

# Bill Status and Remittance Voucher



# Overview

In this webinar, we will cover the following tasks

- Logging Into the System
- Viewing Bills
- Viewing Payments
- Finding More Information
- OWCP Portal Tour
- Questions



# Logging In

...Just a quick review of log in procedures.



# OWCP Connect ID = Email Address

Remember that your OWCP Connect ID is the email address you used to register with OWCP connect

The screenshot shows the OWCP Connect website interface. At the top, there is a blue header with the United States Department of Labor Office of Workers' Compensation Programs logo on the left and the WCS (OWCP Workers' Compensation System) logo on the right. Below the header, there is a navigation menu with links for Login, Account Registration, Reset Password, Change Email, Help, and FAQ. The main content area is divided into three columns. The first column is titled 'About OWCP Connect' and contains text explaining the system's purpose and identity proofing process. The second column is titled 'Account Registration' and contains text for first-time users, including a warning message. The third column is titled 'Login' and contains a form with an 'Email Address' input field, a 'LOGIN' button, and a 'RESET PASSWORD' link.

United States Department of Labor  
Office of Workers' Compensation  
Programs

WCS  
OWCP Workers' Compensation System

[Login](#) | [Account Registration](#) | [Reset Password](#) | [Change Email](#) | [Help](#) | [FAQ](#)

### OWCP Connect

#### About OWCP Connect

OWCP Connect allows users to prove their identity and create an account for communication with OWCP's various self-service applications. It is a centralized identity-proofing system used to create credentials for a user, and then to authenticate the credentials for login.

Identity proofing is accomplished by validating the user's information entered in the Account Registration process against secure Credit Bureau data. Once the user's identity has been verified, their account can be created.

At this time OWCP Connect is only being used to authenticate new users to EEOA's Claimant Query

#### Account Registration

If this is your first time using OWCP Connect, click [here](#) and begin the process to create a new account.

**WARNING....WARNING....WARNING....WARNING....V**

You are accessing a U.S. Government information system that is owned and operated by the Department of Labor. The Department of Labor information systems are provided for the processing of official U.S. Government information only, and are therefore, owned by the Department of Labor. Authorized users are

#### Login

Welcome to OWCP Connect  
Please enter your EMAIL ADDRESS to start.

Email Address 

RESET PASSWORD  
If you have forgotten password, click [here](#) and you will be guided through

# Select the Provider ID

You may have access to more than one provider

Choose the one you wish to review bills and payments for

Welcome to the WCMBP Provider Portal

**eCAMS<sup>TM</sup>**  
**HCE**   
Powered by CNSI

Select a Provider ID Number to continue to the Provider Portal:

Available Provider IDs: \*

- 700116000
- 020211301
- 103151400**
- 700033500
- 700116000

# Select Profile – Bill Processing

Choose the profile associated with submitting bills

Welcome to the Workers' Compensation Medical Bill Process System

**eCAMS™**  
**HCE** ✓  
Powered by CNSI

Select a profile to use during this session:

Profile:  \*

- EXT Provider Bills Submitter
- EXT Provider Claims Payment Status Checker
- EXT Provider Eligibility Checker-Claims Submitter
- EXT Provider File Maintenance
- EXT Provider Super User
- EXT Provider System Administrator

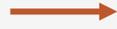
# Viewing Bills

Providers can view a list of their submitted bills to determine their processing status and review bill details.



# Select Bill Inquiry

Select **Bill Inquiry**



Provider Portal

Online Services

- Bills**
  - Bill Inquiry**
  - View Payment
  - Bill Adjustment/Void
  - On-line Bills Entry
  - Resubmit Denied/Voided Bill
  - Retrieve Saved Bills
  - Manage Templates
  - Create Bills from Saved Templates
- Claimant
  - Eligibility Inquiry
- Authorization
  - On-line Authorization Submission
- Provider
  - Maintain Provider Information
- HIPAA
  - Submit HIPAA Batch Transaction
  - Retrieve HIPAA Batch Responses
  - SFTP User Details
- Admin
  - Maintain Users
- My Interactions
  - Correspondences

