

WCMBP System

How to Complete a Provider Enrollment Application

Individual Provider



Overview

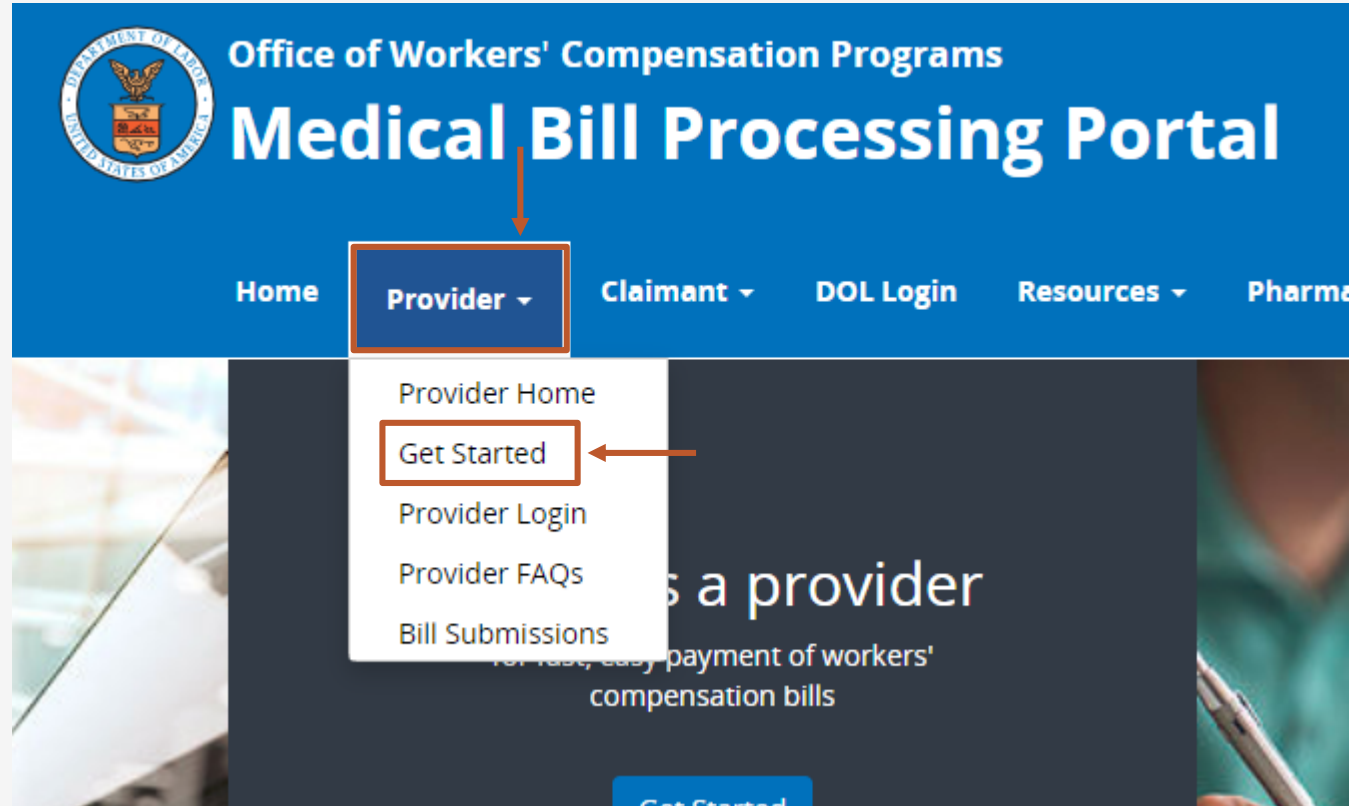
This PowerPoint provides instructions on how to complete an application for an individual provider via the Workers' Compensation Medical Bill Process (WCMBP) Portal.



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.

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 displays a web form for enrollment. The top section, titled 'Enrollment Type', contains a message 'Please select the applicable Enrollment Type' and a list of radio button options: 'Individual', 'Group Practice', 'Billing Agent/Clearinghouse', 'Facility/Agency/Organization/Institution', and 'Special Considerations'. The 'Individual' option is selected and highlighted with a red box and an arrow pointing to a circled number 1. Below this is a row of buttons: 'Close' and 'Submit'. The 'Submit' button is highlighted with a red box and an arrow pointing to a circled number 2. The bottom section, titled 'Enrollment Type Definition', shows the definition for the selected 'Individual' type.

Enrollment Type

Please select the applicable Enrollment Type

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

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:" section with checkboxes for DFEC, DCMWC, DEEOIC, and DLHWC.
- Step 3:** "FEIN:" text input field.
- Step 4:** A bracket groups "Organization Name:" (Legal Business Name) and "Organization Business Name:" (Doing Business As) text input fields.
- Step 5:** "National Provider Identifier:" (NPI) text input field.
- Step 6:** "Entity Type:" dropdown menu with "--SELECT--" selected.
- Text:** "If Other, please explain:" followed by a text area.
- Step 6:** A checkbox "I do not wish to be included in an online searchable list of OWCP providers." with a "Reason:" text input field below it.
- 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, Test Enrollment Type: Individual

Basic Information

You have successfully completed the basic information on the Enrollment Application. This is your Application #: 202
Please make note of this application number. This is the number you will be required to use to track the status of your enrollment application. Do not lose this number once you log off.

