

### Introduction

In this webinar, we will cover the following:

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



## 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

### **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



## Change of Addresses – Effective August 1, 2020

### **PROVIDER ENROLLMENT**

#### **Provider Enrollment**

PO Box 8312

London, KY 40742-8312



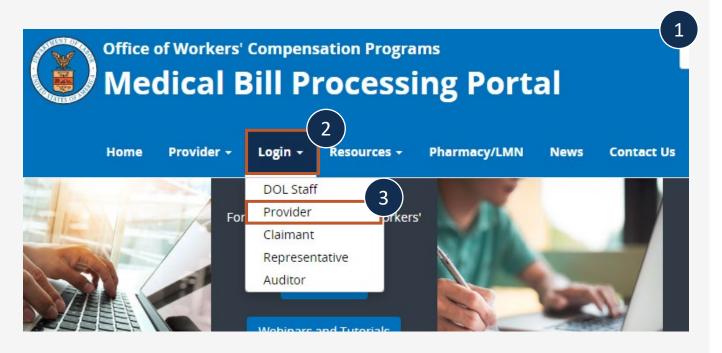
## Logging In

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



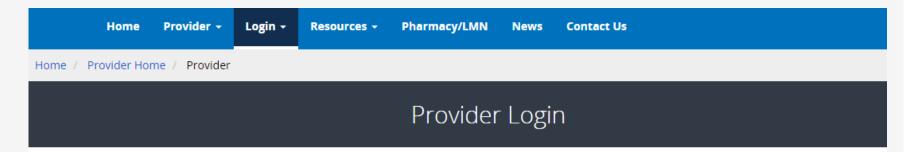
## Navigating to Provider Login Page

- 1. Use the following link to access the WCMBP Portal <a href="https://owcpmed.dol.gov">https://owcpmed.dol.gov</a>.
- 2. Select the **Login** drop-down menu.
- 3. Select the **Provider** link.





## Provider Login



 On the Provider Login page, select the Provider Login button. You will be directed to OWCP Connect.

Use the link below to log in to the new Workers' Compensation Medical Bill Process (WCMBP) system if...

- · Your online enrollment has been approved
- Your paper enrollment has been approved, and you have registered with OWCP Connect and have been authenticated in the new system
- You were enrolled in the previous system (prior to April 27, 2020), and have registered with OWCP Connect and have been authenticated in the new system.
- · Your request to be associated with an enrolled provider as an additional user has been approved by the provider's administrator

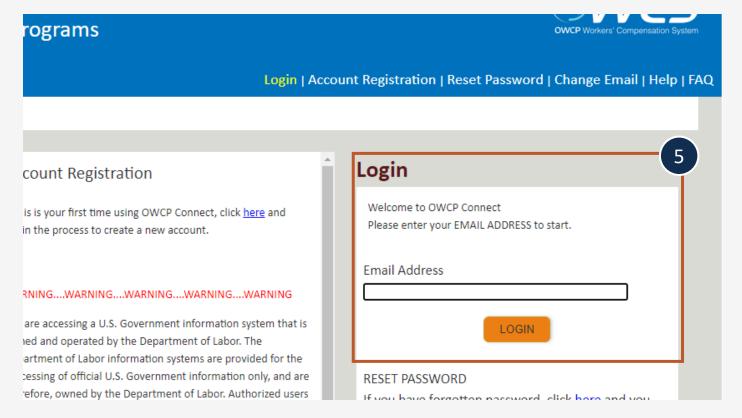
The Provider Login button will take you to OWCP Connect, where you can register or will validate your credentials and log you into the system.





