Workers' Compensation Medical Bill Processing System

How to Complete a Provider Enrollment Application

Group Provider

Overview

This tutorial explains how to complete a group provider enrollment application in the Workers' Compensation Medical Bill Processing (WCMBP) Portal.

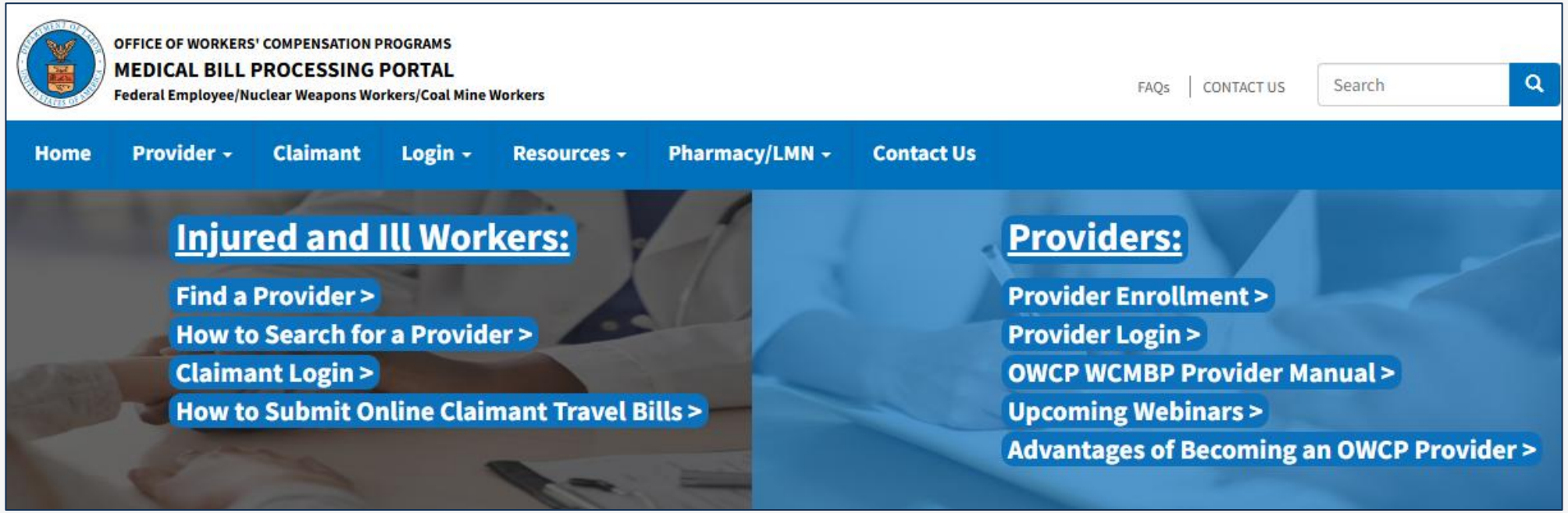
Group provider enrollment is available to providers who meet the following criteria:

- One or more healthcare practitioners who practice their profession at a common location (whether they share common facilities, common supporting staff, or common equipment) and have formed a partnership or corporation or are employees of a person, partnership, or corporation, or other entity owning or operating the health care facilities at which they practice.
- Entities that have a Type II NPI from the National Plan and Provider Enumeration System (NPPES).
- Refer to the Provider Type Appendix to confirm which provider types can enroll as a group provider.

Accessing the WCMBP System for New Providers (1 of 3)

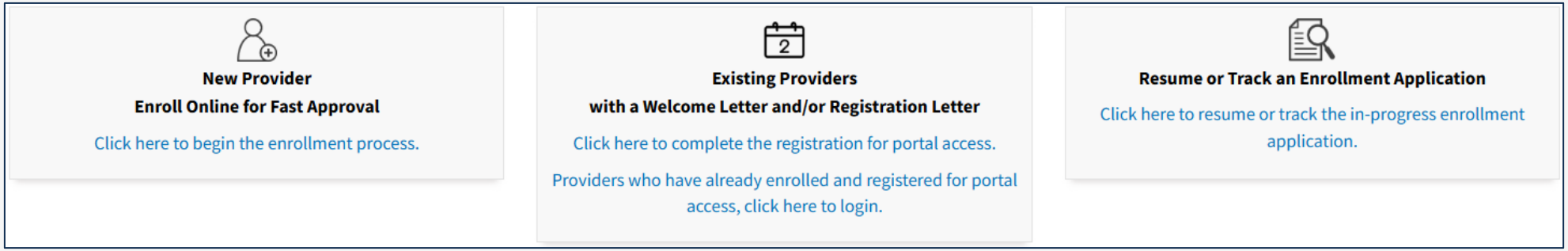
1. Go to the WCMBP Portal Homepage.
2. Select **Provider Enrollment**.

Note: If the Account Registration process has been completed, proceed to Step 13 of the **OWCP Connect Account Registration** section of this tutorial.



Accessing the WCMBP System for New Providers (2 of 3)

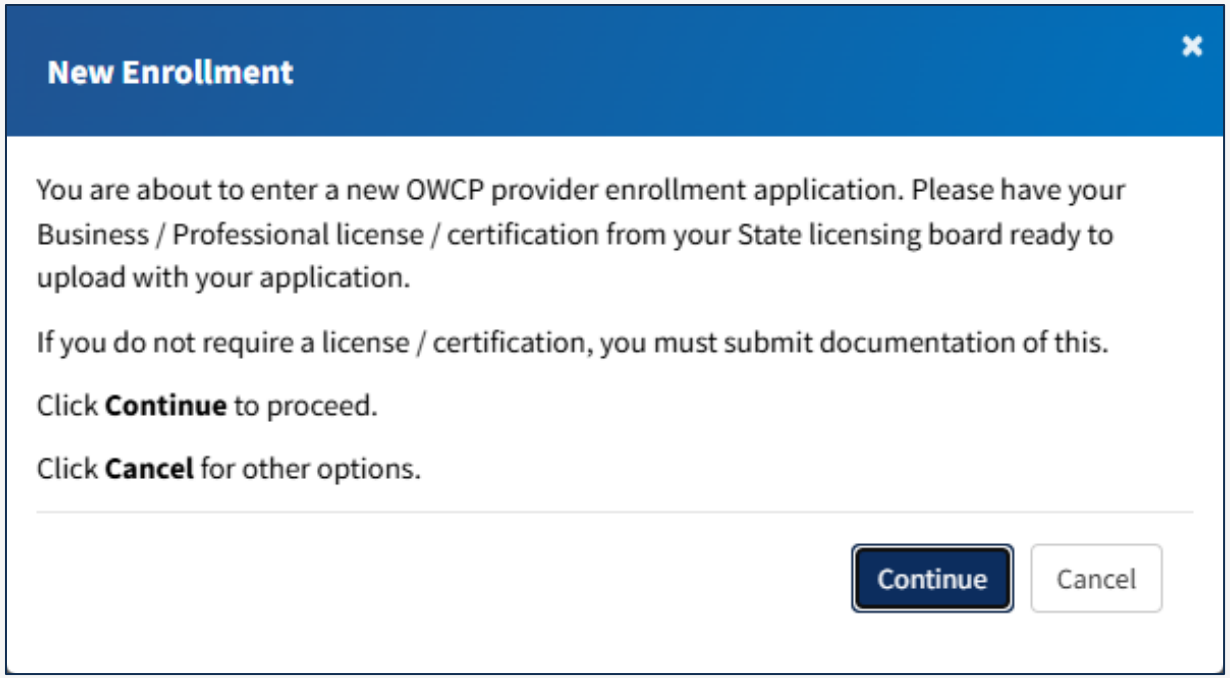
3. Locate the **New Provider Enroll Online for Fast Approval** section and select the **Click here to begin the enrollment process** hyperlink. A confirmation dialog box opens to confirm the new enrollment.



Accessing the WCMBP System for New Providers (3 of 3)

4. To begin a new application, select **Continue**.

Note: Previously enrolled providers who need to update an enrollment or track an existing application must first select **Cancel**. They can choose to update enrollment information through the **Existing Providers** link or track an existing application through the **Resume or Track an Enrollment** link.



OWCP Connect Account Registration (1 of 9)

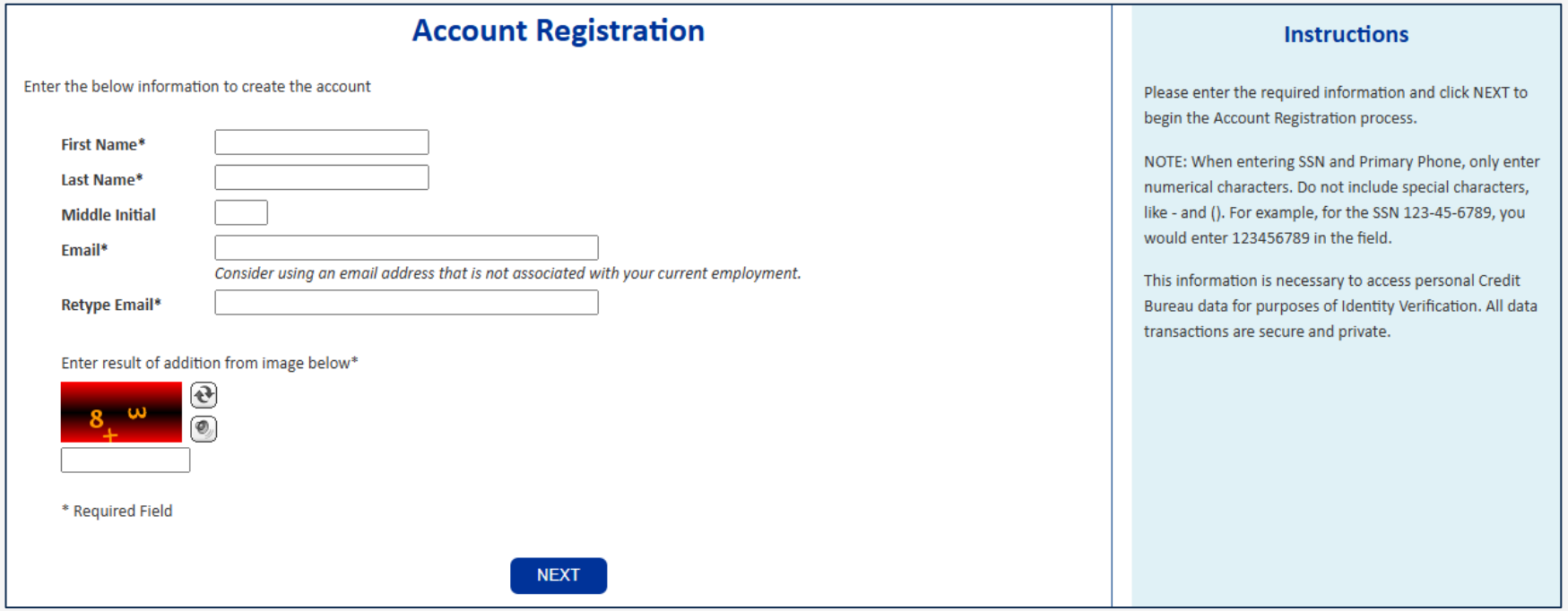
1. To begin OWCP Connect account registration, select **CREATE ACCOUNT** in the **New User** section on the Office of Workers' Compensation Programs (OWCP) Connect homepage.

OWCP Connect Account Registration (2 of 9)

2. Complete these fields:
   - **First Name**
   - **Last Name**
   - **Email**
   - **Retype Email**
   - **Enter result of addition from image below**

Note: The **Middle Initial** field is optional.

3. Select **NEXT**.

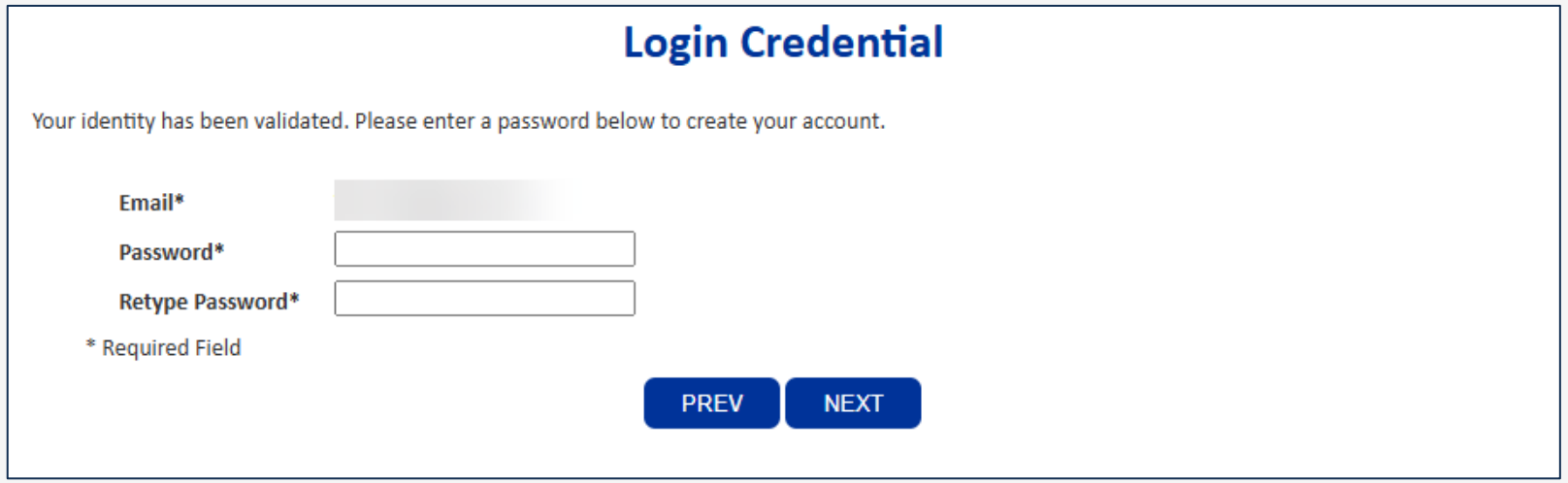


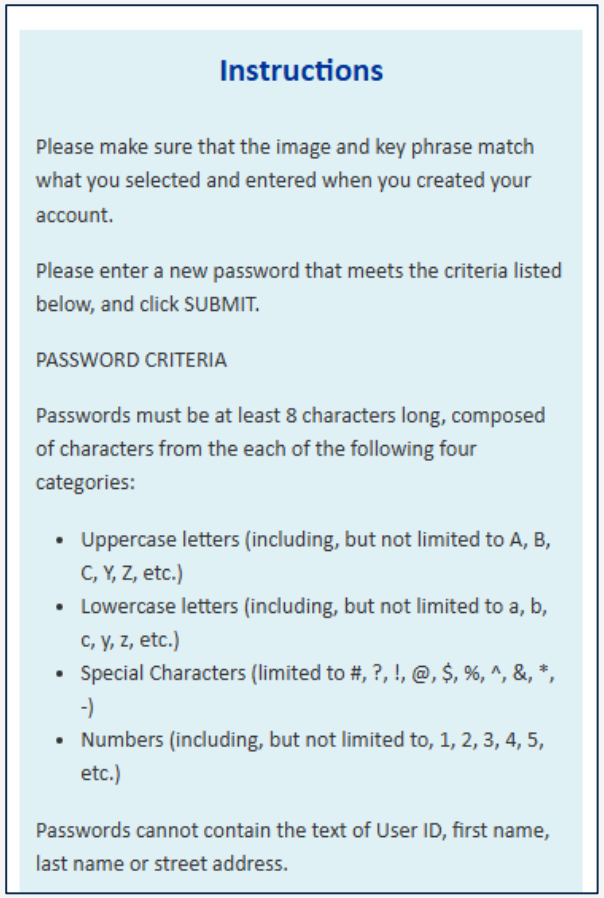
OWCP Connect Account Registration (3 of 9)

4. Enter a valid password based on the password instructions in the **Password** and **Retype Password** fields.
5. Select **NEXT**.

Note: The **Email** field automatically populates based on the previous step.

Note: Providers can select **PREV** to return to the previous step.

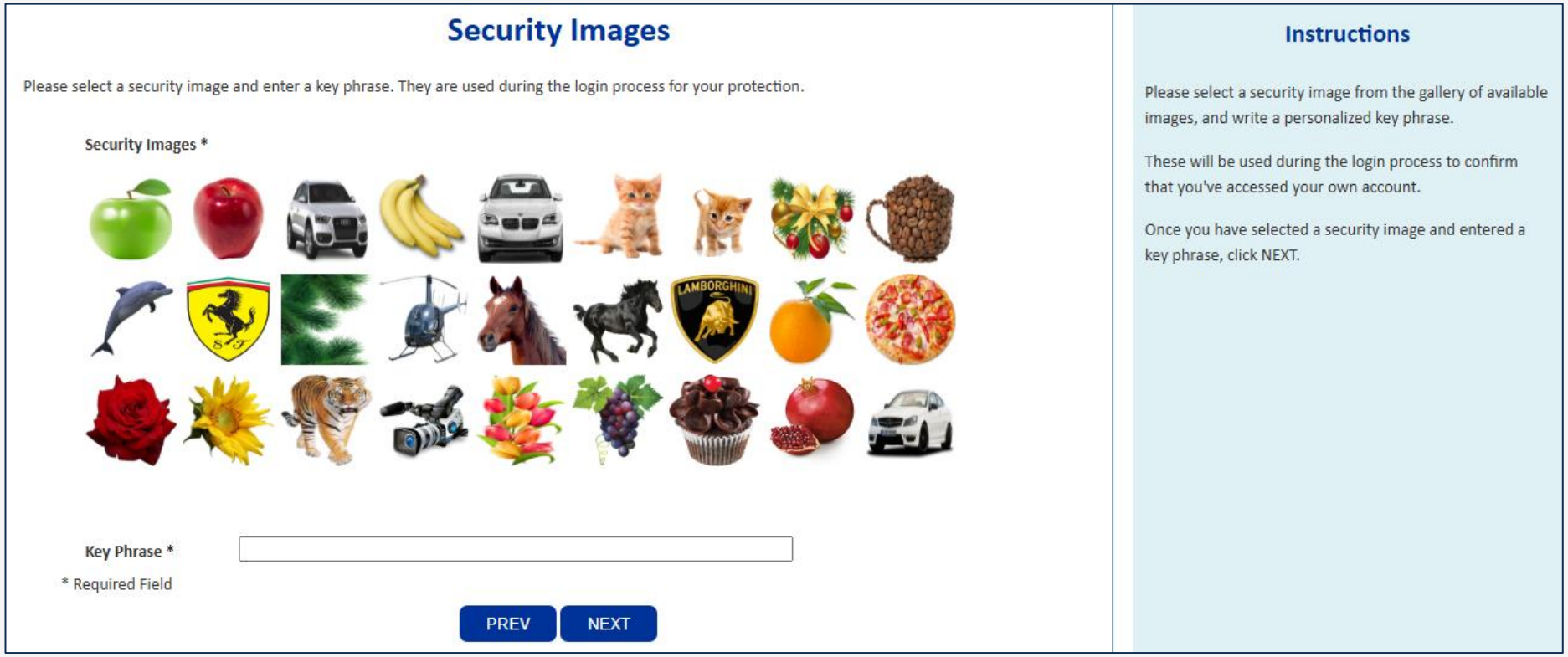




OWCP Connect Account Registration (4 of 9)

6. Select a security image.
7. Enter a personalized key phrase in the **Key Phrase** field.
8. Select **NEXT**.

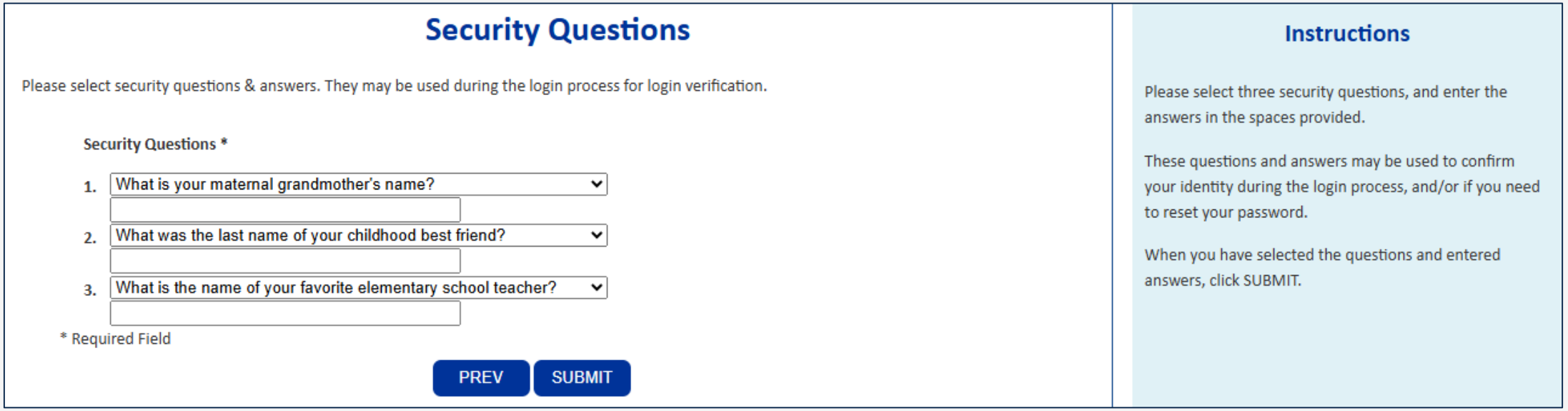
Note: Providers can select **PREV** to return to the previous step.



OWCP Connect Account Registration (5 of 9)

9. Select three **Security Questions** and enter the answers in the corresponding fields.
10. Select **SUBMIT**.

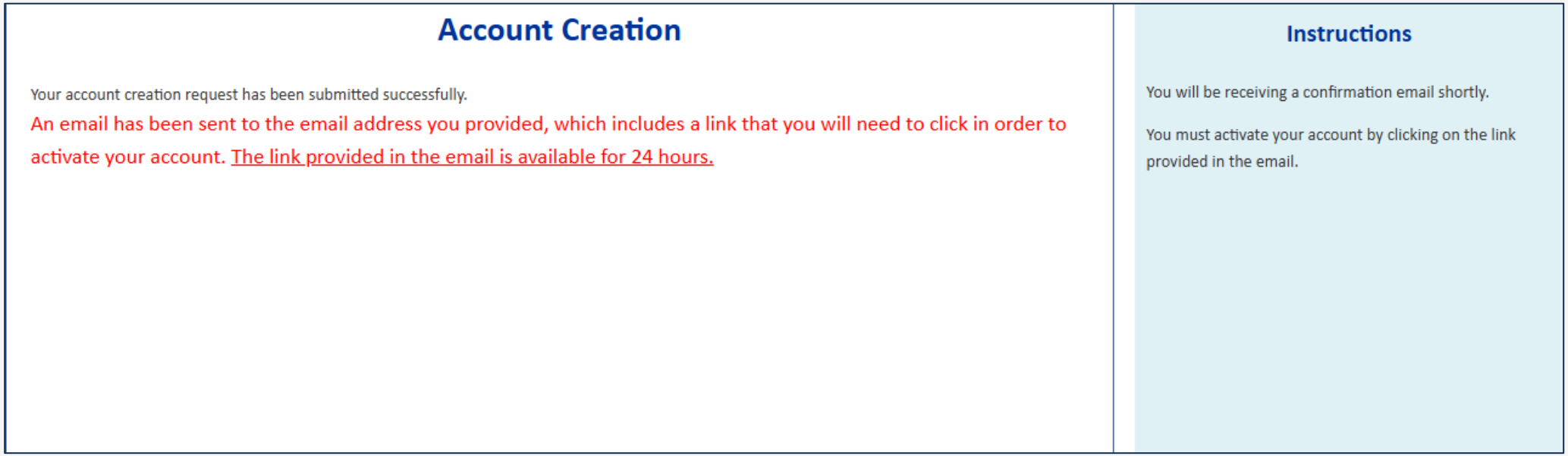
Note: Providers can select **PREV** to return to the previous step.



OWCP Connect Account Registration (6 of 9)

After the account registration request is submitted, the system displays a confirmation message. The system also sends an email with an account activation hyperlink to the registered email address.

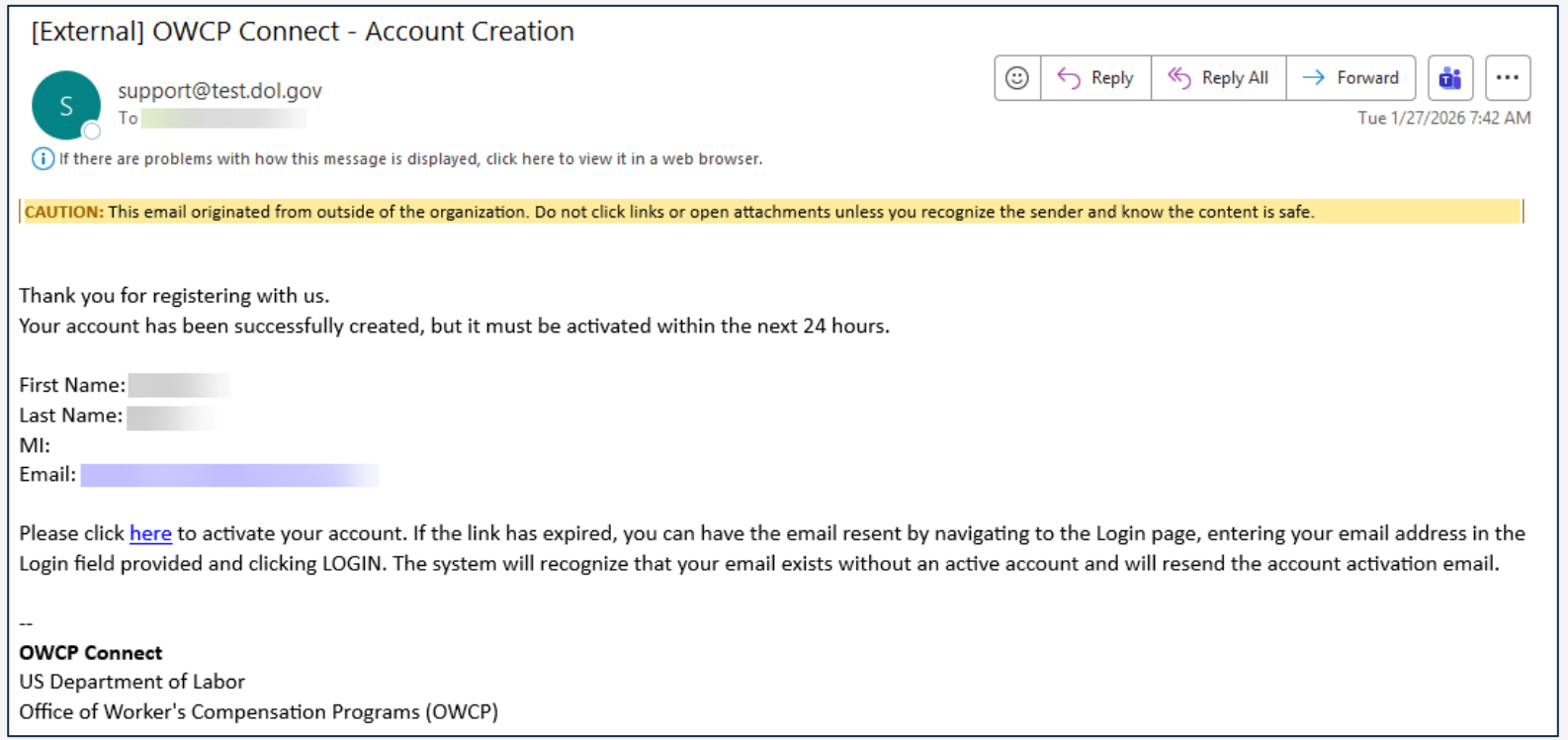
The account activation hyperlink remains active for 24 hours.



