

WCMBP System

How to Complete a Provider Enrollment Application Group Provider



Overview

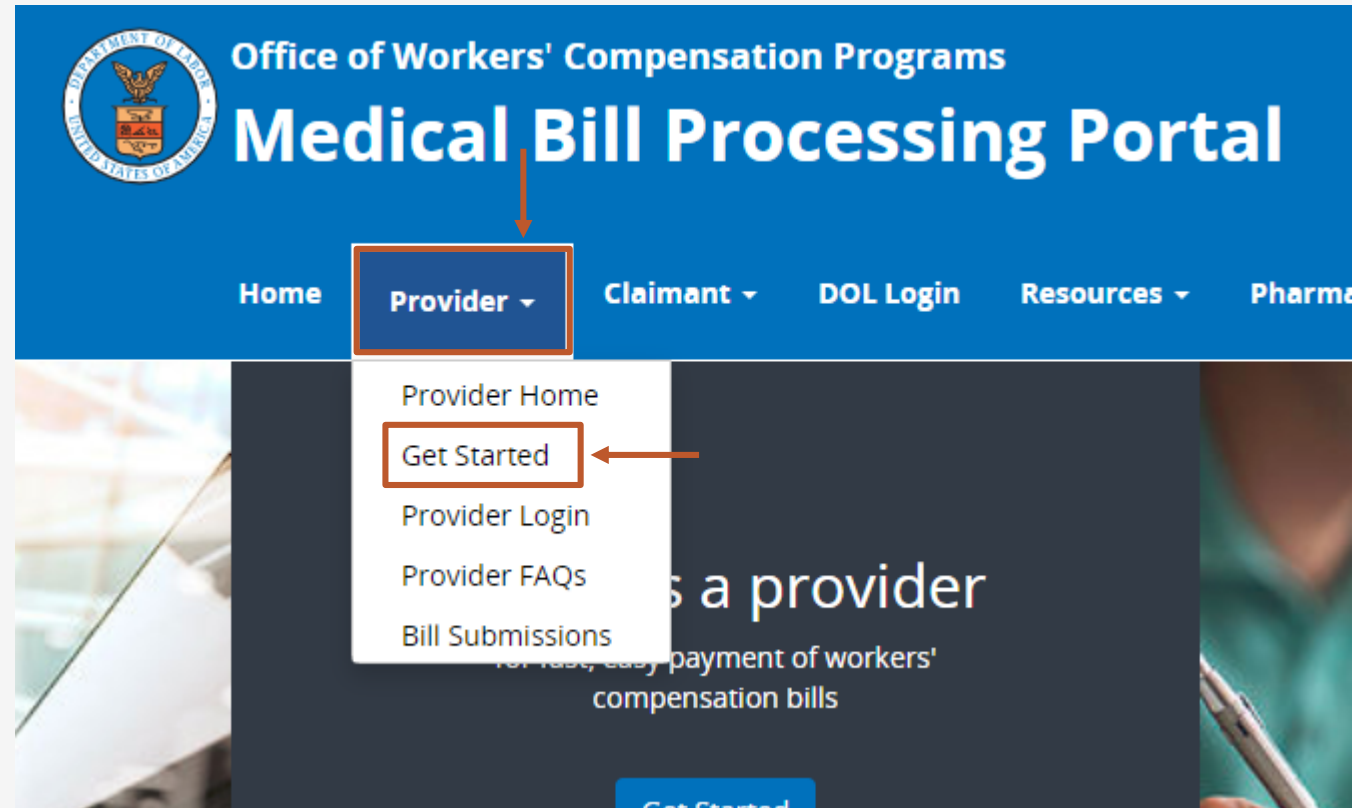
This PowerPoint provides instructions on how to complete an application for a group via the Workers' Compensation Medical Bill Process (WCMBP) Portal.



Accessing the WCMBP System

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

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



Accessing the WCMBP System for New Providers

Providers will need to first 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 providers:
Begin enrollment



After registering in OWCP Connect via the link below, you will select your enrollment type and enter your data through an enrollment wizard. Upon approval, you will be mailed a welcome letter with your OWCP Provider ID

[Begin OWCP Connect registration and online system enrollment](#)



Accessing the WCMBP System

Read and agree to the WCMBP Login Agreement.

You will be directed to register with OWCP Connect. Please refer to the OWCP Connect Registration tutorial for completion.

