

Resubmitting an RTP'd Enrollment Application

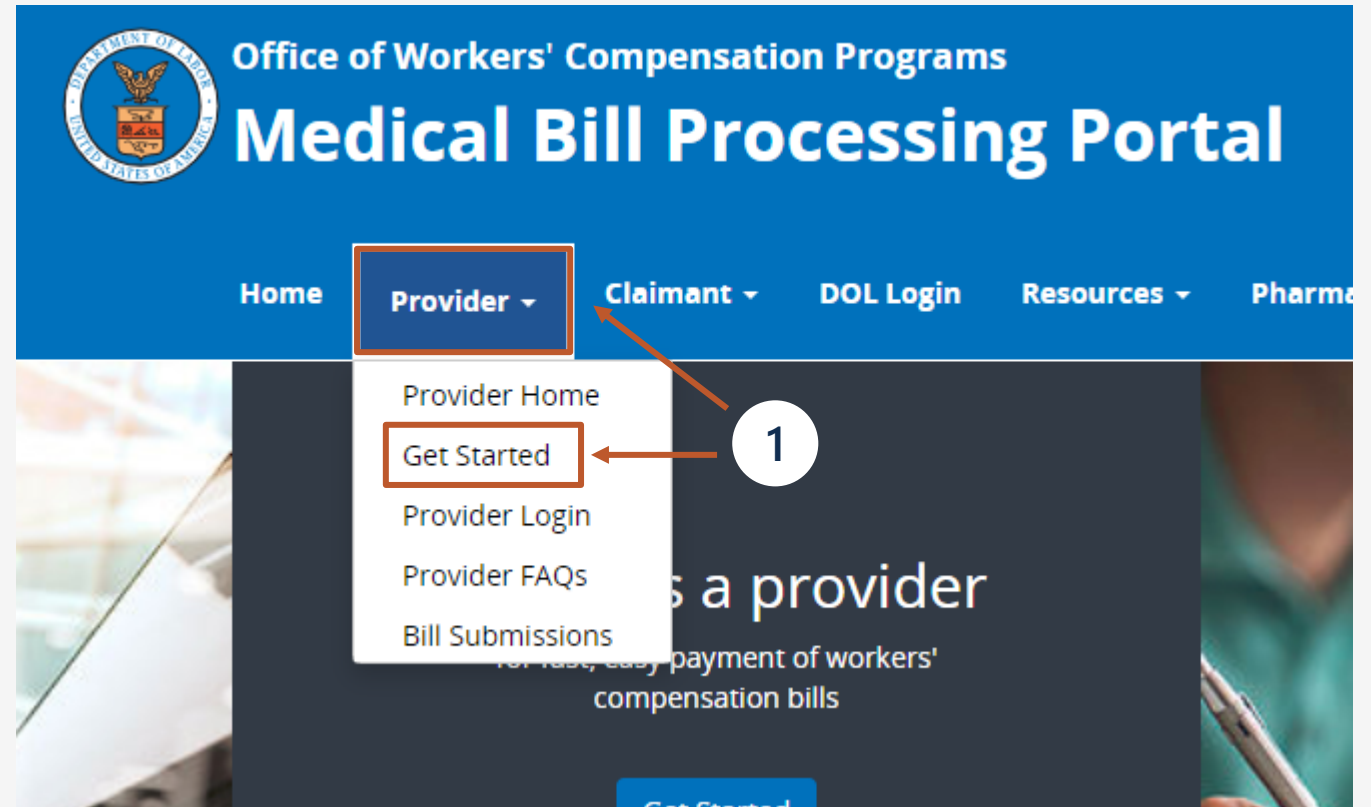


Resubmitting Application if RTP'd

If a Return to Provider (RTP) letter is received after submitting an enrollment application, updates can be made to the returned application and resubmitted.

If an RTP letter is received, follow the steps shown on the next several slides.

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




Resubmitting Application if RTP'd


2. Select the "Click here to resume or track the in-progress enrollment application" hyperlink.


Get Started

Get Started in the New Medical Bill Process System

A new medical bill process system was launched on April 27, 2020, offering providers more efficient bill processing. Enroll today to receive payment for services you provide to claimants approved by OWCP for workers' compensation.