ManageAlerts

**My Reminders**

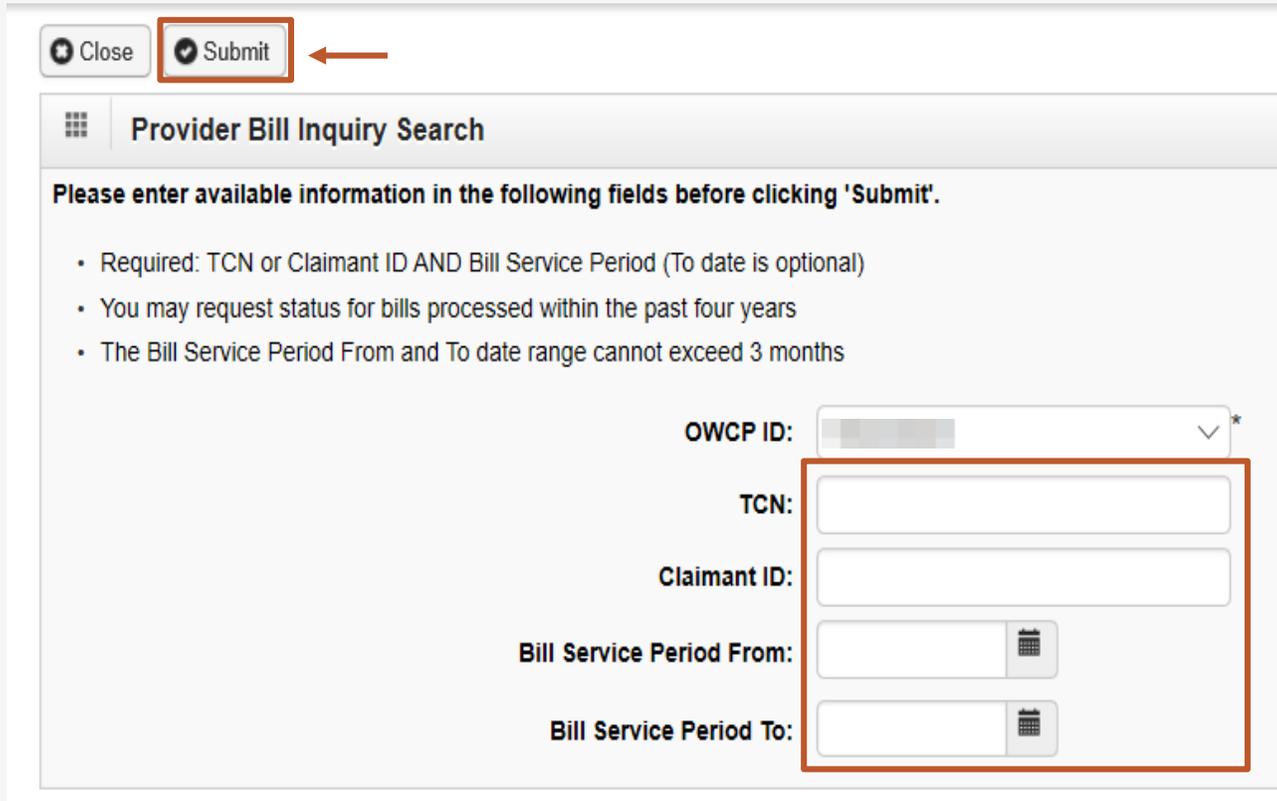
Filter By : [dropdown] [input] - [input] Read Status [dropdown] [Go]

<input type="checkbox"/>	Alert Type ▲▼	Alert Message ▲▼	
<b>No Records Found !</b>			

**Your Recent Online Activities**

- You have logged in with [blurred]
- Previous Site Visit: 04/15/2020 08:35:27 PM
- Last login failed attempt:

# Bill Inquiry Search



Close Submit

### Provider Bill Inquiry Search

Please enter available information in the following fields before clicking 'Submit'.

- Required: TCN or Claimant ID AND Bill Service Period (To date is optional)
- You may request status for bills processed within the past four years
- The Bill Service Period From and To date range cannot exceed 3 months

OWCP ID: \*

TCN:

Claimant ID:

Bill Service Period From:

Bill Service Period To:

On the "Provider Bill Inquiry Search" screen, the provider can search for a bill using the following options.

