

Billing Agents and Clearinghouses



Change of Addresses – Effective August 1, 2020

GENERAL CORRESPONDENCE

Division of Federal Employees' Compensation (DFEC)

General Correspondence

PO Box 8311

London, KY 40742-8311

Division of Energy Employees Occupational Illness Compensation (DEEOIC)

General Correspondence

PO Box 8306

London, KY 40742-8306

Division of Coal Mine Workers' Compensation (DCMWC)

General Correspondence

PO Box 8307

London, KY 40742-8307

Change of Addresses – Effective August 1, 2020

PROVIDER ENROLLMENT

Provider Enrollment

PO Box 8312

London, KY 40742-8312

Change of Addresses – Effective August 1, 2020

BILLS AND AUTHORIZATIONS

Division of Federal Employees' Compensation (DFEC)

General Bills

PO Box 8300

London, KY 40742-8300

Division of Energy Employees Occupational Illness Compensation (DEEOIC)

General Bills

PO Box 8304

London, KY 40742-8304

Division of Coal Mine Workers' Compensation (DCMWC)

General Bills

PO Box 8302

London, KY 40742-8302

Introduction

This webinar will provide information about:

- New Billing Agent or Clearinghouse Enrollment
- Legacy Billing Agent and Clearinghouse Registration
- Provider Setup for Using a Billing Agent or Clearinghouse
- Submitting Bills via Web Batch or SFTP
- Questions



New Billing Agent or Clearinghouse Enrollment

This section applies to Billing Agents or Clearinghouses that either never participated in the legacy system (Conduent) and those that did participate but never had an OWCP ID, which is different than a Trading Partner ID.



Accessing OWCP Connect via the WCMBP Portal

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

In the Providers box,
Click "Get Started"

The screenshot shows the homepage of the Office of Workers' Compensation Programs Medical Bill Processing Portal. The header is blue with the Department of Labor seal on the left, the text "Office of Workers' Compensation Programs" and "Medical Bill Processing Portal" in the center, and a search bar on the right. Below the header is a navigation menu with links for Home, Provider, Login, Resources, Pharmacy/LMN, News, and Contact Us. The main content area features three columns: "Providers" with a "Get Started" button highlighted by an orange box and an arrow, and "Webinars and Tutorials"; "Need medical treatment?" with "How to Search" and "Find a Provider" buttons; and a light blue banner at the bottom with an information icon and the text "ATTENTION: Moving Toward a Fully-Electronic Medical Bill Processing System".

Accessing OWCP Connect via the WCMBP Portal

Click the hyperlink in the **New Provider** box

Home / Provider Home / Get Started

Get Started

Get Started in the New Medical Bill Process System

A new medical bill process system was launched on April 27, 2020, offering providers more efficient bill processing. Enroll today to receive payment for services you provide to claimants approved by OWCP for workers' compensation.


New Provider
For fast approval, enroll online
[Click here to begin the enrollment process.](#) ←

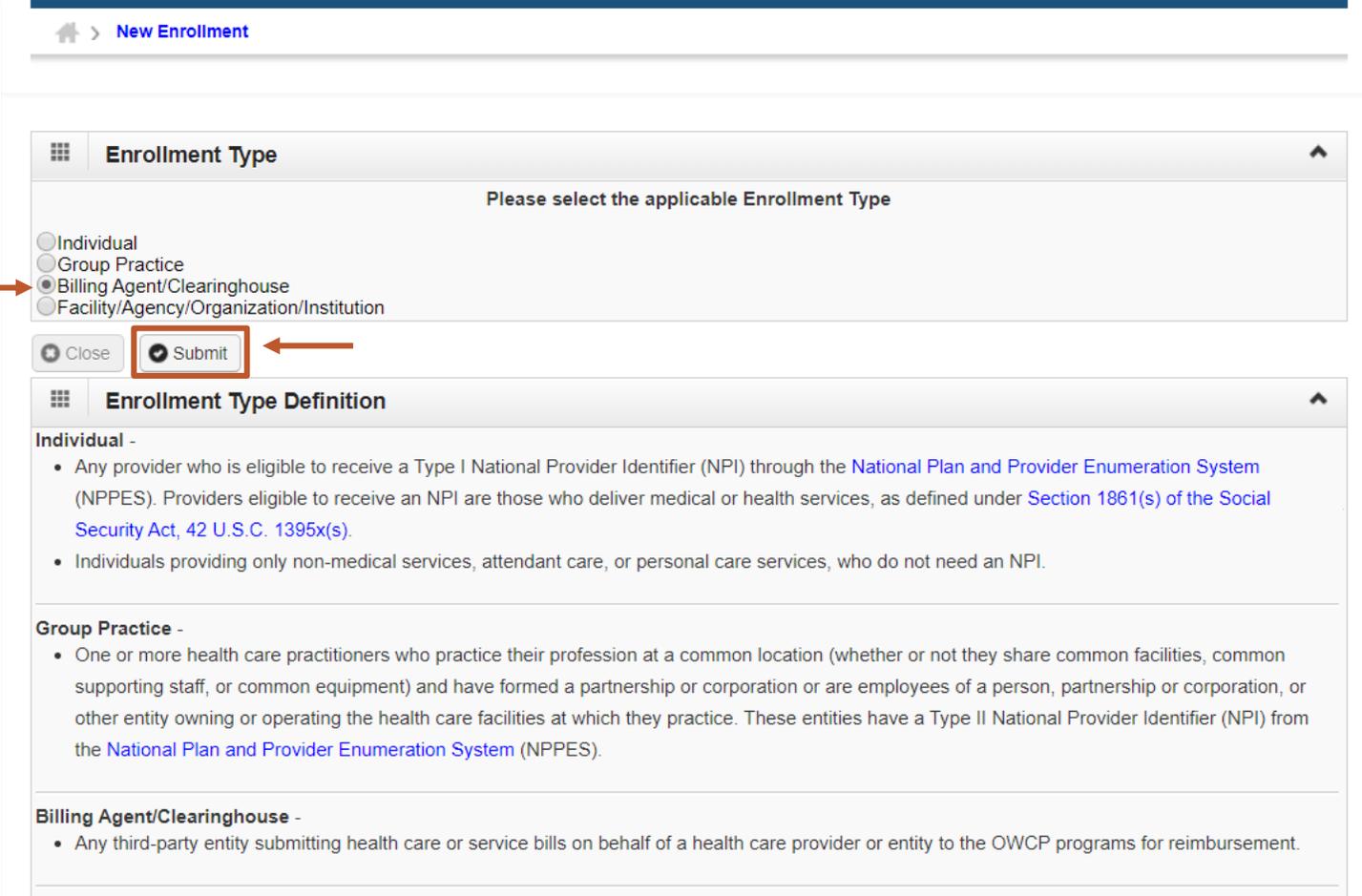

Legacy Provider
If I successfully enrolled with Conduent before April 27, 2020, do I need to re-enroll?
No! However, you must [register to access the new system.](#)


Resume or Track an Enrollment Application
[Click here to resume or track the in-progress enrollment application.](#)

Select Enrollment Type

Select **Billing Agent/Clearinghouse**

Click **Submit**



Home > **New Enrollment**

Enrollment Type ⬆

Please select the applicable Enrollment Type

Individual
 Group Practice
 Billing Agent/Clearinghouse
 Facility/Agency/Organization/Institution

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.

Group Practice -

- One or more health care practitioners who practice their profession at a common location (whether or not they share common facilities, common supporting staff, or common equipment) and have formed a partnership or corporation or are employees of a person, partnership or corporation, or other entity owning or operating the health care facilities at which they practice. These entities have a Type II National Provider Identifier (NPI) from the [National Plan and Provider Enumeration System \(NPPES\)](#).

Billing Agent/Clearinghouse -

- Any third-party entity submitting health care or service bills on behalf of a health care provider or entity to the OWCP programs for reimbursement.

Basic Information

Select **FEIN**

Fill out the top of the form

-OR-

Select **SSN**

Fill out the bottom

The screenshot shows a web form titled "Basic Information" with a "Help" icon in the top left. The form has a "Tax Identifier Type" section with two radio buttons: "FEIN" (selected) and "SSN". Below this is a section with four input fields: "Organization Name" (containing "AgentBilling, Inc." with "(Legal Business Name)" to its right), "Organization Business Name" (containing "Billing4You" with "(Doing Business As)" to its right), "FEIN" (containing "222334444" with a blue border), and "SSN" (empty). Below these are four more input fields: "Last Name", "Middle Name", "First Name", and "SSN". At the bottom right, there are two buttons: "Next" and "Cancel". An orange arrow points to the "Next" button with the text "Then click Next".