WCMBP Login Agreement

This site houses United States Department of Labor sensitive information that may be accessed and used only for official Government business by authorized personnel. Unauthorized access or use of this site may subject violators to criminal, civil and/or administrative action. All information on this site may be intercepted, recorded, read, copied, and disclosed by and to authorized personnel for official purposes, including criminal investigations. Access or use of this computer system by any person whether authorized or unauthorized constitutes consent to these terms.



Completing an Enrollment Application

1. Select the Enrollment Type.
2. Click "Submit".

Note: Enrollment Type Definitions are provided below. Please select the appropriate type for your practice, organization and/or business.

The screenshot shows a web form titled "Enrollment Type" with a sub-header "Please select the applicable Enrollment Type". It contains five radio button options: "Individual", "Group Practice", "Billing Agent/Clearinghouse", "Facility/Agency/Organization/Institution", and "Special Considerations". The "Group Practice" option is highlighted with a red box and a red arrow pointing to a blue circle with the number "1". Below the options are "Close" and "Submit" buttons. The "Submit" button is highlighted with a red box and a red arrow pointing to a blue circle with the number "2". Below the form is a section titled "Enrollment Type Definition" which provides details for the "Individual" type.

Enrollment Type

Please select the applicable Enrollment Type

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

Close Submit

Enrollment Type Definition

Individual -

- Any provider who is eligible to receive a Type I National Provider Identifier (NPI) through the [National Plan and Provider Enumeration System \(NPPES\)](#). Providers 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, who do not need an NPI.

Completing an Enrollment Application

1. Select a Provider Type from drop down menu.
2. Check a Program(s) to enroll in.
3. Select Identifier Type (FEIN or SSN).
4. Based on the responses for steps 1-3, you will either enter an organization name or the individual provider name.
5. Enter an NPI and an Entity Type based on your W9.
6. Check if you do not want to be on the online searchable provider listing. If checked, please supply a reason.
7. Click "Finish".

The screenshot shows a web form titled "Basic Information" with the following fields and steps:

- Step 1:** "Provider Type:" dropdown menu with "--SELECT--" selected.
- Text:** "If you select 'Other Provider' (96) or Non-Medical Vendor (53), please explain:" followed by a text area.
- Step 2:** "Program:" with checkboxes for DFEC, DCMWC, DEEOIC, and DLHWC.
- Fields:** "Organization Name:" (Legal Business Name) and "Organization Business Name:" (Doing Business As).
- Step 3:** "FEIN:" text field.
- Step 4:** A bracket groups the "Organization Name:" and "Organization Business Name:" fields.
- Step 5:** "National Provider Identifier:" (NPI) text field.
- Field:** "Email Address:" text field.
- Step 6:** "Entity Type:" dropdown menu with "--SELECT--" selected.
- Text:** "If Other, please explain:" followed by a text area.
- Form Elements:** A checkbox "I do not wish to be included in an online searchable list of OWCP providers." and a "Reason:" text field.
- Step 7:** "Finish" and "Cancel" buttons at the bottom right.

Completing an Enrollment Application

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

The application number will also be emailed to you.

Application Number : 202 Name: test 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

Completing an Enrollment Application

Complete each step

Optional vs Required

Start/End Date

Complete vs Incomplete Status

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	04/03/2020	04/03/2020	Complete	
Step 2: Add Location	Required			Incomplete	
Step 3: Add Taxonomies	Required			Incomplete	
Step 4: Add Ownership Details	Required			Incomplete	
Step 5: Add 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 Servicing Provider Information	Required			Incomplete	
Step 11: Add Payment Details	Required			Incomplete	
Step 12: Complete Provider Disclosure	Required			Incomplete	
Step 13: View/Upload Attachments	Optional			Incomplete	
Step 14: Submit Enrollment Application for Review	Required			Incomplete	

Note: Step 1 is completed. Based on the information provided in step 1, the enrollment steps are displayed. The “Purge” button will delete all information entered. After clicking the “Purge” button you will be able to restart the enrollment application.

Completing an Enrollment Application

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

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

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

Note: Cancel will not close this page.

