

# <u>Introduction</u>

The purpose of this training is to inform Authorized Representatives on the following:

- What is OWCP Connect?
- How to access OWCP Connect via the Workers' Compensation Medical Bill Process (WCMBP) Portal?
- How do you register?
- How to add an associated case?
- How to access the Claimant Portal as an Authorized Representative?
- Claimant Portal online functions.
- Bill submission methods.
- Authorizations.



### What is OWCP Connect?

### **OWCP Connect**

Mechanism by which all users are authenticated. You must register via OWCP Connect to gain access to the Workers' Compensation Medical Bill Process (WCMBP) System.



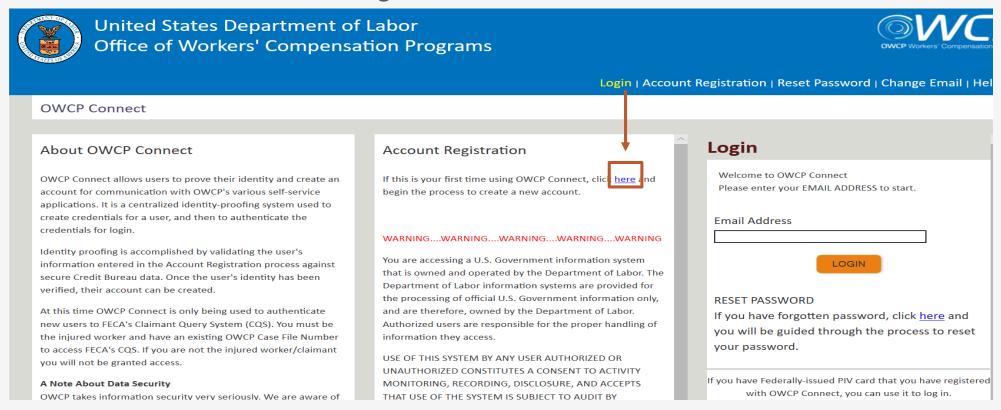
### Accessing OWCP Connect via the WCMBP Portal

- 1. Go to <a href="https://owcpmed.dol.gov">https://owcpmed.dol.gov</a>
- 2. Click Login
- 3. Click Representative



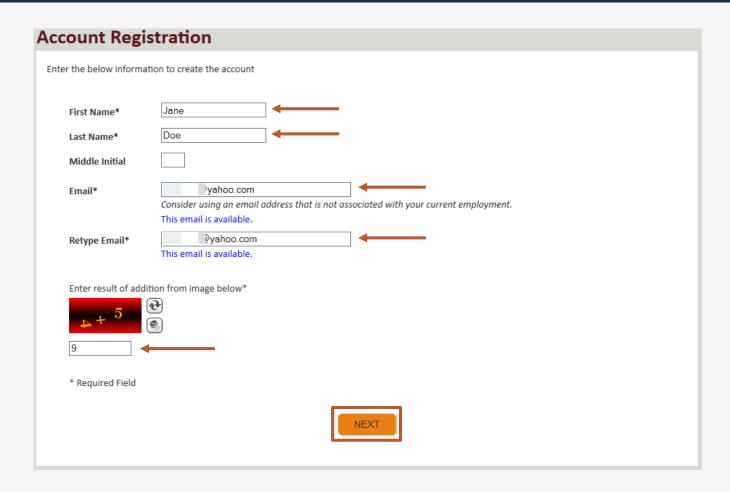


Click "here" under the Account Registration section.





- 1. Please enter required information (Name and Email address).
- 2. A message will populate to notify you that the email you are entering is available to register and that it is not already registered with OWCP Connect to an existing user account.
- 3. Enter the result of the addition problem from the image.
- Click "Next"







- 5. Once the validation is completed, enter a password and retype the password to confirm the password.
- 6. Click "Next".

