

WCMBP System

How to Complete a Provider Enrollment Application Individual Provider



Overview

This PowerPoint provides instructions on how to complete an application for an individual provider via the Workers' Compensation Medical Bill Process (WCMBP) Portal.



Accessing the WCMBP System

Go to the [WCMBP Portal home page \(https://owcpmed.dol.gov\)](https://owcpmed.dol.gov).


Select **Provider Enrollment**.




Accessing the WCMBP System for New Providers

Providers first need to register with OWCP Connect before starting a new enrollment or accessing the new system.


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



New Provider
Enroll Online for Fast Approval
[Click here to begin the enrollment process.](#)



Existing Providers
[Click here to submit enrollment update or modification.](#)

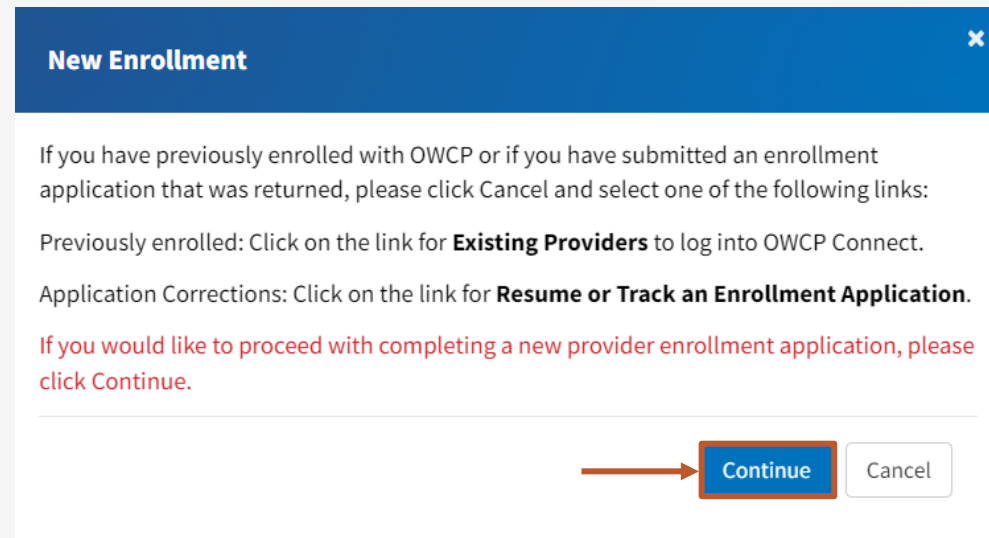


Resume or Track an Enrollment Application
[Click here to resume or track the in-progress enrollment application.](#)

Accessing the WCMBP System for New Providers, continued

After selecting “Click here to begin the enrollment process link”, a dialogue box confirms that you want to begin a new enrollment.

Select **Continue** to begin a new application.

A screenshot of a 'New Enrollment' dialog box. The title bar is blue with the text 'New Enrollment' and a close button (X). The main content area is white and contains the following text: 'If you have previously enrolled with OWCP or if you have submitted an enrollment application that was returned, please click Cancel and select one of the following links:'. Below this, there are two lines of text: 'Previously enrolled: Click on the link for **Existing Providers** to log into OWCP Connect.' and 'Application Corrections: Click on the link for **Resume or Track an Enrollment Application**.' A red line of text follows: 'If you would like to proceed with completing a new provider enrollment application, please click Continue.' At the bottom right, there are two buttons: 'Continue' (blue with white text) and 'Cancel' (white with grey border). An orange arrow points to the 'Continue' button.

New Enrollment ✕

If you have previously enrolled with OWCP or if you have submitted an enrollment application that was returned, please click Cancel and select one of the following links:

Previously enrolled: Click on the link for **Existing Providers** to log into OWCP Connect.

Application Corrections: Click on the link for **Resume or Track an Enrollment Application**.

If you would like to proceed with completing a new provider enrollment application, please click Continue.

[Continue](#) [Cancel](#)

Note: Providers who previously enrolled and need to update enrollment or track an existing application select **Cancel** and then choose the appropriate “Existing Users” or “Resume or Track Enrollment Application” link.

Completing an Enrollment Application

1. Select the Enrollment Type.
2. Select **Submit**.

Note: Enrollment Type Definitions are provided on the bottom portion of the screen. Be sure to select the appropriate type for your practice, organization, or business.

The screenshot shows a web interface for selecting an enrollment type. At the top, a header bar contains a grid icon and the text "Enrollment Type". Below this, a light gray box contains the instruction "Please select the applicable Enrollment Type". A list of radio button options follows: "Individual", "Group Practice", "Billing Agent/Clearinghouse", "Facility/Agency/Organization/Institution", and "Special Considerations". The "Individual" option is selected and highlighted with a red rectangle, with a blue circle containing the number "1" and an arrow pointing to it. Below the list, there are two buttons: "Close" and "Submit". The "Submit" button is highlighted with a red rectangle, with a blue circle containing the number "2" and an arrow pointing to it. Below the buttons, another header bar contains a grid icon and the text "Enrollment Type Definition". Under this header, the text "Individual -" is followed by two bullet points: "Any provider who is eligible to receive a Type I National Provider Identifier (NPI) through the [National Plan and Provider Enumeration System \(NPPES\)](#). Providers e" and "the Social Security Act, 42 U.S.C. 1395x(s).", and "Individuals providing only non-medical services, attendant care, or personal care services, who do not need an NPI."

Enrollment Type

Please select the applicable Enrollment Type

*
☒ Individual
☐ Group Practice
☐ Billing Agent/Clearinghouse
☐ Facility/Agency/Organization/Institution
☐ Special Considerations

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 e
- 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.

Completing an Enrollment Application

1. Select a Provider Type from drop-down menu.
2. Check Program(s) to enroll in.
3. Select the Tax Identifier Type (Federal Employer Identification Number (FEIN) or Social Security Number (SSN)).
4. If FEIN is selected in Step 3, enter the Organization Name (Legal Business Name), the Organization Business Name (Doing Business As), and the Federal Employer Identification Number (FEIN). If SSN was selected in step 3, enter Last Name, First Name, Middle Name (if applicable), and Social Security Number (SSN).
Note: The system will validate that the Name/ Tax Identification Number combination matches IRS records.

