



Updating Provider Information in the Provider Portal

Quick Reference Guide

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



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Selecting Provider ID and Profile

1. Select the Provider ID from the **Available Provider IDs** drop-down.
2. Select the **Go** button.

Welcome to the WCMBP Provider Portal

eCAMSTM
HCE
Powered by CNSI

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

Available Provider IDs: 020211301

Go

3. Select the Profile from the **Profile** drop-down (ex. EXT Provider File Maintenance).
Note: Choose the applicable profile to access the relevant functionalities of the provider portal.
4. Select the **Go** button.

You will then be taken into the Provider Portal.

Welcome to the Workers' Compensation Medical Bill Process System

eCAMSTM
HCE
Powered by CNSI

Select a profile to use during this session:

Profile: EXT Provider File Maintenance *

Go

Updating Information

1. Select the **Maintain Provider Information** hyperlink to navigate to the View/Update Provider Data screen.

- On-line Bill Entry
- Resubmit Denied/Voided Bill
- Retrieve Saved Bills
- Manage Templates
- Create Bills from Saved Templates
- Claimant
- Eligibility Inquiry
- Authorization
- On-line Authorization Submission
- Provider
- Maintain Provider Information**
- HIPAA
- Submit HIPAA Batch Transaction
- Retrieve HIPAA Batch Responses
- SFTP User Details



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Updating Basic Information

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

<input type="checkbox"/>	Step	Required
<input type="checkbox"/>	Step 1: Basic Information ← 1	Required
<input type="checkbox"/>	Step 2: Location	Required
<input type="checkbox"/>	Step 3: Taxonomies	Optional
<input type="checkbox"/>	Step 4: Ownership Details	Optional
<input type="checkbox"/>	Step 5: Licenses and Certifications	Optional

2. Make necessary updates to any of the fields that are editable and then select the **OK** button.

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

Provider Details

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

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

Program: DFEC DCMWC DEEOIC DLHWC

Provider Name(Organization Name): (as shown on Income Tax Return)

Organization Business Name: Federal Employer Identification Number(FEIN):

National Provider Identifier(NPI): Email Address:

Entity Type: C Corporation * I do not wish to be included in an online searchable list of OWCP providers.

Reason: Status: Approved

2 → OK Cancel

Updating Location

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

<input type="checkbox"/>	Step	Required
<input type="checkbox"/>	Step 1: Basic Information	Required
<input type="checkbox"/>	Step 2: Location ← 1	Required
<input type="checkbox"/>	Step 3: Taxonomies	Optional
<input type="checkbox"/>	Step 4: Ownership Details	Optional
<input type="checkbox"/>	Step 5: Licenses and Certifications	Optional



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2. Select the **Location Name** blue hyperlink to review the Physical and Mailing addresses.

The screenshot shows a table titled "Provider Locations". The table has columns for Location Name, Location Details, Start Date, End Date, Status, and Business Status. A red circle with the number "2" and an arrow points to the "Location Name" column header.

3. In addition to reviewing the Physical and Mailing addresses, users will be required to enter a **Contact Last Name, First Name**, and **Phone Number**.

The screenshot shows the "Location Details" form. It has fields for Business Name, Contact Last Name, Contact First Name, Phone Number, Fax Number, and Email Address. Red circles with numbers "3" and arrows point to the Contact Last Name, Contact First Name, and Phone Number fields.

4. If needing to change your mailing or physical address, select the hyperlinked **Address Type** at the bottom of the Location Details page.

The screenshot shows the "Address Type" selection screen. It has two options: "Mailing" and "Physical". Red circles with numbers "4" and arrows point to both options.

5. Select the **+ Address** button at the bottom of the Location Address screen.

The screenshot shows the "Location Address" screen. It has a "+ Address" button. A red circle with the number "5" and an arrow points to the button.

6. Enter the new street address in the first line and second or third, if needed.
 7. Enter the zip code of the new address.
 8. Select the **Validate Address** button
- Note:** If the address is valid, the city/town, State/Province, County, and Country should auto-populate.
9. After the system has validated the address, select the **OK** button at the bottom right of the screen.

The screenshot shows the "Address details" form. It has fields for Address Line 1, Address Line 3, City/Town, State/Province, County, Country, and Zip Code. There is a "Validate Address" button and "OK" and "Cancel" buttons at the bottom right. Red circles with numbers "6", "7", "8", and "9" and arrows point to the Address Line 1, Zip Code, Validate Address, and OK buttons respectively.