Ok

Completing an Enrollment Application

Complete each step

Start/End Date

Complete vs Incomplete Status

Optional vs Required

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

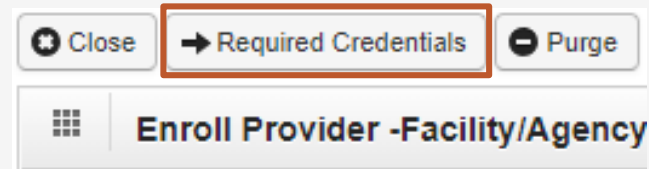
Before completing the next steps, click "Required Credentials."

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.



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


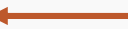

End Date: 

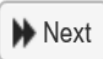
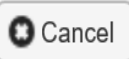
Address Line 1: * Address Line 2:

Address Line 3:

City/Town: *

State/Province: * County: *

Country: * Zip Code: -  Address  

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, there are 'OK' and 'Cancel' buttons. Numbered callouts indicate the following steps:

- 1. Address Line 1 input field.
- 2. Zip Code input field.
- 3. 'Validate Address' button.
- 4. '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:'. A '+ Address' button is highlighted with a red box and callout 2. At the bottom right, an 'OK' button (highlighted with a red box and callout 3) and a '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 for managing locations. At the top, there are two buttons: 'Close' (with a red box around it) and 'Add' (with a red arrow pointing to it). Below these is a section titled 'Locations List'. It contains 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'. 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 ▲▼
Angel PA	1447

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 callouts:

- Callout 1:** Points to the '+ Add' button at the top right.
- Callout 2:** Points to the 'Taxonomy Code Type:' dropdown menu.
- Callout 3:** Points to the 'Specialty:' dropdown menu.
- Callout 4:** Points to the 'Available Taxonomy Codes' list box.
- Callout 5:** Points to the 'OK' button at the bottom right.
- Callout 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: (text input field)
 - State/Province: (dropdown menu)
 - County: (dropdown menu)
 - Country: (dropdown menu)
 - Zip Code: (text input field)
 - Address button (with a plus icon)
- Step 5:** OK button (highlighted with a red box)

At the bottom right, there are three buttons: 'Copy Name and Tax' (with a camera icon), 'OK' (highlighted with a red box), and 'Cancel'.

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"/>	654-98-6120	Test, Test	Individual

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

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.
- Buttons:** 'OK' and 'Cancel' buttons at the bottom right.

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: * **6** →

Issued State: * **7** →

Expiration Date: * ← **6** →

Licence/Certification #:

Issuer Agency: * **8** →

Web Link: * **9** →

10 →

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.

2 →

License/Certification List

Filter By :

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

View Page: 1 Viewing Page: 1

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 from step 1 to the 'Add' button and from step 2 to the drop-down menu.
- Identifier Value:** A text input field with an asterisk. An arrow points from step 3 to this field.
- Start Date:** A date input field with a calendar icon and an asterisk. An arrow points from step 4 to this field.
- End Date:** A date input field with a calendar icon and an asterisk. An arrow points from step 4 to this field.
- Buttons:** 'OK' and 'Cancel' buttons at the bottom right. An arrow points from step 5 to the 'OK' button.

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

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 →

1 →

✖ Close + Add → Required Credentials

Provider Identifiers

Filter By : Go Clear Filter Save Filter My Filters

<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.

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."

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.

Associate Billing Agent/Clearinghouse

- Your Billing Agent/Clearinghouse must be enrolled with OWCP first.
- Please obtain the Billing Agent/Clearinghouse's OWCP ID to complete this section.
- If they are not yet enrolled, you can still complete your enrollment by temporarily choosing not to use Billing Agent/Clearinghouse.
- You can add them later after they are enrolled with OWCP.

1 → Billing Agent/Clearinghouse OWCP ID: *

Start Date: * ← 2 → End Date:

3 →

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:** A text input field followed by a hyphen and another text input field.
- 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.

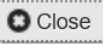

1. Enter Street Number and Name in Address Line 1.
2. Enter Zip Code.
3. Click "Validate Address."
4. Click "Ok."



The screenshot shows a web form titled "Address details" with a grid icon in the top left and an upward arrow in the top right. The form contains 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 a downward arrow and an asterisk (*).
- State/Province:** A dropdown menu with a downward arrow and an asterisk (*).
- County:** A dropdown menu with a downward arrow and an asterisk (*).
- Country:** A dropdown menu with a downward arrow and an asterisk (*).
- Zip Code:** Two text input fields separated by a hyphen (-). An orange arrow labeled "2" points to the first input field.
- Validate Address:** A button with a plus icon and the text "Validate Address". An orange arrow labeled "3" points to this button.
- OK/Cancel:** Two buttons at the bottom right, "OK" (with a checkmark icon) and "Cancel" (with an X icon). An orange arrow labeled "4" points to the "OK" button.