Adding Address Information

Click **Address**

[? Help](#)

Application Number : _____ Name: DoctorDoctor

Provider Address Detail

Address Line 1: * Address Line 2:

Address Line 3:

City/Town: ▼ *

State/Province: ▼ *

County: ▼ *

Country: ▼ *

Zip Code: - ←

Phone Number: * Fax Number:

Email Address:

Address Information

Fill in just TWO fields:

Address Line 1 (2, 3)

Zip Code

Then click **Validate Address**

The screenshot shows a web form titled "Address details" with a "Help" icon in the top left. The form contains several input fields and a "Validate Address" button. Annotations are as follows:

- 1**: An arrow points to the "Address Line 1" input field, which contains the text "444 Main Street".
- 2**: An arrow points to the "Zip Code" input field, which contains the text "15901".
- 3**: An arrow points to the "Validate Address" button, which has a plus icon and the text "Validate Address".

Other fields in the form include "Address Line 2", "Address Line 3", "City/Town", "State/Province", "County", and "Country", all of which are currently empty. The "Validate Address" button is highlighted with a blue border. At the bottom right of the form are "OK" and "Cancel" buttons.

Automatic Address Completion

All other fields are auto-populated!

Just click **OK**

Help

Address details

Address validation successful

Address Line 1: 444 Main St *
(Enter Street Address or PO Box Only)

Address Line 2:

Address Line 3:

City/Town: JOHNSTOWN *
State/Province: Pennsylvania *
County: Cambria *
Country: United States *

Zip Code: 15901 - 1819

Complete the Details

Add your
Phone Number, Fax
Number, **and** Email
Address

Then click **Finish**

Help

Application Number : Name: Billing4You

Provider Address Detail

Address Line 1: 444 Main St * Address Line 2:

Address Line 3:

City/Town: JOHNSTOWN *
State/Province: Pennsylvania *
County: Cambria *
Country: United States *

Zip Code: 15901 - 1819 + Address

Phone Number: (222) 333-4444 * Fax Number: (222) 333-4443

Email Address: doctorj76@gmail.com

Back Finish Cancel

Capture the Application Number

Step 1 is done! Make sure to make a note of your Application Number!

Application Number : 20200507971113 Name: Billing4You Enrollment Type: Billing Agent/Clearinghouse

Basic Information

You have successfully completed the basic information on the Enrollment Application. This is your Application #: 20200507971113. 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.

Now just click **OK** →

Note: If you provided your email on the Basic Information page during your enrollment, you should also receive the application number in an email. If you need the application number for future reference (i.e. returning to an incomplete application or to check application status) and you didn't receive the email and if you didn't make a note of the application number, you can contact the call center. Phone numbers can be found on the last slide of this presentation and also on the Medical Bill Processing Portal on the **Contact Us** page (<https://owcpmed.dol.gov/portal/contactus>).

Add Identifiers

Step 2 is to **Add Identifiers**

Most Billing Agents and Clearinghouses do not use this optional step.

The following is a list of identifiers a provider can select for this step. These will likely not apply to enrolling Billing Agents or Clearinghouses, which is why this is an optional step.

Application Number : 20200507971113 Name: Billing4

Close Purge

Enroll Provider -Billing Agent/Clearinghouse/Submitter

Business Process Wizard-Provider Enrollment (Billing Agent/Clearinghouse/Submitter). Click on the S

Step	Required
Step 1: Provider Basic Information	Required
Step 2: Add Identifiers	Optional
Step 3: Add EDI Submission Method	Optional
Step 4: Add EDI Contact Information	Required
Step 5: View/Upload Attachments	Optional
Step 6: Submit Enrollment Application for Review	Required

View Page: 1 Go Page Count SaveToCSV Viewing Page: 1

Identifier	Note
Drug Enforcement Agency (DEA) Number	
NPI	Additional NPI the provider may have, e.g. for hospitals
Other Provider ID	
Previous Provider ID	Providers use this identifier for new enrollment after being terminated. Providers are not allowed to re-enroll under the same provider ID, for example when the provider is terminated due to HHS exclusion.
Provider Medicare Number	Required for hospitals only
United Mine Workers' of America (UMWA) Number	
NCPDP Number	Not displayed in identifier drop-down because all pharmacies will be created from the NCPDP file. This number is auto populated from NCPDP file. User is not allowed to change the number for pharmacy
Application Number	Listed only in maintenance/expert mode after enrollment is approved. Application Number is view only and cannot be updated.

EDI Submission Methods

Step 3 is to **Add EDI Submission Method**

Application Number : 20200507971113 Name: Billing4You Enrollment Type: Billing Agent/Clearinghouse

Close Purge

Enroll Provider -Billing Agent/Clearinghouse/Submitter

Business Process Wizard-Provider Enrollment (Billing Agent/Clearinghouse/Submitter). Click on the Step # under the Step column

Step	Required	Start Date	End Date	Status	Step Remark
Step 1: Provider Basic Information	Required	05/07/2020	05/07/2020	Complete	
Step 2: Add Identifiers	Optional			Incomplete	
Step 3: Add EDI Submission Method	Optional			Incomplete	
Step 4: Add EDI Contact Information	Required			Incomplete	
Step 5: View/Upload Attachments	Optional			Incomplete	
Step 6: Submit Enrollment Application for Review	Required			Incomplete	

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

Click **Step 3**

Note: This step is optional since billing agents may choose not to use EDI.

Select Submission Methods

EDI Submission Methods – Check off the appropriate checkboxes.

Application Number : 20200812754232 Name: Billing4You Enrollment Type: Billing Agent/Clearinghouse

You may check multiple Modes of Submission. NPI is required for all selections.

EDI Submission Details

Mode of Submission: Web Interactive FTP Secured Batch Web Batch None

Method	When to Use
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.

Click **OK** →

Add EDI Contact Information

Step 4 is to **Add EDI Contact Information**

🏠 > [New Enrollment](#) > [Billing Agent Enrollment](#)

Application Number : 20200507971113 Name: Billing4You Enrollment Type: Billing Agent/Clearinghouse

Close Purge

🗄️ **Enroll Provider -Billing Agent/Clearinghouse/Submitter** ^

Business Process Wizard-Provider Enrollment (Billing Agent/Clearinghouse/Submitter). Click on the Step # under the Step column

Step	Required	Start Date	End Date	Status	Step Remark
Step 1: Provider Basic Information	Required	05/07/2020	05/07/2020	Complete	
Step 2: Add Identifiers	Optional			Incomplete	
Step 3: Add EDI Submission Method	Optional			Incomplete	
Step 4: Add EDI Contact Information	Required			Incomplete	
Step 5: View/Upload Attachments	Optional			Incomplete	
Step 6: Submit Enrollment Application for Review	Required			Incomplete	

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

Click **Step 4** →

Add Contact Details

Add the Required Information in the top section, then click **Address**

Add EDI Contact Information

Contact Title: *

Last Name: *

Phone Number: *

Email Address:

First Name: *

Fax Number:

Address Line 1: *

Address Line 2:

Address Line 3:

City/Town: *

State/Province: *

County: *

Country: *

Zip Code: - ← Click **Address**

Fast Address Lookup

Fill in **Address Line 1** and **Zip Code**, then click **Validate Address** button

The screenshot shows a web form titled "Address details" with a "Help" icon in the top left. The form contains several input fields and a button. The "Address Line 1" field contains the text "91 Hill Drive" and is highlighted with a red box. Below it is the instruction "(Enter Street Address or PO Box Only)". The "Address Line 2" field is empty. The "Address Line 3" field is empty. The "City/Town:", "State/Province:", "County:", and "Country:" fields are dropdown menus, all empty. The "Zip Code:" field contains "17038" and is highlighted with a red box. To the right of the "Zip Code" field is a "Validate Address" button with a plus icon, indicated by a red arrow and the text "Click **Validate Address** button". At the bottom right of the form are "OK" and "Cancel" buttons.

Address Validation

Address validation is successful – all required fields auto-populate

The screenshot shows a web form titled "Address details" with a "Help" icon. A blue message "Address validation successful" is displayed at the top. The form contains several fields: "Address Line 1" (text input with "91 Hill Dr"), "Address Line 2" (text input), "Address Line 3" (text input), "City/Town" (dropdown menu with "JONESTOWN"), "State/Province" (dropdown menu with "Pennsylvania"), "County" (dropdown menu with "Lebanon"), "Country" (dropdown menu with "United States"), and "Zip Code" (text input with "17038" and "7803"). A "Validate Address" button is located next to the zip code fields. A red box highlights the "Address Line 1" field and the "City/Town", "State/Province", "County", and "Country" dropdown menus. At the bottom right, there are "OK" and "Cancel" buttons, with an arrow pointing to the "OK" button and the text "Click OK".