OWCP Connect Account Registration (7 of 9)

11. Access the notification email sent to the registered email address.
12. To activate the account, select the account activation hyperlink in the email. OWCP Connect opens.

Note: This step is required to activate the account.


[External] OWCP Connect - Account Creation

S support@test.dol.gov
To

Reply | Reply All | Forward
Tue 1/27/2026 7:42 AM

If there are problems with how this message is displayed, click here to view it in a web browser.

CAUTION: This email originated from outside of the organization. Do not click links or open attachments unless you recognize the sender and know the content is safe.

Thank you for registering with us.
Your account has been successfully created, but it must be activated within the next 24 hours.

First Name:
Last Name:
MI:
Email:

Please click here to activate your account. If the link has expired, you can have the email resent by navigating to the Login page, entering your email address in the Login field provided and clicking LOGIN. The system will recognize that your email exists without an active account and will resend the account activation email.

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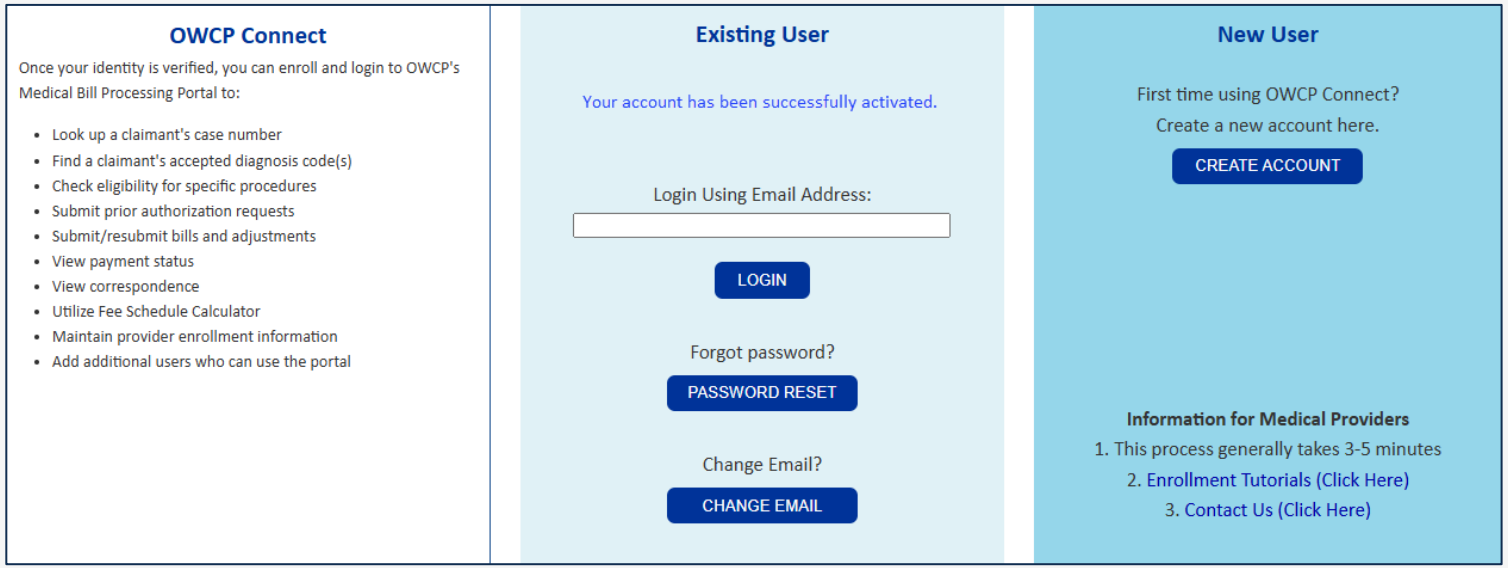
OWCP Connect
US Department of Labor
Office of Worker's Compensation Programs (OWCP)

OWCP Connect Account Registration (8 of 9)

Note: After the account is activated successfully, OWCP Connect displays a confirmation message in the **Existing User** section.

Note: Account registration is completed only once. After the account is activated, providers log in to the WCMBP System for Provider Enrollment from the **Existing User** section.

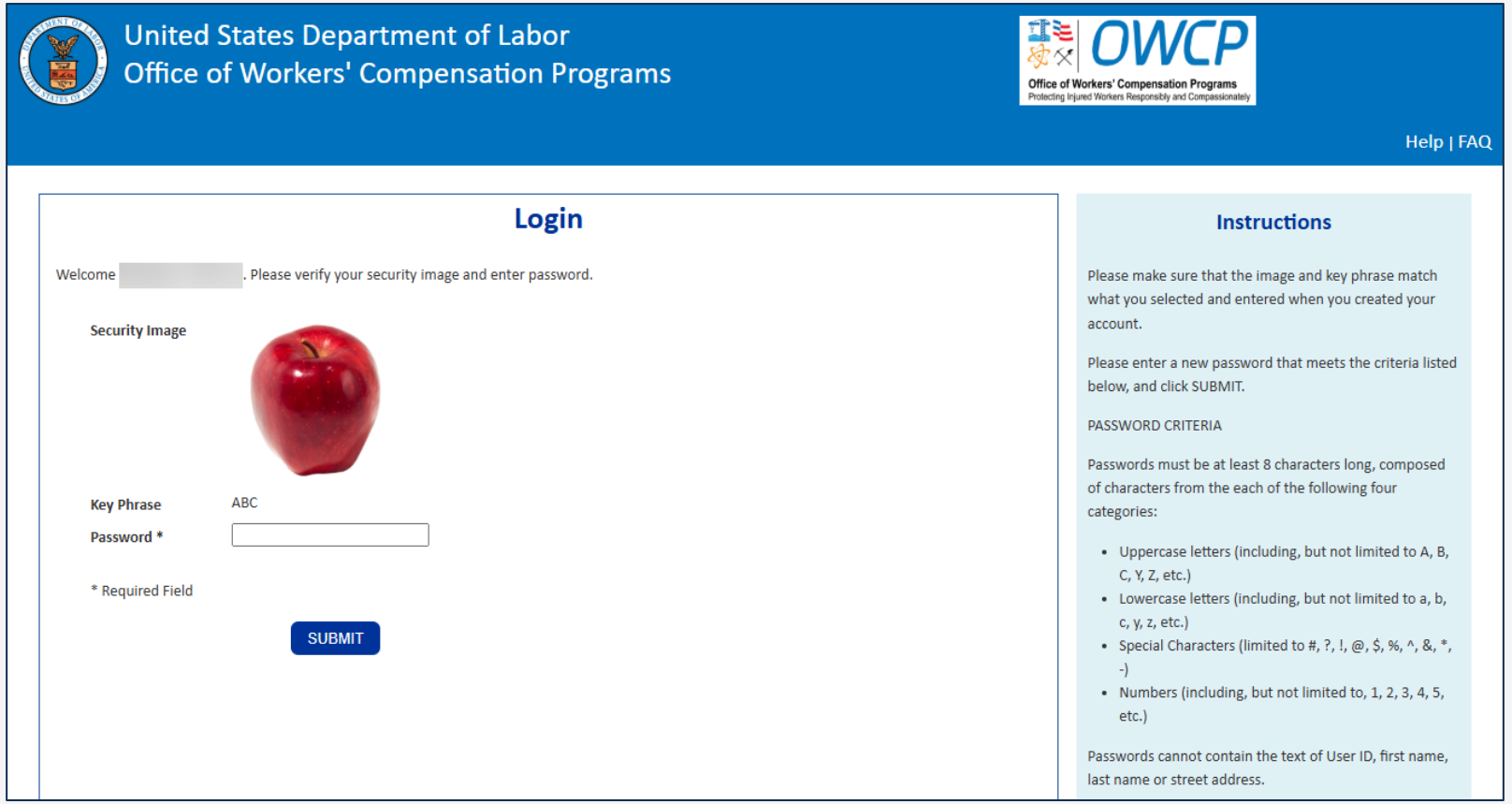
13. Enter the email address registered in the **Login Using Email Address** field.
14. Select **LOGIN**



Note: Providers who have already registered can log in through OWCP Connect.

OWCP Connect Account Registration (9 of 9)

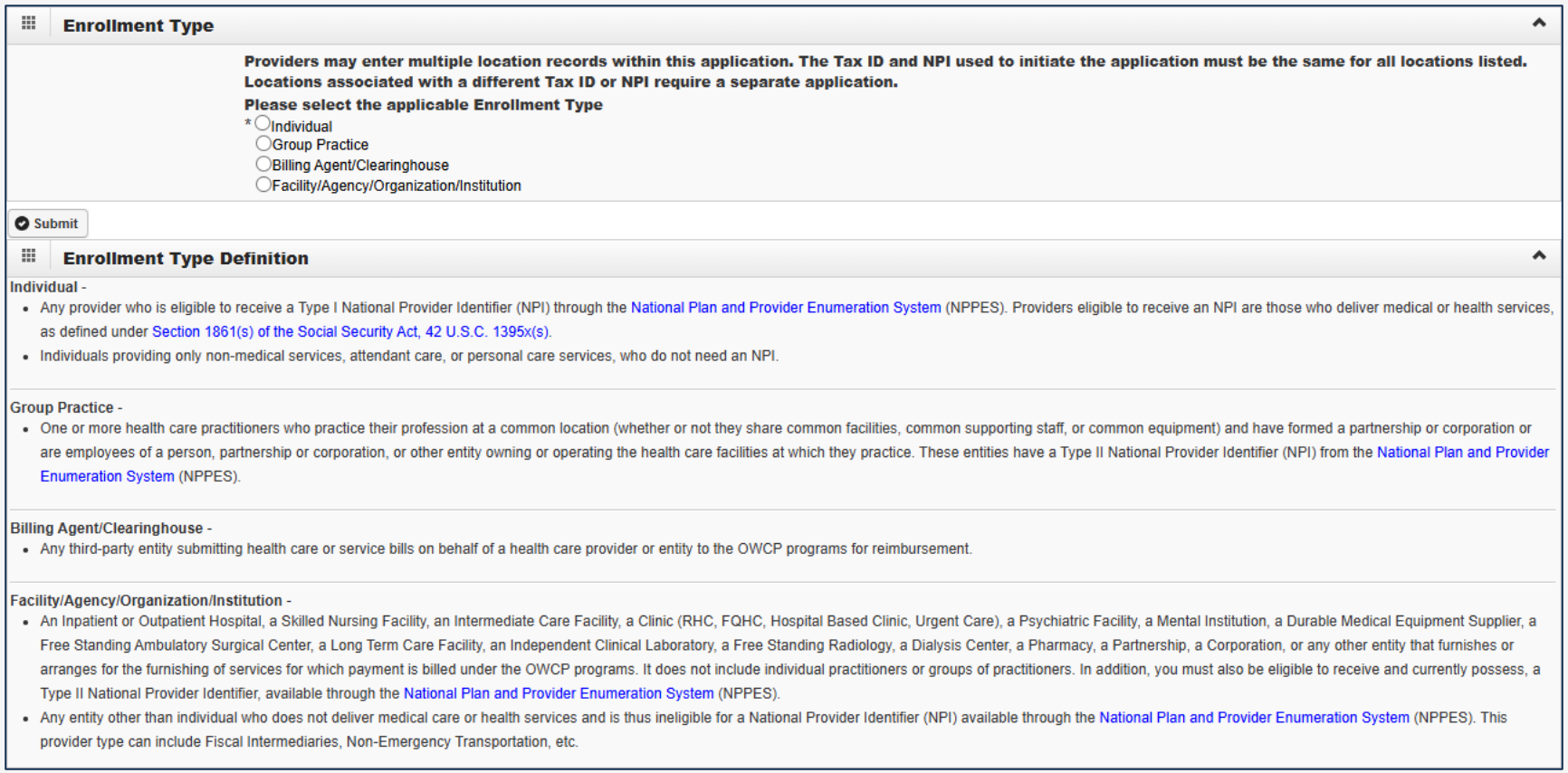
15. Enter the password in the **Password** field.
16. Select **SUBMIT**.



Step 1: Provider Basic Information: Enrollment Type (1 of 10)

1. Select the appropriate **Enrollment Type** for the practice, organization, or business.

Note: Enrollment Type definitions are provided at the bottom of the screen.



Enrollment Type

Providers may enter multiple location records within this application. The Tax ID and NPI used to initiate the application must be the same for all locations listed. Locations associated with a different Tax ID or NPI require a separate application.

Please select the applicable Enrollment Type

* ◯ Individual
◯ Group Practice
◯ Billing Agent/Clearinghouse
◯ Facility/Agency/Organization/Institution

Submit

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.

Group Practice -

- One or more health care practitioners who practice their profession at a common location (whether or not they share common facilities, common supporting staff, or common equipment) and have formed a partnership or corporation or are employees of a person, partnership or corporation, or other entity owning or operating the health care facilities at which they practice. These entities have a Type II National Provider Identifier (NPI) from the National Plan and Provider Enumeration System (NPPES).

Billing Agent/Clearinghouse -

- Any third-party entity submitting health care or service bills on behalf of a health care provider or entity to the OWCP programs for reimbursement.

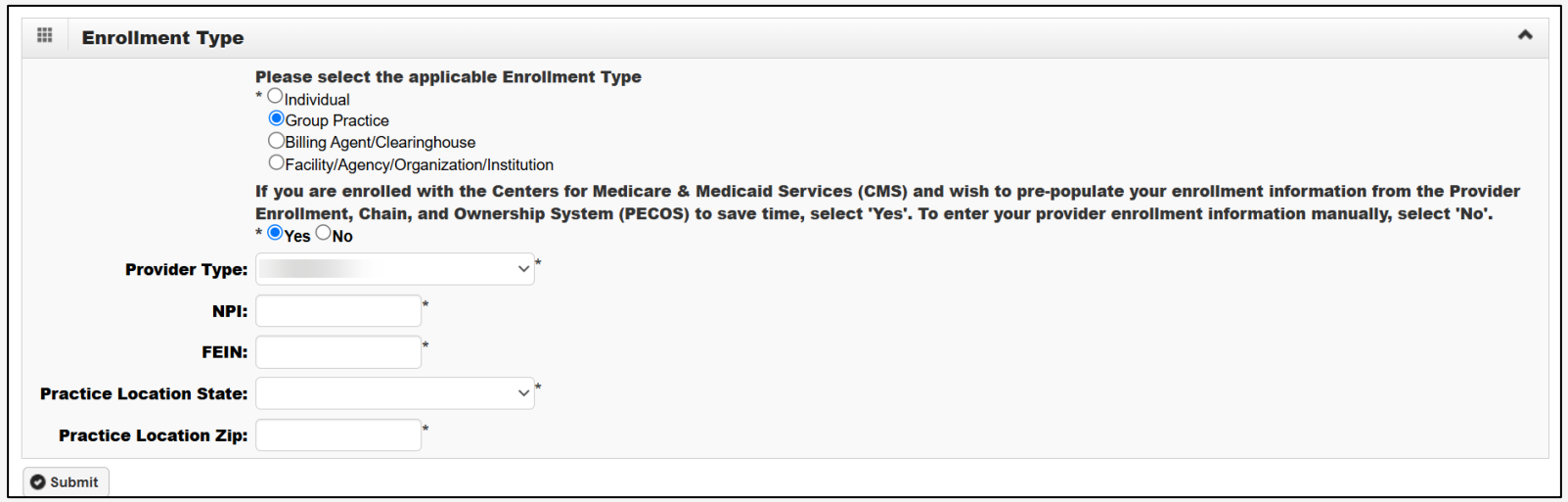
Facility/Agency/Organization/Institution -

- An Inpatient or Outpatient Hospital, a Skilled Nursing Facility, an Intermediate Care Facility, a Clinic (RHC, FQHC, Hospital Based Clinic, Urgent Care), a Psychiatric Facility, a Mental Institution, a Durable Medical Equipment Supplier, a Free Standing Ambulatory Surgical Center, a Long Term Care Facility, an Independent Clinical Laboratory, a Free Standing Radiology, a Dialysis Center, a Pharmacy, a Partnership, a Corporation, or any other entity that furnishes or arranges for the furnishing of services for which payment is billed under the OWCP programs. It does not include individual practitioners or groups of practitioners. In addition, you must also be eligible to receive and currently possess, a Type II National Provider Identifier, available through the National Plan and Provider Enumeration System (NPPES).
- Any entity other than individual who does not deliver medical care or health services and is thus ineligible for a National Provider Identifier (NPI) available through the National Plan and Provider Enumeration System (NPPES). This provider type can include Fiscal Intermediaries, Non-Emergency Transportation, etc.

Step 1: Provider Basic Information: Enrollment Type (2 of 10)

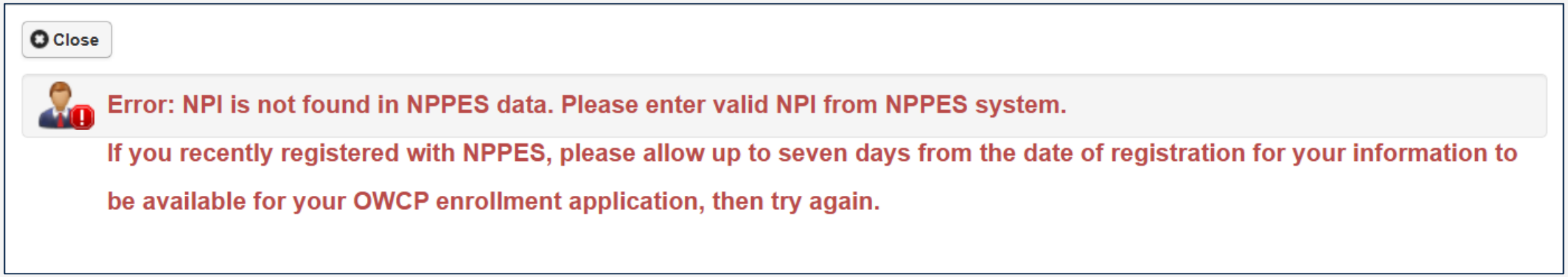
Note: Providers can now enter multiple location records within this application. Providers must use the same Tax ID and NPI used to initiate the application for all locations listed in the application. Locations associated with a different Tax ID or NPI require a separate enrollment application. This enhancement allows providers to enroll multiple practice locations within a single enrollment application.

2. If enrolled with the Centers for Medicare & Medicaid Services (CMS), providers can choose to pre-populate enrollment information from the Provider Enrollment, Chain, and Ownership System (PECOS) to save time.
   - If selecting Yes, the Provider Practice State and Provider Practice Zip fields enable. Enter the required information in the **Provider Type**, **NPI**, **FEIN**, **Practice Location State**, and **Practice Location Zip** fields.
   - If selecting **No**, enter the required information in the **Provider Type**, **NPI**, and **FEIN** fields.
3. Select **Submit**.



Step 1: Provider Basic Information: Enrollment Type (3 of 10)

Note: If the NPI is not found in the NPPES system, the following error message displays.



Note: The same error message displays whether enrollment information is imported from PECOS or entered manually.

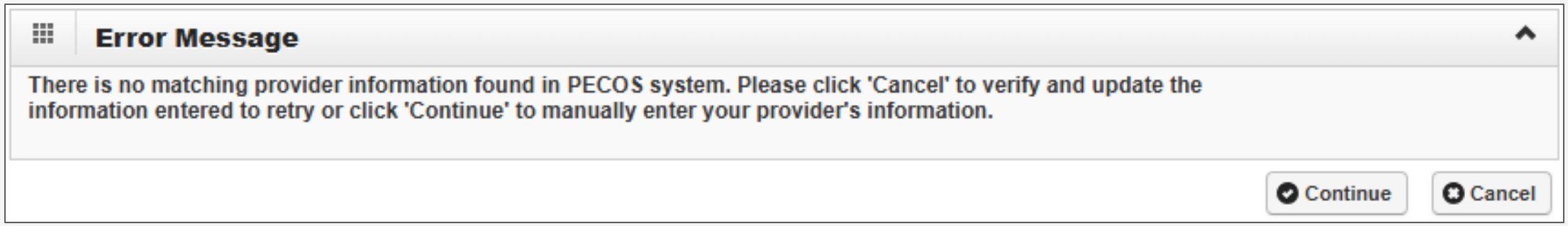
Step 1: Provider Basic Information: Enrollment Type (4 of 10)

When **Yes** is selected, the WCMBP System automatically populates available provider information from PECOS and the NPPES into the enrollment application.

When **No** is selected, the **Provider Basic Information** page opens for manual entry of enrollment application.

Note: The provider is required to manually enter all mandatory enrollment application data based on the selected Enrollment Type and Provider Type.

4. If the WCMBP System cannot retrieve provider information, the following error message displays: "There is no matching provider information found in the PECOS system."
5. Proceed as appropriate:
   - To return to the enrollment page and update the NPI or Social Security Number, select **Cancel**.
     - After updating the information, select **Submit** to retrieve available provider information from PECOS and review the populated enrollment application details on the **Basic Information** page.
   - To complete the enrollment application manually, select **Continue** to open the **Basic Information** page.



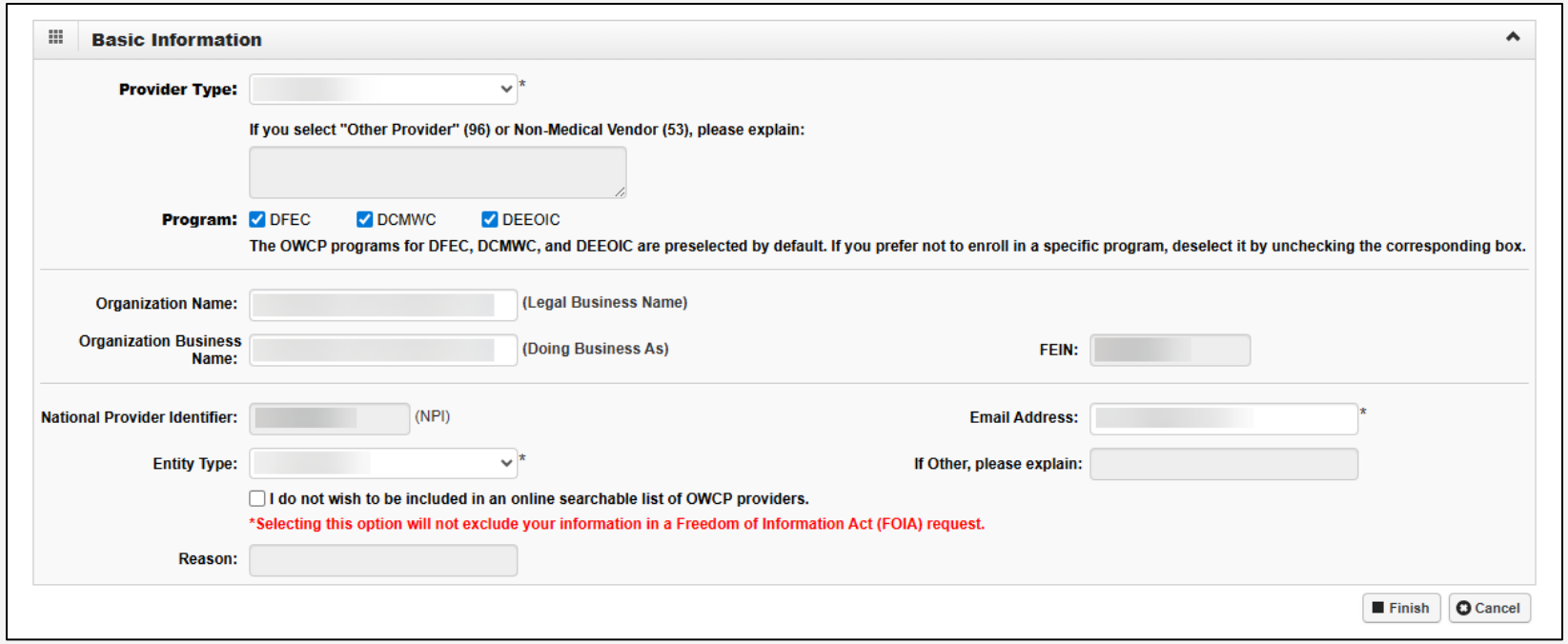
Step 1: Provider Basic Information: Enrollment Type (5 of 10)

6. Confirm the pre-populated information or complete the following steps to manually enter the provider's basic information.

Note: The **Basic Information** page is standardized across all locations included in the enrollment application. Information entered on this page applies to all locations, and upon approval, is associated with the corresponding OWCP Provider ID assigned to each location.

