

WCMBP System

How to Complete a Provider Enrollment Application Facility Provider



Overview

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



Accessing the WCMBP System

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

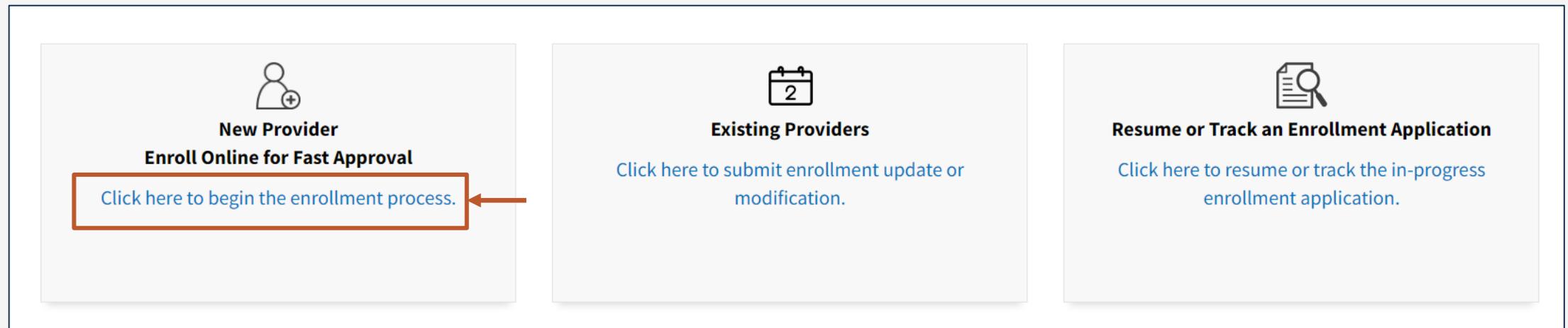
From the WCMBP Portal Homepage, select **Provider Enrollment**.



Accessing the WCMBP System for New Providers

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

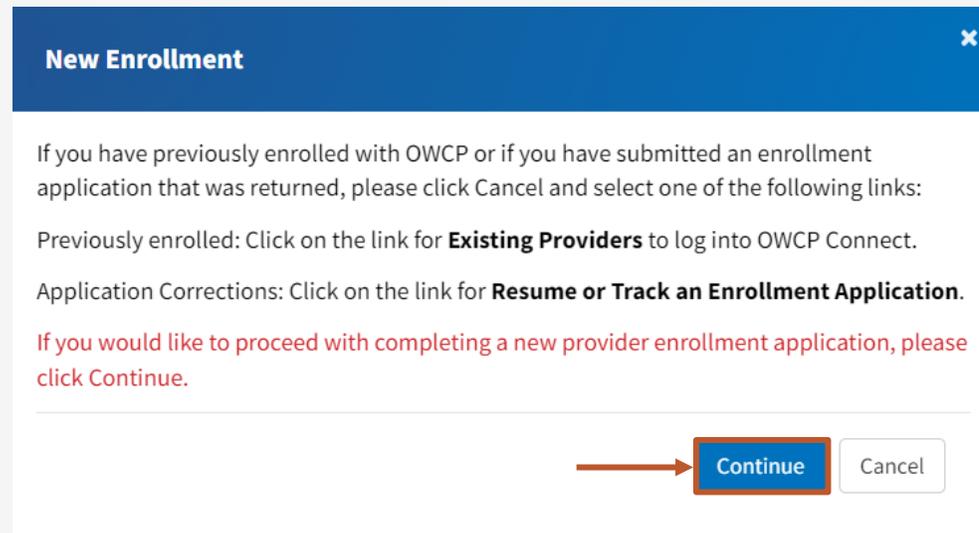
OWCP Connect is the mechanism by which all users are authenticated.



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.

