WCMBP System

How to Complete a Provider Enrollment Application

Individual Provider

CNSI

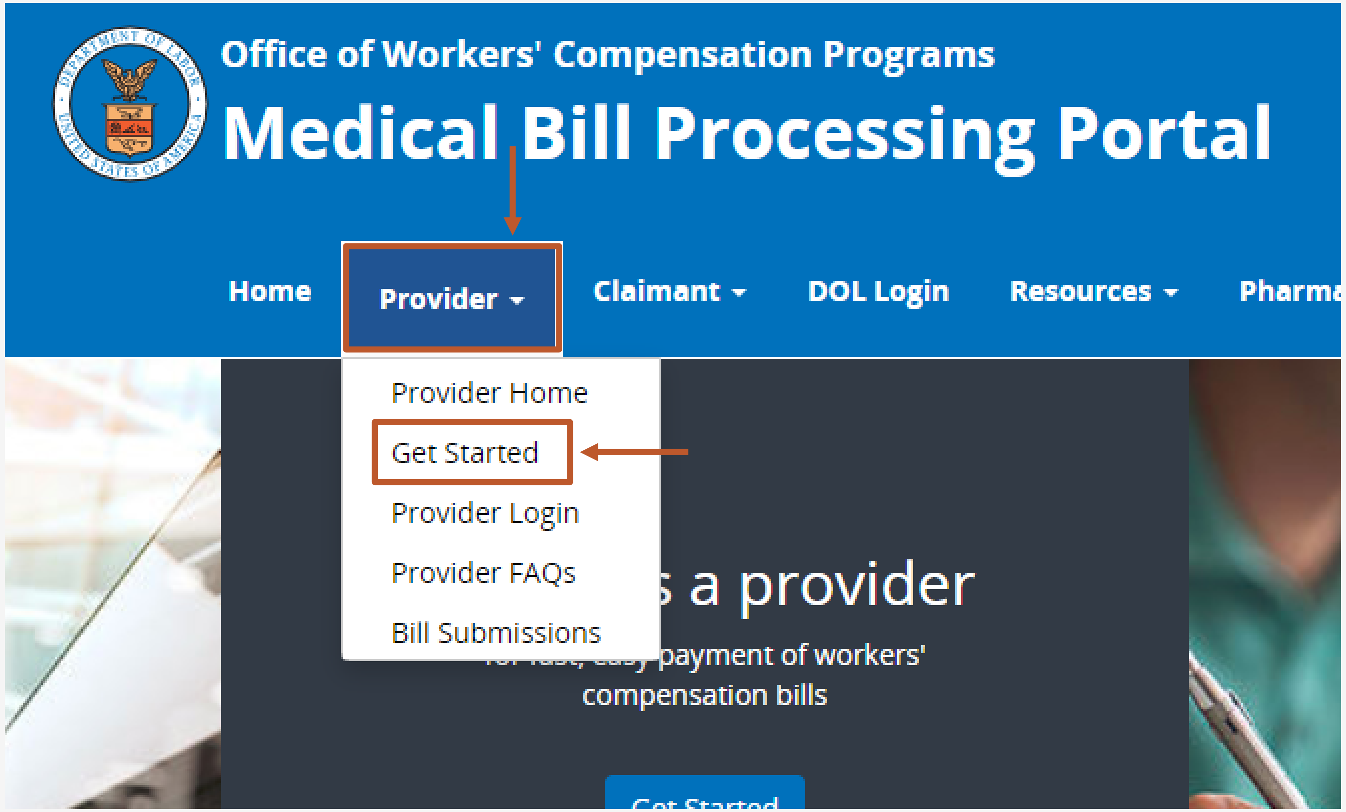
Overview

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

Accessing the WCMBP System

Go to https://owcpmed.dol.gov

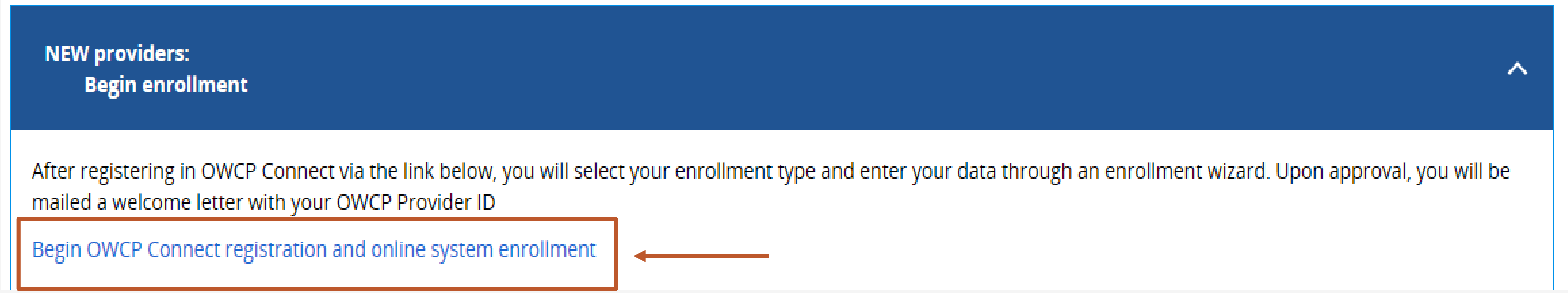
From the WCMBP Portal, select “Get Started” under the provider tab.



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.

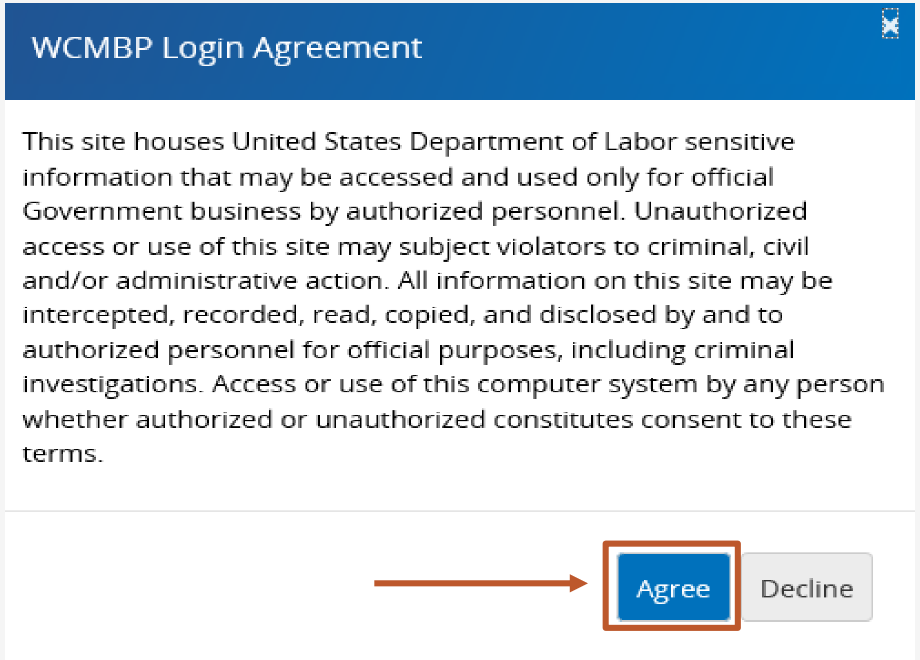
OWCP Connect is the mechanism by which all users are authenticated.



Accessing the WCMBP System

Read and agree to the WCMBP Login Agreement.

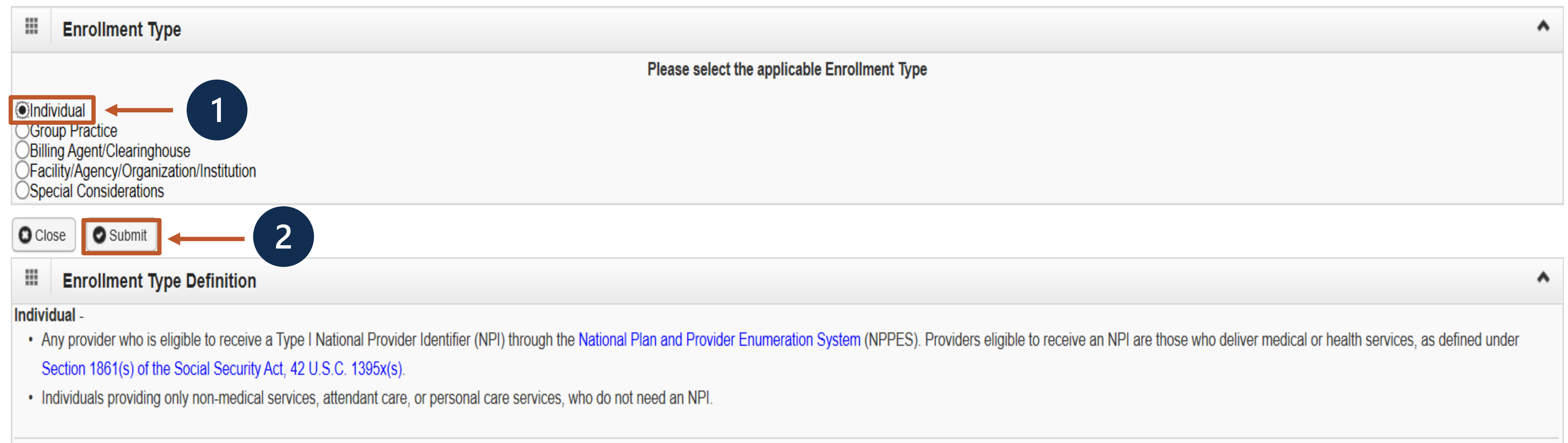
You will be directed to register with OWCP Connect. Please refer to the OWCP Connect Registration tutorial for completion.



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.



