WCMBP System

How to Complete a Provider Enrollment Application
Group Provider

Overview

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

Accessing the WCMBP System

Go to the WCMBP Portal homepage (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.

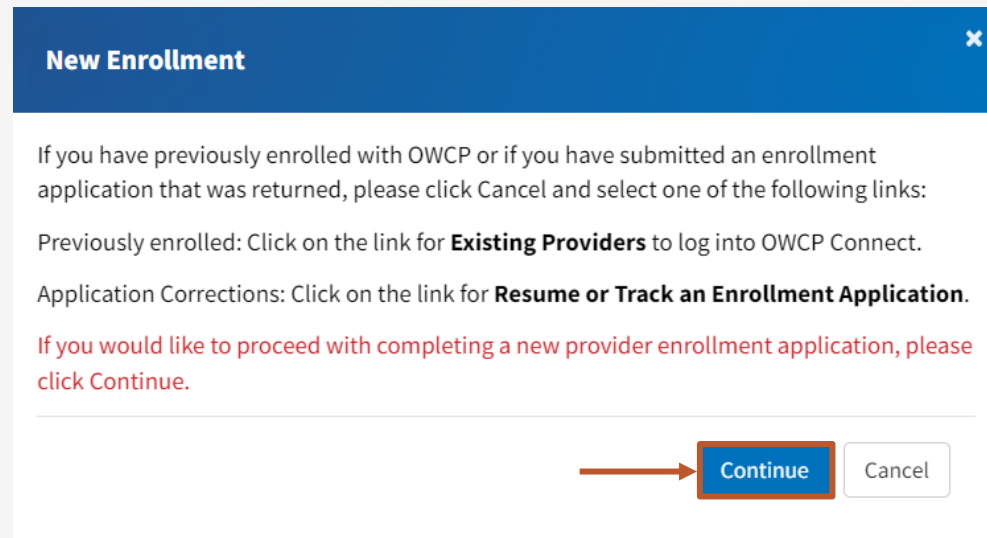| New Provider Enroll Online for Fast Approval	Existing Providers	Resume or Track an Enrollment Application
Click here to begin the enrollment process.	Click here to submit enrollment update or modification.	Click here to resume or track the in-progress enrollment application.

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.

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.

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Completing an Enrollment Application

1. Select the Enrollment Type.

2. Select **Submit**.

Note: Enrollment Type Definitions are provided below. Select the appropriate type for your practice, organization, or business.

Completing an Enrollment Application

1. Select a Provider Type from drop down menu.

2. Check a Program(s) to enroll in.

3. Select the Tax Identifier Type (FEIN or SSN).

4. If FEIN is selected in step 3, enter "Legal Business Name" of Organization, "Doing Business As" Organization Name, and 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. Select **Finish**.

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: Group Practice

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

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Completing an Enrollment Application

Complete each step

Start/End Date

Optional vs Required

Complete vs Incomplete Status

Application Number		Name: Registration			Enrollment Type: Group Practice	

Close → **Required Credentials** ⊖ **Purge**

⠿ **Enroll Provider -Group Practice** ⌃

Business Process Wizard-Provider Enrollment (Group Practice). 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 Business Licenses and Certifications	Optional	06/15/2023	06/15/2023	Complete	
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 Servicing Provider Information	Required	06/15/2023	06/15/2023	Complete	
Step 11: Add Payment Details	Required	06/15/2023	06/15/2023	Complete	
Step 12: Complete Provider Disclosure	Required	06/15/2023	06/15/2023	Complete	
Step 13: View/Upload Attachments	Optional			Incomplete	
Step 14: Submit Enrollment Application for Review	Required	06/15/2023		Incomplete	Enrollment Application has not been Submitted.

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.

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Completing an Enrollment Application

Before completing the next steps, select **Required Credentials**. A separate window displays the credentials that are required for your provider type.

Note: Credential requirements change depending on the selected provider type.

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

Step 2: Add Location

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. You must add your physical address, select **+Address**.
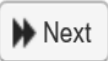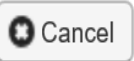
Step 2: Add Physical Location

1. Enter the Physical Address Street Number and Street Name.
2. Enter the Zip Code.
3. Select **Validate Address**. (Complete address will auto populated 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.

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Step 2: Add Mailing Location

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

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".

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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."

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 the Disclosure Type (Individual or Organization) Ownership.

2. Enter SSN or FEIN.

3. Enter Organization Name or First/Last Name.

4. Enter **+Address** to enter Street Number, Street Name and Zip Code.

5. 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.

Step 4: Add Ownership Details

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

Step 5: Add Business License and Certification

1. Select **Add** to enter License and 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.

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 Business License/Certification

- Please provide all business license/certification required by your State to perform the service under your Group Practice Enrollment Type.
- Servicing provider and professional licensure information will be required on Step 10 of this application or modification.