Help

Address details

Address validation successful

Address Line 1: 91 Hill Dr *
(Enter Street Address or PO Box Only)

Address Line 2:

Address Line 3:

City/Town: JONESTOWN *

State/Province: Pennsylvania *

County: Lebanon *

Country: United States *

Zip Code: 17038 - 7803

Click **OK** →

EDI Contact Information

EDI Contact Information is complete

Add EDI Contact Information

Contact Title: *

Last Name: *

Phone Number: *

Email Address:

First Name: *

Fax Number:

Address Line 1: *

Address Line 2:

Address Line 3:

City/Town: ▼ *

State/Province: ▼ *

County: ▼ *

Country: ▼ *

Zip Code: -

Click **OK** →

View/Upload Attachments

Step 5 is View/Upload Attachments

🏠 > [New Enrollment](#) > [Billing Agent Enrollment](#)

Application Number : 20200507971113 Name: Billing4You Enrollment Type: Billing Agent/Clearinghouse

Close Purge

🗄️ **Enroll Provider -Billing Agent/Clearinghouse/Submitter** ^

Business Process Wizard-Provider Enrollment (Billing Agent/Clearinghouse/Submitter). Click on the Step # under the Step column

Step	Required	Start Date	End Date	Status	Step Remark
Step 1: Provider Basic Information	Required	05/07/2020	05/07/2020	Complete	
Step 2: Add Identifiers	Optional			Incomplete	
Step 3: Add EDI Submission Method	Optional			Incomplete	
Step 4: Add EDI Contact Information	Required			Incomplete	
Step 5: View/Upload Attachments	Optional			Incomplete	
Step 6: Submit Enrollment Application for Review	Required			Incomplete	

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

Click **Step 5** →

Attachment List

This is the list of attachments (empty)

To add attachments, click **Upload Attachments**

Track Application > Billing Agent Enrollment > View/Upload Attachments

Application Number : 20200507971113 Name: Billing4You Enrollment Type: Billing Agent/Clearinghouse

Close **Upload Attachments** ←

Attachment List

Repository Key	File Name	Document Type	Uploaded Date
No Records Found !			

Select Document Type

Select the **Document Type** from the drop-down list

Help

Application Number : 20200507971113 Name: Billing4You Enrollment Type: Billing Agent/Clearinghouse

Attachment

Please select the file to be uploaded

Document Type: * *

File Name: No file chosen *

Document Type: *

- SELECT---
- ACH Form
- Copy of License/Certification
- Other Supporting Document
- State Approval Letter

The acceptable file extensions for the upload are.doc,.docx,.gif,.gzip,.htm,.html,.jpeg,.jpg,.ppt, .rtf,.tif,.tiff,.tst,.txt,.xls,.bmp,.pdf,.xlsx,.zip
Filename cannot be longer than 50 characters
If you are unable to upload attachment(s) here, you can choose to mail or fax the copy following the instruction on the Submit Enrollment Application for Review step.

Choose a File to Upload

Choose a file to Upload and click **OK**

 Help

Application Number : 20200507971113 Name: Billing4You Enrollment Type: Billing Agent/Clearinghouse

 Attachment 

Please select the file to be uploaded

Document Type: Other Supporting Document ▾ *

→ File Name: No file chosen *

The acceptable file extensions for the upload are .doc, .docx, .gif, .gzip, .htm, .html, .jpeg, .jpg, .ppt, .rtf, .tif, .tiff, .tst, .txt, .xls, .bmp, .pdf, .xlsx, .zip
Filename cannot be longer than 50 characters
If you are unable to upload attachment(s) here, you can choose to mail or fax the copy following the instruction on the Submit Enrollment Application for Review step.

Click **OK** →

Attachment List

The file will be added to your list of attachments

Click **Close**

Track Application > Billing Agent Enrollment > View/Upload Attachments

Application Number : 20200507971113 Name: Billing4You Enrollment Type: Billing Agent/Clearinghouse

Close Upload Attachments

Attachment List

<input type="checkbox"/>	Repository Key	File Name	Document Type	Uploaded Date
No Records Found !				

Submit Application

Step 6 is Submit Enrollment Application for Review

Home > New Enrollment > Billing Agent Enrollment

Application Number : 20200507971113 Name: Billing4You Enrollment Type: Billing Agent/Clearinghouse

Close Purge

Enroll Provider -Billing Agent/Clearinghouse/Submitter

Business Process Wizard-Provider Enrollment (Billing Agent/Clearinghouse/Submitter). Click on the Step # under the Step column

Step	Required	Start Date	End Date	Status	Step Remark
Step 1: Provider Basic Information	Required	05/07/2020	05/07/2020	Complete	
Step 2: Add Identifiers	Optional			Incomplete	
Step 3: Add EDI Submission Method	Optional			Incomplete	
Step 4: Add EDI Contact Information	Required			Incomplete	
Step 5: View/Upload Attachments	Optional			Incomplete	
Step 6: Submit Enrollment Application for Review	Required			Incomplete	

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

Click **Step 6** →

Submit Application

Applications require a handwritten signature.

Click the link to download the signature page and cover sheet

Then click **Submit Enrollment**

Put your application number on the cover sheet and fax or mail your cover sheet and signature page to OWCP.

The screenshot shows a web interface for submitting an application. At the top, it displays 'Application Number : 20200507971113' and 'Name: Billing4You'. On the right, it indicates 'Enrollment Type: Billing Agent/Clearinghouse'. Below this, there are two buttons: 'Close' and 'Submit Enrollment'. The 'Submit Enrollment' button is highlighted with a red box and an arrow labeled '2'. Below the buttons is a section titled 'Final Submission' with a grid icon and an upward arrow. Underneath, there are instructions for submitting a signature and supporting documentation. The fourth instruction is highlighted with a red box and an arrow labeled '1' pointing to it from below. The instructions are:

Instructions for submitting signature and supporting documentation:

1. Click [this link](#) to download and print the signature page.
2. Review the Terms on the Signature page, sign and date.
3. Upload the signature page and other supporting document
4. You can also click [this link](#) to open the cover sheet and signature page, 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.

Legacy Billing Agent and Clearinghouse Registration

This section applies to Billing Agents or Clearinghouses that participated in the legacy system (Conduent) and had an OWCP ID, which is different than a Trading Partner ID.

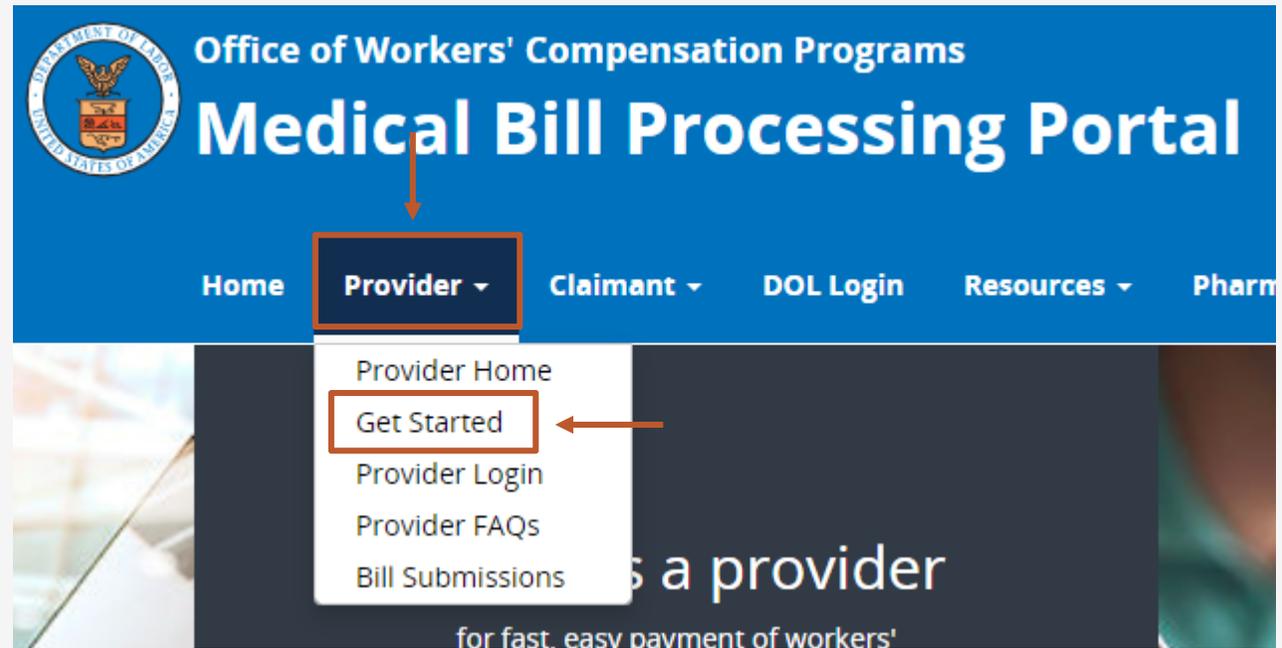


Accessing OWCP Connect via the WCMBP Portal

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

Click **Provider**

Click **Get Started**



Get Started for Providers

Legacy Providers will click on the middle box at the top or the second drop-down menu at the bottom to access the link to begin the registration process.

