

Overview

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

Enrollment as an individual provider is defined as follows:

- Any provider eligible to receive a Type I National Provider Identifier (NPI) through the National Plan and Provider Enumeration System (NPPES); providers eligible to receive an NPI are those who deliver medical or health services, as defined under Section 1861(s) of the Social Security Act, 42 U.S.C. 1395x(s).
- Individuals providing only non-medical services, attendant care, or personal care services do not need an NPI to enroll.



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

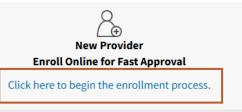
- 1. Go to the WCMBP Portal Homepage (https://owcpmed.dol.gov).
- 2. Select **Provider Enrollment**.

Note: If the Account Registration process has been completed, select <u>here</u> to continue to Step 8 of the **OWCP Connect Account Registration** section of this tutorial.



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

3. Locate the **New Provider Enroll Online for Fast Approval** section and select the **Click here to begin the enrollment process** link.





Existing Providers with a Welcome Letter and/or Registration Letter

Click here to complete the registration for portal access.

Providers who have already enrolled and registered for portal access, click here to login.



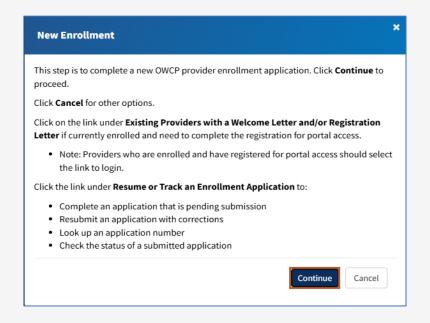
Resume or Track an Enrollment Application

Click here to resume or track the in-progress enrollment application.

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

Note: A dialogue box appear requesting confirmation to initiate a new enrollment.

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



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

OWCP Connect Account Registration (1 of 9)

1. To begin the OWCP Connect Account Registration process on the OWCP Connect homepage, select **CREATE ACCOUNT** from the **New User** section.



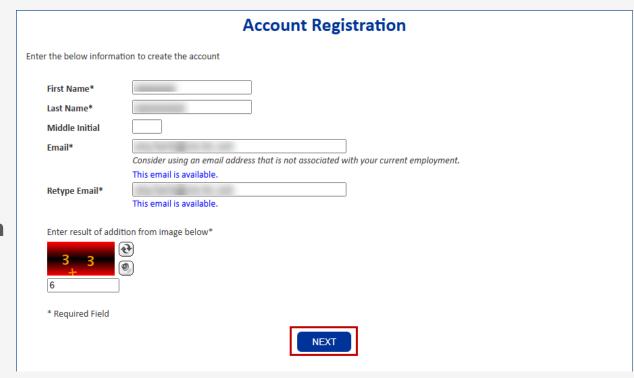
OWCP Connect Account Registration (2 of 9)

2. Complete these fields:

- First Name
- Last Name
- Email
- Retype Email
- Enter result of addition from image below

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

3. Select **NEXT**.



Instructions

Please enter the required information and click NEXT to begin the Account Registration process.

NOTE: When entering SSN and Primary Phone, only enter numerical characters. Do not include special characters, like - and (). For example, for the SSN 123-45-6789, you would enter 123456789 in the field.

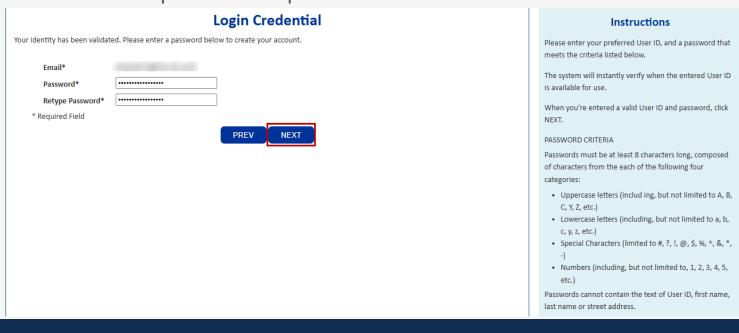
This information is necessary to access personal Credit Bureau data for purposes of Identity Verification. All data transactions are secure and private.

OWCP Connect Account Registration (3 of 9)

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

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

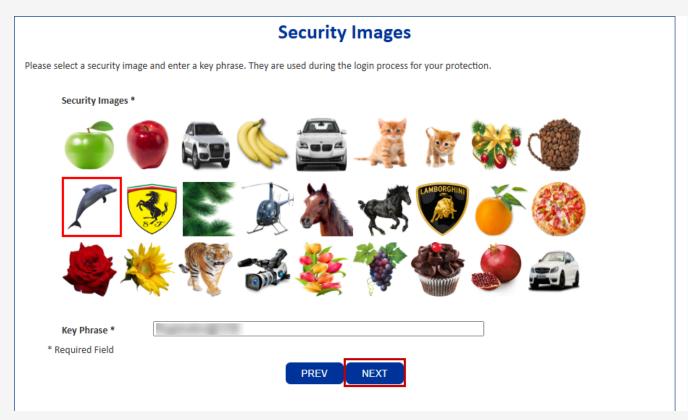
Note: Select **PREV** to return to the previous step.



OWCP Connect Account Registration (4 of 9)

- 6. Select a **Security Image**.
- 7. Enter a key phrase in the **Key Phrase** field.
- 8. Select **NEXT**.

Note: Select **PREV** to return to the previous step.



Instructions

Please select a security image from the gallery of available images, and write a personalized key phrase.

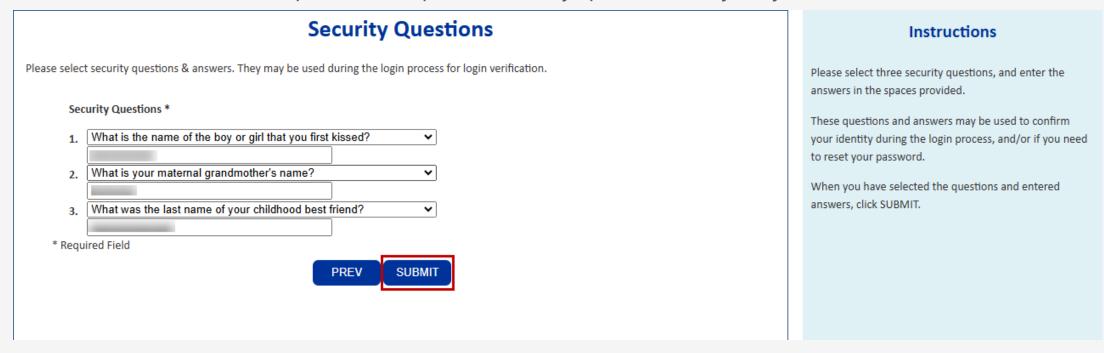
These will be used during the login process to confirm that you've accessed your own account.

Once you have selected a security image and entered a key phrase, click NEXT.

OWCP Connect Account Registration (5 of 9)

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

Note: Select **PREV** to return to the previous step. The security questions may vary.



OWCP Connect Account Registration (6 of 9)

Upon submitting the Account Registration request, the system provides notification that the account creation request has been submitted successfully. The system will send an email to the email address provided that includes a link to activate the account.

The link provided in the email is available for 24 hours.

Account Creation

Your account creation request has been submitted successfully.

An email has been sent to the email address you provided, which includes a link that you will need to click in order to activate your account. The link provided in the email is available for 24 hours.

Instructions

You will be receiving a confirmation email shortly.

You must activate your account by clicking on the link provided in the email.

OWCP Connect Account Registration (7 of 9)

- 11. Access the notification email from the email address provided.
- 12. To activate the account, select the **here** link from the email. *This step is required to activate the account.*

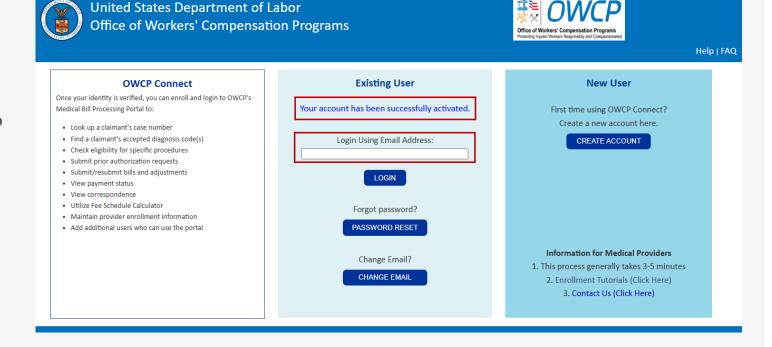
From: Sent: To: Subject: [External] OWCP Connect - Account Creation
CAUTION: This email originated from outside of the organization. Do not click links or open attachments unless you recognize the sender and know the content is safe.
Thank you for registering with us. Your account has been successfully created, but it must be activated within the next 24 hours.
First Name: Last Name: MI: Email:
Please click here to activate your account. If the link has expired, you can have the email resent by navigating to the Login page, entering your email address in the Login field provided and clicking LOGIN. The system will recognize that your email exists without an active account and will resend the account activation email.
OWCP Connect US Department of Labor Office of Worker's Compensation Programs (OWCP)

OWCP Connect Account Registration (8 of 9)

The link navigates to the OWCP Connect page where a notification under the **Existing User** section displays that the account has been successfully activated.