5. Enter an NPI and an Entity Type based on your W9.
6. Check if you do not want to be on the online searchable provider listing. If checked, please supply a reason.
7. Click "Finish".

The screenshot shows the 'Basic Information' form with the following fields and steps:

- Step 1:** Provider Type:
- Step 2:** Program: ☐ DFEC ☐ DCMWC ☐ DEEOIC ☐ DLHWC
- Step 3:** Tax Identifier Type: ☒ FEIN ☐ SSN
- Step 4:** Organization Name: (Legal Business Name)
Organization Business Name: (Doing Business As) FEIN:
Last Name: Middle Name:
First Name: SSN:
- Step 5:** National Provider Identifier: (NPI)
- Step 6:** Entity Type:
☐ I do not wish to be included in an online searchable list of OWCP providers.
Reason:
- Step 7:** Finish Cancel

Completing an Enrollment Application

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

The application number will also be emailed to you.

Application Number : 202 Name: Test, Test Enrollment Type: Individual

Basic Information

You have successfully completed the basic information on the Enrollment Application. This is your Application #: 202
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.

Ok

Completing an Enrollment Application

Complete each step Start/End Date Complete vs Incomplete Status

Application Number : 20230615619166 Name: Individual Reg Enrollment Type: Individual

Close Required Credentials **Purge**

Optional vs Required

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 Remark
Step 1: Provider Basic Information	Required	06/15/2023	06/15/2023	Complete	
Step 2: Add Location	Required	06/15/2023	06/15/2023	Complete	
Step 3: Add Taxonomies	Required	06/15/2023	06/15/2023	Complete	
Step 4: Add Ownership Details	Optional			Incomplete	
Step 5: Add Professional Licenses and Certifications	Required	06/15/2023		Incomplete	
Step 6: Add Identifiers	Optional			Incomplete	
Step 7: Add EDI Submission Method	Optional			Incomplete	
Step 8: Add EDI Submitter Details	Optional			Incomplete	
Step 9: Add EDI Contact Information	Optional			Incomplete	
Step 10: Add Payment Details	Required			Incomplete	
Step 11: Complete Provider Disclosure	Required			Incomplete	
Step 12: View/Upload Attachments	Optional			Incomplete	
Step 13: Submit Enrollment Application for Review	Required			Incomplete	

View Page: 1 Go Page Count SaveToCSV Viewing Page: 1 First Prev Next Last

Step 1 is completed. Based on the information provided in step 1, the enrollment steps display.

Note: If you selected the incorrect enrollment type or provider type, use the **Purge** button to delete all information and restart the enrollment application.

Completing an Enrollment Application

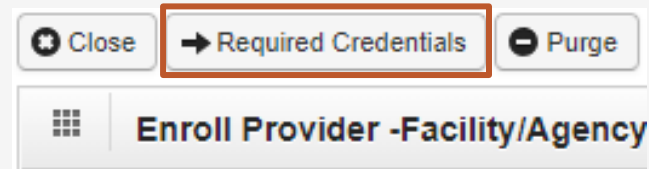
Before completing the next steps, click "Required Credentials."

A separate window will appear and display the credentials that are required for your provider type.

Note: Credentials requirements will change as per your provider type.

1. Exit out of this window to move on to the next step, "Add Location."

Note: Cancel will not close this page.



Required Credentials For Provider Type			
Provider Type ▲▼	Step ▲▼	Data Element ▲▼	Credentialing Note ▲▼
01-General HospitaLs	Step 01: Provider Basic Information	NPI	REQUIRED
01-General HospitaLs	Step 03: Add Taxonomies	TAXONOMIES	REQUIRED
01-General HospitaLs	Step 05: Add Licenses and Certifications	LICENSE & CERTIFICATION	REQUIRED
01-General HospitaLs	Step 06: Add Identifiers	Provider Medicare Number	REQUIRED
01-General HospitaLs	Step 12: View/Upload Attachments	ACH FORM	REQUIRED
01-General HospitaLs	Step 12: View/Upload Attachments	COPY OF LICENSE/CERTIFICATION	REQUIRED ; IF LICENSE IS NOT REQUIRED BY STATE, ATTACH STATE APPROVAL LETTER
01-General HospitaLs	Step 12: View/Upload Attachments	PROVIDER ENROLLMENT FORM SIGNATURE PAGE	REQUIRED
View Page: 1 Go Page Count SaveToCSV Viewing Page: 1 << First Prev Next Last Cancel			

Step 2: Add Location

The screenshot shows a web interface for adding a location. At the top, there is a 'Locations List' header with a grid icon and an upward arrow. Below this is a form with several input fields. Step 1 points to the '+ Add' button. Step 2 points to the 'Business Name' field. Step 3 points to the 'Contact Last Name' field. Step 4 points to the 'Phone Number' field. Step 5 points to the 'Next' button. The form also includes fields for 'Contact First Name', 'Fax Number', and 'Email Address'. Asterisks (*) indicate required fields.

1. Select the "Add".

2. Enter Location Business Name.

3. Enter Contact Person First and Last Name.

4. Enter Contact Person Phone Number. (Do not add dashes or spaces)

5. Click "Next."

1. Select the "Add".
2. Enter Location Business Name.
3. Enter Contact Person First and Last Name.
4. Enter Contact Person Phone Number. (Do not add dashes or spaces)
5. Click "Next."