7. Select a provider type from the **Provider Type** drop-down list.

Note: Selecting **Other Provider (96)** or **Non-Medical Vendor (53)** as the **Provider Type** requires an explanation in the associated text field.



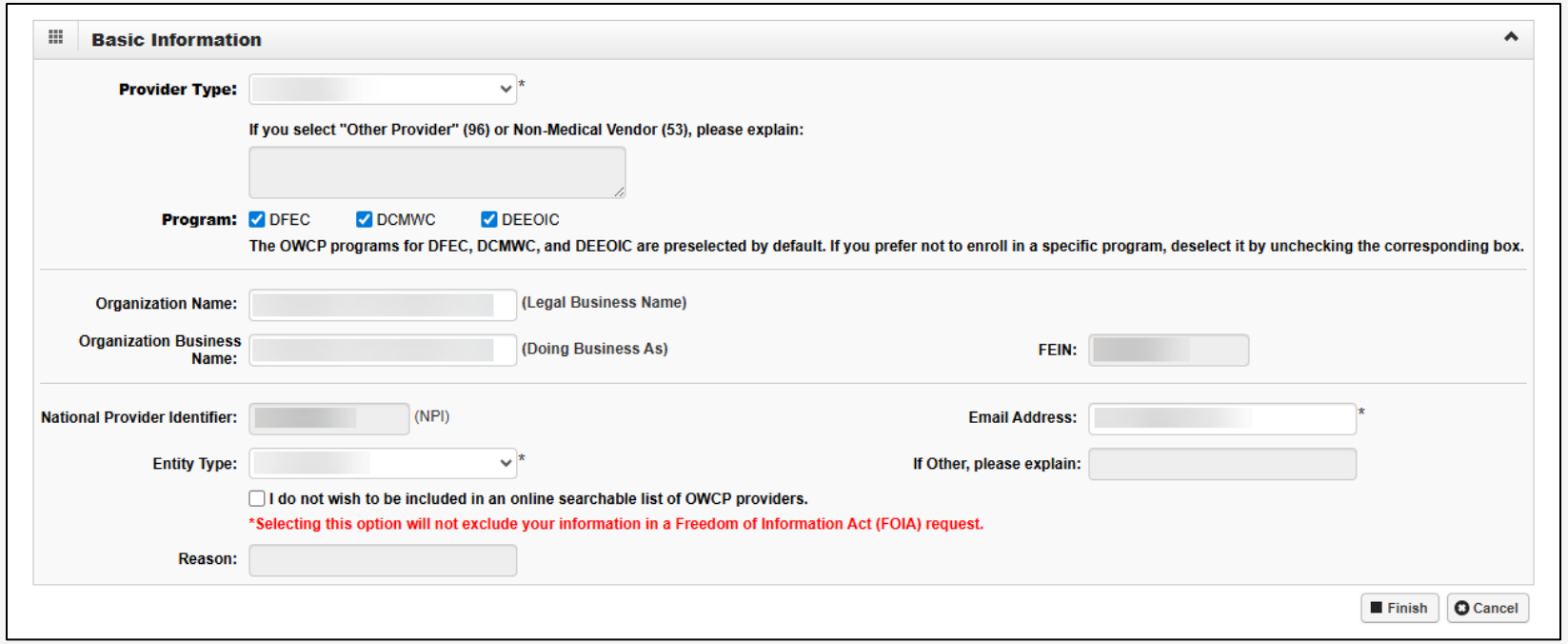
Step 1: Provider Basic Information: Enrollment Type (6 of 10)

8. In the **Program** field, confirm the selected programs for enrollment (checkboxes).

Note: The DFEC, DCMWC, and DEEOIC programs are selected by default. If you prefer not to enroll in a specific program, clear (uncheck) the corresponding checkbox.

9. Complete the **Organization Name** and **Organization Business Name** fields.

Note: The system validates the Name and FEIN combination matches Internal Revenue Service (IRS) records.



Step 1: Provider Basic Information: Enrollment Type (7 of 10)

10. If required, enter a National Provider Identifier (NPI) in the **National Provider Identifier** field.

Note: Refer to the Provider Type Matrix to determine if an NPI is required.

11. Select an entity type from the **Entity Type** drop-down list based on the W-9.

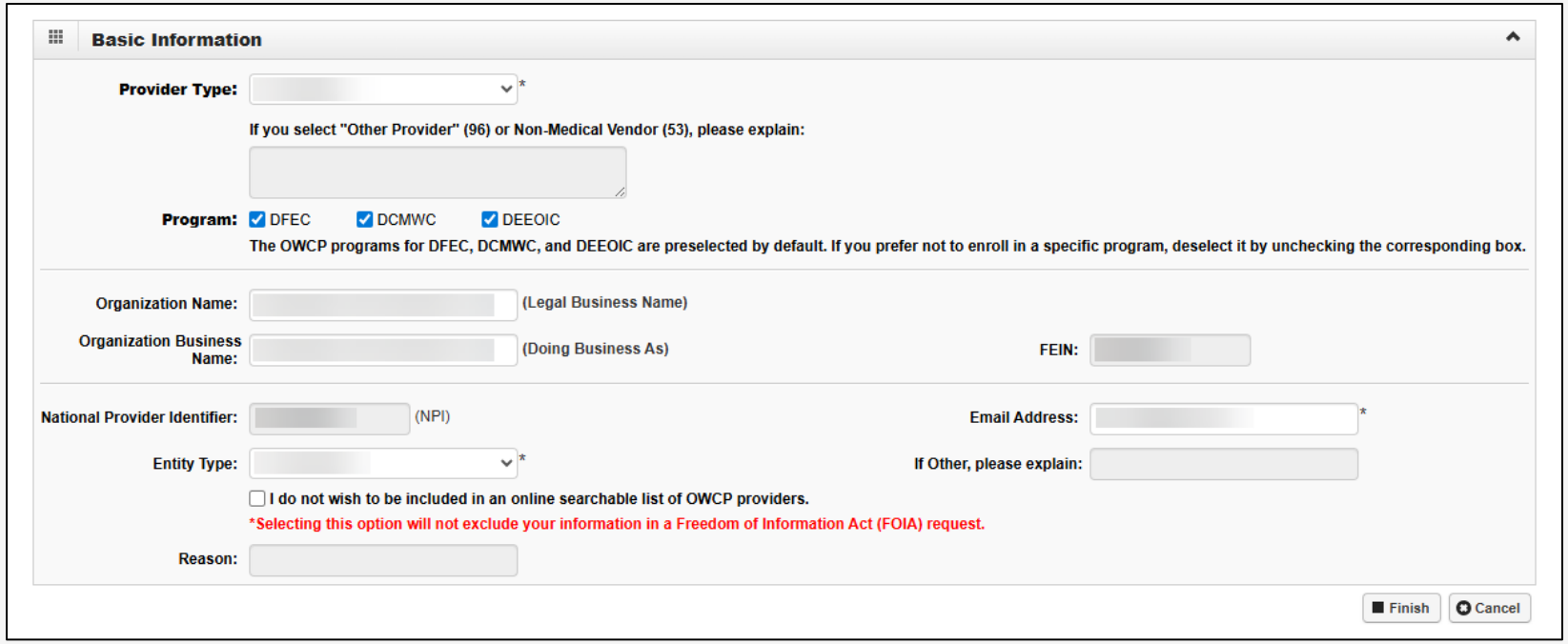
Note: Selecting **Other** from the **Entity Type** requires an explanation in the **If Other, please explain** field.

12. Enter a valid email address in the **Email Address** field.

13. Determine whether to be included in the online searchable list of OWCP providers:
    - To be included, proceed to the next step.
    - To be excluded, select the checkbox below the **Entity Type** field and enter a reason in the **Reason** field.

Note: Selecting the checkbox does not prevent disclosure of information in response to a **Freedom of Information Act (FOIA)** request.

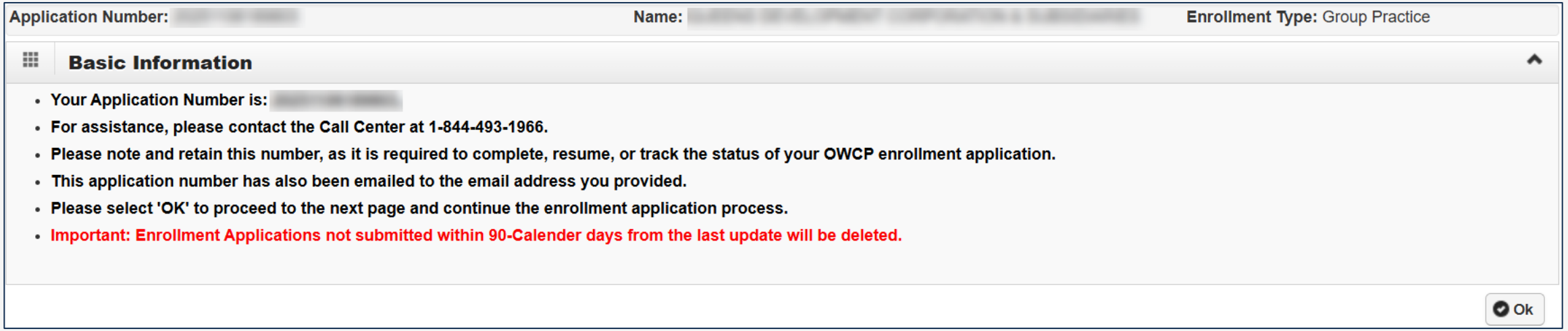
14. Select **Finish**.



Step 1: Provider Basic Information: Enrollment Type (8 of 10)

15. Document the application number for future reference and select **Ok**. The **Business Process Wizard (BPW)** page opens to complete the remaining enrollment application information.

Note: The application number is also sent to the email address provided during OWCP Connect Account Registration.



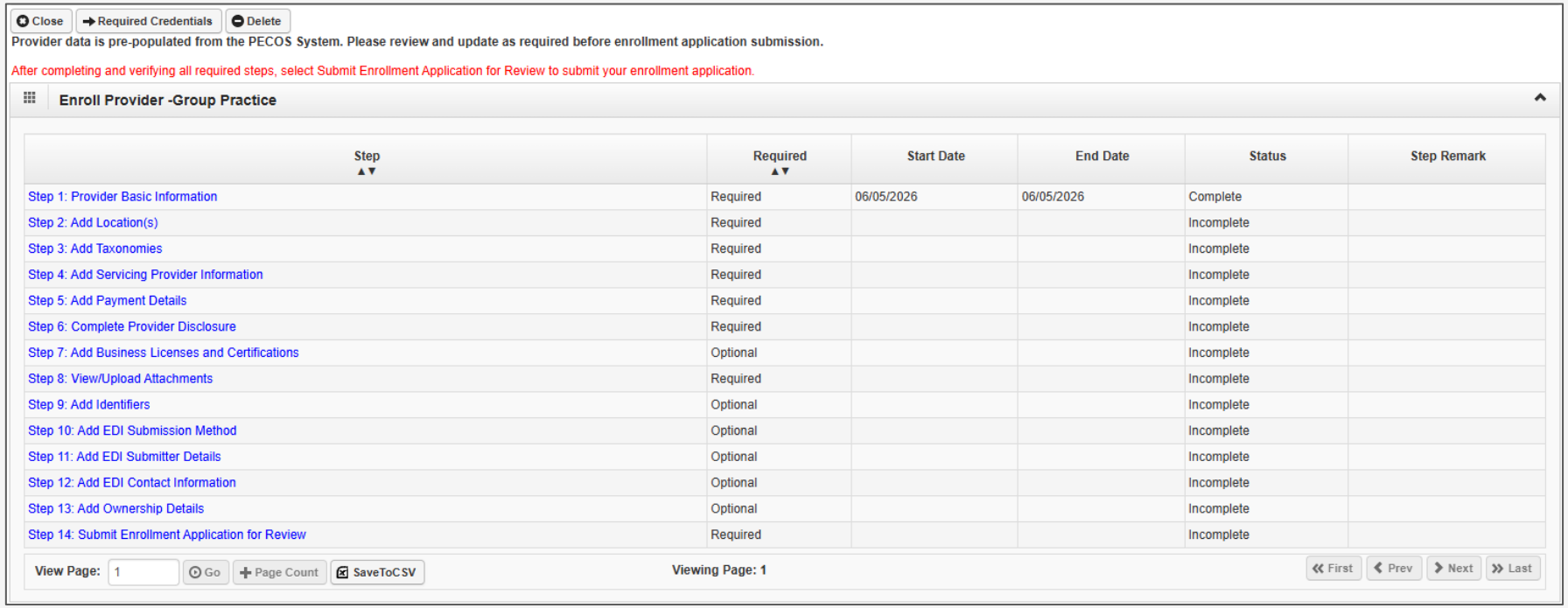
Note: Incomplete enrollment applications are deleted after 90 calendar days of inactivity. For more information, refer to Deletion of Incomplete Provider Enrollment Applications.

Step 1: Provider Basic Information: Enrollment Type (9 of 10)

After completing **Step 1: Provider Basic Information**, the **Enroll Provider** page displays all enrollment steps. For each step, providers must review and confirm the prepopulated information or manually enter the required information. Providers must complete all **Required** steps to successfully submit the enrollment application.

Note: If the wrong enrollment type was selected, use the **Delete** button to delete the application and start a new enrollment application.

Note: Providers may exit an application and return later to complete and submit. For more information, refer to Resume or Track an In-Progress Enrollment Application.

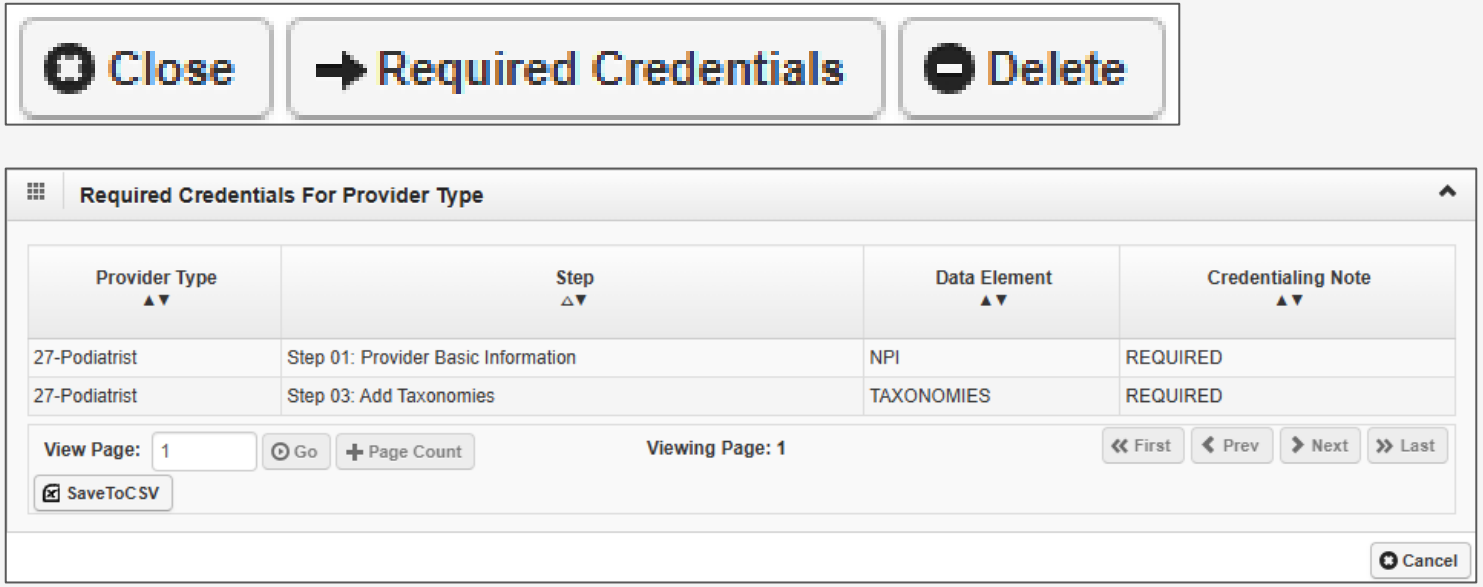


Step 1: Provider Basic Information: Enrollment Type (10 of 10)

16. After completing **Step 1: Provider Basic Information**, select **Required Credentials** before proceeding to **Step 2: Add Location**. A separate window opens and displays the required credentials for the selected provider type.

Note: Credential requirements vary by provider type.

17. To close the credentials window and proceed to the next step, select **Cancel**.

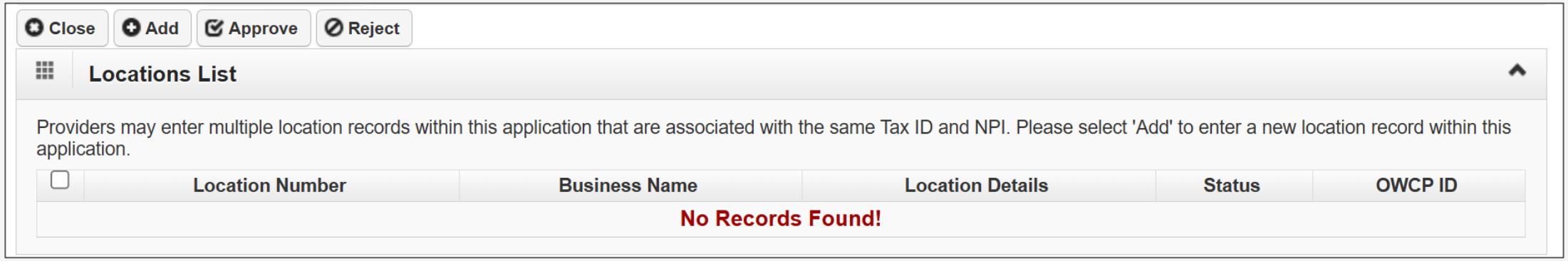


Step 2: Add Locations (1 of 7)

1. Select **Add** to enter a new location record. The system assigns a location sequence number to each location added in the **Locations List** page based on the established numbering convention.

Note: On the **Locations List** page, selecting **Add** opens the **Location Information** page.

2. Proceed as applicable:
   - To select PECOS pre-populated information, proceed to Step 3.
   - To enter location details manually, proceed to Step 5.



Note: Each location on the **Locations List** page appears as a hyperlink in the following format: Location Number – Business Name.

Step 2: Add Locations (2 of 7)

Note: The PECOS System may contain multiple practice locations, mailing addresses, and contact names for a given Social Security Number (SSN) or Federal Employer Identification Number (FEIN).

3. If a provider selects the option to pre-populate the enrollment application with CMS-PECOS data, the system retrieves and displays all available location information that matches NPI and SSN/Tax ID. The system displays the information in the drop-down lists for the following sections:
   - Contact Information
   - Physical Address
   - Mailing Address

Note: An email address is required in the **Primary Contact Information** section.

Note: Providers can leave drop-down lists set to **SELECT** so they can enter location information manually. When no option is selected, the system requires providers to enter the details manually.

4. Select **Submit**.

Note: After the provider enters the first location on the **Location Information** page and selects **Submit**, the system returns to the **Locations List** page. The new location appears as a hyperlink.

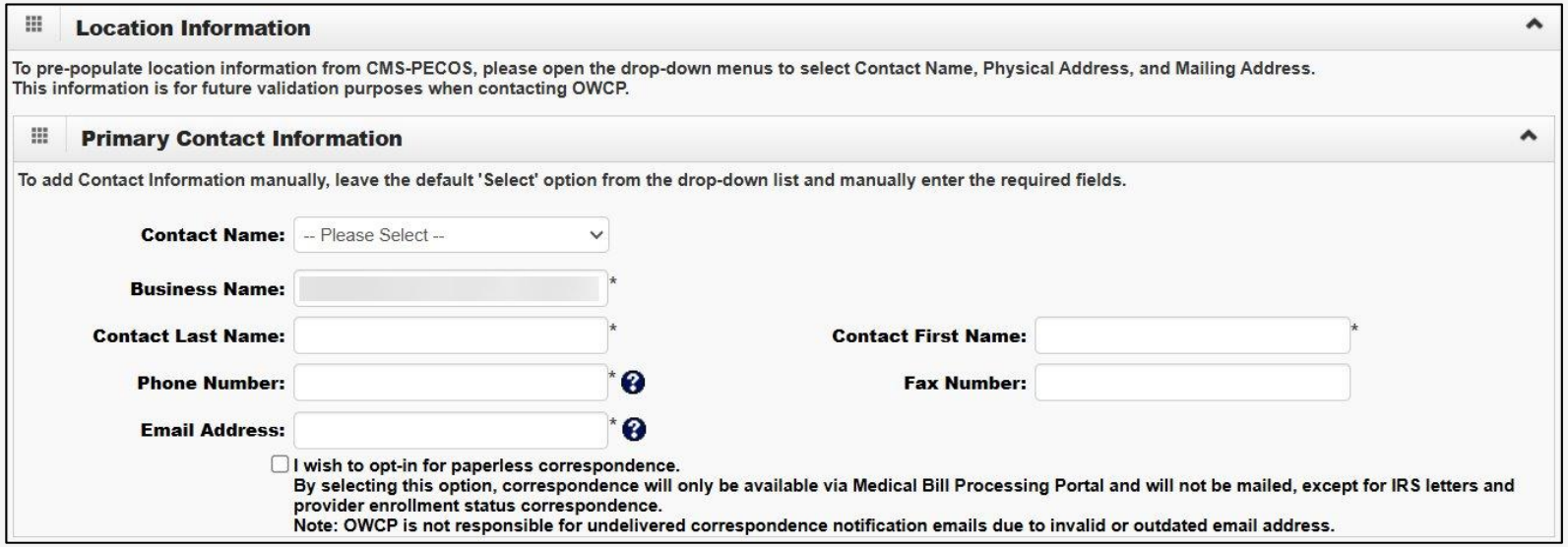
Step 2: Add Locations (3 of 7)

To enter location information manually:

5. Enter the location name in the **Business Name** field.
6. Enter the contact's last name and first name in the **Contact Last Name** and **Contact First Name** fields.
7. Enter the contact's phone number in the **Phone Number** field. Do not include dashes or spaces.

Note: The **Fax Number** field is optional.

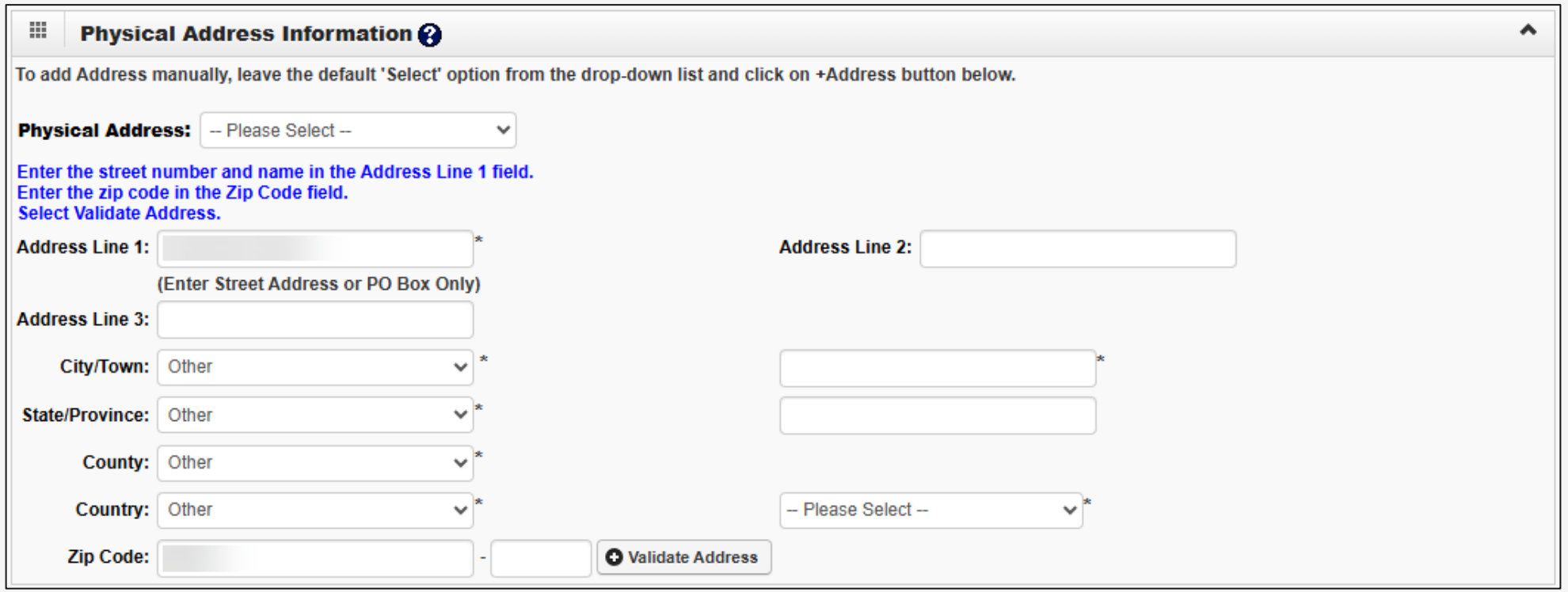
8. Enter the contact's email address in the **Email Address** field. This field is required.
9. To receive correspondence electronically, select the checkbox below the **Email Address** field.



