Bill Status and Remittance Voucher



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

rograms OWCP Workers' Compensi Login | Account Registration | Reset Password | Change Email | Help | FAQ 5 Login count Registration Welcome to OWCP Connect is is your first time using OWCP Connect, click here and Please enter your EMAIL ADDRESS to start. in the process to create a new account. Email Address RNING....WARNING....WARNING....WARNING....WARNING are accessing a U.S. Government information system that is LOGIN ned and operated by the Department of Labor. The artment of Labor information systems are provided for the cessing of official U.S. Government information only, and are RESET PASSWORD efore, owned by the Department of Labor. Authorized users If you have forgetten password, click here and you

Select Available Provider ID

 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

	Online Services	0	C ManageAle	rts				
	Bills	*	III My I	Reminders				
Bill Inquiry —	Bill Inquiry view Payment Bill Adjustment/Void On line Bills Entry		Filter By :		-	Read Status	~	O Go
	Resubmit Denied/Voided Bill Retrieve Saved Bills Manage Templates Create Bills from Saved Templates			Alert Type ▲ ▼	Alert Message ▲ ▼			
	Claimant	~				No Re	ecords	Found !
	Eligibility Inquiry		1					
	Authorization	~	III You	r Recent Online Activities	•			
	On-line Authorization Submission		1 You have	logged in with				
	Provider	~	Previous	Site Visit: 04/15/2020 08:35:27	PM			
	Maintain Provider Information		Last login	n failed attempt:				
	HIPAA	*						
	Submit HIPAA Batch Transaction Retrieve HIPAA Batch Responses SFTP User Details							
	Admin	~						
	Maintain Users							
	My Interactions	*						
	Correspondences							



Select

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.

Close

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

. The search results are limited to recent 100 Bills by default. You can use filters to display all the Bills matching the criteria.





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.

Close									
III Details									^
TCN:			Progr	am: DFEC			Bill Status	: Paid	d
From DOS - To DOS: 12/11/20	17 - 12/11/2017		Billed Amore	unt: \$226.0	00		Paid Amount	: \$14	8.38
Received Date: 12/21/20	17		Adjudication D	ate: 12/26/	2017	Check/	EFT Trace Date	: 01/0	04/2018
Check/EFT Trace Number:			RV Num	ber:		Authori	ization Number	:	
Patient Control Number:									
Billing Provider Name:			OWCP	ID:			Tax ID	:	
Claimant Name:			Claimant	ID:			SSN	:	
Diagnosis Codes: P: G89	4	01: N	//25511	02: 2	298890				
Service Line Details									^
Line # Procedure Code Modifiers	Facility Type Fro	om DOS	To DOS B	illed Units	Paid Units	Billed Amount	Paid Amount	Auth #	Line Status
1 99214	11 12/11	1/2017 12	2/11/2017 1		1	\$226.00	\$148.38		Paid



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

	A > Provider Portal	
	Online Services	C ManageAlerts
	Bills	My Reminders
Select View Payment	Bill Inquiny View Payment Bill Adjustment/Void On line Bills Entry	Filter By : ~ Printer By :
	Resubmit Denied/Voided Bill Retrieve Saved Bills Manage Templates Create Bills from Saved Templates	Alert Type Alert Message ▲▼ ▲▼
	Claimant 🗸	No Records Found !
	Eligibility Inquiry	
	Authorization 🗸	Wour Recent Online Activities
	On-line Authorization Submission	2 You have logged in with
	Provider 🗸	Previous Site Visit: 04/15/2020 08:35:27 PM
	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	



RV Payment List

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

	RV Payment	List								
Filte	г Ву :	~][And	~][Pro	ograms All V	O Go Clear Filte	r 💾 Save Filter	▼ My Filters ▼
	RV Number ▲▼	Check Number ▲▼	Check Date ▲ ▼	RV Date ▲▼	Bill Count ▲▼	Charges ▲▼	Payment Amount ▲▼	Adjusted Amount ▲ ▼	Download ▲ ▼	Program ▲ ▼
		- Index State Street	07/18/2019	07/18/2019	10	\$2,508.68	\$0.00	\$796.92		and a second
	Ť									

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

Remittance Voucher Sample - Cover Page





Remittance Voucher Sample – Summary Page

RV Numb	er:				2		10.4/00.00				Prepa RV Da	ared Date:04 ate: 04	/19/2020 /19/2020
Payment : Payment :	#: Amount: \$	87.56			Paymen Paymen	it Date: 04/ it Method:EF	724/2020 T						
Bills Sumn	nary					Fi	nancial Red	coveries			Page	2	
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	Adjustmen Amount	t Remaining Balance Amount
	Paid	\$2000.00	\$87.56	\$0.00 \$0.00	\$0.00	\$87.56							
Count of E	Bills In Pro	cess: 0	J \$0.00	μ φυ.υυ	J \$0.00	J \$0.00				I Total Adjus	tment Am	ount: \$0.0	0



Remittance Voucher Sample – Details Page with Category Total

RV Number: Second Category: Paid	Payment Billing P	#:	er:	Payme	nt Date: 04//	24/2020	Pro	epared Da	te: 04/19/	2020	RV Date:	04/19/202	:0 Page 3
Claimant Name / Claimant ID / Med Record # / Patient Acct # /	TCN / Bill Type / RX Bill # / Inv # /	Line #	Rendering Provider / RX # / Auth	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
Original TCN/	Auth # Professional Bill	1	office #	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 \$43.78 Image: Second Bill 1 01/01/2019-97110 1.0000 \$1000.00 \$43.78 \$0.00 \$43.78 \$43.78 \$43.78 \$43.78 \$43.78 \$43.78 \$43.78 \$43.78 \$43.78 \$43.78 \$43.78 \$45 = \$956.22								45 = \$956.22					
	Document Total: 01/01/2019-01/01/2019 1.0000 \$1000.00 \$43.78 \$0.00 \$43.78 Category Total: 2.0000 \$2000.00 \$87.56 \$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:	Payment	#:		Payme	nt Date: 04/2	24/2020	Pre	epared Da	te: 04/19/	2020	RV Date:	04/19/202	20
Category: Denied	Billing Pi	rovid	er:										Page 4
Claimant Name /	TCN /	Line	Rendering	Service	Svc Code	Total	Billed	Allowed	TPL	Claimant	Paid	EOB	Adjustment
Claimant ID /	Bill Type /	#	Provider <i>I</i>	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	\$0.00	70863~50	16 =
and the second				01/01/2019								301	\$1000.00
	Professional Bill												
		Docu	ment Total:	01/01/2019-0	01/01/2019	1.0000	\$1000.00	\$0.00	\$0.00	\$0.00	\$0.00		
				Category 1	fotal:	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.

Images/Attac	chments Retrieval Pa	ge			
Filter By : Image Title	e 🗸 Remit%	A	nd	•	And
	~ Ar	nd 🗸 🗸		O Go	
			Clear Filte	er 💾 Save Filter	▼ My Filters
REPOSITORY KEY ▲▽	IMAGE TITLE	CREATED BY	CREATED DATE	RECEIVED DATE	OWCP IE
IMG91473304	Remittance Vouchers	DataConversionProcess	04/21/2020	12/26/2013	
IMG90918237	Remittance Vouchers	DataConversionProcess	04/21/2020	08/07/2014	
IMG90511155	Remittance Vouchers	DataConversionProcess	04/21/2020	08/21/2014	

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