Close

→ Required Credentials

Purge

Enroll Provider -Group Practice

Required Credentials For Provider Type

Provider Type ▲▼	Step ▲▼	Data Element ▲▼	Credentialing Note ▲▼
25-Physician (MD) & Physician (DO)	Step 01: Provider Basic Information	NPI	REQUIRED
25-Physician (MD) & Physician (DO)	Step 03: Add Taxonomies	TAXONOMIES	REQUIRED
25-Physician (MD) & Physician (DO)	Step 05: Add Licenses and Certifications	LICENSE & CERTIFICATION	REQUIRED
25-Physician (MD) & Physician (DO)	Step 12: View/Upload Attachments	ACH FORM	REQUIRED
25-Physician (MD) & Physician (DO)	Step 12: View/Upload Attachments	COPY OF LICENSE/CERTIFICATION	REQUIRED ; IF LICENSE IS NOT REQUIRED BY STATE, ATTACH STATE APPROVAL LETTER
25-Physician (MD) & Physician (DO)	Step 12: View/Upload Attachments	PROVIDER ENROLLMENT FORM SIGNATURE PAGE	REQUIRED

View Page: 1

Go

+ Page Count

SaveToCSV

Viewing Page: 1

« First

◀ Prev

Next ▶

Last »

Cancel

Step 2: Add Location

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

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. Click "Next."

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. Click "Next."


Note: Email Address and Fax Number entries are Optional

Step 2: Add Location

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

Type of Address: ▾

Address Input Option: ☒ Manually Input

End Date: 

Address Line 1: * Address Line 2:

Address Line 3:

City/Town: *

State/Province: * County: *

Country: * Zip Code: - + Address ← 1

Step 2: Add Physical Location

The screenshot shows a web form for adding a physical location. It includes input fields for Address Line 1, Address Line 2, Address Line 3, City/Town, State/Province, County, and Country. There is also a Zip Code field with a 'Validate Address' button. At the bottom right are 'OK' and 'Cancel' buttons. Numbered callouts indicate the sequence: 1 points to Address Line 1, 2 points to the Zip Code field, 3 points to the 'Validate Address' button, and 4 points to the 'OK' button.

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

Possible Validation Results

Address not found with Street Address and Zip Code Combination

Address validation successful

Step 2: Add Mailing Location

The screenshot shows a web form for adding a mailing location. At the top, 'Type of Address' is set to 'Mailing'. Below it, 'Address Input Option' has two radio buttons: 'Manually Input' (selected) and 'Same as Physical Address' (highlighted with a red box and callout 1). The 'End Date' is set to '12/31/2999'. The form includes several text input fields: 'Address Line 1:', 'Address Line 2:', 'Address Line 3:', 'City/Town:', 'State/Province:', 'Country:', 'County:', and 'Zip Code:'. The 'Address' button (highlighted with a red box and callout 2) is located next to the 'Zip Code' field. At the bottom right, the 'OK' button (highlighted with a red box and callout 3) and 'Cancel' button are visible.

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

OR

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

Step 2: Add Mailing Location

The screenshot shows a web interface titled "Locations List". At the top left, there are two buttons: "Close" (with a red box around it) and "Add" (with a red arrow pointing to it). Below the title bar is a table with two main columns: "Business Name" and "Location Details". The "Business Name" column has a dropdown arrow and contains the text "Angel PA" next to a checkbox. The "Location Details" column has a dropdown arrow and contains the number "1447" followed by a grid of colored squares. A blue circle with the number "2" is next to the "Close" button, and a blue circle with the number "1" is next to the "Add" button.

Business Name ▲▼	Location Details ▲▼
<input type="checkbox"/> Angel PA	1447 [Grid of colored squares]

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

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

Step 3: Add Taxonomies

1. Click "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. Click "OK."
6. Click "Close" to move on to the next step, "Add Ownership Details."

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

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

The dialog box contains the following sections:

- Taxonomy List** (Header)
- Select Taxonomy Code Type/Specialty** (Section)
 - Taxonomy Code Type: [Dropdown]
 - Specialty: [Dropdown]
- Add Taxonomy Code** (Section)
 - Available Taxonomy Codes: [List Box]
 - Associated Taxonomy Codes *: [List Box]
 - Navigation buttons: >> and <<
- Buttons:** OK and Cancel at the bottom right.

Note: 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.