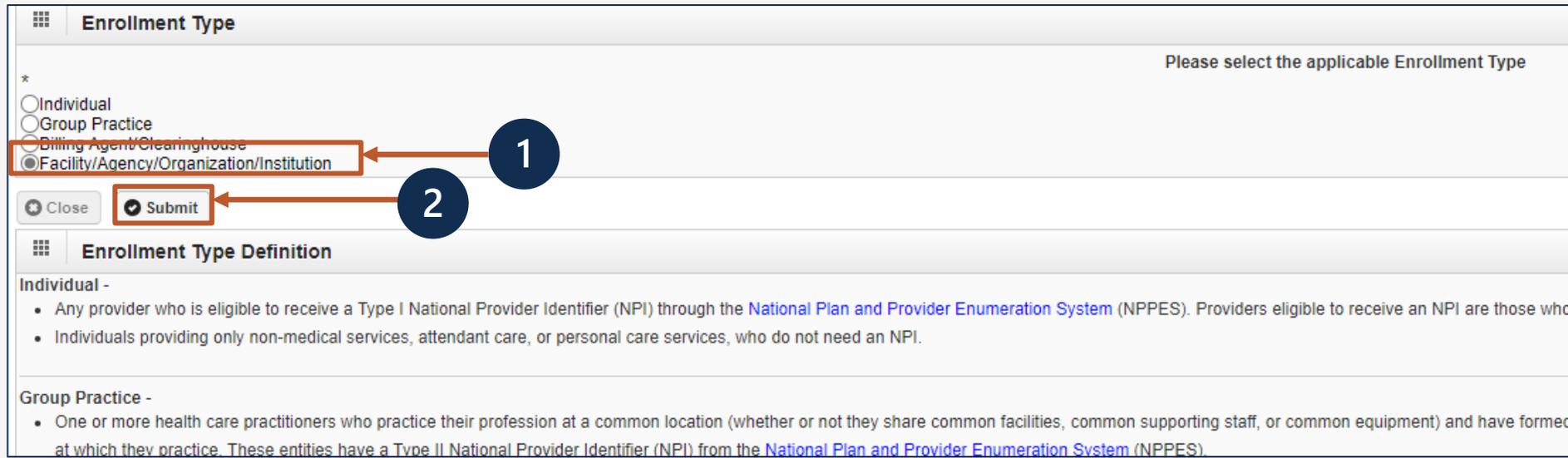


Note: Providers who previously enrolled and need to update enrollment or track an existing application select **Cancel** and then choose the appropriate “Existing Users” or “Resume or Track Enrollment Application” link.

Completing an Enrollment Application

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

Note: Enrollment Type Definitions are provided below. 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, there is a header "Enrollment Type" and a prompt "Please select the applicable Enrollment Type". Below this, there are four radio button options: "Individual", "Group Practice", "Billing Agent/Clearinghouse", and "Facility/Agency/Organization/Institution". The "Facility/Agency/Organization/Institution" option is selected and highlighted with a red box, with a red arrow pointing to it from a blue circle labeled "1". Below the options, there are two buttons: "Close" and "Submit". The "Submit" button is highlighted with a red box, with a red arrow pointing to it from a blue circle labeled "2". Below the selection area, there is a section titled "Enrollment Type Definition" with two sub-sections: "Individual -" and "Group Practice -", each followed by a bulleted list of definitions.

Completing an Enrollment Application

1. Select a Provider Type from drop down menu.
2. Check a Program(s) to enroll in.
3. Enter "Legal Business Name" of Organization Name and "Doing Business As" Organization Business Name.
4. Enter the Organization's Federal Employer Identification Number (FEIN).
Note: The system will validate that the Name/ FEIN 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. Select **Finish**.

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

- 1:** Points to the 'Provider Type' dropdown menu.
- 2:** Points to the 'Program' section with checkboxes for DFEC, DCMWC, DEEOIC, and DLHWC.
- 3:** Points to the 'Organization Name' (Legal Business Name) and 'Organization Business Name' (Doing Business As) text boxes.
- 4:** Points to the 'FEIN' text box.
- 5:** Points to the 'National Provider Identifier' (NPI) text box.
- 6:** Points to the checkbox 'I do not wish to be included in an online searchable list of OWCP providers' and the 'Reason' text box below it.
- 7:** Points to the 'Finish' and 'Cancel' buttons at the bottom right.