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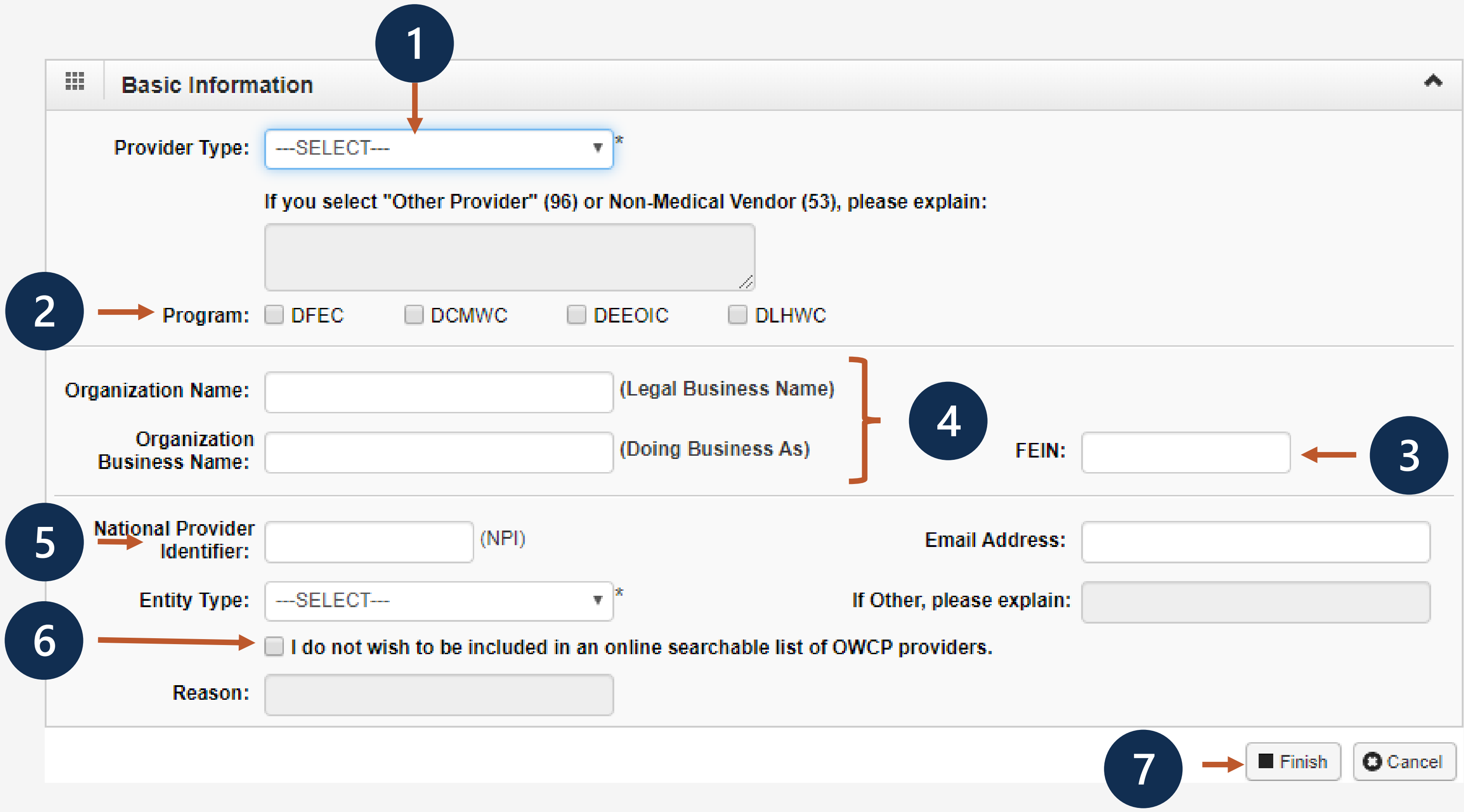
Completing an Enrollment Application

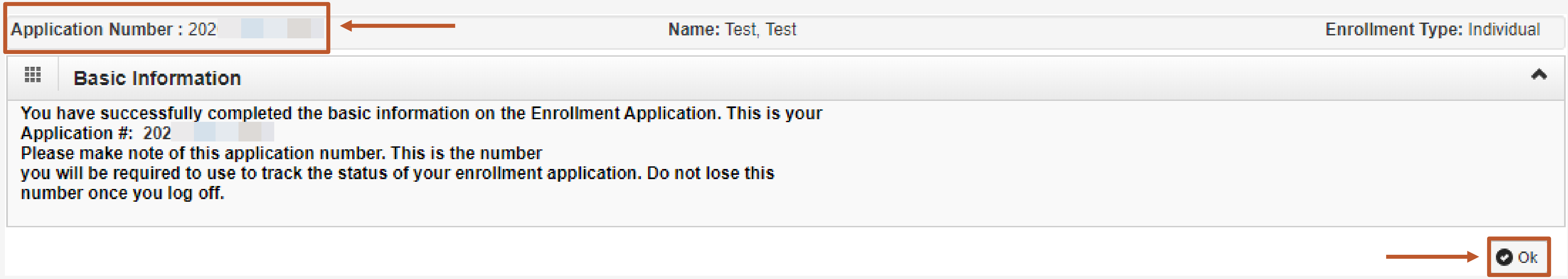
1. Select a Provider Type from drop down menu.
2. Check a Program(s) to enroll in.
3. Select Identifier Type (FEIN or SSN).
4. Based on the responses for steps 1-3, you will either enter an organization name or the individual provider name.
5. Enter an NPI and an Entity Type based on your W9.
6. Check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



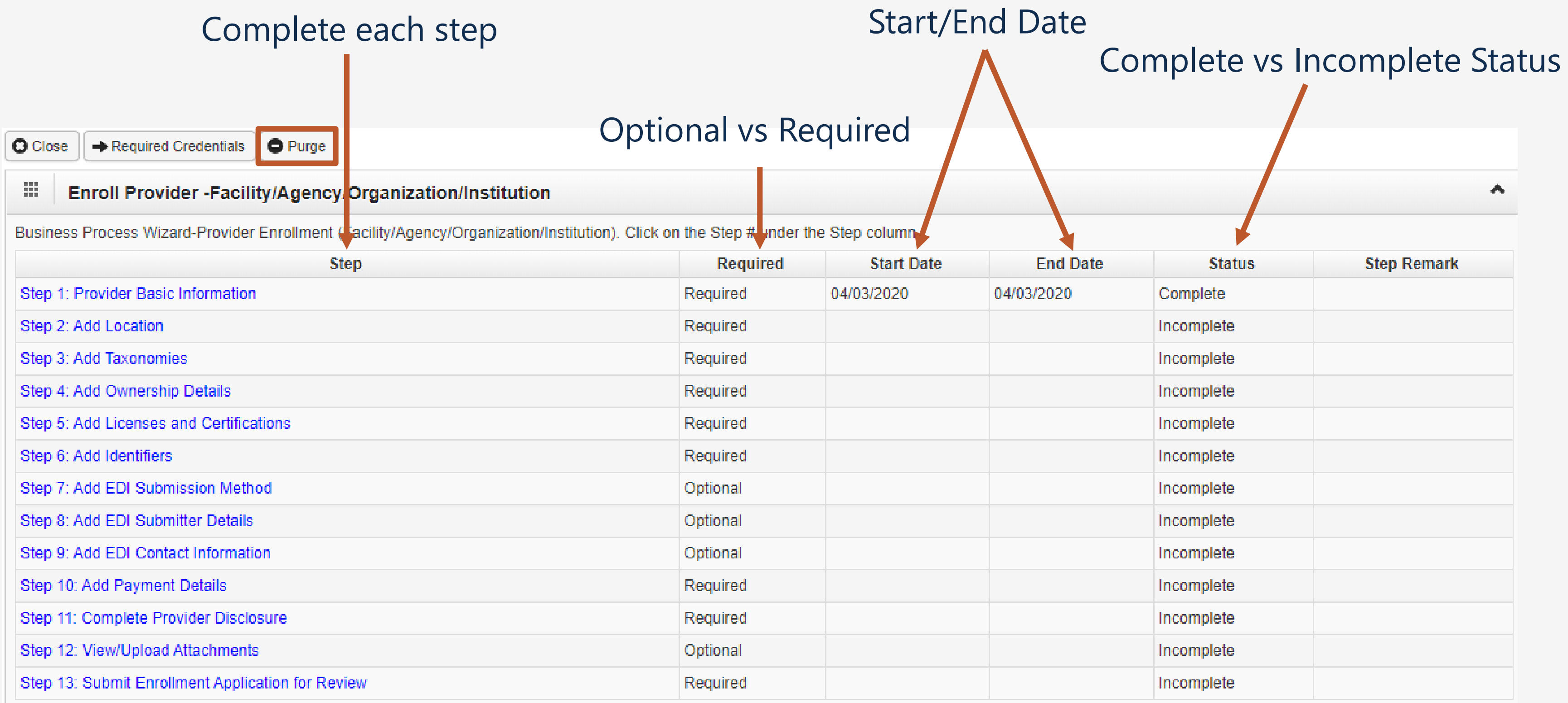
Completing an Enrollment Application

Write down your application number for your records and click “OK”.

The application number will also be emailed to you.



Completing an Enrollment Application



Close | Required Credentials | Purge

Enroll Provider -Facility/Agency/Organization/Institution

Business Process Wizard-Provider Enrollment (Facility/Agency/Organization/Institution). Click on the Step # under the Step column.

Step	Required	Start Date	End Date	Status	Step Remark
Step 1: Provider Basic Information	Required	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	Required			Incomplete	
Step 7: Add EDI Submission Method	Optional			Incomplete	
Step 8: Add EDI Submitter Details	Optional			Incomplete	
Step 9: Add EDI Contact Information	Optional			Incomplete	
Step 10: Add Payment Details	Required			Incomplete	
Step 11: Complete Provider Disclosure	Required			Incomplete	
Step 12: View/Upload Attachments	Optional			Incomplete	
Step 13: Submit Enrollment Application for Review	Required			Incomplete	

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

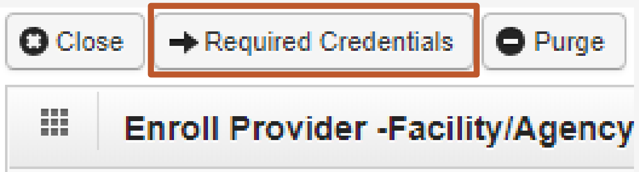
Before completing the next steps, click "Required Credentials."

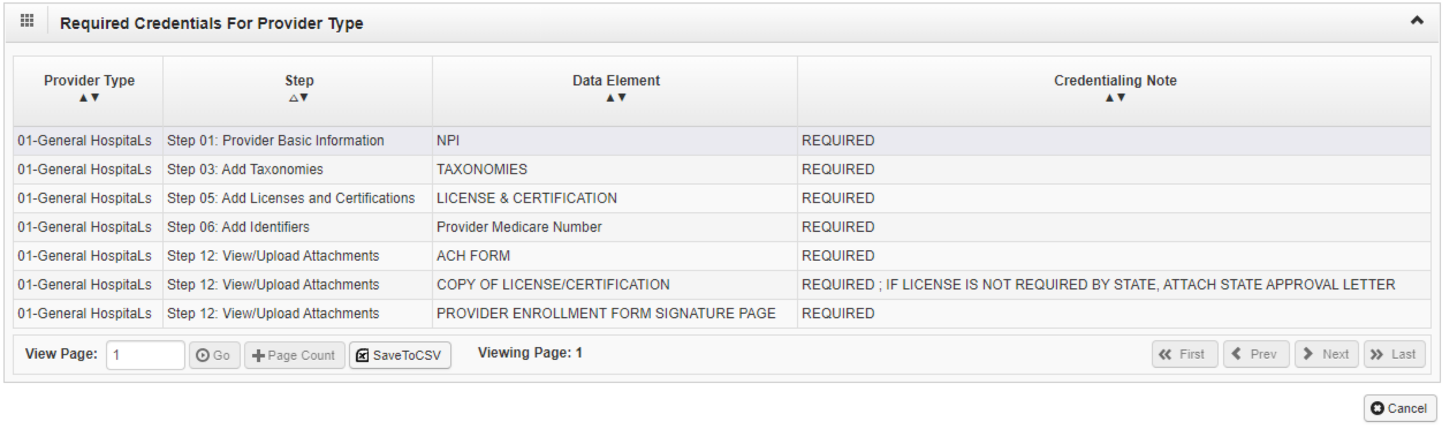
A separate window will appear and display the credentials that are required for your provider type.