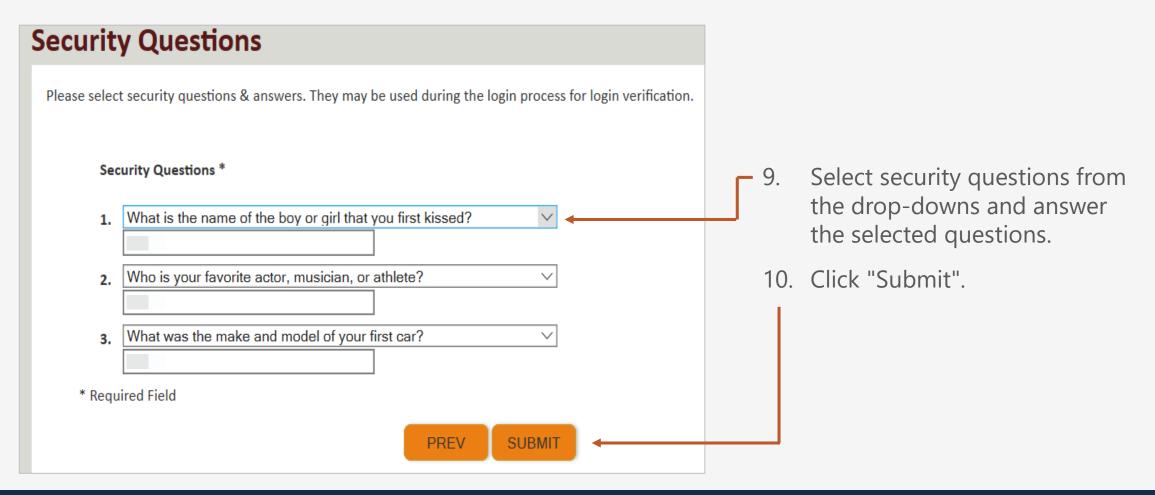
**Note:** Password Criteria:

- Should be at least 8 characters long,
- Include an uppercase letter, a lowercase letter, a number, and a special character.

By clicking the "Next" button, providers will be taken to the security image page where they must select an image and create a "Key Phrase".







The system creates an account and a link to activate the account is sent to your email address used in registration.

Note: The account must be activated within 24 hrs.

Click "Resend Email" if the email is not received within 10 minutes.

#### **Account Creation**

Your account creation request has been submitted successfully.

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

**RESEND EMAIL** 

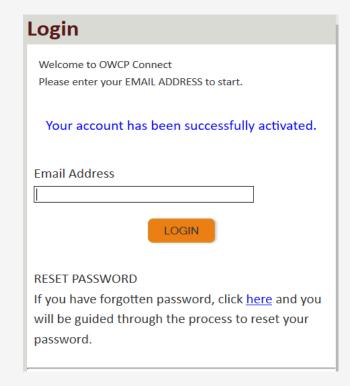
**™** New message Look for email from: support@dol.gov. support@dol.gov Tue, Oct 8, 9:53 PM (11 hours ago) Thank you for registering with us. 11. Click the "here" link. Your account has been successfully created, but it must be activated within the next 24 hours. First Name: John Last Name: Doe Email: claimantportal1@gmail.com Please click here to activate your account. If the link has expired, you can have the email resent by navigating to the Login page, entering your email address in the Login field provided and clicking LOGIN. The system will recognize that your email exists without an active account and will resend the account activation email **OWCP Connect** US Department of Labor Office of Worker's Compensation Programs (OWCP) 8 0 1 0 T

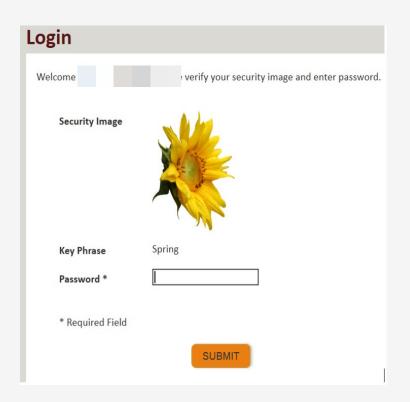


At the login page, the provider will see a banner message letting them know that their account has been successfully activated.

- 12. The provider will again enter their email address and click "Login".
- 13. The provider will enter their password and click "Submit".

The provider will then be taken to the WCMBP Provider Portal.



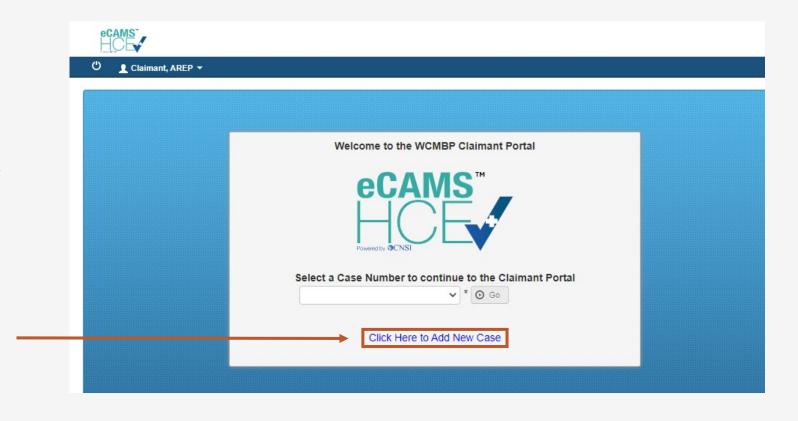




### WCMBP Claimant Portal

The Authorized Representative will land on the WCMBP Claimant Portal. To access associated cases, complete the following steps. (These steps must be completed for each case associated with the Authorized Representative):