New Provider
For fast approval, enroll online
[Click here to begin the enrollment process.](#)


Legacy Provider
If I successfully enrolled with Conduent before April 27, 2020, do I need to re-enroll?
No! However, you must [register](#) to access the new system.


Resume or Track an Enrollment Application
[Click here to resume or track the in-progress enrollment application.](#)

Resubmitting Application if RTP'd

3. Log in via OWCP Connect using the email address used when registering with OWCP Connect.

United States Department of Labor
Office of Workers' Compensation Programs

WCS
OWCP Workers' Compensation System

[Login](#) | [Account Registration](#) | [Reset Password](#) | [Change Email](#) | [Help](#)

OWCP Connect

About OWCP Connect

OWCP Connect allows users to prove their identity and create an account for communication with OWCP's various self-service applications. It is a centralized identity-proofing system used to create credentials for a user, and then to authenticate the credentials for login.

Identity proofing is accomplished by validating the user's information entered in the Account Registration process against secure Credit Bureau data. Once the user's identity has been

Account Registration

If this is your first time using OWCP Connect, click [here](#) and begin the process to create a new account.

WARNING...WARNING...WARNING...WARNING...WARNING

You are accessing a U.S. Government information system that is owned and operated by the Department of Labor. The

Login

Welcome to OWCP Connect
Please enter your EMAIL ADDRESS to start.

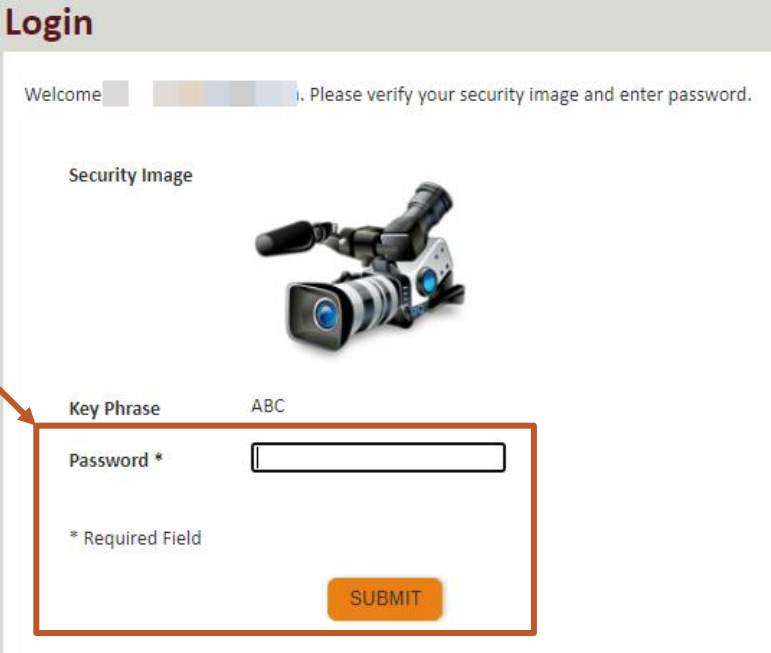
Email Address

[LOGIN](#)

Resubmitting Application if RTP'd

4. Enter the password created when registering with OWCP Connect, then select "Submit."

4



The screenshot shows a login interface with the following elements:

- Title:** Login
- Welcome Message:** Welcome [blurred name], Please verify your security image and enter password.
- Security Image:** An image of a professional video camera.
- Key Phrase:** ABC
- Password Field:** A text input field labeled "Password *" with an asterisk indicating it is required.
- Submit Button:** An orange button labeled "SUBMIT".

A red box highlights the password field and the submit button. A red arrow points from a blue circle containing the number "4" to the password field.

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5. Use the Application Number provided during the initial enrollment.
6. Enter the SSN or FEIN used during the initial enrollment
7. Select the "Submit" button to return to the application and make the necessary adjustments.

The screenshot shows the eCAMS HCEV web interface. At the top, there is a navigation bar with a home icon, a user profile icon, and the text "Profile:". To the right are links for "External Links" and "Help". Below the navigation bar is a breadcrumb trail: "Track Application". A large blue circle with the number "7" is positioned over the "Track Application" breadcrumb, with an arrow pointing to the "Submit" button. Below the breadcrumb is a "Track Existing Application" form. The form contains the instruction: "Please provide the Application Number and SSN/FEIN to track your application." There are two input fields: "Application Number:" and "SSN/FEIN:". A blue circle with the number "5" is positioned over the "Application Number:" input field, with an arrow pointing to it. A blue circle with the number "6" is positioned over the "SSN/FEIN:" input field, with an arrow pointing to it. The form also includes "Close" and "Submit" buttons at the top left.