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

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

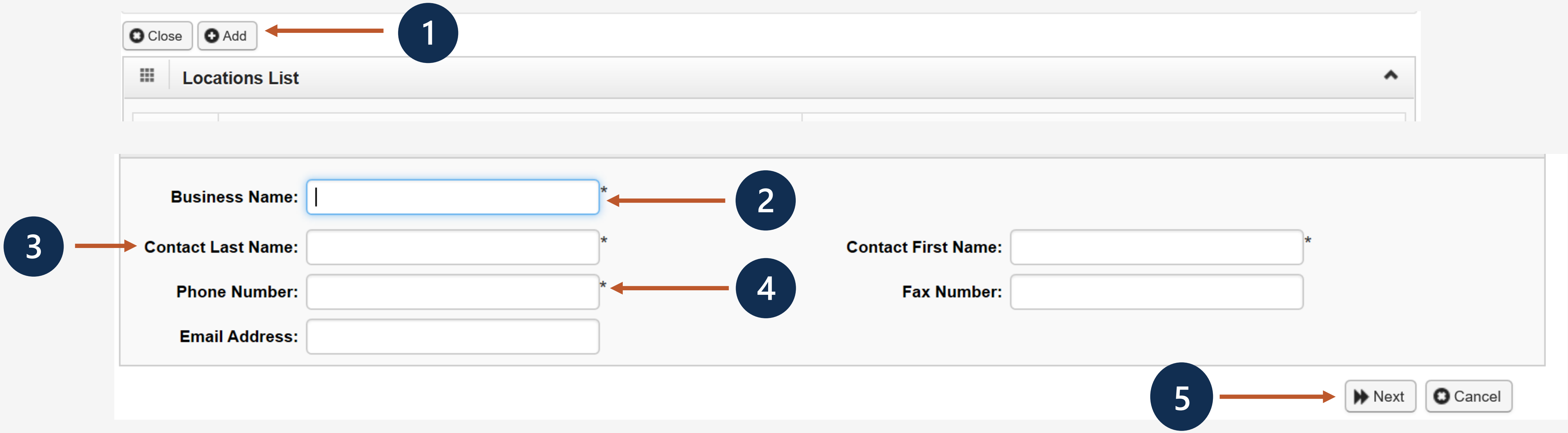
Note: Cancel will not close this page.





Provider Type	Step	Data Element	Credentialing Note
01-General HospitaLs	Step 01: Provider Basic Information	NPI	REQUIRED
01-General HospitaLs	Step 03: Add Taxonomies	TAXONOMIES	REQUIRED
01-General HospitaLs	Step 05: Add Licenses and Certifications	LICENSE & CERTIFICATION	REQUIRED
01-General HospitaLs	Step 06: Add Identifiers	Provider Medicare Number	REQUIRED
01-General HospitaLs	Step 12: View/Upload Attachments	ACH FORM	REQUIRED
01-General HospitaLs	Step 12: View/Upload Attachments	COPY OF LICENSE/CERTIFICATION	REQUIRED ; IF LICENSE IS NOT REQUIRED BY STATE, ATTACH STATE APPROVAL LETTER
01-General HospitaLs	Step 12: View/Upload Attachments	PROVIDER ENROLLMENT FORM SIGNATURE PAGE	REQUIRED

Step 2: Add Location

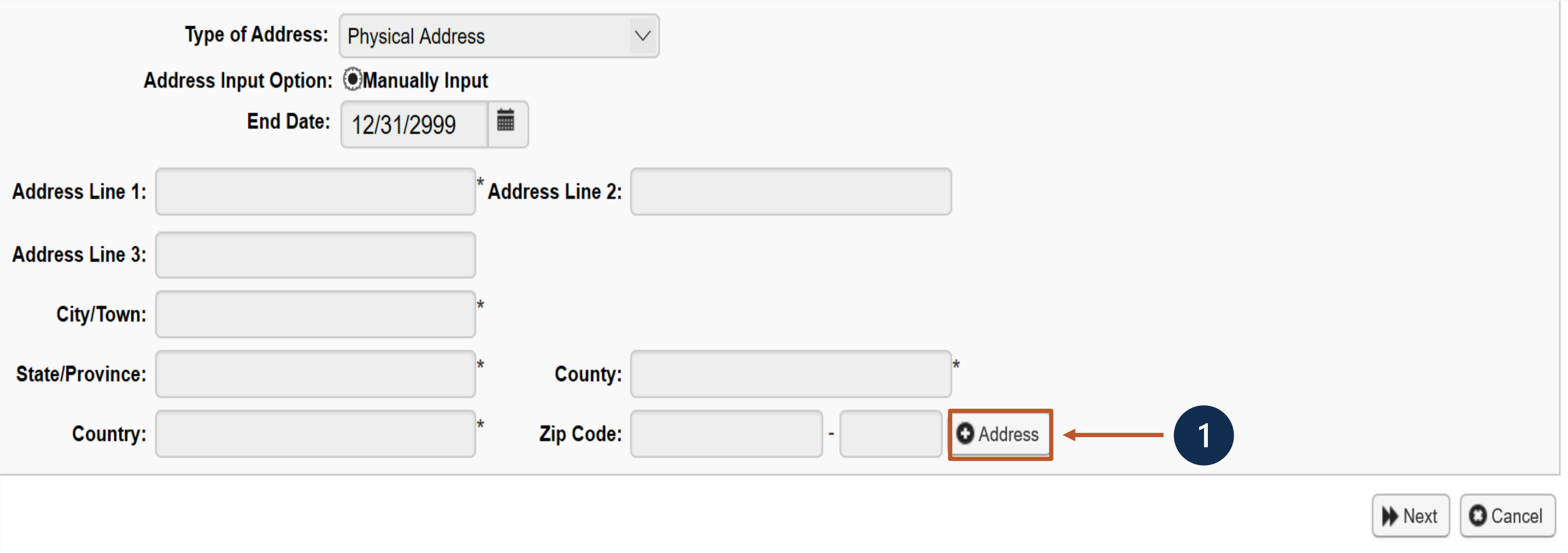


1. Select the Add button.
2. Enter Location Business Name.
3. Enter Contact Person First and Last Name.
4. Enter Contact Person Phone Number. (Do not add dashes or spaces)
5. Click "Next."

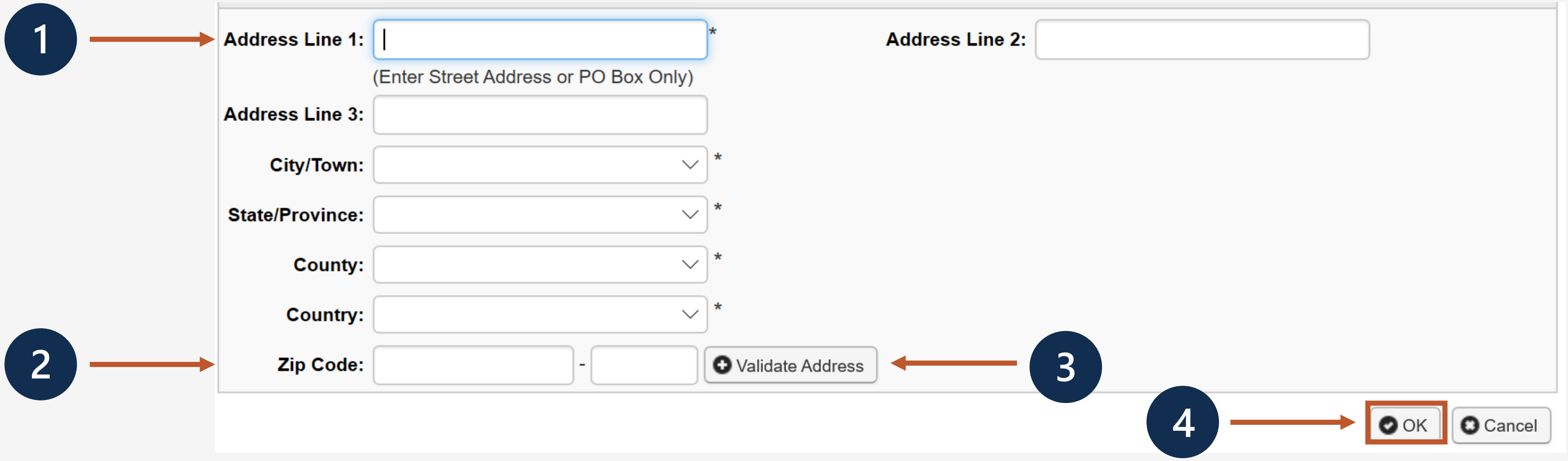
Note: Email Address and Fax Number entries are Optional

Step 2: Add Location

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



Step 2: Add Physical Location



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

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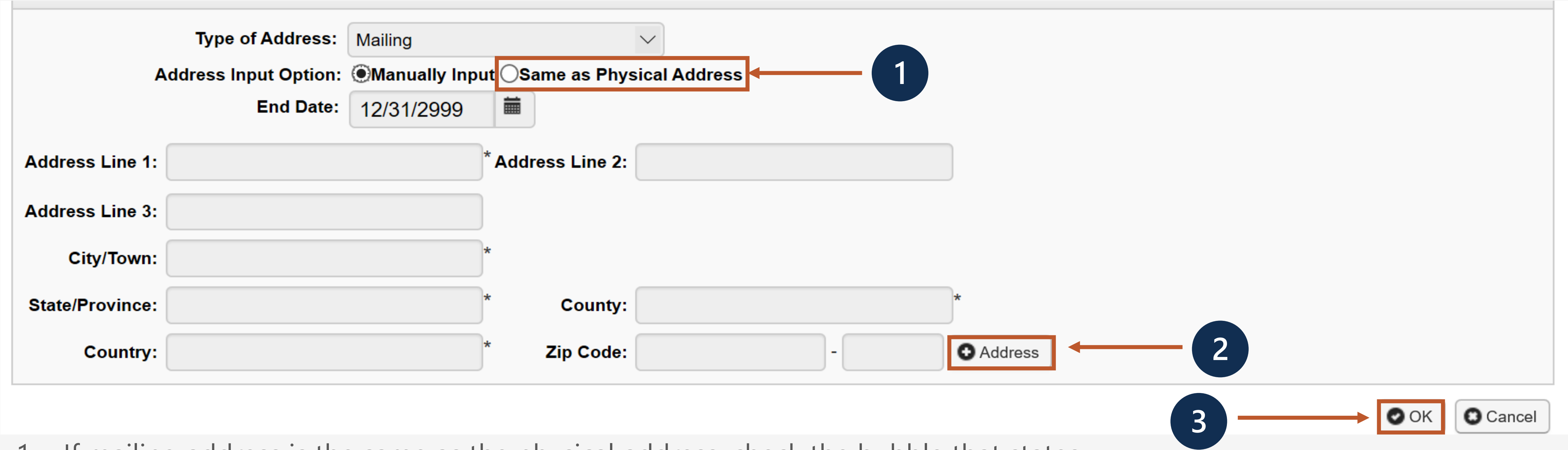
Step 2: Add Mailing Location