- Enter the Transaction Control Number (TCN), if available

-OR-

- Enter the Claimant ID or SSN *-and-* Enter the "from and to" service dates

**Note:** Date span cannot exceed 3 months

Click the **Submit** button

# Inquire Provider Bills List

This section displays the information requested by the provider based on the search criteria.

The provider can click on the TCN hyperlink to view how each line item paid or denied

The initial screen header provides the bill charged amount and bill payment amount

OWCP ID: [REDACTED]

Bill Inquiry Providers List							
<input type="checkbox"/>	TCN ▲▼	Date of Service ▲▼	Bill Status ▲▼	Bill Charged Amount ▲▼	Bill Payment Amount ▲▼	Claimant Name ▲▼	Claimant ID ▲▼
<input type="checkbox"/>	[REDACTED]	02/21/2018	1: For more detailed information, see remittance advice.	\$1,950.00	\$362.56	[REDACTED]	[REDACTED]

View Page: 1    Viewing Page: 1

**Note:** To see bill details, click the hyperlink under the TCN column.

# Bill Details

The bill details and the provider data can be reviewed at the top of the page, and claimant data, payer data, and unit item detail data can be reviewed at the bottom of the page

 Close

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 **Bill Details** 

**Status Information Effective Date:** 02/13/2020 **TCN:** [REDACTED]

**Status Category Code:** F2:Finalized/Denial-The claim/line has been denied. **Status:** 1: For more detailed information, see remittance advice.

**Service Period:** From 10/01/2019 To 10/01/2019

**Bill Type Identifier:**

**Charged Amount:** \$1,000.00 **Adjudication or Payment Date:** 01/17/2020

**Payment Amount:** \$0.00 **Check Issue or EFT Effective Date:**

**Check or EFT Trace Number:** 6060230

[Remit/Remark Codes](#)

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 **Provider Data** 

**OWCP ID:** [REDACTED]

**Name or Servicing Organization:**

# Bill Details Cont.

Claimant Data	
Name: [REDACTED]	Claimant ID: [REDACTED]
Patient Control Number:	

Payer Data	
Name: [REDACTED]	Identification: [REDACTED]

Unit Item Detail Data	
1	Status Effective Date: 02/13/2020
	Product or Service ID Qualifier: HC
	Status Category Code: F2
	Status: 1
	Procedure Code: 96100
	Service Line Date: From 10/01/2019 To 10/01/2019
	Charged Amount: \$1,000.00
	Revenue Code:
	Payment Amount: \$0.00
	Units of Service: 1
	Procedure Modifier 1:
	Procedure Modifier 3:
	Procedure Modifier 2:
	Procedure Modifier 4:

[Remit/Remark Codes](#)

# View Payments

Providers can view a list of their Remittance Voucher (RV) payments.

The Remittance Voucher can also be called an Explanation of Benefits (EOB) or a Remittance Advice (RA). These terms are often used interchangeably – along with their abbreviations.

(RV = EOB = RA)



