

# Electronic Data Interchange (EDI) Process



# Introduction

The purpose of this tutorial is to educate providers on Electronic Data Interchange (EDI) Process: how to establish an EDI account and submit files. Providers can submit their EDI files through the Workers' Compensation Medical Bill Process (WCMBP) System. This tutorial will cover information on how to:

- Avoid claim processing delays
- Reduce administrative postage, materials and handling cost
- Receive a faster detection of errors and faster payments



# EDI Benefits

Allows Providers to:

- Avoid claim processing delays
- Reduction of administrative postage, materials and handling cost
- Faster detection of errors
- Faster Payments



# What is Electronic Data Interchange (EDI)?



# What is EDI?

EDI (Electronic Data Interchange) X12 is a data format based on the Accredited Standards Committee (ASC) X12 standards. The Implementation Guides adopted under the Health Insurance Portability and Accountability Act (HIPAA) can be found at <http://www.wpc-edi.com/>.

EDI allows one company to send information to another company electronically, rather than using paper. Business entities conducting business electronically are known as "trading partners." A 'Trading Partner' may represent an organization, group of organizations or any other business entity.

# WCMBP and EDI

The WCMBP system supports the following EDI transactions:

- **837 Inbound File** – An electronic file that contains information about a patient claim that are sent by healthcare providers to a payor (OWCP).
- **835 Outbound File** – Is the electronic Remittance Voucher(RV)/Explanation of Benefits(EOB) sent by payor (OWCP) to providers about the healthcare services being paid/denied for.
- **TA1 Outbound Acknowledgement** – It reports the status of the processing of an interchange. This report confirms whether or not EDI successfully received the interchange or transmission. It notifies the Trading Partner of encountered errors after it verifies the envelop structure.
- **999 Outbound Acknowledgement** – A response that a file was received properly.

# EDI Bills Submission Methods



# How Can EDI Bills Be Submitted – Direct Data Entry

**Direct Data Entry (DDE)** –This feature is available to all providers upon registration with the WCBMP system (Also referred to as Web Interactive).

- Enter bills directly into the WCMBP system via the **“On-Line Bills Entry”** link on the Provider Portal.
- Accommodates several bill types (professional, institutional, dental) with the ability to create/save billing templates.
- Allows for the attachment of supporting documents





# How Can EDI Bills Be Submitted – EDI Batch

**EDI Batch** - This feature is available for all the providers and Billing Agents/Clearinghouses

- Access via the “**HIPPA Batch Transaction**” hyperlink on the WCMBP provider portal.
- The size limit of the EDI Batch file is **50MB**.
- Providers can see all the submitted **EDI files** along with acknowledgment/response files. days.
- Does **not** allow for attaching supporting documentation.



# How Can EDI Bills Be Submitted - Secure FTP Batch

**Secure File Transfer Protocol (SFTP) Batch** - This feature is available via the WCMBP system and requires the use of an SFTP client.

- Access this feature via the “**SFTP User Details**” link on the provider portal.
- SFTP allows for a file size of up to **100MB**.
- Allows for the attachment of supporting documents.
- WCMBP system will have an account and folder structure in SFTP and the login credentials will be shared with the provider



# How Can EDI Bills Be Submitted - Secure FTP Batch

## SFTP Batch

- The acknowledgment/response files for the submitted EDI file are stored in respective folder in SFTP account for provider review.
- SFTP is the default EDI bills submission method for ***Billing Agents/Clearinghouses***.



# Billing Agents/Clearinghouses & EDI

- **Billing agents/clearinghouse responsibilities:** Each billing agent/clearinghouse must have an OWCP provider ID number to submit bills via the WCMBP system, and must provide their OWCP Provider ID number to each provider for whom they are billing.
- **Legacy billing agent/clearinghouses:** OWCP provider information will transfer to the WCMBP system. They will receive a Welcome and Registration letters that provide information on how to access the system.
- **New billing agent/clearinghouse:** Need to enroll with OWCP via the WCMBP System online enrollment process.

# Billing Agents/Clearinghouse & EDI

**Provider Responsibility:** Any provider who chooses to utilize the services of a third party biller (billing agent or clearinghouse) to submit bills must identify the OWCP provider ID assigned to the billing agent/clearinghouse on their own provider profile.

- **Legacy providers whose provider profile is currently linked to a billing agent/clearinghouse:** Information will transition over to the WCMBP system; the billing agent/clearinghouse will be able to submit EDI claims on or after April 27, 2020, through the WCMBP system.
- **Legacy providers whose provider profile is NOT linked to a billing agent/clearinghouse:** Providers need to update their existing provider profile with the the billing agent/clearinghouse provider information, including the billing agent/clearinghouse's OWCP Provider ID.
- **New providers:** Providers who select the option to submit bills via EDI on their enrollment application and must have the billing agent/clearinghouse OWCP Provider ID. The tutorials on how to complete an enrollment application is available at <https://owcpmed.dol.gov> under resources, training and tutorials.

# Existing Legacy Providers: Adding/Updating EDI Submission Methods



# Accessing Maintain Provider Information in the WCMBP System

1 Log in to the WCMBP System. The system will display the default "Select a provider ID Number" page. Select the appropriate profile "Ext Provider File Maintenance" from the drop-down list.

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

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

Available Provider IDs: 700

Go

Select a profile to use during this session:

EXT Provider File Maintenance

Go

2 Click on the "Maintain Provider Information" hyperlink in the column on the left under Provider.


Provider

Maintain Provider Information

# Update Provider Data

1

Click hyperlink "Step 7: EDI Submission Method."

 **View/Update Provider Data - Individual**

Business Process Wizard - Provider Data Modification (Individual). In order to finalize submission of your requested changes, you must complete the Step - Submit Maintenance Request for Review.

| <input type="checkbox"/> | Step   | Required | Last Modification Date | Last Review Date | Status     |
|--------------------------|--|----------|------------------------|------------------|------------|
| <input type="checkbox"/> | <a href="#">Step 1: Basic Information</a>                      | Required | 03/04/2020             | 03/04/2020       | Complete   |
| <input type="checkbox"/> | <a href="#">Step 2: Location</a>                               | Required | 12/29/2019             | 12/29/2019       | Complete   |
| <input type="checkbox"/> | <a href="#">Step 3: Taxonomies</a>                             | Required | 12/29/2019             | 12/29/2019       | Complete   |
| <input type="checkbox"/> | <a href="#">Step 4: Ownership Details</a>                      | Required | 12/29/2019             | 12/29/2019       | Complete   |
| <input type="checkbox"/> | <a href="#">Step 5: Licenses and Certifications</a>            | Required | 12/29/2019             | 12/29/2019       | Complete   |
| <input type="checkbox"/> | <a href="#">Step 6: Identifiers</a>                            | Optional | 12/29/2019             | 12/29/2019       | Complete   |
| <input type="checkbox"/> | <a href="#">Step 7: EDI Submission Method</a>                  | Optional | 12/29/2019             | 12/29/2019       | Complete   |
| <input type="checkbox"/> | <a href="#">Step 8: EDI Submitter Details</a>                  | Optional | 12/29/2019             | 12/29/2019       | Complete   |
| <input type="checkbox"/> | <a href="#">Step 9: EDI Contact Information</a>                | Optional | 12/29/2019             | 12/29/2019       | Complete   |
| <input type="checkbox"/> | <a href="#">Step 10: Payment Details</a>                       | Required | 03/17/2020             | 12/29/2019       | Complete   |
| <input type="checkbox"/> | <a href="#">Step 11: Complete Provider Disclosure</a>          | Required | 12/29/2019             | 12/29/2019       | Complete   |
| <input type="checkbox"/> | <a href="#">Step 12: View/Upload Attachments</a>               | Optional | 12/29/2019             | 12/29/2019       | Complete   |
| <input type="checkbox"/> | <a href="#">Step 13: Submit Maintenance Request for Review</a> | Required | 12/29/2019             | 12/29/2019       | Incomplete |



# EDI Submission Method – Step 7

If the provider previously opted out of submitting via EDI, it will show 'None' in "EDI Submission Method" column.

- 1 Click the "None" hyperlink under EDI Submission Method

| EDI Submission Method    |                       |                         |            |          |                    |                   |            |
|--------------------------|-----------------------|-------------------------|------------|----------|--------------------|-------------------|------------|
| Filter By :              | And                   | And Operational Status: | Active     | Go       | Clear Filter       | Save Filter       | My Filters |
| <input type="checkbox"/> | EDI Submission Method | Start Date              | End Date   | Status   | Operational Status | Inactivation Date |            |
| <input type="checkbox"/> | <a href="#">None</a>  | 2/29/2019               | 12/31/2999 | APPROVED | Active             |                   |            |

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# Add EDI Submission Method (Step 7)

## 1. Select your Mode of Submission:

- Billing Agent/ Clearinghouse: When provider uses a third party to submit their bills.
- Web interactive (DDE): This option is already available for providers, nothing further will be needed.
- FTP Secure Batch: SFTP set up.
- Web Batch: This option is already available for providers, nothing further will be needed.
- None: Don't select.