## **OWCP Connect Login**

5. Since you've previously registered, you will only need to go through the OWCP Connect Login process.



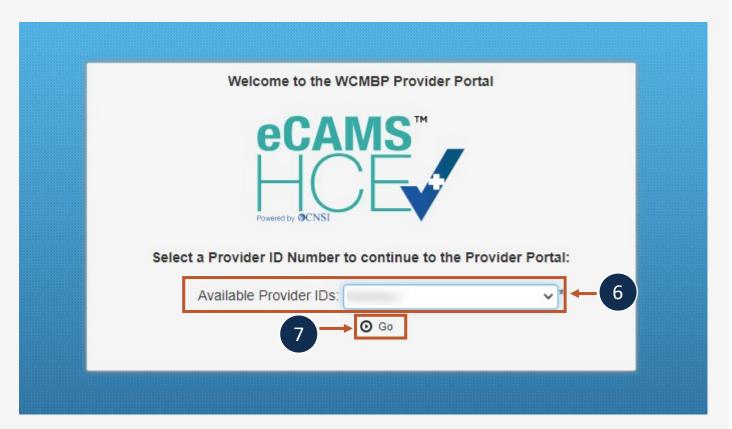


### Select Available Provider ID

6. After successfully logging in, you will be taken to this screen where you will select from the **Available Provider IDs**.

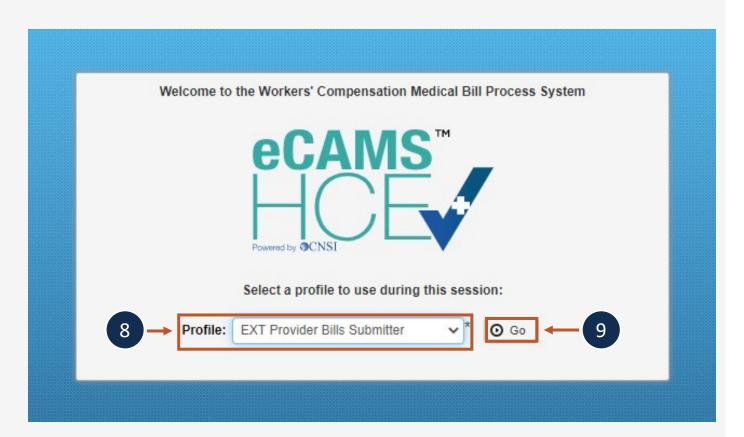
**Note:** If you have registered multiple providers under one OWCP Connect Login, or if you have been added as a user to another Provider Portal, those available Provider IDs will be available in the drop-down menu.

7. Select Go.



### Select a Profile

- 8. After selecting the Provider ID, you will select a profile from the available profiles in the drop-down menu.
  - EXT Provider Bills Submitter
  - EXT Provider Eligibility Checker Claims Submitter
  - EXT Provider Claims Payment Status Checker
  - EXT Provider Super User
- 9. Select Go.





## Viewing Bills

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



## Select Bill Inquiry

Provider Portal **Online Services** ManageAlerts My Reminders Bills Select Bill Inquiry Bill Inquiry **⊙** Go view Payment Filter By Read Status Bill Adjustment/Void On-line Bills Entry Resubmit Denied/Voided Bill Alert Type **Alert Message Retrieve Saved Bills** AV Manage Templates Create Bills from Saved Templates No Records Found! Claimant \* Eligibility Inquiry Your Recent Online Activities Authorization On-line Authorization Submission 1 You have logged in with Previous Site Visit: 04/15/2020 08:35:27 PM Provider **Maintain Provider Information** Last login failed attempt: HIPAA \* Submit HIPAA Batch Transaction Retrieve HIPAA Batch Responses SFTP User Details Admin **Maintain Users** My Interactions Correspondences



### Inquire Provider Bills List

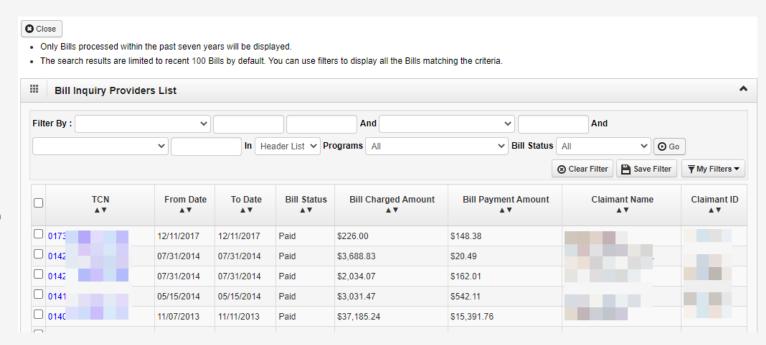
The Bill Inquiry Providers List displays.