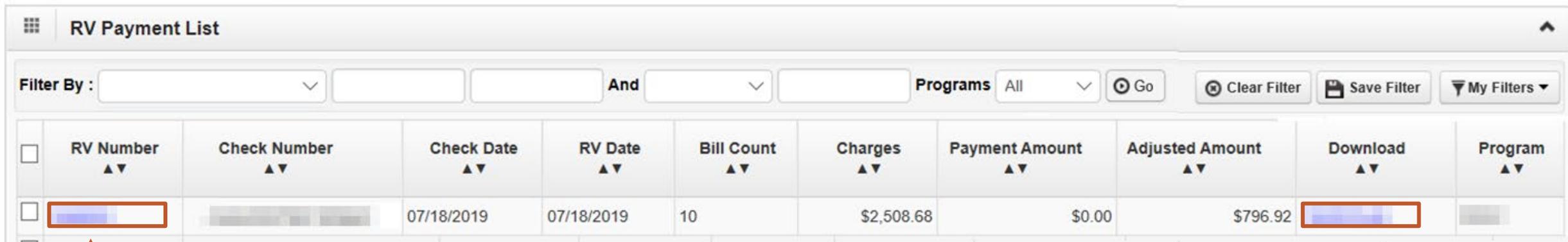
# Select View Payment

Select **View Payment** →

The screenshot displays the 'Provider Portal' interface. On the left, a navigation menu is expanded to show the 'Bills' section. Within this section, the 'View Payment' link is highlighted with a red box. Other links in the 'Bills' section include 'Bill Inquiry', 'Bill Adjustment/Void', 'On-line Bills Entry', 'Resubmit Denied/Voided Bill', 'Retrieve Saved Bills', 'Manage Templates', and 'Create Bills from Saved Templates'. Other sections in the menu include 'Claimant', 'Authorization', 'Provider', 'HIPAA', 'Admin', and 'My Interactions'. On the right side of the page, there are sections for 'ManageAlerts', 'My Reminders' (with a filter and 'Go' button), and 'Your Recent Online Activities' (listing login events). A red message 'No Records Found!' is visible in the 'My Reminders' section.

# RV Payment List

The **RV Payment List** includes all remittance vouchers by default. Use the filters to narrow your search as needed.



The screenshot shows the 'RV Payment List' interface. At the top, there is a filter bar with 'Filter By' dropdowns, 'And' connector, 'Programs' dropdown (set to 'All'), and buttons for 'Go', 'Clear Filter', 'Save Filter', and 'My Filters'. Below the filter bar is a table with the following columns: RV Number, Check Number, Check Date, RV Date, Bill Count, Charges, Payment Amount, Adjusted Amount, Download, and Program. The first row of data is highlighted, and red boxes and arrows point to the 'RV Number' and 'Download' columns.

RV Number	Check Number	Check Date	RV Date	Bill Count	Charges	Payment Amount	Adjusted Amount	Download	Program
		07/18/2019	07/18/2019	10	\$2,508.68	\$0.00	\$796.92		

Click on the **RV Number** to view the **Remittance Voucher**

Click on the **Download** link to download the **Remittance Voucher**

# Remittance Voucher Sample - Cover Page

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## Remittance Voucher FECA - Cleveland

[REDACTED]

**RV Number:** [REDACTED]

**Billing Provider:** [REDACTED]

**Prepared Date :** 04/19/2020  
**RV Date :** 04/19/2020

**Page 1**

If you have questions about the format of this Remittance Voucher (RV), please see the Remittance Voucher guide at <https://owcpmed.dol.gov>.

If you have questions about this document, call 1-844-493-1966, select option for Bills, then select option to speak to an agent.

# Remittance Voucher Sample – Summary Page

Prepared Date: 04/19/2020  
 RV Date: 04/19/2020

RV Number: [REDACTED]  
 Payment # : [REDACTED]  
 Payment Amount: \$87.56

Payment Date: 04/24/2020  
 Payment Method: EFT

Page 2

## Bills Summary

## Financial Recoveries

Billing Provider	Category	Total Billed Amount	Total Allowed Amount	Total TPL Amount	Total Claimant Responsible Amount	Total Paid Amount	Billing Provider	FIN Invoice Number/ Parent TCN	Source	Adjustment Type	Previous Balance Amount	Adjustment Amount	Remaining Balance Amount
[REDACTED]	Paid	\$2000.00	\$87.56	\$0.00	\$0.00	\$87.56	[REDACTED]						
[REDACTED]	Denied	\$1000.00	\$0.00	\$0.00	\$0.00	\$0.00	[REDACTED]						

Count of Bills In Process: 0

Total Adjustment Amount: \$0.00

# Remittance Voucher Sample – Details Page with Category Total

RV Number: [REDACTED]		Payment #: [REDACTED]		Payment Date: 04/24/2020		Prepared Date: 04/19/2020		RV Date: 04/19/2020		Page 3			
Category: Paid		Billing Provider: [REDACTED]											
Claimant Name / Claimant ID / Med Record # / Patient Acct # / Original TCN/	TCN / Bill Type / RX Bill # / Inv # / Auth #	Line #	Rendering Provider / RX # / Auth office #	Service Date(s)	Svc Code or NDC / Mod / Rev Code	Total Units	Billed Amount	Allowed Amount	TPL Amount	Claimant Responsib le Amount	Paid Amount	EOB Codes	Adjustment Reason Codes
[REDACTED]	[REDACTED] Professional Bill	1	[REDACTED]	01/01/2019- 01/01/2019	97110	1.0000	\$1000.00	\$43.78	\$0.00	\$0.00	\$43.78		45 = \$956.22
Document Total: 01/01/2019-01/01/2019						1.0000	\$1000.00	\$43.78	\$0.00	\$0.00	\$43.78		
[REDACTED]	[REDACTED] Professional Bill	1	[REDACTED]	01/01/2019- 01/01/2019	97110	1.0000	\$1000.00	\$43.78	\$0.00	\$0.00	\$43.78		45 = \$956.22
Document Total: 01/01/2019-01/01/2019						1.0000	\$1000.00	\$43.78	\$0.00	\$0.00	\$43.78		
Category Total:						2.0000	\$2000.00	\$87.56	\$0.00	\$0.00	\$87.56		