Step 2: Add Locations (4 of 7)

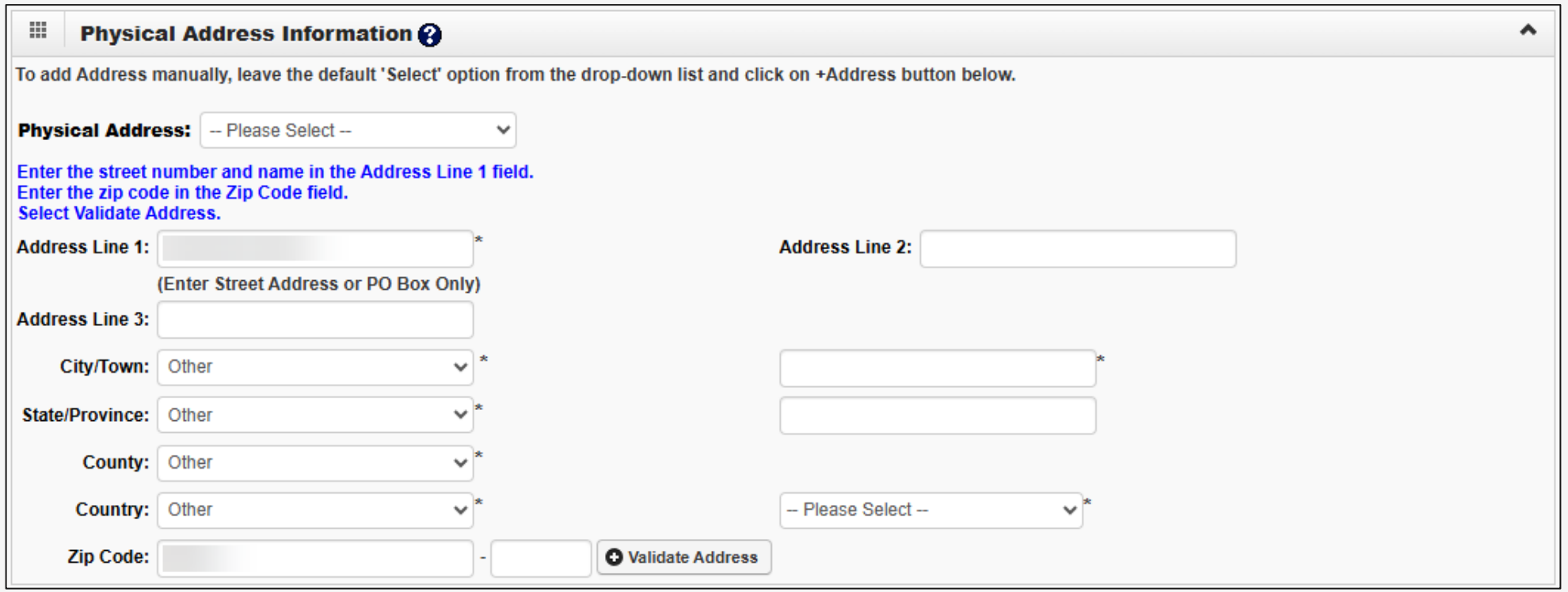
10. Enter the street address or PO Box number in the **Address Line 1** field.
11. Enter the 5-digit ZIP code in the **Zip Code** field.

Note: This step is required. The physical address must be added.



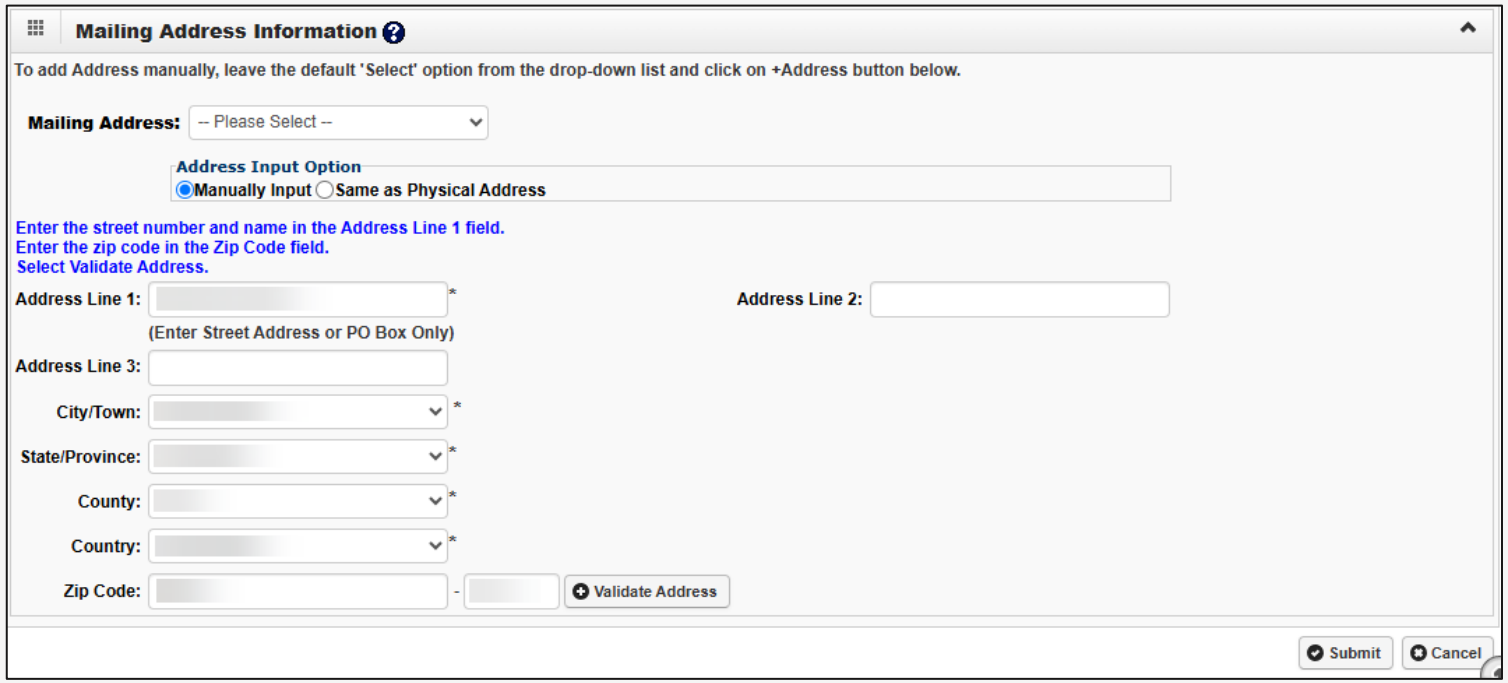
Step 2: Add Locations (5 of 7)

12. Select **Validate Address**
    - If validated, the full address will populate.
    - If the address cannot be validated, enter a valid ZIP code and select **Validate Address** again.



Step 2: Add Locations (6 of 7)

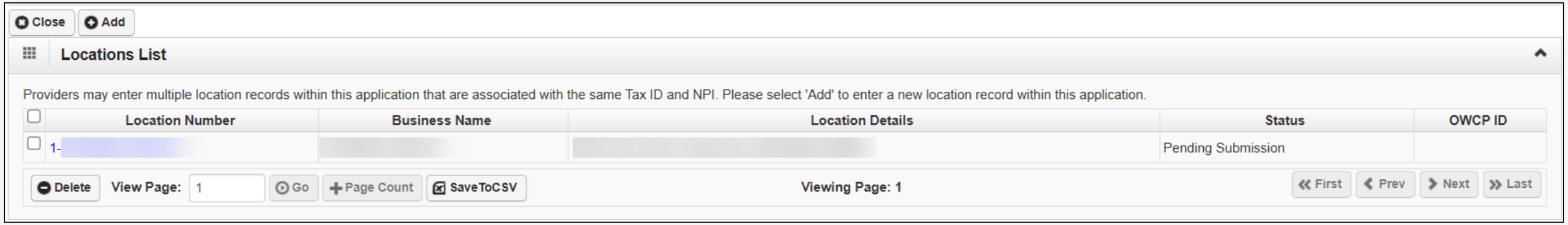
13. Proceed to mailing address based on the following:
    - If the mailing address is the same as the physical address, select the radio button next to **Same as Physical Address**.
    - If the Provider wishes to select an address loaded from PECOS, select from the **Mailing Address** drop-down list.
    - If the mailing address is different from the physical address, Enter the street address or PO Box number in **Address Line 1** and 5-digit zip code in **Zip Code**. Then select **Validate Address**.
14. When all three sections are complete, select **Submit** to apply the changes.



Step 2: Add Locations (7 of 7)

Note: Repeat the previous steps in the **Add Locations** section as necessary to add additional locations to the **Locations List** page.

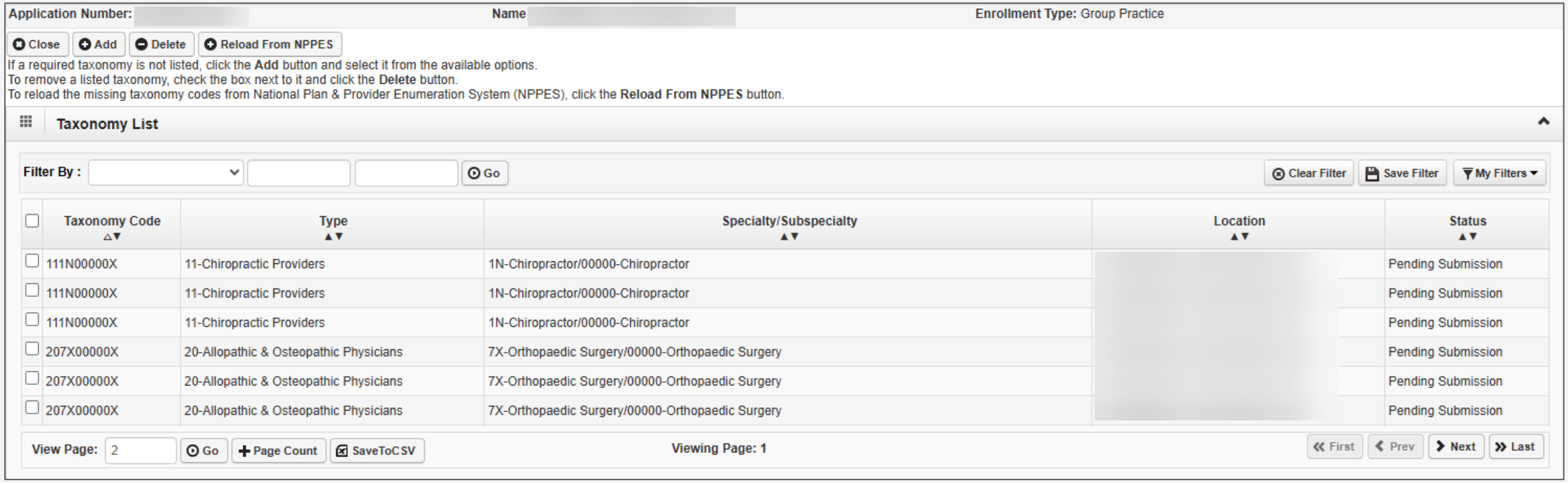
15. To proceed to the next step, select **Close**.



Step 3: Add Taxonomies (1 of 4)

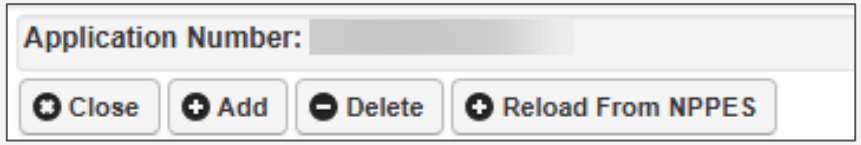
Confirm the pre-populated information or complete the following steps to manually enter taxonomy information.

- To add taxonomy codes, select **Add**. The **Select Taxonomy** page opens.
- To delete a taxonomy code, select the checkbox next to the taxonomy record and select **Delete**.
- To reload missing taxonomy codes, select **Reload From NPPES**.



Step 3: Add Taxonomies (2 of 4)

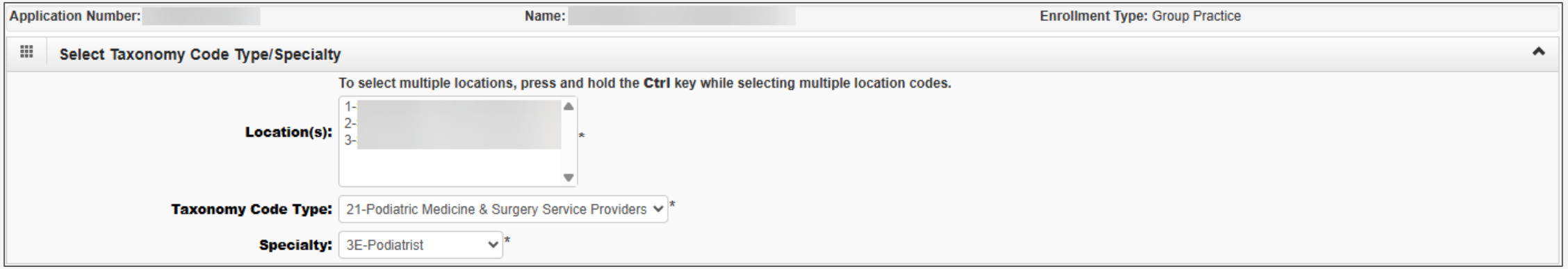
1. To manually add taxonomy codes, select **Add**. The **Add Taxonomy Code** page opens.



2. Select the location or locations to associate with the taxonomy code from the **Location(s)** field.

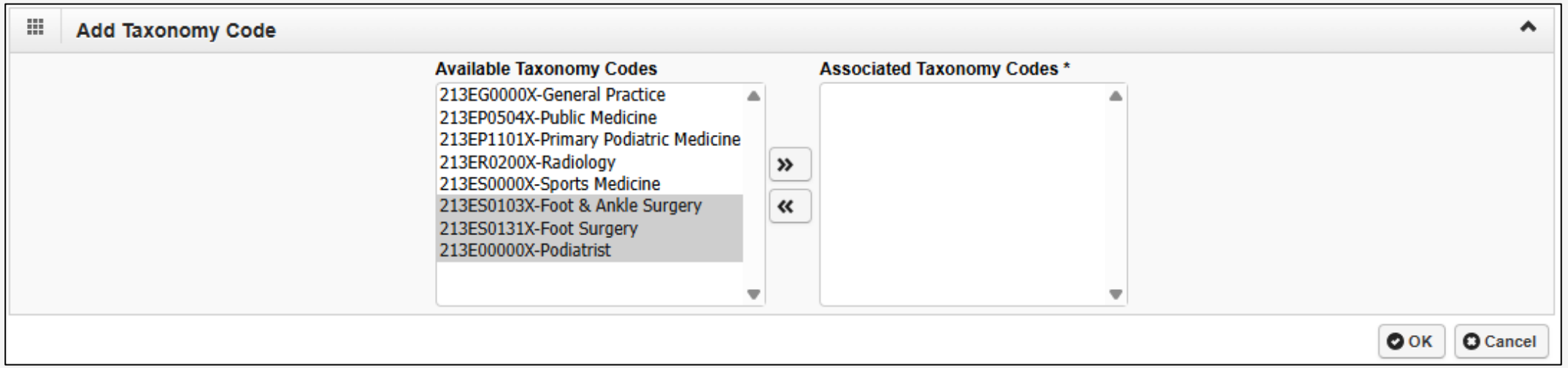
Note: Providers can select multiple locations at the same time by pressing and holding the **Ctrl** key while selecting additional locations.

3. Select the applicable taxonomy code from the **Taxonomy Code Type** drop-down list.
4. Select the specialty type from the **Specialty** drop-down list.



Step 3: Add Taxonomies (3 of 4)

5. Select the applicable codes from the **Available Taxonomy Codes** list.
6. Select the **double right-arrow** to move the selected codes to the **Associated Taxonomy Codes** box.

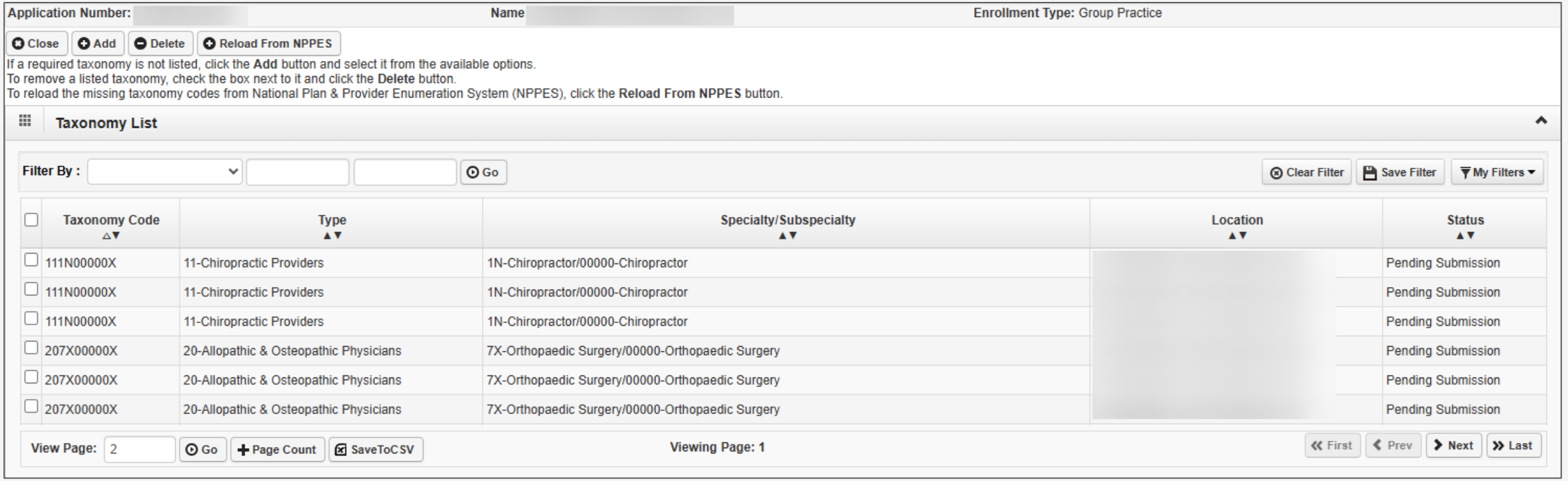


Note: Providers can select multiple codes at a time by pressing and holding the **Ctrl** key while selecting additional codes. To remove codes from the **Associated Taxonomy Codes** list providers can select the **double left-arrow**. The selected codes return to the **Available Taxonomy Codes** list.

7. Select **OK**.

Step 3: Add Taxonomies (4 of 4)

8. After selecting all associated taxonomy codes, select **Close** to proceed to the next step.



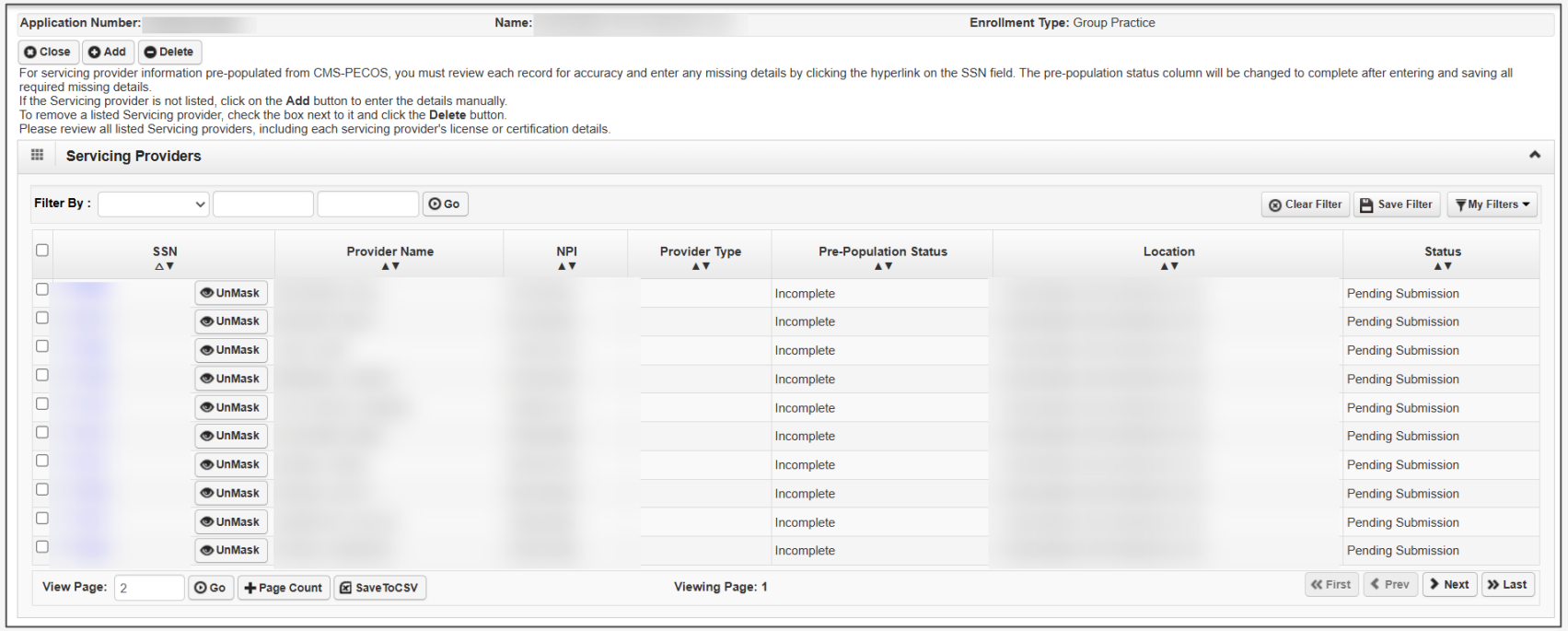
Step 4: Add Servicing Provider Information (1 of 4)

The **Servicing Providers List** page displays the servicing providers' information.

- To view and verify servicing provider information imported from the PECOS System, select the **SSN** hyperlink. The Group provider must select the hyperlink for each servicing provider to review the pre-populated information.

To enter servicing provider information manually, complete the following:

1. Select **Add.** The **Associate Servicing Provider** page opens.



Note: If servicing provider information is entered manually, the system validates the servicing provider NPI against NPPES data.

Step 4: Add Servicing Provider Information (2 of 4)

2. Select the applicable location or locations.

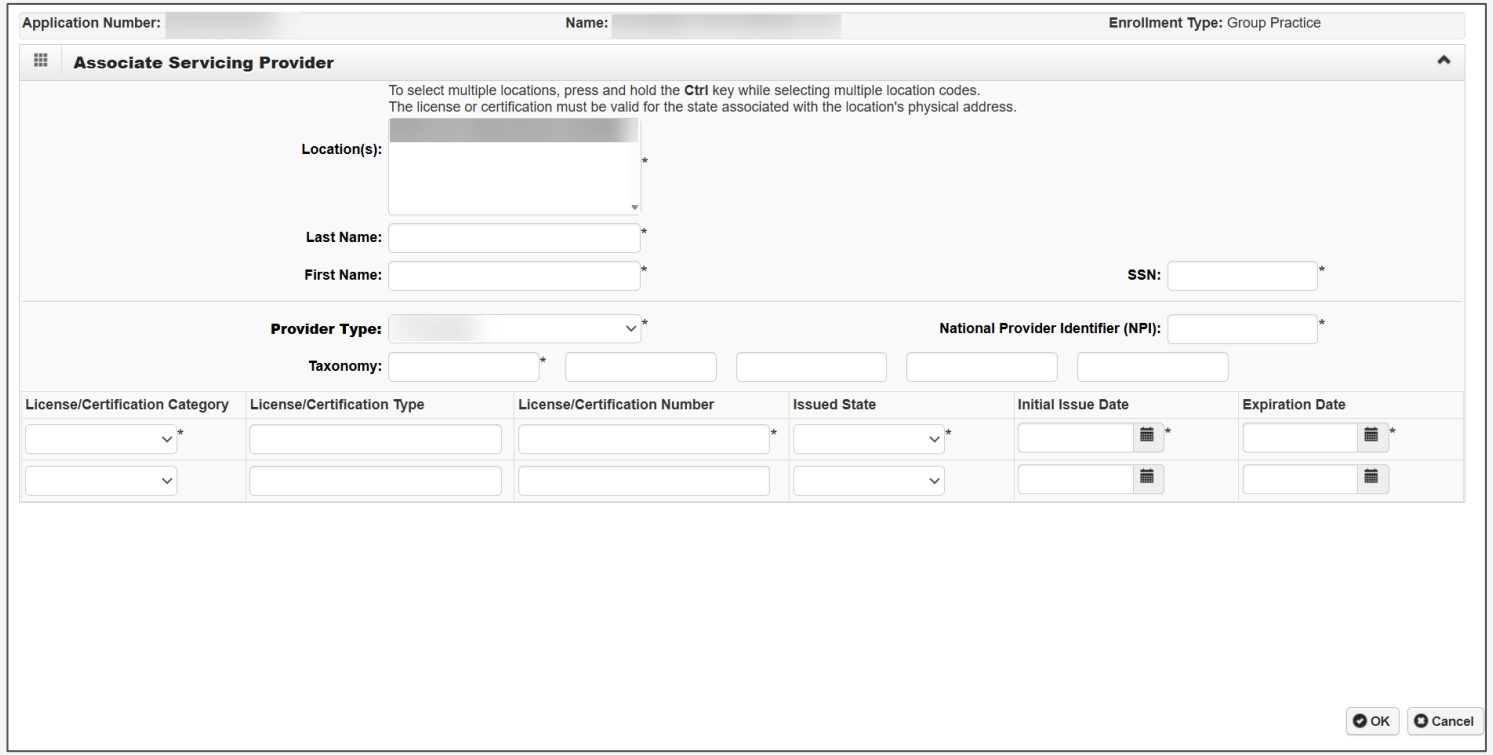
Note: Multiple locations can be selected at the same time by pressing and holding the **Ctrl** key while selecting additional locations.