## 2. Click "Ok."

1

**EDI Submission Details**

Mode of Submission:  Billing Agent/Clearinghouse    Web Interactive    FTP Secured Batch    Web Batch    None  
Status: Approved

| Method                      | When to Use  |
|-----------------------------|--|
| Billing Agent/Clearinghouse | For providers who use a 3rd party to bill          |
| Web Interactive             | For entering (keying) bills directly in the System |
| FTP Secured Batch           | For submitting files via an SFTP site              |
| Web Batch                   | For upload/download of files in OWCP               |
| None                        | For submission through paper form ONLY.            |

- Web Batch method is often used by providers who submit their own HIPAA batch transactions. It allows a maximum file size of 50 MB.  
- Your EDI submission method is "FTP Secured Batch" if you submit and retrieve batches at a secure web folder assigned to you by OWCP. This method was designed with clearinghouses and billing agents in mind. It allows a maximum file size of 100 MB.  
- Don't select "None" if other submission method is selected. You can always submit paper form in addition to EDI Submission.

2

OK Cancel

# EDI Submission Method (Step 7)

Your EDI Submission will be in a "In Review" status. Click "Close" and go to next step "Add EDI Submitter Details."

| <input type="checkbox"/> | EDI Submission Method<br>▲▼                 | Start Date<br>▲▼ | End Date<br>▲▼ | Status<br>▲▼ | Operational Status<br>▲▼ | Inactivation Date<br>▲▼ |
|--------------------------|---|------------------|----------------|--------------|--------------------------|-------------------------|
| <input type="checkbox"/> | <a href="#">None</a>                        | 12/29/2019       | 12/31/2999     | APPROVED     | Active                   |                         |
| <input type="checkbox"/> | <a href="#">Billing Agent/Clearinghouse</a> | 01/01/1964       | 12/31/2999     | IN REVIEW    | Active                   |                         |

Filter By :   And   And Operational Status: Active

View Page:     Viewing Page: 1

# Add EDI Submitter Details (Step 8)

1. Enter the Billing Agent/Clearinghouse OWCP ID
2. Enter the start date, and end date is optional.
3. Click OK

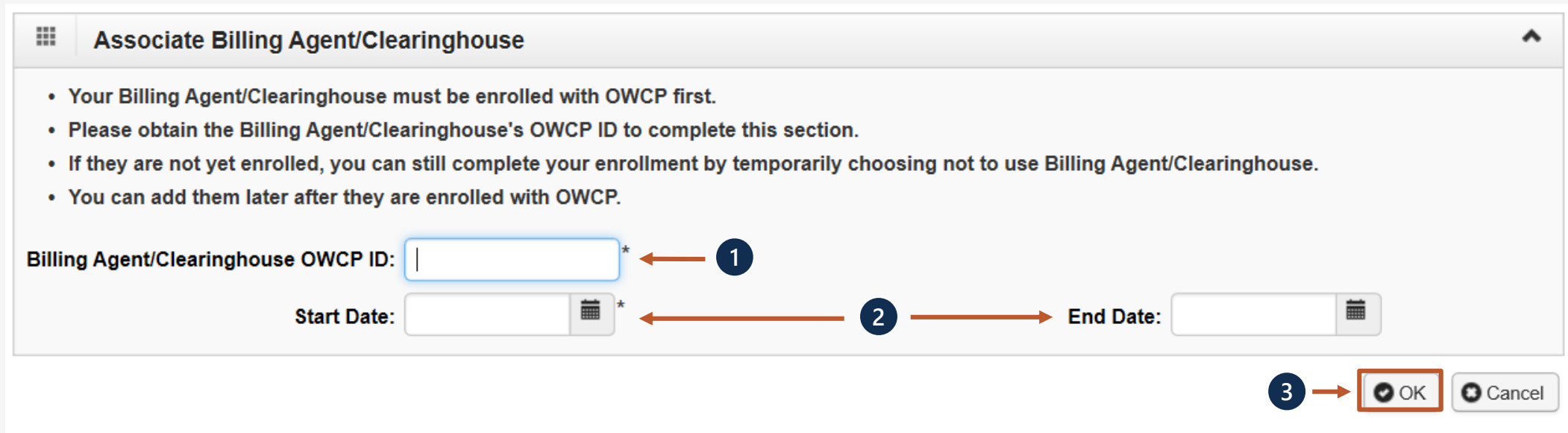
**Associate Billing Agent/Clearinghouse**

- Your Billing Agent/Clearinghouse must be enrolled with OWCP first.
- Please obtain the Billing Agent/Clearinghouse's OWCP ID to complete this section.
- If they are not yet enrolled, you can still complete your enrollment by temporarily choosing not to use Billing Agent/Clearinghouse.
- You can add them later after they are enrolled with OWCP.

Billing Agent/Clearinghouse OWCP ID: \*

Start Date: \*

End Date:



# Add EDI Submitter Details (Step 8)

1. The system displays the Billing Agent/Clearinghouse OWCP ID entered.
2. Click "Close" to move on to the next step, "Add EDI Contact Information."

**Note:** EDI Contact Information will need to be on file for any questions related to the EDI enrollment and/or future submissions and retrievals.

2 →

1 →

| OWCP ID   | Billing Agent/Clearinghouse | Operational Status | Start Date | End Date   | Status    | Inactivation Date |
|-----------|-----------------------------|--------------------|------------|------------|-----------|-------------------|
| 700036000 | A Clearing House            | Active             | 03/19/2020 | 12/31/2999 | In Review |                   |

# Add EDI Contact Information (Step 9)

**Note:** Step 9 is required if the EDI Submission Method is Billing Agent/Clearinghouse in Step 7.

1. Enter the Title of the contact person.
2. Enter contact person's First and Last Name.
3. Enter 10-digit phone number.
4. Click "+Address."
5. Enter Street Number and Name in Address Line 1.
6. Enter Zip Code.
7. Click "+Validate Address."
8. Click "Ok."

The screenshot shows the 'Add EDI Contact Information' form. It contains several input fields: Contact Title, Last Name, First Name, Phone Number, Fax Number, Email Address, Address Line 1, Address Line 2, Address Line 3, City/Town, State/Province, County, Country, and Zip Code. A '+ Address' button is located at the bottom right of the form. Numbered callouts 1 through 4 point to the Contact Title field, the First Name and Last Name fields, the Phone Number field, and the '+ Address' button, respectively.

The screenshot shows the 'Address details' form. It contains several input fields: Address Line 1, Address Line 2, Address Line 3, City/Town, State/Province, County, Country, and Zip Code. A '+ Validate Address' button is located at the bottom right of the form. Numbered callouts 5 through 8 point to the Address Line 1 field, the Address Line 2 field, the Zip Code field, the '+ Validate Address' button, and the 'OK' button, respectively.

# Add EDI Contact Information (Step 9)

2 →

1 →

### EDI Contact Information List

Filter By :


| <input type="checkbox"/> | Contact Title<br>▲▼ | Contact Name<br>▲▼ | Contact Phone Number<br>▲▼ | Contact Email<br>▲▼ | End Date<br>▲▼ |
|--------------------------|---------------------|--------------------|----------------------------|---------------------|----------------|
| <input type="checkbox"/> | S                   |                    |                            |                     | 12/31/2999     |

View Page:     Viewing Page: 1

1. The system displays the EDI Contact Information List, which displays the contact information entered.
2. Click "Close."

# Submit for Review (Step 13)

- 1 Click hyperlink "Step 13: Submit Maintenance Request for Review."

 **View/Update Provider Data - Individual**

Business Process Wizard - Provider Data Modification (Individual). In order to finalize submission of your requested changes, you must complete the Step - Submit Maintenance Request for Review.

| <input type="checkbox"/> | Step   | Required | Last Modification Date | Last Review Date | Status     |
|--------------------------|--|----------|------------------------|------------------|------------|
| <input type="checkbox"/> | <a href="#">Step 1: Basic Information</a>                      | Required | 03/04/2020             | 03/04/2020       | Complete   |
| <input type="checkbox"/> | <a href="#">Step 2: Location</a>                               | Required | 12/29/2019             | 12/29/2019       | Complete   |
| <input type="checkbox"/> | <a href="#">Step 3: Taxonomies</a>                             | Required | 12/29/2019             | 12/29/2019       | Complete   |
| <input type="checkbox"/> | <a href="#">Step 4: Ownership Details</a>                      | Required | 12/29/2019             | 12/29/2019       | Complete   |
| <input type="checkbox"/> | <a href="#">Step 5: Licenses and Certifications</a>            | Required | 12/29/2019             | 12/29/2019       | Complete   |
| <input type="checkbox"/> | <a href="#">Step 6: Identifiers</a>                            | Optional | 12/29/2019             | 12/29/2019       | Complete   |
| <input type="checkbox"/> | <a href="#">Step 7: EDI Submission Method</a>                  | Optional | 12/29/2019             | 12/29/2019       | Complete   |
| <input type="checkbox"/> | <a href="#">Step 8: EDI Submitter Details</a>                  | Optional | 12/29/2019             | 12/29/2019       | Complete   |
| <input type="checkbox"/> | <a href="#">Step 9: EDI Contact Information</a>                | Optional | 12/29/2019             | 12/29/2019       | Complete   |
| <input type="checkbox"/> | <a href="#">Step 10: Payment Details</a>                       | Required | 03/17/2020             | 12/29/2019       | Complete   |
| <input type="checkbox"/> | <a href="#">Step 11: Complete Provider Disclosure</a>          | Required | 12/29/2019             | 12/29/2019       | Complete   |
| <input type="checkbox"/> | <a href="#">Step 12: View/Upload Attachments</a>               | Optional | 12/29/2019             | 12/29/2019       | Complete   |
| <input type="checkbox"/> | <a href="#">Step 13: Submit Maintenance Request for Review</a> | Required | 12/29/2019             | 12/29/2019       | Incomplete |