Completing an Enrollment Application

Write down your application number for your records and select **Ok**.

The application number will also be emailed to you.

Application Number : 202 Name: test Enrollment Type: Facility/Agency/Organization/Institution

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

Optional vs Required

Application Number : Name: Test Enrollment Type: Facility/Agency/ Organization/Institution

Close Required Credentials Purge

Enroll Provider -Facility/Agency/Organization/Institution

Business Process Wizard-Provider Enrollment (Facility/Agency/Organization/Institution). 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			Incomplete	
Step 3: Add Taxonomies	Required			Incomplete	
Step 4: Add Ownership Details	Optional			Incomplete	
Step 5: Add Business Licenses and Certifications	Required			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.

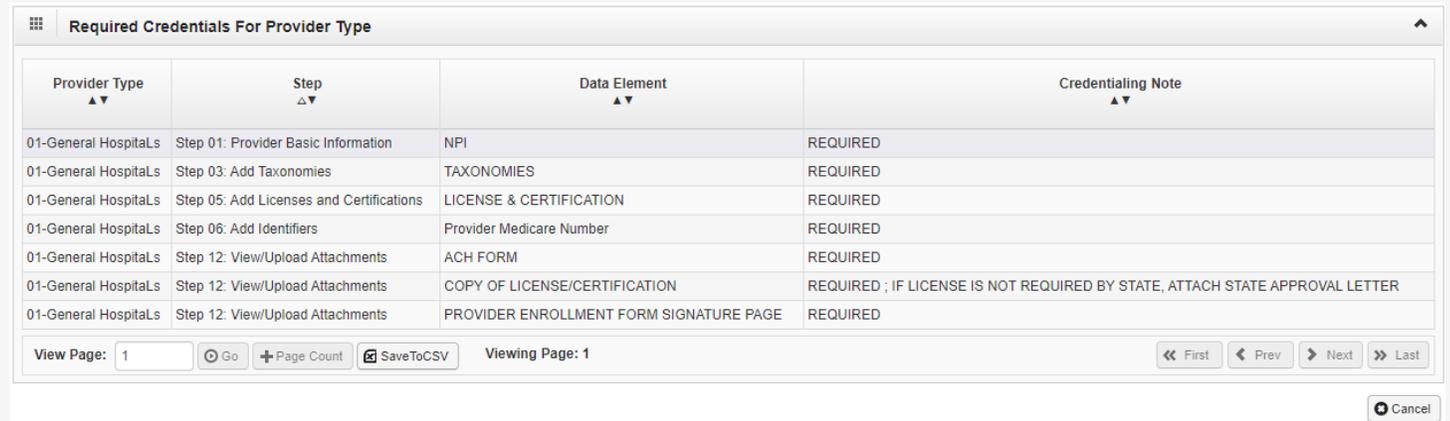
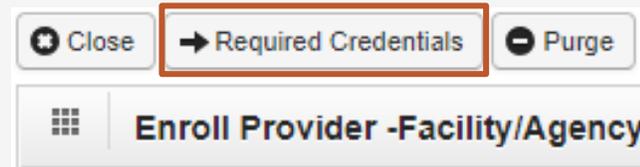
Completing an Enrollment Application

Before completing the next steps, select **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."



Provider Type	Step	Data Element	Credentiaing 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

Step 2: Add Location

The screenshot shows a web interface for adding a location. At the top, there is a 'Close' button and an 'Add' button, with a red arrow pointing to the 'Add' button and a circled '1'. Below this is a 'Locations List' header. The main form contains several input fields: 'Business Name' (required, circled '2'), 'Contact Last Name' (required, circled '3'), 'Phone Number' (required, circled '4'), 'Email Address' (optional), 'Contact First Name' (optional), and 'Fax Number' (optional). At the bottom right, there are 'Next' and 'Cancel' buttons, with a red arrow pointing to the 'Next' button and a circled '5'.