Below the "Address Line 1" field, there is a small text label: "(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 ▲▼
<input type="checkbox"/>					12/31/2999

 View Page:    Viewing Page: 1    

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

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 form has a section titled "Financial Institution Information" with a sub-header "Payment Method: Electronic Funds Transfer(Direct Deposit)". The form contains several input fields: "Financial Institution Name" (labeled with a circled "2"), "Nine-Digit Routing Transit Number" (labeled with a circled "3"), "ACH Coordinator Name", "Phone Number", "Depositor Account Number" (labeled with a circled "4"), "Type of Account" (a dropdown menu showing "Checking", labeled with a circled "5"), and "Depositor Account Title" (labeled with a circled "6"). There are also fields for "Address Line 1", "Address Line 2", "City/Town", "County", "State/Province", "Country", and "Zip Code". At the bottom, there is a "Signed by Representative" section with a checkbox, a text box for "Title of Representative", and a text box for "Representative Phone Number". A note at the bottom 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." There are "OK" and "Cancel" buttons 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 10: Add Payment Details

The screenshot shows a web form titled "Payment Details" with a sub-section "Financial Institution Information". The form contains several input fields and a checkbox. Numbered callouts point to specific elements: 7 points to an "Address" button; 8 points to a "Signed by Representative" checkbox; 9 points to a "Title of Representative" text field; 10 points to a "Representative Phone Number" text field; and 11 points to an "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."

Payment Method: Electronic Funds Transfer(Direct Deposit)

Financial Institution Information

Financial Institution Name: *
ACH Coordinator Name:
Depositor Account Number: *
Type of Account: *
Address Line 1:
(Enter Street Address or PO Box Only)
Address Line 3:
State/Province:
Country:
Nine-Digit Routing Transit Number: *
Phone Number:
Depositor Account Title:
Address Line 2:
City/Town:
County:
Zip Code: -
 7
☐ Signed by Representative: 8
The ACH form has to be signed by a Financial Institution Representative.
Please upload the copy of the signed form in "View/Upload Attachments" step or mail it in to complete your enrollment.
Title of Representative: 9
Representative Phone Number: * 10
 11

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 10: Add Payment Details

2 →

1 →

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<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: 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."

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 main form area has a title bar 'Provider Disclosure' and a sub-header 'If you answer Yes to the first Disclosure question, provide details including type of action, Agency undertaking adverse action and date of action.' Below this is a table with three columns: 'Question', 'Answer', and 'Comments'. The first row contains a question about fraud or abuse. A red circle with the number '1' and an arrow points to the 'Question' column. The 'Answer' column for this row has a dropdown menu with options 'Not Completed', 'No', 'Not Completed' (highlighted), and 'Yes'. The 'Comments' column is empty. Below the table, there are navigation buttons: 'View Page: 1', 'Go', 'Page Count', 'SaveToCSV', 'Viewing Page: 1', and a set of navigation arrows (First, Prev, Next, 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? (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.	Not Completed No Not Completed Yes	

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."

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 tabbed interface with 'Attachment List' selected. The main area is titled 'Attachment' and contains a form. The form has 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 and a 'Browse...' button (highlighted with a red box and a blue circle with the number 3). Below the form, there is a list of acceptable file extensions: .doc, .docx, .gif, .gzip, .htm, .html, .jpeg, .jpg, .ppt, .rtf, .tif, .tiff, .tst, .txt, .xls, .bmp, .pdf, .xlsx, .zip. A note states: 'Filename cannot be longer than 50 characters'. At the bottom right, there are 'Ok' and 'Cancel' buttons (highlighted with a red box and a blue circle with the number 5). A red arrow points from the 'Upload Attachments' button to the 'Attachment List' tab, and another red arrow points from the 'Browse...' button to the 'File Name' field.

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."

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 details:

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

Below the table, there is a row of controls: a 'Delete' button (with a minus icon), a 'View Page: 1' field, 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 is the text 'Viewing Page: 1' and a set of 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 row of the table; and a blue circle with the number '2' and an arrow pointing to the 'Close' button at the top left.

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".

The screenshot shows a web interface titled "Final Submission". At the top, there are two buttons: "Close" and "Submit Enrollment". A red box highlights the "Submit Enrollment" button, with a blue circle containing the number 4 and an arrow pointing to it. Below the buttons is a section titled "Instructions for submitting signature and supporting documentation:". This section contains five numbered steps. A red box highlights the first three steps, with blue circles containing the numbers 1 and 2 pointing to the first and second steps respectively. Below the instructions 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.