# Final Modification Submission (Step 13)

1 Click "Submit Modification" Button to complete your update.

Close Submit Modification

### Final Modification Submission

Instructions for submitting signature and supporting documentation:

1. Click [this link](#) to download and print the Provider Enrollment Form.
2. Review the Terms on the Provider Enrollment form Signature page (Page 8), sign and date.
3. Upload the signature page and other supporting document.
4. You can also click [this link](#) to open the documentation cover sheet, enter the Application Number and print. Then mail or fax the cover sheet, signature page, and other supporting document to the address below.
5. After you submit the enrollment, you cannot make further change until your modification request is approved.

**Mailing Address:**

OWCP  
P.O. Box 34690  
San Antonio, TX 78265  
Fax: ### ### ##

**Privacy Act Statement**

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

2 A dialog box will populate confirming your submission, press "OK."

This site says...

The modification request has been submitted for review. Please check this Web site to verify the status of your request.

OK

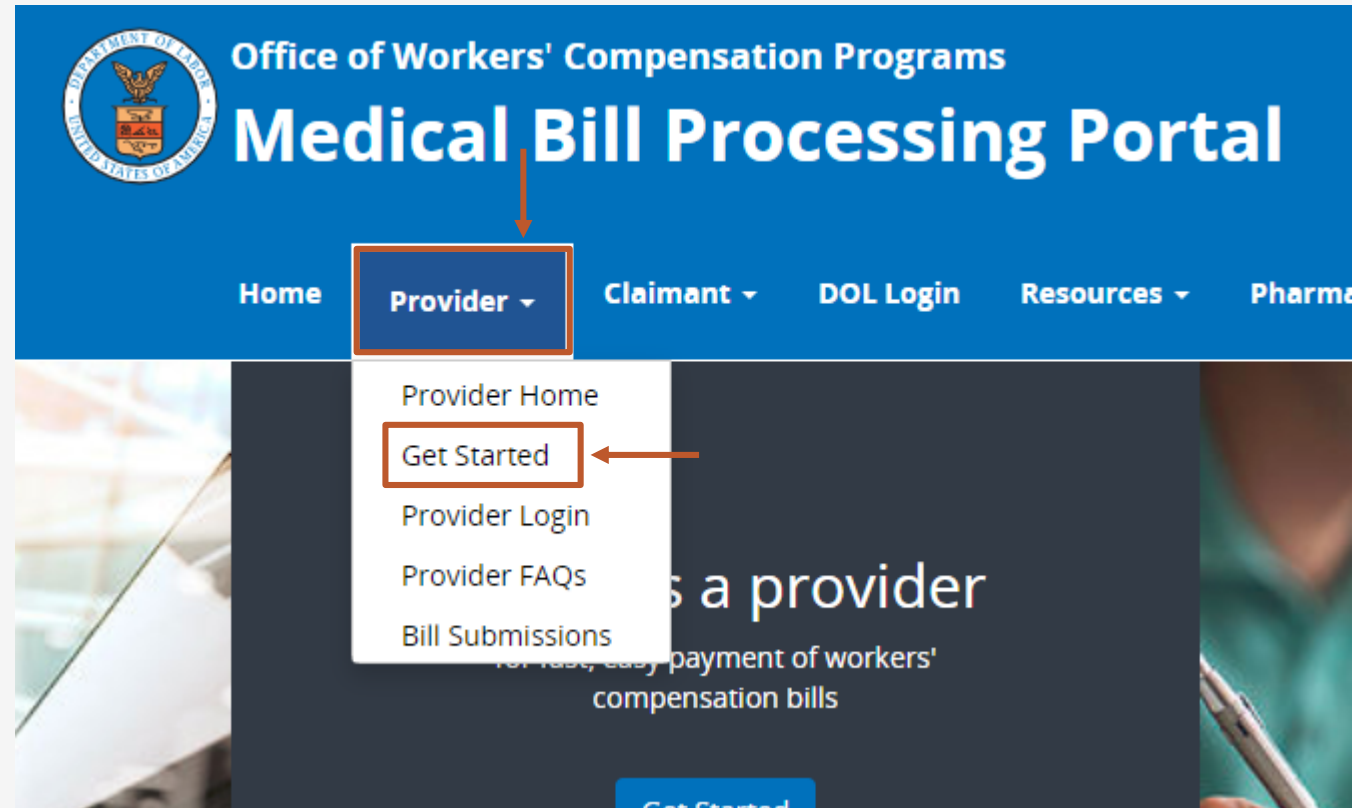
# Billing Agent/ Clearinghouse Enrollment



# Accessing the WCMBP System

Go to <https://owcpmed.dol.gov>

From the WCMBP Portal, select "Get Started" under the provider tab.



# New Billing Agent/Clearinghouse Enrollment

Billing Agent/Clearinghouse will need to register with OWCP Connect first before starting a new enrollment or getting access into the WCMBP system.

OWCP Connect is the mechanism by which all users are authenticated.

**NEW providers:**  
**Begin enrollment**



After registering in OWCP Connect via the link below, you will select your enrollment type and enter your data through an enrollment wizard. Upon approval, you will be mailed a welcome letter with your OWCP Provider ID

[Begin OWCP Connect registration and online system enrollment](#)



# Completing an Enrollment Application

1. Select the "Billing Agent/Clearinghouse" Enrollment Type.
2. Click "Submit."

### Enrollment Type

Please select the applicable Enrollment Type

Individual  
 Group Practice  
 Billing Agent/Clearinghouse ← 1  
 Facility/Agency/Organization/Institution  
 Special Considerations

← 2

### Enrollment Type Definition

**Individual -**

- Any provider who is eligible to receive a Type I National Provider Identifier (NPI) through the [National Plan and Provider Enumeration System \(NPPES\)](#). Providers eligible to receive an NPI are those who deliver medical or health services, as defined under [Section 1861\(s\) of the Social Security Act, 42 U.S.C. 1395x\(s\)](#).
- Individuals providing only non-medical services, attendant care, or personal care services, who do not need an NPI.

# Adding Basic Information

1. Select Tax Identifier Type (FEIN or SSN).
2. Based on the above option selected, you will have to enter either an organization's name or the individual's name.
3. Click "Next."

The screenshot shows a web form titled "Basic Information". At the top left is a grid icon and the title "Basic Information". Below the title is a section for "Tax Identifier Type" with two radio buttons: "FEIN" (selected) and "SSN". An orange arrow labeled "1" points to the "FEIN" radio button. Below this are two rows of text input fields. The first row is for "Organization Name" with a sub-label "(Legal Business Name)". The second row is for "Organization Business Name" with a sub-label "(Doing Business As)". To the right of these fields is an "FEIN:" label followed by an input field. An orange arrow labeled "2" points to the "Organization Business Name" field. Below these are two rows of text input fields for "Last Name" and "First Name" on the left, and "Middle Name" and "SSN:" on the right. At the bottom right, there are two buttons: "Next" and "Cancel". An orange arrow labeled "3" points to the "Next" button.

# Adding Address Detail

1. To add address click "+Address."

Application Number : Name: Simone

**Provider Address Detail**

Address Line 1: \* Address Line 2:

Address Line 3:

City/Town: \*

State/Province: \*

County: \*

Country: \*

Zip Code:  -   1

Phone Number: \* Fax Number:

Email Address:

# Add Physical Location

1 → Address Line 1: \* (Enter Street Address or PO Box Only) Address Line 2:

Address Line 3:

City/Town: \*

State/Province: \*

County: \*

Country: \*

2 → Zip Code:  -  + Validate Address ← 3

4 →

1. Enter the Physical Address Street Number and Street Name.
2. Enter the Zip Code.
3. Click "Validate Address" . (Complete address will auto populated after validation)
4. Click "OK".