1. Select the **Add** button.
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. Select **Next**.

Note: Email Address and Fax Number entries are optional.

Step 2: Add Location

1. Select **+Address** to add your physical address. *This is required.*

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

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

Address Line 2:

Address Line 3:

City/Town: *

State/Province: *

County: *

Country: *

2 → Zip Code: - 3 →

4 →

ontgomery*

0850 - 3224

5 →

1. Enter the Physical Address Street Number and Street Name.
2. Enter the Zip Code.
3. Select **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. Select **OK**.
5. When you return to the Location Address page, select the "Next" button.

Note: If you receive the "Address not found" validation result, ensure that you entered the correct address. If so, there are no additional actions that you need to complete.

Step 2: Add Mailing Location

The screenshot shows a form for adding a mailing location. At the top, there is a dropdown menu for 'Type of Address' set to 'Mailing'. Below it, the 'Address Input Option' section has two radio buttons: 'Manually Input' (selected) and 'Same as Physical Address'. A red box and arrow labeled '1' point to the 'Same as Physical Address' option. To the right of this is a blue circle with the number '1'. Below the radio buttons is an 'End Date' field with a calendar icon and the date '12/31/2999'. The main address section contains several input fields: 'Address Line 1:', 'Address Line 2:', 'Address Line 3:', 'City/Town:', 'State/Province:', 'Country:', 'County:', and 'Zip Code:'. The 'Zip Code' field is split into two boxes with a hyphen between them. A red box and arrow labeled '2' point to a '+ Address' button next to the second zip code box, with a blue circle containing '2' to its right. At the bottom right, there are 'OK' and 'Cancel' buttons. A red box and arrow labeled '3' point to the 'OK' button, with a blue circle containing '3' to its left.

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

OR

2. Select **+Address** to Enter Mailing Address Street Number and Street Name if the address is different.

3. Select **OK**.

Step 2: Add Mailing Location

Close Add

Locations List

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

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

Step 3: Add Taxonomies

1. Select **Add**.
2. Use the dropdown menu to view your existing 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. Select **OK**.
6. Select **Close** to move on to the next step, "Add Ownership Details."

The screenshot shows a software interface for adding taxonomy codes. It consists of three main sections: 'Taxonomy List', 'Select Taxonomy Code Type/Specialty', and 'Add Taxonomy Code'. The 'Add Taxonomy Code' section contains two columns: 'Available Taxonomy Codes' and 'Associated Taxonomy Codes *', with arrows between them for moving items. At the bottom are 'OK' and 'Cancel' buttons.

Numbered callouts indicate the following steps:

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

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 is optional. If completed, you must complete required fields and select **OK**.

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

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

The screenshot shows a web application interface for adding ownership details. At the top, there is a breadcrumb trail: 'New Enrollment > FAOI Enrollment'. Below this, the 'Application Number' is displayed as '20230209726271'. A 'Close' button and an 'Add' button are visible, with a red arrow pointing to the 'Add' button and a blue circle containing the number '1'. Below the 'Add' button is a section titled 'Ownership List'. The main form is titled 'Add Ownership' and contains several fields: 'Disclosure Type' (a dropdown menu set to 'Individual Ownership'), 'SSN/FEIN' (a text input field), 'Organization Name' (a text input field), 'Last Name' (a text input field), and 'First Name' (a text input field). Below these are address fields: 'Address Line 1', 'Address Line 2', and 'Address Line 3'. There are also dropdown menus for 'City/Town', 'State/Province', 'County', and 'Country', and a 'Zip Code' field. A red arrow points to the 'Disclosure Type' dropdown with a blue circle containing the number '2'. Another red arrow points to the 'SSN/FEIN' field with a blue circle containing the number '3'. A red arrow points to the 'Last Name' field with a blue circle containing the number '4'. A red arrow points to the 'First Name' field with a blue circle containing the number '4'. A red arrow points to the 'Address' button (a small icon with the text '+Address') with a blue circle containing the number '5'. At the bottom of the form, there are three buttons: 'Copy Name and Tax', 'OK', and 'Cancel'. A red arrow points to the 'OK' button with a blue circle containing the number '6'.