Only Bills processed within the past seven years will be displayed.

Utilize the filter fields to narrow your bill search.

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

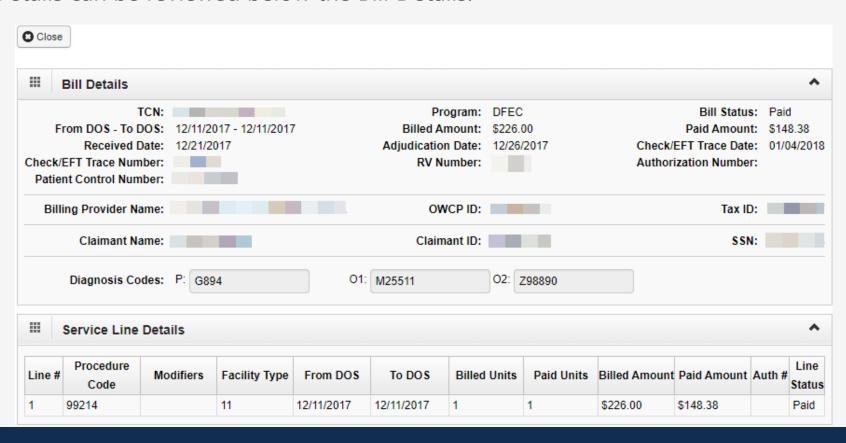
**Note:** To see bill details, click the hyperlink under the TCN column.





### Bill Details

The bill details, provider data, claimant data and Diagnosis Codes can be reviewed at the top of the page. Service Line Details can be reviewed below the Bill Details.





### Bill Statuses

The following is a list of the different bill statuses you may see listed on your bills.

#### **Provider Status for Bills**

F1: Finalized/Payment-The claim/line has been paid.

F2: Finalized/Denial-The claim/line has been denied.

F3: Finalized/Revised-Adjudication information has been changed.

F4: Finalized/Adjudication Complete - No Payment forthcoming-The claim has been adjudicated and no further payment is forthcoming.

F3: Finalized/Revised-Adjudication information has been changed

P1: Pending/In Process-The claim is in the adjudication system.

## View Payments

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

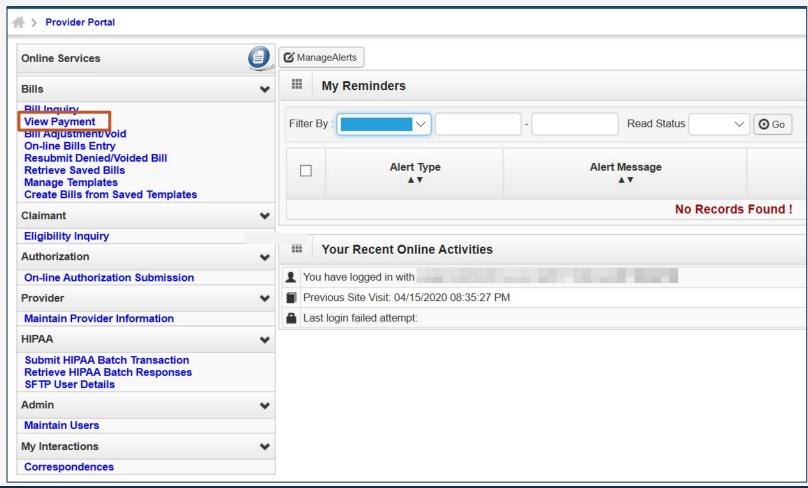
The Remittance Voucher can also be called an Explanation of Benefits (EOB) or a Remittance Advice (RA). These terms and their abbreviations are often used interchangeably.

