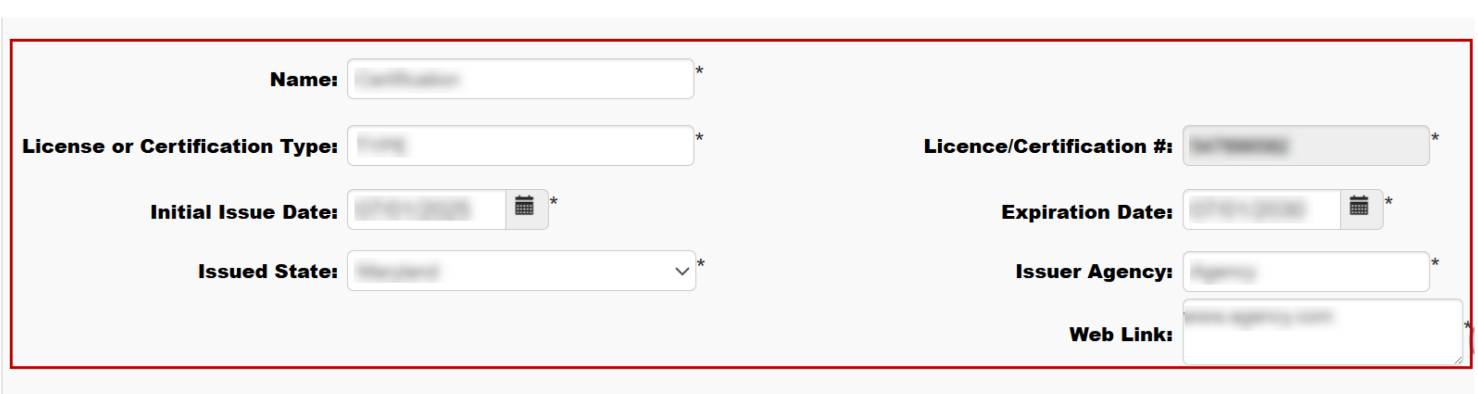
Updating Licenses and Certifications

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



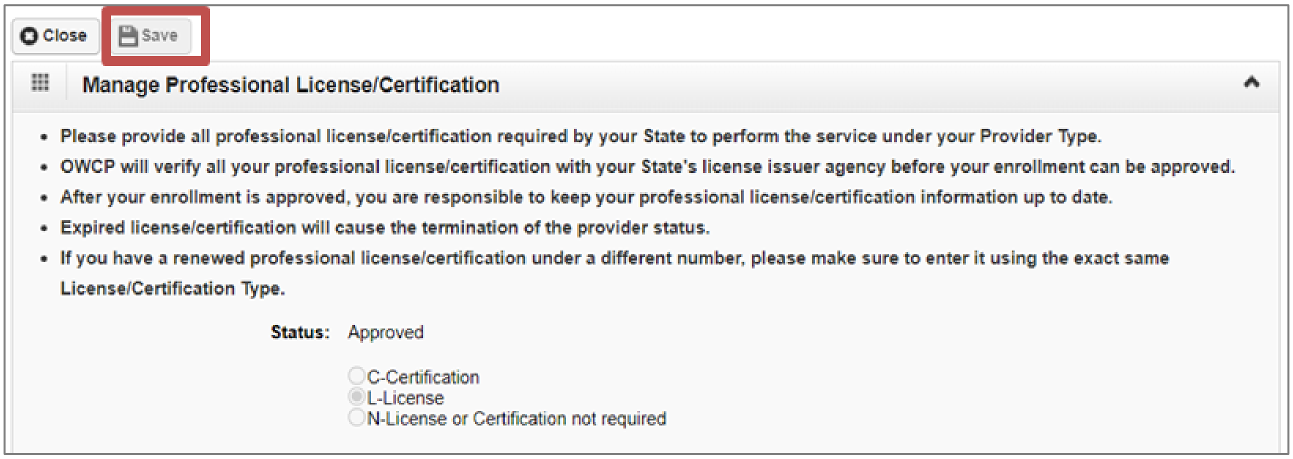
3. Update the desired field or fields on the **Manage License/Certification** page.

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



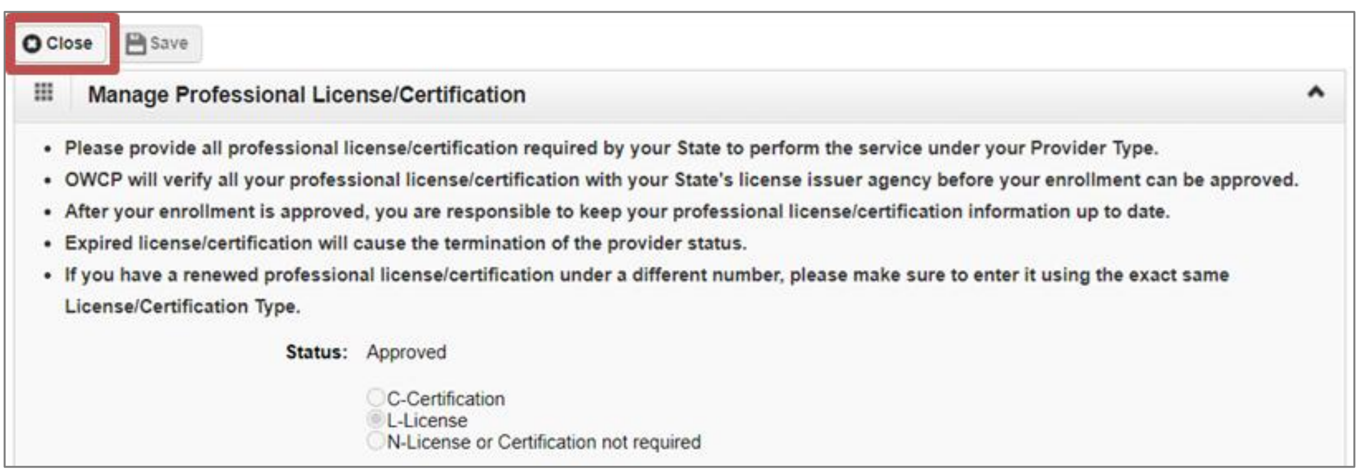
Updating Licenses and Certifications

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



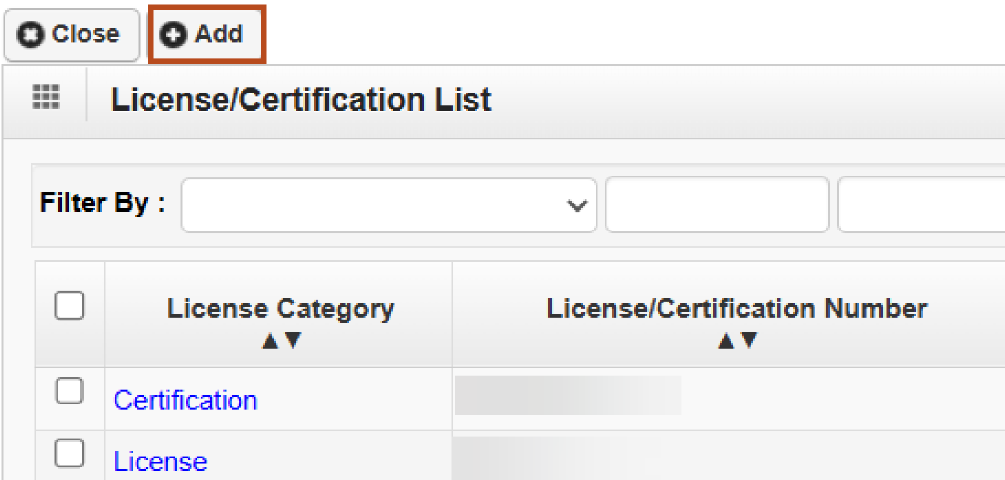
Note: After saving, a message will appear indicating a copy of the license or certification must be uploaded in the **View/Upload Attachments** step.

5. Select **Close** to proceed.



Updating Licenses and Certifications

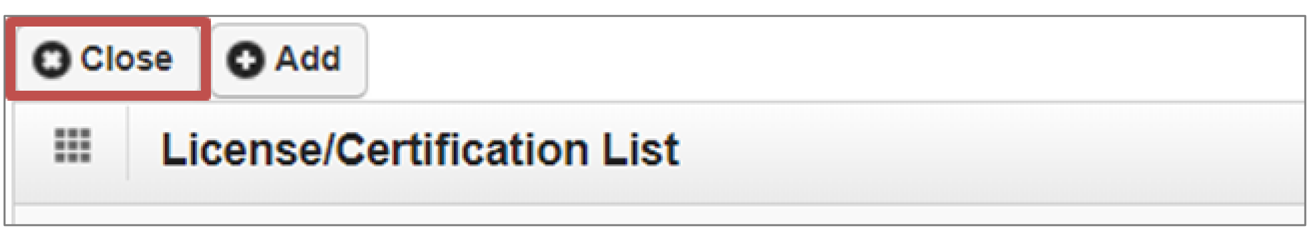
Note: To add more licenses, Select **Add.** This allows a provider to add a new license number and info. Repeat steps 4 and 5 after adding new information.



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.



Updating Payment Details

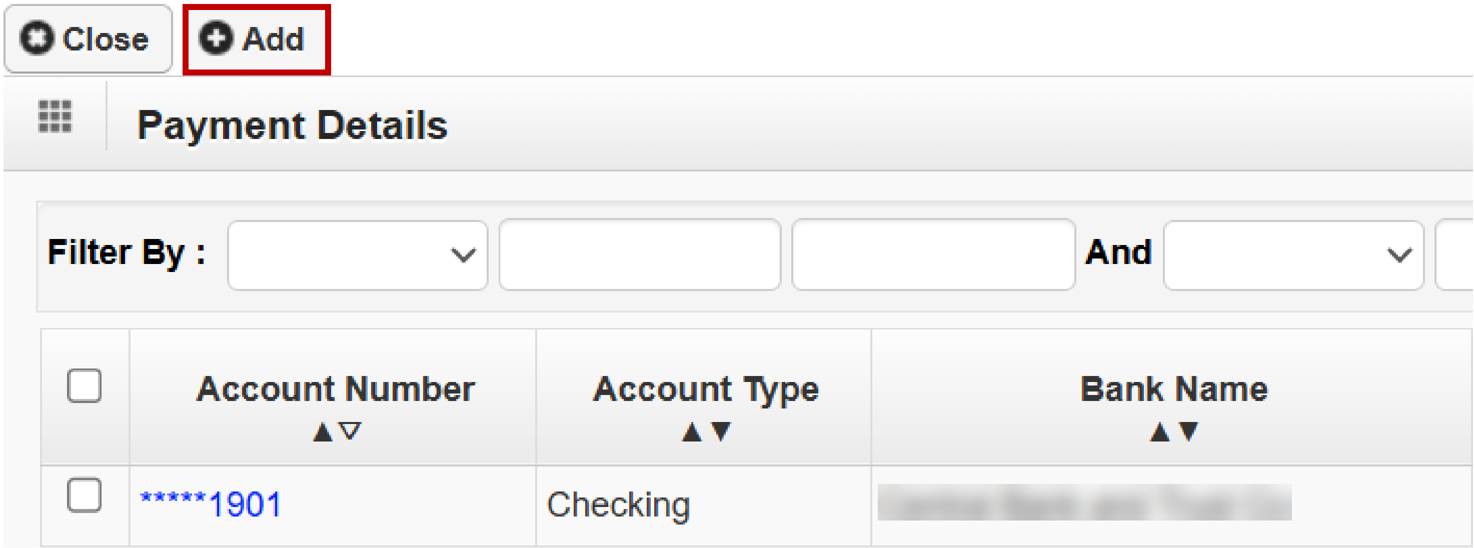
1. Select **Step 5: Payment Details**.

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**.

☐	Step ▲▼	Required ▲▼
☐	Step 1: Basic Information	Required
☐	Step 2: Location	Required
☐	Step 3: Taxonomies	Required
☐	Step 4: Professional Licenses and Certifications	Required
☐	Step 5: Payment Details	Required

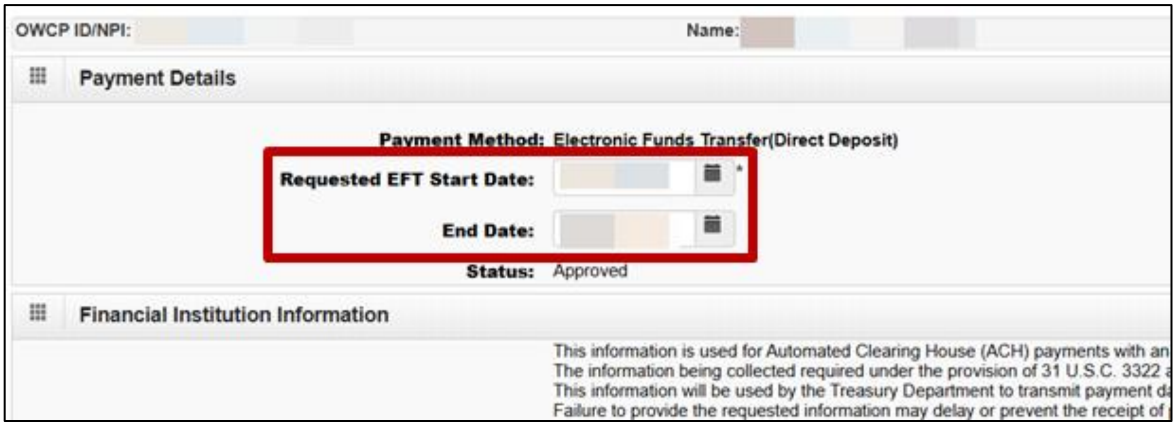
The **Payment Details** page displays.