Note: The registration process is completed only once. After the account is successfully activated, log into the WCMBP System for Provider Enrollment from the **Existing User** section.

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



14. Select **LOGIN**.

Note: Providers already registered can log in using **OWCP Connect**.

OWCP Connect Account Registration (9 of 9)

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

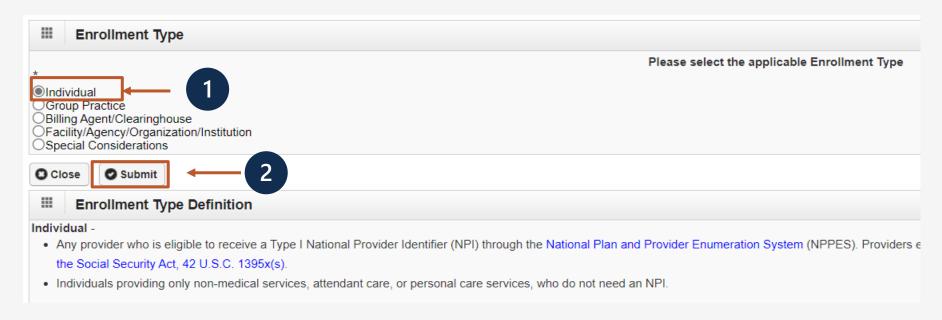


Step 1: Provider Basic Information (1 of 6)

1. Select the applicable **Enrollment Type** from the drop-down menu.

Note: Enrollment Type definitions are provided on the bottom portion of the screen. Select the appropriate type for the practice, organization, or business.

2. Then, select Submit.



Step 1: Provider Basic Information (2 of 6)

After selecting the enrollment type, the **Step 1: Provider Basic Information** page displays.

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

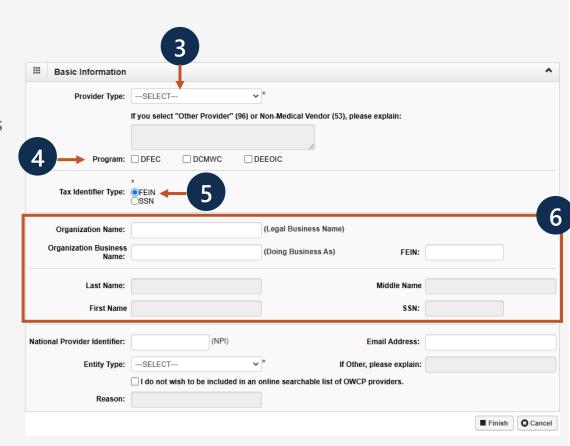
Note: If Other Provider (96) or Non-Medical Vendor (53) is selected as the **Provider Type**, the following text field becomes required for an explanation.

4. In the **Program** field, select the checkbox next to all the desired programs to enroll.

Note: At least one program must be selected. Multiple selections are allowed.

- 5. In the **Tax Identifier Type** field, select the applicable radio button (FEIN or SSN).
- 6. Complete the following based on the previous step:
 - If the Federal Employer Identification Number (FEIN) was selected, complete the Organization Name (Legal Business Name), the Organization Business Name (Doing Business As), and FEIN fields.
 - If the Social Security Number (SSN) was selected, complete the Last
 Name, First Name, Middle Name (if applicable), and SSN fields.

Note: The system will validate that the Name and Tax Identification Number combination matches Internal Revenue Service (IRS) records.



Step 1: Provider Basic Information (3 of 6)

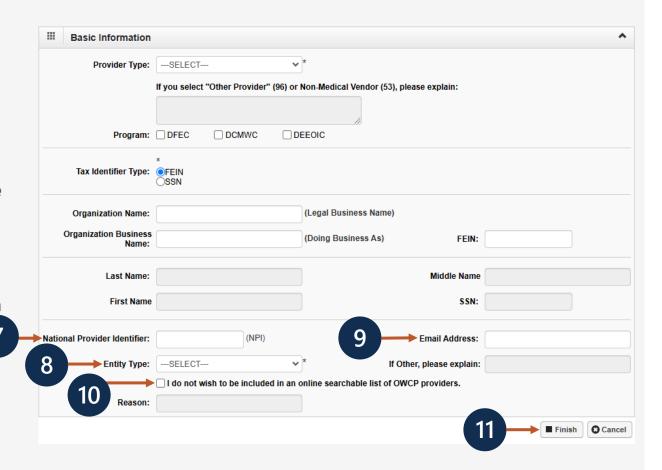
7. If required, enter a National Provider Identifier (NPI) in the **National Provider Identifier** field.

Note: Refer to OWCP-1168 Appendix 3 to confirm if an NPI is required.

8. An entity type should be selected from the **Entity Type** drop-down list based on the W9.

Note: If **Other** as the **Entity Type** was selected, the **If Other, please explain** field is required.

- Enter a valid email address in the Email Address field (optional).
- 10. A decision should be made regarding whether to be included in an online searchable list of OWCP providers:
 - If yes, proceed to the next step.
 - If no, to be excluded from the online searchable listing of OWCP providers, select the checkbox below the **Entity** Type field and provide a reason in the **Reason** field.



11. Select Finish.

Step 1: Provider Basic Information (4 of 6)

1. Write down the application number for record-keeping and select **Ok**. The application number will also be sent to the email address provided during the **Provider Registration for Online Access** step. Incomplete enrollment applications will be deleted after 90 calendar days of inactivity.

Note: For more information about deleting application after 90 calendar days of inactivity, review **Deletion of Incomplete Provider Enrollment Applications**.

Application Number:

Basic Information

Your Application Number is:
Please make note of this application number. This application number is critical to completing and submitting your OWCP enrollment application.

You MUST have this number to resume or track the status of your enrollment application.
This application number has also been emailed to the email address you entered.
If you need assistance, please contact the call center at 1-844-493-1966.
Please note that applications that are not submitted within 90-Calendar days from the last application update will be deleted.

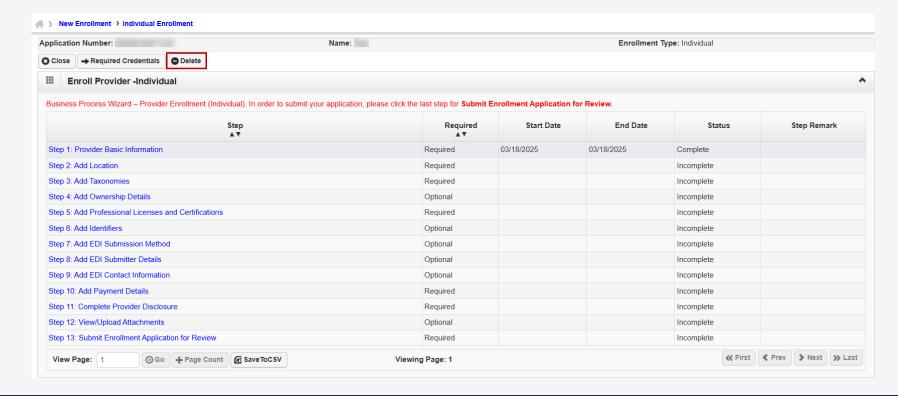
Step 1: Provider Basic Information (5 of 6)

After completing **Step 1: Provider Basic Information**, the page will display all the steps for the enrollment process.

Note: To successfully submit the application, all **Required** steps must be completed.

Note: If the incorrect enrollment type was selected, select **Delete** to delete all information and restart the enrollment application.

Note: Exiting the application and returning later to complete and submit is possible. For details, refer to Resume or Track an In-Progress Enrollment Application here.