## Possible Validation Results

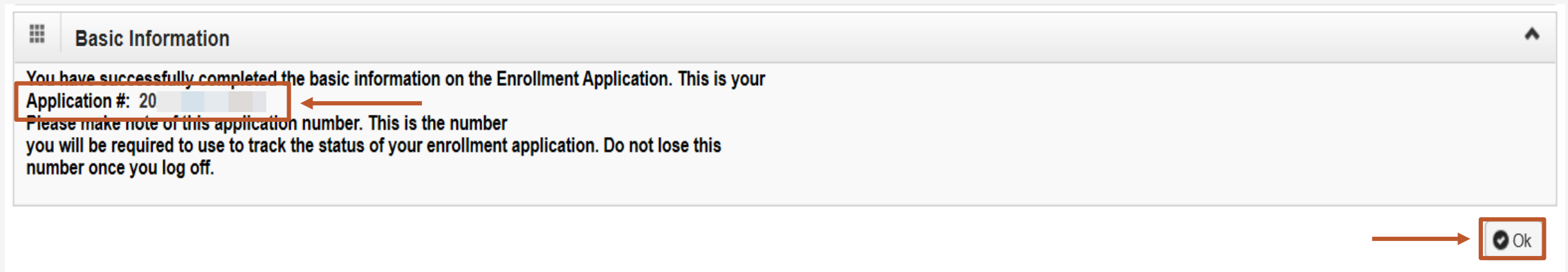
- Address not found with Street Address and Zip Code Combination
- Address validation successful



# Application Number

Note down your application number for your records and click "OK."

**Note:** The application number will also be emailed to you.



The screenshot shows a confirmation message in a web application. At the top, there is a header with a grid icon and the text "Basic Information" followed by an upward-pointing arrow. The main message reads: "You have successfully completed the basic information on the Enrollment Application. This is your Application #: 20 [redacted]". The text "Application #: 20" is enclosed in a red rectangular box, and a red arrow points from the right side of this box to the left. Below this, the text continues: "Please make note of this application number. This is the number you will be required to use to track the status of your enrollment application. Do not lose this number once you log off." In the bottom right corner of the message box, there is a button with a checkmark icon and the text "Ok", which is also enclosed in a red rectangular box with a red arrow pointing to it from the left.

# Completing an Enrollment Application

Complete each step

Optional vs Required

Start/End Date

Complete vs Incomplete Status

| Step   | Required | Start Date | End Date   | Status     | Step Remark |
|--|----------|------------|------------|------------|-------------|
| <a href="#">Step 1: Provider Basic Information</a>               | Required | 03/19/2020 | 03/19/2020 | Complete   |             |
| <a href="#">Step 2: Add Identifiers</a>                          | Optional |            |            | Incomplete |             |
| <a href="#">Step 3: Add EDI Submission Method</a>                | Optional |            |            | Incomplete |             |
| <a href="#">Step 4: Add EDI Contact Information</a>              | Required |            |            | Incomplete |             |
| <a href="#">Step 5: View/Upload Attachments</a>                  | Optional |            |            | Incomplete |             |
| <a href="#">Step 6: Submit Enrollment Application for Review</a> | Required |            |            | Incomplete |             |

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**Note:** Step 1 is completed. Based on the information provided in step 1, the enrollment steps are displayed. The “Purge” button will delete all information entered. After clicking the “Purge” button you will be able to restart the enrollment application.

# Add Identifiers (Step 2)

1. Click "+ Add."

2. Select the identifier type from the Identifier Type drop-down.

3. Enter the identifier value in the "Identifier Value" field

4. Enter or select the start and end dates in the "Start Date" and "End Date" fields.

5. Select "Ok."

1. Click "+ Add."
2. Select the identifier type from the Identifier Type drop-down.
3. Enter the identifier value in the "Identifier Value" field
4. Enter or select the start and end dates in the "Start Date" and "End Date" fields.
5. Select "Ok."

**Note:** This step is optional because all provider types do not require Identifiers. Identifiers are typically issued by external entities that uniquely identify the provider. Refer to the "Required Credentials" button to check if your provider type requires an identifier.

# Add Identifiers (Step 2)

1. The system displays the Provider Identifiers, which displays identifiers entered.
2. Click "Close" to move on to the next step, "Add EDI Submission Method."

**Note:** Electronic Data Interchange (EDI) is the computer-to-computer exchange of business documents in a standard electronic format between business partners.

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The screenshot shows a web interface for managing Provider Identifiers. At the top, there are buttons for 'Close', 'Add', and 'Required Credentials'. Below this is a header for 'Provider Identifiers' with a grid icon and an expand/collapse arrow. A filter section includes 'Filter By:' with three input fields and a 'Go' button, along with 'Clear Filter', 'Save Filter', and 'My Filters' options. The main area is a table with columns: 'Identifier Type' (with a dropdown arrow), 'Identifier Value' (with a dropdown arrow), 'Start Date' (with a dropdown arrow), and 'End Date' (with a dropdown arrow). One row is visible with 'NPI' in the Identifier Type column, and '03/07/2020' in both the Start Date and End Date columns. At the bottom, there are buttons for 'Delete', 'View Page: 1', 'Go', '+ Page Count', 'SaveToCSV', and 'Viewing Page: 1'. Navigation buttons for 'First', 'Prev', 'Next', and 'Last' are also present.

| Identifier Type<br>▲▼        | Identifier Value<br>▲▼ | Start Date<br>▲▼ | End Date<br>▲▼ |
|------------------------------|------------------------|------------------|----------------|
| <input type="checkbox"/> NPI |                        | 03/07/2020       | 03/07/2020     |

# Add EDI Submission Method (Step 3)

1. Select your "Mode of Submission."

2. Click "Ok."

**Note:** Secure FTP Batch feature is available by default for Billing Agents/Clearinghouses.

**EDI Submission Details**

**Mode of Submission:**  Billing Agent/Clearinghouse  Web Interactive  FTP Secured Batch  Web Batch  None

| Method                      | When to Use  |
|-----------------------------|--|
| Billing Agent/Clearinghouse | For providers who use a 3rd party to bill          |
| Web Interactive             | For entering (keying) bills directly in the System |
| FTP Batch                   | For submitting files via an SFTP site              |
| Web Batch                   | For upload/download of files in the System         |
| None                        | For submission through paper form ONLY.            |

- Web Batch method is often used by providers who submit their own HIPAA batch transactions. It allows a maximum file size of 50 MB.  
- Your EDI submission method is FTP Secured Batch if you submit and retrieve batches at a secure web folder assigned to you by OWCP. This method was designed with clearinghouses and billing agents in mind. It allows a maximum file size of 100 MB.  
- Don't select "None" if other submission method is selected. You can always submit paper form in addition to EDI Submission.

**2** →

# Add EDI Contact Information (Step 4)

**Note:** Step 4 is required if the EDI Submission Method is Billing Agent/Clearinghouse in Step 3

1. Enter the Title of the contact person.
2. Enter contact person's First and Last Name.
3. Enter 10-digit phone number.
4. Click "+Address."
5. Enter Street Number and Name in Address Line 1.
6. Enter Zip Code.
7. Click "+Validate Address."
8. Click "Ok."

The screenshot shows the 'Add EDI Contact Information' form. It contains several input fields: Contact Title, Last Name, First Name, Phone Number, Fax Number, Email Address, Address Line 1, Address Line 2, Address Line 3, City/Town, State/Province, County, Country, and Zip Code. There is a '+ Address' button at the bottom right. Numbered callouts indicate the following steps: 1 points to the Contact Title field; 2 points to the Last Name and First Name fields; 3 points to the Phone Number field; and 4 points to the '+ Address' button.

The screenshot shows the 'Address details' form. It contains several input fields: Address Line 1, Address Line 2, Address Line 3, City/Town, State/Province, County, Country, and Zip Code. There is a '+ Validate Address' button at the bottom right. Numbered callouts indicate the following steps: 5 points to the Address Line 1 field; 6 points to the Zip Code field; 7 points to the '+ Validate Address' button; and 8 points to the 'OK' button at the bottom right.

# View/Upload Attachments (Step 5)

## Note:

- **A signature page must be received before the enrollment can be completed.**
- Signature page can be uploaded in this step or printed in the next step to be signed and faxed/mailed in or added here as an attachment.

1. Click "Upload Attachments."

2. Select the document type from the "Document Type" drop-down.

3. Click the "Browse" button (The system displays an Open window).

4. Locate and select the file from your local drive that you need to upload and click the Open button (The system updates the File Name field).

5. Click "OK."

The screenshot shows a web interface for uploading attachments. At the top, there are two buttons: 'Close' and 'Upload Attachments'. A red arrow labeled '1' points to the 'Upload Attachments' button. Below this is a section titled 'Attachment' with a sub-header 'Please select the file to be uploaded'. It contains a 'Document Type' dropdown menu with a red arrow labeled '2' pointing to it. The dropdown is open, showing options: '--SELECT--', 'ACH Form', 'Copy of License/Certification', 'Other Supporting Document', and 'State Approval Letter'. To the right of the dropdown is a 'File Name' input field and a 'Browse...' button. A red arrow labeled '3' points to the 'Browse...' button. Below the input fields, there is a note: 'The acceptable file extensions for the upload are .doc, .docx, .gif, .gzip, .htm, .html, .jpeg, .jpg, .ppt, .rtf, .tif, .tiff, .tst, .txt, .xls, .bmp, .pdf, .xlsx, .zip. Filename cannot be longer than 50 characters. If you are unable to upload attachment(s) here, you can choose to mail or fax the copy following the instruction on the Submit Enrollment Application for Review step.' At the bottom right, there are 'Ok' and 'Cancel' buttons. A red arrow labeled '5' points to the 'Ok' button.