Note: Email Address and Fax Number entries are optional

Step 2: Add Location

1. You must add your physical address, click "+Address."

Type of Address: ▾

Address Input Option: ☒ Manually Input

End Date: 

Address Line 1: * Address Line 2:

Address Line 3:

City/Town: *

State/Province: * County: *

Country: * Zip Code: - + Address ← 1

Step 2: Add Physical Location

The screenshot shows a form titled 'Add Physical Location'. It contains the following fields and controls:

- Address Line 1:** A text input field with a blue border and a cursor. A red circle with the number '1' and an arrow points to it. Below the field is the text '(Enter Street Address or PO Box Only)'.
- Address Line 2:** A text input field.
- Address Line 3:** A text input field.
- City/Town:** A dropdown menu with a downward arrow.
- State/Province:** A dropdown menu with a downward arrow.
- County:** A dropdown menu with a downward arrow.
- Country:** A dropdown menu with a downward arrow.
- Zip Code:** Two text input fields separated by a hyphen.
- Validate Address:** A button with a plus icon and the text 'Validate Address'.
- OK/Cancel:** Two buttons at the bottom right, 'OK' and 'Cancel', both with circular icons.

Red circles with numbers 1 through 4 and arrows indicate the sequence of steps: 1 points to Address Line 1, 2 points to the Zip Code fields, 3 points to the 'Validate Address' button, and 4 points to the 'OK' button.

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

Possible Validation Results

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

4. Click "OK".
5. When you return to the Location Address page, select the "Next" button.

The screenshot shows a page titled 'Location Address'. It contains the following fields and controls:

- Address Line 1:** A text input field with the text 'ontgomery'.
- Address Line 2:** A text input field with the text '1850'.
- Address Line 3:** A text input field with the text '3224'.
- Address:** A button with a plus icon and the text 'Address'.
- Next/Cancel:** Two buttons at the bottom right, 'Next' and 'Cancel', both with circular icons.

A red circle with the number '5' and an arrow points to the 'Next' button.

Step 2: Add Mailing Location

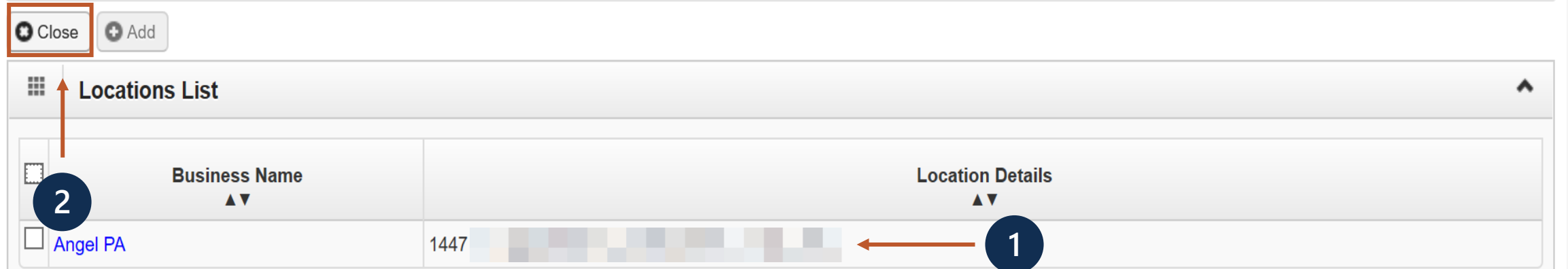
The screenshot shows a form titled 'Step 2: Add Mailing Location'. At the top, 'Type of Address:' is set to 'Mailing'. Below it, 'Address Input Option:' has two radio buttons: 'Manually Input' (selected) and 'Same as Physical Address' (highlighted with a red box and callout 1). 'End Date:' is set to '12/31/2999'. The form includes fields for 'Address Line 1:', 'Address Line 2:', 'Address Line 3:', 'City/Town:', 'State/Province:', 'Country:', 'County:', and 'Zip Code:'. A '+ Address' button is highlighted with a red box and callout 2. At the bottom right, an 'OK' button is highlighted with a red box and callout 3, next to a 'Cancel' button.

1. If mailing address is the same as the physical address, check the bubble that states "Same as Physical Address".

OR

2. Click "+Address" to Enter Mailing Address Street Number and Street Name if the address is different.
3. Click "OK."

Step 2: Add Mailing Location



The screenshot shows a web interface for managing locations. At the top, there are two buttons: 'Close' (with a red box around it) and 'Add' (with a red arrow pointing to it). Below these is a section titled 'Locations List' with a grid icon and an upward arrow. The list contains one entry with the following details:

	Business Name ▲▼	Location Details ▲▼
<input type="checkbox"/>	Angel PA	1447

Annotations: A red circle with the number '2' is next to the 'Close' button. A red circle with the number '1' is next to the 'Add' button, with a red arrow pointing from it to the 'Add' button.

1. The system displays the Location List, which confirms your address information entered.
2. Click "Close" to move on to the next step, Add Taxonomies.

Step 3: Add Taxonomies

1. Click "Add."
2. Use the dropdown menu to view and select your Taxonomy Code Type.
3. Select Specialty type.
4. Available Taxonomy codes will populate. Highlight the codes that are applicable to your organization. Move applicable codes to Associated Taxonomy Codes.
5. Click "OK."
6. Click "Close" to move on to the next step, "Add Ownership Details."

The screenshot shows a 'Taxonomy List' dialog box with the following components and numbered steps:

- Step 1:** Points to the '+ Add' button at the top right.
- Step 2:** Points to the 'Taxonomy Code Type' dropdown menu.
- Step 3:** Points to the 'Specialty' dropdown menu.
- Step 4:** Points to the 'Available Taxonomy Codes' list in the 'Add Taxonomy Code' section.
- Step 5:** Points to the 'OK' button at the bottom right.
- Step 6:** Points to the 'Close' button at the top left.

The dialog box contains the following sections:

- Taxonomy List:** A header section with a grid icon.
- Select Taxonomy Code Type/Specialty:** A section with two dropdown menus: 'Taxonomy Code Type:' and 'Specialty:'. Both have an asterisk (*) next to them.
- Add Taxonomy Code:** A section with two columns: 'Available Taxonomy Codes' and 'Associated Taxonomy Codes *'. Between the columns are two buttons: '»' (right arrow) and '«' (left arrow).

Note: Taxonomy codes refer to the Healthcare Provider Taxonomy Code Set, which categorize the type, classification, and/or specialization of health care providers.