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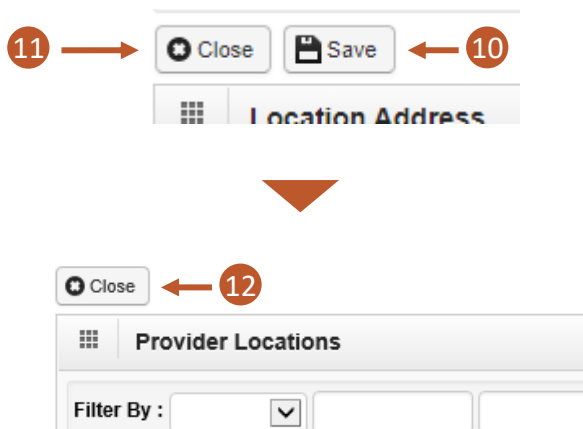
10. After reviewing and entering the required information, select the **Save** button.

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

Note: On the Provider Location List page, if there is a data change in location, there will be two records on the Provider Location List page (one "Approved" and one "In Review"). Once the updated location is approved, the previously added location will be replaced with the new one.

12. Select **Close** again on the Provider Locations list page as well.

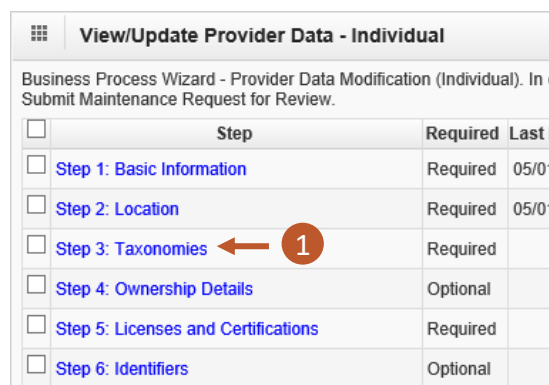
Note: If this is the only step needing an update, proceed to the last step to Submit Maintenance Request for Review.



Updating Taxonomies

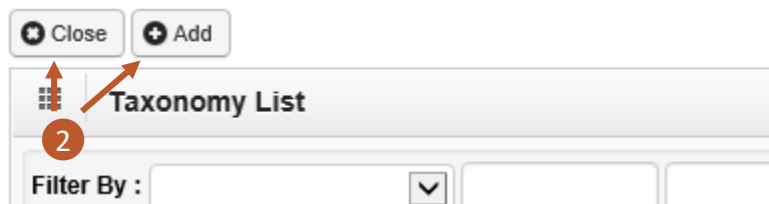
1. Select **Step 3: Taxonomies**.

Note: This step will be required depending on the Provider Type assigned during enrollment.



2. Review the Taxonomy information. If additional are needed to be added, select the **Add** button, otherwise, select the **Close** button.

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





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Updating Ownership Details

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

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

<input type="checkbox"/>	Step	Required	Last
<input type="checkbox"/>	Step 1: Basic Information	Required	05/0'
<input type="checkbox"/>	Step 2: Location	Required	05/0'
<input type="checkbox"/>	Step 3: Taxonomies	Required	
<input checked="" type="checkbox"/>	Step 4: Ownership Details	Optional	
<input type="checkbox"/>	Step 5: Licenses and Certifications	Required	
<input type="checkbox"/>	Step 6: Identifiers	Optional	

2. Either select the **Owner ID** hyperlink to make changes or select the **Add** button to add Ownership Details.

Close Add

Filter By :

Owner ID
Testir

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

Updating Licenses and Certifications

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

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

<input type="checkbox"/>	Step	Required	Last
<input type="checkbox"/>	Step 1: Basic Information	Required	05/0'
<input type="checkbox"/>	Step 2: Location	Required	05/0'
<input type="checkbox"/>	Step 3: Taxonomies	Required	
<input type="checkbox"/>	Step 4: Ownership Details	Optional	
<input checked="" type="checkbox"/>	Step 5: Licenses and Certifications	Required	
<input type="checkbox"/>	Step 6: Identifiers	Optional	

2. To update the license or certification, select the blue **License** and/or **Certification** hyperlink.

Note: To add a new license number, select the **Add** button and add the new license information.

Close Add

Filter By :

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

<input type="checkbox"/>	License Category	License/Certification Number	License/Certification Type	Issued State	Initial Issue Date	Expiration Date	Status	Operational Status	Inactivation Date
<input checked="" type="checkbox"/>	License				05/18/1984	05/12/2020	APPROVED	Active	
<input checked="" type="checkbox"/>	Certification				07/31/2019	12/31/2999	APPROVED	Active	



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Updating Licenses and Certifications

3. Within this step, the following will be needed:
 - Name
 - License or Certification Type
 - Initial Issue Date
 - Expiration Date
 - Issued State
 - Issuer Agency
 - Web Link where your license or certification can be verified.
4. After updating this information, select the **Save** button.
5. After saving the update, select the **Close** button.