# Submit EDI Enrollment Application for Review (Step 6)

1. Click "this link" hyperlink to print the Signature Page to sign and date it.
2. Upload the signature page once signed.
- Note:** Signature page can be faxed or mailed in with cover sheet. If you want to upload, click "Close" and click on step 5 to upload the attachment.
3. Click "this link" hyperlink to obtain and print the cover sheet.
4. Click "Submit Enrollment" button.

Close Submit Enrollment

### Final Submission

Instructions for submitting signature and supporting documentation:

1. Click [this link](#) to download and print the Provider Enrollment Form.
2. Review the [Terms](#) on the Provider Enrollment form Signature page (Page 8), sign and date.
3. Upload the signature page and other supporting document.
4. You can also click [this link](#) to open the documentation cover sheet, enter the Application Number and print. Then mail or fax the cover sheet, signature page, and other supporting document to the address below.
5. After you submit the enrollment, you cannot make further change until your enrollment application is approved.

Mailing Address:

OWCP  
P.O. Box 34690  
San Antonio, TX 78265  
Fax: ### ### ####

Privacy Act Statement

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



# Billing Agent/ Clearinghouse Enrollment via Mail



# Billing Agent/Clearinghouse Enrollment via Mail

1. Select if New Enrollment or Update.

**Note:** If "Update," enter OWCP ID.

2. If using SSN, enter Individual information.

3. If using FEIN, enter Organization information.

4. Enter Physical Location Address.

5. Enter Phone Number.

6. Enter Fax Number.

7. Enter Email Address.

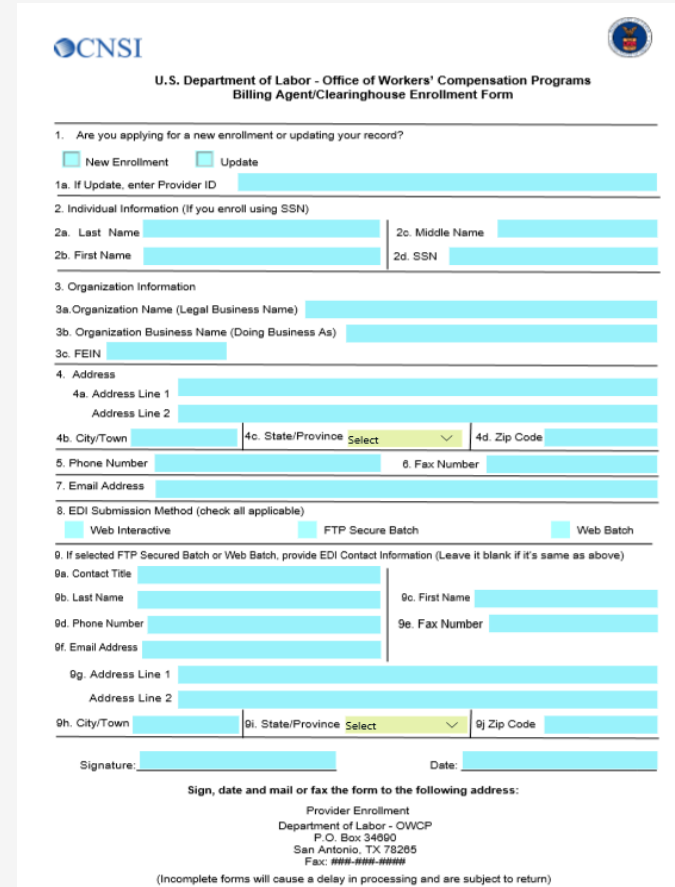
8. Select EDI Submission Method.

9. Enter Billing Agent/Clearinghouse Contact information.

**Note:** Form must signed, dated and mailed or faxed.

**Mail:** Provider Enrollment  
Department of Labor – OWCP  
PO Box 34690  
San Antonio, TX 78265

**Fax:** 1-888-444-5335



The image shows a form titled "U.S. Department of Labor - Office of Workers' Compensation Programs Billing Agent/Clearinghouse Enrollment Form". The form is divided into several sections with numbered questions and input fields. Section 1 asks if the user is applying for a new enrollment or updating their record, with checkboxes for "New Enrollment" and "Update". Section 2 asks for individual information if enrolling using an SSN, with fields for last name, middle name, first name, and SSN. Section 3 asks for organization information, with fields for organization name (legal business name), organization business name (doing business as), and FEIN. Section 4 asks for the address, with fields for address line 1, address line 2, city/town, state/province (a dropdown menu), and zip code. Section 5 asks for phone number and fax number. Section 6 asks for email address. Section 7 asks for the EDI submission method, with checkboxes for "Web Interactive", "FTP Secure Batch", and "Web Batch". Section 8 asks for EDI contact information if selected, with fields for contact title, last name, first name, phone number, fax number, and address. Section 9 asks for the address of the billing agent/clearinghouse, with fields for city/town, state/province (a dropdown menu), and zip code. At the bottom, there are fields for "Signature:" and "Date:". Below the signature and date fields, there is a section titled "Sign, date and mail or fax the form to the following address:" with the address: "Provider Enrollment, Department of Labor - OWCP, P.O. Box 34690, San Antonio, TX 78265, Fax: ###-###-####". A note at the bottom states: "(Incomplete forms will cause a delay in processing and are subject to return)".

# EDI Testing Process



# EDI Testing Process

Completion of the testing process is not mandatory prior to submitting electronic transactions to WCMBP. However, it is strongly recommended to ensure proper billing and prompt medical bill processing and payment.

Testing is conducted to ensure the following HIPAA compliance levels:

- 1. Level 1** – Syntactical integrity: Testing of the EDI file for valid segments, segment order, element attributes, numeric values in numeric data elements, validation of X12 syntax, and compliance with X12 rules.
- 2. Level 2** – Syntactical requirements: Testing for HIPAA Implementation Guide specific syntax requirements, such as limits on repeat counts, used and not used qualifiers, codes, elements and segments. It will also include testing for HIPAA required or intra-segment situational data elements, testing for non-medical code sets as laid out in the Implementation Guide, and values and codes noted in the Implementation Guide via an X12 code list or table.
- 3. Level 3** – HIPAA Balance Testing: Validate that claim line items amounts are equal to the total claim amount.
- 4. Level 7** – WCMBP defined custom rules: Transactions are validated against WCMBP defined custom rules as specified in the Transaction Specification section.

# Trading Partner Testing Procedures

1. WCMBP companion guides available for download via the web at <https://owcpmed.dol.gov/portal/provider/bill-submissions>.
2. The trading partner submits all HIPAA test files through the WCMBP web portal or Secure File Transfer Protocol (SFTP).
  - Web Portal URL: Open <https://owcpmed.dol.gov/portal/provider/bill-submissions>, expand the “Web Batch – Upload EDI files online” section, and click the Provider Login for EDI Testing button.
  - SFTP URL: <sftp://mft.wcmbp.com>.
3. The trading partner downloads acknowledgements for the test file from the WCMBP Portal or SFTP.
4. If WCMBP system generates a positive TA1 and positive 999 acknowledgement, the file is successfully accepted. The trading partner is then ready to send 837 HIPAA files in production.
5. If the test file generates a negative TA1 or negative 999 acknowledgment, then the submission is unsuccessful and the file is rejected. The trading partner should resolve all the errors that are reported on the negative TA1 or negative 999 and resubmit the file for test. Trading partners can continue to test in the testing environment until they receive a positive TA1 and positive 999.

# Upload Batches via Web Interface (HIPAA Batch Transaction)



# Submit HIPAA Batch Transaction

1 Log in to the WCMBP System. The system will display the default "Select a provider ID Number" page. Select the appropriate profile "Ext Provider Bills Submitter" from the drop-down list.