Step 4: Add Ownership Details

The screenshot shows a web interface for managing ownership details. At the top left, a blue circle with the number '2' has an arrow pointing to the 'Close' button. The main area is titled 'Ownership List' and contains a table with the following data:

Owner ID	Owner Name	Ownership Type
48-6434834	test	Organization

At the bottom right, a blue circle with the number '1' has an arrow pointing to the 'Organization' cell in the table. The interface also includes filter controls, a 'Go' button, and pagination options.

1. The system displays the Ownership List, which was entered.
2. Select **Close** to move on to the next step, "Add Business Licenses and Certifications."

Step 5: Add Business License and Certification

1. Select **Add** to enter the License or Certification information.
2. Select the applicable option:
 - C-Certification
 - L-License
 - N-License or Certification 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 software interface for adding business license and certification information. At the top, there is a 'License/Certification List' header with 'Close' and 'Add' buttons. A red arrow labeled '1' points to the 'Add' button. Below this is a form titled 'Add Business License/Certification' with the following fields and instructions:

- Application Number** (greyed out)
- Name:** Test
- Enrollment Type:** Facility/Agency/Organization/Institution
- Instructions:**
 - Please provide all business license/certification required by your State to perform the service under your Provider Type.
 - OWCP will verify all your business 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 business license/certification information up to date.
 - Expired business license/certification will cause the termination of the provider status.
 - If you have a renewed business license/certification under a different number, please make sure to enter it using the exact same License/Certification Type.
- Options:** Radio buttons for C-Certification (selected), L-License, and N-License or Certification not required. A red arrow labeled '2' points to these options.
- Name:** Text input field with an asterisk. A red arrow labeled '3' points to this field.
- License/Certification Type:** Text input field with an asterisk. A red arrow labeled '4' points to this field.
- License/Certification #:** Text input field with an asterisk. A red arrow labeled '5' points to this field.
- Initial Issue Date:** Date picker field with an asterisk.
- Expiration Date:** Date picker field with an asterisk.
- Issued State:** Dropdown menu with an asterisk.
- Issuer Agency:** Text input field with an asterisk.
- Web Link:** Text input field with an asterisk.
- Buttons:** OK and Cancel buttons at the bottom right.

Step 5: Add Business License and Certification, continued

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

Add Business License/Certification

- Please provide all business license/certification required by your State to perform the service under your Provider Type.
- OWCP will verify all your business 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 business license/certification information up to date.
- Expired business license/certification will cause the termination of the provider status.
- If you have a renewed business 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: * Licence/Certification #: *

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

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

9 → Web Link: *

10 →

Step 5: Add License/Certification

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

The screenshot shows a web interface for managing license/certification information. At the top left, a blue circle with the number '2' has an arrow pointing to a 'Close' button. Below this, a blue circle with the number '1' has an arrow pointing to a checkbox in the first row of a table. The table has columns for License Category, License/Certification Number, License/Certification Type, Issued State, Initial Issue Date, and Expiration Date. The first row contains the text 'License' and some blurred data. The interface also includes a filter section at the top with 'Filter By' dropdowns, 'Go', 'Clear Filter', 'Save Filter', and 'My Filters' buttons. At the bottom, there are 'Delete', 'View Page: 1', 'Go', '+ Page Count', 'SaveToCSV', and 'Viewing Page: 1' buttons, along with navigation buttons for 'First', 'Prev', 'Next', and 'Last'.