Registration with OWCP Connect is required to obtain access to the new WCMBP system.

Get Started

Get Started in the New Medical Bill Process System
A new medical bill process system was launched on April 27, 2020, offering providers more efficient bill processing. Enroll today to receive payment for services you provide to claimants approved by OWCP for workers' compensation.

New Provider
For fast approval, enroll online
[Click here to begin the enrollment process.](#)

Legacy Provider
If I successfully enrolled with Conduent before April 27, 2020, do I need to re-enroll?
No! However, you must register to access the new system.

Resume or Track an Enrollment Application
[Click here to resume or track the in-progress enrollment application.](#)

NEW Providers (Individual, Group, Facility or Billing Agent):
[Begin enrollment](#)

Legacy Providers (Enrolled with Conduent before 4/27/2020):
[Register for online access into the new system](#)

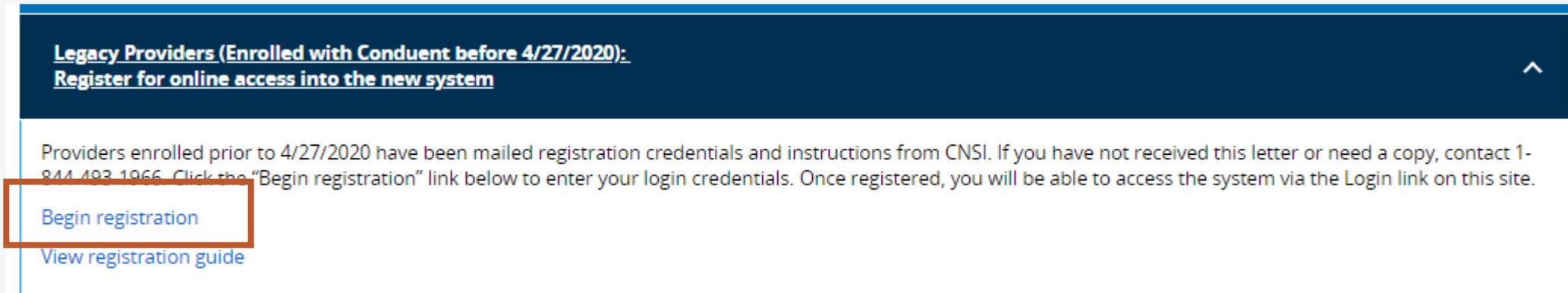
Providers with PAPER enrollment approved by the new system after 4/27/2020:
[Register for online access into the new system](#)

Providers with online enrollment application in process, in review or returned:
[Resume, track or update your online application](#)

Additional new users under an existing provider:
[Register for online access under the existing provider](#)

Begin Registration Link

Click the link to begin the registration process with OWCP Connect.



Legacy Providers (Enrolled with Conduent before 4/27/2020):
Register for online access into the new system

Providers enrolled prior to 4/27/2020 have been mailed registration credentials and instructions from CNSI. If you have not received this letter or need a copy, contact 1-844-493-1966. Click the "Begin registration" link below to enter your login credentials. Once registered, you will be able to access the system via the Login link on this site.

[Begin registration](#)

[View registration guide](#)

Begin Registration Link

On the OWCP Connect page, there are 2 links to begin the registration process. You can click on either link.

The screenshot displays the OWCP Connect website interface. At the top, the header includes the United States Department of Labor logo, the text "United States Department of Labor Office of Workers' Compensation Programs", and the OWCP logo. A navigation bar contains links for "Login", "Account Registration" (highlighted with a red box), "Reset Password", "Change Email", and "Help". Below the header, the main content area is divided into three columns. The left column, titled "About OWCP Connect", provides information about the system and includes a "A Note About Data Security" section. The middle column, titled "Account Registration", contains a link labeled "here" (highlighted with a red box) and a red warning message. The right column, titled "Login", features a form with an "Email Address" input field and a "LOGIN" button, along with a "RESET PASSWORD" section. An orange arrow points from the "Account Registration" link in the navigation bar to the "here" link in the "Account Registration" section.

OWCP Connect Registration

1. Please enter all required information (Name and Email address)
2. A message will populate to notify you if the email you are entering is available or if it is already linked to an existing user account.
3. Enter the result of the addition problem from the image.
4. Click **Next**.

Account Registration

Enter the below information to create the account

First Name* ←

Last Name* ←

Middle Initial

Email* ←
Consider using an email address that is not associated with your current employment.
[This email is available.](#)

Retype Email* ←
[This email is available.](#)

Enter result of addition from image below*

←

* Required Field

NEXT

OWCP Connect Registration

Login Credential

Your identity has been validated. Please enter a password below to create your account.

Email* Janedoe@yahoo.com

Password*

Retype Password*

* Required Field

PREV NEXT

5. Once the validation has been completed, enter a password and retype the password to confirm it.
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".

OWCP Connect Registration

7. Select a security image, and enter a key phrase.
8. Click **Next**.

Security Images

Please select a security image and enter a key phrase. They are used during the login process for your protection.

Security Images *



Key Phrase *

* Required Field

PREV NEXT

OWCP Connect Registration

Security Questions

Please select security questions & answers. They may be used during the login process for login verification.

Security Questions *

1.
2.
3.

* Required Field

PREV

SUBMIT

9. Select security questions from the drop-down menus and answer the selected questions.

10. Click **Submit**.

OWCP Connect Registration

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.

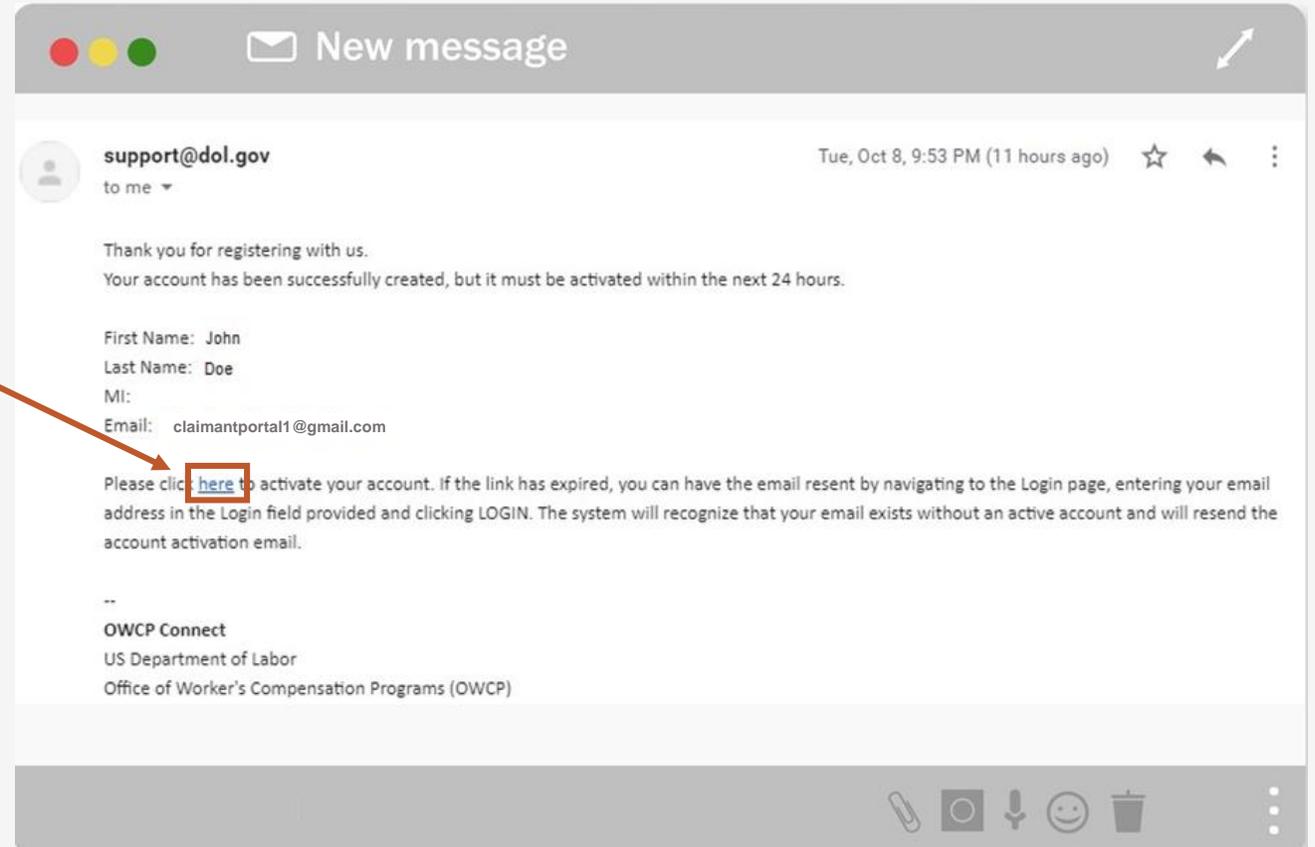
An email has been sent to the email address you provided, which includes a link that you will need to click in order to activate your account. The link provided in the email is available for 24 hours.