3. Enter the individual servicing provider's name in the **Last Name** and **First Name** fields.

4. Enter the individual servicing provider's social security number (SSN) in the **SSN** field.

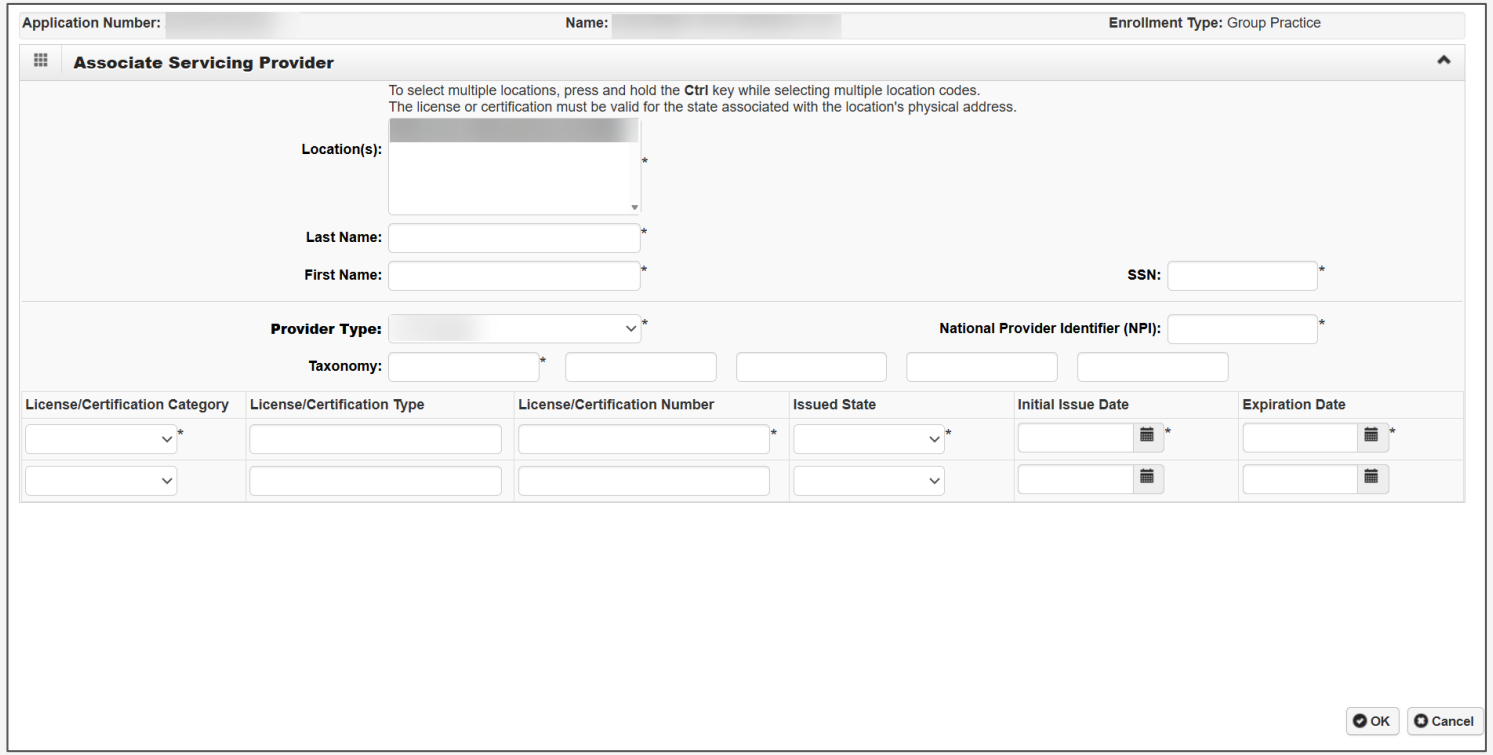
Note: There is no limit to the number of servicing providers that can be added to the practice. At least one servicing provider is required to submit the application.

Note: Verifying a servicing provider requires manual entry of the servicing provider's SSN.



Step 4: Add Servicing Provider Information (3 of 4)

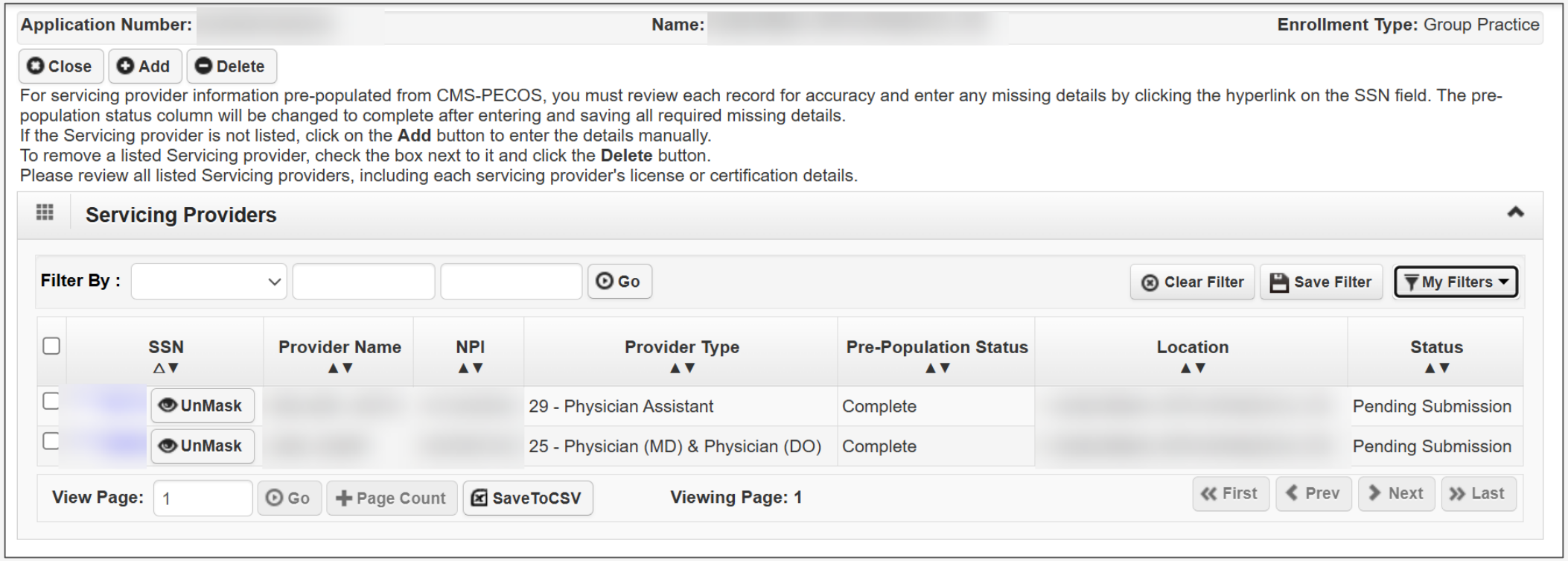
5. Select the servicing provider type from the **Provider Type** drop-down list.
6. Enter the servicing provider's National Provider Identifier (NPI) in the **National Provider Identifier (NPI)** field.
7. Enter up to five taxonomy codes in the **Taxonomy** fields.
8. Complete the applicable **License/Certification** fields for each license or certification associated with the servicing provider.
9. Select **OK**. The **Servicing Providers** list page displays the servicing providers' information.



Step 4: Add Servicing Provider Information (4 of 4)

Note: Servicing providers can be deleted by selecting the checkbox next to the record and then selecting **Delete**.

10. To proceed to the next step, select **Close**.



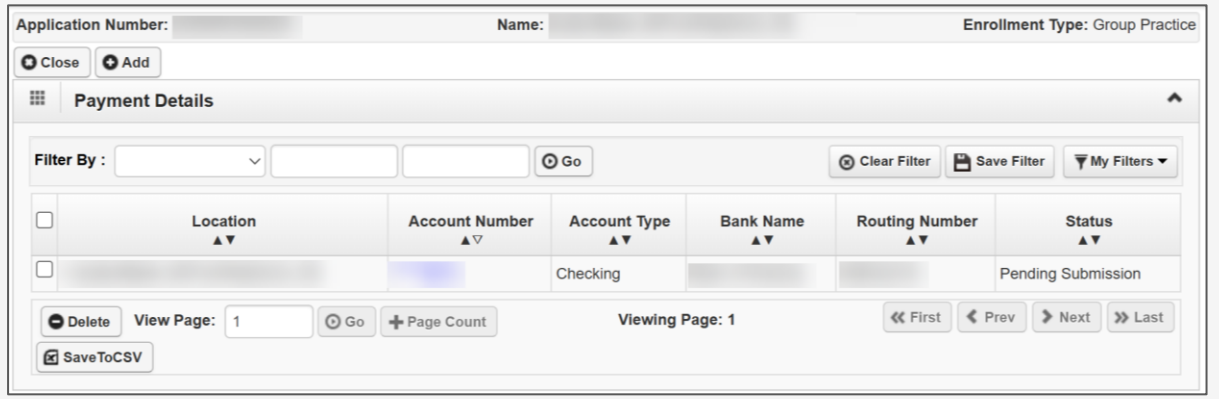
Step 5: Add Payment Details (1 of 5)

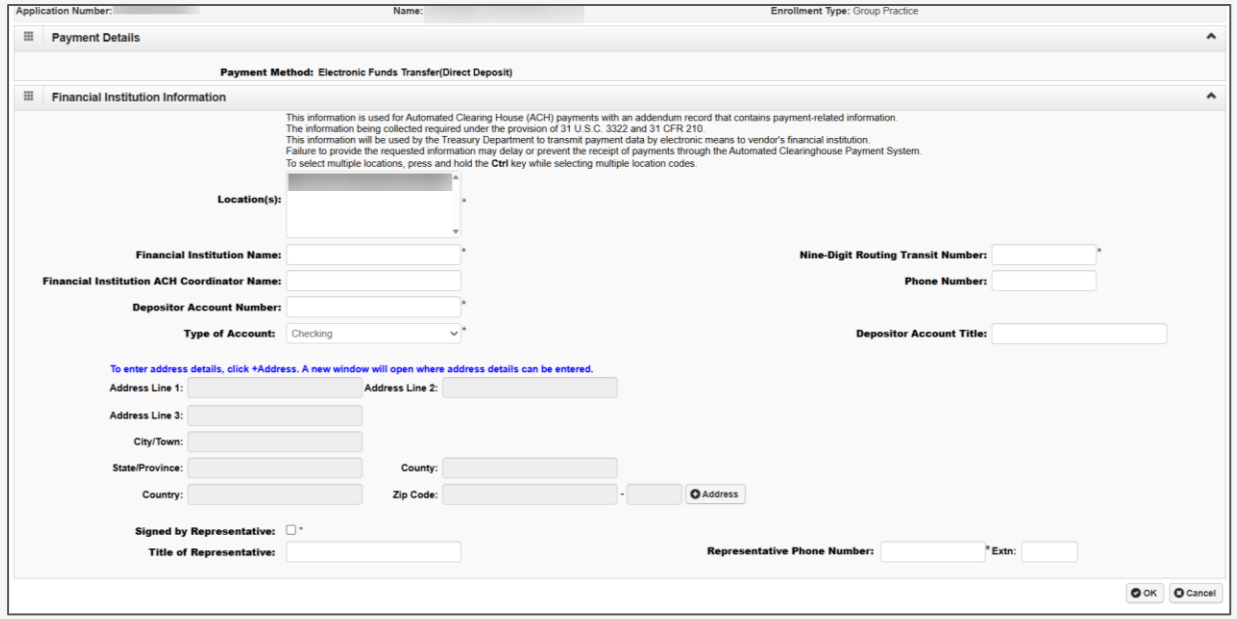
Note: Electronic Funds Transfer (EFT) information is required to receive payment from OWCP.

1. Select **Add**. The **Add Payment Detail** page opens.

2. Select the location or locations associated with the financial institution.

Note: Providers can select multiple locations at the same time by pressing and holding the **Ctrl** key while selecting additional locations.





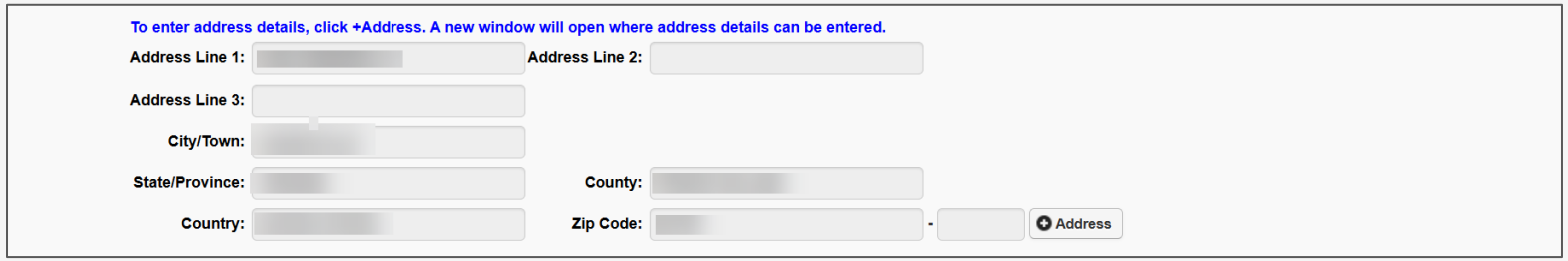
Step 5: Add Payment Details (2 of 5)

3. Complete the **Financial Institution Name** field.
4. Complete the **Nine-Digit Routing Transit Number** field.
5. Complete the **Financial Institution ACH Coordinator Name** field (optional).
6. Complete the **Phone Number** field (optional).
7. Enter the account number in the **Depositor Account Number** field.
8. Select the account type (**Checking** or **Savings**) from the **Type of Account** drop-down list.
9. Enter the name associated with the bank account in the **Depositor Account Title** field (optional).

Step 5: Add Payment Details (3 of 5)

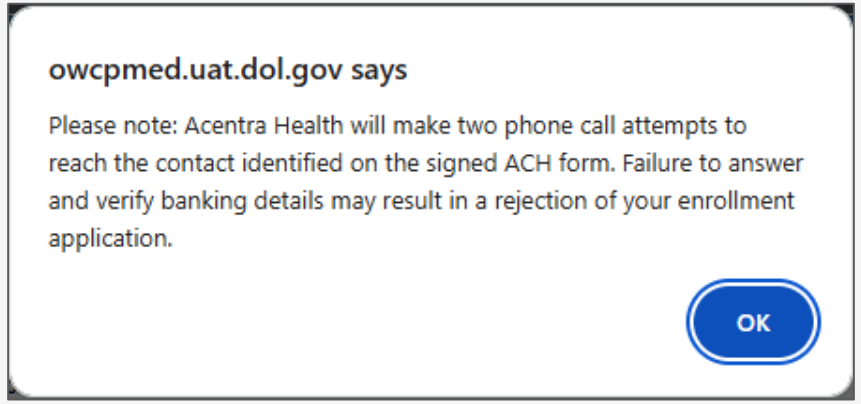
10. Select **+Address** to add the financial institution address. The **Address Details** window opens.
11. Enter the street number and street name in the **Address Line 1** field.
12. Enter the ZIP code in the **Zip Code** field.
13. Select **Validate Address**.

Note: If the address is validated, the system populates the full address. If the system cannot validate the address, the provider can select **OK** to continue or **Cancel** to revalidate the address.



Step 5: Add Payment Details (4 of 5)

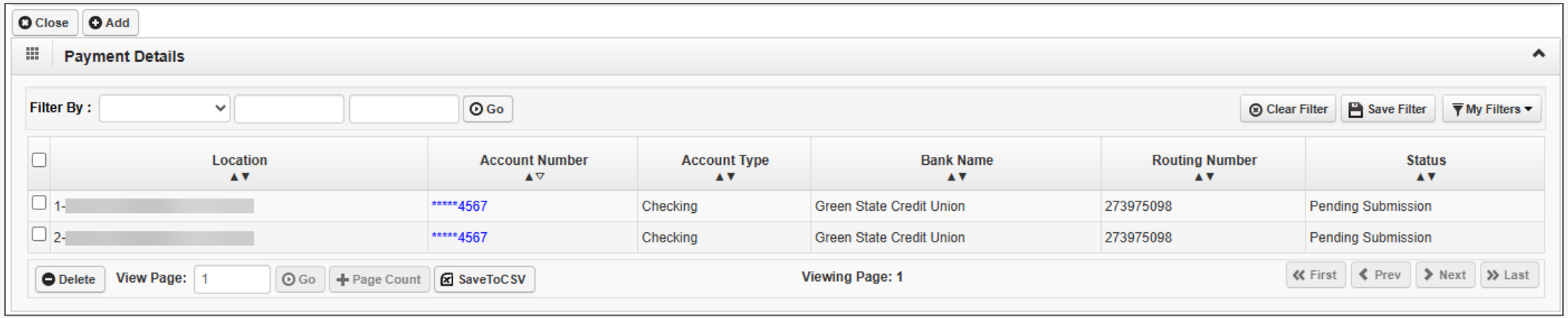
14. After adding the address, select the **Signed by Representative** checkbox.
15. Enter the title of the financial institution representative or provider practice representative in the **Title of Representative** field.
16. Enter the representative's phone number in the **Representative Phone Number** field.
17. Select **OK**. An alert window opens with the following message: "Please note: Acentra Health will make two phone call attempts to reach the contact identified on the signed ACH form. Failure to answer and verify banking details may result in a rejection of your enrollment application."
18. To acknowledge the message, select **OK**.



Step 5: Add Payment Details (5 of 5)

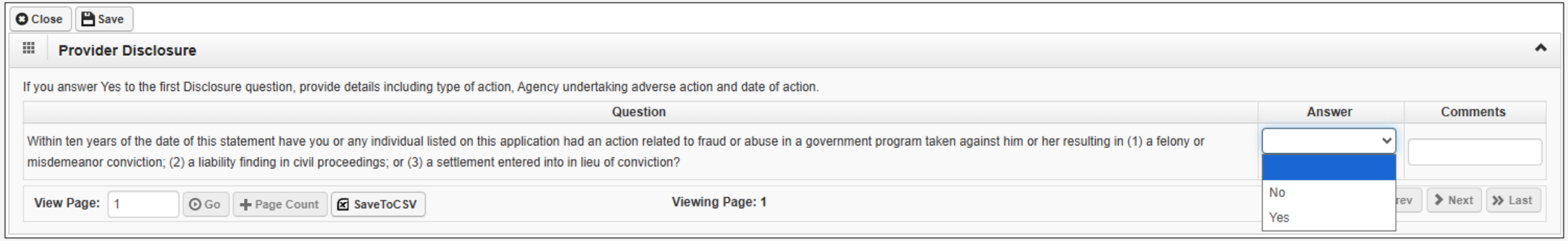
Note: The **Payment Details** displays all linked accounts.

19. To proceed to the next step, select **Close**.

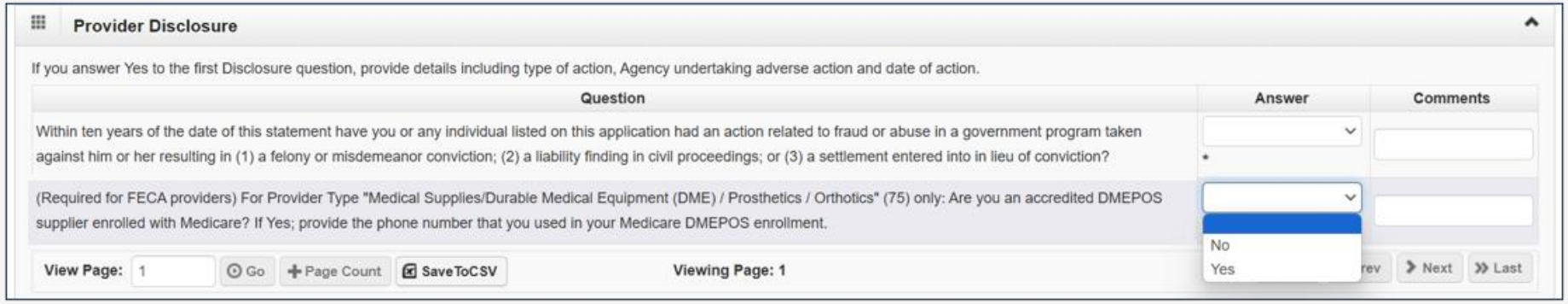


Step 6: Complete Provider Disclosure

1. Answer the disclosure question. If **Yes** is selected, a comment is required.



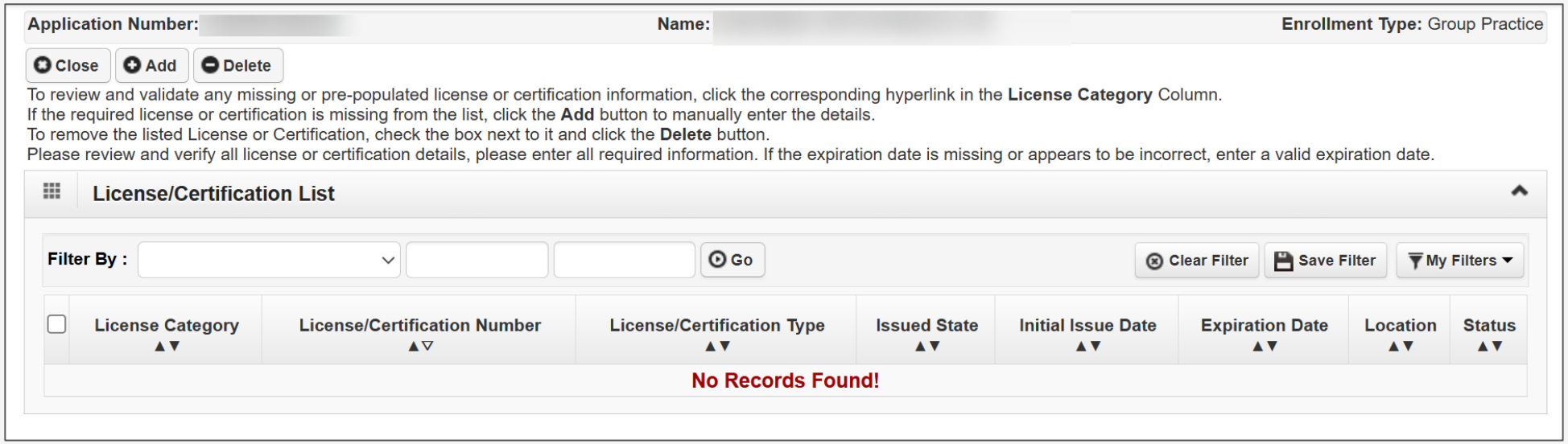
Note: FECA DME Provider Type 75 must answer an additional disclosure question.



2. Select **Save.**
3. To proceed to the next step, select **Close.**

Step 7: Add Business Licenses and Certifications (Optional) (1 of 6)

1. To enter license or certification information manually, select **Add**. The system displays the **Add License/Certification** page.



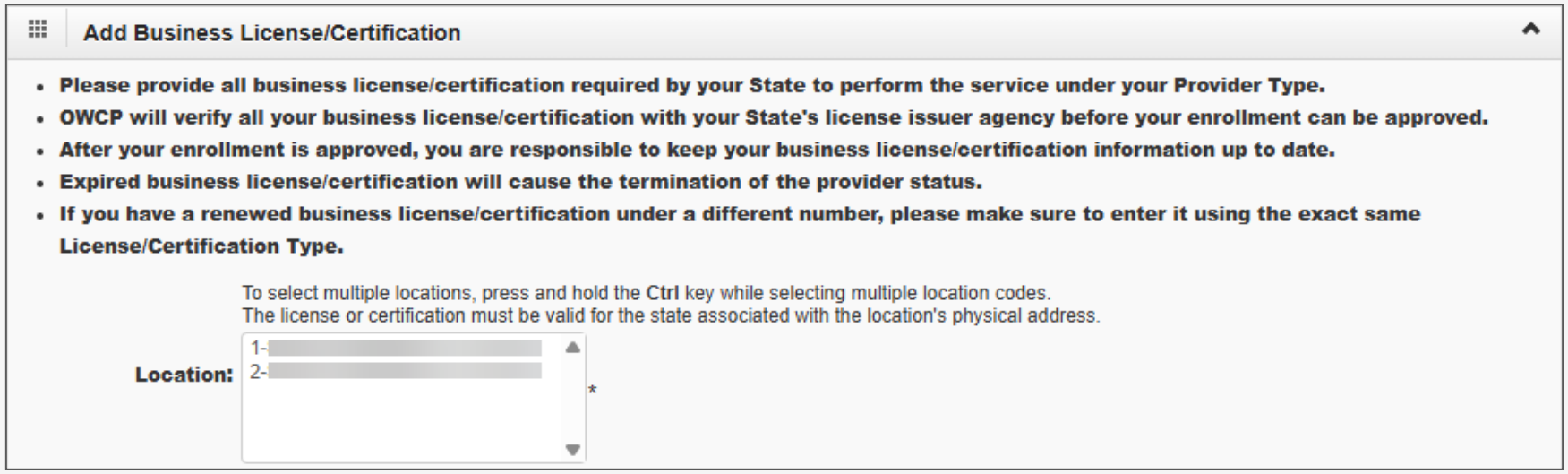
Note: PECOS **does not** include certification information. Providers must manually enter certification information during enrollment.

Step 7: Add Business Licenses and Certifications (Optional) (2 of 6)

2. Use the **Location** field to select the location or locations associated with the license or certification information.

Note: Providers can select multiple locations at the same time by pressing and holding the **Ctrl** key while additional locations.

- If the provider selects all locations, the added license or certification information is associated with all location records.
- If the provider selects a specific location, the added license or certification information is associated only with that location record.



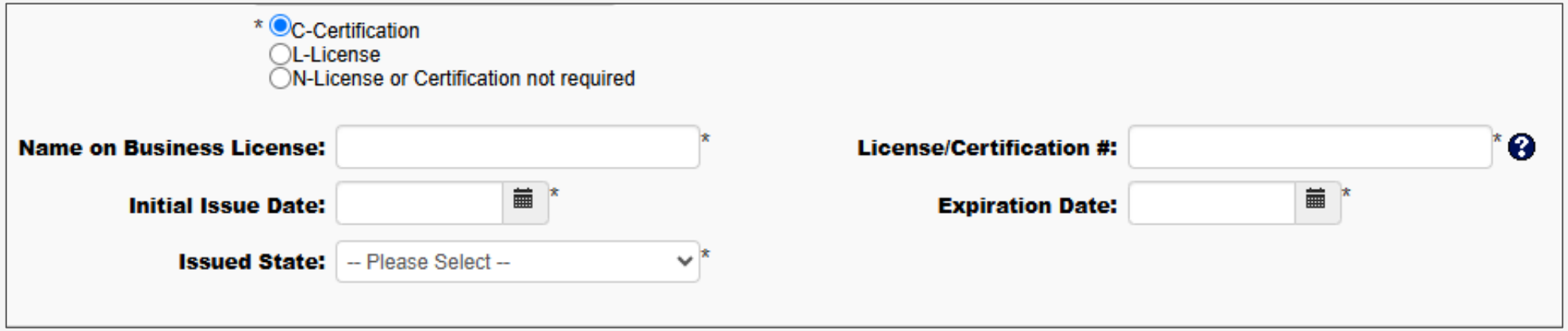
Note: The license or certification must be valid in the state where the location's physical address is located.