<input type="checkbox"/>	License Category ▲▼	License/Certification Number ▲▼	License/Certification Type ▲▼	Issued State ▲▼	Initial Issue Date ▲▼	Expiration Date ▲▼
<input type="checkbox"/>	License	[blurred]	[blurred]	[blurred]	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 buttons for 'Close', 'Add', and 'Required Credentials'. Below these is a 'Provider Identifiers' section. The main area is titled 'Add New Identifier' and contains the following fields:

- Identifier Type:** A dropdown menu currently showing 'Drug Enforcement Agency (DEA) N'. A list of options is shown in a separate box: Drug Enforcement Agency (DEA) Number, NPI, Other Provider ID, Previous Provider ID, Provider Medicare Number, and United Mine Workers' of America (UMWA) Number.
- Identifier Value:** A text input field.
- Start Date:** A date picker field.
- End Date:** A date picker field.
- Buttons:** 'OK' and 'Cancel' buttons at the bottom right.

Numbered callouts indicate the following steps:

1. Select **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**.

1. Select **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. Select "Close" to move on to the next step, "Add EDI Submission Method."

The screenshot shows a web interface for managing Provider Identifiers. At the top, there are buttons for 'Close', 'Add', and 'Required Credentials'. Below this is a section titled 'Provider Identifiers' with a filter bar containing 'Filter By' dropdowns, a 'Go' button, and 'Clear Filter', 'Save Filter', and 'My Filters' options. A table with the following columns is displayed: 'Identifier Type', 'Identifier Value', 'Start Date', and 'End Date'. The table contains one row with 'NPI' as the identifier type and '03/07/2020' for both start and end dates. At the bottom, there are controls for 'Delete', 'View Page: 1', 'Go', 'Page Count', 'SaveToCSV', and navigation buttons for 'First', 'Prev', 'Next', and 'Last'.

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

Step 7: Add EDI Submission Method (Optional)

1. Select your "Mode of Submission."
2. Select **OK**.

Note: Electronic Data Interchange (EDI) is the computer-to-computer exchange of business documents in a standard electronic format between business partners. If the Mode of Submission is Billing Agent/Clearinghouse, you must provide the billing agent/clearinghouse OWCP ID in Step 8.

1 →

EDI Submission Details

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

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

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

2 ↓

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. Select **OK**.

Close Add

Billing Agent/Clearinghouse/Submitter List

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

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: [input] *

Start Date: [calendar icon] *

End Date: [calendar icon]

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. Select **Close** to move on to the next step, "Add EDI Contact Information."

Close Add

Billing Agent/Clearinghouse/Submitter List

Filter By : Go Clear Filter Save Filter My Filters

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

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

Step 9: Add EDI Contact Information (Optional)

The screenshot shows the 'EDI Contact Information List' page. At the top left, 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 'Filter By' dropdown menu and two empty input fields.

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

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. Select **+Address**.

The screenshot shows the 'Add EDI Contact Information' form. It contains several input fields: 'Contact Title', 'Last Name', 'First Name', 'Phone Number', 'Fax Number', 'Email Address', 'Address Line 1', 'Address Line 2', 'Address Line 3', 'City/Town', 'State/Province', 'County', 'Country', and 'Zip Code'. A red arrow points from a blue circle with the number '2' to the 'Contact Title' field. Another red arrow points from a blue circle with the number '3' to the 'First Name' field. A third red arrow points from a blue circle with the number '4' to the 'Phone Number' field. A fourth red arrow points from a blue circle with the number '5' to the '+Address' button. At the bottom right, there are 'OK' and 'Cancel' buttons.

Step 9: Add EDI Contact Information (Optional)

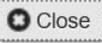
Note: This step is required if FTP Secured Batch or Web Batch was selected in Step 7.

1. Enter Street Number and Name in Address Line 1.
2. Enter Zip Code.
3. Select **Validate Address**.
4. Select **OK**.

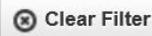
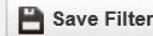
The screenshot shows a web form titled "Address details" with the following fields and buttons:

- 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 sign icon and the text "Validate Address". An orange arrow labeled "3" points to this button.
- OK:** A button with a checkmark icon and the text "OK". An orange arrow labeled "4" points to this button.
- Cancel:** A button with a close icon and the text "Cancel".