3 Close button

4 Save button

5 Close button

Manage License/Certification

Please provide all license/certification required by your State to perform the service under your Provider Type.
 WCP will verify all your 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 license/certification information up to date.
- Expired license/certification will cause the termination of the provider status.
- If you have a renewed license/certification under a different number, please make sure to enter it using the exactly same License/Certification Type.

Status: Approved

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

Name:

License or Certification Type: License/Certification #:

Initial Issue Date: Expiration Date:

Issued State: Issuer Agency:

Web Link:

6. If multiple licenses or certifications are listed on the Licenses/Certification List page, steps 2-5 will need to be followed for each item listed in order to complete the update.
7. After making the update to all Licenses and Certifications, select the **Close** button on the License/Certification List page to return to the list of steps.

7 Close button

6 License/Certification List table

License Category	License/Certification Number	License/Certification Type	Issued State	Initial Issue Date	Expiration Date	Status	Operational Status	Inactivation Date
<input type="checkbox"/> License				05/18/1984	05/12/2020	APPROVED	Active	
<input type="checkbox"/> Certification				07/31/2019	12/31/2999	APPROVED	Active	

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

Updating Identifiers

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

1 Step 6: Identifiers

View/Update Provider Data - Individual

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

Step	Required	Last
<input type="checkbox"/> Step 1: Basic Information	Required	05/0
<input type="checkbox"/> Step 2: Location	Required	05/0
<input type="checkbox"/> Step 3: Taxonomies	Required	
<input type="checkbox"/> Step 4: Ownership Details	Optional	
<input type="checkbox"/> Step 5: Licenses and Certifications	Required	
<input type="checkbox"/> Step 6: Identifiers	Optional	



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Updating Identifiers

2. Select the **Add** button to add additional Identifiers.
If adding Identifiers, input the required information on the **Add New Identifier** window and then select the **OK** button on the **Add New Identifier** window.
3. Select the **Identifier Type** hyperlinks to update the respective Identifier.
If making updates to Identifiers, select the **Save** button and return to the list of steps.
4. After saving the update, select the **Close** button.

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

Updating EDI Submission Method

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

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

2. Select the **Add** button to add EDI Submission Method.
If adding an EDI Submission Method, select preferred mode(s) of submission on the **EDI Submission Details** window and then select the **OK** button on the **Add New Identifier** window.
3. Select the **EDI Submission Method** hyperlink to update previously selected modes of submission.
If making updates to previously selected modes of submission, select the **OK** button and return to the list of steps.
4. After saving the update, select the **Close** button.

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



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Updating EDI Submitter Details

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

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

<input type="checkbox"/>	Step 7: EDI Submission Method	Optional
<input type="checkbox"/>	Step 8: EDI Submitter Details ← 1	Required
<input type="checkbox"/>	Step 9: EDI Contact Information	Required

2. Select the **Add** button to add Billing Agent/Clearinghouse.
If adding an EDI Submission Method, include Billing Agent/Clearinghouse OWCP ID, Start and End dates, and select the **OK** button on the **Associate Billing Agent/Clearinghouse** window.

Close Add ← 2

Billing Agent/Clearinghouse/Submitter List

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

<input type="checkbox"/>	OWCP ID ▲▼	Billing Agent/Clearinghou ▲▼
<input type="checkbox"/>	[blue bar]	ACCOUNT EXECUTIVES

3. Select the **OWCP ID** hyperlink to update the EDI Submitter Details.
After making updates to the Billing Agent/Clearinghouse Submitter, select the **Save** button on the **Manage Billing Agent/Clearinghouse Association** page.
4. After saving the update, select the **Close** button.

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

4 → Close Add

Billing Agent/Clearinghouse/Submitter List

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

<input type="checkbox"/>	OWCP ID ▲▼	Billing Agent/Clearinghou ▲▼
<input type="checkbox"/>	[blue bar]	ACCOUNT EXECUTIVES



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Updating EDI Contact Information

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

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

<input type="checkbox"/>	Step 7: EDI Submission Method	Optional
<input type="checkbox"/>	Step 8: EDI Submitter Details	Required
<input type="checkbox"/>	Step 9: EDI Contact Information ← 1	Required

2. Select the **Add** button to add EDI contacts.
If adding a contact, input the required information on the **Add EDI Contact Information** window and then select the **OK** button on the **Add EDI Contact Information** window.

3. Select the **Contact Title** hyperlinks to update the respective contact information.

After making updates to a contact, select the **Save** button.

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

EDI Contact Information List

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

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

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

Updating Payment Details

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

Note for Group Providers: If you are enrolled as a Group Provider, an additional step is included prior to this step for adding/associating “Servicing Providers.” The instructions for updating that step is included after the “Submit Maintenance Request for Review” step.