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

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

Available Provider IDs: 700

Select a profile to use during this session:

EXT Provider Bills Submitter

2 Click on the "Submit HIPAA Batch Transaction" hyperlink in the column on the left under HIPAA.

HIPAA

[Submit HIPAA Batch Transaction](#)  
[Retrieve HIPAA Batch Responses](#)  
[SFTP User Details](#)

# Batch Attachment Response

1 Click the "Upload" Button.

2 Click the "Browse" Button in the File Upload Dialog box to upload the EDI file. WCBMP limits a file size to 50 MB.



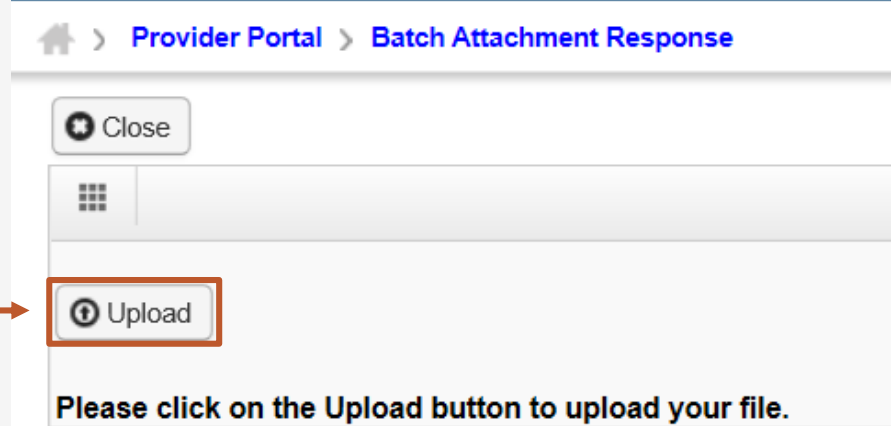
## EDI files must meet the following criteria:

**File Size:** The file cannot be empty, i.e 0 kb.

**File Name Extension:** The file name extension must be .dat with all lower case (for example - My\_Hipaa\_File.dat).

**File Name Length:** The file name length (including the file name extension) cannot be greater than 50 characters.

**File Name Special Characters:** The file name should not contain special characters.



3 After the EDI file is selected, press "OK" button on the File Upload Dialog box to upload.





# File Naming Convention for Inbound Transactions

When a HIPAA file is uploaded via Web Portal or SFTP, WCMBP will rename the file as per the Inbound Transaction naming conventions below:

## For Inbound Transactions Uploaded Via Web Portal and SFTP

Hipaa.<TPId>.<datetimestamp>.<uploadmethod>.<originalfilename>.pgp

- <TPId> is the Trading Partner Id, which is also the OWCP Provider ID
- <datetimestamp> is the Date timestamp in format yyyyMMddHHmmss
- <uploadmethod> is the method how the HIPAA file is uploaded. F-FTP, WWeb
- <originalfilename> is the original file name which is submitted by the trading partner.

**(Web Ex)** Hipaa.123456789.20200225151636.W.OriginalFileName.dat

**(SFTP Ex)** Hipaa.123456789.20200225151636.F.OriginalFileName.dat.pgp

**SFTP Passed Validation Ex:**

123456789.20200225151636.F.OriginalFileName.dat.pgp.processced

**SFTP Failed Validation Ex:**

Hipaa.123456789.20200225151636.F.OriginalFileName.dat.pgp.error

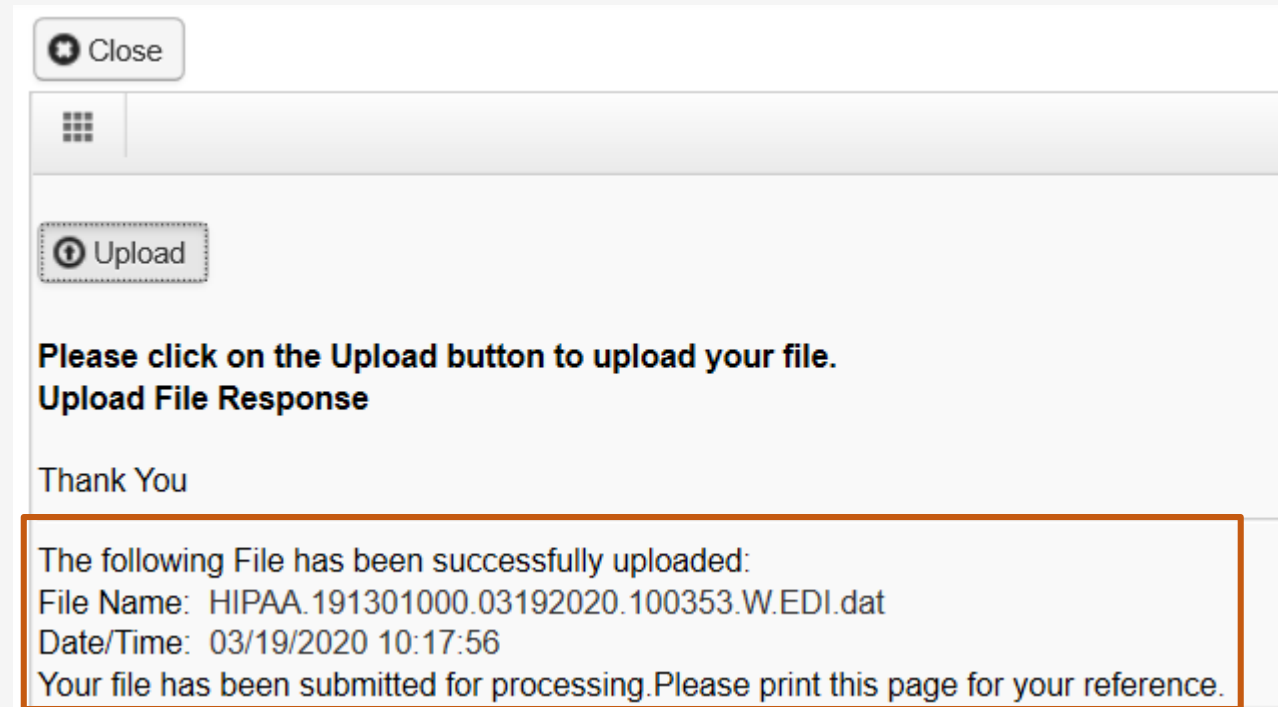
# EDI File Submission

1 The system will display the notification that your file has been successfully uploaded.

- File Name
- Date/Time File was submitted

## Note:

- You can upload another file or click close to return to the home page.
- WCMBP limits a file size to 50 MB while uploading HIPAA files through the WCMBP web portal.



The screenshot shows a notification window with a 'Close' button at the top left. Below the button is a grid icon. In the center, there is an 'Upload' button with a circular arrow icon. Below the button, the text reads: 'Please click on the Upload button to upload your file.' followed by 'Upload File Response' and 'Thank You'. At the bottom, a box with an orange border contains the following text: 'The following File has been successfully uploaded: File Name: HIPAA.191301000.03192020.100353.W.EDI.dat Date/Time: 03/19/2020 10:17:56 Your file has been submitted for processing. Please print this page for your reference.'

# Submitting Supporting Documents - HIPAA Batch Transaction

The following steps should be followed to send supporting documents to the WCMBP System for the bills submitted via EDI:

1. For each supporting document, assign a unique Attachment Control Number and use it in 2300 Loop PWK segment following the Transaction Specifications in Section 3 below.
2. Download the Bills Supporting Documents Cover Sheet from the WCMBP Web Portal at <https://owcpmed.dol.gov/portal/resources/forms-and-references/general>
3. Fill out the Cover Sheet with all the required information. Please select "EDI Attachment Control Number" as Identifier Type and enter the Attachment Control Number in the Identifier Value field.
4. Print the cover sheet and mail it with the supporting document to the mailbox listed on the cover sheet for the respective claimant's program.

The screenshot shows a web form titled "Office of Workers' Compensation Programs (OWCP) Bills Supporting Documents Cover Sheet". It includes a "Print" button and a "Reset" button in the top right corner. The form contains several input fields with the following values: Program Name: DFEC; Claimant Case Id: 012345678 (with a note "(Min 6 - Max 16 characters)"); Identifier Type: EDI Attachment Control Number; Identifier Value: 12345 (with a note "(min 2 - max 50 characters)"); and OWCP Provider ID: 123456789 (with a note "(9 digits)"). Below the form is a large barcode. Underneath the barcode, there are instructions: "INSTRUCTIONS (Instructions will not appear on the printed cover sheet): To complete this cover sheet, download this file and open in Adobe Reader 9.0 or higher. To Print, please use ONLY the 'Print' Button above." A bolded instruction states: "THIS COVER SHEET SHOULD BE THE FIRST PAGE OF YOUR FAX/MAIL WITH ALL SUPPORTING DOCUMENTATION BEHIND THIS COVER SHEET." At the bottom of the form is a table with four columns representing different OWCP programs: DFEC, DEEOIC, DCMWC, and DLHWC. Each column lists the U.S. Department of Labor OWCP address for that program.

| DFEC  | DEEOIC  | DCMWC  | DLHWC   |
|---|---|--|---|
| U.S. Department of Labor OWCP/<br>DFEC<br>P.O. Box 34450<br>San Antonio, TX 78265 | U.S. Department of Labor OWCP/<br>DEEOIC<br>P.O. Box 34930<br>San Antonio, TX 78265 | U.S. Department of Labor OWCP/<br>DCMWC<br>P.O. Box 34297<br>San Antonio, TX 78265 | U.S. Department of Labor<br>OWCP/DLHWC<br>P.O. Box 34927<br>San Antonio, TX 78265 |

# Retrieve HIPAA Batch Response



# Retrieve HIPAA Batch Responses

- 1 Log in to the WCMBP System. The system will display the default "Select a provider ID Number" page. Select the appropriate profile "Ext Provider Bills Submitter" from the drop-down list.