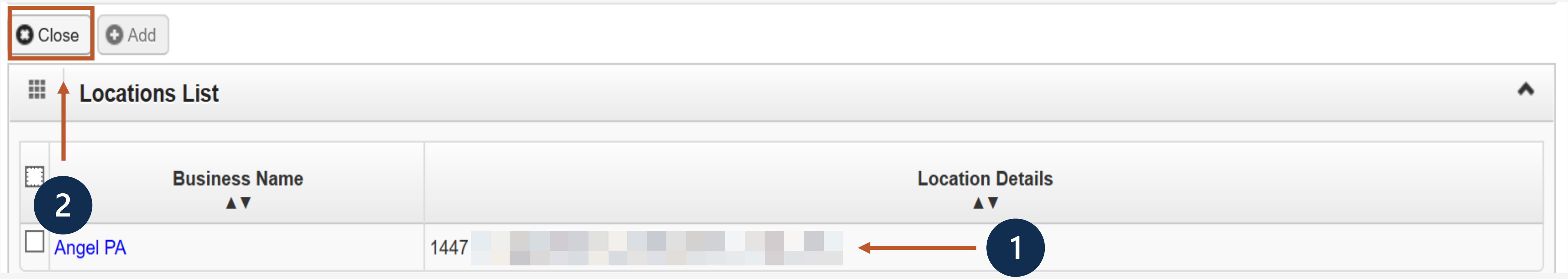


1. If mailing address is the same as the physical address, check the bubble that states "Same as Physical Address".

   OR

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

Step 2: Add Mailing Location



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.

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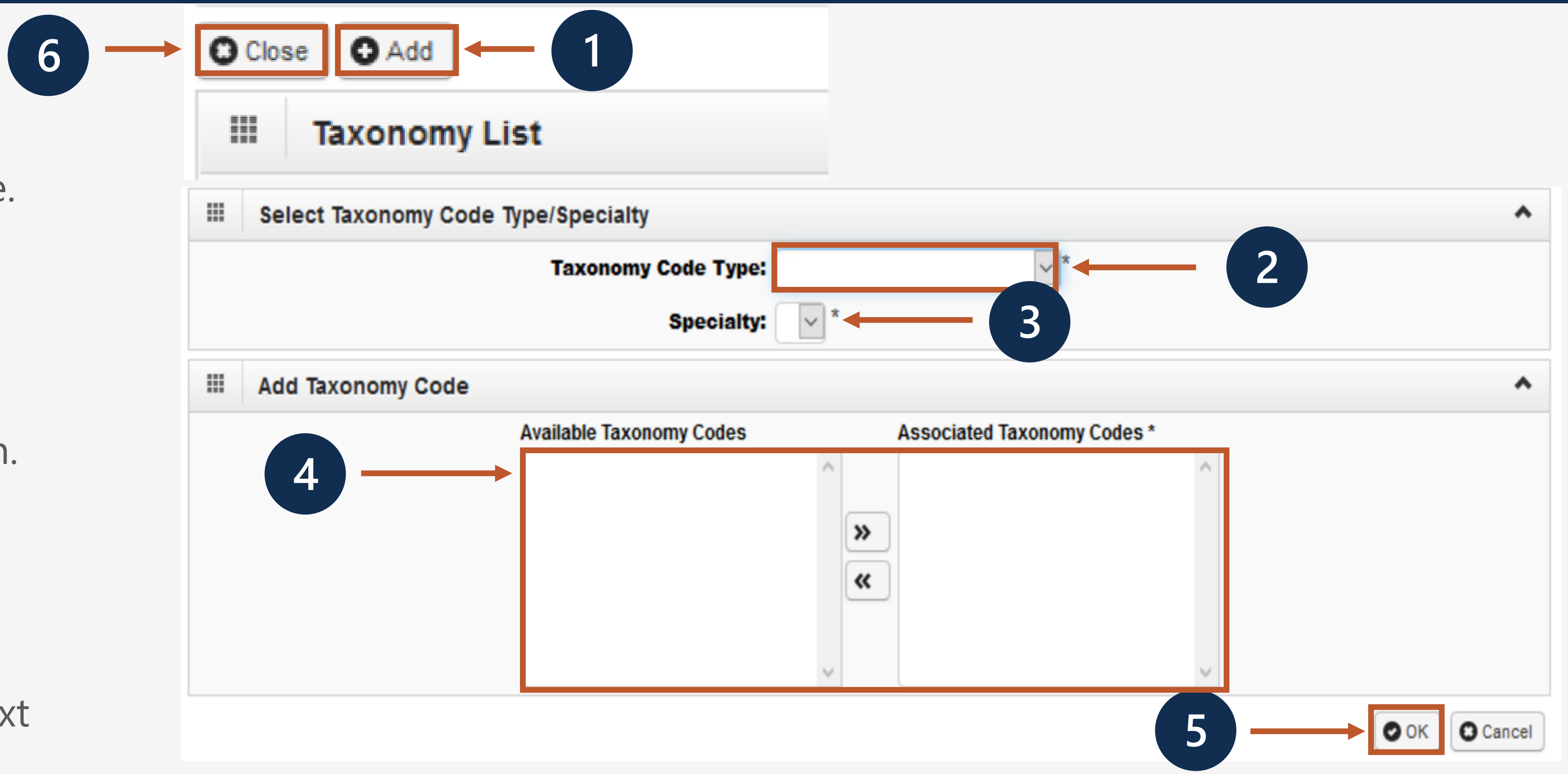
Step 3: Add Taxonomies

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."



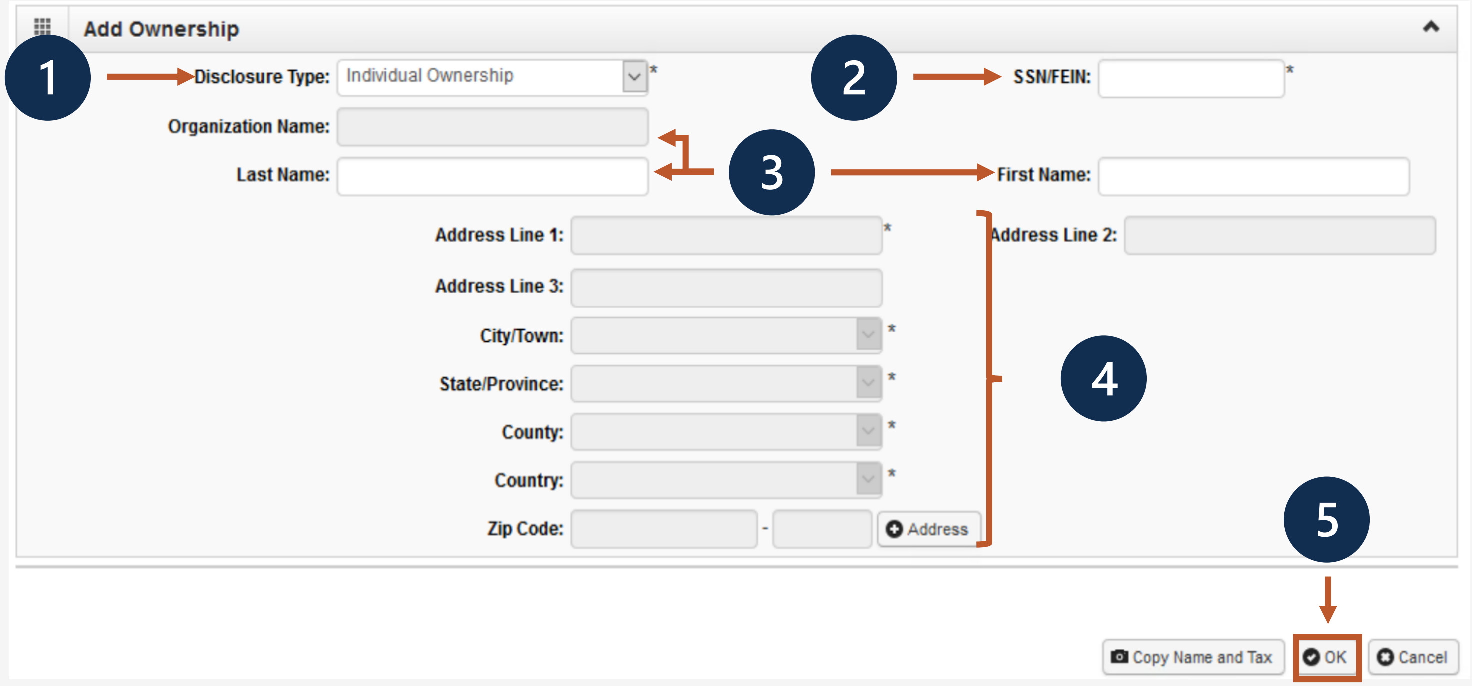
Note: Ownership Details list any business with more than a 5% interest in or where involvement is at an officer, director or agent of the company.