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

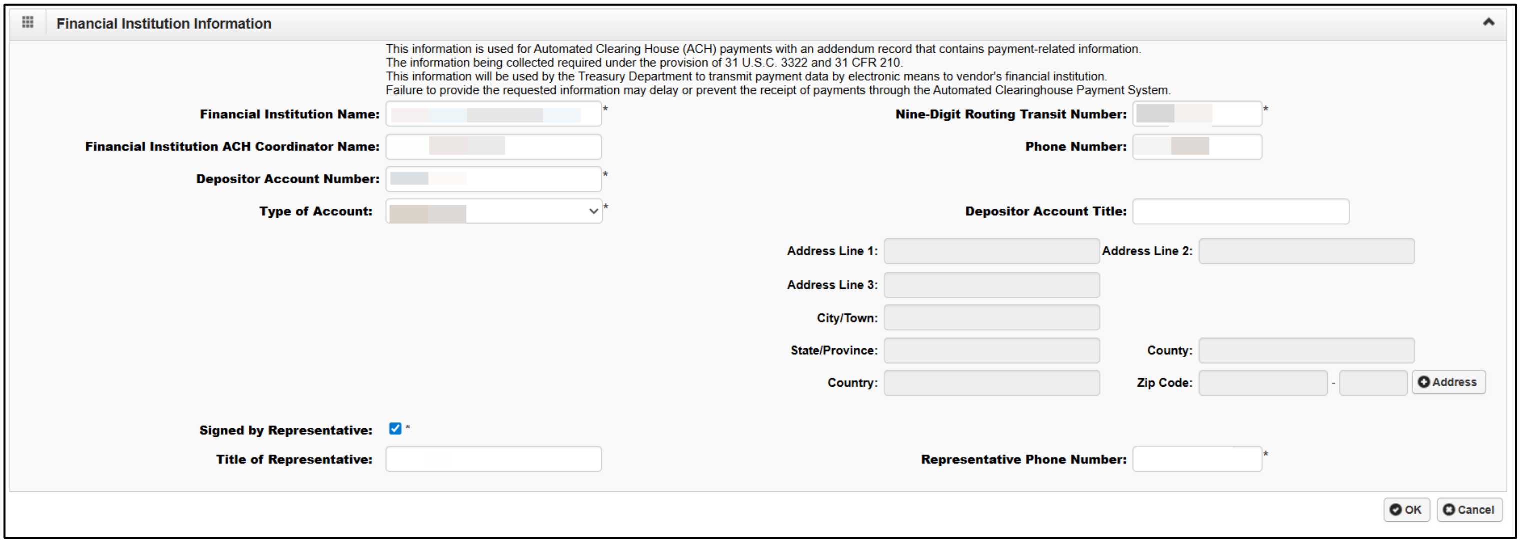


Updating Payment Details

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



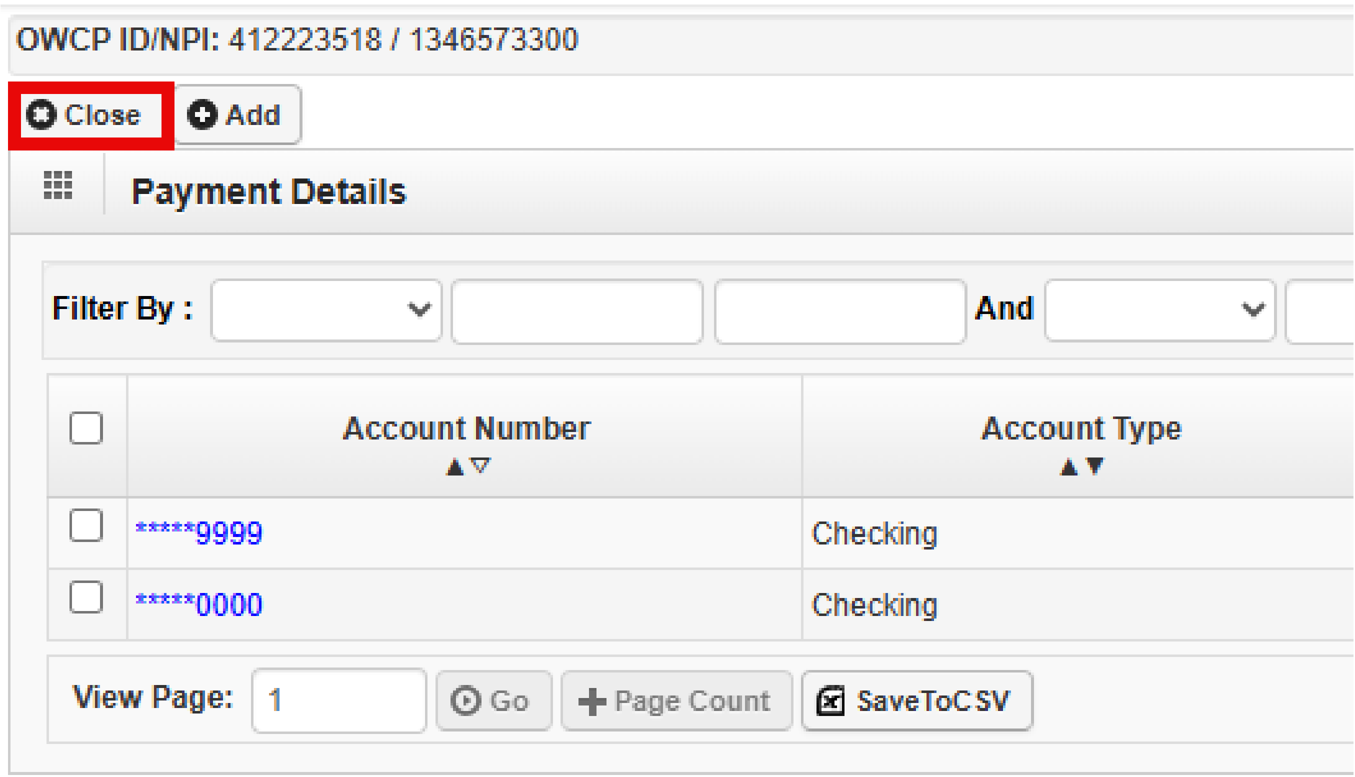
4. Complete the required **Financial Institution Information** section.



Updating Payment Details

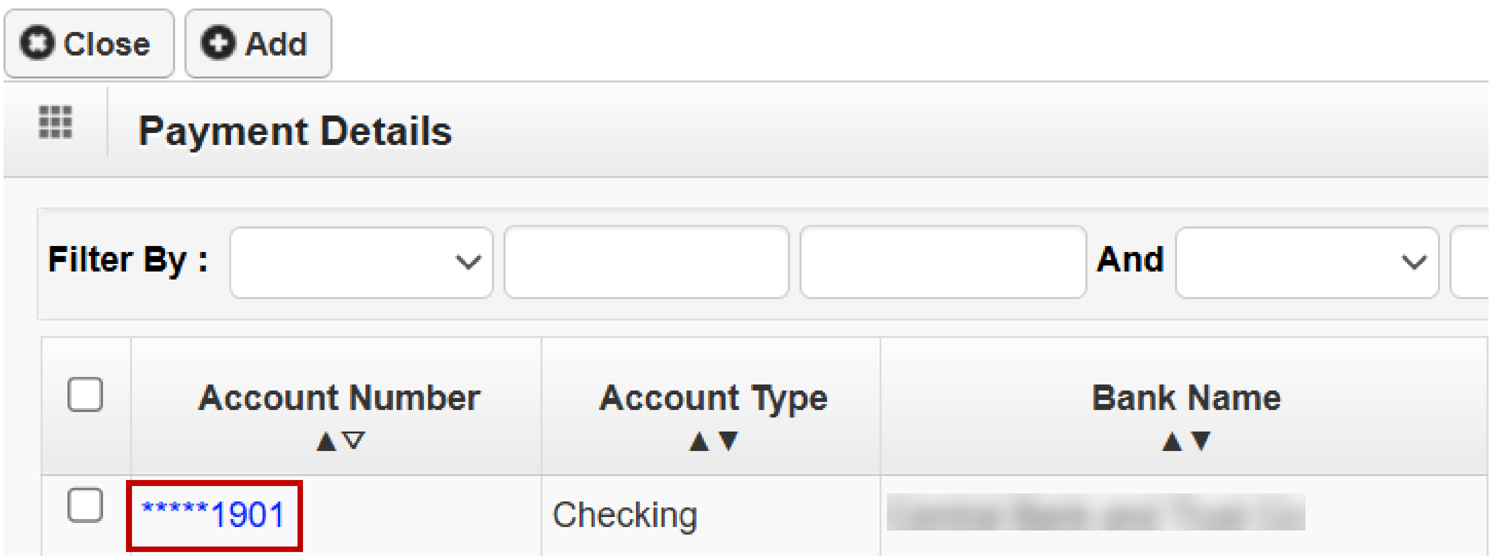
5. Select **Close**.