Step 4: Add Ownership Details

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

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

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

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

- Step 1:** Disclosure Type: Individual Ownership (dropdown menu)
- Step 2:** SSN/FEIN: (text input field)
- Step 3:** Organization Name: (text input field) and Last Name: (text input field)
- Step 4:** Address section (indicated by a bracket) including:
 - Address Line 1: (text input field)
 - Address Line 3: (text input field)
 - City/Town: (dropdown menu)
 - State/Province: (dropdown menu)
 - County: (dropdown menu)
 - Country: (dropdown menu)
 - Zip Code: (text input field)
 - Address: (button)
- Step 5:** OK (button)

At the bottom right, there are three buttons: 'Copy Name and Tax', 'OK', and 'Cancel'. The 'OK' button is highlighted with a red box.

Step 4: Add Ownership Details

2 →

Close Add

Ownership List

Filter By : Go Clear Filter Save Filter My Filters

	Owner ID ▲▼	Owner Name ▲▼	Ownership Type ▲▼
<input type="checkbox"/>	48-6434834	test	Organization

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1 ←

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

Note: License and Certifications are required by most states to perform the service under your Provider Type.

Step 5: Add License/Certification

1. Click "Add" to enter License/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. Enter the recipient's name in the "Name" field.
4. Enter the license or certification type in the "License/Certification Type" field.
5. Enter the license or certificate number in the "License/Certification #" field.

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

- Instructions:**
 - Please provide all license/certification required by your State to perform the service under your Provider Type.
 - OWCP will verify all your 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 license/certification information up to date.
 - Expired license/certification will cause the termination of the provider status.
 - If you have a renewed license/certification under a different number, please make sure to enter it using the exactly same License/Certification Type.
- Radio Buttons:** ☒ C-Certification, ☐ L-License, ☐ N-License or Certification not required.
- Name:** A text input field with an asterisk.
- License/Certification Type:** A text input field with an asterisk.
- Initial Issue Date:** A date picker field with an asterisk.
- Issued State:** A dropdown menu with an asterisk.
- Licence/Certification #:** A text input field with an asterisk.
- Expiration Date:** A date picker field with an asterisk.
- Issuer Agency:** A text input field with an asterisk.
- Web Link:** A text input field with an asterisk.

At the bottom right, there are 'OK' and 'Cancel' buttons. Numbered callouts (1-5) point to the 'Add' button, the radio buttons, the 'Name' field, the 'License/Certification Type' field, and the 'Licence/Certification #' field respectively.

Step 5: Add License/Certification

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. Click "OK."

Add License/Certification

- Please provide all license/certification required by your State to perform the service under your Provider Type.
- OWCP will verify all your 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 license/certification information up to date.
- Expired license/certification will cause the termination of the provider status.
- If you have a renewed license/certification under a different number, please make sure to enter it using the exactly same License/Certification Type.

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

Name: *

License/Certification Type: *

Initial Issue Date: *

Issued State: *

Expiration Date: *

Licence/Certification #: *

Expiration Date: *

Issuer Agency: *

Web Link: *

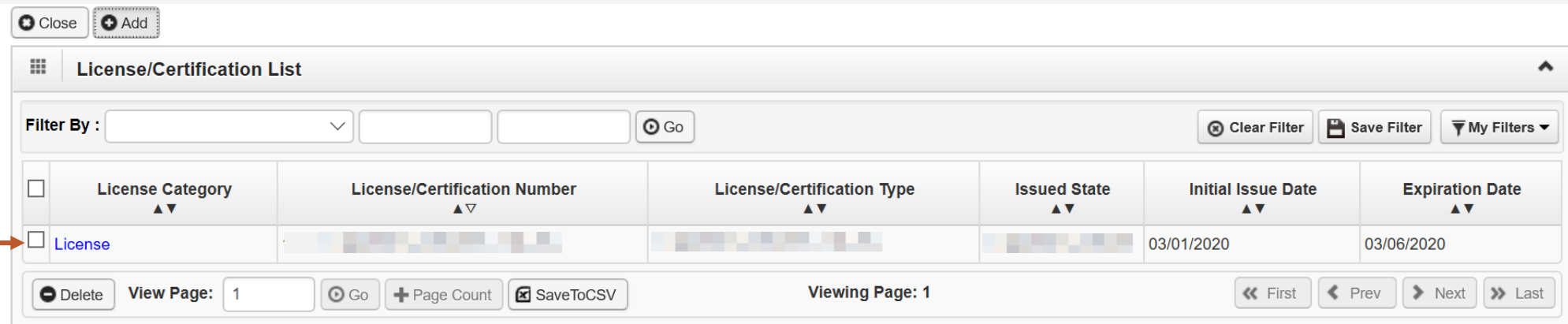
OK Cancel

Diagram annotations: Numbered circles 6 through 10 with arrows pointing to the Initial Issue Date, Issued State, Expiration Date, Issuer Agency, Web Link, and OK button respectively.