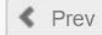
Step 9: Add EDI Contact Information (Optional)

2  

EDI Contact Information List

Filter By :    

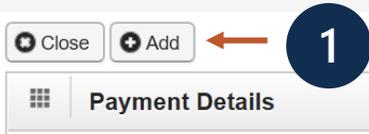
<input type="checkbox"/>	Contact Title ▲▼	Contact Name ▲▼	Contact Phone Number ▲▼	Contact Email ▲▼	End Date ▲▼
<input type="checkbox"/>					12/31/2999

 View Page:    Viewing Page: 1    

1 

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

Step 10: 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>.

1. Select **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, continued

Payment Details

Payment Method: Electronic Funds Transfer(Direct Deposit)

Financial Institution Information

Financial Institution Name: *
ACH Coordinator Name:
Depositor Account Number: *
Type of Account: *

Nine-Digit Routing Transit Number: *
Phone Number:

Depositor Account Title:

Address Line 1
(Enter Street Address or PO Box Only)
Address Line 2
Address Line 3
City/Town 7
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: *

7. Select **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. Select **OK**.

Step 10: Add Payment Details, continued

2 →

1 →

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

Footer: View Page: 1 Viewing Page: 1

1. The system displays the Payment Details List, which confirms payment information was entered.
2. Select 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. Select **Save** and then select **Close** to move on to the next step, "View/Upload Attachments."

Close Save

2

Provider Disclosure

If you answer Yes to the first Disclosure question, provide details including type of action, Agency undertaking adverse action and date of action.

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	

1

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

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 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. Select **Upload Attachments**.
2. Select the document type from the Document Type drop-down menu.
3. Select 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 select the **Open** button. (The system updates the File Name field.)
5. Select **OK**.

The screenshot illustrates the process of uploading an attachment. It shows the 'Attachment List' section with an 'Upload Attachments' button (1). Below it is the 'Attachment' form, which includes a 'Document Type' dropdown menu (2) and a 'Choose File' button (3). An 'Open' file dialog window is shown, displaying the file explorer interface with the 'Open' button highlighted (4). At the bottom right of the form, the 'Ok' button is highlighted (5). The form also includes instructions on acceptable file extensions and a character limit for the filename.

Step 12: View/Upload Attachments (Optional)

1. The system displays the Attachment List, which confirms an attachment uploaded.
2. Select **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' (highlighted with a red dashed border and a red circle with the number '2' above it), 'Upload Attachments', and 'Required Credentials'. Below this is the 'Attachment List' section, which contains a table with the following columns: 'Repository Key', 'File Name', 'Document Type', and 'Uploaded Date'. A red circle with the number '1' is positioned to the left of the table, with an arrow pointing to the first row. The first row contains a checkbox, a redacted repository key, the file name 'Provider Enrollment Application.pdf', the document type 'ACH Form', and the upload date '03/08/2020 12:50:43 AM'. Below the table is a control bar with buttons for 'Delete', 'View Page: 1', 'Go', '+ Page Count', 'SaveToCSV', and 'Viewing Page: 1'. On the right side of the control bar are navigation buttons: '<< First', '< Prev', '> Next', and '>> Last'.

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

Submitting an Enrollment Application

Once the enrollment application is completed, the provider can submit:

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.

Step 13: Submit Enrollment Application for Review

1. Select **this link** to print the Signature Page (Page 8) and sign and date it.

Note: To upload the signature page, select Close and return to Step 12 to upload the attachment. The signature page can also be faxed or mailed in with cover sheet.

2. Select **this link** to obtain and print the cover sheet to attach to faxed or mailed attachments.
3. Select **Submit Enrollment**.

Close Submit Enrollment

1 Final Submission

Instructions for submitting signature and supporting documentation:

1. Click [this link](#) to download and print the signature page, which is page 8 of OWCP-1168. Additional pages from the pdf OWCP-1168 are not required to complete this
2. Review the Terms on the Signature page, sign and date. Wet signature only. No stamps or electronic signatures are acceptable.
3. Upload the signature page and other supporting documents.
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 below.
5. After you submit the enrollment, you cannot make further changes until your enrollment application is approved.

Provider Enrollment:

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