**Note:** RV/EOBs are mailed to the provider's mailing address (on file) every Monday if they had bills adjudicated in the previous week.

# Remittance Voucher Sample – Details Page with Billing Provider Total

RV Number: [REDACTED]      Payment #: [REDACTED]      Payment Date: 04/24/2020      Prepared Date: 04/19/2020      RV Date: 04/19/2020  
 Category: Denied      Billing Provider: [REDACTED] Page 4

Claimant Name / Claimant ID / Med Record # / Patient Acct # / Original TCN/	TCN / Bill Type / RX Bill # / Inv # / Auth #	Line #	Rendering Provider / RX # / Auth office #	Service Date(s)	Svc Code or NDC / Mod / Rev Code	Total Units	Billed Amount	Allowed Amount	TPL Amount	Claimant Responsib le Amount	Paid Amount	EOB Codes	Adjustment Reason Codes
[REDACTED]	[REDACTED] Professional Bill	1	[REDACTED]	01/01/2019- 01/01/2019	99214	1.0000	\$1000.00	\$0.00	\$0.00	\$0.00	\$0.00	70863~50 301	16 = \$1000.00
<b>Document Total:</b>						01/01/2019-01/01/2019	1.0000	\$1000.00	\$0.00	\$0.00	\$0.00	\$0.00	
<b>Category Total:</b>							1.0000	\$1000.00	\$0.00	\$0.00	\$0.00	\$0.00	
<b>Billing Provider Total:</b>							3.0000	\$3000.00	\$87.56	\$0.00	\$0.00	\$87.56	

**Note:** RV/EOBs are mailed to the provider's mailing address (on file) every Monday if they had bills adjudicated in the previous week.

# Remittance Voucher Sample – Reason Codes Page

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## Adjustment Reason Codes

16 : Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.

45 : Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement. Usage: This adjustment amount cannot equal the total service or claim charge amount; and must not duplicate provider adjustment amounts (payments and contractual reductions) that have resulted from prior payer(s) adjudication. (Use only with Group Codes PR or CO depending upon liability)

## EOB

50301 : THE PROVIDER TYPE YOU HAVE ENROLLED WITH IS NOT AUTHORIZED FOR THIS SERVICE. PLEASE CONTACT PROVIDER ENROLLMENT UNIT FOR RESOLUTION.