(RV = EOB = RA)



## Select View Payment

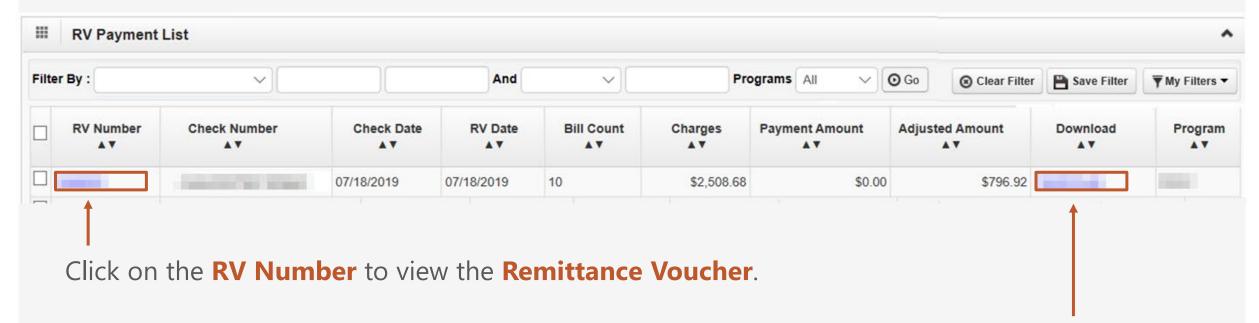
Select **View Payment** →





### RV Payment List

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



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

## Remittance Voucher Sample - Cover Page



Remittance Voucher FECA - Cleveland



RV Number:

Billing Provider:

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.



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

: 04/19/2020

RV Date

## Remittance Voucher Sample – Summary Page

Prepared Date:04/19/2020

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

RV Number:

Payment # : \$87.56

Payment Date: 04/24/2020

Payment Method:EFT

Page 2

#### **Bills Summary**

#### Financial Recoveries

	Billing Provider					Total Claimant Responsible Amount	Amount	5.	FIN Invoice Number/ Parent TCN	Source	71	Previous Balance Amount	Amount	Remaining Balance Amount
١F	_	Paid	\$2000.00	\$87.56	\$0.00	\$0.00	\$87.56							
		Denied	\$1000.00	\$0.00	\$0.00	\$0.00	\$0.00							

Count of Bills In Process: 0 Total Adjustment Amount: \$0.00



## Remittance Voucher Sample – Details Page with Category Total

RV Number: Category: Paid	,		er:	•	nt Date: 04/	24/2020	Pro	epared Da	te: 04/19/	2020	RV Date:	04/19/202	0 <b>Page</b> 3
Claimant Name /	TCN /	Line	Rendering	Service	Svc Code	Total	Billed	Allowed	TPL	Claimant	Paid	EOB	Adjustment
Claimant ID /	Bill Type /	#	Provider /	Date(s)	or NDC /	Units	Amount	Amount	Amount	Responsib	Amount	Codes	Reason
Med Record # /	RX Bill # /		RX # /		Mod /					le Amount			Codes
Patient Acct # /	Inv # /		Auth		Rev Code								
Original TCN/	Auth #		office#										
CONTRACTOR		1		01/01/2019- 01/01/2019	97110	1.0000	\$1000.00	\$43.78	\$0.00	\$0.00	\$43.78		45 = \$956.22
	Professional Bill		<u> </u>			L		<u> </u>					
		Docu		01/01/2019-		1.0000	\$1000.00				•		
PERSONAL PROPERTY.		1		01/01/2019- 01/01/2019	97110	1.0000	\$1000.00	\$43.78	\$0.00	\$0.00	\$43.78		45 = \$956.22
	Professional Bill												
		Docu	ment Total:	01/01/2019-	01/01/2019	1.0000	\$1000.00	\$43.78	\$0.00	\$0.00	\$43.78		
				Category 1	otal:	2.0000	\$2000.00	\$87.56	\$0.00	\$0.00	\$87.56		

**Note:** RV/EOBs in a status of Paid, Denied, or Adjusted 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:					nt Date: 04/	24/2020	Pre	epared Da	te: 04/19/	2020	RV Date:	04/19/202	
												Page 4	
Claimant Name /	TCN /	Line	Rendering	Service	Svc Code	Total	Billed	Allowed	TPL	Claimant	Paid	EOB	Adjustment
Claimant ID /	Bill Type /	#	Provider /	Date(s)	or NDC /	Units	Amount	Amount	Amount	Responsib	Amount	Codes	Reason
Med Record # /	RX Bill # /		RX # /		Mod /					le Amount			Codes
Patient Acct # /	Inv # /		Auth		Rev Code								
Original TCN/	Auth #		office#										
		1		01/01/2019-	99214	1.0000	\$1000.00	\$0.00	\$0.00	\$0.00		70863~50	
Control of the Contro				01/01/2019								301	\$1000.00
	Professional Bill												
		Docu	ment Total:	01/01/2019-	01/01/2019	1.0000	\$1000.00	\$0.00	\$0.00	\$0.00	\$0.00		
				Category 1	Гotal:	1.0000	\$1000.00	\$0.00	\$0.00	\$0.00	\$0.00		
	Billing Pro	vider Total:	3.0000	\$3000.00	\$87.56	\$0.00	\$0.00	\$87.56					