RESEND EMAIL

OWCP Connect Registration

Look for email from: support@dol.gov.

11. Click the **“here”** link.



OWCP Connect Registration

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

Access to the WCMBP Provider Portal

The Provider or System Administrator will need the Temporary ID and Temporary Key found in the Provider Letters to log into the WCMBP System.

Welcome Letter

Current OWCP Provider ID: [321000333.]
Temporary ID: [123456789.]
Temporary Key: Refer to Registration Instruction/Temporary Key letter.
Tax ID: Social Security Number (SSN) or Federal Employer Identification Number (FEIN) used during enrollment.

Registration Letter

OWCP Provider ID: [#####1234] (Refer to the Welcome Letter).
Temporary ID: Refer to the Welcome Letter.
Temporary Key: [2233444.]
Tax ID: Social Security Number (SSN) or Federal Employer Identification Number (FEIN) used during enrollment.

Login

OWCP Provider ID *

Temporary ID *

Temporary Key *

SSN/TAX ID *

Login

eCAMSTM
HCEV
Powered by OCNSI

Welcome WCMBP provider! Please use the instructions sent to you in the "Welcome Re-validation Letter" to log in to the WCMBP Provider Enrollment system. Although your provider enrollment record has been converted to the new system, you will need to provide additional information when you first log in. Facilities, groups, institutions, pharmacies, etc. will be required to enter a Tax ID; individuals will be required to enter a Social Security Number (SSN).

If you have any further questions, please contact Provider Enrollment at 1-844-493-1966.

Welcome to the WCMBP Provider Portal

Welcome to the WCMBP Provider Portal



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

Available Provider IDs: *

Provider Portal Profiles – Bill Processing

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 - Auth Submitter
- EXT Provider Eligibility Checker-Claims Submitter
- EXT Provider File Maintenance
- EXT Provider Super User
- EXT Provider System Administrator

Provider Portal – Home Page

Provider Portal

Online Services  ManageAlerts

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

My Reminders

Filter By : - Read Status

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

Your Recent Online Activities

-  You have logged in with angelr.roberts05 Account with IP Address 207.138.47.62
-  Previous Site Visit: 04/15/2020 08:35:27 PM
-  Last login failed attempt:

Billing Agents and Provider Requirement



Providers must be enrolled in the WCMBP System in order for billing agents to bill on their behalf. Billing agents will want to provide their OWCP ID to the providers they are billing for so that the provider can make the association within their profile. This will enable billing agents to view the response files (835). Otherwise, billing agents can still submit bills on behalf of the enrolled provider, but they will not receive the response files for the bills that are submitted.

Note: Providers will receive payments, not the Billing Agents.

Provider Setup for Using a Billing Agent Or Clearinghouse



Maintain Provider Information

Note: While the information in this section pertains to a provider audience, it will be helpful to know this information if you have to instruct providers on how to associate you (billing agent) to their profile. Remember, you will have to be enrolled, have an OWCP ID, and provide the OWCP ID to the provider for them to complete this process.

Providers who are approved and active will use **Maintain Provider Information**

The screenshot displays the 'Provider Portal' interface. On the left, a sidebar lists various services under categories like 'Bills', 'Claimant', 'Authorization', 'Provider', 'HIPAA', 'Admin', and 'My Interactions'. The 'Maintain Provider Information' option under the 'Provider' category is highlighted with a red box and an arrow. The main content area features a 'ManageAlerts' button and a 'My Reminders' section with a search filter and a 'No Records Found!' message.

The following profiles allow access to the Maintain Provider Information function:

- **EXT Provider File Maintenance**
- **EXT Provider Eligibility Checker – Claims Submitter**
- **EXT Provider Super User**

Maintain Provider Information

New providers will use enrollment **steps 7** and **8**

Approved providers will see these same steps under **Maintain Provider Information**



Step	Required
Step 1: Provider Basic Information	Required
Step 2: Add Location	Required
Step 3: Add Taxonomies	Required
Step 4: Add Ownership Details	Optional
Step 5: Add Licenses and Certifications	Required
Step 6: Add Identifiers	Optional
Step 7: Add EDI Submission Method	Optional
Step 8: Add EDI Submitter Details	Optional
Step 9: Add EDI Contact Information	Required
Step 10: Add Payment Details	Required
Step 11: Complete Provider Disclosure	Required
Step 12: View/Upload Attachments	Optional
Step 13: Submit Enrollment Application for Review	Required

View Page: 1

EDI Submission Methods

Providers will check the box for Billing Agent/Clearinghouse

You may check multiple Modes of Submission. NPI is required for all selections.

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.

Click **OK** →

Maintain Provider Information

New providers will use e enrollment **steps 7 and 8**

Approved providers will see these same steps under **Maintain Provider Information**

Step	Required
Step 1: Provider Basic Information	Required
Step 2: Add Location	Required
Step 3: Add Taxonomies	Required
Step 4: Add Ownership Details	Optional
Step 5: Add Licenses and Certifications	Required
Step 6: Add Identifiers	Optional
Step 7: Add EDI Submission Method	Optional
Step 8: Add EDI Submitter Details	Optional
Step 9: Add EDI Contact Information	Required
Step 10: Add Payment Details	Required
Step 11: Complete Provider Disclosure	Required
Step 12: View/Upload Attachments	Optional
Step 13: Submit Enrollment Application for Review	Required

View Page: 1

Billing Agent/Clearinghouse List

This step shows the list of billing agents and clearinghouses already set up.
To add to the list, the provider will click **Add**.

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"/>	700116000	BACH Org Name	05/07/2020	12/31/2999

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

Billing Agent/Clearinghouse List

The only information required is the Billing Agent/Clearinghouse OWCP ID – and how long they will be authorized to represent the provider as their billing agent.

Billing Agents/Clearinghouses will need to provide their **OWCP ID** to the providers they are representing.

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.

Billing Agent/Clearinghouse OWCP ID: *

Start Date: * 

End Date: * 

Billing Agent/Clearinghouse List

As they add you to their list, the OWCP ID auto-populates your name information and the dates they specified

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"/>	700116000	BACH Org Name	05/07/2020	12/31/2999

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

Submitting Billing Batches



Choosing Batch Submission Method

WEB BATCH	VS	SFTP
Cannot upload supporting documents		Can upload supporting documents
File Size Limit is up to 50 MB		No File Size Limit
No account set up process		One-time account set up process
For both Providers and Billing Agents/Clearinghouses		

Submit a Web Batch

The following profiles allow access to the Submit HIPAA Batch Transaction function:

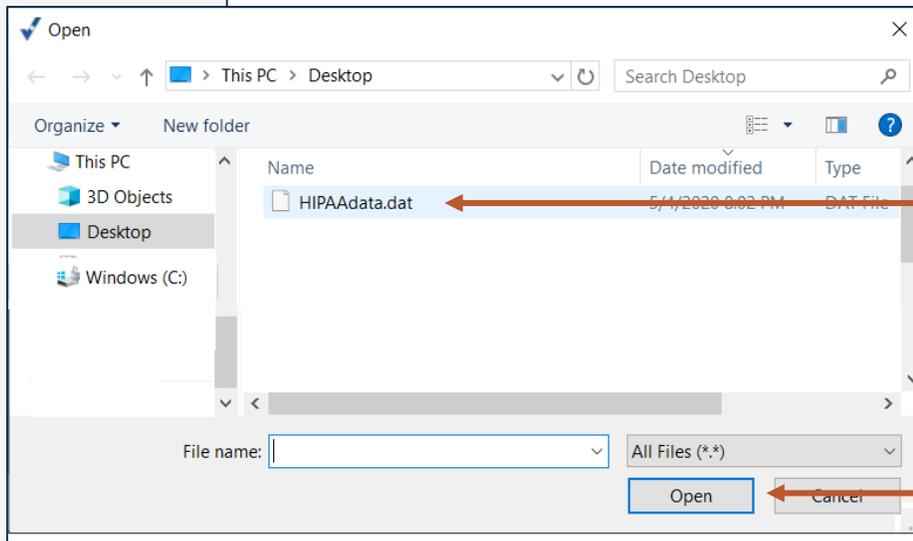
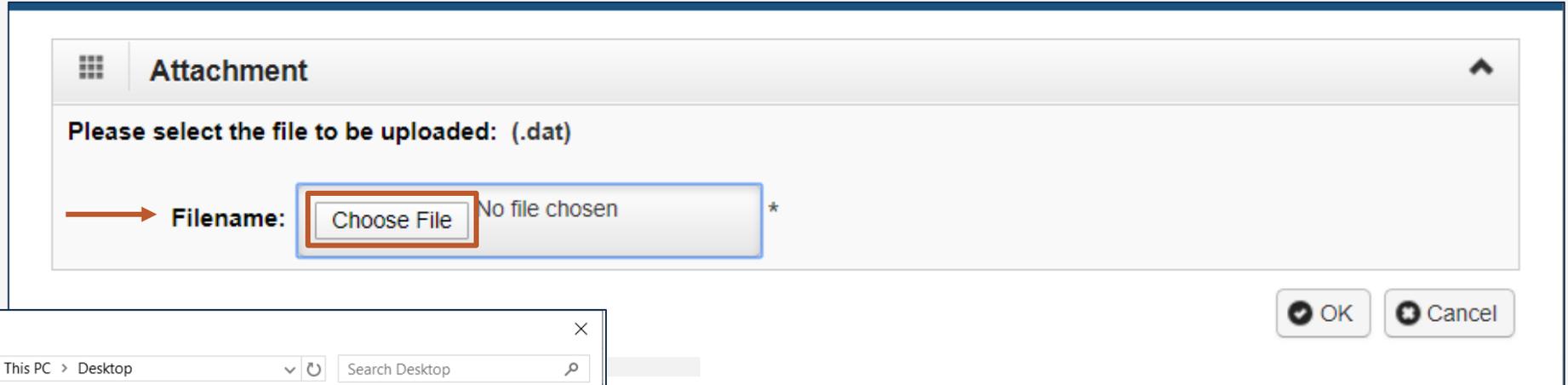
- **EXT Provider Bills Submitter**
- **EXT Provider Eligibility Checker – Claims Submitter**
- **EXT Provider Super User**

Submit HIPAA Batch Transaction →

The screenshot displays the 'Provider Portal' interface. On the left, a sidebar menu lists various services under categories like 'Bills', 'Claimant', 'Authorization', 'Provider', 'HIPAA', 'Admin', and 'My Interactions'. The 'Submit HIPAA Batch Transaction' option is highlighted with a red box and an arrow. The main content area includes a 'ManageAlerts' button, a 'My Reminders' section with a filter and 'Go' button, and a table with columns for 'Alert Type' and 'Alert Message'. Below this is a 'Your Recent Online Activities' section showing login details for 'angelr.roberts05'.

Select a File to Upload

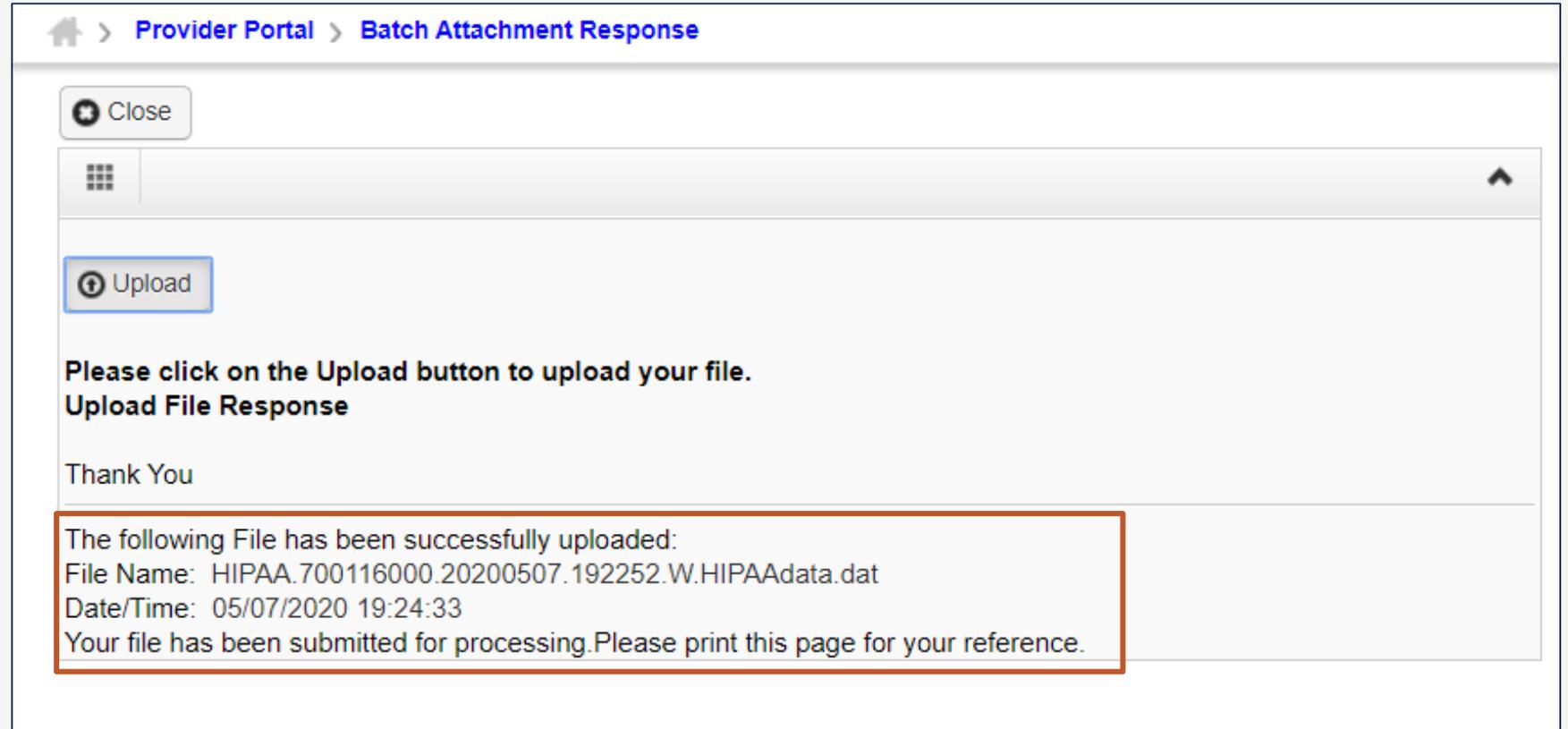
Click **Choose File**



Select the file to Upload and click **Open**

Upload Acknowledgement

Each batch is acknowledged after uploading completes.



The screenshot displays a web interface for a 'Provider Portal' under the 'Batch Attachment Response' section. It features a 'Close' button at the top left and an 'Upload' button below it. The main content area contains the following text: 'Please click on the Upload button to upload your file.', 'Upload File Response', and 'Thank You'. A red-bordered box highlights the success message: 'The following File has been successfully uploaded:', 'File Name: HIPAA.700116000.20200507.192252.W.HIPAAdata.dat', 'Date/Time: 05/07/2020 19:24:33', and 'Your file has been submitted for processing. Please print this page for your reference.'