*
◉ C-Certification
◯ L-License
◯ N-License or Certification not required

Name: [   ] *

License/Certification Type: [   ] *   Licence/Certification #: [   ] *

Initial Issue Date: [   ] 📅 *   Expiration Date: [   ] 📅 *

Issued State: [⌄] *   Issuer Agency: [   ] *

Web Link: [   ] *

✓ OK   ✕ Cancel

Step 5: Add License/Certification

1. The system displays the License or Certification List, which confirms your license/certification information entered.

2. Select **Close** to move on to the next step "Add Identifiers".

Step 6: Add Identifiers (Optional)

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 (Optional)

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."

2 → ⊗ Close | ⊕ Add | → Required Credentials

Provider Identifiers ⌃

Filter By : [⌄] [ ] [ ] ⊙ Go   ⊗ Clear Filter | 🖫 Save Filter | ▼ My Filters ▾

☐	Identifier Type △▼	Identifier Value ▲▼	Start Date ▲▼	End Date ▲▼
1 → ☐ NPI			03/07/2020	03/07/2020

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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.

EDI Submission Details

① **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**.

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

Step 9: Add EDI Contact Information (Optional)

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**.

Step 9: Add EDI Contact Information (Optional)
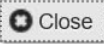
Note: This step is required if FTP Secured Batch or Web Batch was selected in Step 7.

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

Step 9: Add EDI Contact Information (Optional)

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 Servicing Providers."

Note: There is no limit to how many servicing providers can be added to your practice.

1. Select **Add**.

2. Select the "Tax Identifier Type" SSN.

3. Enter the individual servicing provider's First and Last Name and SSN.

4. Select the provider type from the "Provider Type" drop down.

5. Enter the NPI.

6. Enter up to 5 taxonomy codes.

7. Enter all the license/certification information.

8. Select **OK**.

Step 10: Add Servicing Providers

1. The system displays the Servicing Providers Information, which confirms the servicing providers information entered.
2. Select **Close** to move on to the next step, "Add Payment Details."
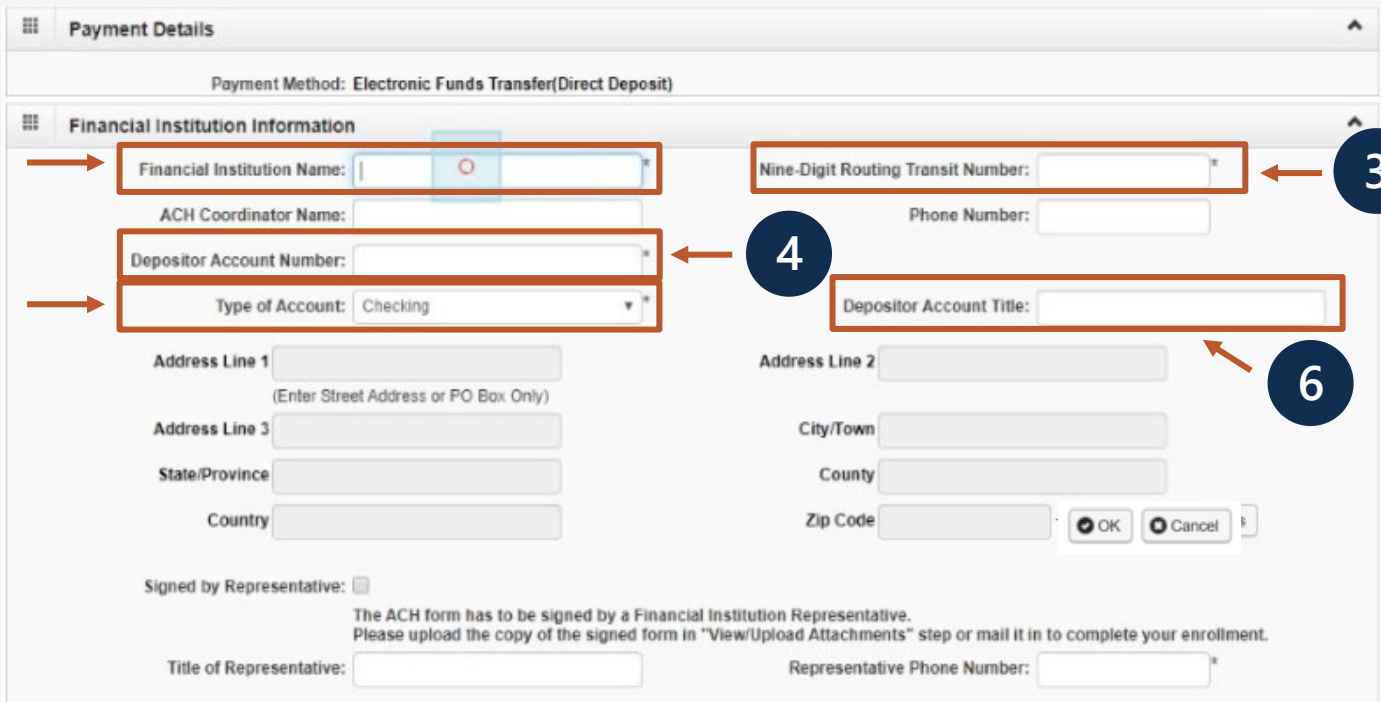
Step 11: Add Payment Details

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).