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

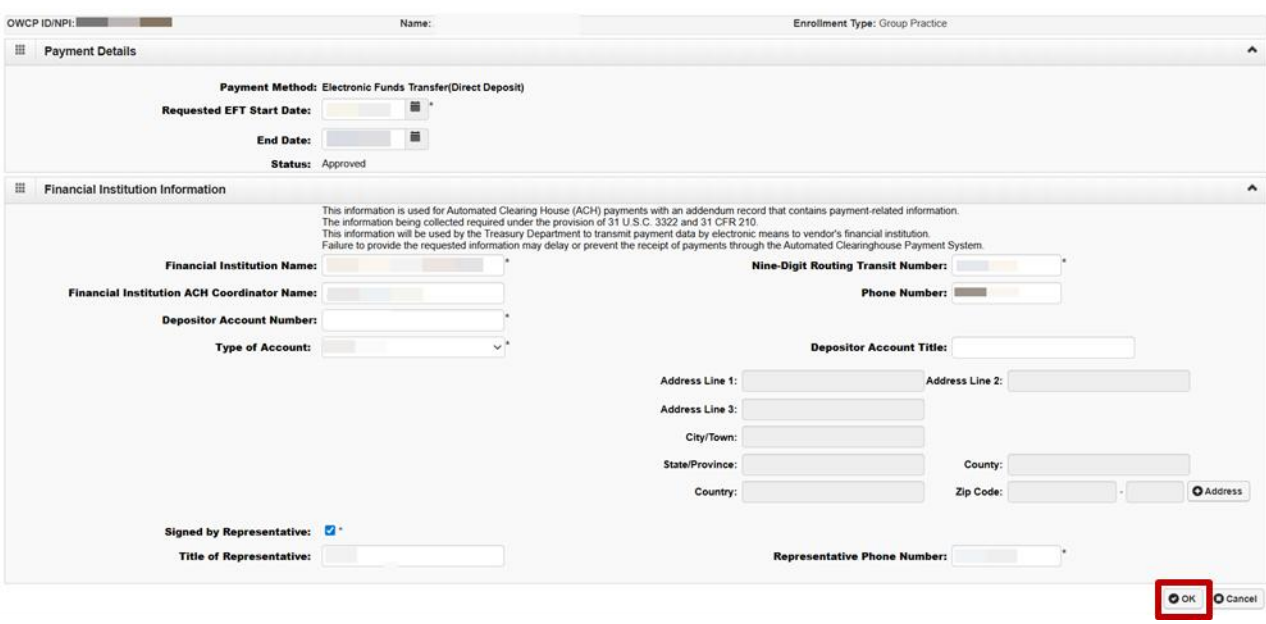


Updating Payment Details

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

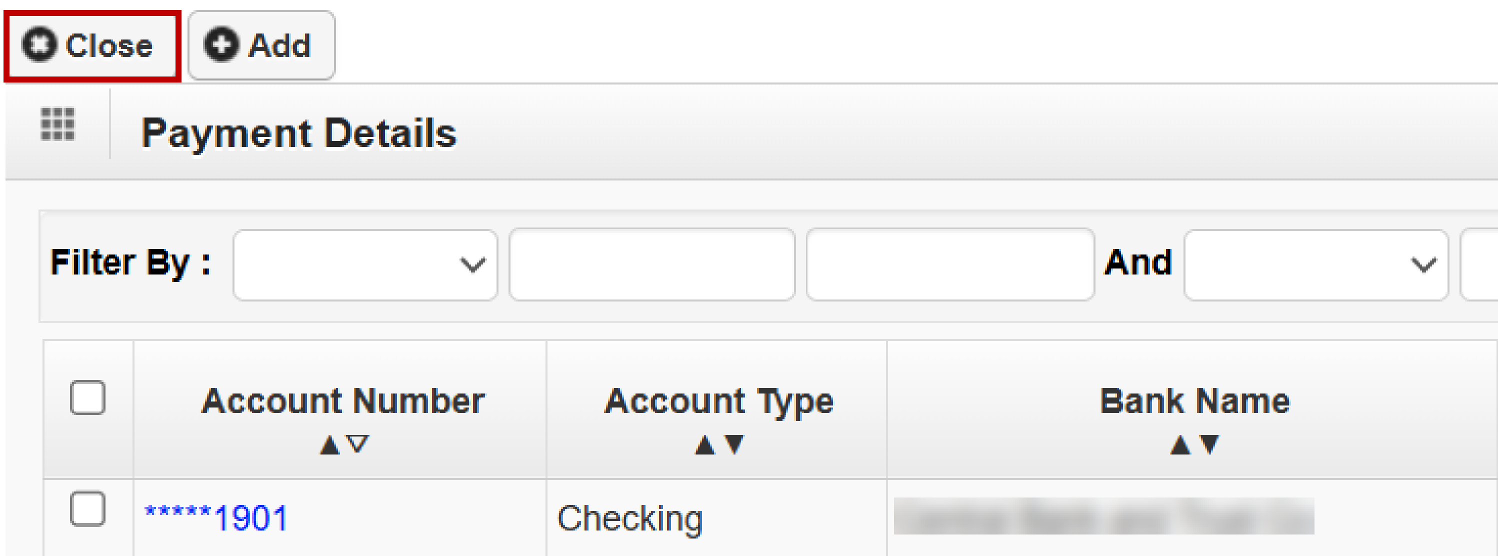


7. On the **Payment Details** page, update the desired information and select **OK**.



Updating Payment Details

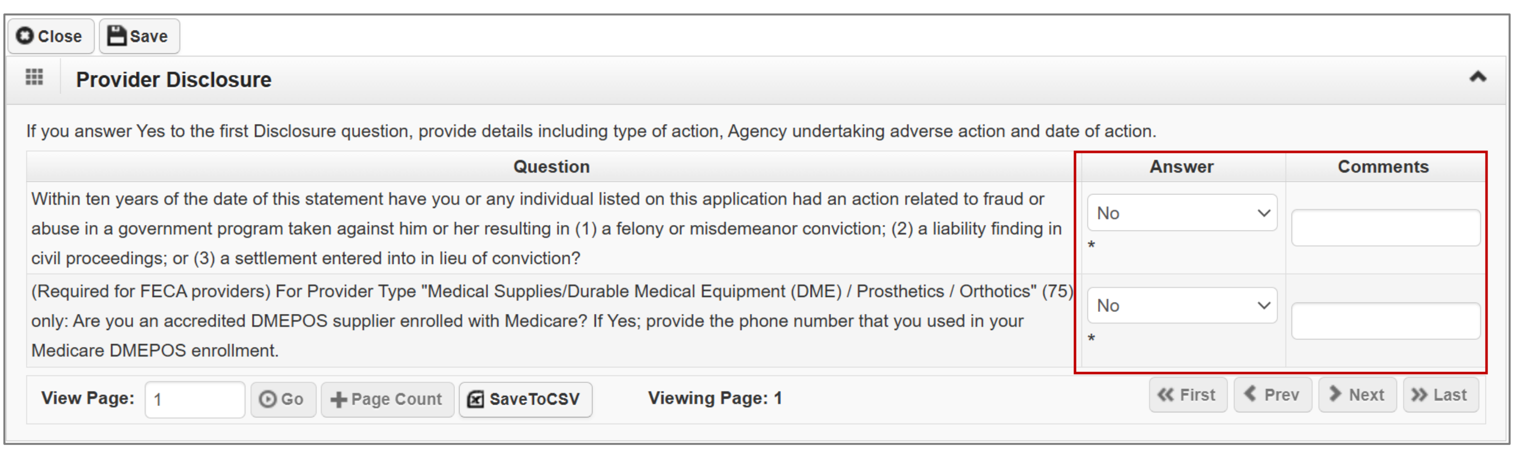
8. Select **Close**.



Completing Provider Disclosure

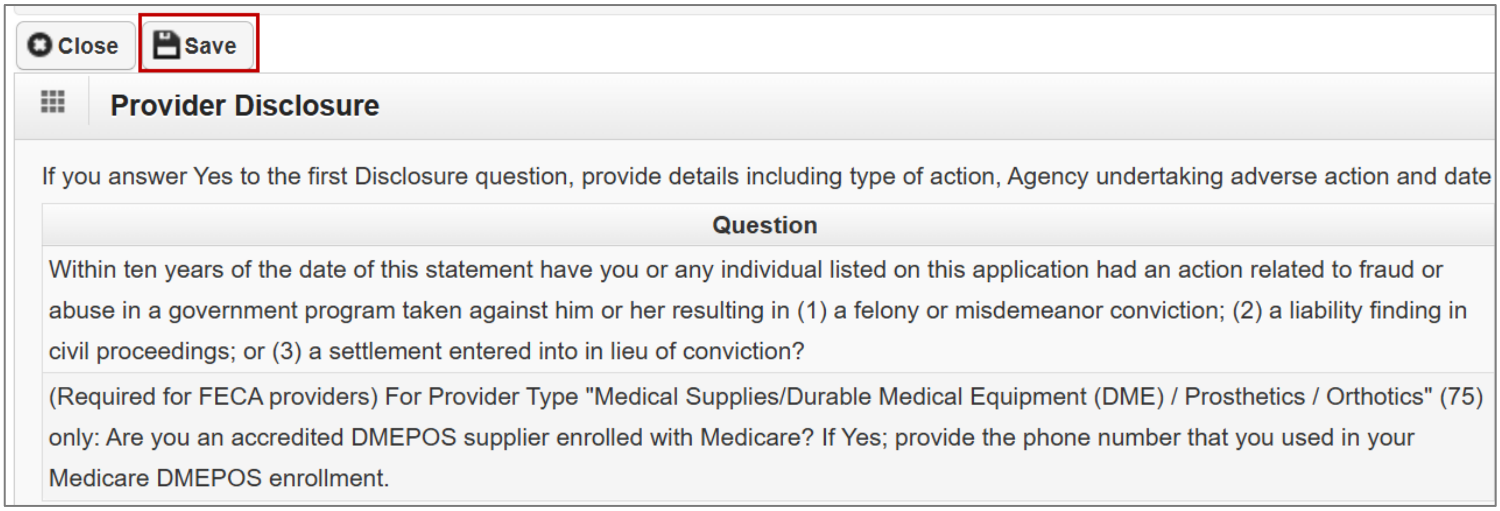
1. Select **Step 6: Complete Provider Disclosure**. The **Provider Disclosure** page opens.

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.

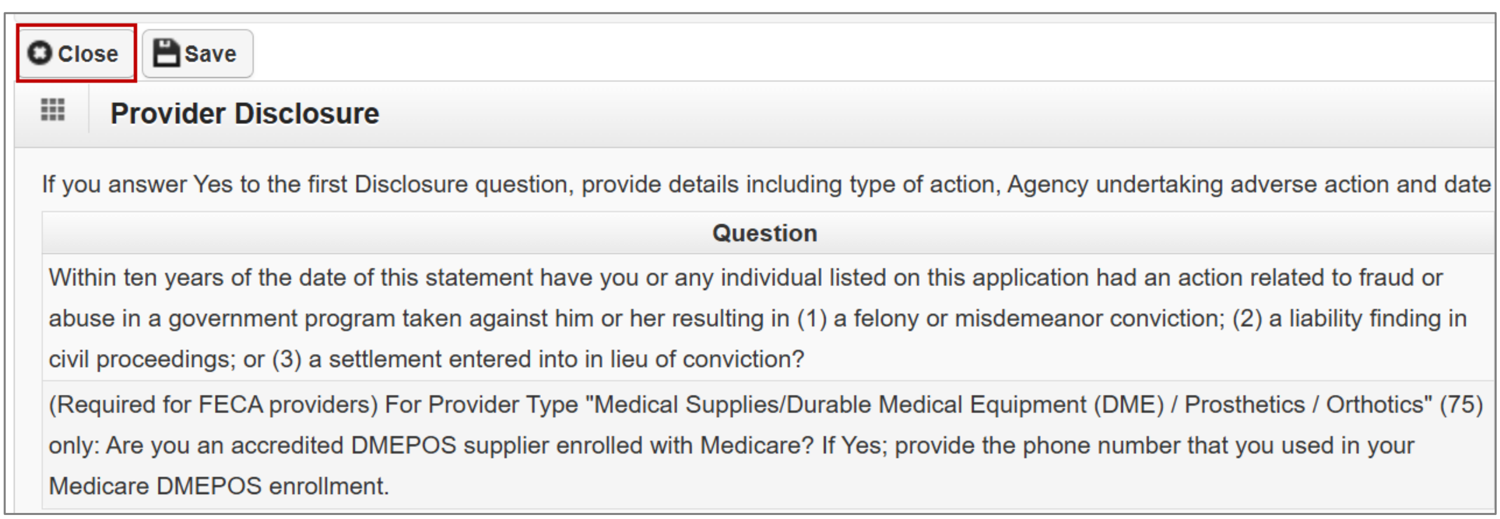


Completing Provider Disclosure

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



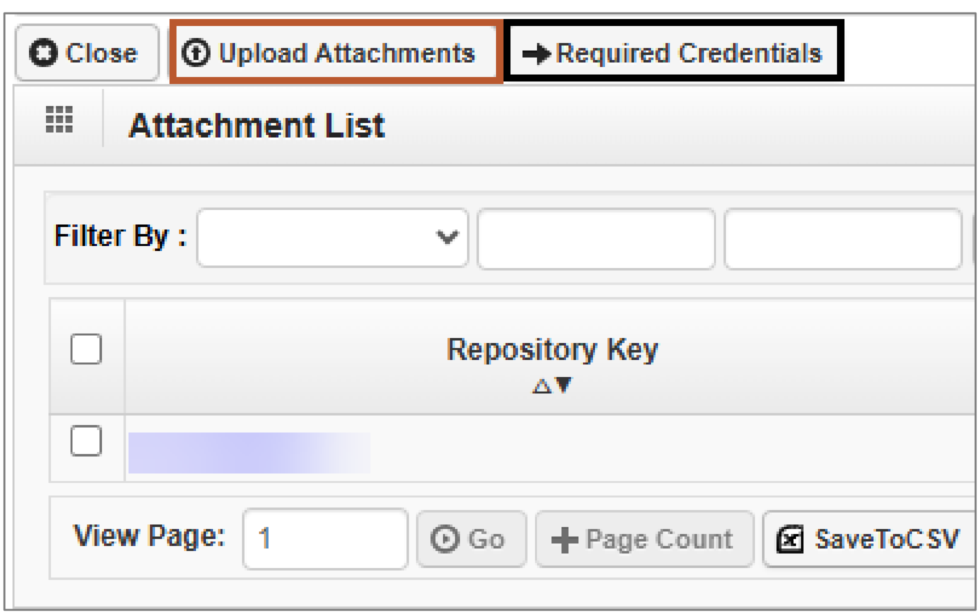
4. Select **Close**



Viewing and Uploading Attachments

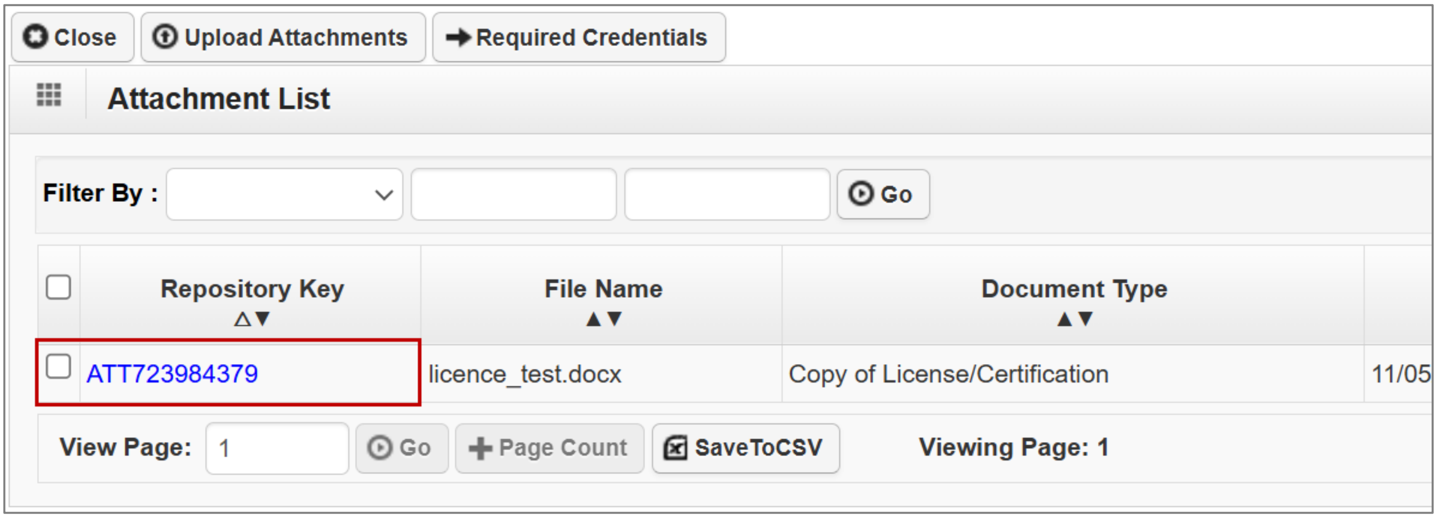
1. If a license, certification, or any other correspondence is necessary for processing the modification, select **Step 7: View/Upload Attachments**. The **Attachment List** page opens to upload documentation.