Step 4: Add Ownership Details

Ownership Details list any business with more than a 5% interest in or where involvement is at an officer, director or agent of the company.

This step optional. If completed, you must complete required fields and click OK.

1. Select the Disclosure Type (Individual or Organization) Ownership.
2. Enter SSN or FEIN.
3. Enter Organization Name or First/Last Name.
4. Click "+Address" to enter Street Number, Street Name and Zip Code.
5. Click "OK."

Note: If the ownership information is the same name, FEIN and address as previously entered, click "Copy Name and Tax." The information will auto populate.

The screenshot shows the 'Add Ownership' form with the following fields and steps:

- Step 1:** Disclosure Type: Individual Ownership (dropdown menu)
- Step 2:** SSN/FEIN: (text input field)
- Step 3:** Organization Name: (text input field) and Last Name: (text input field)
- Step 4:** Address fields (Address Line 1, Address Line 2, Address Line 3, City/Town, State/Province, County, Country, Zip Code) and the '+ Address' button
- Step 5:** OK button (highlighted with a red box)

At the bottom right, there are three buttons: 'Copy Name and Tax', 'OK', and 'Cancel'. The 'OK' button is highlighted with a red box and an arrow pointing to it from the number 5.

Step 4: Add Ownership Details

2 →

✖ Close

✚ Add

Ownership List

^

Filter By :

▼

Go

Clear Filter

Save Filter

My Filters ▼

<input type="checkbox"/>	Owner ID ▲▼	Owner Name ▲▼	Ownership Type ▲▼
<input type="checkbox"/>	654-98-6120	Test, Test	Individual

Delete

View Page: 1

Go

+ Page Count

SaveToCSV

Viewing Page: 1

First

Prev

Next

Last

1. The system displays the Ownership List, which was entered.
2. Click "Close" to move on to the next step, "Add Professional License or Certification."

Step 5: Add Professional License or Certification

1. Select **Add** to enter License or Certification information.
2. Indicate if this is a required certification or required license, or if this specifies that a certification or license is not required.
3. In the Name field, enter the recipient's name.
4. In the **License/Certification Type** field, enter the license or certification type.
5. In the **License/Certification #** field, enter the license or certificate number.

The screenshot shows a web interface for adding professional license or certification information. At the top, there are 'Close' and 'Add' buttons. Below them is a 'License/Certification List' section. The main form is titled 'Add Professional License/Certification' and contains the following fields and instructions:

- Instructions:**
 - Please provide all professional license/certification required by your State to perform the service under your Provider Type.
 - OWCP will verify all your professional license/certification with your State's license issuer agency before your enrollment can be approved.
 - After your enrollment is approved, you are responsible to keep your professional license/certification information up to date.
 - Expired license/certification will cause the termination of the provider status.
 - If you have a renewed professional license/certification under a different number, please make sure to enter it using the exact same License/Certification Type.
- License/Certification Type:** A radio button selection with three options: ☒ C-Certification, ☐ L-License, and ☐ N-License or Certification not required. A blue circle with the number 2 points to this section.
- Name:** A text input field with an asterisk. A blue circle with the number 3 points to this field.
- License/Certification Type:** A text input field with an asterisk. A blue circle with the number 4 points to this field.
- Initial Issue Date:** A date input field with a calendar icon and an asterisk.
- Issued State:** A dropdown menu with an asterisk.
- Expiration Date:** A date input field with a calendar icon and an asterisk.
- Issuer Agency:** A text input field with an asterisk.
- Web Link:** A text input field with an asterisk.
- License/Certification #:** A text input field with an asterisk. A blue circle with the number 5 points to this field.

At the bottom right, there are 'OK' and 'Cancel' buttons.

Step 5: Add Professional License or Certification

6. In the **Initial Issue Date** and the **Expiration Date** fields, enter or select the initial issue date and expiration date.
7. Within the **Issued State** drop-down list, select the state where the license or certification was issued. (**Must match the state of physical address**)
8. In the **Issuer Agency** field, enter the issuing agency.
9. In the **Web Link** field, enter the web link to the issuing agency.
10. Select **OK**.

Add Professional License/Certification

- Please provide all professional license/certification required by your State to perform the service under your Provider Type.
- OWCP will verify all your professional license/certification with your State's license issuer agency before your enrollment can be approved.
- After your enrollment is approved, you are responsible to keep your professional license/certification information up to date.
- Expired license/certification will cause the termination of the provider status.
- If you have a renewed professional license/certification under a different number, please make sure to enter it using the exact same License/Certification Type.

*
☒ C-Certification
☐ L-License
☐ N-License or Certification not required

Name: *

License/Certification Type: *

Initial Issue Date: * ← 6 → Expiration Date: *

Issued State: * ← 7 → Issuer Agency: * ← 8 →

Web Link: * ← 9 →

10 → OK Cancel

Step 5: Add Professional License or Certification

1. The system displays the License/Certification List, which confirms your license/certification information entered.
2. Click "Close" to move on to the next step "Add Identifiers", which is optional.

The screenshot shows a web interface for managing licenses and certifications. At the top left, a blue circle with the number '2' has an orange arrow pointing to a 'Close' button. At the bottom left, a blue circle with the number '1' has an orange arrow pointing to a checkbox next to the word 'License' in a table row. The interface includes a title bar 'License/Certification List', a filter section with 'Filter By' dropdowns and 'Go', 'Clear Filter', 'Save Filter', and 'My Filters' buttons. Below is a table with columns: License Category, License/Certification Number, License/Certification Type, Issued State, Initial Issue Date, and Expiration Date. The table contains one row with the value 'License' in the first column. At the bottom, there are buttons for 'Delete', 'View Page: 1', 'Go', '+ Page Count', 'SaveToCSV', and pagination controls for 'First', 'Prev', 'Next', and 'Last'.