18. Click the hyperlink; "Click Here to Add New Case".





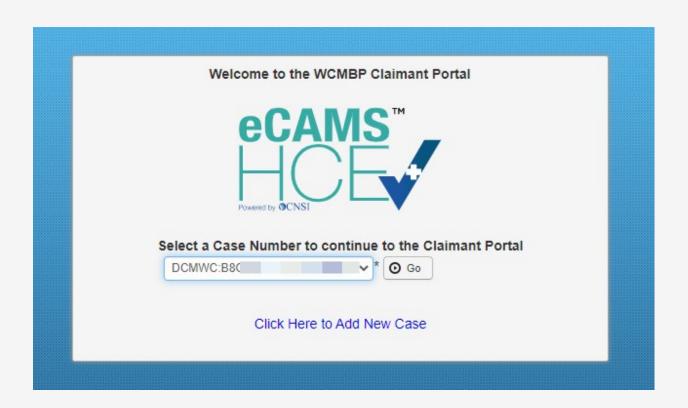
### WCMBP Claimant Portal

The Authorized Representative must complete all required fields. Claimant, AREP ▼ 19. Enter the Authorized Representative or Help Attorney Details (First Name, Last Name, Authorized Representative/Power of Attorney Details Representative ID) First Name: arepfirst Last Name: areplast Representative ID: 20. Enter the Case Details (Program, First Name, Last Name, SSN, and Date of Birth) Case Details Program: DCMWC 21. Click "Submit". -Case ID: First Name: Middle Name: Last Name: SSN: Program: **DCMWC** Representative ID: Date of Birth: AR/POA Name: Case ID: As mentioned in the table below Submit Claimant Name: As mentioned in the table below Claimant Social Security Number (SSN): Obtain from the claimant Claimant Date of Birth: Obtain from the claimant Below is the Case ID(s) that you are listed as an Authorized Representative or Power of Attorney. Sample from letter sent to Authorized Representative or Attorney with pertinent information to add a New Case. Claimant Name Case ID 99998877 ABOVE IMAGE IS ONLY AN EXAMPLE



### Entering Claimant Portal for Selected Claimant Case Number

To access the Claimant Portal and the associated cases, select the case from the drop-down and click "Go".

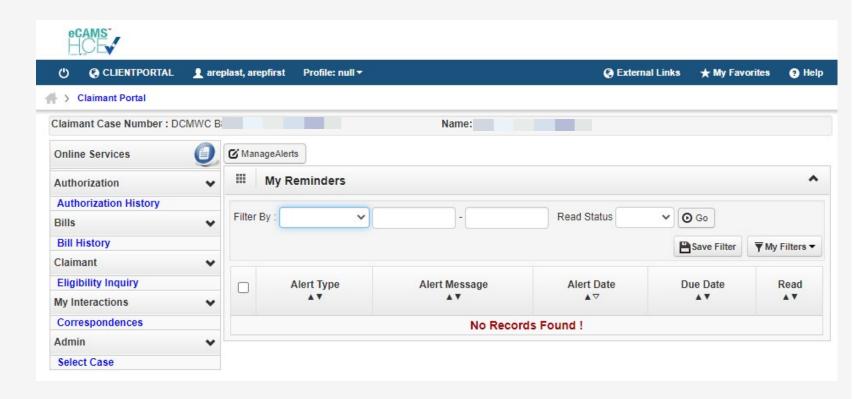




### Claimant Portal View

After selecting the case and clicking "Go," you will be taken to the Claimant Portal for the associated case number.

The links on the left provide the functions that are available to the Authorized Representative within the Claimant Portal.





### Online Functionality

The following are the functions of the online services on the left side of the Claimant Portal home page:

- **Authorization History** Allows you to view an authorization request submitted by the claimant's servicing provider(s). The authorization request includes information about the authorization status, requesting provider, requested procedure, and requested dates-of-service.
- **Bill History** Allows you to view medical bills submitted by the claimants servicing providers, such as, billed and paid amount, the payment method, and the payment date.
- **Eligibility Inquiry** Allows you to inquire about the claimant's eligibility and the accepted conditions associated with the claimant's Case ID.
- **Correspondence** Allows you to view all medical billing correspondence, such as payment verification letters associated with the claimant's Case ID.





# Thank you!

CNSI is excited about being the new medical bill processing agent for OWCP programs and to continue working with each of you!

Email: CNSIOWCPOutreach@cns-inc.com

#### Call Center:

Division of Federal Employees' Compensation (DFEC) 1-844-493-1966

Division of Energy Employees
Occupational Illness Compensation
(DEEOIC) 1-866-272-2682

Division of Coal Mine Workers' Compensation (DCMWC) 1-800-638-7072