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

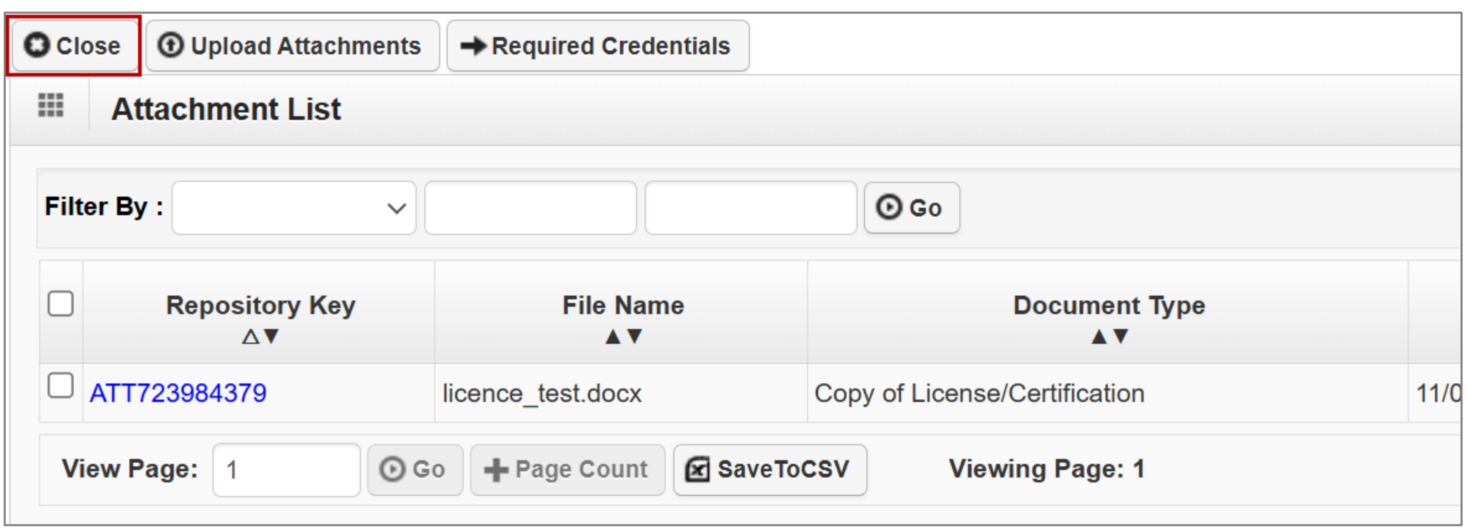


Viewing and Uploading Attachments

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



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

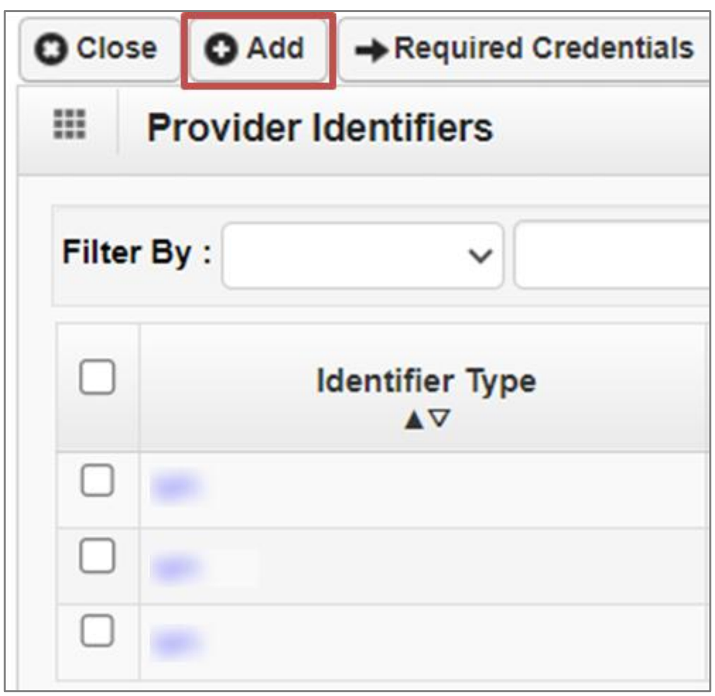


Updating Identifiers

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

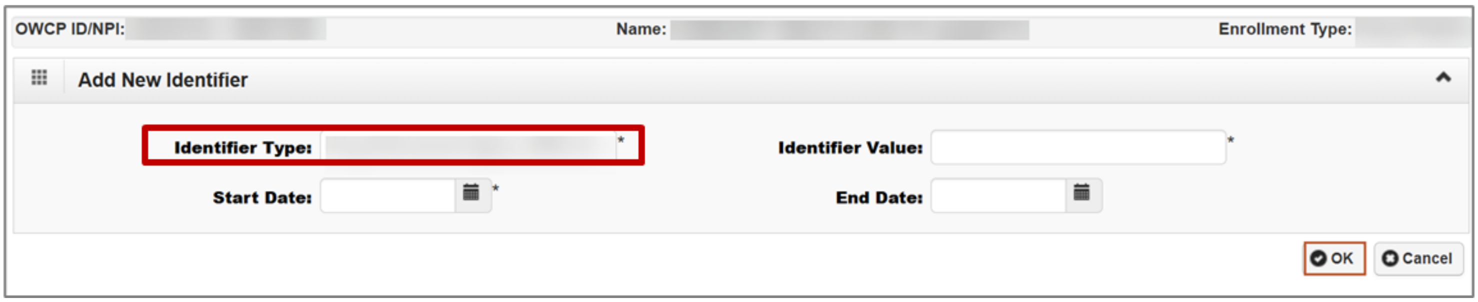
☐	Step 4: Professional Licenses and Certifications	Required	10/13/2020
☐	Step 5: Payment Details	Required	05/12/2020
☐	Step 6: Complete Provider Disclosure	Required	05/08/2020
☐	Step 7: View/Upload Attachments	Optional	05/18/2020
☐	Step 8: Identifiers	Optional	

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



Updating Identifiers

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

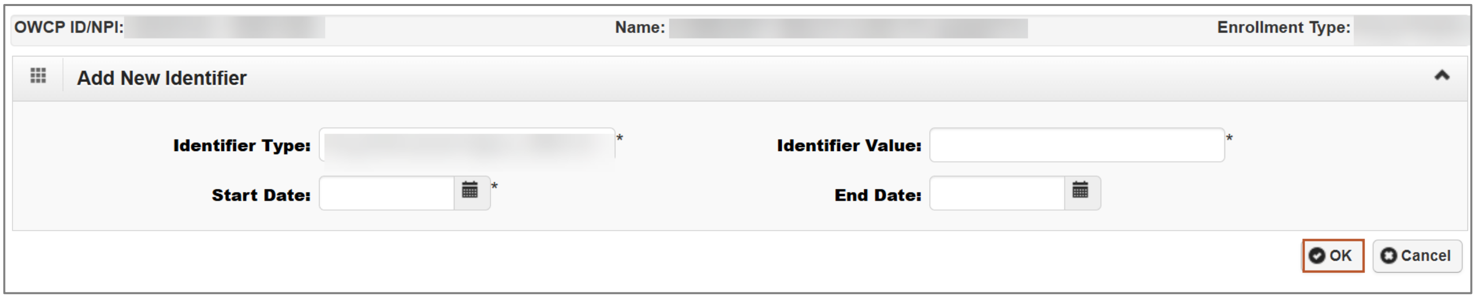


4. Enter the identifier value in the **Identifier Value** field.

Updating Identifiers

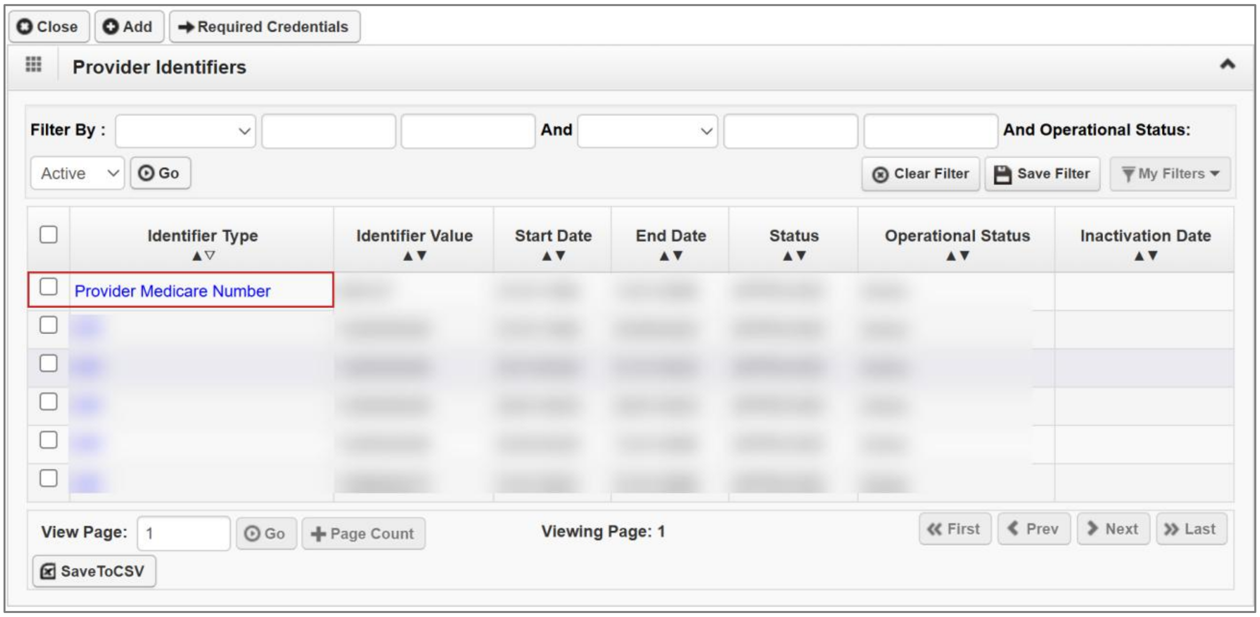
5. Enter or select the start and end dates from the **Start Date** and **End Date** fields.

6. Select **OK**.

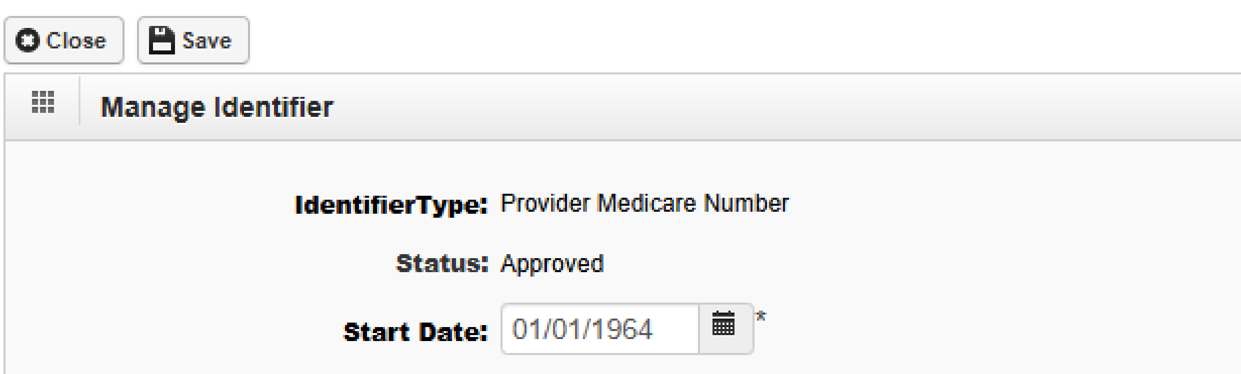


Updating Identifiers

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



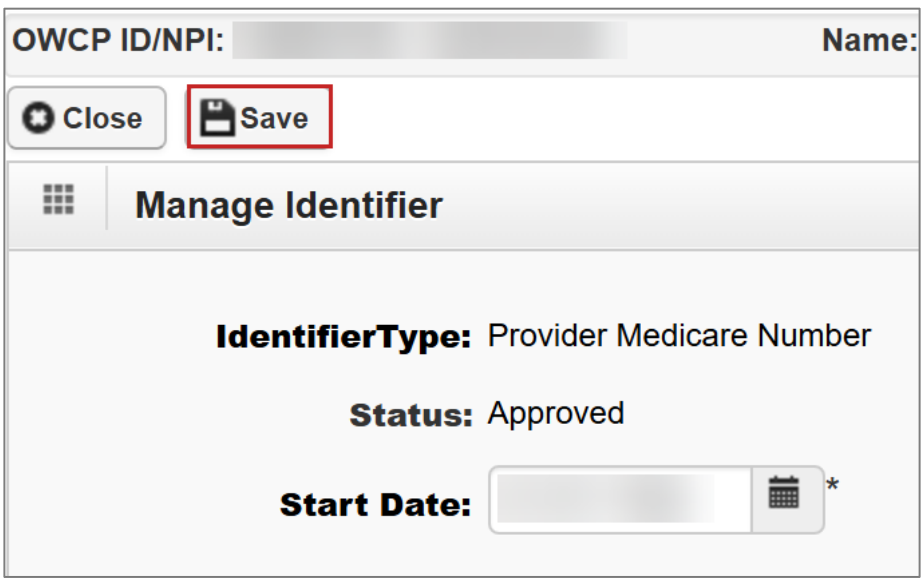
8. Update the desired field or fields on the **Manage Identifier** page.