License Category	License/Certification Number	License/Certification Type	Issued State	Initial Issue Date	Expiration Date
<input type="checkbox"/> License				03/01/2020	03/06/2020

Step 6: Add Identifiers (Optional)

The screenshot shows a software interface for adding provider identifiers. At the top, there are three buttons: 'Close', 'Add', and 'Required Credentials'. Below them is a section titled 'Provider Identifiers'. The main form is titled 'Add New Identifier'. It contains the following fields and controls:

- Identifier Type:** A drop-down menu currently showing 'Drug Enforcement Agency (DEA) N'. An arrow points to this field from step 2.
- Identifier Value:** A text input field with an asterisk. An arrow points to this field from step 3.
- Start Date:** A date picker field with an asterisk. An arrow points to this field from step 4.
- End Date:** A date picker field with an asterisk. An arrow points to this field from step 4.
- Buttons:** 'OK' and 'Cancel' buttons at the bottom right. An arrow points to the 'OK' button from step 5.

A pop-up menu for the 'Identifier Type' is shown, listing the following options: Drug Enforcement Agency (DEA) Number, NPI, Other Provider ID, Previous Provider ID, Provider Medicare Number, and United Mine Workers' of America (UMWA) Number.

1. Click "Add."
2. Select the identifier type from the "Identifier Type" drop-down menu.
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. Please refer to the "Required Credentials" button to check if your provider type requires an identifier

Step 6: Add Identifiers

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

2 →

Provider Identifiers

Filter By :

<input type="checkbox"/>	Identifier Type ▲▼	Identifier Value ▲▼	Start Date ▲▼	End Date ▲▼
<input type="checkbox"/>	NPI	1831277425	03/07/2020	03/07/2020

View Page: Viewing Page: 1

Step 7: Add EDI Submission Method (Optional)

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

1. Select your "Mode of Submission."
2. Click "Ok."

Note: If the Mode of Submission is Billing Agent/Clearinghouse, you must provide the billing agent/clearinghouse OWCP ID in Step 8.

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.

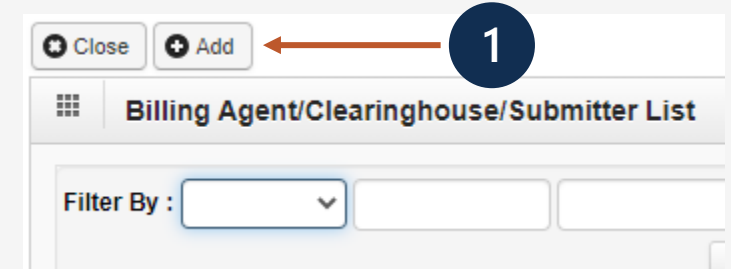
- Web Batch method is often used by providers who submit their own HIPAA batch transactions. It allows a maximum file size of 50 MB.
- Your EDI submission method is FTP Secured Batch if you submit and retrieve batches at a secure web folder assigned to you by OWCP. This method was designed with clearinghouses 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.

OK Cancel

Step 8: Add EDI Submitter Details (Optional)

Note: Step 8 is required if the EDI Submission Method is Billing Agent/Clearinghouse in Step 7.

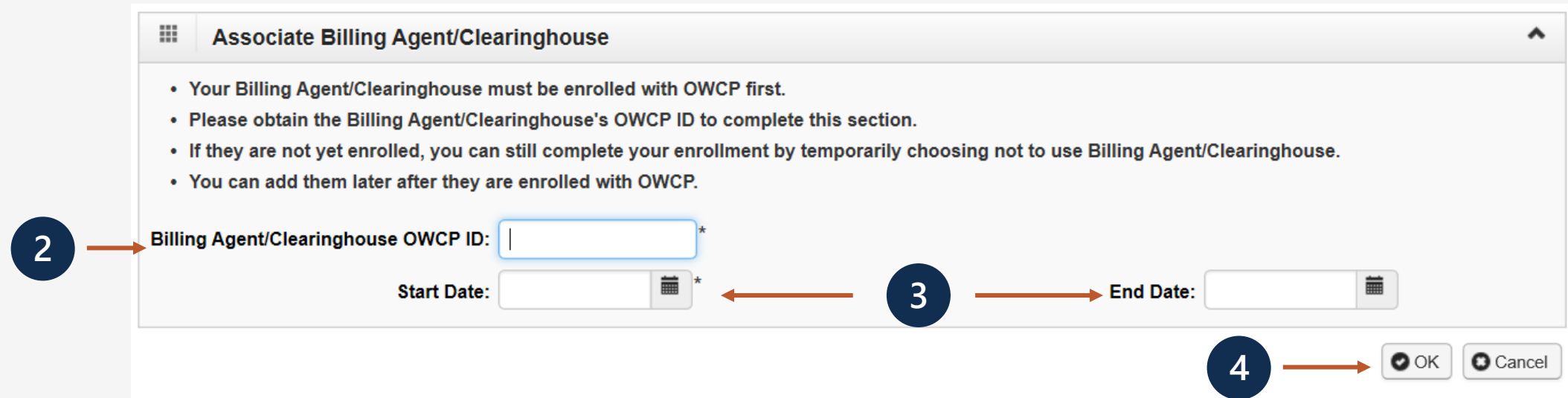
1. Select the "Add" button on the Billing Agent/Clearinghouse/Submitter List page.
2. Enter the "Billing Agent/Clearinghouse OWCP ID."
3. Enter the date(s).
4. Click "OK."