Step 4: Add Ownership Details

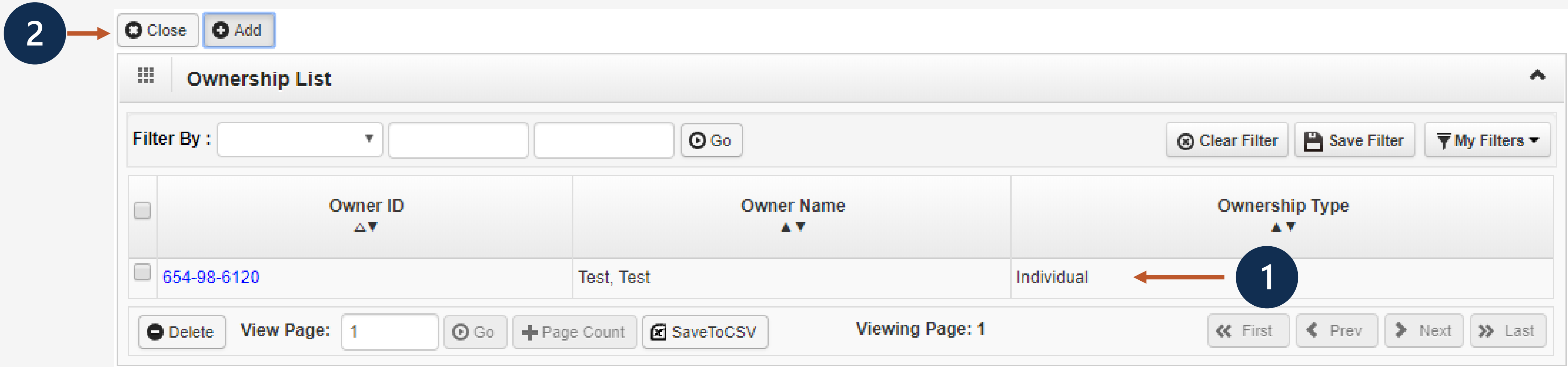
This step optional. If completed, you must complete required fields and click OK.

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.



Step 4: Add Ownership Details

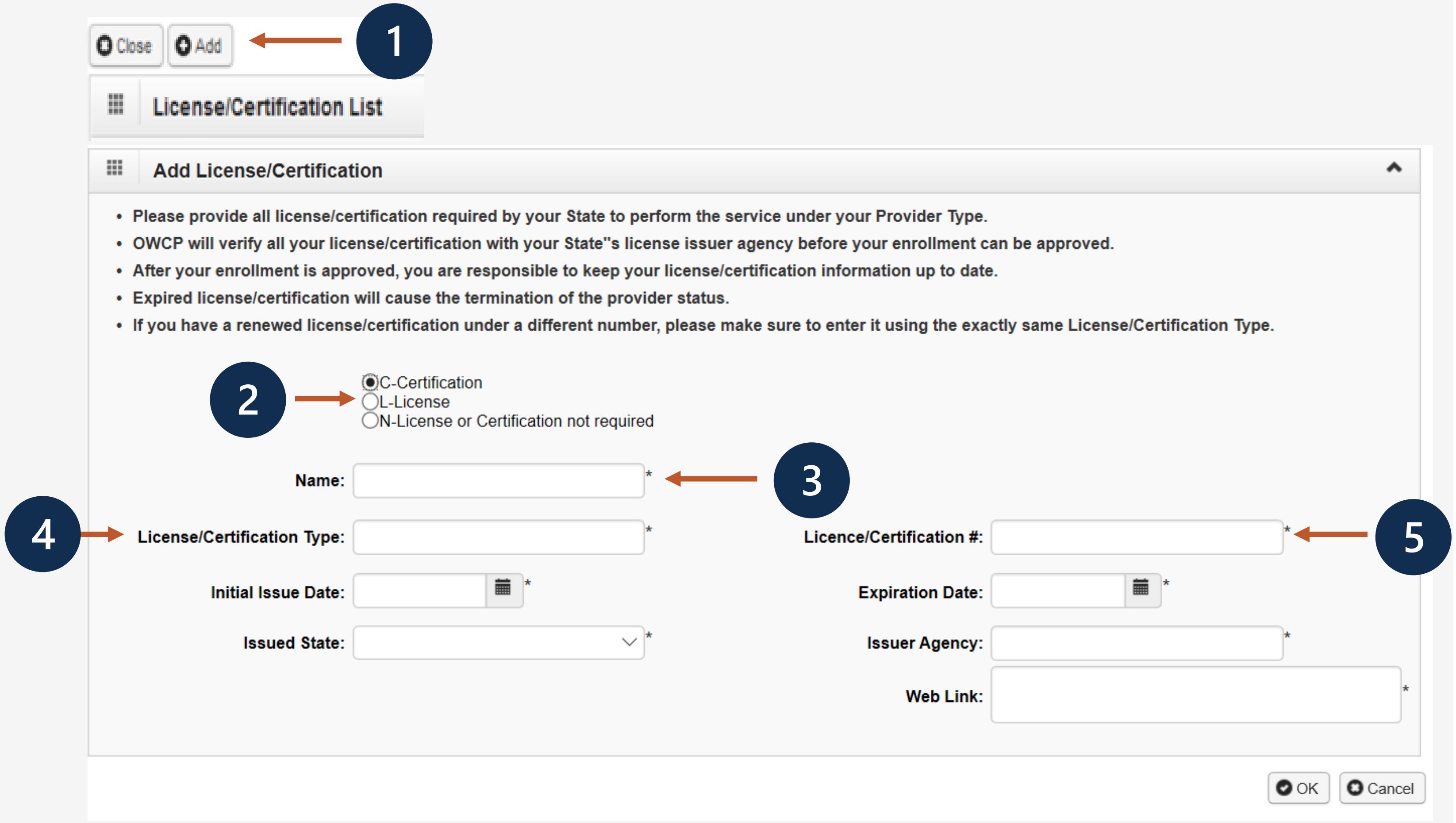


1. The system displays the Ownership List, which was entered.
2. Click “Close” to move on to the next step, “Add Licenses and Certifications.”

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.



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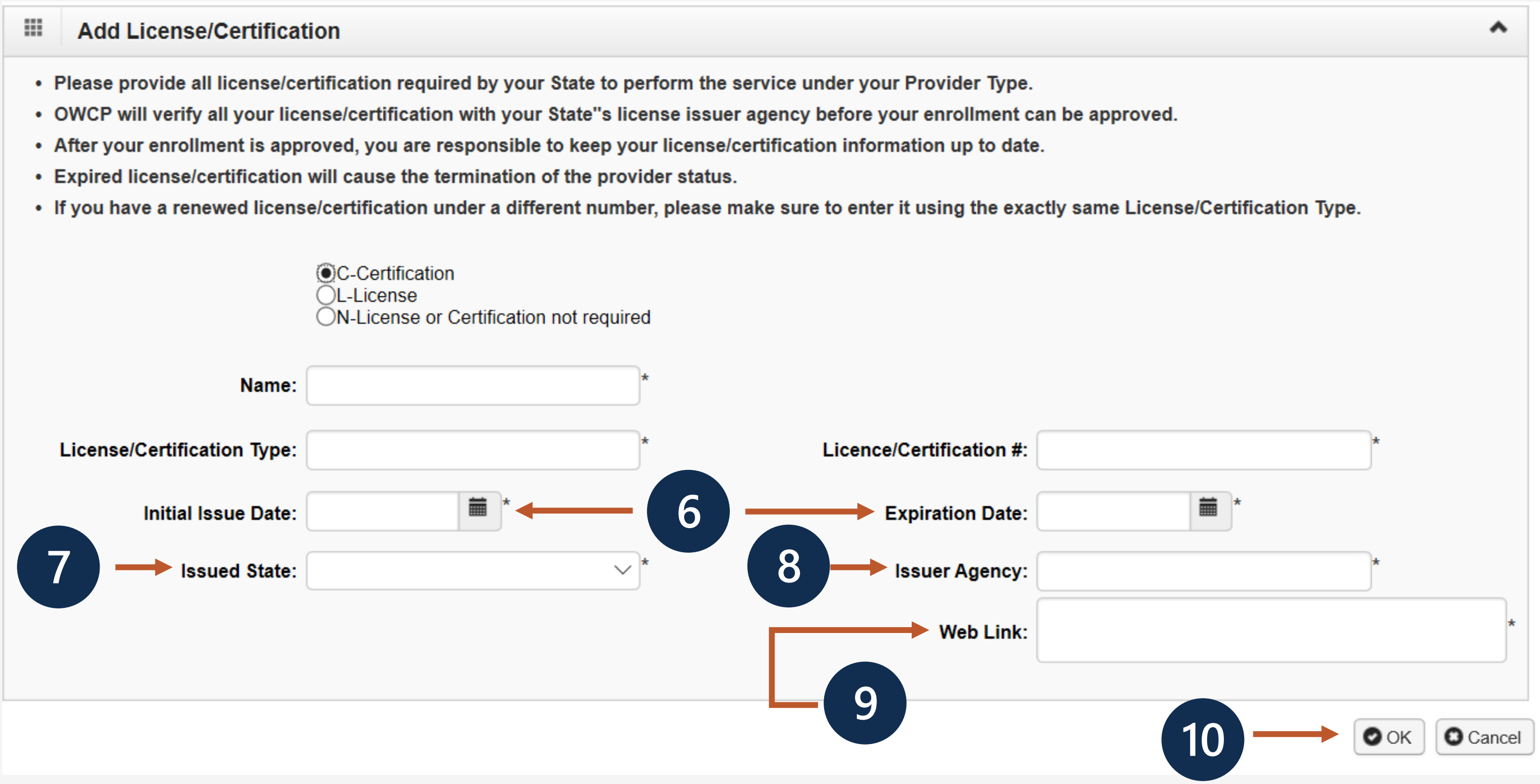
Step 5: Add License/Certification

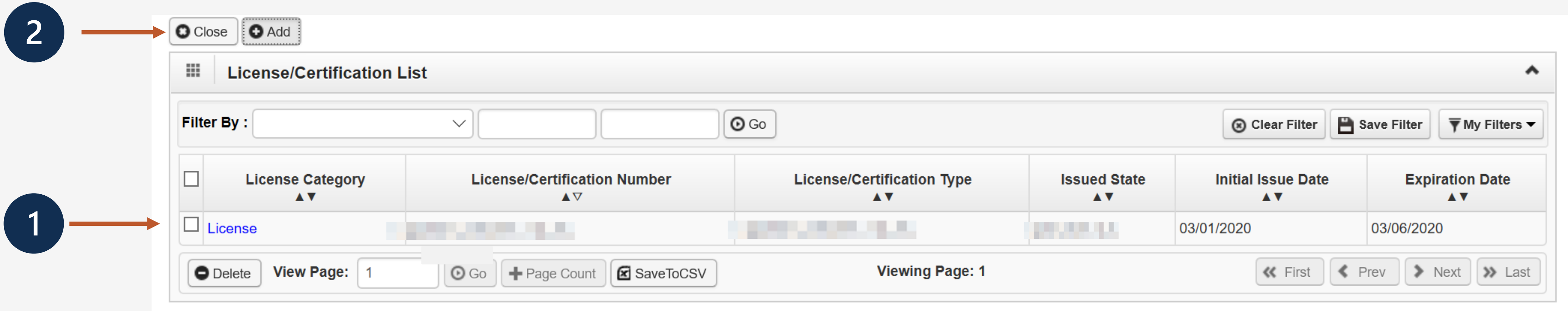
6. Enter or select the initial issue date and expiration date in the “Initial Issue Date” and the “Expiration Date” fields.
7. Within the “Issued State” drop-down menu, select the state where the license or certification was issued. (Must match the state of physical address)
8. Enter the issuing agency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