Updating Identifiers

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

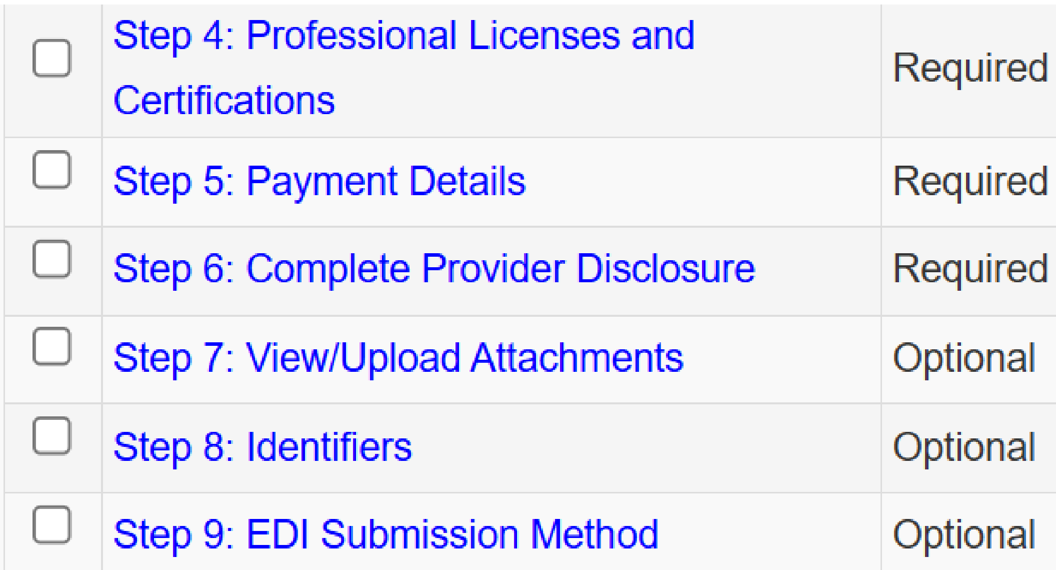
Note: If updating more than one Identifier type, repeat step 3 for each.



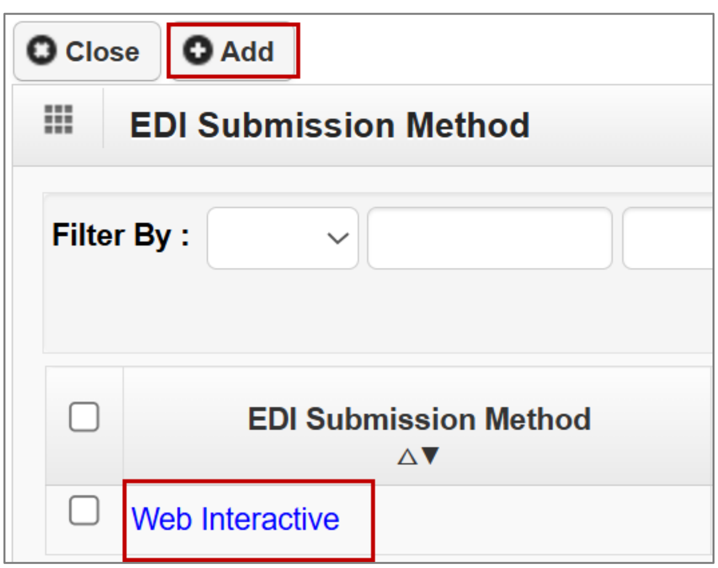
Note: If this is the only step requiring an update, the provider can proceed to the final step, Submitting Maintenance Request for Review. Otherwise, the provider must proceed to the next step.

Updating the EDI Submission Method

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

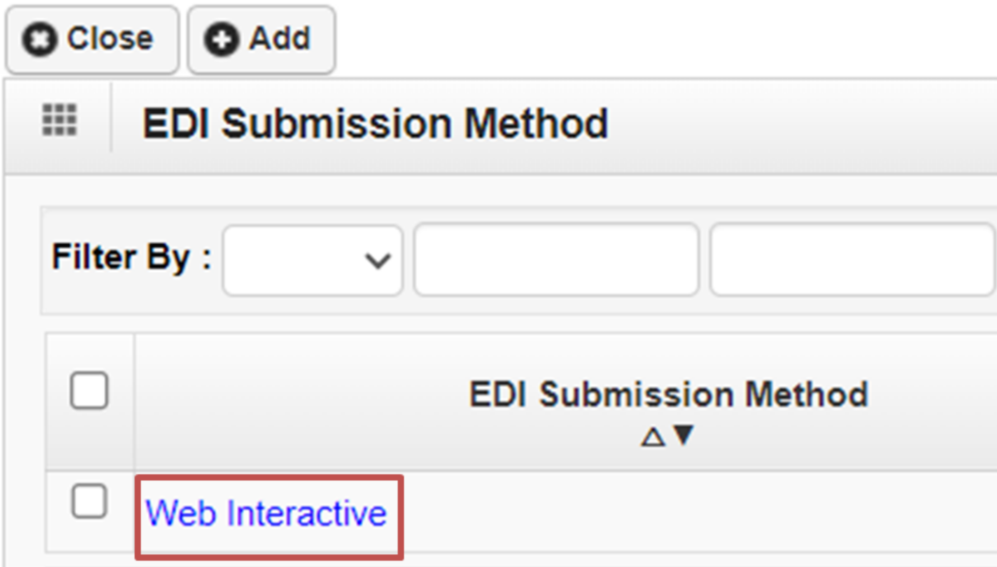


2. To add one or more EDI submission methods, select **Add**; or to update EDI submission methods, select the **EDI Submission Method** link.



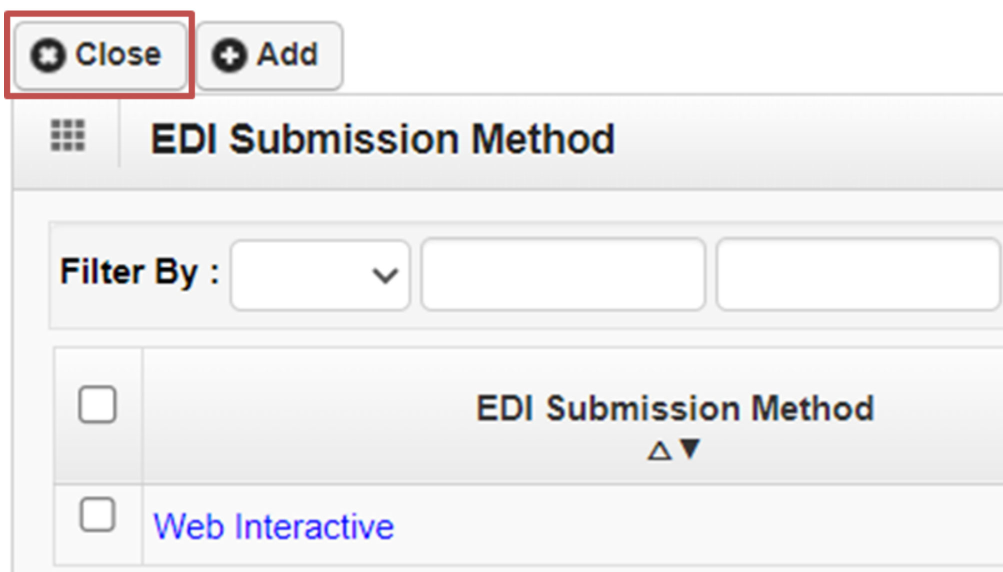
Updating the EDI Submission Method

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.

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

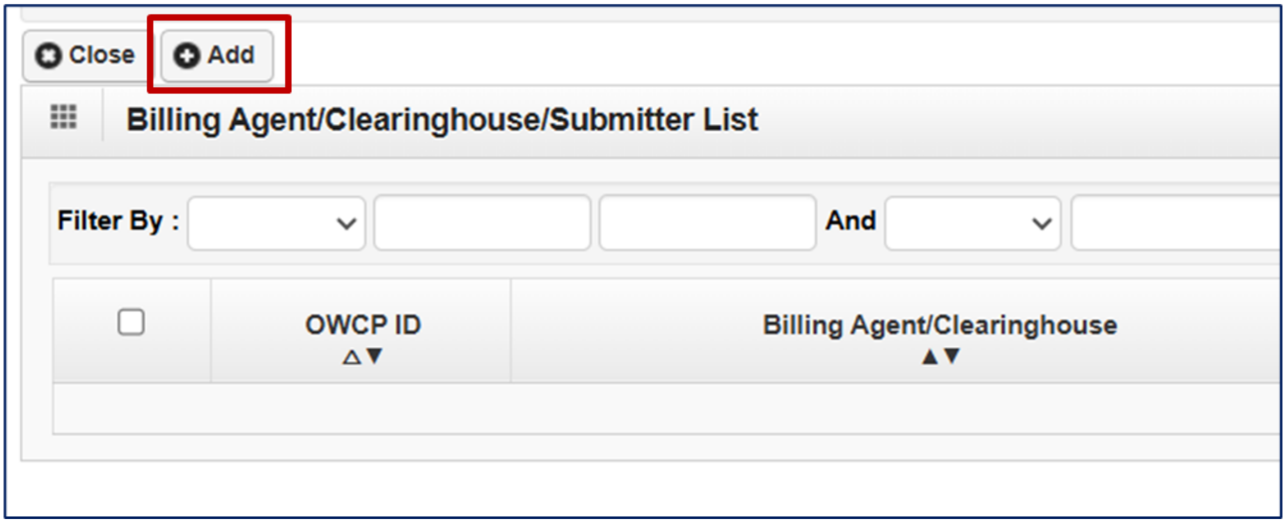
1. Select **Step 10: EDI Submitter Details**.

☐	Step 6: Complete Provider Disclosure	Required
☐	Step 7: View/Upload Attachments	Optional
☐	Step 8: Identifiers	Optional
☐	Step 9: EDI Submission Method	Optional
☐	Step 10: EDI Submitter Details	Optional

Updating EDI Submitter Details

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

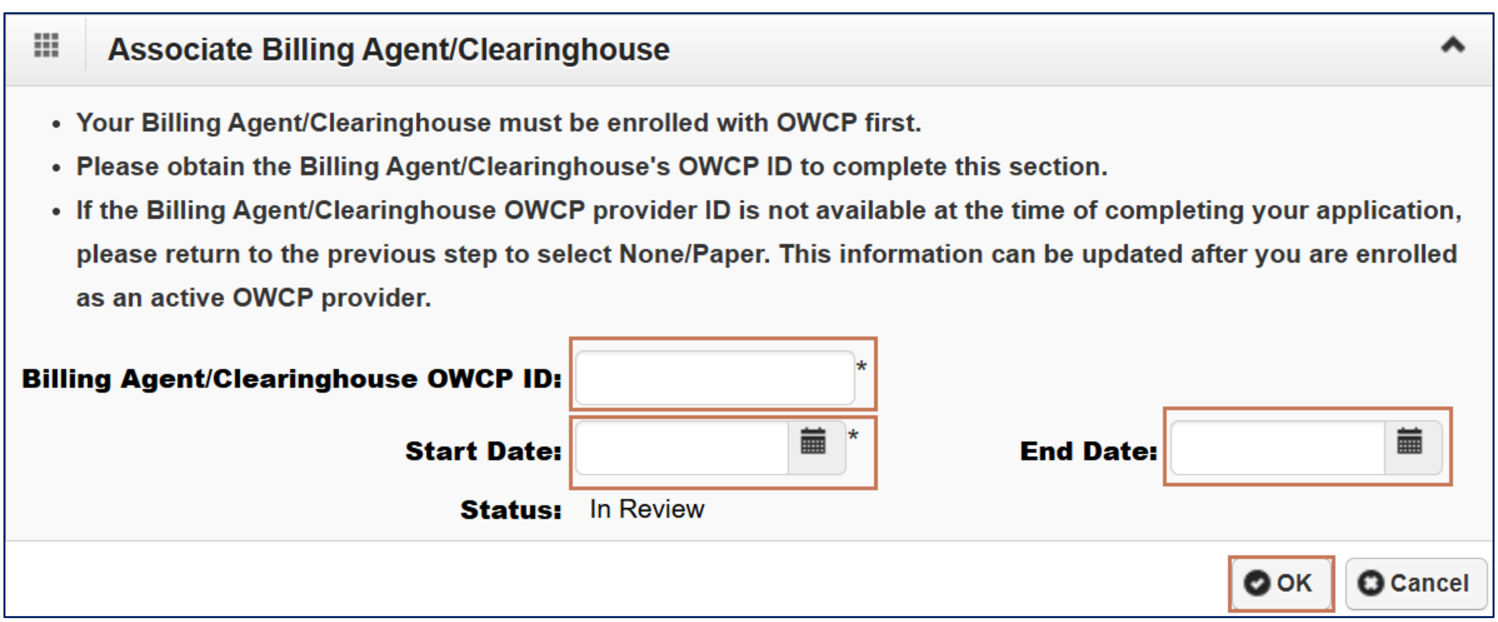
2. Select **Add**.