Step 7: Add Business Licenses and Certifications (Optional) (3 of 6)

3. Select the applicable option:
   - C-Certification
   - L-License
   - N-License or Certification not required
4. In the **Name** field, enter the business name as it appears on the license or certification.
5. In the **License/Certification #** field, enter the license or certification number.

Note: The **Add License/Certification** page is being enhanced with the following feature:

The enhancement will add a **Location(s)** field to the **License/Certification** page. This field displays the location sequence number and business name for each location.



Step 7: Add Business Licenses and Certifications (Optional) (4 of 6)

6. In the **Initial Issue Date** field, enter or select the initial issue date.
7. In the **Expiration Date** field, enter or select the expiration date.
8. From the **Issued State** drop-down list, select the state that issued the license or certification.

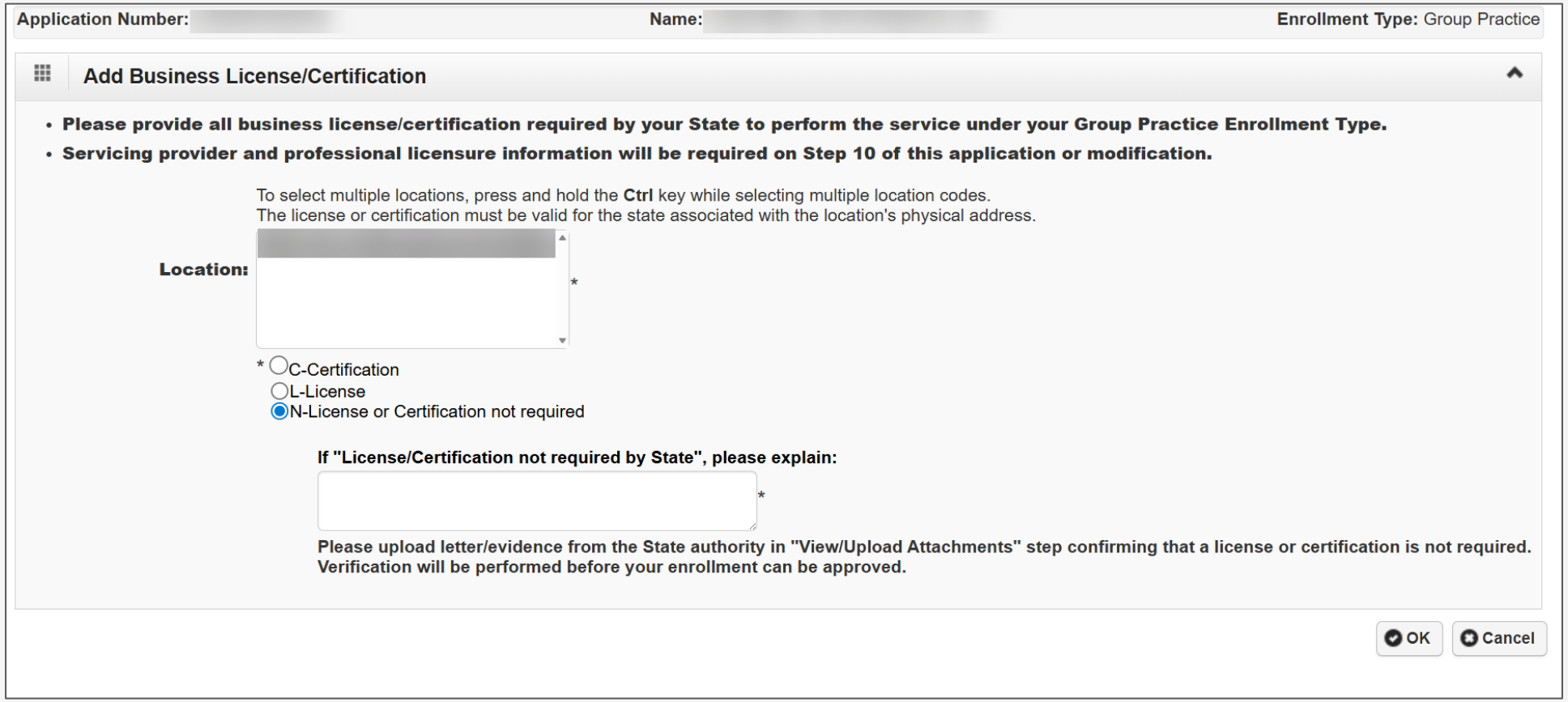
Note: The **Issued State** must match the state of the location's physical address.

9. Select **OK**.

Note: When enrollment application data is pre-populated from the CMS-PECOS system, the WCMBP System associates license and certification information with location records that have a matching state code and practice address.

Step 7: Add Business Licenses and Certifications (Optional) (5 of 6)

Note: Selecting **N-License or Certification not required** requires an explanation in the corresponding field.



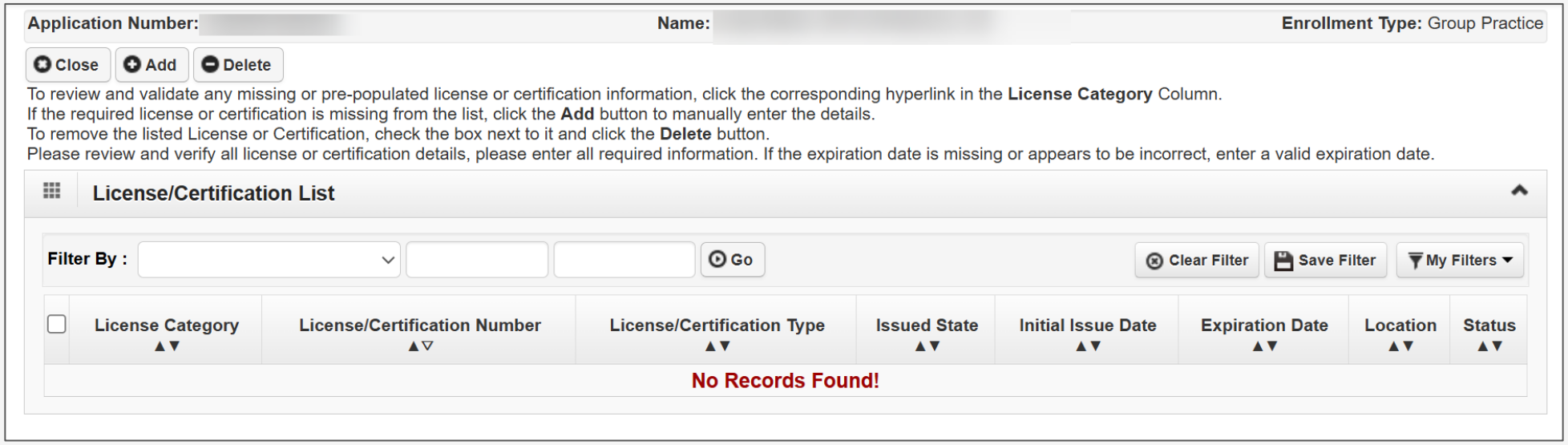
Step 7: Add Business Licenses and Certifications (Optional) (6 of 6)

The **License/Certification List** displays the entered license or certification information. A copy of the license or certification entered must be uploaded in **Step 8: View/Upload Attachments**.

Note: Be sure to add all business licenses or certifications required by the state to perform the service under the enrollment provider type.

- To view and verify license details information imported from the PECOS, select the **License** hyperlink.
- To delete a listed license or certification, select the checkbox next to the record and select **Delete**.

10. To proceed to the next step, select **Close**.

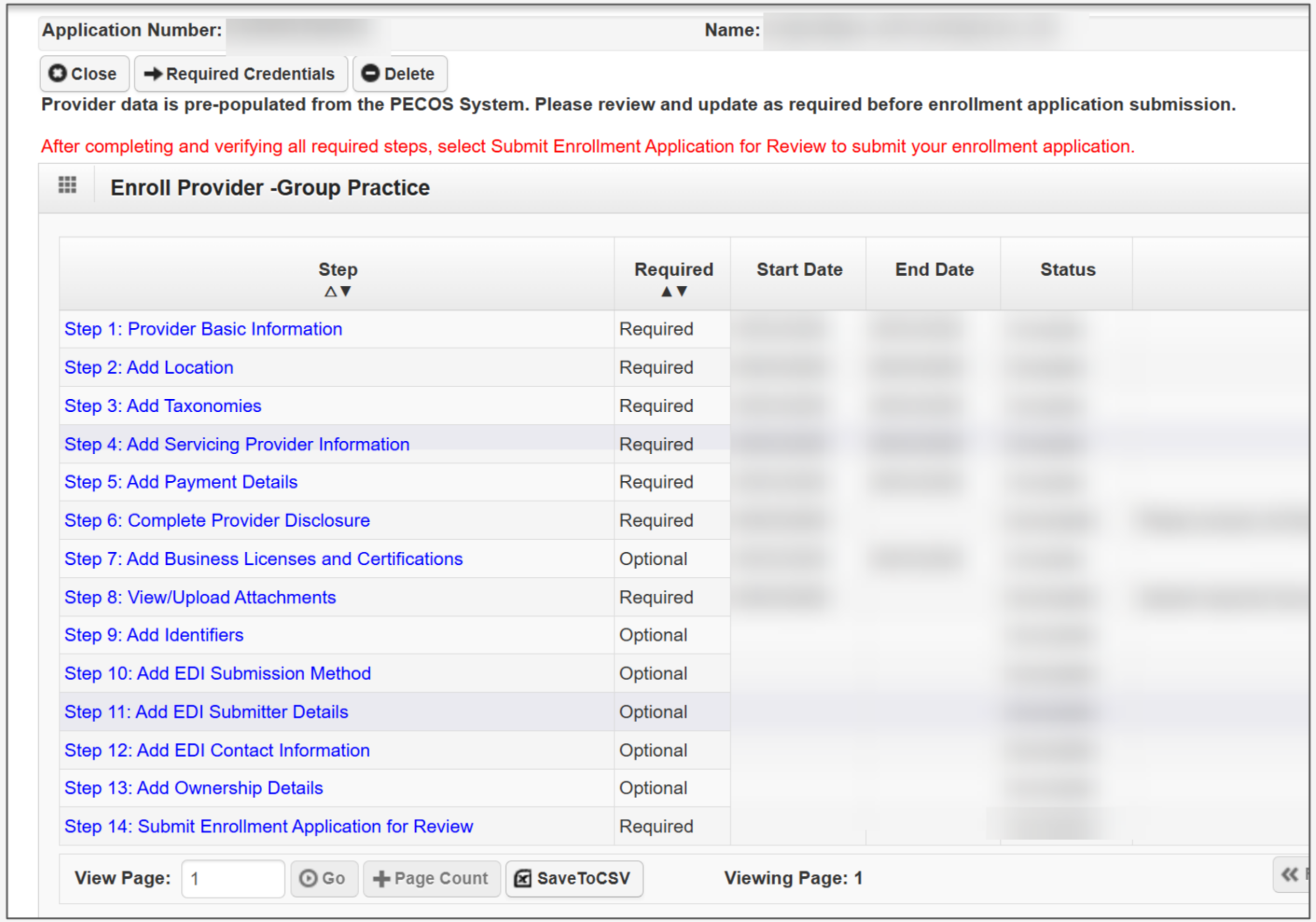


Step 8: View/Upload Attachments (1 of 3)

In this step, Providers upload required attachments.

Note:

- For provider types that require a certification or license, **Step 8: View/Upload Attachments** will be required.
- For all other provider types, **Step 8: View/Upload Attachments** remains optional.

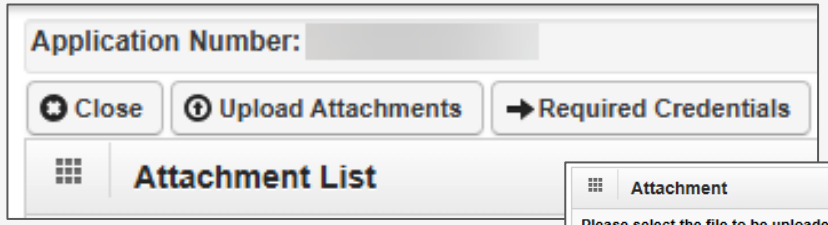


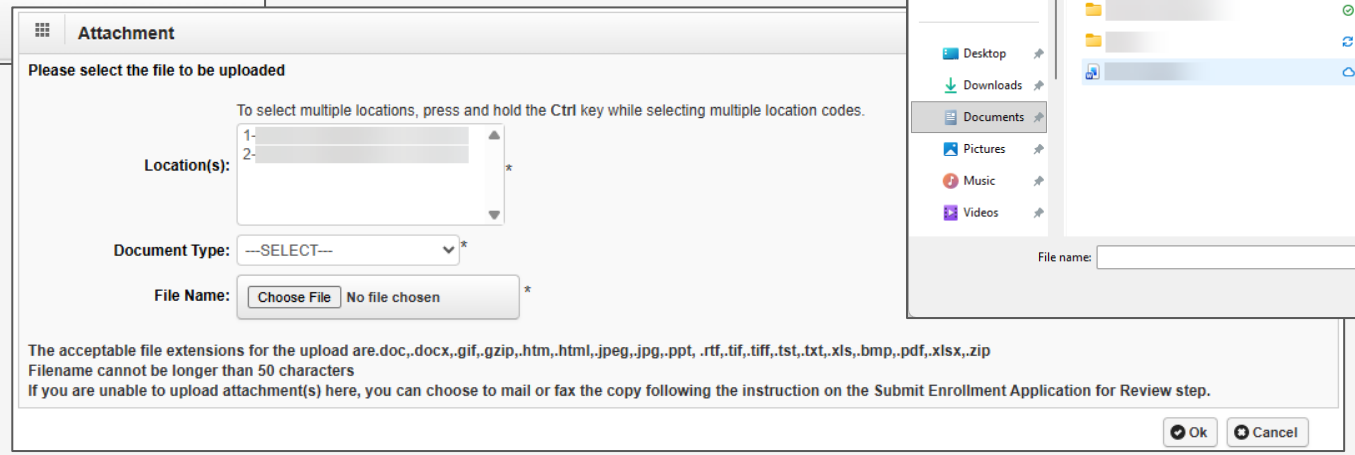
Step 8: View/Upload Attachments (2 of 3)

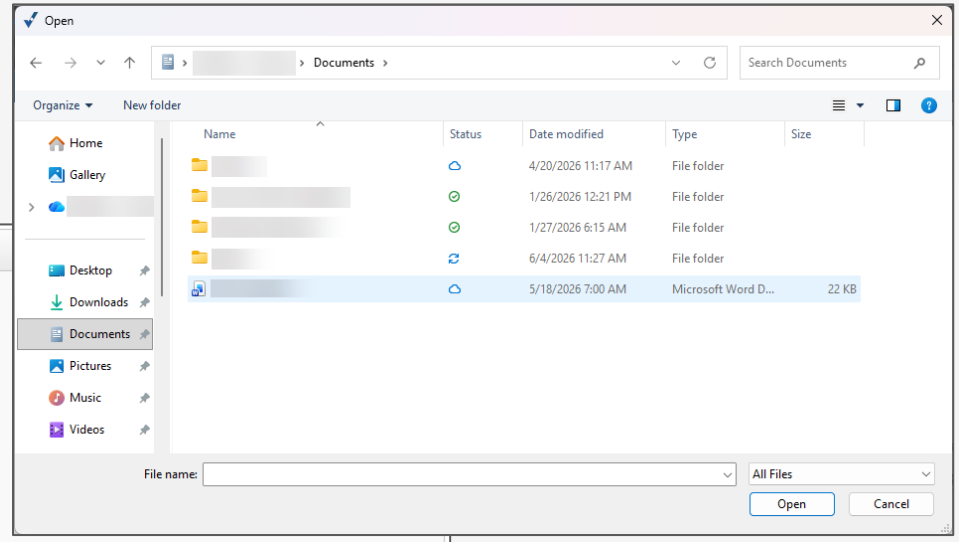
1. Select **Upload Attachments**. The **Attachment** page opens.
2. Select the location or locations associated with the attachment.

Note: Multiple locations can be selected at the same time by pressing and holding the **Ctrl** key while selecting additional locations.

3. Select the document type from the **Document Type** drop-down list.
4. Select **Choose File**. The system opens the **Open** window.
5. Locate and select the file from the local drive, then select **Open**. The system updates the **File Name** field.
6. Select **OK**. The **Attachment List** displays the uploaded attachments.

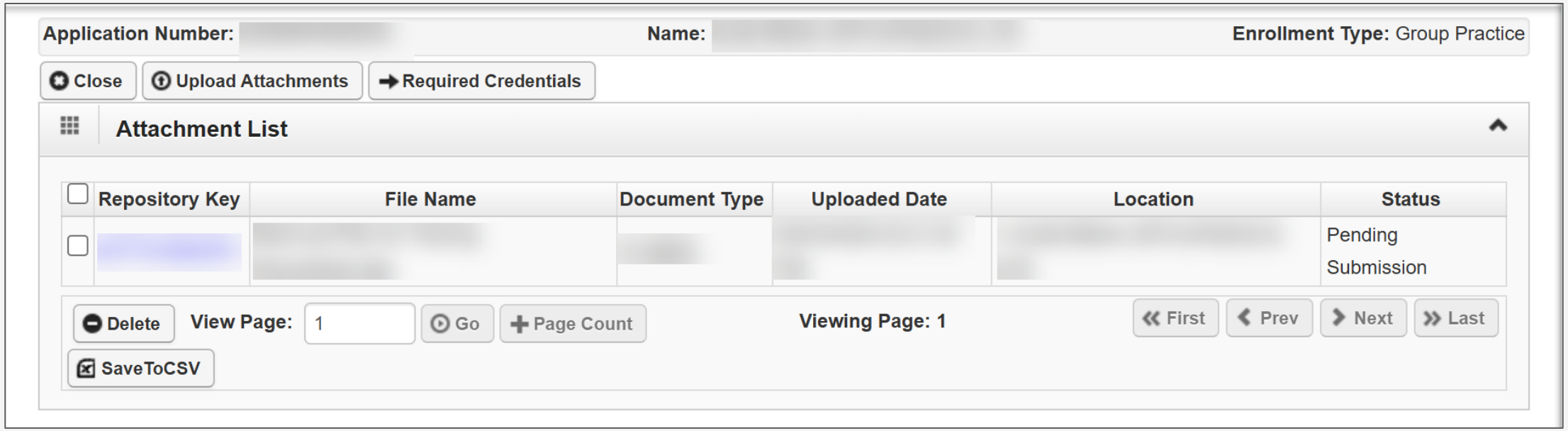






Step 8: View/Upload Attachments (3 of 3)

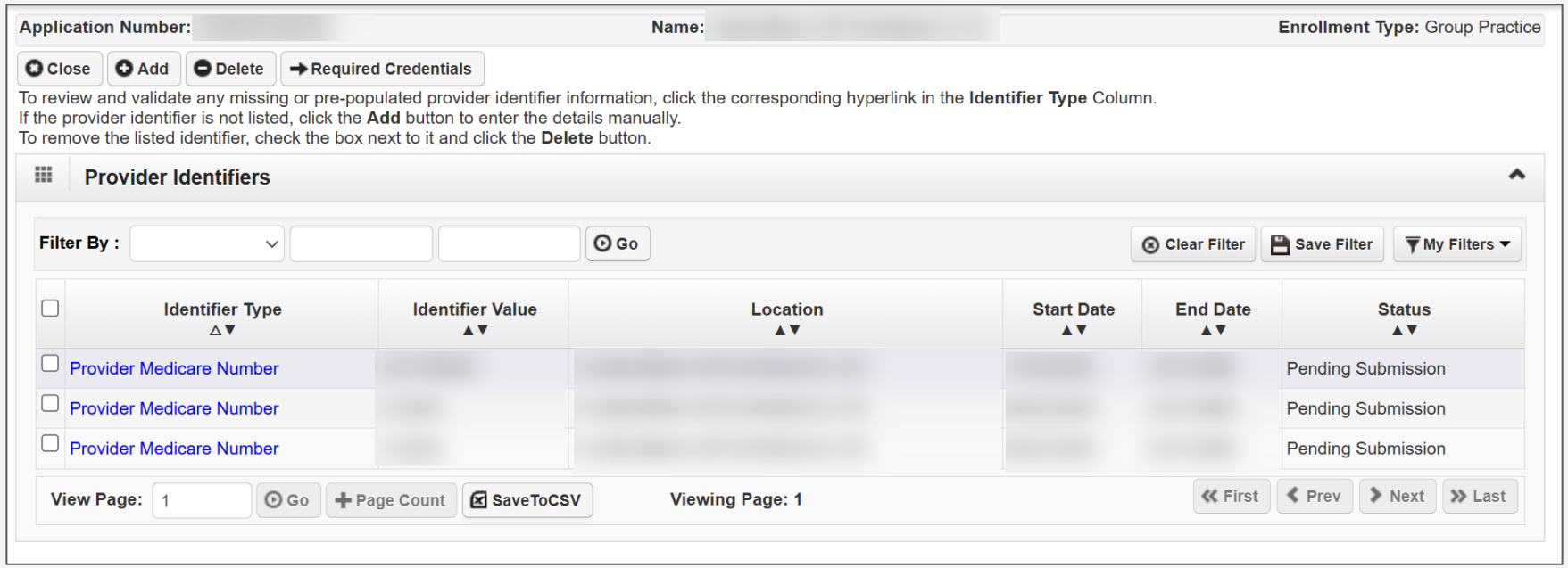
7. For multiple attachments, repeat the **Upload Attachment** steps from the previous slide.
8. To proceed to the next step, select **Close**.



Step 9: Add Identifiers (Optional) (1 of 3)

1. To manually enter identifier information, select **Add**. The **Attachment** page opens.
2. Select the location or locations associated with the attachment.

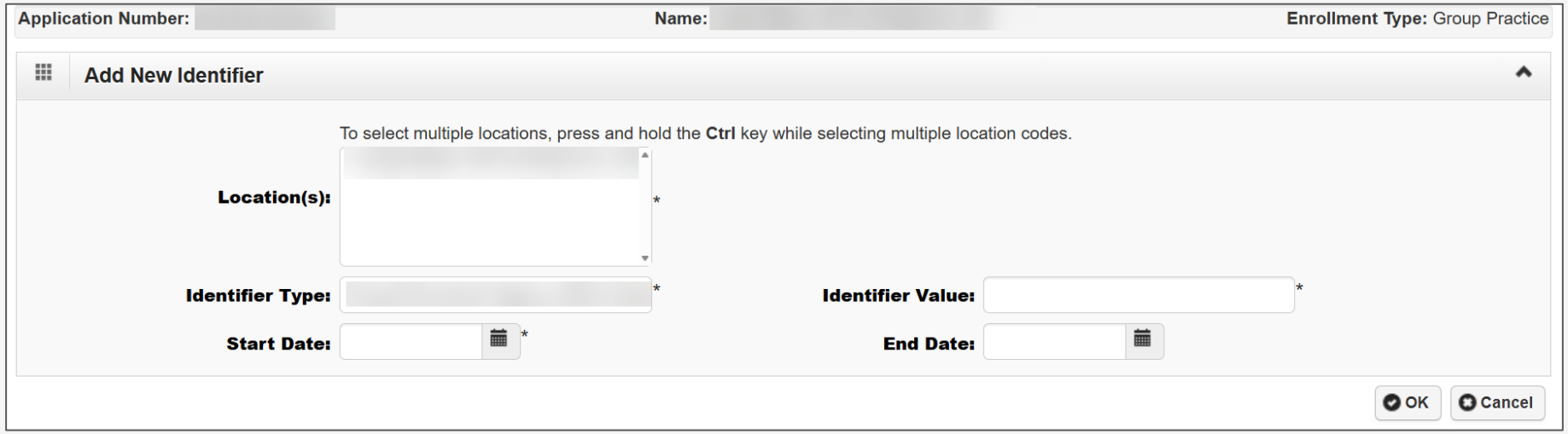
Note: Multiple locations can be selected at the same time by pressing and holding the **Ctrl** key while selecting additional locations.



Note: This is step may be required for the provider type entered in **Step 1: Provider Basic Information**. Providers can select **Required Credentials** to determine if the provider type requires an identifier.

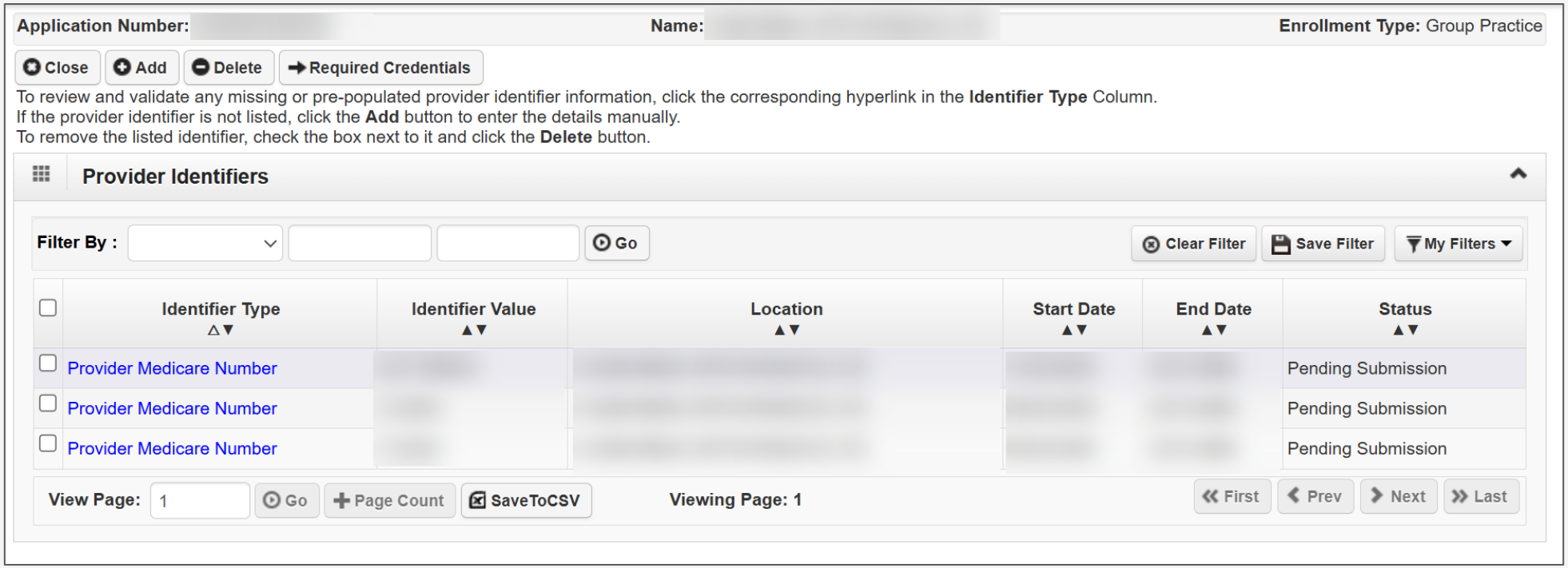
Step 9: Add Identifiers (Optional) (2 of 3)

3. Select the identifier type from the **Identifier Type** drop-down list.
4. Enter the identifier value in the **Identifier Value** field.
5. Enter or select the start and end dates in the **Start Date** and **End Date** fields.
6. Select **OK**. The **Provider Identifiers** list displays the entered identifier information.