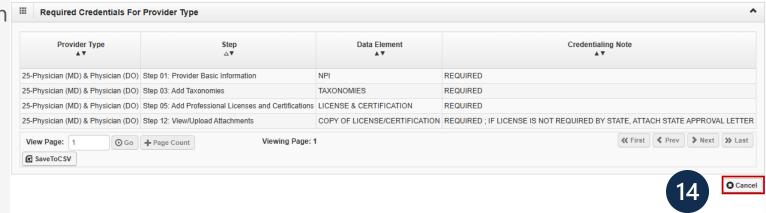
Step 1: Provider Basic Information (6 of 6)

13. After completing **Step 1: Provider Basic Information**, and before proceeding to **Step 2: Add Location**, select **Required Credentials**. A separate window opens over the existing window displaying the credentials that are required for the provider type.

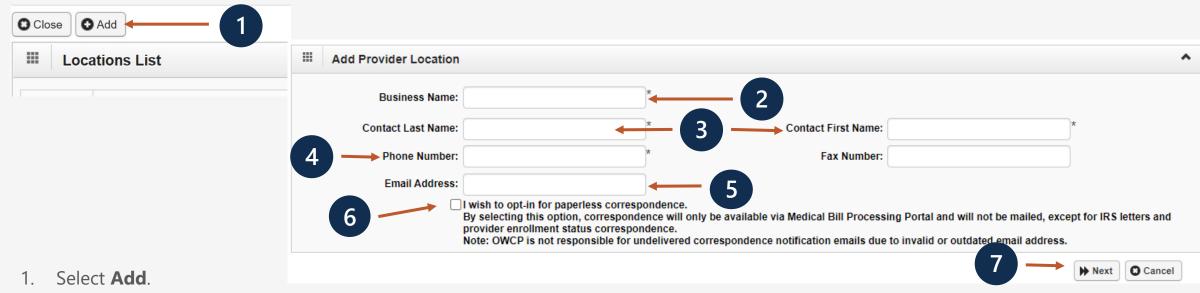


Note: Credential requirements are based on the selected provider type.

14. To exit this credentials window and move to the next step, select **Cancel**.



Step 2: Add Location (1 of 6)



- 2. Enter the location in the **Business Name** field.
- 3. Enter the contact's last name and first name in the **Contact Last Name** and **Contact First Name** fields.
- 4. Enter the contact's phone number (excluding dashes or spaces) in the **Phone Number** field.

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

- 5. Enter the contact's email address in the **Email Address** field.
- 6. To opt-in for paperless correspondence, select the checkbox below the **Email Address** field.

Note: When the checkbox is selected, the Email Address field becomes mandatory.

7. Select **Next**.

Step 2: Add Location (2 of 6) Physical Address

Note: This step is required. The physical address must be added. The address fields are initially disabled.

8. To enter address details, select **+Address**. The **Address Details** window opens over the existing screen.



Note: If **Next** is selected prior to adding the physical address, an error message window will display stating "Address is mandatory. Please enter an address." Select **OK** to close the error message and add the address.

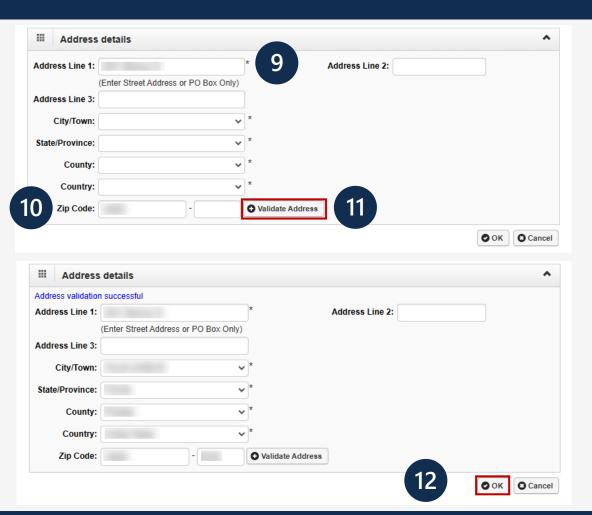
Step 2: Add Location (3 of 6) Physical Address

- Enter the street number and name in the Address Line 1 field.
- 10. Enter the zip code in the **Zip Code** field.
- 11. Select Validate Address.

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

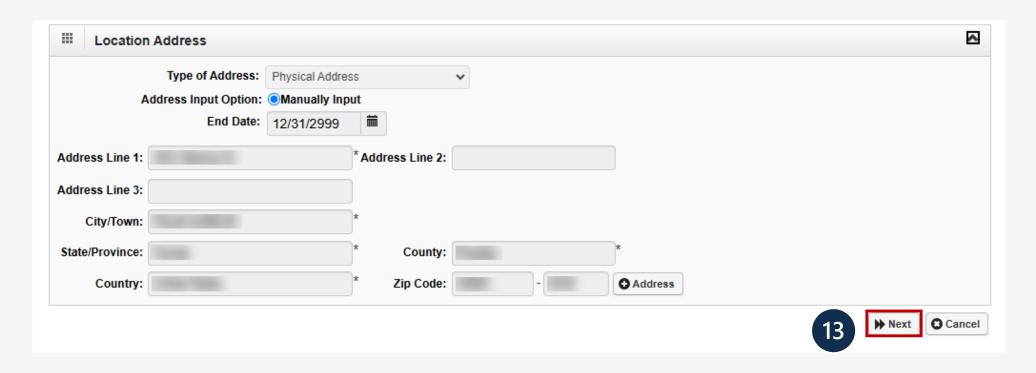
Note: If the address cannot be validated, an alert window opens. Select **OK** to continue or select **Cancel** to revalidate the address.

12. To add the Physical Address, select **OK**.

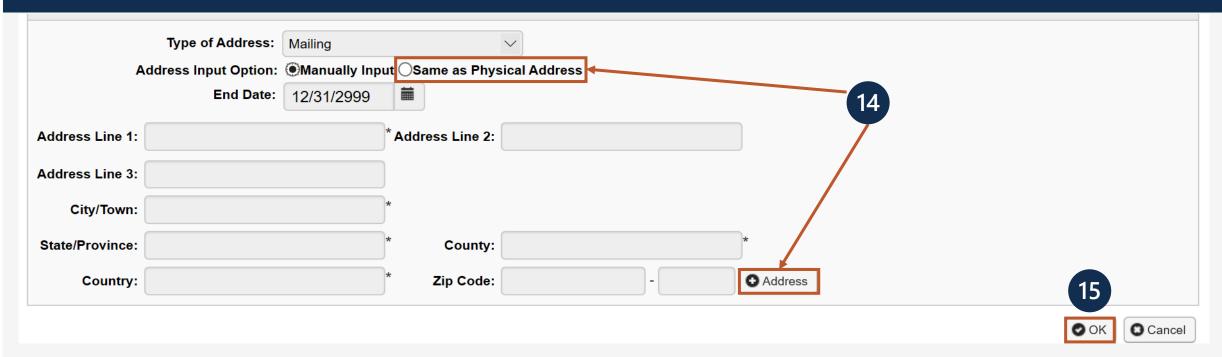


Step 2: Add Location (4 of 6) Mailing Address

13. To enter the Mailing Address, select **Next**.



Step 2: Add Location (5 of 6) Mailing Address

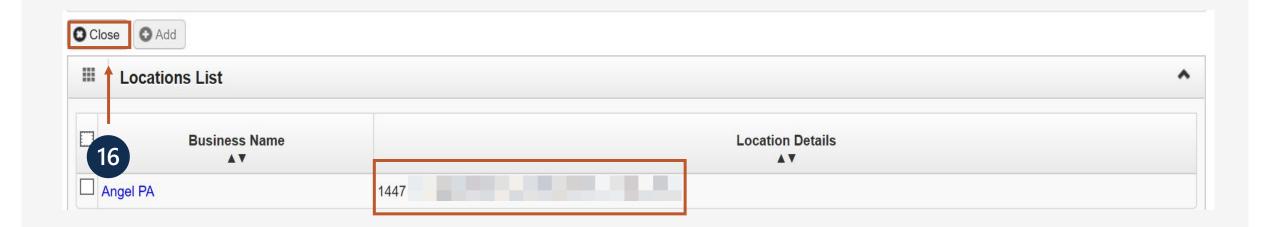


- 14. Proceed based on the mailing address:
 - If the mailing address is the same as the physical address, select the **Same as Physical Address** radio button.
 - If mailing address is different from the physical address, select **+Address** to open a new window to manually input the Mailing Address.

Note: This is the same process as adding the Physical Address.

15. Select OK.

Step 2: Add Location (6 of 6)



The **Locations List** displays the entered address information.