Step 5: Add License/Certification

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

Note: Identifiers that are typically issued by external entities that uniquely identify the provider and are required to maintain provider enrollment.



Close Add

License/Certification List

Filter By : Go Clear Filter Save Filter My Filters

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

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Step 6: Add Identifiers (Optional)

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

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

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

1. Click "Add."
2. Select the identifier type from the "Identifier Type" drop-down menu.
3. Enter the identifier value in the "Identifier Value" field.
4. Enter or select the start and end dates in the "Start Date" and "End Date" fields.
5. Select "Ok."

Note: This step is optional because all provider types do not require Identifiers. Identifiers are typically issued by external entities that uniquely identify the provider. Please refer to the "Required Credentials" button to check if your provider type requires an identifier

Step 6: Add Identifiers (Optional)

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

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

2 →

Provider Identifiers

Filter By :

<input type="checkbox"/>	Identifier Type ▲▼	Identifier Value ▲▼	Start Date ▲▼	End Date ▲▼
<input type="checkbox"/>	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. Click "Ok."

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

EDI Submission Details

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

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

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

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. Enter the "Billing Agent/Clearinghouse OWCP ID."
2. Enter the date(s).
3. Click "OK."

The screenshot shows a dialog box titled "Associate Billing Agent/Clearinghouse". Inside the dialog, there are four bullet points: "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.", and "You can add them later after they are enrolled with OWCP." Below the text, there are three input fields: "Billing Agent/Clearinghouse OWCP ID:" with a text box and an asterisk, "Start Date:" with a date picker and an asterisk, and "End Date:" with a date picker. At the bottom right, there are "OK" and "Cancel" buttons. Three numbered blue circles with arrows indicate the steps: circle 1 points to the OWCP ID field, circle 2 points to the date fields, and circle 3 points to the OK button.

Step 8: Add EDI Submitter Details (Optional)

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

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

2 →

1 →

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

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Step 9: Add EDI Contact Information (Optional)

The screenshot shows a web form titled "Add EDI Contact Information". The form contains the following fields and controls:

- Contact Title:** A text input field with an asterisk (*).
- Last Name:** A text input field with an asterisk (*).
- First Name:** A text input field with an asterisk (*).
- Phone Number:** A text input field with an asterisk (*).
- Fax Number:** A text input field.
- Email Address:** A text input field.
- Address Line 1:** A text input field with an asterisk (*).
- Address Line 2:** A text input field.
- Address Line 3:** A text input field.
- City/Town:** A dropdown menu with an asterisk (*).
- State/Province:** A dropdown menu with an asterisk (*).
- County:** A dropdown menu with an asterisk (*).
- Country:** A dropdown menu with an asterisk (*).
- Zip Code:** Two text input fields separated by a hyphen, with an asterisk (*).
- Address:** A button with a location pin icon and the text "Address".
- OK** and **Cancel** buttons at the bottom right.

Four numbered blue circles with arrows indicate the sequence of steps:

- Circle 1 points to the **Contact Title** field.
- Circle 2 points to the **First Name** field.
- Circle 3 points to the **Phone Number** field.
- Circle 4 points to the **Address** button.

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

1. Enter the Title of the contact person to answer EDI questions if needed.
2. Enter contact person's First and Last Name.
3. Enter 10-digit phone number.
4. Click "Address."

Step 9: Add EDI Contact Information (Optional)

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

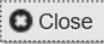

1. Enter Street Number and Name in Address Line 1.
2. Enter Zip Code.
3. Click "Validate Address".
4. Click "OK".



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





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


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









Step 9: Add EDI Contact Information (Optional)

2  

 **EDI Contact Information List** 

Filter By :    

<input type="checkbox"/>	Contact Title ▲▼	Contact Name ▲▼	Contact Phone Number ▲▼	Contact Email ▲▼	End Date ▲▼
1 					12/31/2999

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

Step 10: Add Servicing Providers

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



1. Click "Add."
2. Select the "Tax Identifier Type" SSN.
3. Enter the individual servicing providers 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. Click "OK."