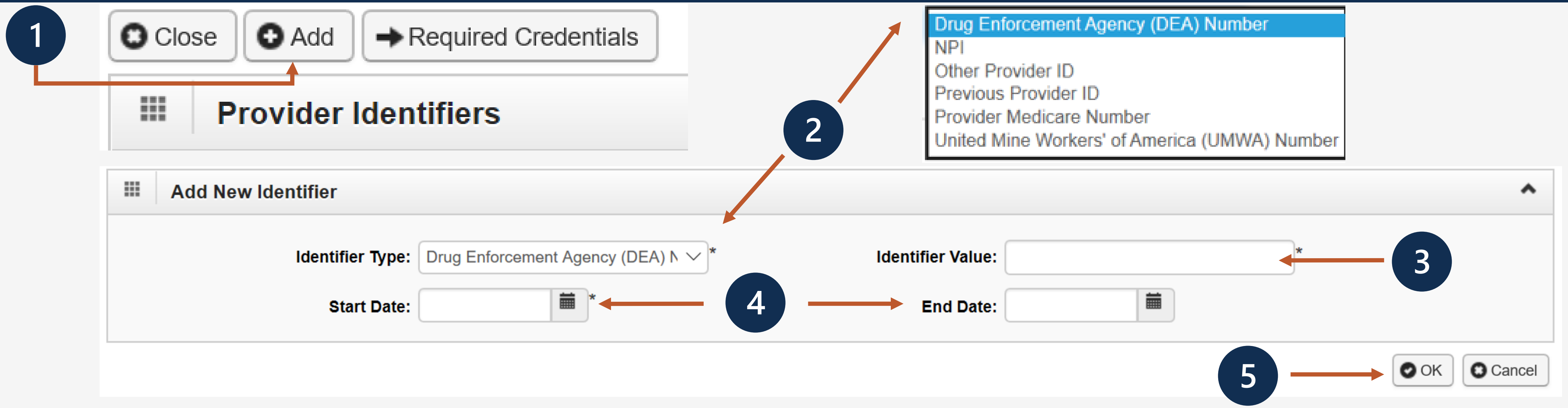
Step 5: Add License/Certification

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



Step 6: Add Identifiers (Optional)



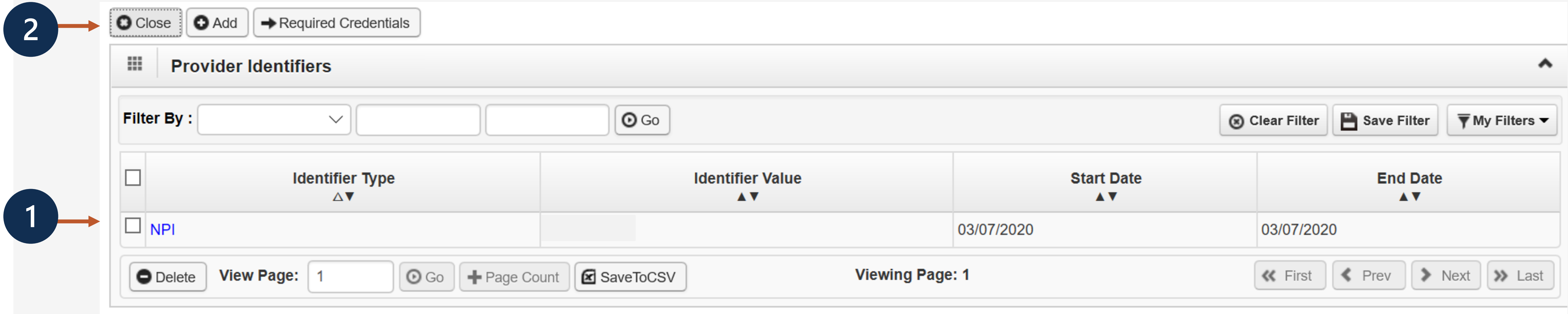
1. Click "Add."
2. Select the identifier type from the "Identifier Type" drop-down menu.
3. Enter the identifier value in the "Identifier Value" field.
4. Enter or select the start and end dates in the "Start Date" and "End Date" fields.
5. Select "Ok."

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

Step 6: Add Identifiers

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

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



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.

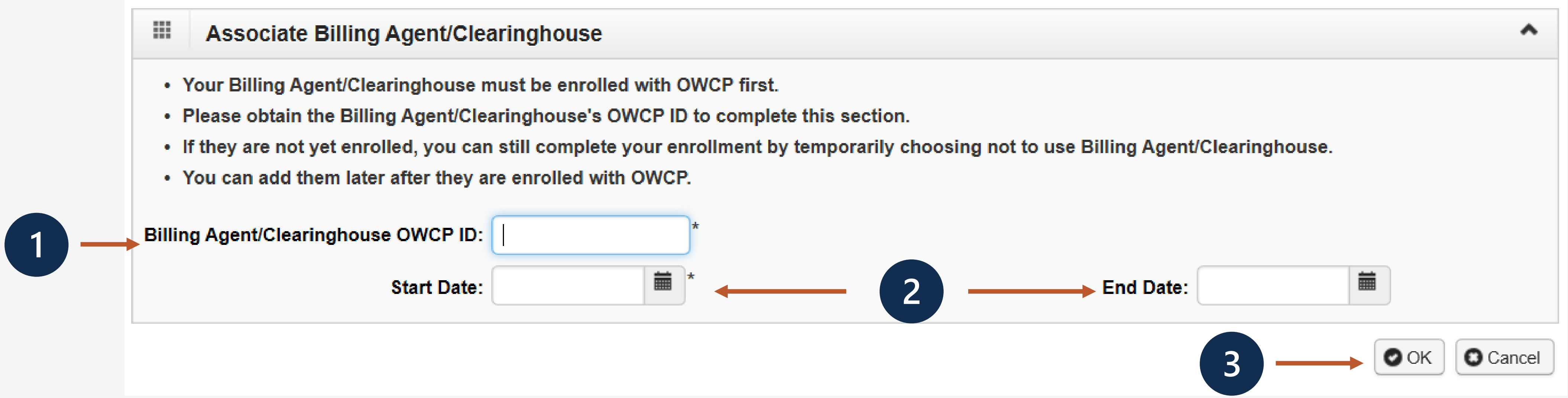
- Web Batch method is often used by providers who submit their own HIPAA batch transactions. It allows a maximum file size of 50 MB.
- Your EDI submission method is FTP Secured Batch if you submit and retrieve batches at a secure web folder assigned to you by OWCP. This method was designed with clearinghouses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

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



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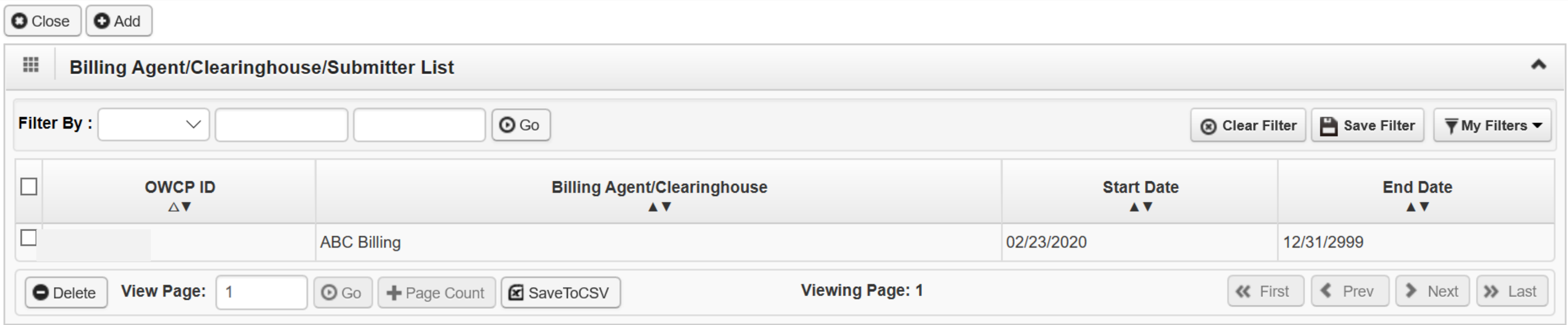
Step 8: Add EDI Submitter Details (Optional)

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.”

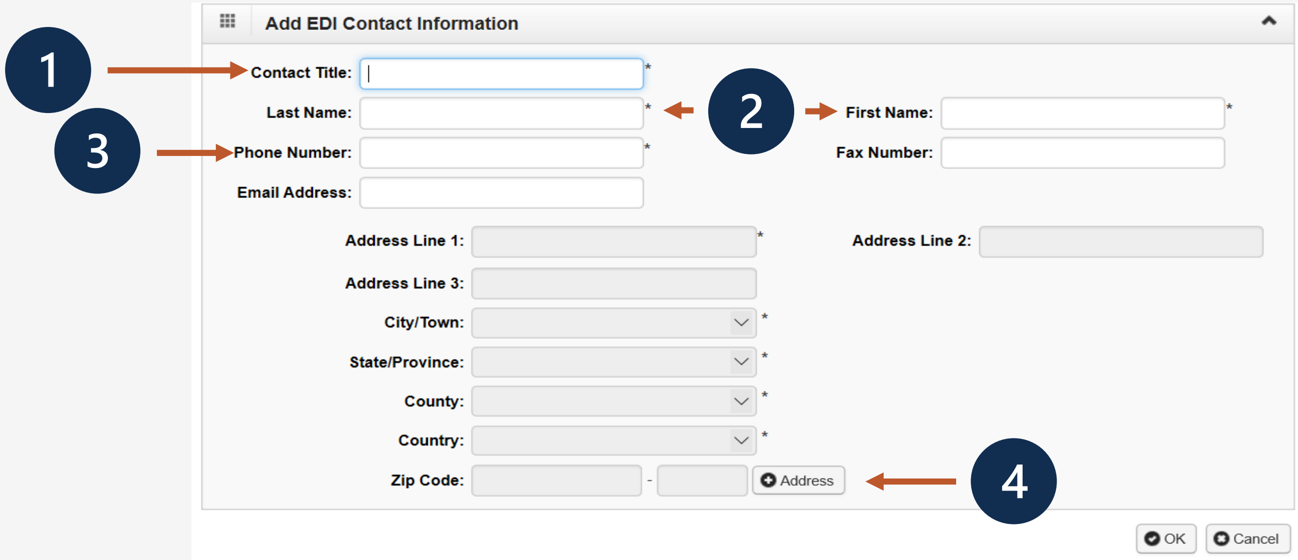
Note: EDI Contact Information will need to be on file if we need to ask the Billing Agent/Clearinghouse any questions pertaining to their EDI enrollment and/or future submissions and retrievals.