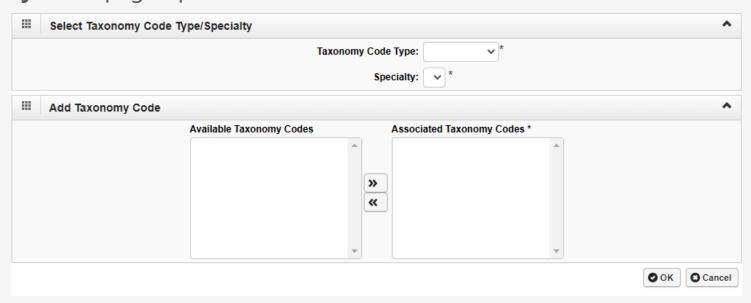
16. To move to the next step, select **Close**.

Step 3: Add Taxonomies (1 of 5)

1. To add taxonomy codes, select **+Add**.



The **Add Taxonomy Code** page opens.



Step 3: Add Taxonomies (2 of 5)

2. From the **Taxonomy Code Type** drop-down list, select the applicable taxonomy code type.

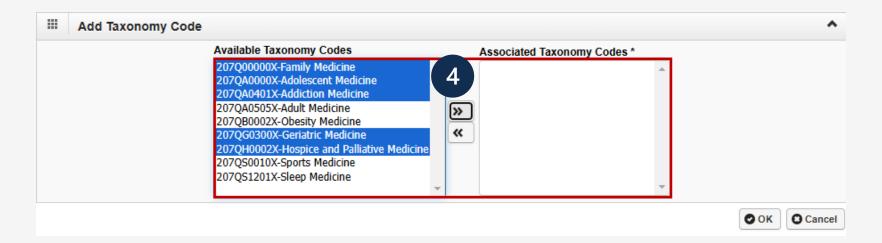


3. From the **Specialty** drop-down list, select the specialty type.

 Select Taxonomy Code Type/Specialty
Taxonomy Code Type: *
Specialty: * 3

Step 3: Add Taxonomies (3 of 5)

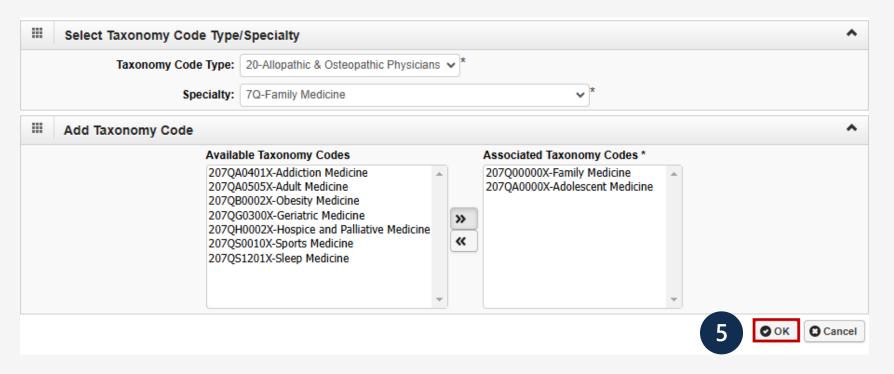
4. Highlight the applicable codes from the Available Taxonomy Codes that populate, then select the double right-facing arrow to move them to the Associated Taxonomy Codes box.



Note: Select multiple codes at a time by pressing and holding the **Ctrl** key while selecting multiple codes at one time. Select the double left-facing arrows to remove codes from the **Associated Taxonomy Codes** box back into the **Available Taxonomy Codes** box, if necessary.

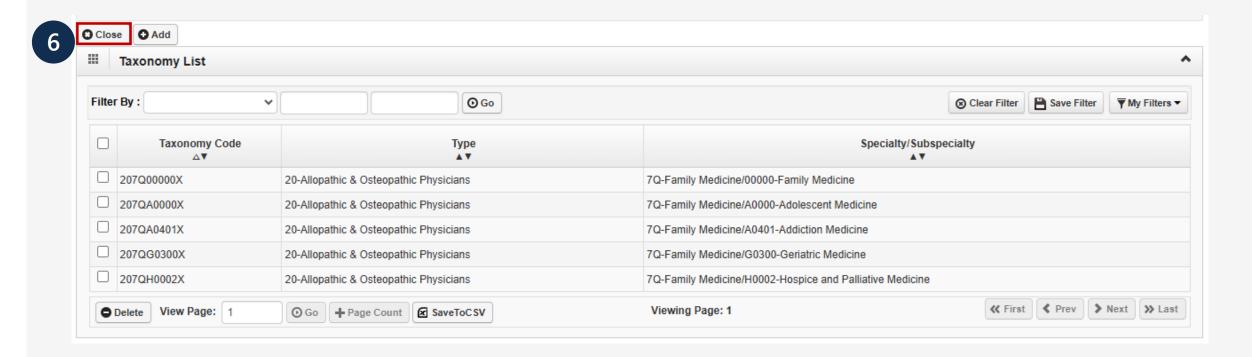
Step 3: Add Taxonomies (4 of 5)

5. Select **Available Taxonomy Codes** and click on the arrows to input the **Associated Taxonomy Codes**. Then, select **OK**.



Step 3: Add Taxonomies (5 of 5)

6. When all the associated taxonomies have been selected, select **Close** to move to the next step.



Step 4: Add Ownership Details (Optional) (1 of 2)

This step is optional. If completed, enter the information in the required fields and select **OK**.

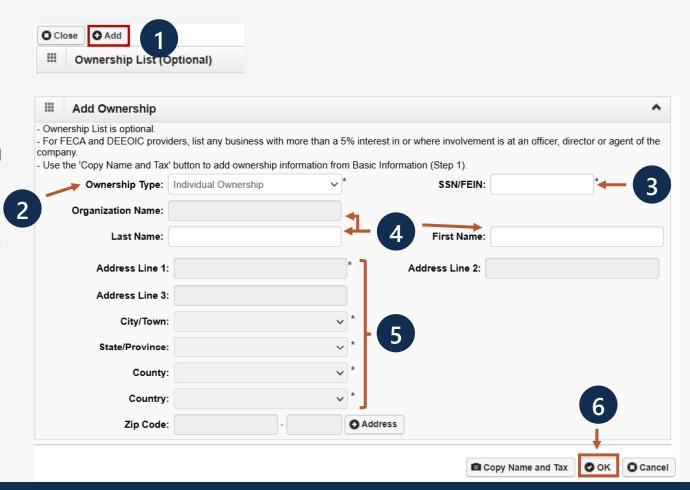
- Select Add.
- 2. Select the (individual or organization) ownership from the **Ownership Type** drop-down list.
- 3. Enter the Social Security Number (SSN) or Federal Employer Identification Number (FEIN) in the **SSN/FEIN** field.
- 4. Enter either the organization name in the **Organization Name** field or the last name and first name in the **Last Name** and **First Name** fields.
- 5. Select +Address to open the Address Details window.
 - a. Enter the street number and name in the **Address Line 1** field.
 - b. Enter the zip code in the **Zip Code** field.
 - c. Select +Validate Address to populate address details.
 - To close the window, select OK.

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

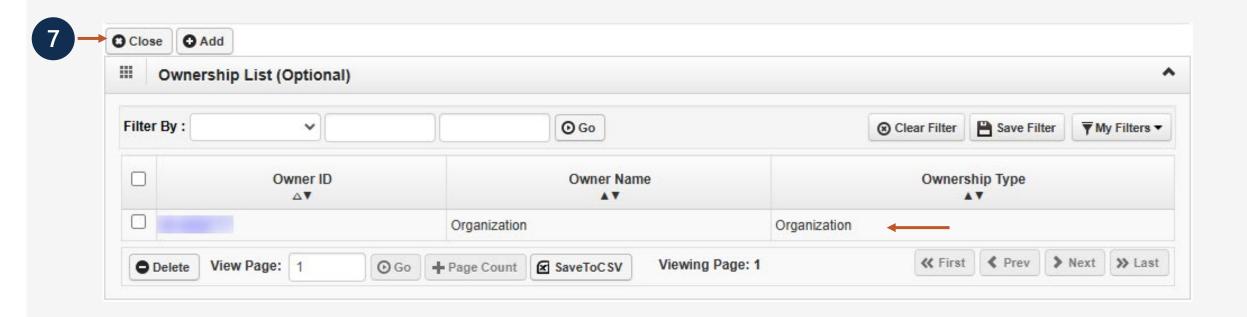
Note: If the address cannot be validated, an alert window opens. Select **OK** to continue or select **Cancel** to revalidate the address.

6. Select **OK**.

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



Step 4: Add Ownership Details (Optional) (2 of 2)



The **Ownership List** displays the entered Ownership information.