Retrieve HIPAA Batch Responses



Retrieve HIPAA Batch Responses

1 Log in to the WCMBP System. The system will display the default "Select a provider ID Number" page. Select the appropriate profile from the drop-down list. The following profiles allow access to the Retrieve HIPAA Batch Responses function:

- **EXT Provider Bills Submitter**
- **EXT Provider Eligibility Checker – Claims Submitter**
- **EXT Provider Super User**
- **EXT Provider System Administrator**

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

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

Available Provider IDs: 700

Go

Select a profile to use during this session:

EXT Provider Bills Submitter

Go

2 Click on the "Retrieve HIPAA Batch Responses" hyperlink in the column on the left under HIPAA.

HIPAA

[Submit HIPAA Batch Transaction](#)
[Retrieve HIPAA Batch Responses](#)
[SF IP User Details](#)

HIPAA Response/Acknowledgement for HIPAA Batch

The system will display the following:

- HIPAA File Name
- Transaction Type
- Status (Accepted/Rejected)
- Upload Date
- TA1 Response File
- 999 Response File

Use the filter options such as Transaction Type, Upload Date or HIPAA File (File Name) to search for the EDI files of interest. Click the hyperlink under the HIPAA File to retrieve the response.

Note: In order for billing agents to view 835s via the provider portal, the provider needs to associate the billing agent to their provider file as explained earlier in this presentation.

Close

HIPAA Response/Acknowledgement

Transaction Type: 837 And [] And [] And [] Go

Save Filter My Filters

HIPAA File ▲▼	Transaction Type ▲▼	Status ▲▼	Upload Date ▲▼	TA1 Response File ▲▼	999 Response File ▲▼
No Records Found !					

SFTP User Set Up



Accessing SFTP User Details

If you will be submitting bills via SFTP, follow these steps to setup your SFTP user details:

1 Log in to the WCMBP System. The system will display the default "Select a provider ID Number" page. Select the appropriate profile from the drop-down list. The following profiles allow access to the SFTP User Details function:

- **EXT Provider Bills Submitter**
- **EXT Provider Eligibility Checker – Claims Submitter**
- **EXT Provider Super User**

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

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

Available Provider IDs: 700

Go

Select a profile to use during this session:

EXT Provider Bills Submitter

Go

2 Click on the **SFTP User Details** hyperlink in the column on the left under HIPAA.

HIPAA

[Submit HIPAA Batch Transaction](#)

[Retrieve HIPAA Batch Responses](#)

[SFTP User Details](#)

SFTP User Info

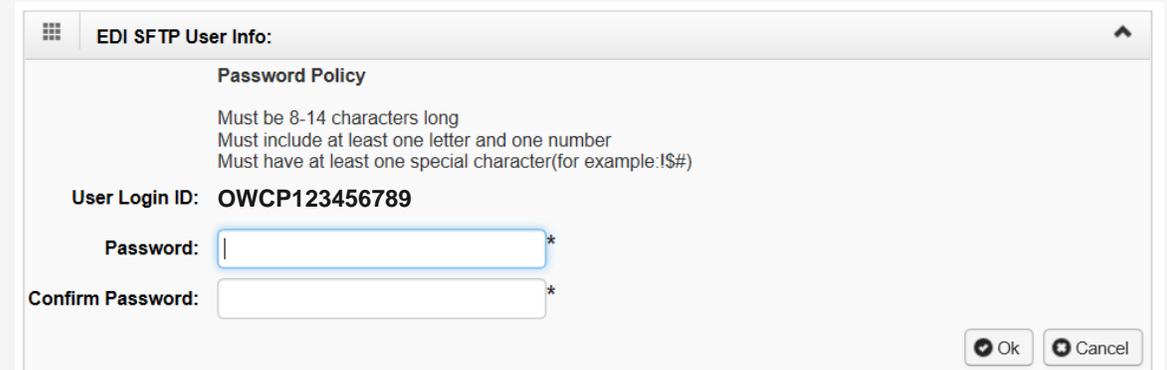
3 Click the "Create SFTP User" button to create the SFTP User.

Note: If the SFTP user has been created already, this button will be disabled. The "Reset SFTP Password" button will be enabled.



4 The EDI SFTP User Info dialog box will be displayed allowing you to create a password and to confirm it. Click "OK."

Note: Passwords must be 8-14 characters long, must include at least one letter, one number, and at least one special character (special character examples !@#)\$)



SFTP User Info

- 5 A User account will be created and an SFTP User ID will be displayed.



The screenshot shows a web interface for SFTP user management. At the top, there are three buttons: 'Close', 'Create SFTP User', and 'Reset SFTP Password'. Below these is a section titled 'EDI SFTP User Info:'. Underneath, it says 'Your SFTP User Details are' followed by 'SFTP User Login ID: OWCP123456789'. The login ID is highlighted with a red rectangular box.

After completing the SFTP user setup within the Provider Portal, you will need to download an SFTP client or use the one you already have.

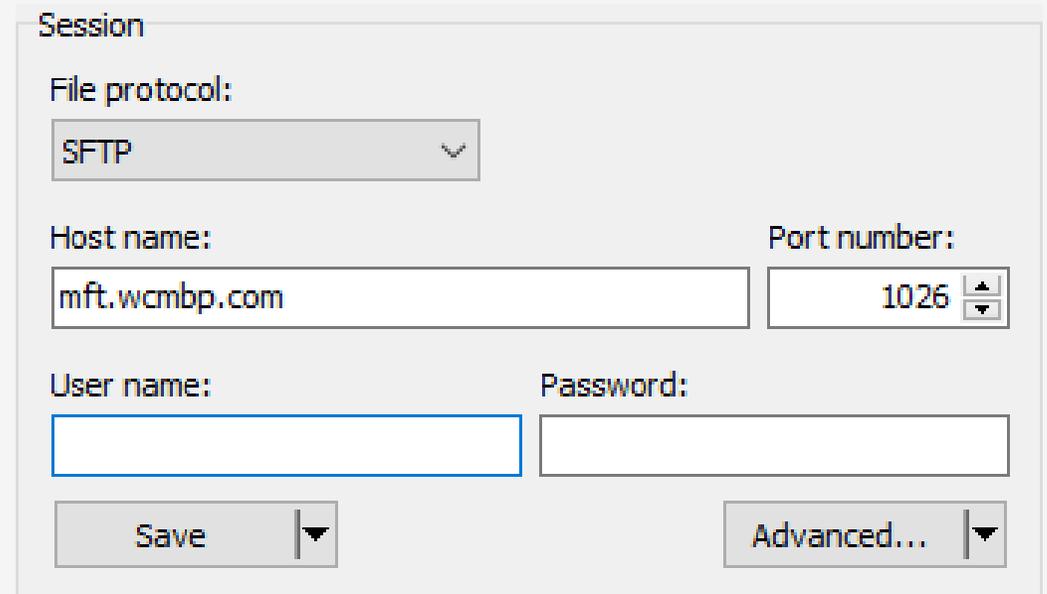
SFTP Client Connection



SFTP Login

Once the SFTP user account is set up, you can now access the SFTP folders using an SFTP client, such as WinSCP or Filezilla with your username/password. Please note the host name and port number displayed in the screenshot. These settings will be required for the SFTP connection.

Note: The example here shows the WinSCP SFTP client session setup screen. You can choose any SFTP client of your choice.



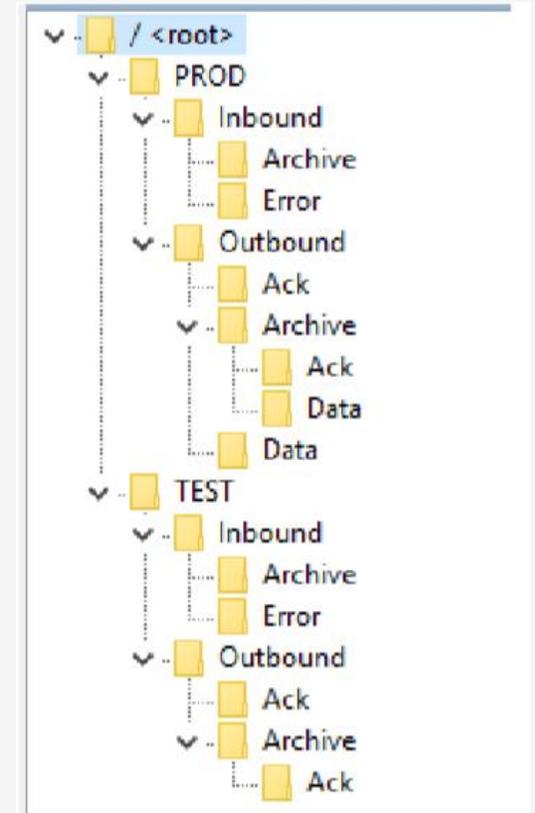
The screenshot shows the 'Session' configuration window in WinSCP. It includes the following fields and controls:

- File protocol:** A dropdown menu set to 'SFTP'.
- Host name:** A text input field containing 'mft.wcmbp.com'.
- Port number:** A spinner control set to '1026'.
- User name:** An empty text input field.
- Password:** An empty text input field.
- Buttons:** 'Save' and 'Advanced...' buttons at the bottom.