2

1



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 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.”

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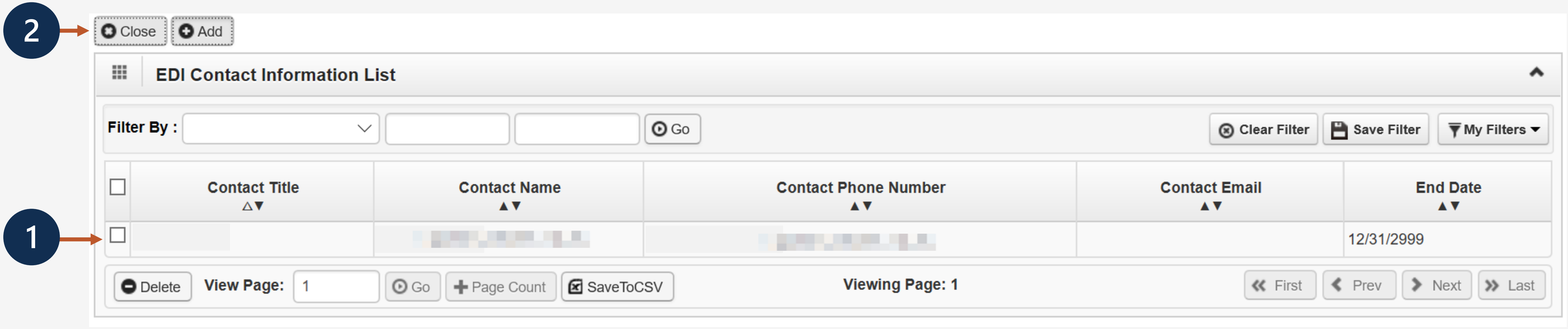
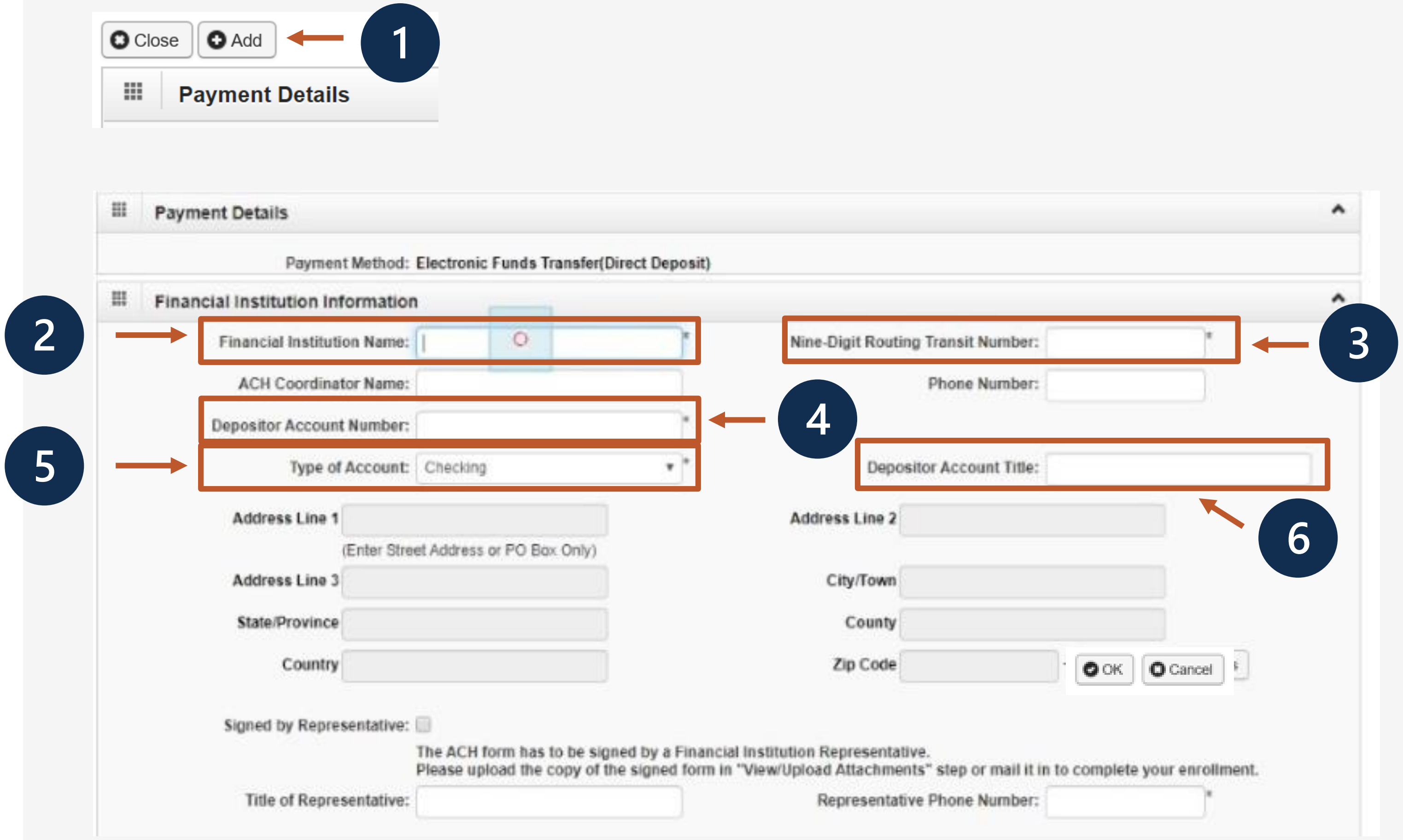
Step 9: Add EDI Contact Information (Optional)



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

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

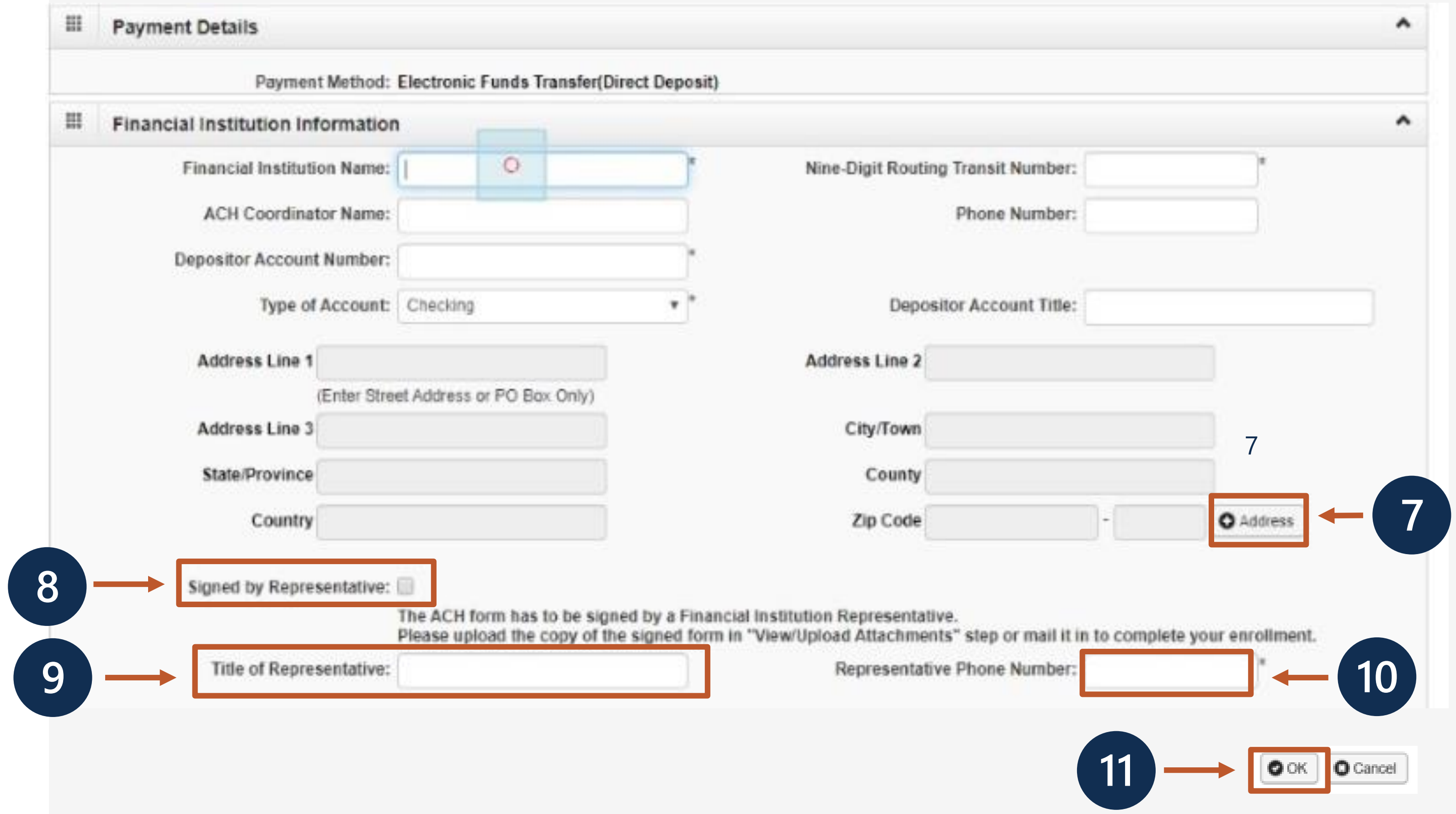
Step 10: Add Payment Details



Note: Electronic Funds Transfer (EFT) is mandatory. Payment Details must be entered to receive payment from OWCP.
The ACH form must be signed, uploaded, faxed or mailed. If faxed or mailed, the enrollment cover sheet is needed.

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

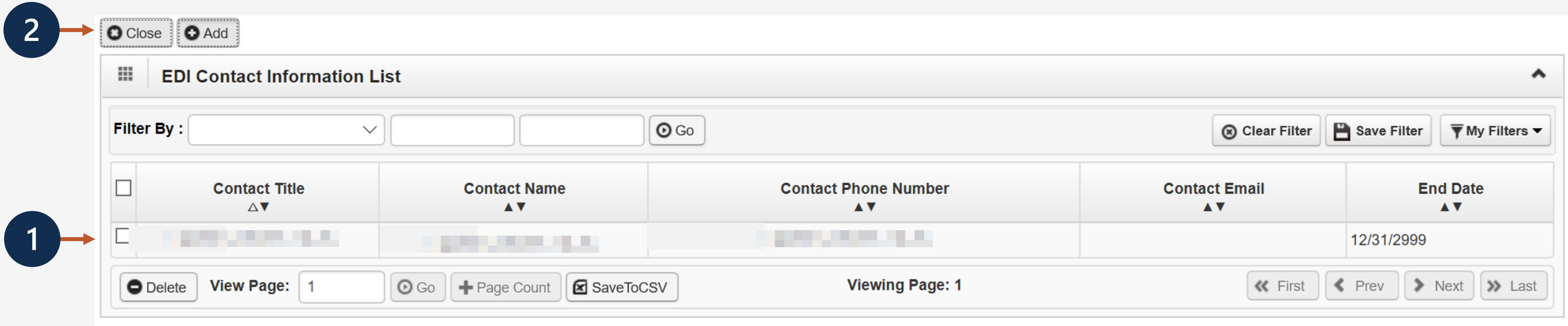
Step 10: Add Payment Details



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.