The screenshot shows the 'Associate Servicing Provider' form with the following fields and steps:





- Step 1:** Click the 'Add' button at the top left.
- Step 2:** Select 'SSN' under 'Tax Identifier Type'.
- Step 3:** Enter 'Last Name' and 'First Name'.
- Step 4:** Select 'Provider Type' from the dropdown menu.
- Step 5:** Enter 'National Provider Identifier (NPI)'.
- Step 6:** Enter 'Taxonomy' codes.
- Step 7:** Enter license/certification information in the table below.
- Step 8:** Click the 'OK' button at the bottom right.

License/Certification Category	License/Certification Type	License/Certification Number	Issued State	Initial Issue Date	Expiration Date
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>





Step 10: Add Servicing Providers









2  

 **Servicing Providers** 

Filter By :    

If the group or facility has more than 9 servicing providers, the group/facility itself is responsible for validating its providers' individual licenses.

<input type="checkbox"/>	SSN/FEIN ▲▼	Provider Name ▲▼	NPI ▲▼	Provider Type ▲▼
1 				25 - Physician (MD) & Physician (DO)

 **View Page:**    **Viewing Page: 1**    

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

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

Step 11: Add Payment Details

The screenshot shows a web form titled "Payment Details". At the top left, there are "Close" and "Add" buttons. An arrow points to the "Add" button, labeled with a circled "1". Below this is a tab labeled "Payment Details". The main section is titled "Financial Institution Information" and shows the "Payment Method" as "Electronic Funds Transfer(Direct Deposit)". The form contains several input fields: "Financial Institution Name" (callout 2), "Nine-Digit Routing Transit Number" (callout 3), "ACH Coordinator Name", "Phone Number", "Depositor Account Number" (callout 4), "Type of Account" (a dropdown menu currently showing "Checking", callout 5), and "Depositor Account Title" (callout 6). Below these are address fields: "Address Line 1", "Address Line 2", "Address Line 3", "City/Town", "County", "State/Province", "Country", and "Zip Code". At the bottom, there is a "Signed by Representative" section with a checkbox, a warning message, and fields for "Title of Representative" and "Representative Phone Number". "OK" and "Cancel" buttons are at the bottom right.

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.

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

Step 11: Add Payment Details

The screenshot shows a web form titled "Payment Details" with a sub-section "Financial Institution Information". The form includes fields for Financial Institution Name, ACH Coordinator Name, Depositor Account Number, Type of Account (set to "Checking"), Nine-Digit Routing Transit Number, Phone Number, Depositor Account Title, Address Line 1, Address Line 2, Address Line 3, City/Town, County, State/Province, Country, and Zip Code. There are also checkboxes for "Signed by Representative" and "Address", and a "Title of Representative" field. At the bottom, there are "OK" and "Cancel" buttons. Numbered callouts point to specific elements: 7 points to the "Address" button, 8 points to the "Signed by Representative" checkbox, 9 points to the "Title of Representative" field, 10 points to the "Representative Phone Number" field, and 11 points to the "OK" button. A note at the bottom of the form states: "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."

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.

- Click "Address" to add the Financial Institution address. The address details dialog will display.
- 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.
- Enter the title of the financial institution's representative in the "Title of Representative" field.
- Enter the representative's phone number in the "Representative Phone Number" field.
- Click "OK."

Step 11: Add Payment Details

2 →

1 →

EDI Contact Information List

Filter By :

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

View Page:

Viewing Page: 1

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

Note: Provider Disclosure page asks questions of the provider to confirm additional background information.

Step 12: Complete Provider Disclosure

1. Answer the 2 disclosure questions below:

Note: If you answer Yes to the first Disclosure questions, 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. Click "Save" and then click "Close" to move on to the next step, View/Upload Attachments.

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

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

Step 13: View/Upload Attachments (Optional)

Note: This Step is optional because you are able to submit the application via DDE and then mail or fax required attachments with a Provider Enrollment Cover Sheet. If attachments are not uploaded at the time of submission, your 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 (RTP'd). **Please click Required Credentials to check what attachments are required for Provider Type.**

1. Click "Upload Attachments".
2. Select the document type from the Document Type drop-down menu.
3. Click the "Browse" button. (The system displays the Open window.)
4. Locate and select the file from your local drive that you need to upload and click the "Open" button. (The system updates the File Name field.)
5. Click "OK."