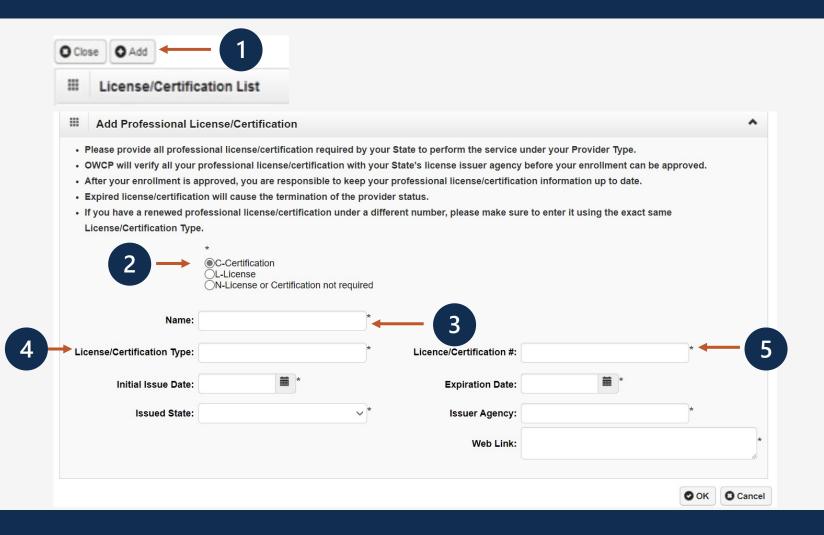
7. To move to the next step, select **Close**.

Step 5: Add Professional Licenses and Certifications (1 of 4)

- To enter the License or Certification information, select +Add.
- 2. Select the applicable option:
 - C-Certification
 - L-License
 - N-License or Certification not required
- 3. In the **Name** field, enter the provider's name as it appears on the license or certification.
- 4. In the **License/Certification Type** field, enter the license or certification type.

Note: This is a free form text field.

5. In the **License/Certification #** field, enter the license or certification number.

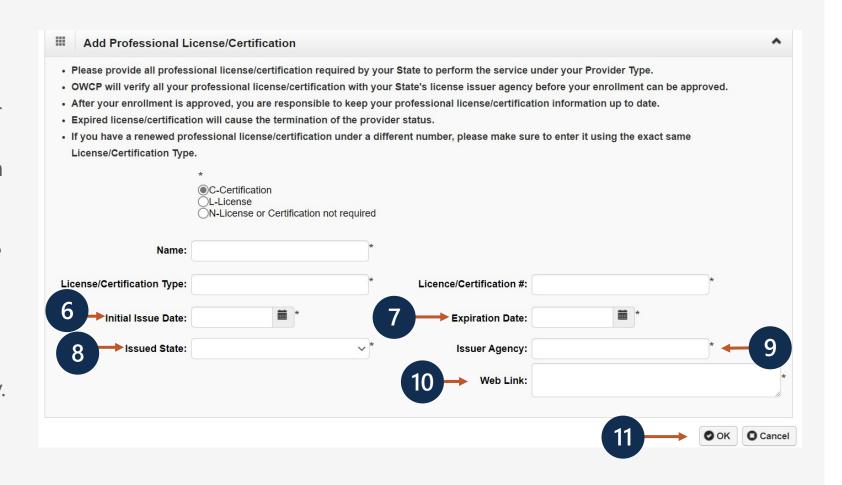


Step 5: Add Professional Licenses and Certifications (2 of 4)

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

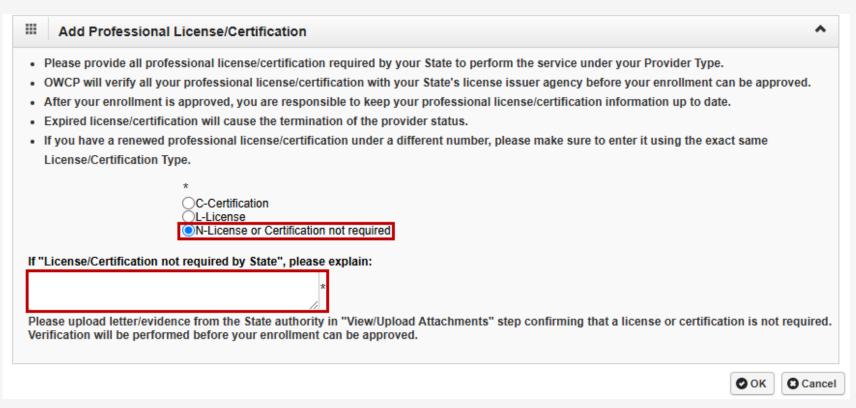
Note: The Issued State must match the state of physical address.

- 9. Enter the issuing agency in the **Issuer Agency** field.
- 10. In the **Web Link** field, enter the web address of the issuing agency.
- 11. Select OK.



Step 5: Add Professional Licenses and Certifications (3 of 4)

Note: If **N-License or Certification not required** is selected, an explanation is required. Enter an explanation in the provided field.

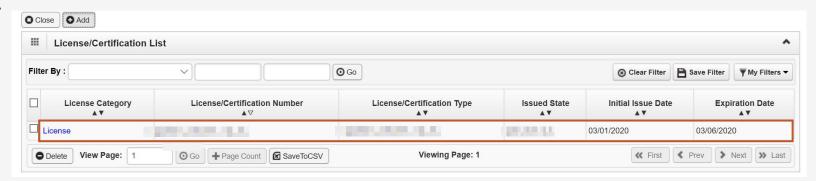


Step 5: Add Professional Licenses and Certifications (4 of 4)

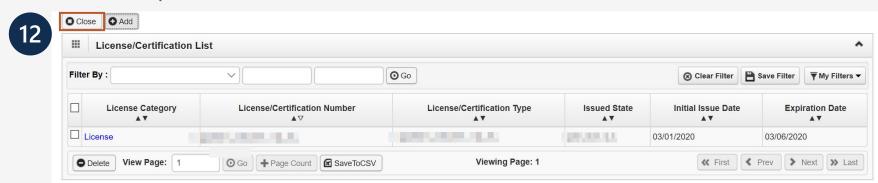
The License/Certification List displays the entered license or certification information.

Note: Add all professional licenses or certifications required by the State to perform the service under the

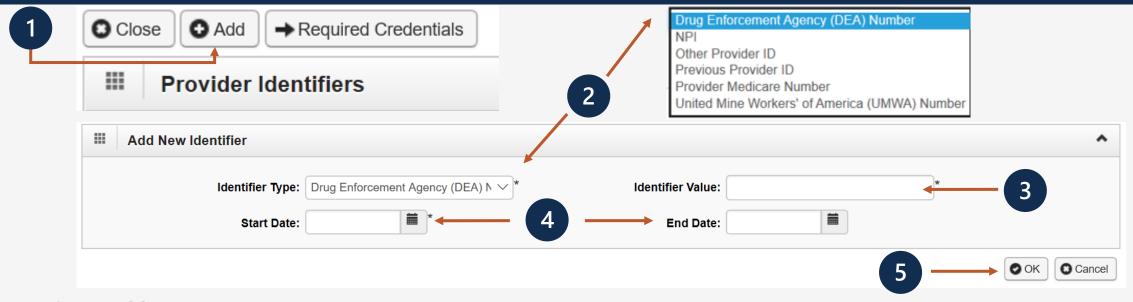
Enrollment Provider Type.



12. To move to the next step, select **Close**.



Step 6: Add Identifiers (Optional) (1 of 2)



- Select +Add.
- 2. Select the identifier type from the **Identifier Type** drop-down list.
- 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. Select **Required Credentials** to determine if the provider type requires an identifier.

Step 6: Add Identifiers (Optional) (2 of 2)

The **Provider Identifiers** list displays the entered identifier information.