7. Click "Address" to add the Financial Institution address. The address details dialog will display.
8. Once address is added, select the "Signed by Representative" check box to indicate that the ACH form has been signed by a representative of the financial institution.
9. Enter the title of the financial institution's representative in the "Title of Representative" field.
10. Enter the representative's phone number in the "Representative Phone Number" field.
11. Click "OK."

Step 10: Add Payment Details



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.

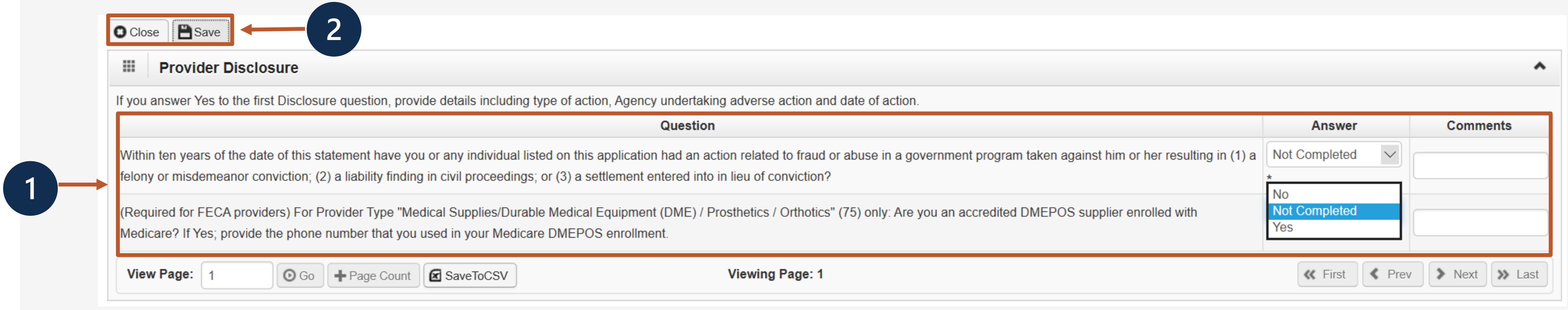
Step: 11 Complete Provider Disclosure

1. Answer the two disclosure questions:

   Note: If you answer "Yes" to the first Disclosure question, please provide details under comments section including type of action, agency undertaking adverse action and date of action.

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

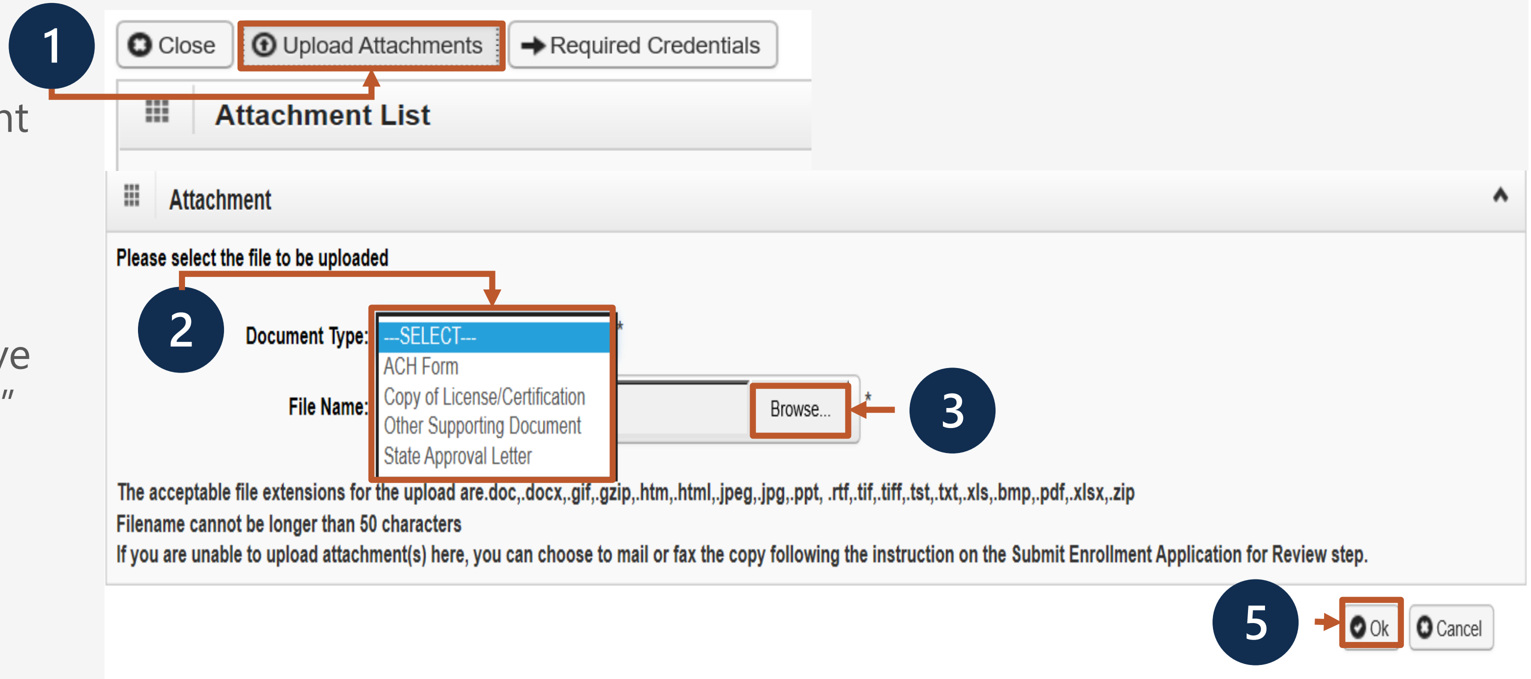
2. Click "Save" and then click "Close" to move on to the next step, "View/Upload Attachments."



Step 12: View/Upload Attachments (Optional)

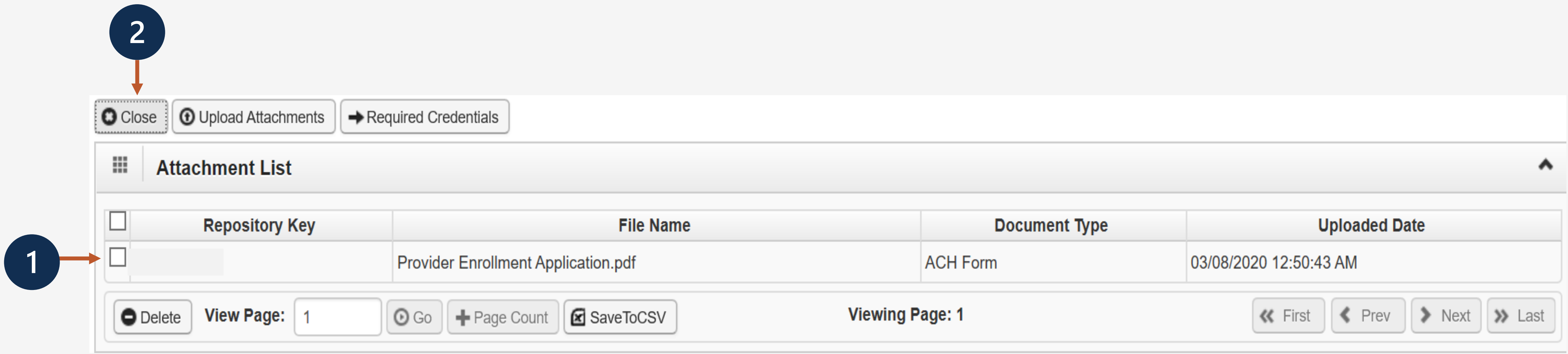
Note: This Step is optional because you are able to submit the application via DDE and then mail or fax required attachments with a Provider Enrollment Cover Sheet. If attachments are not uploaded at the time of submission, your application will stay in an "Awaiting Attachments Status" for 9 days. If 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."



Step 12: View/Upload Attachments (Optional)

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

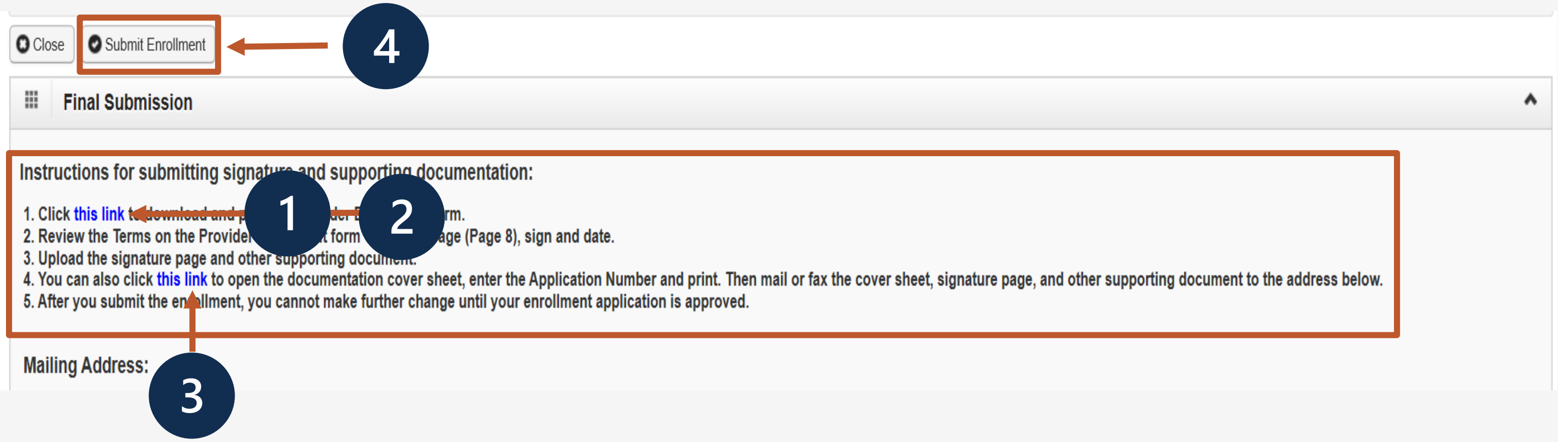


Step 13: Submit Enrollment Application for Review

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”.



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.