**Note:** RV/EOBs in a status of Paid, Denied, or Adjusted 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

#### **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 in a status of Paid, Denied, or Adjusted are mailed to the provider's mailing address (on file) every Monday if they had bills adjudicated in the previous week.



# Viewing Legacy Remittance Vouchers



### What are Legacy Remittance Vouchers?

The documents that the provider submitted in the legacy system, Conduent, or generated by the legacy system are referred to as legacy documents.

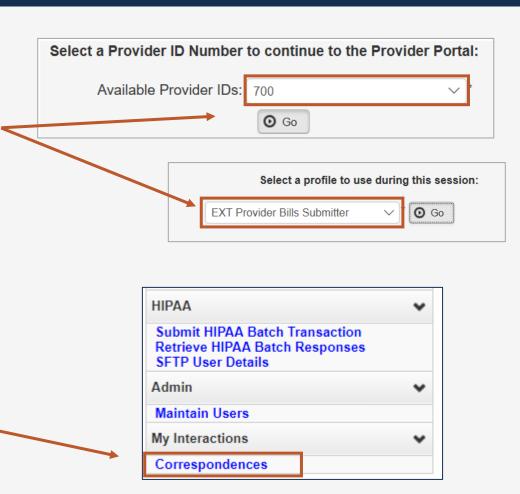
The providers that were enrolled and in "active" status in the legacy system, Conduent, and migrated to the WCMBP System are referred to as legacy providers.

**Legacy Remittance Vouchers** are the explanation of benefit documents of the legacy providers that migrated to the WCMBP System. These are for bills processed in the Conduent system prior to 4/27/2020.

## Accessing Legacy Remittance Vouchers

#### How it works:

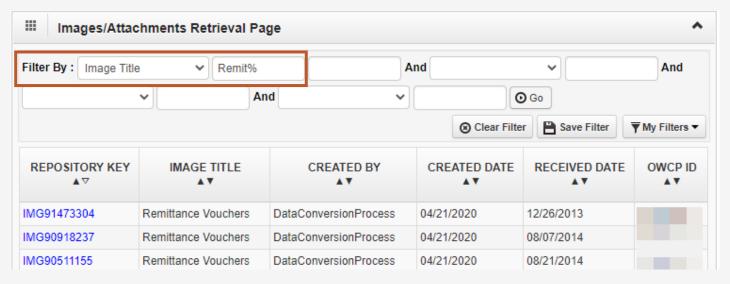
- Log in to the WCMBP System. The system will display the default "Select a provider ID Number" page. select a profile from the available profiles in the drop-down menu.
  - EXT Provider Bills Submitter
  - EXT Provider Eligibility Checker Claims Submitter
  - EXT Provider Claims Payment Status Checker
  - EXT Provider File Maintenance
  - EXT Provider Super User
  - EXT Provider System Administrator
- 2 Select the "Correspondences" link under My Interactions.





## Images/Attachments Retrieval Page

In the second grid (Images/Attachments Retrieval) on this page, a search can be performed using the filters to search by TCN, Image Title or Case Number. For the filter Image Title, in the adjacent text field, enter Remit%, then click the **Go** button. The system will display all remittance vouchers.



**Note:** The percent symbol (%) is a "wildcard" character that allows you to substitute one or more characters in your search. In this case, the use of the percent symbol at the end of "Remit" will search for all Image Titles that begin with Remit. This wildcard character is especially useful if you are unsure of the full search term. The percent symbol can also be used in the beginning or middle of typed characters.

# 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