Close Add

Billing Agent/Clearinghouse/Submitter List


Filter By :




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: 

OK Cancel

Step 8: Add EDI Submitter Details (Optional)

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

2 →

Billing Agent/Clearinghouse/Submitter List

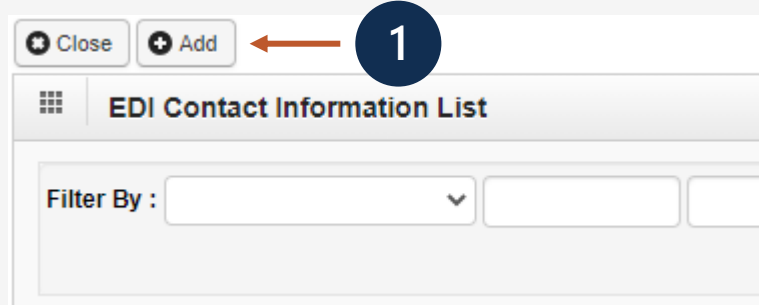
Filter By :

<input type="checkbox"/>	OWCP ID ▲▼	Billing Agent/Clearinghouse ▲▼	Start Date ▲▼	End Date ▲▼
1 → <input type="checkbox"/>	700031100	ABC Billing	02/23/2020	12/31/2999

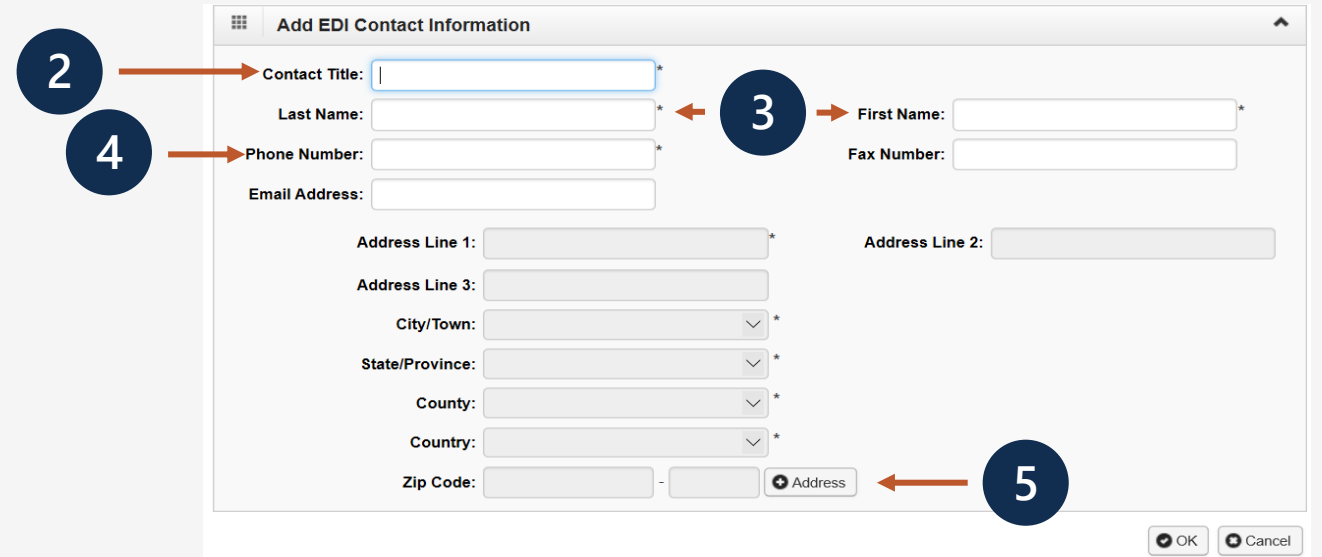
View Page: Viewing Page: 1

Step 9: Add EDI Contact Information (Optional)

Note: EDI Contact Information will need to be on file if we need to ask the Billing Agent/Clearinghouse any questions pertaining to their EDI enrollment and/or future submissions and retrievals.



The screenshot shows the 'EDI Contact Information List' page. At the top, there are 'Close' and 'Add' buttons. A red arrow points from a blue circle containing the number '1' to the 'Add' button. Below the buttons is a section with a grid icon and the title 'EDI Contact Information List'. Underneath is a 'Filter By' section with a dropdown menu and two input fields.



The screenshot shows the 'Add EDI Contact Information' form. It contains several input fields and dropdown menus. Numbered steps are indicated by red arrows and blue circles: Step 2 points to the 'Contact Title' field; Step 3 points to the 'First Name' field; Step 4 points to the 'Phone Number' field; and Step 5 points to the '+ Address' button. Other fields include 'Last Name', 'Fax Number', 'Email Address', 'Address Line 1', 'Address Line 2', 'Address Line 3', 'City/Town', 'State/Province', 'County', 'Country', and 'Zip Code'. The form also has 'OK' and 'Cancel' buttons at the bottom right.

Note: This step is required if FTP Secured Batch or Web Batch was selected in Step 7.

1. Select the "Add" button on the EDI Contact Information List page.
2. Enter the Title of the contact person to answer EDI questions if needed.
3. Enter contact person's First and Last Name.
4. Enter 10-digit phone number.
5. Click "+Address."

Step 9: Add EDI Contact Information (Optional)

Note: This step is required if FTP Secured Batch or Web Batch was selected in Step 7.

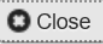

1. Enter Street Number and Name in Address Line 1.
2. Enter Zip Code.
3. Click "Validate Address."
4. Click "Ok."



The screenshot shows a dialog box titled "Address details" with a grid icon in the top left and an upward arrow in the top right. The dialog contains the following fields and controls:





- Address Line 1:** A text input field with an asterisk (*). An orange arrow labeled "1" points to this field.
- Address Line 2:** A text input field.
- Address Line 3:** A text input field.
- City/Town:** A dropdown menu with a downward arrow and an asterisk (*).
- State/Province:** A dropdown menu with a downward arrow and an asterisk (*).
- County:** A dropdown menu with a downward arrow and an asterisk (*).
- Country:** A dropdown menu with a downward arrow and an asterisk (*).
- Zip Code:** Two text input fields separated by a hyphen (-). An orange arrow labeled "2" points to the first input field.
- Validate Address:** A button with a plus icon and the text "Validate Address". An orange arrow labeled "3" points to this button.
- OK/Cancel:** Two buttons at the bottom right. An orange arrow labeled "4" points to the "OK" button.

Below the "Address Line 1" field, there is a small text label: "(Enter Street Address or PO Box Only)".









Step 9: Add EDI Contact Information (Optional)

2  

 **EDI Contact Information List** 

Filter By :    

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

 View Page:    Viewing Page: 1    

1. The system displays the EDI Contact Information List, which confirms contact information entered.
2. Click Close to move on to the next step, "Add Payment Details."