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

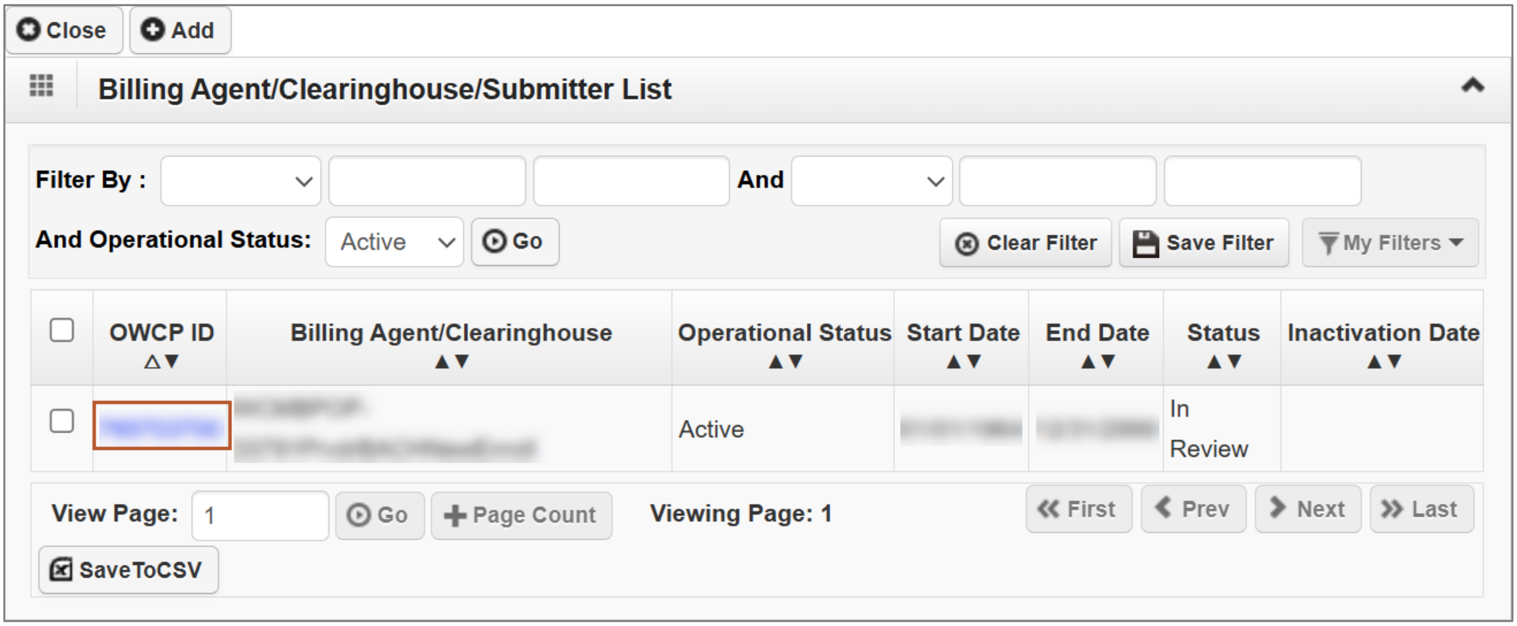
Note: Instructions are included in the system for this step.

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 must proceed to the next step.

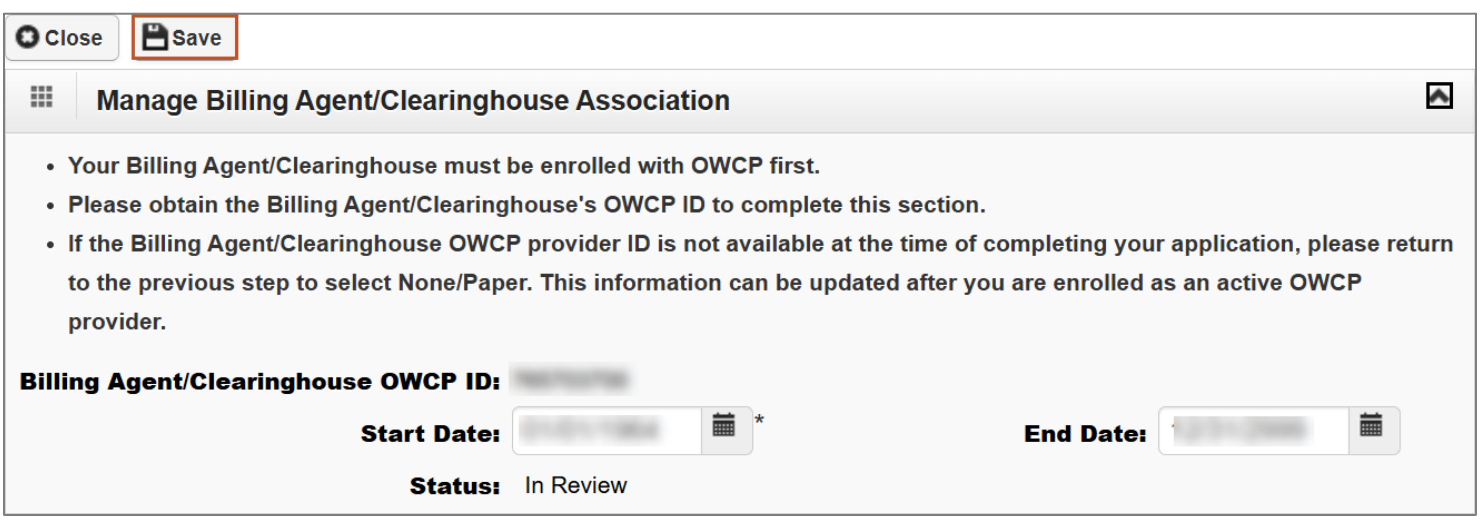


Updating EDI Submitter Details

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



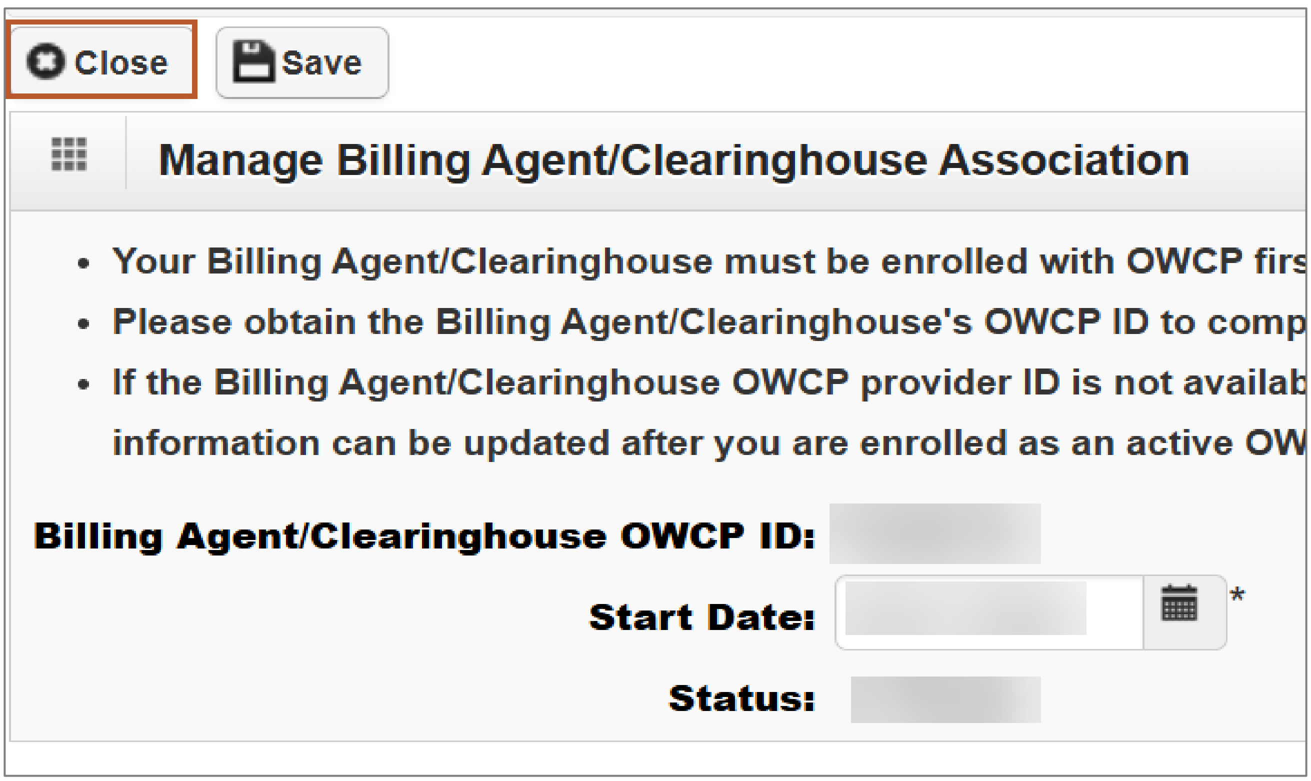
5. After making updates to the billing agent or clearinghouse submitter, select **Save** on the **Manage Billing Agent/Clearinghouse Association** page.



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 must proceed to the next step.



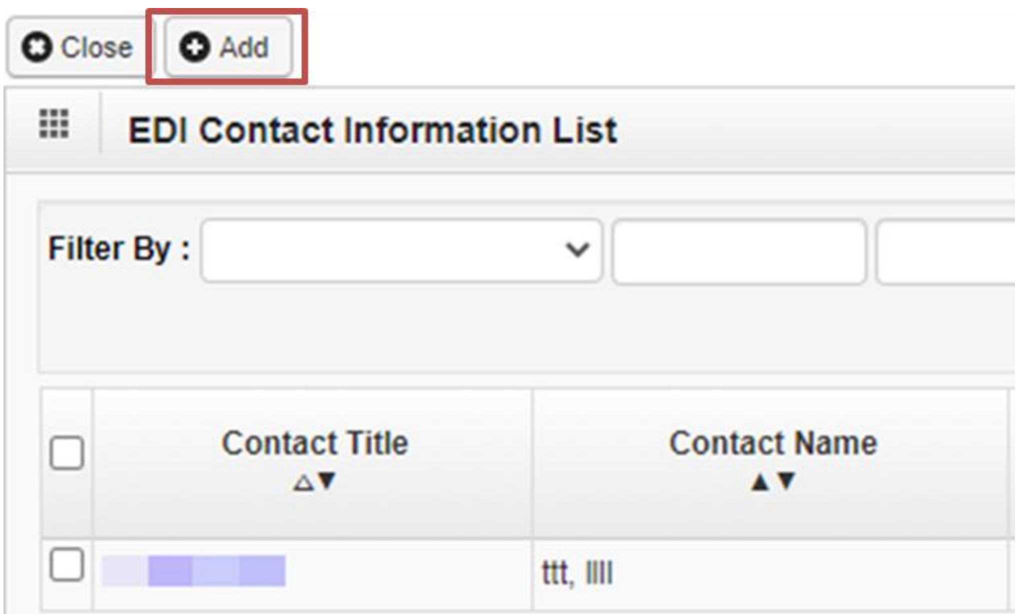
Updating EDI Contact Information

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.

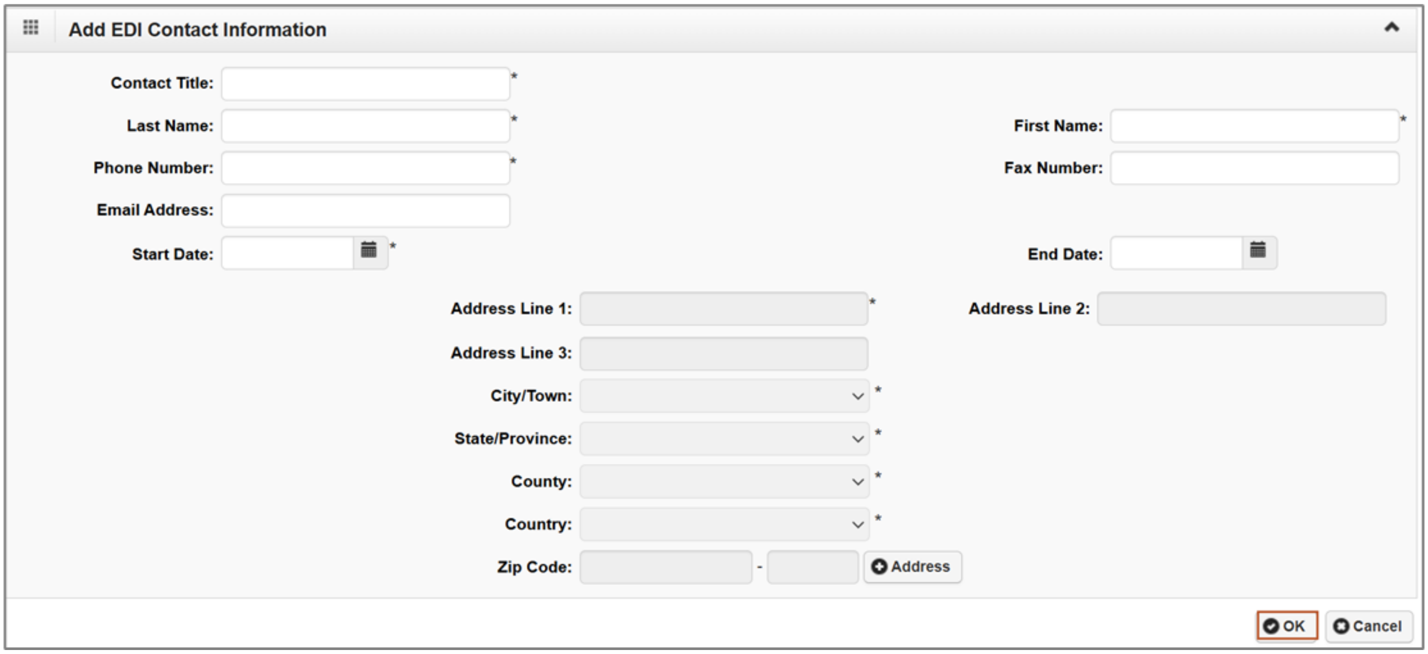
☐	Step 5: Payment Details	Required
☐	Step 6: Complete Provider Disclosure	Required
☐	Step 7: View/Upload Attachments	Optional
☐	Step 8: Identifiers	Optional
☐	Step 9: EDI Submission Method	Optional
☐	Step 10: EDI Submitter Details	Optional
☐	Step 11: EDI Contact Information	Optional