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

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

Available Provider IDs: 700

Go

Select a profile to use during this session:

EXT Provider Bills Submitter

Go

- 2 Click on the "Retrieve HIPAA Batch Responses" hyperlink in the column on the left under HIPAA.

HIPAA

[Submit HIPAA Batch Transaction](#)

[Retrieve HIPAA Batch Responses](#)

[SF TP User Details](#)

# HIPAA Response/Acknowledgement

The system will display the following:

- HIPAA File Name
- Transaction Type
- Status (Accepted/Rejected)
- Upload Date
- TA1 Response File
- 999 Response File

**Note:** Using filter options such as Transaction Type, Upload Date or HIPAA File (File Name) can help to search for the EDI files of interest. Click on the hyperlink under HIPAA File to retrieve the response.

Close

HIPAA Response/Acknowledgement

Transaction Type: 837 And And And Go

Save Filter My Filters

| HIPAA File<br>▲▼          | Transaction Type<br>▲▼ | Status<br>▲▼ | Upload Date<br>▲▼ | TA1 Response File<br>▲▼ | 999 Response File<br>▲▼ |
|---------------------------|------------------------|--------------|-------------------|-------------------------|-------------------------|
| <b>No Records Found !</b> |                        |              |                   |                         |                         |

# SFTP User Set Up



# Accessing SFTP User Details

- 1 Log in to the WCMBP System. The system will display the default "Select a provider ID Number" page. Select the appropriate profile "Ext Provider Bills Submitter" from the drop-down list.

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

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

Available Provider IDs: 700

Go

Select a profile to use during this session:

EXT Provider Bills Submitter

Go

- 2 Click on the "SFTP User Details" hyperlink in the column on the left under HIPAA.

HIPAA

[Submit HIPAA Batch Transaction](#)

[Retrieve HIPAA Batch Responses](#)

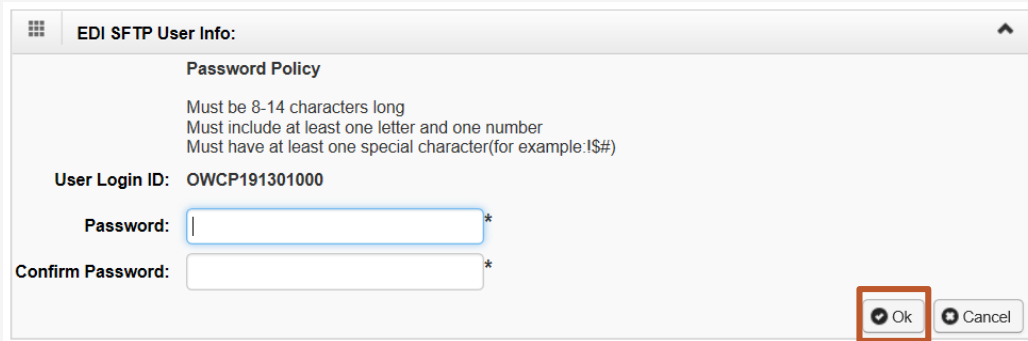
[SFTP User Details](#)



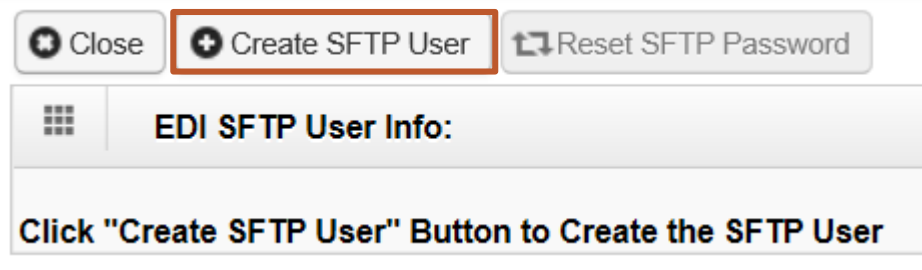
# SFTP User Info

1 Click "Create SFTP User" button to create the SFTP User.

**Note:** If the SFTP user has been created already, this button will be disabled. The Reset SFTP Password button will be enabled.



3 User account will be created and SFTP User ID will be displayed.



2 The EDI SFTP User Info dialog box will be displayed allowing you to create a password and confirm it. Click "OK."

**Note:** Passwords must be 8-14 characters long. Must include at least one letter, one number and at least one special character (special character examples !@#\$)



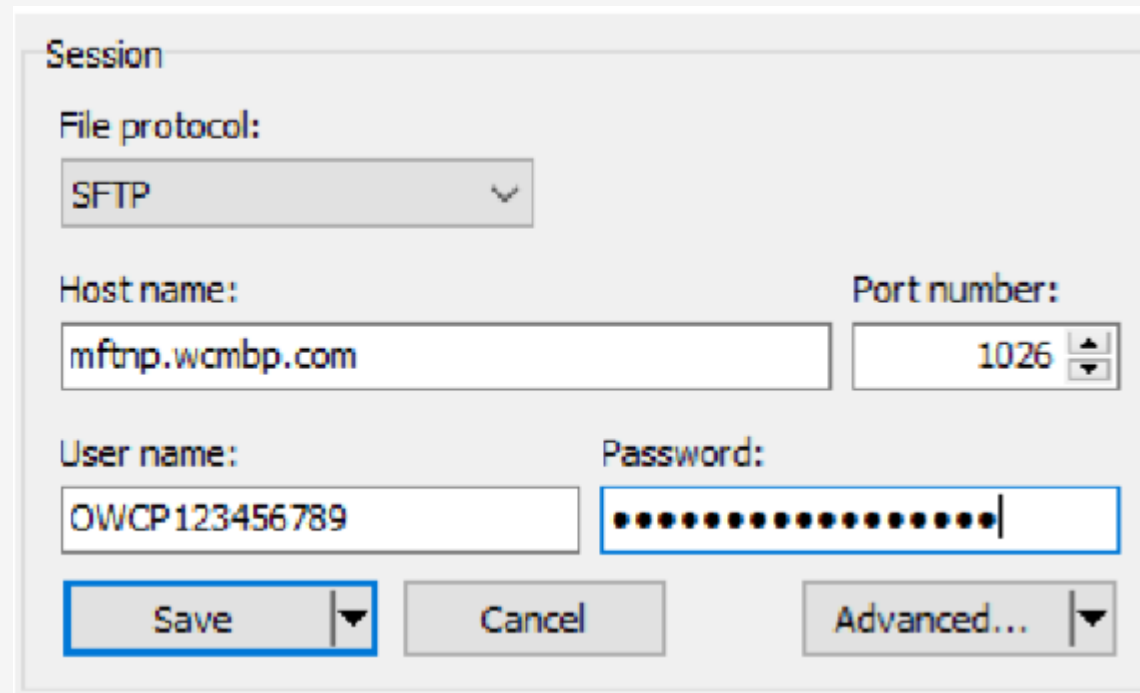
# SFTP Login



# SFTP Login

Once SFTP user account is setup, you can now access the SFTP folder using an SFTP client, such as WinSCP, with your username/password.

**Note:** The example here shows the user of the WinSCP SFTP client. You can choose any SFTP client of your choice.



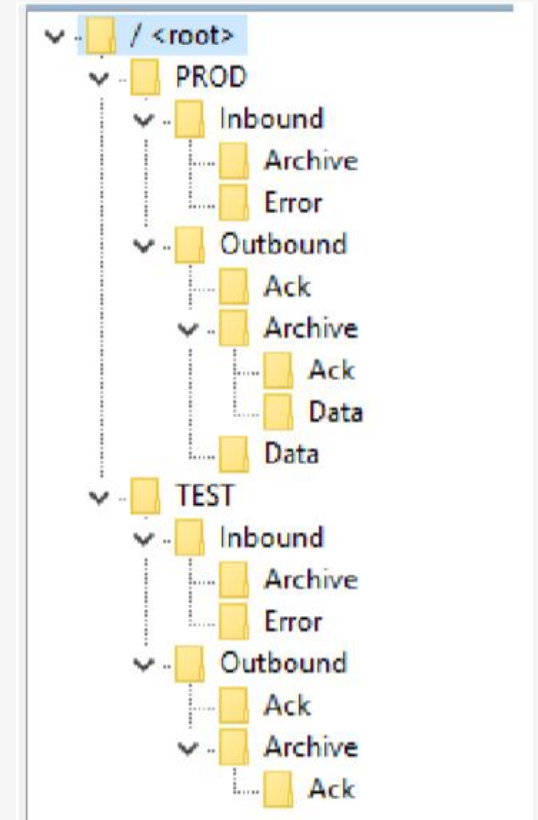
The image shows a screenshot of the WinSCP SFTP login dialog box. The dialog is titled "Session" and contains the following fields and controls:

- File protocol:** A dropdown menu set to "SFTP".
- Host name:** A text input field containing "mftnp.wcmbp.com".
- Port number:** A spinner control set to "1026".
- User name:** A text input field containing "OWCP123456789".
- Password:** A text input field with a blue border, containing a series of black dots to mask the password.
- Buttons:** At the bottom, there are three buttons: "Save" (with a dropdown arrow), "Cancel", and "Advanced..." (with a dropdown arrow).