70863 : BILL DIAGNOSISES NOT RELATED TO ACCEPTED CONDITIONS. IF YOU DISAGREE SUBMIT MEDICAL DOCUMENTATION

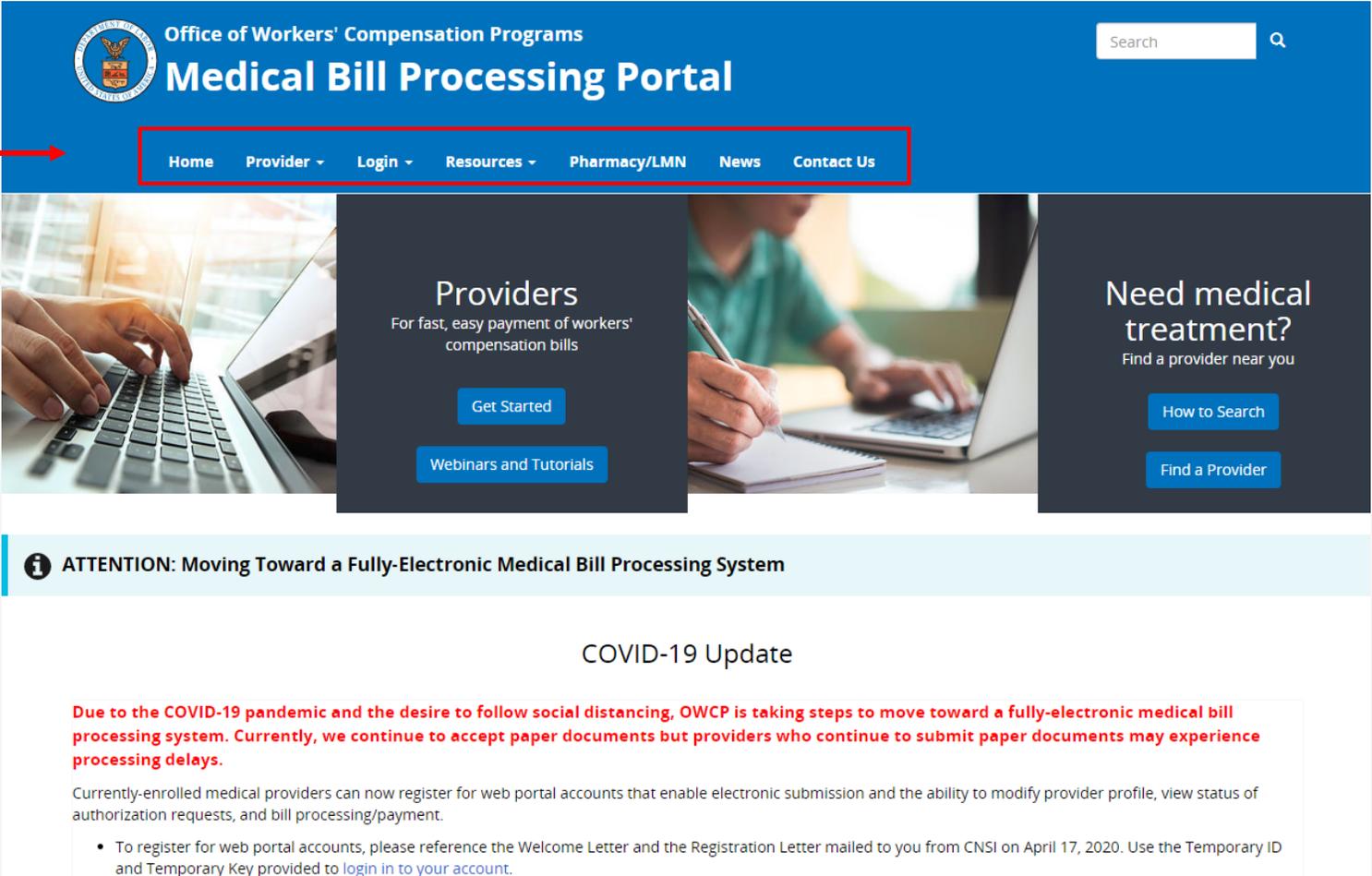
**Note:** RV/EOBs are mailed to the provider's mailing address (on file) every Monday if they had bills adjudicated in the previous week.

# More Information

## Medical Bill Processing Portal

### - Interactive Tour -

- FAQs
- Tutorials
- Webinars
- Webinar Presentation Downloads
- Bill Submission
- Reference Guides
- Contact Information



The screenshot shows the homepage of the Office of Workers' Compensation Programs Medical Bill Processing Portal. The header is blue with the state seal and the text "Office of Workers' Compensation Programs" and "Medical Bill Processing Portal". A search bar is in the top right. A red box highlights the navigation menu with items: Home, Provider (with a dropdown arrow), Login (with a dropdown arrow), Resources (with a dropdown arrow), Pharmacy/LMN, News, and Contact Us. Below the header are three main content areas: "Providers" (with a "Get Started" button and "Webinars and Tutorials" link), "Need medical treatment?" (with "How to Search" and "Find a Provider" buttons), and a light blue banner with an information icon and the text "ATTENTION: Moving Toward a Fully-Electronic Medical Bill Processing System". Below this is a "COVID-19 Update" section with a red warning about processing delays and instructions for providers to register for web portal accounts.

# Questions



# Thank you!

We will continue to respond to questions for a few more minutes

CNSI looks forward to being the new medical bill processing agent for the OWCP programs and working with each of you!

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Email: [CNSIOWCPOutreach@cns-inc.com](mailto: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