Step 9: Add Identifiers (Optional) (3 of 3)

7. Proceed as applicable:
   - To verify the identifier values pulled from the PECOS System, select the **Identifier Type** hyperlink.
   - To delete a listed identifier, select the checkbox next to the record and select **Delete**.
8. To proceed to the next step, select **Close**.

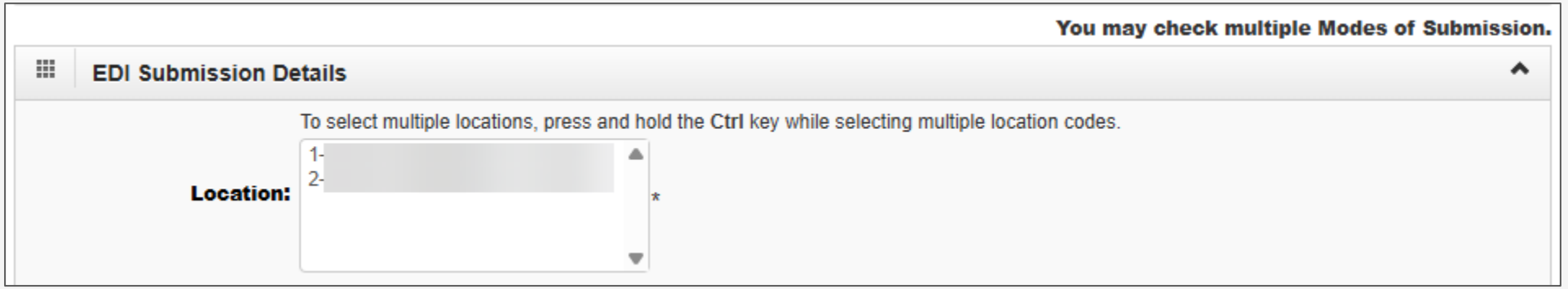


Step 10: Add EDI Submission Method (Optional) (1 of 3)

1. To enter EDI Submission Details information, select **Add**. The **EDI Submission Details** page opens.

2. Select the applicable location or locations.

Note: Multiple locations can be selected at the same time by pressing and holding the **Ctrl** key while selecting additional locations.



Step 10: Add EDI Submission Method (Optional) (2 of 3)

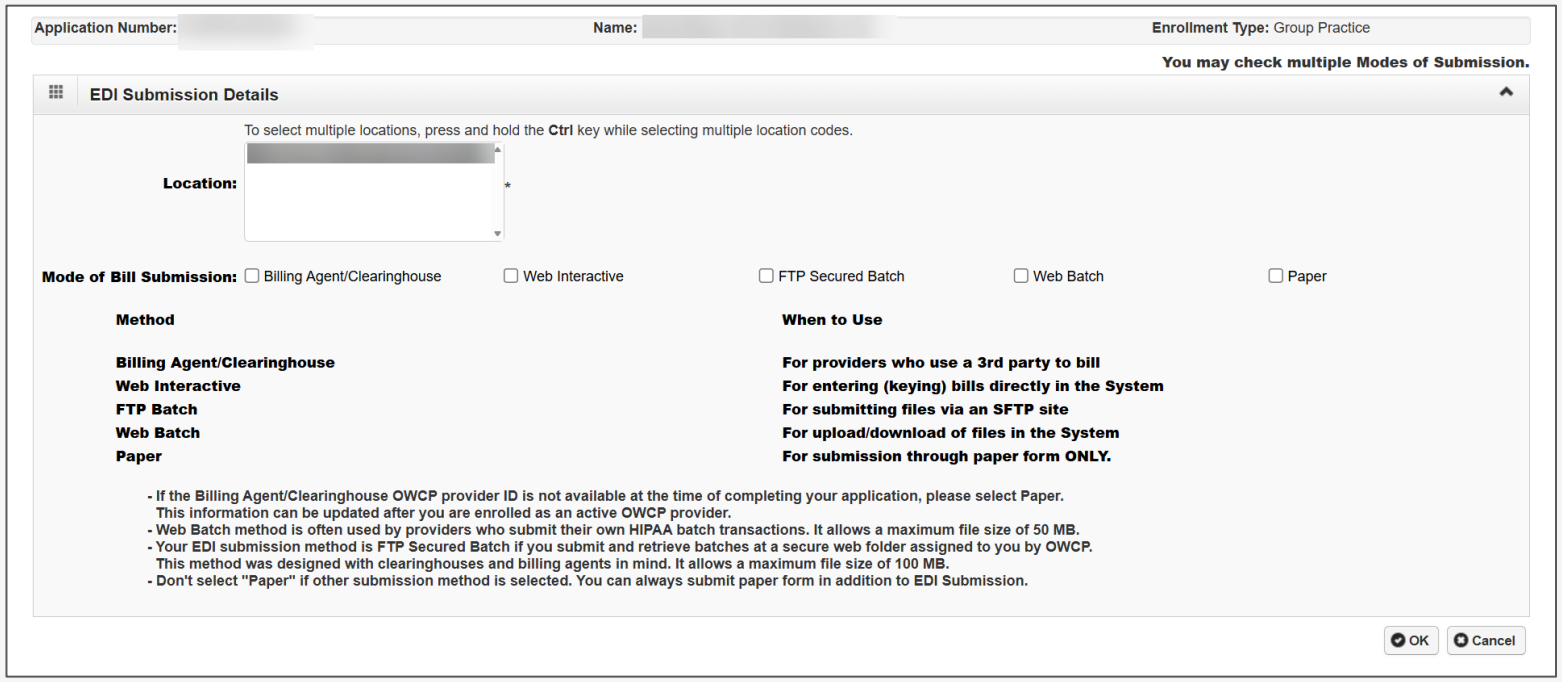
3. Select the checkbox next to the applicable **Mode of Bill Submission**.

Note: More than one **Mode of Bill Submission** may be selected.

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

Note: If selecting **Billing Agent/Clearinghouse** as the **Mode of Bill Submission**, the Billing Agent or Clearinghouse OWCP provider ID is required in **Step 11: Add EDI Submitter Details**. If the billing agent or clearinghouse OWCP provider ID is not available at the time of completing the application, the provider should select **Paper**. This information can be updated as an active OWCP provider after enrollment.

4. Select **OK**.



Step 10: Add EDI Submission Method (Optional) (3 of 3)

5. To proceed to the next step, select **Close**.

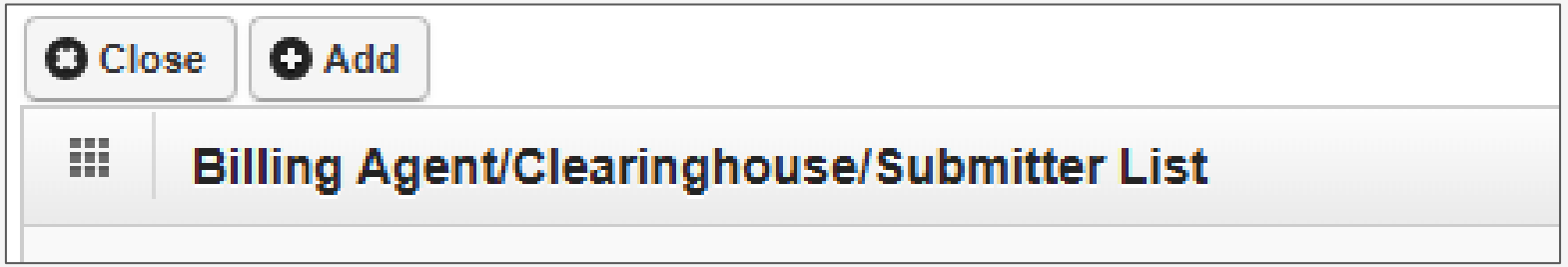
Step 11: Add EDI Submitter Details (Optional) (1 of 3)

Note: The Billing Agent or Clearinghouse must be enrolled with OWCP first. Contact the Billing Agent or Clearinghouse for their OWCP ID to complete this section.

Note: If **Billing Agent/Clearinghouse** is selected as the EDI Submission Method in **Step 10: Add EDI Submission Method**, then **Step 11: Add EDI Submitter Details** is required.

Note: If the Billing Agent or Clearinghouse OWCP provider ID is not available at the time of completing the application, Providers can select **Close** to return to the previous step. Providers should deselect **Billing Agent/Clearinghouse** and select **Paper** or a different mode of submission. This information can be updated after enrollment as an active OWCP provider.

1. Select **Add** on the **Billing Agent/Clearinghouse/Submitter List** page. The **Associate Billing Agent/Clearinghouse** page opens.



Step 11: Add EDI Submitter Details (Optional) (2 of 3)

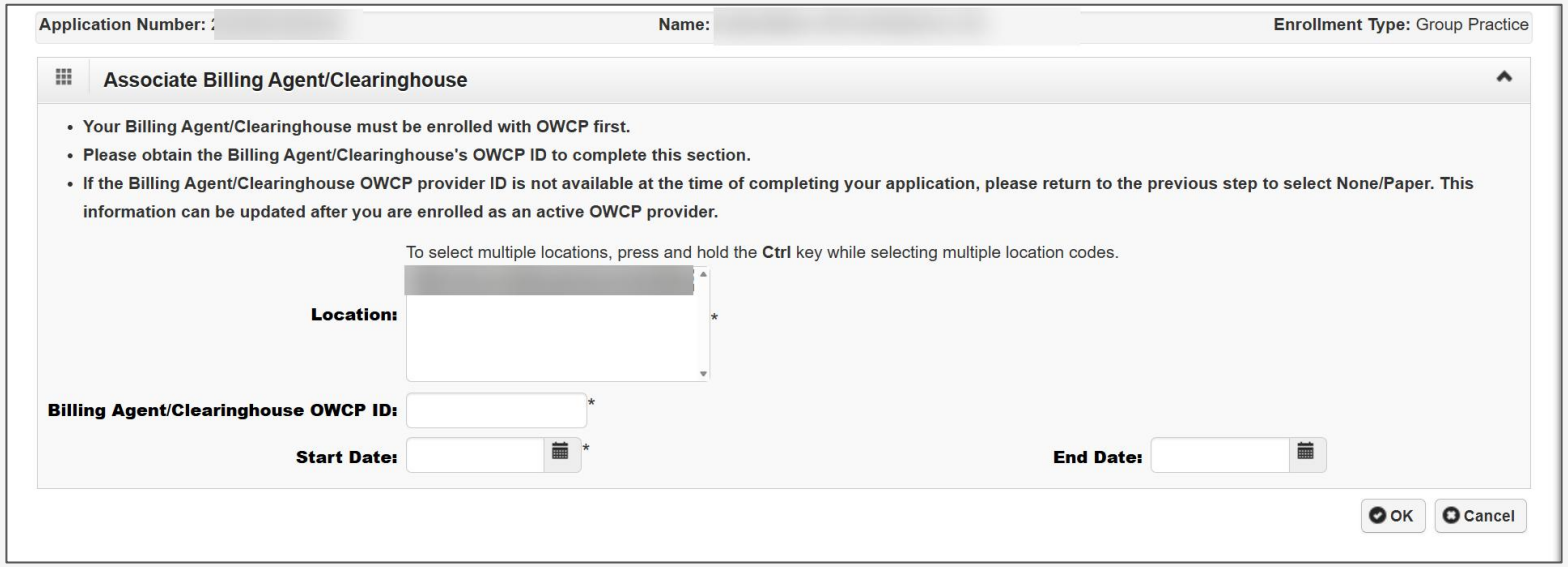
2. Select the applicable location or locations.

Note: Multiple locations can be selected at the same time by pressing and holding the **Ctrl** key while selecting additional locations.

3. Enter the Billing Agent or Clearinghouse OWCP ID in the **Billing Agent/Clearinghouse OWCP ID** field.
4. Enter the start and end dates in the **Start Date** and **End Date** fields.

Note: This identifies the effective date and end date for the association with the billing agent or clearinghouse. A start date is required, but an end date is optional. If the **End Date** field is left blank, the field will show 12/31/2999.

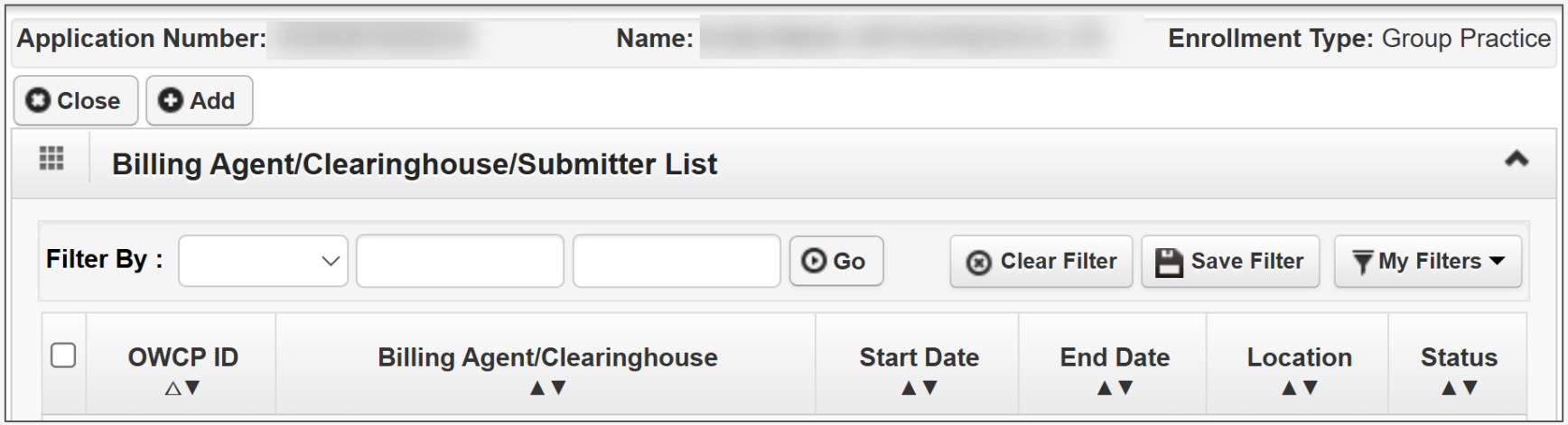
5. Select **OK.** The **Billing Agent/Clearinghouse/Submitter List** page displays.



Step 11: Add EDI Submitter Details (Optional) (3 of 3)

Note: The **Billing Agent/Clearinghouse/Submitter List** page displays the entered OWCP ID information.

6. To move onto the next step, select **Close.**



Step 12: Add EDI Contact Information (Optional) (1 of 4)

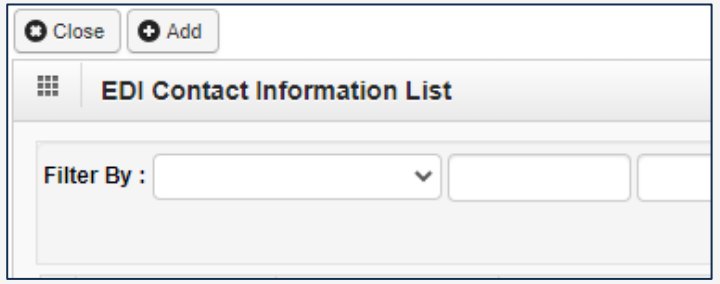
Note: **Step 12: Add EDI Contact Information** is required when **FTP Secured Batch** or **Web Batch** is selected in **Step 10: Add EDI Submission Method**. EDI Contact Information must be on file in case there is a need to contact the Billing Agent or Clearinghouse about their EDI enrollment, submissions, or retrievals.

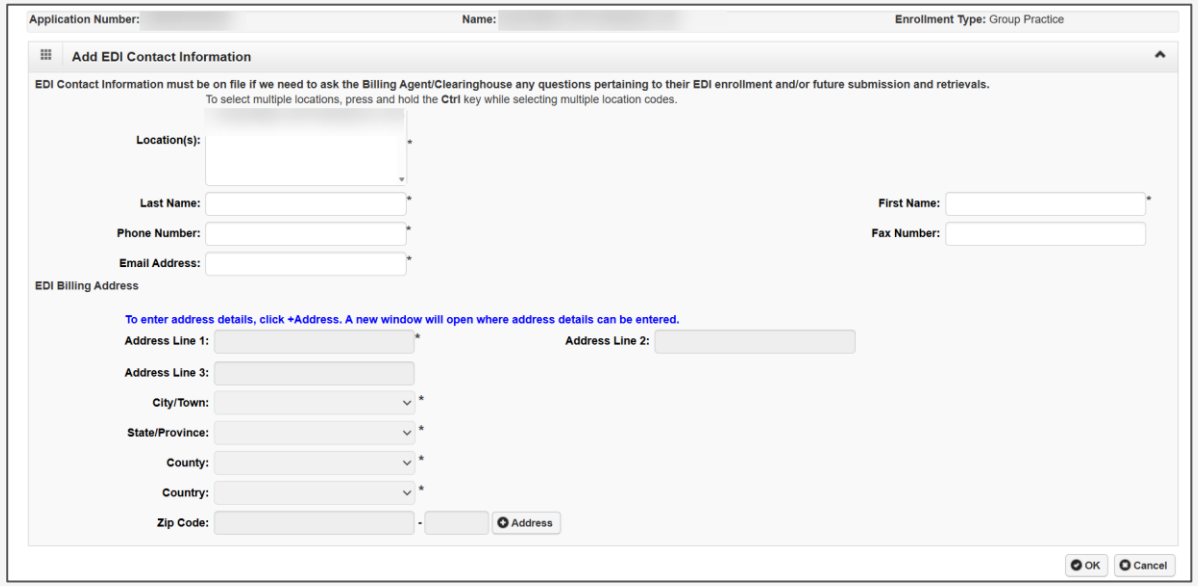
1. Select **Add** on the **EDI Contact Information List** page. The **Add EDI Contact Information** page opens,
2. Select the applicable location or locations.

Note: Multiple locations can be selected at the same time by pressing and holding the **Ctrl** key while selecting additional locations.

3. Enter the contact's last name and first name in the **Last Name** and **First Name** fields.
4. Enter the contact's 10-digit phone number in the **Phone Number** field.
5. Enter the contact's email address in the **Email Address** field. This field is now mandatory.

Note: **Fax Number** is an optional field.





Step 12: Add EDI Contact Information (Optional) (2 of 4)

6. Select **+Address**. The **Address details** window opens.

Note: This step is required when **FTP Secured Batch** or **Web Batch** is selected in **Step 10: Add EDI Submission Method**.

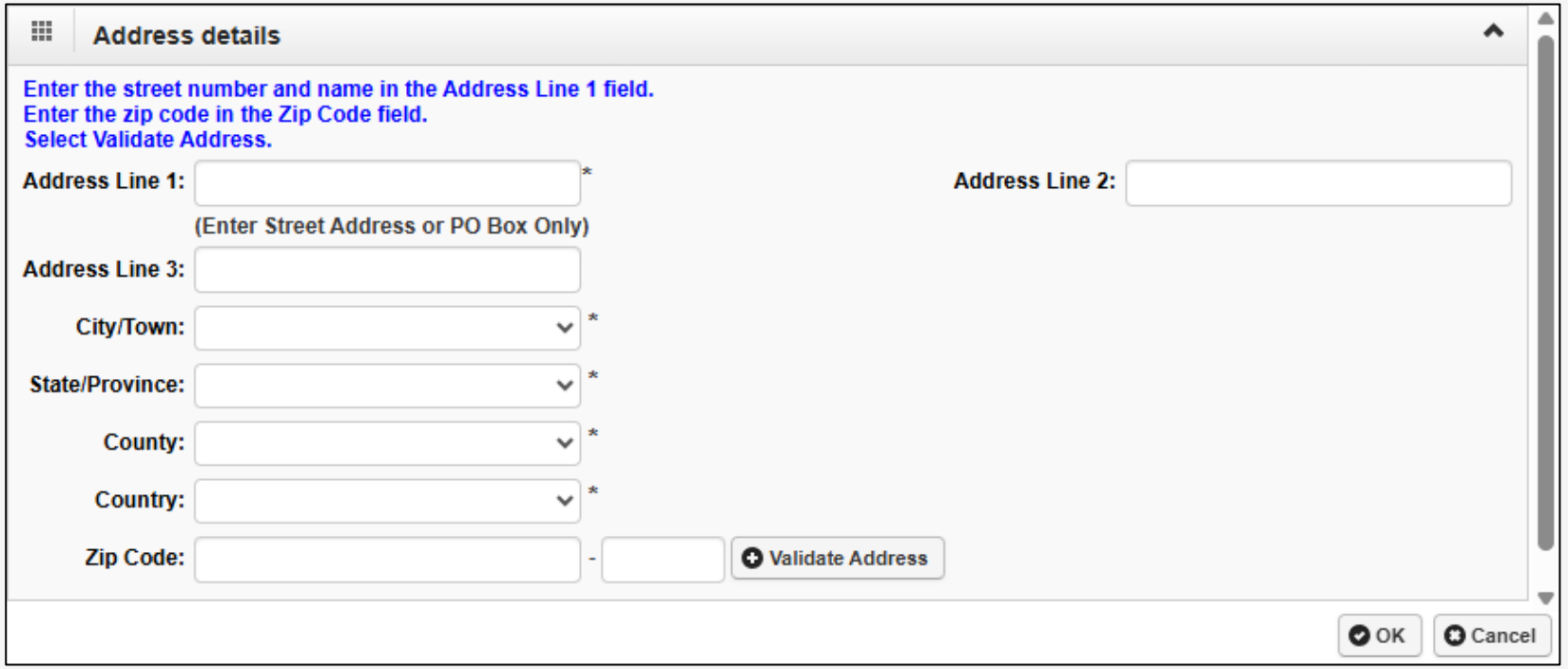
Step 12: Add EDI Contact Information (Optional) (3 of 4)

7. Enter the street number and street name in the **Address Line 1** field.
8. Enter the zip code in the **Zip Code** field.
9. Select **Validate Address**.

Note: The full address populates if the address can be validated.

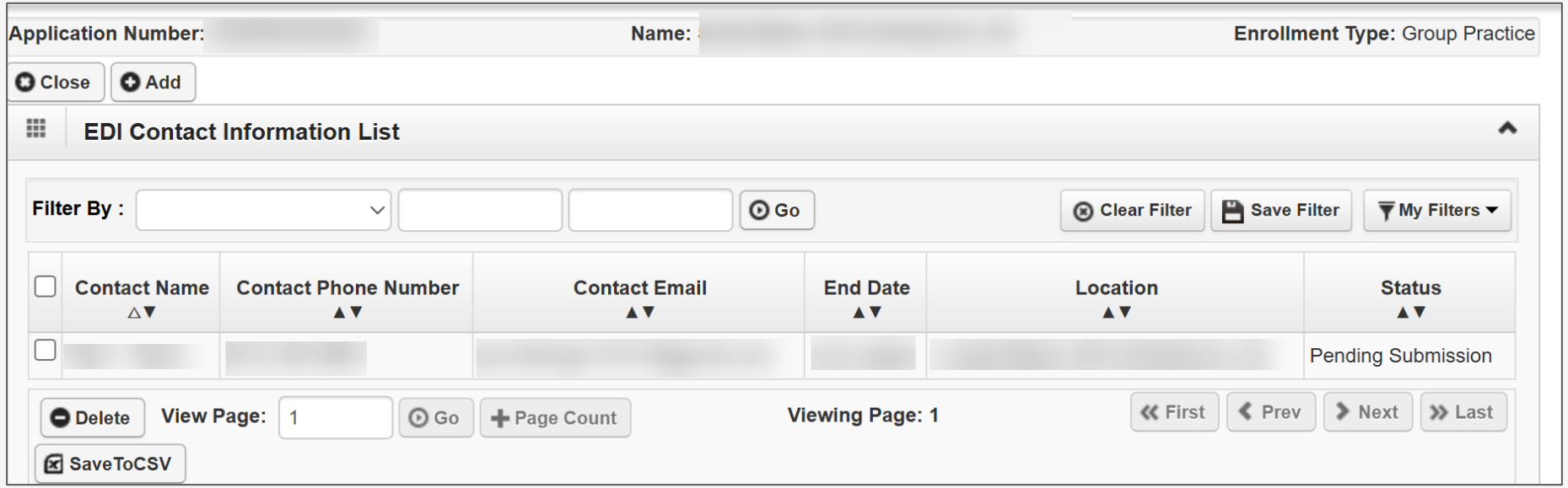
Note: If the address cannot be validated, an alert window opens. Providers can select **OK** to continue or **Cancel** to revalidate the address.