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



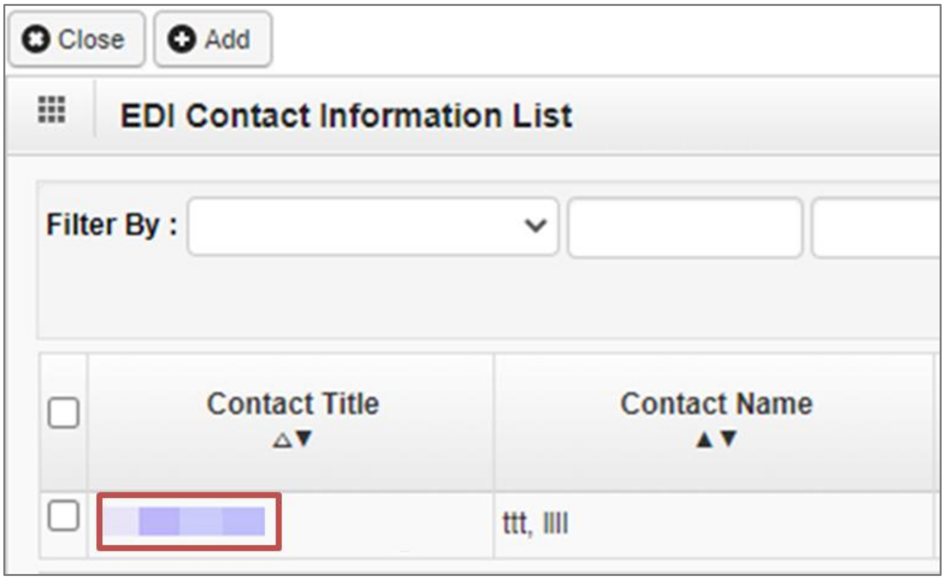
Updating EDI Contact Information

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



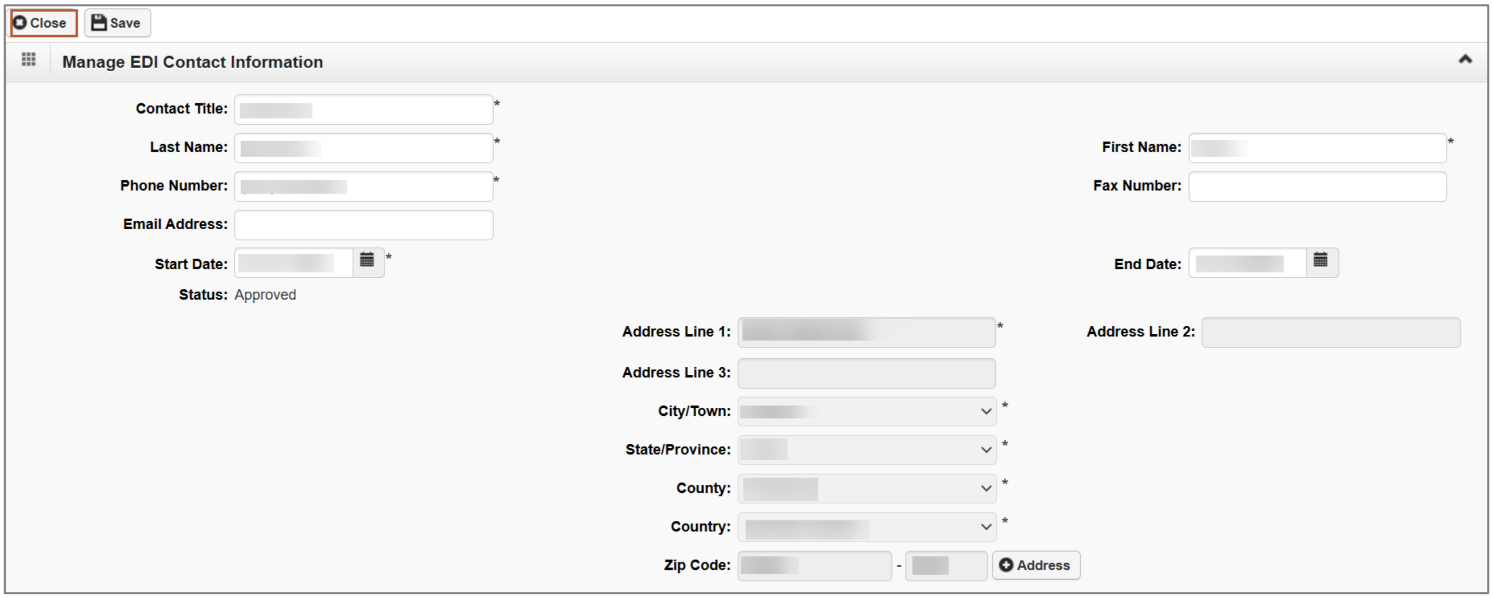
Updating EDI Contact Information

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**.

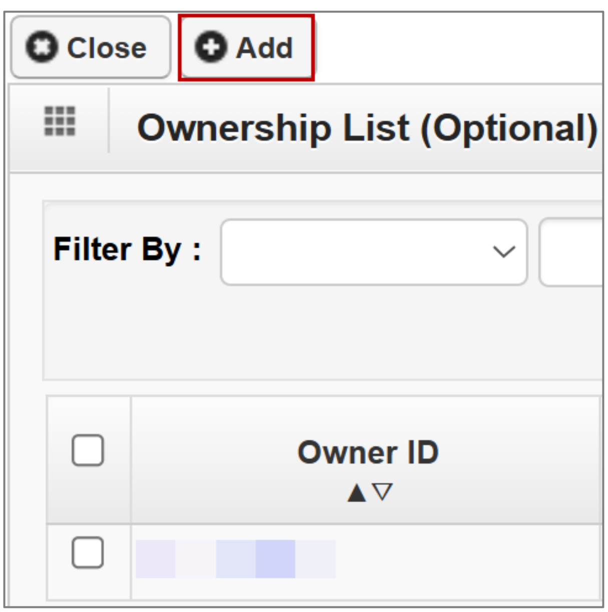
Note: If this is the only step requiring an update, the provider can proceed to the final step, Submitting Maintenance Request for Review. Otherwise, the provider must proceed to the next step.



Updating Ownership Details

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

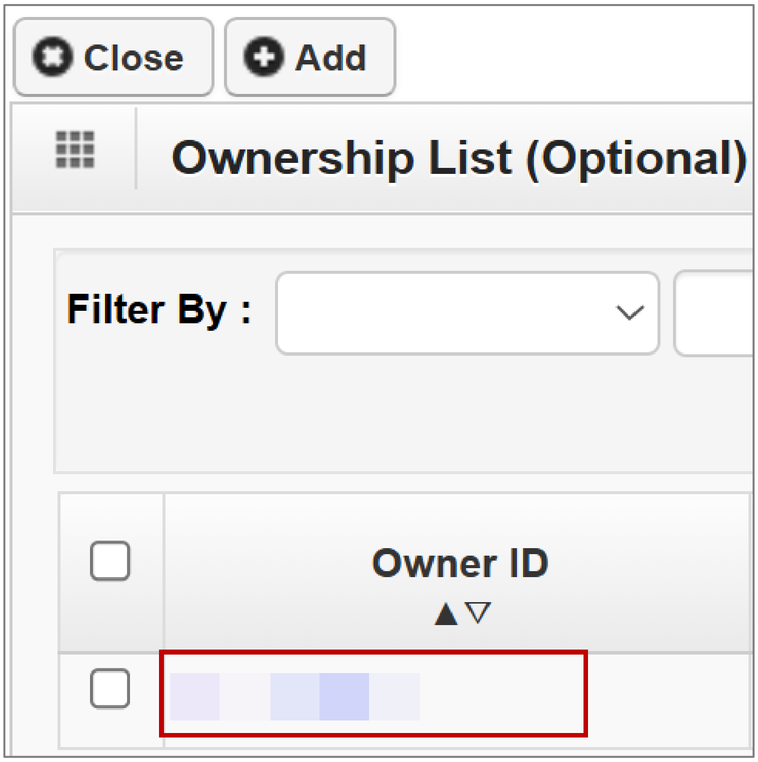
2. To add ownership details, select **Add**.



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 must proceed to the next step.



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 9: EDI Submission Method	Optional
☐	Step 10: EDI Submitter Details	Optional
☐	Step 11: EDI Contact Information	Optional
☐	Step 12: Ownership Details	Optional
☐	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.

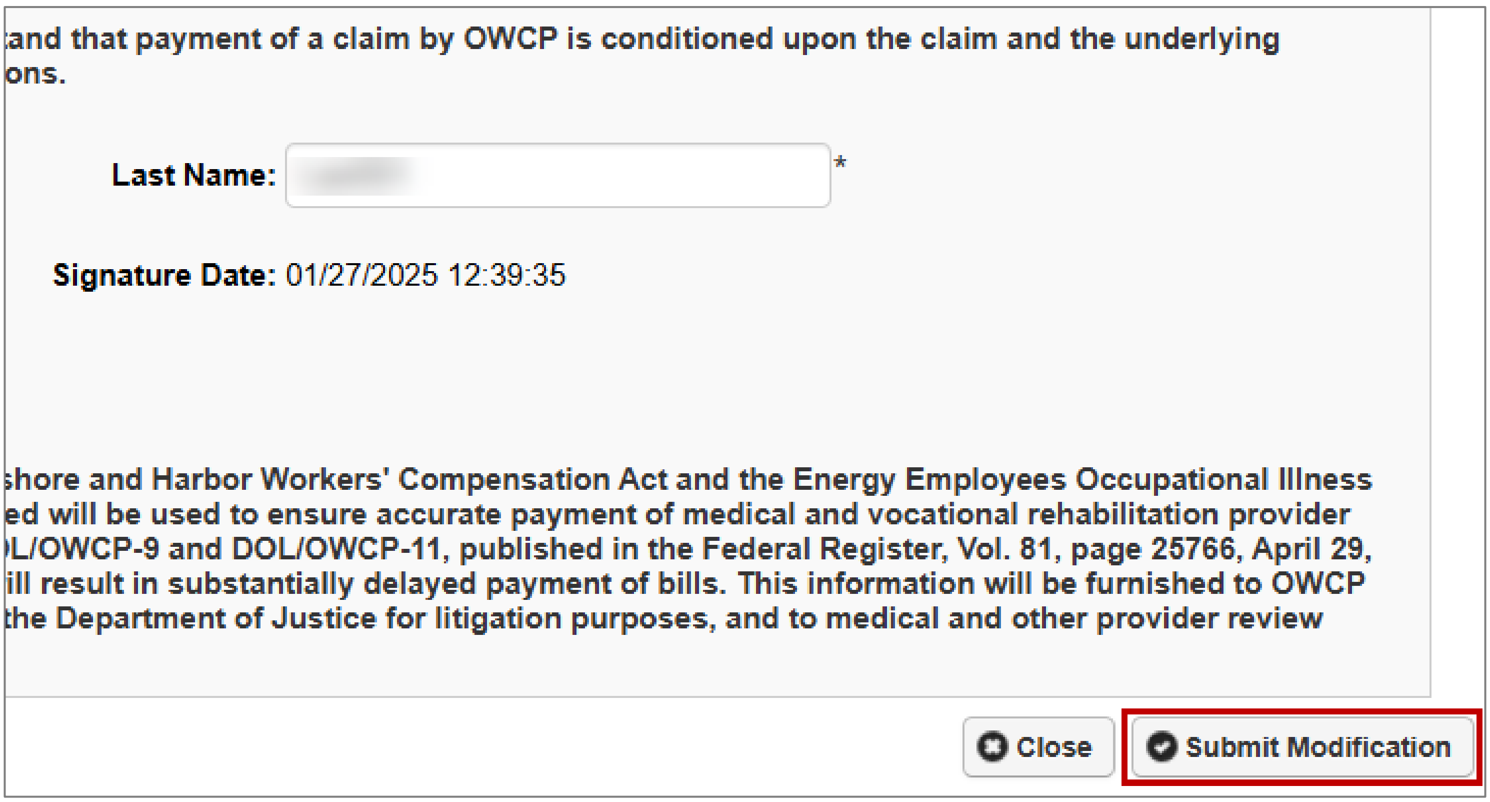
First Name: * **Last Name:** *

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.



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 [illegible] the requirement that Group Practices submit business license annually and have replaced it with revised attestation verbiage.
Please [illegible] 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.

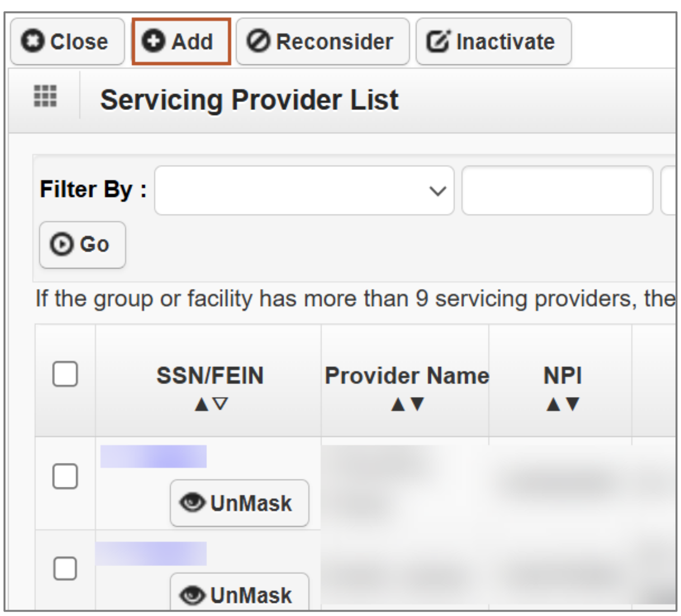
Updating Servicing Provider Information (*For Providers Enrolled as Group Providers*)

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.