# SFTP Directory

Once logged in, the folder structure will appear as:

- There will be 2 categories of folders under Trading Partners SFTP folders.
  1. **TEST** - Trading Partners should submit and receive their test files under this folder.
  2. **PROD** - Trading Partners should submit and receive their production files under this folder.
- The folders are structured (as shown here) under TEST/PROD folders within the SFTP root.



# SFTP Directory - Inbound

**Inbound**- This Inbound folder should be used to drop the inbound files that needs to be submitted to WCMBP.

**Note:** After the inbound 837 file is dropped to the Inbound folder, WCMBP will rename the file following the inbound naming convention and perform the file level validation before processing.

- Files that pass the validation will be ready for processing. After being processed, the file name will be renamed with "processed" extension. After the user logs out from the SFTP account, the processed file will be moved to the Inbound/Archive folder.
- Files that fail the validation will be renamed with "error" extension. After the user logs out from the SFTP account, the error file will be moved to the Inbound/Error Folder.

**Note:** The files in both Inbound/Archive and Inbound/Error folders will be retained for 30 days before they are purged by the system automatically.

## File Level Validation

**EDI files must meet the following criteria:**

**File Size:** The file cannot be empty, i.e 0 kb.

**File Name Extension:** The file name extension must be .dat with all lower case (for example - My\_Hipaa\_File.dat).

**File Name Length:** The file name length (including the file name extension) cannot be greater than 50 characters.

**File Name Special Characters:** The file name should not contain special characters.

**Note:** It is recommended to limit the file size to 100MB while uploading HIPAA file through SFTP.

# File Naming Convention for Inbound Transactions

When a HIPAA file is uploaded via Web Portal or SFTP, the WCMBP System will rename the file as per the Inbound Transaction naming conventions below:

## For Inbound Transactions Uploaded Via Web Portal and SFTP

Hipaa.<TPIId>.<datetimestamp>.<uploadmethod>.<originalfilename>.pgp

- <TPIId> is the Trading Partner Id, which is also the OWCP Provider ID
- <datetimestamp> is the Date timestamp in format yyyyMMddHHmmss
- <uploadmethod> is the method how the HIPAA file is uploaded. F-FTP, WWeb
- <originalfilename> is the original file name which is submitted by the trading partner.

**(Web Ex)** Hipaa.123456789.20200225151636.W.OriginalFileName.dat

**(SFTP Ex)** Hipaa.123456789.20200225151636.F.OriginalFileName.dat.pgp

**SFTP Passed Validation Ex:**

123456789.20200225151636.F.OriginalFileName.dat.pgp.processced

**SFTP Failed Validation Ex:**

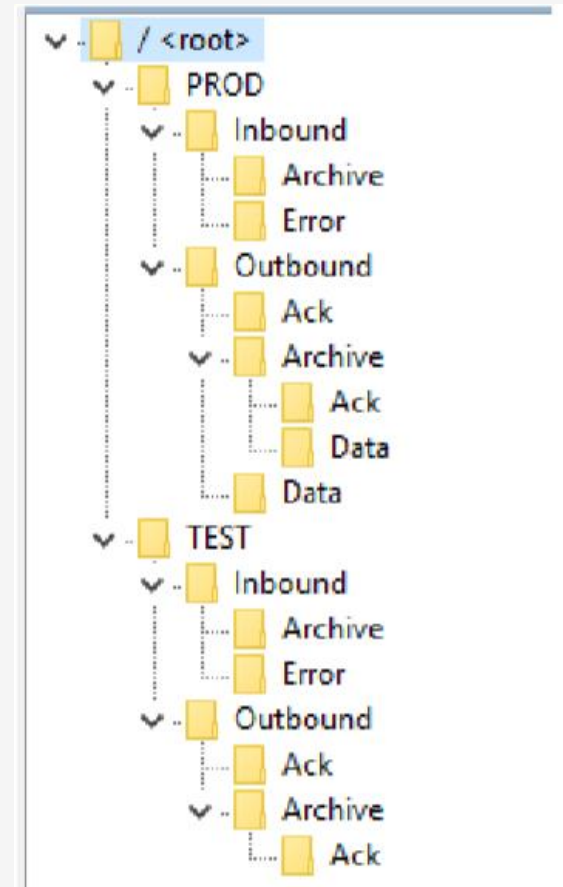
Hipaa.123456789.20200225151636.F.OriginalFileName.dat.pgp.error

# SFTP Directory - Outbound

**Outbound-** X12 outbound transactions generated by WCMBP will be available in this outbound folder.

- Trading partner should look for acknowledgments to the files submitted in the Outbound/Ack folder. TA1 and 999 will be available for all the files submitted by the Trading Partner that passed file level validation.
- Trading Partner should look for 835 file in the PROD/Outbound/Data folder. The 835 file will NOT be generated for the test 837 files uploaded in TEST folder.

**Note:** It's recommended that the trading partner delete the acknowledgement and 835 files after they are downloaded. The files in both Outbound/Ack and Outbound/Data folders will be retained for 10 days before they are moved to the Outbound/Archive folder by the system automatically. The files in Outbound/Archive folder will be retained for 30 days before they are purged by the system automatically.



# File Naming Convention for Outbound Transactions

Once the Inbound Transaction is uploaded, the system will generate the Acknowledgement/Response files as per the Outbound naming conventions below:

## For Outbound TA1 Acknowledgement File:

Hipaa.<TPId>.<datetimestamp>.<uploadmethod>.<originalfilename>.<ta1extension>.dat

- <TPId> is the Trading Partner Id, which is also the OWCP Provider ID
- <datetimestamp> is the Date timestamp in format yyyyMMddHHmmss
- <uploadmethod> is the method how the HIPAA file is uploaded. F-FTP, WWeb.
- <originalfilename> is the original file name which is submitted by the trading partner.
- <ta1extension> is the system generate TA1 file extension

**Ex:** Hipaa.123456789.20200225151745.F.OriginalFileName.dat.tmp\_TA1.dat

## For Outbound 999 Acknowledgement File:

Hipaa.<TPId>.<datetimestamp>.<uploadmethod><originalfilename>.<999extension>.dat

- <TPId> is the Trading Partner Id, which is also the OWCP Provider ID
- <datetimestamp> is the Date timestamp in format yyyyMMddHHmmss
- <uploadmethod> is the method how the HIPAA file is uploaded. F-FTP, WWeb.
- <originalfilename> is the original file name which is submitted by the trading partner.

**Ex:** Hipaa.123456789.20200225152018.F.OriginalFileName.dat.tmp\_GS3031980\_999.dat

## For Outbound 835 Transaction File:

Hipaa.<TPId>.<datetimestamp>.835.dat

- <TPId> is the Trading Partner Id, which is also the OWCP Provider ID
- <datetimestamp> is the Date timestamp in format yyyyMMddHHmmss

**Ex:** Hipaa.123456789.20200301010043.835.dat



# EDI Transaction Specification Changes



# EDI Transaction Specification Changes

- **You will need to enter the 9 digit OWCP ID ONLY**
- Use the following Receiver ID for each program:
  - 77044 for DFEC
  - 77103 for DEEOIC
  - 77104 For DCMWC
- In the legacy system, the OWCP Case Number format was 9 alphanumeric characters. DFEC files will still continue to accept 9 alphanumeric characters. DCMWC and DEEOIC will not accept the 9 alphanumeric characters. Please get updated Case Numbers from DCMWC and DEEOIC Claimants. (2010 BA Loop Segment NM1 REF - NM109 IG- S DOL- R)
- Attachments cannot be uploaded, but you can download a cover sheet that will require an Attachment Control Number. You will assign a unique Attachment Control Number and use it in 2300 Loop PWK segment.
- Use the following Transaction Versions:
  - ASC X12N 837 Professional (005010X222A1)
  - ASC X12N 837 Institutional (005010X223A2)
  - ASC X12N 837 Dental (005010X224A2)

# EDI Contact and Resources



# EDI Contact Information and Resources

Customer Service: 1-800-987-6717  
Hours: 8:00 a.m. – 8:00 p.m. Eastern  
Time, Monday through Friday  
Information required for the phone  
call:

- Topic of Call (setup, procedures, etc.)
- Name of caller
- Submitter's OWCP Provider ID
- Organization of caller
- Telephone number of caller
- Nature of problem (connection, receipt status, etc.)

**HIPAA Help Desk email:** owcp-hipaa-help@cns-inc.com

Companion Guides can be found at  
<https://owcpmed.dol.gov>:

- Click Provider
- Click Bill Submission
- Click Web Batch - Upload EDI files Online
- Click Companion Guide

EDI Enrollment Form can be found  
at <https://owcpmed.dol.gov>:

- Click Resources
- Click Forms & Links
- Click EDI Enrollment Form

THANK YOU!

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