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

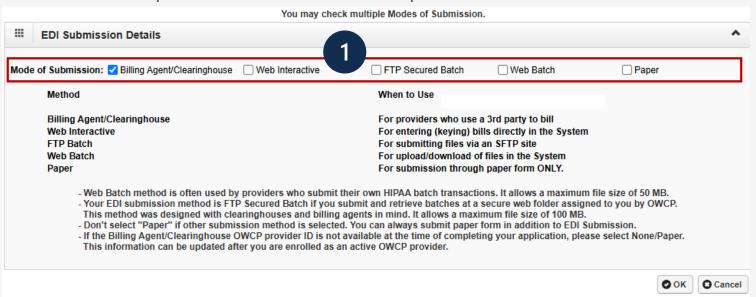


Step 7: Add EDI Submission Method (Optional) (1 of 2)

1. Select the checkbox next to the applicable **Mode of Submission**. More than one Mode of Submission may be selected.

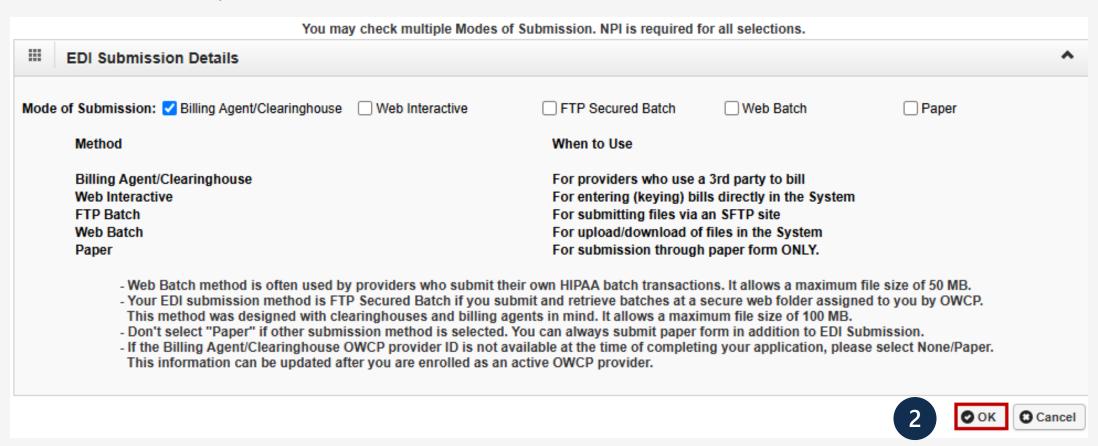
Note: Electronic Data Interchange (EDI) is the computer-to-computer exchange of business documents in a standard electronic format between business partners. If Billing Agent/Clearinghouse is selected, as the Mode of Submission, the Billing Agent/Clearinghouse their OWCP provider ID is required in **Step 8: Add EDI Submitter Details**.

Note: If the Billing Agent or Clearinghouse OWCP provider ID is not available at the time of completing the application, select **Paper**. This information can be updated as an active OWCP provider after enrollment.



Step 7: Add EDI Submission Method (Optional) (2 of 2)

2. To move to the next step, select **OK**.



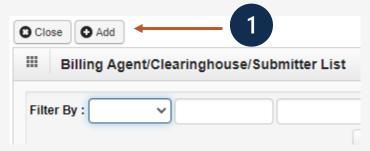
Step 8: Add EDI Submitter Details (1 of 3)

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

Note: If Billing Agent/Clearinghouse is selected as the mode of submission using the EDI Submission Method in **Step 7: Add EDI Submission Method**, then **Step 8: Add EDI Submitter Details** is required.

Select +Add on the Billing Agent/Clearinghouse/Submitter List page.

Note: This information can be updated as an active OWCP provider after enrollment the application. Select **Close** to return to the previous step, then deselect Billing Agent/Clearinghouse and select Paper or a different mode of submission. This information can be updated after enrollment as an active OWCP provider.

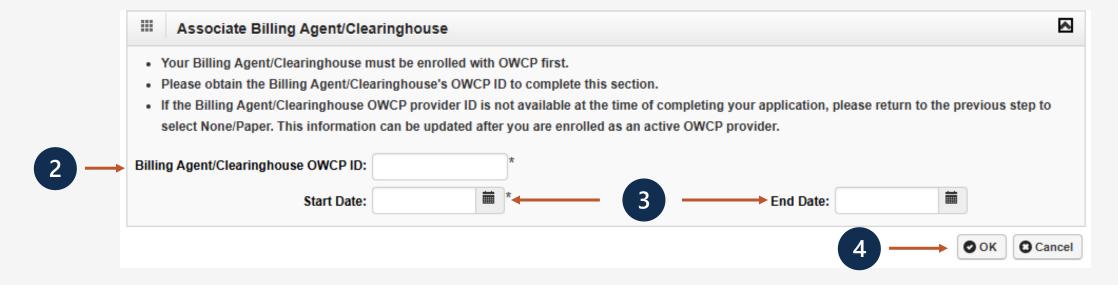


Step 8: Add EDI Submitter Details (2 of 3)

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

Note: This identifies the effective date and end date for the association with the clearinghouse. Start Date is required, but End Date is optional. If End Date is left blank, the field will show 12/31/2999.

Select OK.



Step 8: Add EDI Submitter Details (3 of 3)

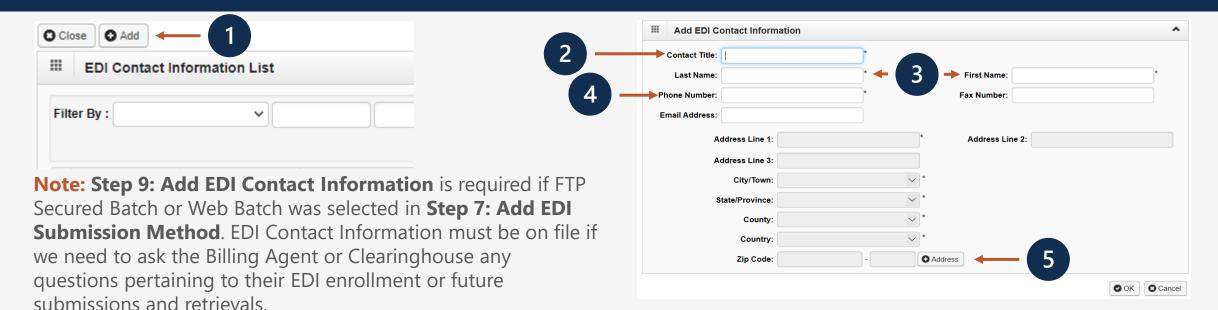
The Billing Agent/Clearinghouse/Submitter List page displays the entered OWCP ID information.



5. To move on to the next step, select **Close**.



Step 9: Add EDI Contact Information (1 of 3)



- Select Add on the EDI Contact Information List page.
- 2. Enter the title of the contact person to answer EDI questions in the **Contact Title**.
- 3. Enter the contact person's last and first names in the **Last Name** and **First Name** fields.
- 4. Enter the contact person's 10-digit phone number in the **Phone Number** field.

Note: Fax Number and Email Address fields are optional.

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

Step 9: Add EDI Contact Information (2 of 3)

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

Add EDI Submission Method.

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

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

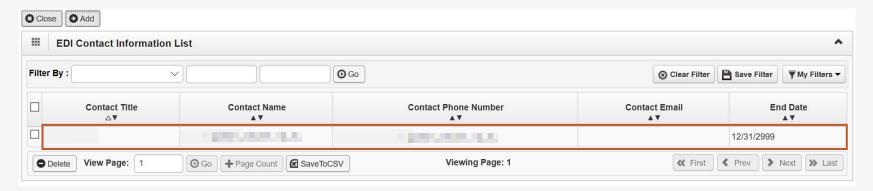
Note: If the address cannot be validated, an alert window opens. Select **OK** to continue or select **Cancel** to revalidate the address.

- 9. Select **OK**.
- 10. To complete the EDI Contact Information entry, select **OK**.

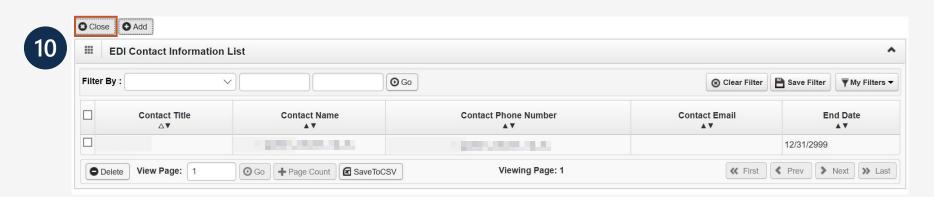


Step 9: Add EDI Contact Information (3 of 3)

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



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



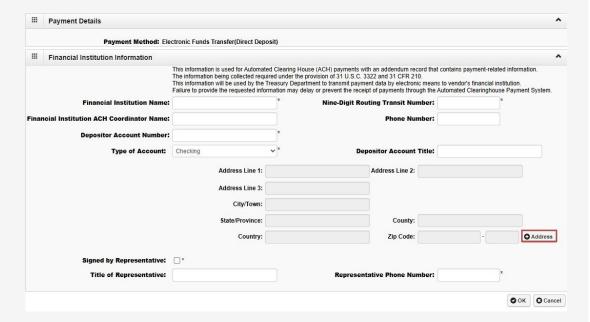
Step 10: Add Payment Details (1 of 6)

Note: Electronic Funds Transfer (EFT) is mandatory. Payment Details must be entered to receive payment from OWCP.