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8. All the required steps in the application will be marked with an "Incomplete" status. Each required step will need to be opened to verify the information is correct. Once opening the step and verifying that the information is correct, close the step and the step status will be changed to "Complete."

Application Number : 20210314080446 Name: Provider-RTP Enrollment Type: Individual

Close Required Credentials Purge

Enroll Provider -Individual

Business Process Wizard-Provider Enrollment (Individual). Click on the Step # under the Step column

Step	Required	Start Date	End Date	Status
Step 1: Provider Basic Information	Required	03/14/2021	03/14/2021	Incomplete
Step 2: Add Location	Required	03/14/2021	03/14/2021	Incomplete
Step 3: Add Taxonomies	Required	03/14/2021	03/14/2021	Incomplete
Step 4: Add Ownership Details	Optional	03/14/2021	03/14/2021	Complete
Step 5: Add Licenses and Certifications	Required	03/14/2021	03/14/2021	Incomplete
Step 6: Add Identifiers	Optional	03/14/2021	03/14/2021	Complete
Step 7: Add EDI Submission Method	Optional	03/14/2021	03/14/2021	Complete
Step 8: Add EDI Submitter Details	Required	03/14/2021	03/14/2021	Incomplete
Step 9: Add EDI Contact Information	Required	03/14/2021	03/14/2021	Incomplete
Step 10: Add Payment Details	Required	03/14/2021	03/14/2021	Incomplete
Step 11: Complete Provider Disclosure	Required	03/14/2021	03/14/2021	Incomplete
Step 12: View/Upload Attachments	Optional	03/14/2021	03/14/2021	Complete
Step 13: Submit Enrollment Application for Review	Required	03/14/2021	03/14/2021	Incomplete

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Resubmitting Application if RTP'd

9. After verifying the data in each step and making required updates, the last step is to submit the enrollment application. To do so, select "Step 13: Submit Enrollment Application for Review."

Track Application > Individual Enrollment

Application Number : 20210314080446 Name: Provider-RTP Enrollment Type: Individual

Close Required Credentials Purge

Enroll Provider -Individual

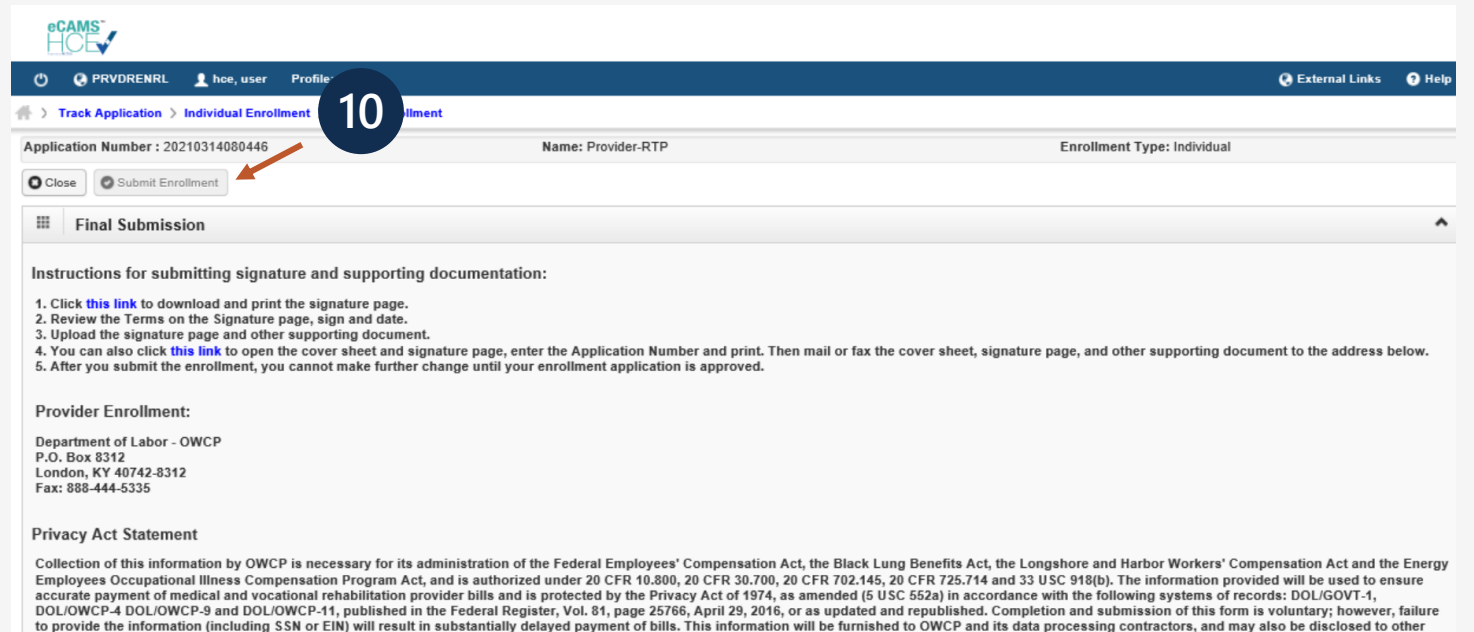
Business Process Wizard-Provider Enrollment (Individual). Click on the Step # under the Step column