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7. Select **+Address** to enter address.

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**.

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1. The system displays the Payment Details List, which confirms payment information was entered.
2. Select **Close** to move on to the next step 12, "Complete Provider Disclosure."

Step 12: Complete Provider Disclosure

1. Answer the 2 disclosure questions below:

   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", 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."

Step 13: 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**.
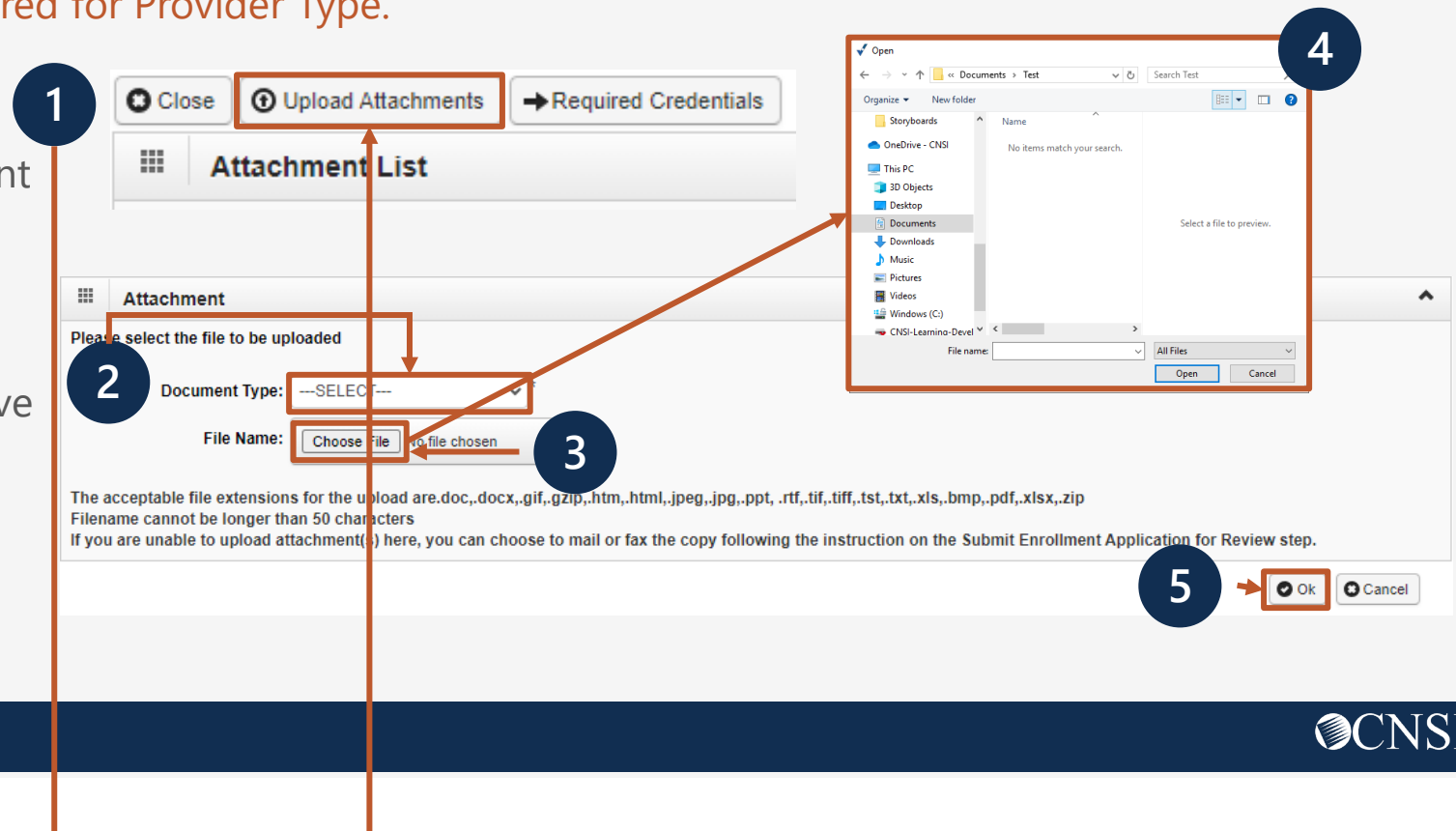
Step 13: View/Upload Attachments (Optional)

1. The system displays the Attachment List, which confirms an attachment uploaded.

2. Select **Close** to move on to the next step 14, "Submit Enrollment Application for Review."

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 14: Submit Enrollment Application for Review

1. Select **this link** to print the Signature Page (Page 8) to 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**.