SFTP Directory

Once logged in, the folder structure will appear as follows:

- There will be 2 categories of folders:
 1. **TEST** - Trading Partners should submit and receive their test files under this folder.
 2. **PROD** - Trading Partners should submit and receive their production files under this folder.
- The folders are structured (as shown here) under TEST/PROD folders within the SFTP root.



SFTP Directory - Inbound

Inbound - This Inbound folder should be used to drop the inbound files that need to be submitted to WCMBP.

Note: After the inbound 837 file is dropped to the Inbound folder, WCMBP will rename the file following the inbound naming convention and perform the file level validation before processing.

- Files that pass the validation will be ready for processing. After being processed, the file name will be renamed with a "processed" extension. After the user logs out from the SFTP account, the processed file will be moved to the Inbound/Archive folder.
- Files that fail the validation will be renamed with an "error" extension. After the user logs out from the SFTP account, the error file will be moved to the Inbound/Error Folder.

Note: The files in both Inbound/Archive and Inbound/Error folders will be retained for 30 days before they are purged by the system automatically.

SFTP Directory – Inbound Continued

File Level Validation

EDI files must meet the following criteria:

File Size: The file cannot be empty, i.e. 0 kb.

File Name Extension: The file name extension must be .dat with all lower case (for example - My_Hipaa_File.dat).

File Name Length: The file name length (including the file name extension) cannot be greater than 50 characters.

File Name Special Characters: The file name should not contain special characters.

Note: It is recommended to limit the file size to 100MB while uploading a HIPAA file through SFTP.

File Naming Convention for Inbound Transactions

When a HIPAA file is uploaded via the Web Portal or SFTP, the WCMBP System will rename the file per the Inbound Transaction naming conventions below:

For Inbound Transactions Uploaded Via Web Portal and SFTP

Hipaa.<TPId>.<datetimestamp>.<uploadmethod>.<originalfilename>.pgp

- <TPId> is the Trading Partner Id, which is also the OWCP Provider ID
- <datetimestamp> is the Date timestamp in format yyyyMMddHHmmss
- <uploadmethod> is the method how the HIPAA file is uploaded. F-FTP, WWeb
- <originalfilename> is the original file name which is submitted by the trading partner.

(Web Ex) Hipaa.123456789.20200225151636.W.OriginalFileName.dat

(SFTP Ex) Hipaa.123456789.20200225151636.F.OriginalFileName.dat.pgp

SFTP Passed Validation Ex:

123456789.20200225151636.F.OriginalFileName.dat.pgp.processed

SFTP Failed Validation Ex:

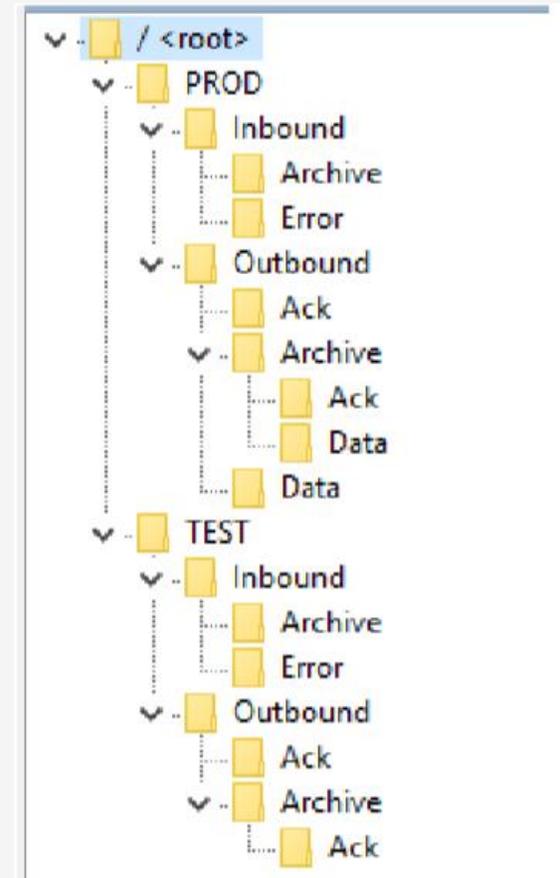
Hipaa.123456789.20200225151636.F.OriginalFileName.dat.pgp.error

SFTP Directory - Outbound

Outbound - X12 outbound transactions generated by WCMBP will be available in this outbound folder.

- Trading partners should look for acknowledgments to the files submitted in the Outbound/Ack folder. TA1 and 999 will be available for all the files submitted by the Trading Partner that passed file-level validation.
- Trading Partners should look for an 835 file in the PROD/Outbound/Data folder. The 835 file will NOT be generated for the test 837 files uploaded in TEST folder.

Note: It's recommended that the trading partner delete the acknowledgement and 835 files after they are downloaded. The files in both Outbound/Ack and Outbound/Data folders will be retained for 10 days before they are automatically moved to the Outbound/Archive folder by the system. The files in Outbound/Archive folder will be retained for 30 days before they are automatically purged by the system.



File Naming Convention for Outbound Transactions

Once the Inbound Transaction is uploaded, the system will generate the Acknowledgement/Response files per the Outbound naming conventions below:

For Outbound TA1 Acknowledgement File:

Hipaa.<TPId>.<datetimestamp>.<uploadmethod>.<originalfilename>.<ta1extension>.dat

- <TPId> is the Trading Partner Id, which is also the OWCP Provider ID
- <datetimestamp> is the Date timestamp in format yyyyMMddHHmmss
- <uploadmethod> is the method how the HIPAA file is uploaded. F-FTP, WWeb.
- <originalfilename> is the original file name which is submitted by the trading partner.
- <ta1extension> is the system generate TA1 file extension

Ex: Hipaa.123456789.20200225151745.F.OriginalFileName.dat.tmp_TA1.dat

For Outbound 999 Acknowledgement File:

Hipaa.<TPId>.<datetimestamp>.<uploadmethod><originalfilename>.<999extension>.dat

- <TPId> is the Trading Partner Id, which is also the OWCP Provider ID
- <datetimestamp> is the Date timestamp in format yyyyMMddHHmmss
- <uploadmethod> is the method how the HIPAA file is uploaded. F-FTP, WWeb.
- <originalfilename> is the original file name which is submitted by the trading partner.

Ex: Hipaa.123456789.20200225152018.F.OriginalFileName.dat.tmp_GS3031980_999.dat

For Outbound 835 Transaction File:

Hipaa.<TPId>.<datetimestamp>.835.dat

- <TPId> is the Trading Partner Id, which is also the OWCP Provider ID
- <datetimestamp> is the Date timestamp in format yyyyMMddHHmmss

Ex: Hipaa.123456789.20200301010043.835.dat

EDI Transaction Specification Changes



EDI Transaction Specification Changes

- **You will need to enter the 9-digit OWCP Provider ID ONLY (1000 A Loop Segment)**
- Use the following Receiver ID for each program:
 - 77044 for DFEC
 - 77103 for DEEOIC
 - 77104 For DCMWC
- OWCP Case Number. Please get updated Case Numbers from DCMWC and DEEOIC Claimants. (2010 BA Loop Segment NM1 REF - NM109 IG- S DOL- R)
- Attachments cannot be uploaded, but you can download a cover sheet that will require an Attachment Control Number. You will assign a unique Attachment Control Number and use it in the 2300 Loop PWK segment.
- Use the following Transaction Versions:
 - ASC X12N 837 Professional (005010X222A1)
 - ASC X12N 837 Institutional (005010X223A2)
 - ASC X12N 837 Dental (005010X224A2)

EDI Contact and Resources



EDI Contact Information and Resources

Customer Service: 1-800-987-6717

Hours: 8:00 a.m. – 8:00 p.m. Eastern Time, Monday through Friday.

Information required for the phone call:

- Topic of Call (setup, procedures, etc.)
- Name of caller
- Submitter's OWCP Provider ID
- Organization of caller
- Telephone number of caller
- Nature of problem (connection, receipt status, etc.)

HIPAA Help Desk email: owcp-hipaa-help@cns-inc.com

Companion Guides can be found at

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

- Click **Provider**
- Click **Bill Submission**
- Click **Web Batch** - Upload EDI files Online OR FTP
Secured Batch – Upload EDI files to Secured FTP folder
- Click **Companion Guide**

EDI Enrollment Form can be found at

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

- Click **Resources**
- Click **Forms & References**
- Click **EDI Enrollment Template**

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