Step 10: Add Payment Details

Close Add

Payment Details

Note: Electronic Funds Transfer (EFT) is mandatory. Payment Details must be entered to receive payment from OWCP. The ACH form must be signed, uploaded, faxed or mailed. If faxed or mailed, the enrollment cover sheet is needed. The ACH form can be found on the WCMBP Portal Forms and References page: <https://owcpmed.dol.gov/portal/resources/forms-and-references/general>.

Payment Details

Payment Method: Electronic Funds Transfer(Direct Deposit)

Financial Institution Information

Financial Institution Name: *

Nine-Digit Routing Transit Number: *

ACH Coordinator Name: *

Phone Number: *

Depositor Account Number: *

Type of Account: Checking *

Depositor Account Title: *

Address Line 1: (Enter Street Address or PO Box Only)

Address Line 2:

Address Line 3:

City/Town:

State/Province:

County:

Country:

Zip Code:

Signed by Representative: ☐

The ACH form has to be signed by a Financial Institution Representative. Please upload the copy of the signed form in "View/Upload Attachments" step or mail it in to complete your enrollment.

Title of Representative: *

Representative Phone Number: *

OK Cancel

1. Click "Add."
2. Enter the name of the financial institution.
3. Enter the institution's routing number.
4. Your depositor account number.
5. Select the "Type of Account" from the drop down (Checking or Saving).
6. Enter the "Depositor Account Title" (The name that is printed on your checks).

Step 10: Add Payment Details

The screenshot shows a web form titled "Payment Details" with a sub-section "Financial Institution Information". The form includes fields for Financial Institution Name, ACH Coordinator Name, Depositor Account Number, Type of Account (set to "Checking"), Nine-Digit Routing Transit Number, Phone Number, Depositor Account Title, Address Line 1, Address Line 2, Address Line 3, City/Town, County, State/Province, Country, and Zip Code. A blue box highlights the "Financial Institution Name" field. A red box highlights the "Signed by Representative" checkbox. A red box highlights the "Title of Representative" field. A red box highlights the "Representative Phone Number" field. A red box highlights the "Address" button. A red box highlights the "OK" button. A red box highlights the "Cancel" button. A red box highlights the "Address" button. A red box highlights the "OK" button. A red box highlights the "Cancel" button.

7. Click "Address" to add the Financial Institution address. The address details dialog will display.

8. Once address is added, select the "Signed by Representative" check box to indicate that the ACH form has been signed by a representative of the financial institution.

9. Enter the title of the financial institution's representative in the "Title of Representative" field.

10. Enter the representative's phone number in the "Representative Phone Number" field.

11. Click "OK."

Step 10: Add Payment Details

2 →

1 →

EDI Contact Information List

Filter By :

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

View Page:

Viewing Page: 1

1. The system displays the Payment Details List, which confirms payment information was entered.
2. Click Close to move on to the next step 11, "Complete Provider Disclosure."

Step: 11 Complete Provider Disclosure

1. Answer the two disclosure questions:

Note: Provider Disclosure page asks questions of the provider to confirm additional background information. If you answer "Yes" to the first Disclosure question, please provide details under comments section including type of action, agency undertaking adverse action and date of action.

If you are a **FECA** provider enrolling in Provider "75" Durable Medical Equipment (DME) and answer "Yes" to question 2, provide the phone number that you used in your Medicare DMEPOS enrollment.

2. Click "Save" and then click "Close" to move on to the next step, "View/Upload Attachments."

The screenshot shows the 'Provider Disclosure' form. At the top left, there are 'Close' and 'Save' buttons. A red circle with the number '2' and an arrow points to the 'Save' button. Below the buttons is the form title 'Provider Disclosure' and a header instruction: 'If you answer Yes to the first Disclosure question, provide details including type of action, Agency undertaking adverse action and date of action.' The form contains two questions. The first question is: 'Within ten years of the date of this statement have you or any individual listed on this application had an action related to fraud or abuse in a government program taken against him or her resulting in (1) a felony or misdemeanor conviction; (2) a liability finding in civil proceedings; or (3) a settlement entered into in lieu of conviction?'. A red circle with the number '1' and an arrow points to the first question. The second question is: '(Required for FECA providers) For Provider Type "Medical Supplies/Durable Medical Equipment (DME) / Prosthetics / Orthotics" (75) only: Are you an accredited DMEPOS supplier enrolled with Medicare? If Yes; provide the phone number that you used in your Medicare DMEPOS enrollment.' To the right of the questions is an 'Answer' column with a dropdown menu. The dropdown is open, showing options: 'No', 'Not Completed' (highlighted in blue), and 'Yes'. To the right of the 'Answer' column is a 'Comments' column with text input fields. At the bottom of the form, there is a 'View Page: 1' field, a 'Go' button, a '+ Page Count' button, a 'SaveToCSV' button, and a 'Viewing Page: 1' label. On the far right, there are navigation buttons: '<< First', '< Prev', '> Next', and '>> Last'.