1. Select **+Add**.

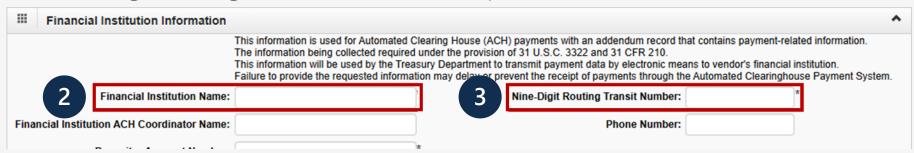
The **Payment Details** and **Financial Institution Information** page opens. Select +**Address** to add address and validate.



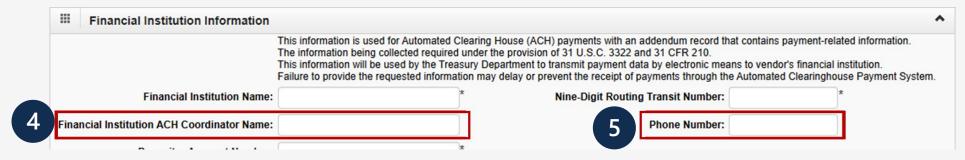


Step 10: Add Payment Details (2 of 6)

- 2. Complete the **Financial Institution Name** field (required).
- 3. Complete the **Nine-Digit Routing Transit Number** field (required).

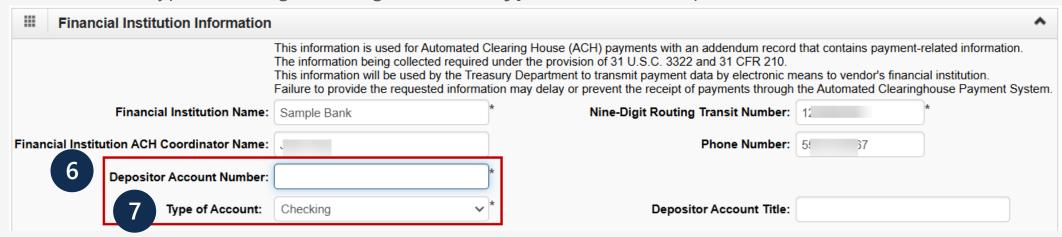


- 4. Complete the Financial Institution Automated Clearing House (ACH) Coordinator Name field (optional).
- 5. Complete the **Phone Number** field (optional).

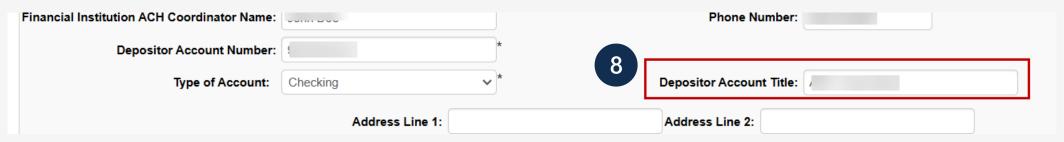


Step 10: Add Payment Details (3 of 6)

- 6. Enter the account number in the **Depositor Account Number** field.
- 7. Select the account type (Checking or Savings) from the **Type of Account** drop-down list.



8. Enter the name associated with the bank account in the **Depositor Account Title** field.



Step 10: Add Payment Details (4 of 6)

- 9. Select +Address to add the Financial Institution address. The Address Details window opens.
- a. Enter the street number and name in the **Address Line 1** field.
- b. Enter the zip code in the **Zip Code** field.
- c. Select Validate Address.

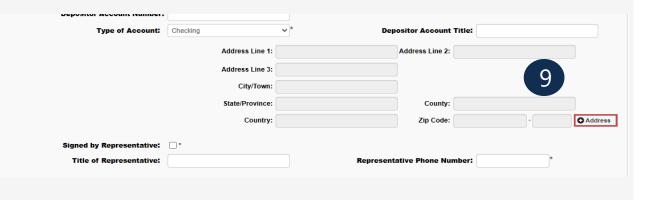
Note: The full address populates the appropriate fields if the address can be validated.

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

d. Select **OK**.

Once the address is added, select the **Signed by Representative** checkbox.



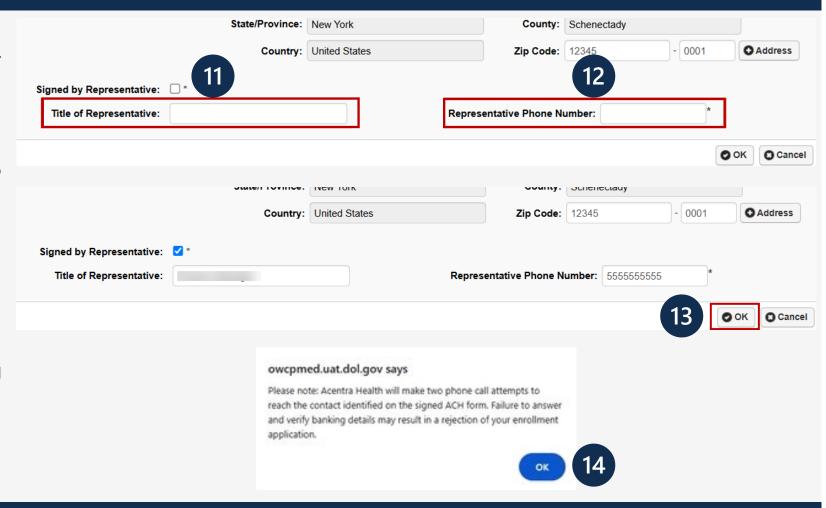


Step 10: Add Payment Details (5 of 6)

- 11. Enter the title of the financial institution's representative or provider practice representative in the **Title of Representative** field.
- 12. Enter the representative's phone number in the **Representative Phone Number** field.
- 13. Select OK.

Note: An alert window opens stating "Please note: Acentra Health will make two phone call attempts to reach the contact identified on the signed ACH form. Failure to answer and verify banking details may result in a rejection of your enrollment application."

14. To acknowledge, select **OK**.

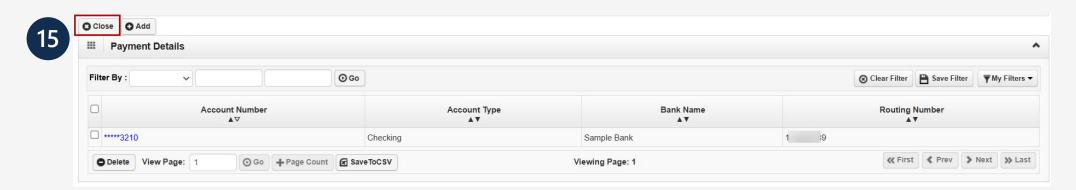


Step 10: Add Payment Details (6 of 6)

The Payment Details List displays all entered payment information.



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

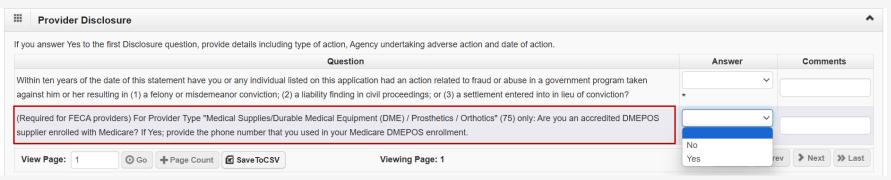


Step 11: Complete Provider Disclosure

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



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

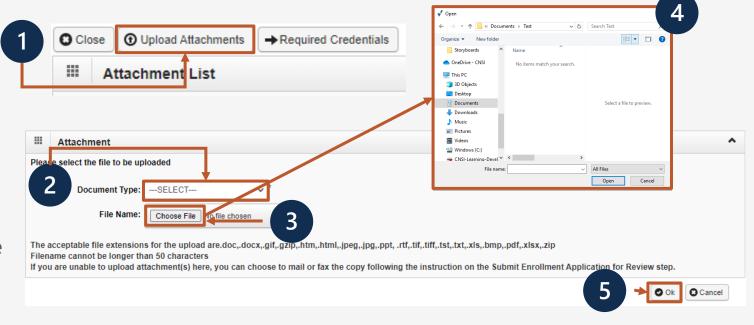


- 2. Select Save.
- 3. To move to the next step, select **Close**.