<input type="checkbox"/>	Step 10: Payment Details ← 1	Required	
<input type="checkbox"/>	Step 11: Complete Provider Disclosure	Required	
<input type="checkbox"/>	Step 12: View/Upload Attachments	Optional	
<input type="checkbox"/>	Step 13: Submit Maintenance Request for Review	Required	



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Updating Payment Details

2. Select the **Add** button to add payment details if there is not currently payment details listed.
If adding a contact, input the required information on the **Payment Details** window and then select the **OK** button on the **Payment Details** window.
3. Select the **Account Number** hyperlinks to update the respective payment details.
After making updates to the payment details, select the **OK** button.
4. After selecting the **OK** button, select the **Close** button.

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

Complete Provider Disclosure

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

<input type="checkbox"/>	Step 10: Payment Details	Required	
<input type="checkbox"/>	Step 11: Complete Provider Disclosure	Required	
<input type="checkbox"/>	Step 12: View/Upload Attachments	Optional	
<input type="checkbox"/>	Step 13: Submit Maintenance Request for Review	Required	

2. Update the answers to the two questions on the Provider Disclosure page and provide comments if necessary
3. Select the **Save** button.
4. Select the **Close** button.



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View/Upload Attachments

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

<input type="checkbox"/>	Step 10: Payment Details	Required	
<input type="checkbox"/>	Step 11: Complete Provider Disclosure	Required	
<input type="checkbox"/>	Step 12: View/Upload Attachments ← 1	Optional	
<input type="checkbox"/>	Step 13: Submit Maintenance Request for Review	Required	

2. To upload attachments, select the **Upload Attachments** button.
3. To view attachments that were previously uploaded, select the **Repository Key** hyperlink.
4. Select the **Close** button.

The screenshot shows the 'Attachment List' interface. At the top, there are three buttons: 'Close' (with a star icon), 'Upload Attachments' (with a plus icon), and 'Required Credentials' (with a right arrow icon). Below these is the 'Attachment List' header. The list contains three rows, each with a checkbox, a 'Repository Key' (represented by a colored bar), and a 'File Name'. Callout 1 points to the 'Upload Attachments' button. Callout 2 points to the 'Attachment List' header. Callout 3 points to the 'Repository Key' column. Callout 4 points to the 'Close' button.

<input type="checkbox"/>	Repository Key	File Name
<input type="checkbox"/>	[Color Bar]	DFEC Surgical Package Authorization Request.pdf
<input type="checkbox"/>	[Color Bar]	Provider ACH Form.pdf
<input type="checkbox"/>	[Color Bar]	Home Health - DEEOIC-Authorization Request.pdf

Submit Maintenance Request for Review

1. As a required step, select **Step 13: Submit Maintenance Request for Review** hyperlink to submit the updates of the information for review.

<input type="checkbox"/>	Step 10: Payment Details	Required	
<input type="checkbox"/>	Step 11: Complete Provider Disclosure	Required	
<input type="checkbox"/>	Step 12: View/Upload Attachments	Optional	
<input type="checkbox"/>	Step 13: Submit Maintenance Request for Review ← 1	Required	



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Submit Maintenance Request for Review

- On the Final Modification Submission page, carefully read the instructions, and then select the **Submit Modification** button.

Note: Additional modifications to the information will not be allowed until after the modification submission has been reviewed by CNSI staff.

Updating Servicing Provider Information (FOR PROVIDERS THAT ENROLLED AS GROUP PROVIDERS)

This step is an additional step that would appear before the **Payment Details** step if the Provider enrolled as a **Group Provider**.

- Select **Step 10: Servicing Provider Information**.

<input type="checkbox"/>	Step 9: EDI Contact Information	Required
<input type="checkbox"/>	Step 10: Servicing Provider Information	Required
<input type="checkbox"/>	Step 11: Payment Details	Required

- Select the **Add** button to add associate additional servicing providers. If associating additional servicing providers, input the required information on the **Associate Servicing Provider** window and then select the **OK** button on the **Associate Servicing Provider** window.

- If you need to make a servicing provider inactive, select the checkbox next to the SSN/FEIN link, select the **Inactivate** button, when select **OK** on the confirmation window to confirm.

- Select the **SSN/FEIN** hyperlinks to update the respective servicing provider. If making updates to the servicing provider(s) selected, select the **Save** button and return to the list of steps.

- After saving the update, select the **Close** button.

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



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Changing Profiles

Note: Profiles can be switched at any point while in the Provider Portal by selecting the profile drop-down in the blue bar near the top of the Provider Portal. A list of available profiles will be displayed. Select the applicable profile from this drop-down and the Provider Portal functions that you have access to will be updated after making that selection.