The screenshot shows a web application interface for uploading attachments. At the top, there are three buttons: 'Close', 'Upload Attachments' (highlighted with a red box and a blue circle with the number 1), and 'Required Credentials'. Below these is a section titled 'Attachment List'. Underneath, there is a sub-section titled 'Attachment'. It contains a prompt 'Please select the file to be uploaded'. Below this prompt, there is a 'Document Type' dropdown menu (highlighted with a red box and a blue circle with the number 2) showing options: '--SELECT--', 'ACH Form', 'Copy of License/Certification', 'Other Supporting Document', and 'State Approval Letter'. To the right of the dropdown is a 'File Name' text field. To the right of the text field is a 'Browse...' button (highlighted with a red box and a blue circle with the number 3). Below the 'File Name' field, there is a text area containing the following information: 'The acceptable file extensions for the upload are.doc,.docx,.gif,.gzip,.htm,.html,.jpeg,.jpg,.ppt,.rtf,.tif,.tiff,.tst,.txt,.xls,.bmp,.pdf,.xlsx,.zip', 'Filename cannot be longer than 50 characters', and 'If you are unable to upload attachment(s) here, you can choose to mail or fax the copy following the instruction on the Submit Enrollment Application for Review step.' At the bottom right of the dialog, there are two buttons: 'Ok' (highlighted with a red box and a blue circle with the number 5) and 'Cancel'.

Step 13: View/Upload Attachments (Optional)

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

The screenshot shows a web interface for managing attachments. At the top, there are three buttons: 'Close' (with a close icon), 'Upload Attachments' (with an upload icon), and 'Required Credentials' (with a right arrow icon). Below these is a section titled 'Attachment List' with a grid icon on the left and an upward arrow on the right. The list contains one entry with the following columns: Repository Key, File Name, Document Type, and Uploaded Date. The entry shows a 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, there is a 'Delete' button (with a minus icon), a 'View Page: 1' dropdown, a 'Go' button (with a magnifying glass icon), a '+ Page Count' button, and a 'SaveToCSV' button (with a download icon). To the right of these buttons, it says 'Viewing Page: 1'. On the far right, there are navigation buttons: '<< First', '< Prev', '> Next', and '>> Last'. Two callouts are present: a blue circle with the number '1' and an arrow pointing to the checkbox in the first column of the table, and a blue circle with the number '2' and an arrow pointing to the 'Close' button.

2

Close Upload Attachments Required Credentials

Attachment List

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

1

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

Step 14: Submit Enrollment Application for Review

1. Click "this link" to print your OWCP 1168 Form.
2. Click "this link" to print the Signature Page (Page 8) to sign and date it.

Note: Signature page can be faxed or mailed in with cover sheet. If you want to upload, click "Close" and click on step 12 to upload the attachment.

3. Click "this link" to obtain and print the cover sheet.
4. Click "Submit Enrollment".

The screenshot shows a web interface titled "Final Submission". At the top left, there are two buttons: "Close" and "Submit Enrollment". A red box highlights the "Submit Enrollment" button, with a red arrow pointing to it from a blue circle containing the number 4. Below the buttons, there is a section titled "Instructions for submitting signature and supporting documentation:". This section contains five numbered steps. A red box highlights the first two steps, with a red arrow pointing to the text "Click this link to download and print the OWCP 1168 Form" from a blue circle containing the number 1. Another red arrow points to the text "Click this link to print the Signature Page (Page 8), sign and date." from a blue circle containing the number 2. Below the instructions, there is a field labeled "Mailing Address:" with a blue circle containing the number 3 pointing to it.

Close Submit Enrollment

Final Submission

Instructions for submitting signature and supporting documentation:

1. Click [this link](#) to download and print the OWCP 1168 Form.
2. Review the Terms on the Provider Enrollment Form (Page 8), sign and date.
3. Upload the signature page and other supporting document.
4. You can also click [this link](#) to open the documentation cover sheet, enter the Application Number and print. Then mail or fax the cover sheet, signature page, and other supporting document to the address below.
5. After you submit the enrollment, you cannot make further change until your enrollment application is approved.

Mailing Address:

Submitting an Enrollment Application

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

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 5 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 5 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 RTP’d.
- Faxed and/or Mailed applications will be RTP’d if incomplete and/or have missing attachments.
- Allow 5 business days for processing from date of receipt for faxed and/or mailed applications.