Step 12: View/Upload Attachments (1 of 2)

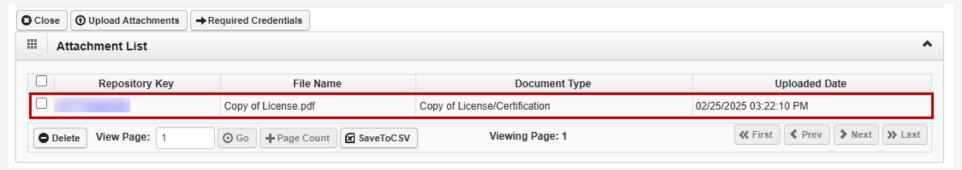
Note: In this step, upload required attachments (through Direct Data Entry or DDE) on the portal. If attachments are not uploaded at the time of submission, the option to mail or fax required attachments with a provider enrollment cover sheet is available. The application will stay in an "Awaiting Attachments" status for nine days. If the attachments and cover sheet are not received within this timeframe, the application will be Returned to Provider (RTP). Select **Required Credentials** to check which attachments are required for Provider Types.

- Select Upload Attachments.
- 2. Select the document type from the **Document Type** drop-down list.
- 3. Select **Choose File**. The system opens the **Open** window.
- 4. The file should be located and selected from the provider's local drive, followed by selecting **Open**. The system then updates the **File Name** field.
- 5. Select **OK**.

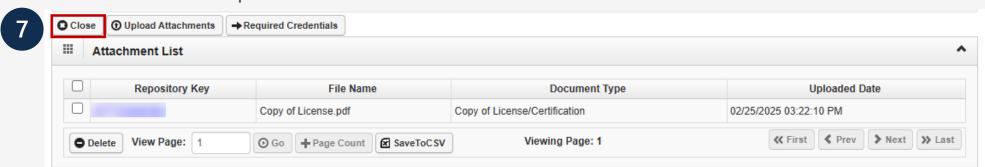


Step 12: View/Upload Attachments (2 of 2)

The **Attachment List** displays the uploaded attachments.



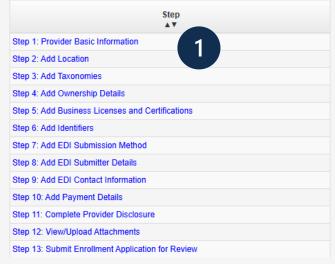
- 6. Repeat the Upload Attachment steps on the previous slide for multiple attachments.
- 7. To move on to the next step, select **Close**.



Verify Information Before Submission

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

the previous steps.



2. After opening a step link, open the link that is displayed within the step to review the information entered or

make corrections as needed.



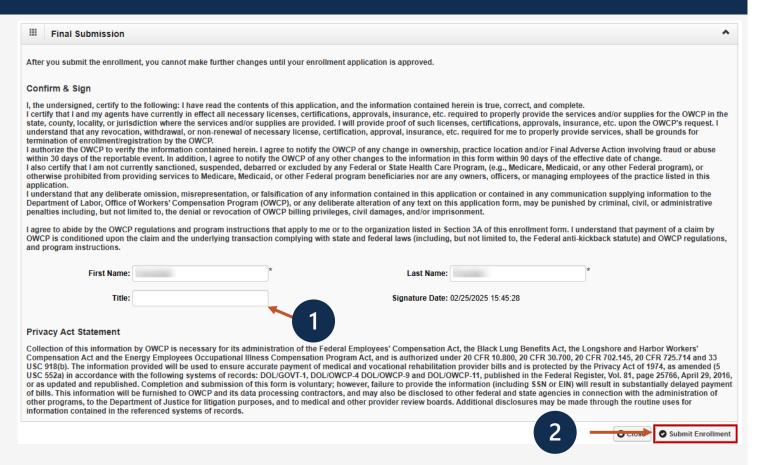
Step 13: Submit Enrollment Application for Review

The **First Name** and **Last Name** fields populate based on the OWCP Connect ID. If either field is edited, an alert displays. Select **OK** to submit or **Cancel** to return to the signature page.

1. Enter the title of the signer in the **Title** field (optional).

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

2. At the bottom of the screen, select **Submit Enrollment**.

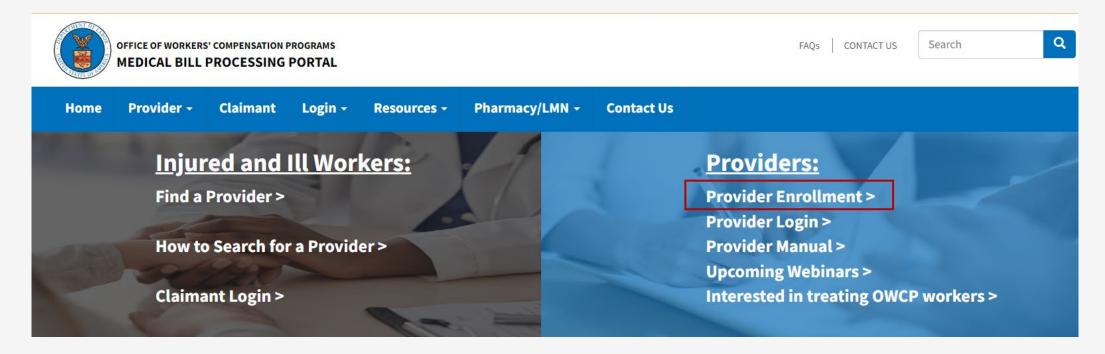


Note: When an application is successfully submitted, the Submit Enrollment button will become disabled.

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

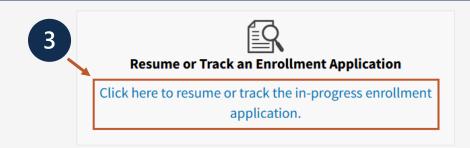
Note: In-progress Enrollment Applications can be resumed or tracked.

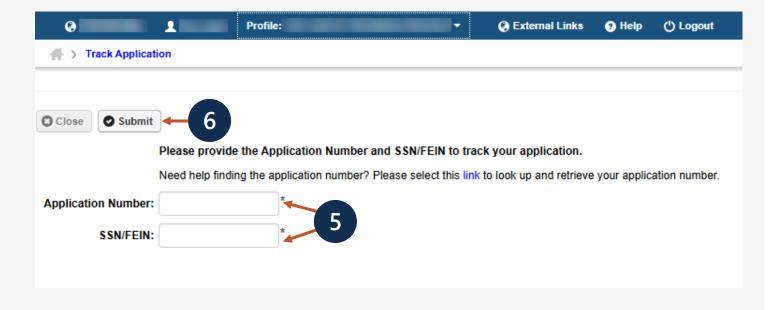
- 1. Go to WCMBP Portal Homepage (https://owcpmed.dol.gov).
- 2. Select **Provider Enrollment**.



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

- 3. Select the Click here to resume or track the in-progress enrollment application link.
- Log in using the OWCP Connect email address and password.
- 5. Proceed as applicable:
 - If known by the provider, complete the Application Number and SSN/FEIN fields, then proceed to the next step.
 - If the Application Number and SSN or FEIN are not known, select the Application Number Lookup link and proceed to the next slide.
- 6. To return to the in-progress enrollment application, select **Submit**.





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

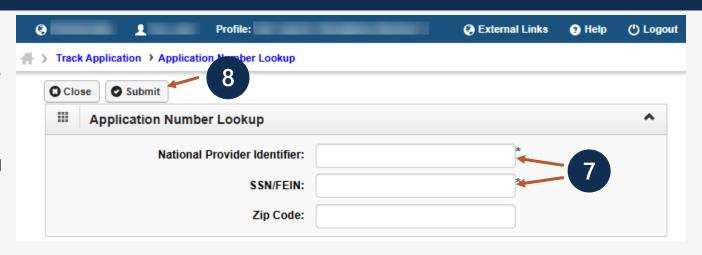
- 7. To retrieve the application number, enter the National Provider Identifier (NPI) and Social Security Number (SSN) or Federal Employer Identification Number (FEIN) in the **National Provider Identifier** and **SSN/FEIN** fields.
- 8. To view the application number, select **Submit**.

Note: The system identifies the matching enrollment applications and displays the application's details in the **Enrollment Applications** section below the **Application Number Lookup**.

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

Note: Only those enrollment applications that have not been

approved will display.





Post-Submission Key Timeframes

Once the application is submitted for review, the processing timeframes are as follows:

- Attachments Received: Processing time is seven business days from the date the application and attachments are received.
- Awaiting Attachments: The required documents have not been received. The application will remain in this
 status for nine days from the date the application was submitted. The documents may be sent by fax or by
 mail.
- Attachments Not Received: The application will be Returned to the Provider (RTP) after nine days of Awaiting Attachments status.

Attachment Submission Options

If mailed or faxed, submit all enrollment supporting documentation with a Provider Enrollment Supporting Documents Cover Sheet available on the WCMBP Portal.

Via Mail Provider Enrollment

Department of Labor OWCP

PO Box 8312

London, KY 40742-8312

Via Fax 888.444.5335