Step	Required	Start Date	End Date	Status	S
Step 1: Provider Basic Information	Required	03/14/2021	03/14/2021	Complete	
Step 2: Add Location	Required	03/14/2021	03/14/2021	Complete	
Step 3: Add Taxonomies	Required	03/14/2021	03/14/2021	Complete	
Step 4: Add Ownership Details	Optional	03/14/2021	03/14/2021	Complete	
Step 5: Add Licenses and Certifications	Required	03/14/2021	03/14/2021	Complete	
Step 6: Add Identifiers	Optional	03/14/2021	03/14/2021	Complete	
Step 7: Add EDI Submission Method	Optional	03/14/2021	03/14/2021	Complete	
Step 8: Add EDI Submitter Details	Required	03/14/2021	03/14/2021	Complete	
Step 9: Add EDI Contact Information	Required	03/14/2021	03/14/2021	Complete	
Step 10: Add Payment Details	Required	03/14/2021	03/14/2021	Complete	
Step 11: Complete Provider Disclosure	Required	03/14/2021	03/14/2021	Complete	
Step 12: View/Upload Attachments	Optional	03/14/2021	03/14/2021	Complete	
Step 13: Submit Enrollment Application for Review	Required	03/14/2021	03/14/2021	Incomplete	

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Resubmitting Application if RTPed

9. Select the "Submit Enrollment" button to submit the enrollment again. The enrollment application status will be changed to "In Review".



The screenshot shows the eCAMS HCEV web application interface. At the top, there is a navigation bar with the eCAMS HCEV logo, a user profile section (PRVDRENRL, hce, user, Profile), and links for External Links and Help. Below the navigation bar, the breadcrumb trail reads: Track Application > Individual Enrollment. The main content area displays application details: Application Number: 20210314080446, Name: Provider-RTP, and Enrollment Type: Individual. A 'Close' button and a 'Submit Enrollment' button are visible. A red arrow points to the 'Submit Enrollment' button, which is also highlighted with a blue circle containing the number '10'. Below the buttons, there is a section titled 'Final Submission' with instructions for submitting signature and supporting documentation. The instructions are numbered 1 through 5. Below the instructions, there is a section for 'Provider Enrollment' with contact information for the Department of Labor - OWCP. At the bottom, there is a 'Privacy Act Statement' section.

Application Number : 20210314080446 Name: Provider-RTP Enrollment Type: Individual

Close Submit Enrollment

Final Submission

Instructions for submitting signature and supporting documentation:

1. Click [this link](#) to download and print the signature page.
2. Review the Terms on the Signature page, sign and date.
3. Upload the signature page and other supporting document.
4. You can also click [this link](#) to open the cover sheet and signature page, 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.

Provider Enrollment:
Department of Labor - OWCP
P.O. Box 8312
London, KY 40742-8312
Fax: 888-444-5335

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

THANK YOU!