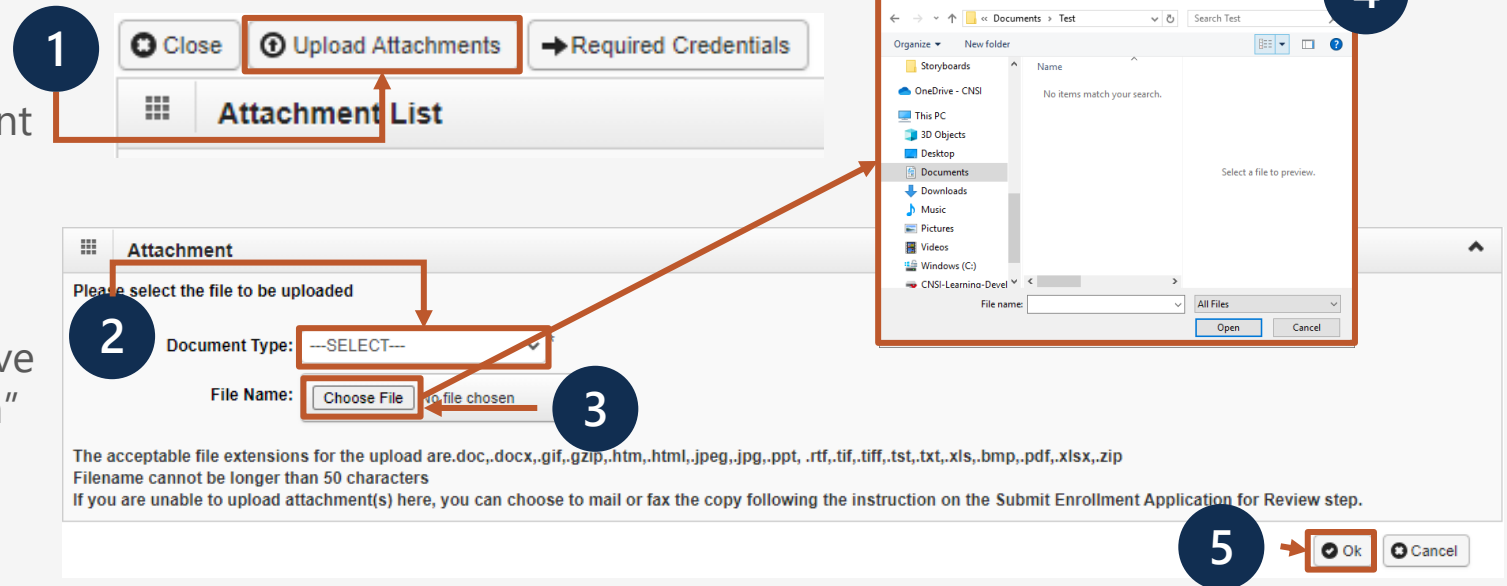
Question	Answer	Comments
Within ten years of the date of this statement have you or any individual listed on this application had an action related to fraud or abuse in a government program taken against him or her resulting in (1) a felony or misdemeanor conviction; (2) a liability finding in civil proceedings; or (3) a settlement entered into in lieu of conviction?	Not Completed	
(Required for FECA providers) For Provider Type "Medical Supplies/Durable Medical Equipment (DME) / Prosthetics / Orthotics" (75) only: Are you an accredited DMEPOS supplier enrolled with Medicare? If Yes; provide the phone number that you used in your Medicare DMEPOS enrollment.	No Not Completed Yes	

Step 12: View/Upload Attachments (Optional)

Note: In this Step, you are able to upload required attachments and submit this application electronically (via Direct Data Entry or DDE). If attachments are not uploaded at the time of submission, you have the option to mail or fax required attachments with a provider enrollment cover sheet. The application will stay in an "Awaiting Attachments Status" for 9 days. If the attachments and cover sheet are not received within this timeframe, your application will be Returned to Provider (RTPed).

Please select Required Credentials to check what attachments are required for Provider Type.

1. Click "Upload Attachments".
2. Select the document type from the Document Type drop-down menu.
3. Click the "Choose File" button. (The system displays the 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."



Step 12: View/Upload Attachments (Optional)

1. The system displays the Attachment List, which confirms an attachment uploaded.
2. Click Close to move on to the next step 13, "Submit Enrollment Application for Review."

The screenshot shows a web interface for managing attachments. At the top, there are three buttons: 'Close' (with a close icon), 'Upload Attachments' (with an upload icon), and 'Required Credentials' (with a right arrow icon). Below these is a section titled 'Attachment List' with a grid icon on the left and an upward arrow on the right. The list contains one entry with the following details:

<input type="checkbox"/>	Repository Key	File Name	Document Type	Uploaded Date
<input type="checkbox"/>		Provider Enrollment Application.pdf	ACH Form	03/08/2020 12:50:43 AM

Below the table, there is a row of controls: a 'Delete' button (with a minus icon), a 'View Page: 1' field, a 'Go' button (with a magnifying glass icon), a '+ Page Count' button, and a 'SaveToCSV' button (with a download icon). To the right of these is the text 'Viewing Page: 1' and a set of navigation buttons: '<< First', '< Prev', '> Next', and '>> Last'. Two numbered callouts are present: a blue circle with the number '2' and an arrow pointing to the 'Close' button, and a blue circle with the number '1' and an arrow pointing to the checkbox in the first column of the table.

Step 13: Submit Enrollment Application for Review

1. Enter your first and last name in the **First Name** and **Last Name** fields.
2. (Optional) Enter the title of the signer in the **Title** field.

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

3. Select **Submit Enrollment**.

The screenshot shows a web form titled "Final Submission". At the top, there are two buttons: "Close" and "Submit Enrollment". A red box highlights the "Submit Enrollment" button, with a red arrow pointing to it from a blue circle containing the number 3. Below the buttons, a message states: "After you submit the enrollment, you cannot make further changes until your enrollment application is approved." The "Confirm and Sign:" section contains a long paragraph of legal text. Below this, there are three input fields: "First Name :", "Last Name :", and "Title :". A red box highlights the "First Name" and "Last Name" fields, with a red arrow pointing to the "First Name" field from a blue circle containing the number 1. The "Signature Date" is displayed as "10/31/2023". Below the input fields, there is a "Privacy Act Statement" section with a paragraph of text. A red arrow points from a blue circle containing the number 2 to the "Title" field.

Submitting an Enrollment Application

Once the enrollment application is completed, the provider can submit attachments that were not uploaded to:

Via Mail **Provider Enrollment
Department of Labor OWCP**
PO Box 8312
London, KY 40742-8312

Via Fax 888.444.5335

Via DDE owcpmed.dol.gov

Note: If all steps are completed and attachments are uploaded via DDE, allow 7 business days for processing.

- If application is submitted with an “awaiting attachments” status, you have 9 days to fax or mail the attachments.
- If attachments are received within that timeframe, allow 7 business days for processing from the date on which the attachments were received.
- If attachments are not received in 9 days when application is submitted via DDE, the application will be RTPed.
- Faxed and/or Mailed applications will be RTPed if incomplete and/or have missing attachments.
- Allow 7 business days for processing from date of receipt for faxed and/or mailed applications.