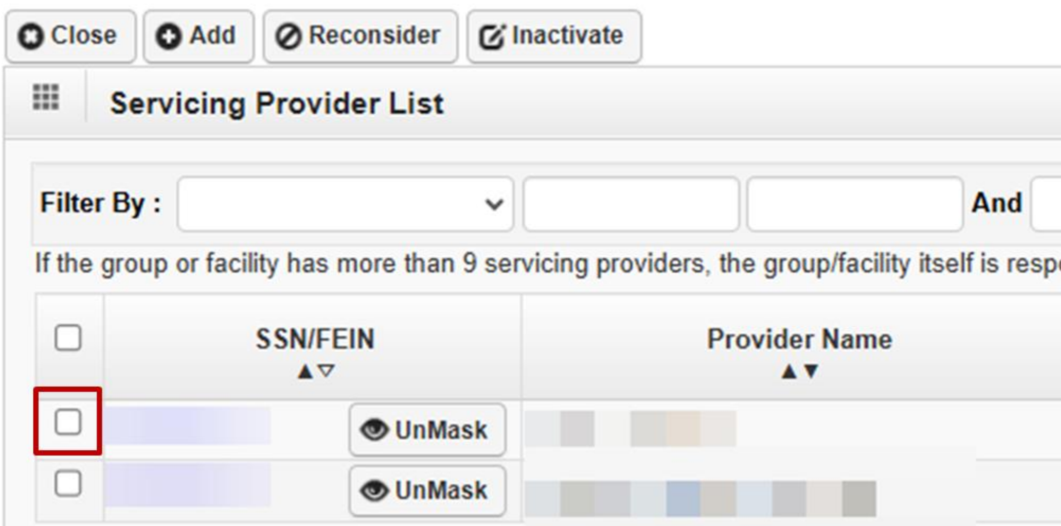
☐	Step 3: Taxonomies	Required
☐	Step 4: Servicing Provider Information	Required
☐	Step 5: Payment Details	Required
☐	Step 6: Complete Provider Disclosure	Required

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**.

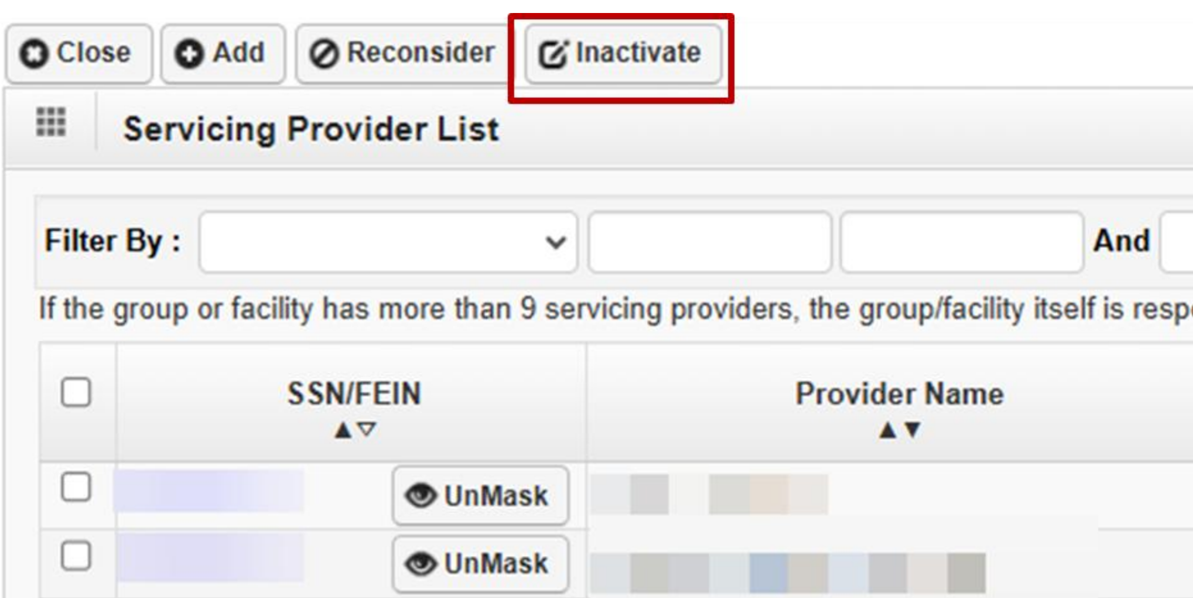


Updating Servicing Provider Information (*For Providers Enrolled as Group Providers*)

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

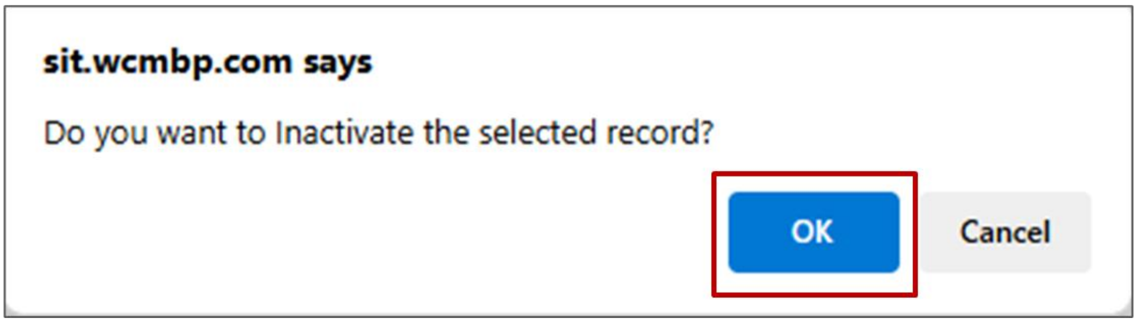


4. Select **Inactivate** at the top of the page.

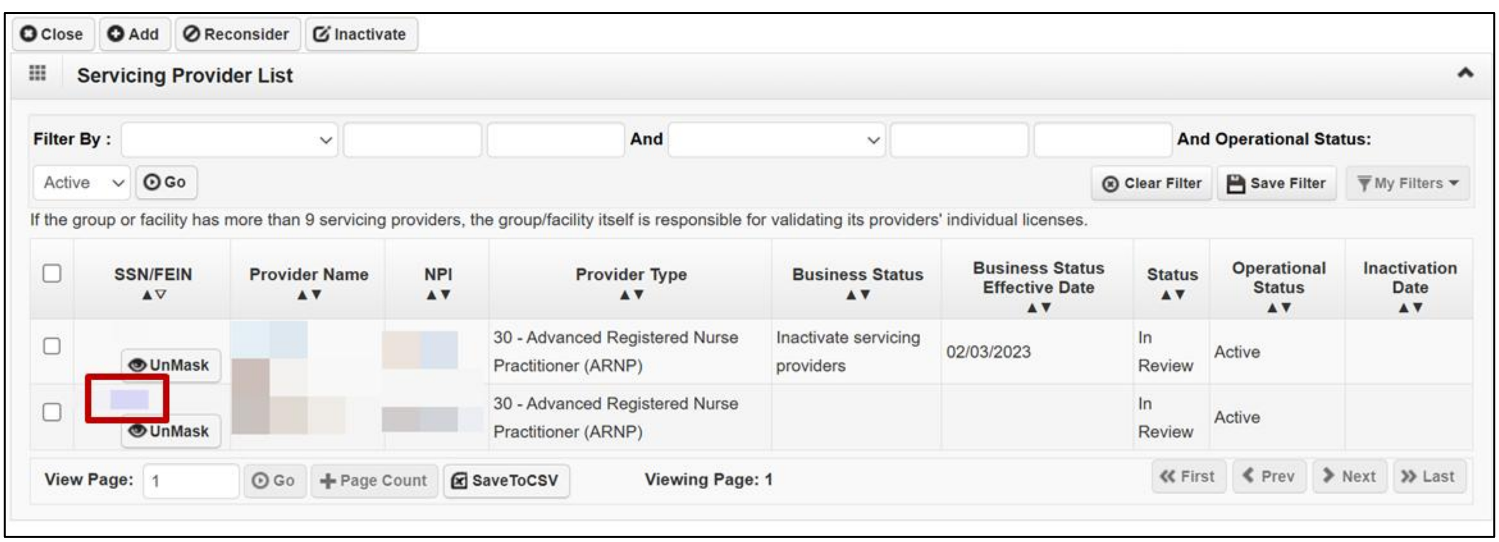


Updating Servicing Provider Information (*For Providers Enrolled as Group Providers*)

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

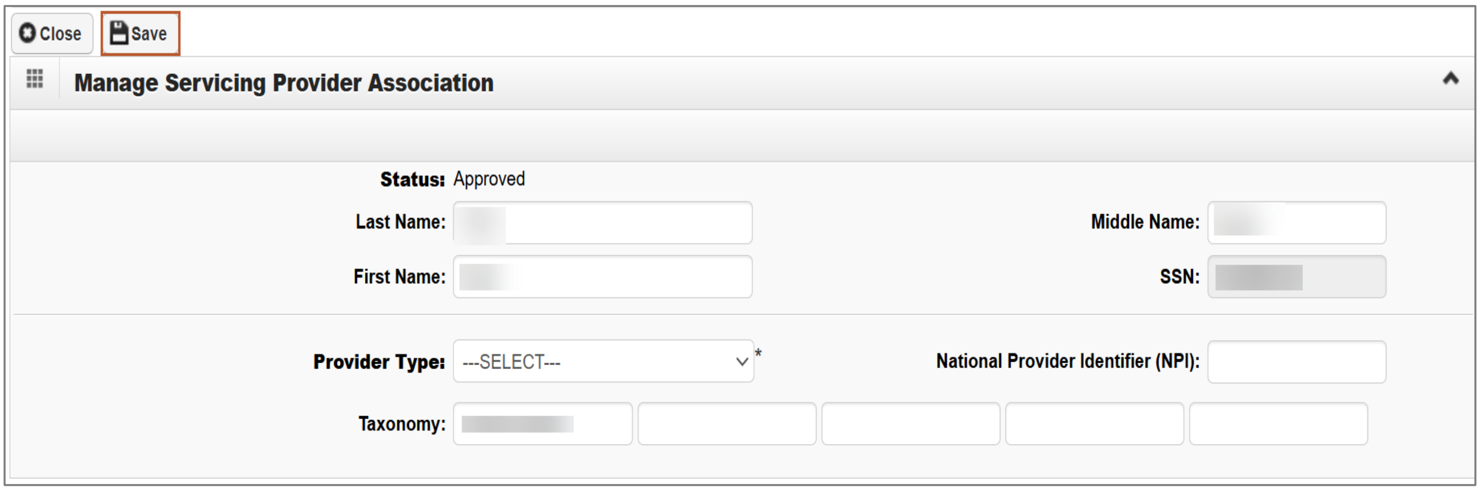


6. To update the respective servicing provider information, select the **SSN/FEIN** links.



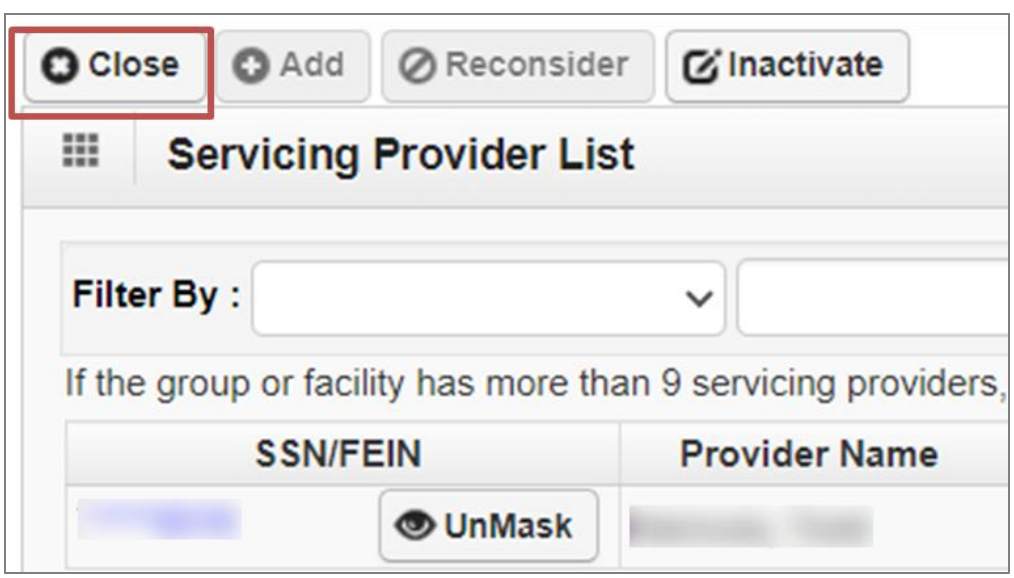
Updating Servicing Provider Information (*For Providers Enrolled as Group Providers*)

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 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.