10. Select **OK**. The **EDI Contact Information List** displays the entered contact information.



Step 12: Add EDI Contact Information (Optional) (4 of 4)

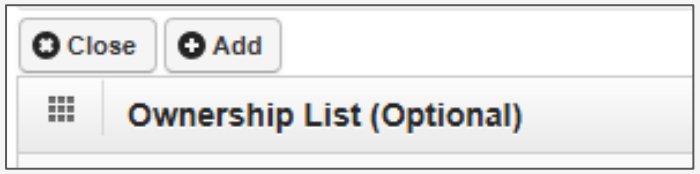
11. To proceed to the next step, select **Close**.



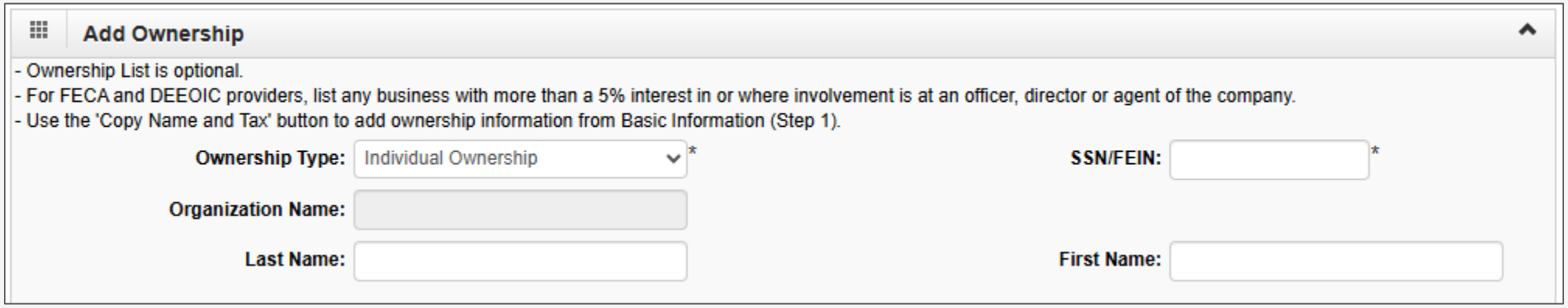
Step 12: Add Ownership Details (Optional) (1 of 3)

This step is optional. If Providers wish to complete, be sure to fill in the required fields and select **OK**.

1. Select **Add**.



2. Select the ownership (individual or organization) from the **Ownership Type** drop-down list.
3. Enter the Social Security Number (SSN) or Federal Employer Identification Number (FEIN) in the **SSN/FEIN** field.
4. Proceed as applicable:
   - For organization ownership, enter the organization name in the **Organization Name** field.
   - For individual ownership, enter the last name and first name in the **Last Name** and **First Name** fields.



Step 12: Add Ownership Details (Optional) (2 of 3)

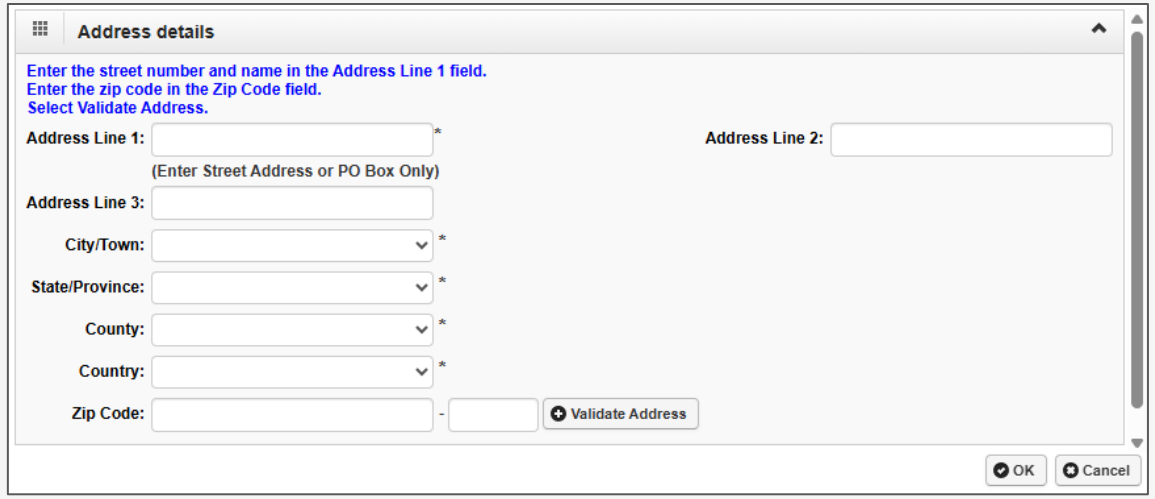
5. To open the **Address Details** window, select **Address**.
6. Enter the street number and name in the **Address Line 1** field.
7. Enter the zip code in the **Zip Code** field.
8. Select **Validate Address** to populate address details.
9. To close the window, select **OK**.

   Note: The full address populates if the address can be validated.

   Note: If the address cannot be validated, an alert window opens. Providers must select **OK** to continue or select **Cancel** to revalidate the address.

10. Select **OK**. The **Ownership List** displays the entered Ownership information.

    Note: If the ownership information is the same name, FEIN, and address as previously entered in the **Provider Basic Information** step, Providers can select **Copy Name and Tax** to auto-populate the information.

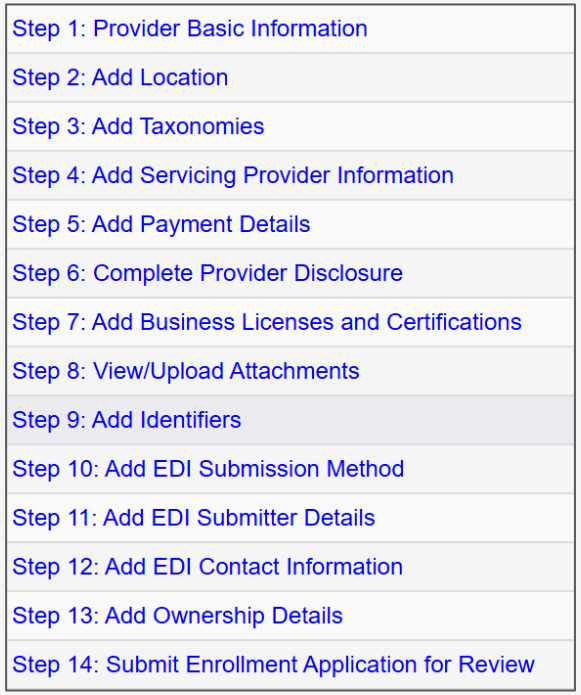


Step 13: Add Ownership Details (Optional) (3 of 3)

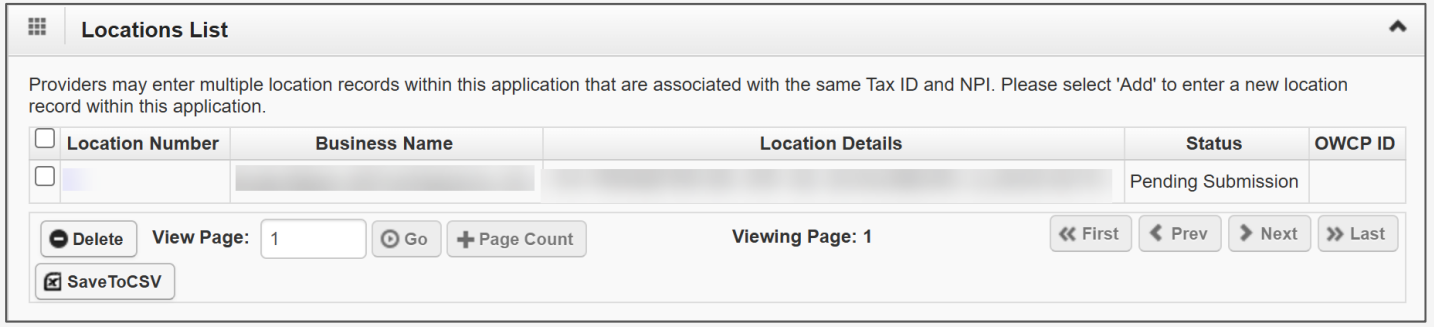
11. To proceed to the next step, select **Close**.

Verify Information Before Submission

1. To verify information entered and make any needed corrections prior to submission, select the hyperlink for any of the previous steps.



2. To review the information entered or make any corrections, select the hyperlink within the step.



Step 14: Submit Enrollment Application for Review

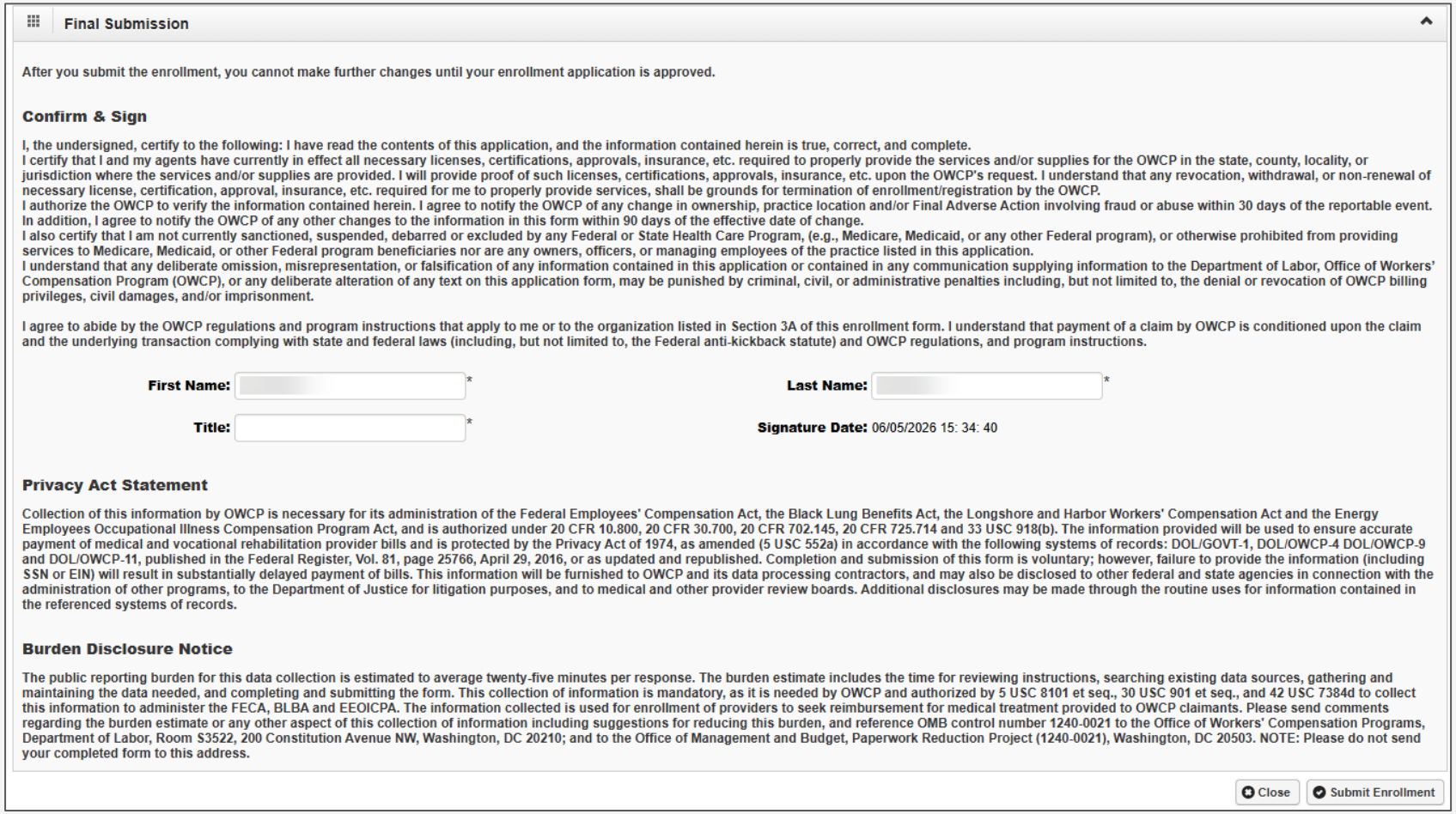
The **First Name** and **Last Name** fields populate based on the OWCP Connect ID.

If either field is edited, an alert displays. Providers can either select **OK** to submit or **Cancel** to return to the signature page.

1. Enter the title of the signer in the **Title** field. This is required.

Note: The **Signature Date** field shows the current date and cannot be changed.

2. Select **Submit Enrollment**.

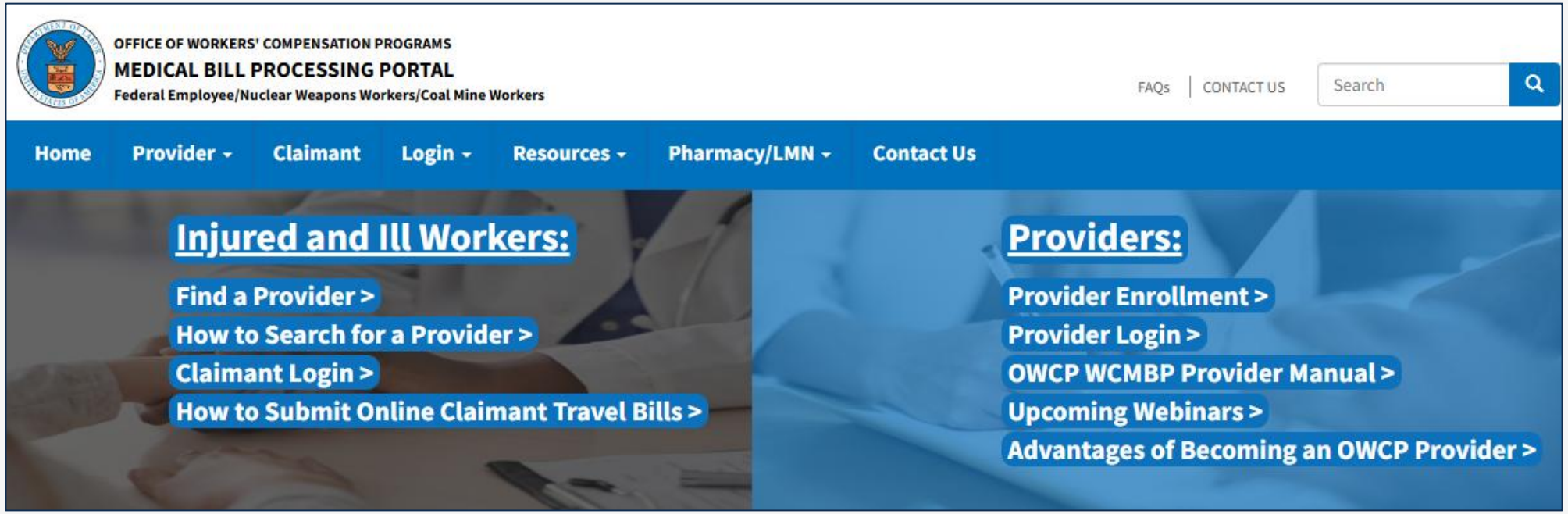


Note: After the enrollment application is submitted successfully, the **Submit Enrollment** button is disabled.

Resume or Track an In-Progress Enrollment Application (1 of 3)

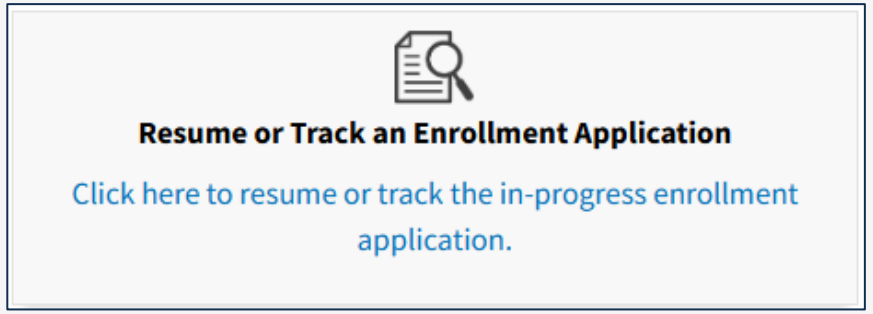
Note: In-progress enrollment applications can be resumed or tracked.

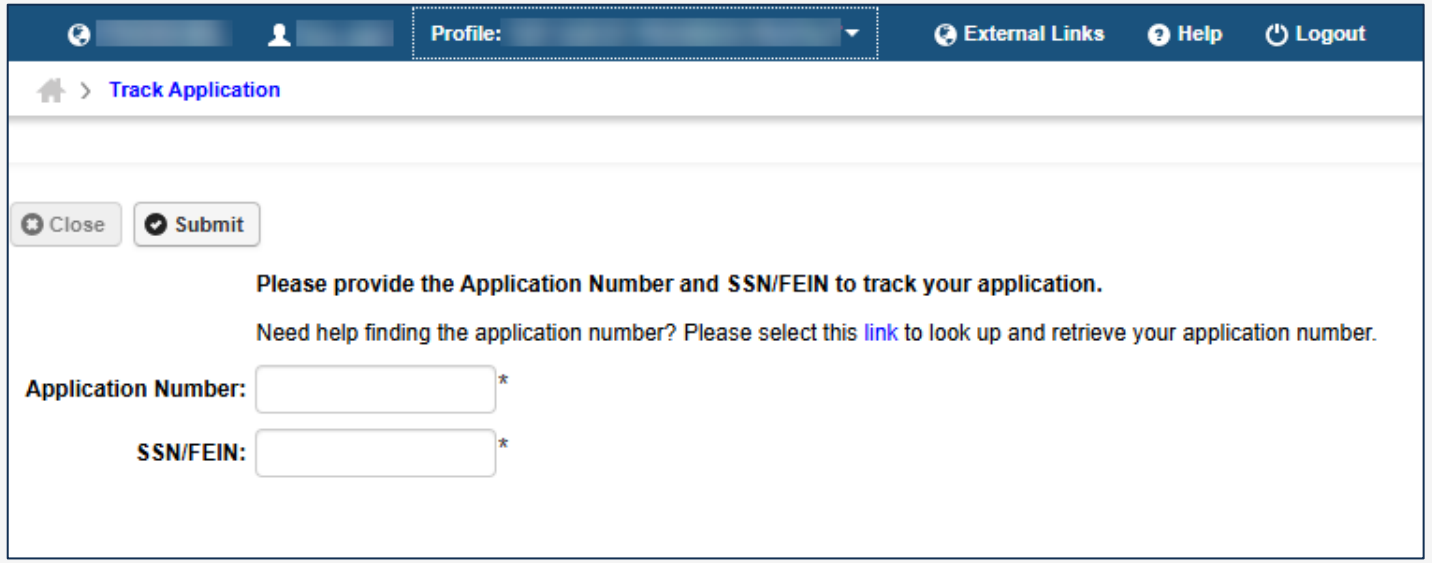
1. Go to WCMBP Portal Homepage.
2. Select **Provider Enrollment**.



Resume or Track an In-Progress Enrollment Application (2 of 3)

3. Select the **Click here to resume or track the in-progress enrollment application** hyperlink.
4. Log in using the OWCP Connect email address and password.
5. Proceed as applicable:
   - If known by the provider, complete the **Application Number** and **SSN/FEIN** fields, then proceed to the next step.
   - If the provider does not know the application number and Social Security Number (SSN) or Federal Employer Identification Number (FEIN), select the hyperlink within the sentence above the **Application Number** field to complete an **Application Number Lookup** and proceed to the next slide.
6. To return to the in-progress enrollment application, select **Submit**.





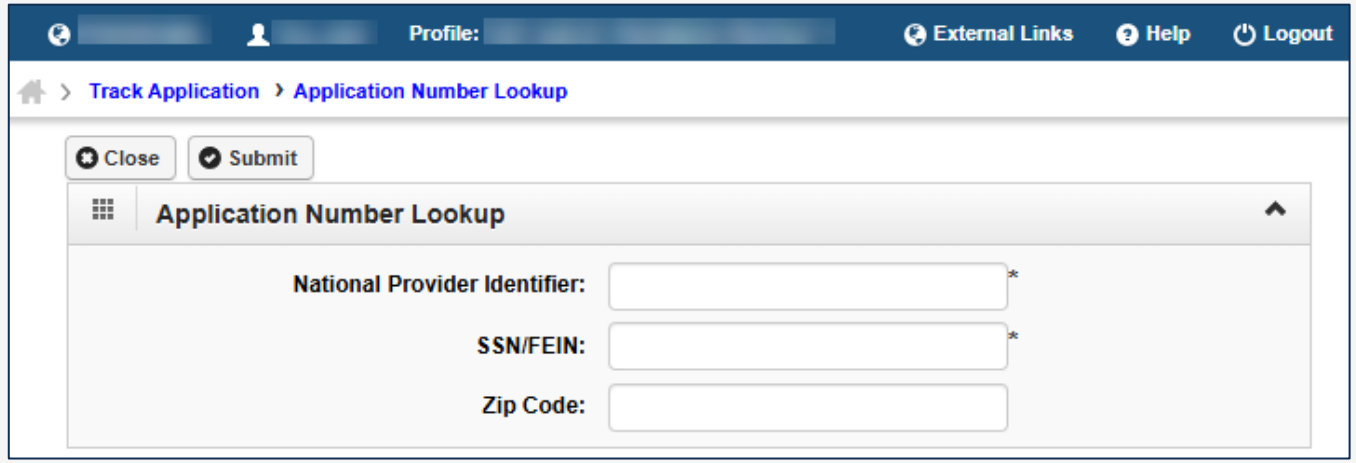
Resume or Track an In-Progress Enrollment Application (3 of 3)

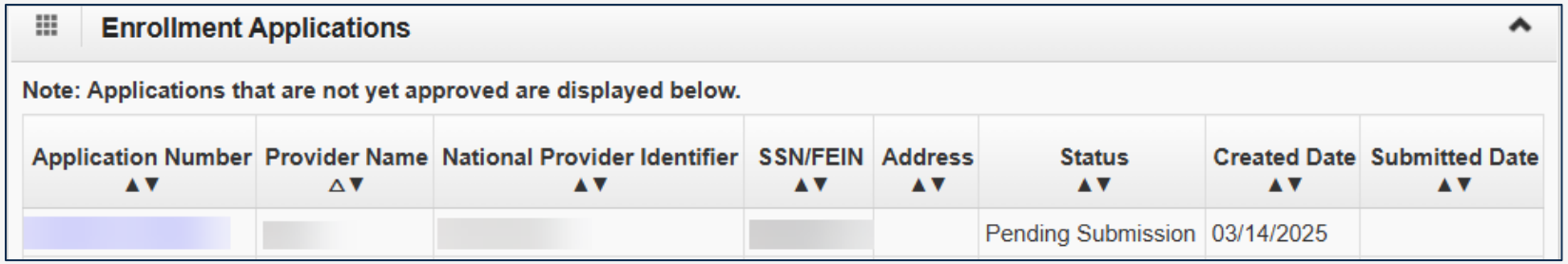
7. To retrieve the application number, enter the National Provider Identifier (NPI) and SSN or FEIN in the **National Provider Identifier** and **SSN/FEIN** fields.
8. To view the application number, select **Submit**.

Note: The system displays the details of matching enrollment applications in the **Enrollment Applications** section below the **Application Number Lookup**.

9. To access the application, select the **Application Number** hyperlink.

Note: Only enrollment applications that have not been approved appear in the list.





Provider Type Appendix

The following provider types are eligible for **group provider** enrollment:

25 - Physician (MD) & Physician (DO)

27 - Podiatrist

28 - Chiropractor

29 - Physician Assistant

30 - Advanced Registered Nurse Practitioner (ARNP)

31 - Certified Registered Nurse Anesthetist (CRNA)

32 - Psychologist

33 - Contract Medical Consultant

34 - Licensed Midwife

35 - Dentist

36 - Registered Nurse (RN)

37 - Licensed Practical Nurse (LPN)

38 - Nursing Attendant

41 - Contract Nurse

52 - Alternative Medicine (Massage Therapist/Acupuncturist)

56 - Vocational Rehabilitation Counselor

60 - Audiologist/Speech Pathologist

62 - Optometrist

63 - Optician

65 - Home Health Agency

66 - Rural Health Clinic

68 -Federally Qualified Health Center

71 - Physical Therapist

72 - Occupational Therapist

73 - Pulmonary Rehabilitation

77 - Social Worker

81 – Hearing Aids/Instruments

96 - Other Provider

Return to Enrollment Overview.

Provider Type Matrix (1 of 3)

Provider Type	NPI Required?	Taxonomy Required?	License/Certification Required?	Applicable Program(s)	Self-Enrollment Allowed?**
25	✓	✓	✓	All	✓
27	✓	✓	✓	All	✓
28	✓	✓	✓	All	✓
29	✓	✓	✓	All	✓
30	✓	✓	✓	All	✓
31	✓	✓	✓	All	✓
32	✓	✓	✓	All	✓
33			✓	DEEOIC	
34	✓	✓	✓	DFEC	✓
35	✓	✓	✓	All	✓
36	✓	✓	✓	All	✓
37	✓	✓	✓	All	✓

Provider Type Matrix (2 of 3)

Provider Type	NPI Required?	Taxonomy Required?	License/Certification Required?	Applicable Program(s)	Self-Enrollment Allowed?**
38	✓	✓	✓	All	✓
41		✓	✓	DFEC	
52	✓	✓	✓	All	✓
56			✓	DFEC	
60	✓	✓	✓	All	✓
62	✓	✓	✓	All	✓
63	✓	✓	✓	All	✓
65	✓	✓	✓	All	✓
66	✓	✓	✓	All	✓
68	✓	✓	✓	All	✓
71	✓	✓	✓	All	✓
72	✓	✓	✓	All	✓

Provider Type Matrix (3 of 3)

Provider Type	NPI Required?	Taxonomy Required?	License/Certification Required?	Applicable Program(s)	Self-Enrollment Allowed?**
73	✓	✓	✓	All	✓
77	✓	✓	✓	All	✓
81	✓	✓	✓	All	✓
96	✓	✓	✓	All	✓

** If Self-Enrollment is not allowed for a certain provider type, please contact 1-844-493-1966.

Return to Step 1: Provider Basic Information: Enrollment Type.