Bill Status and Remittance Voucher

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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

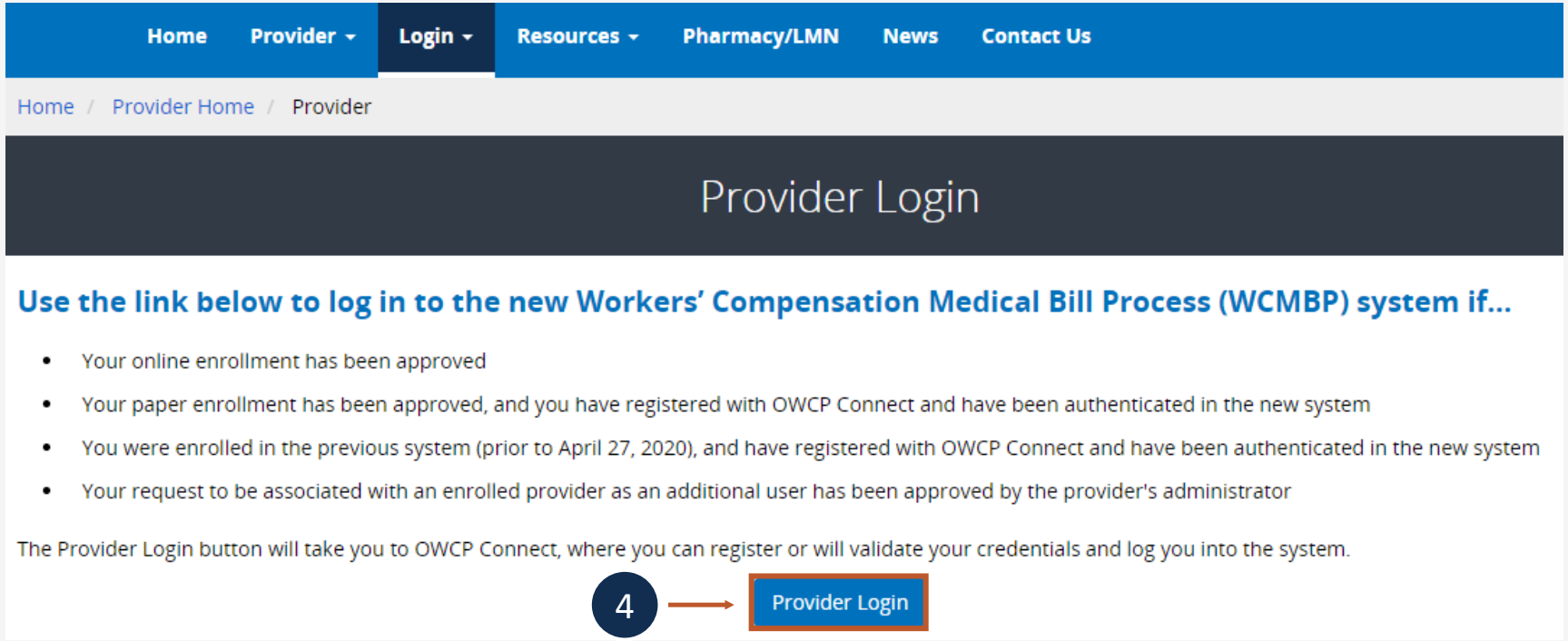
…Just a quick review of log in procedures.

Navigating to Provider Login Page

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

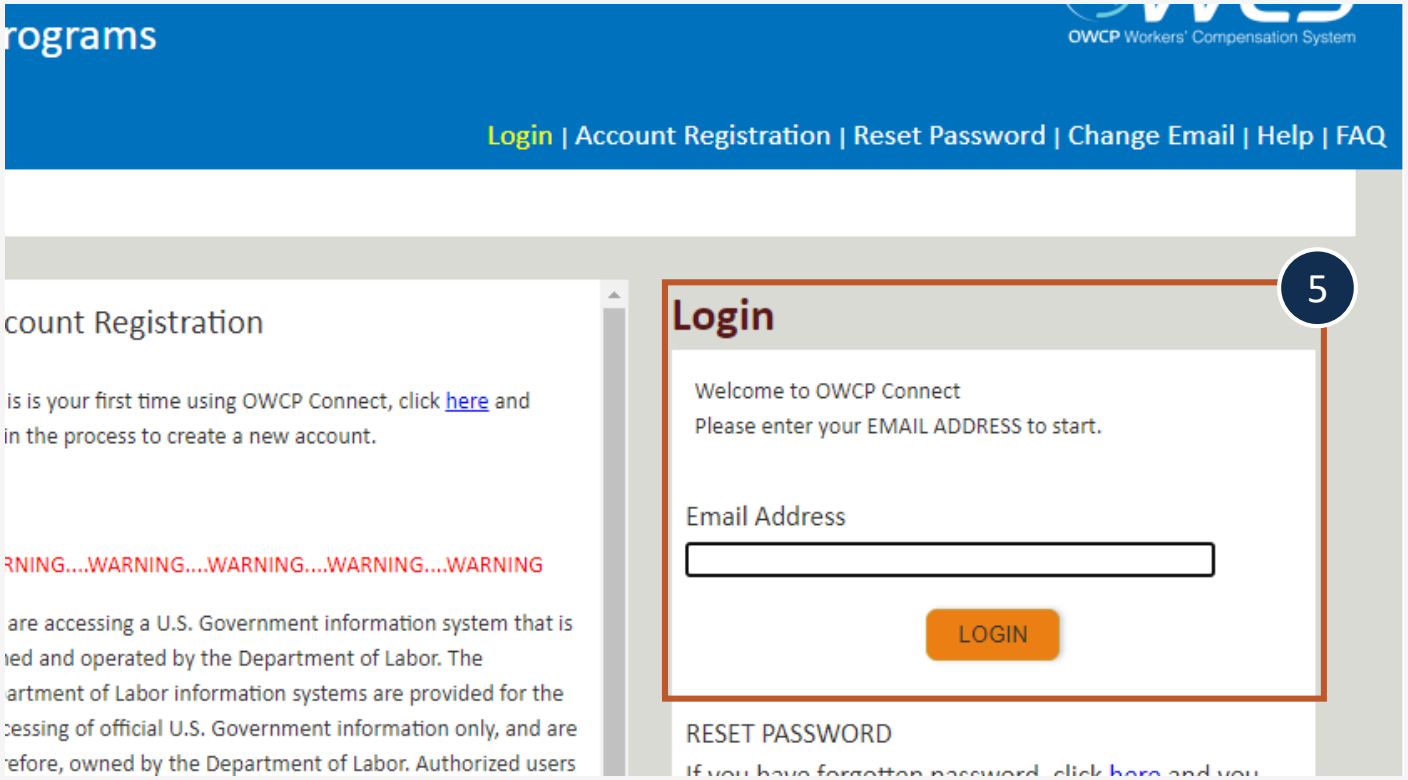
Provider Login

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



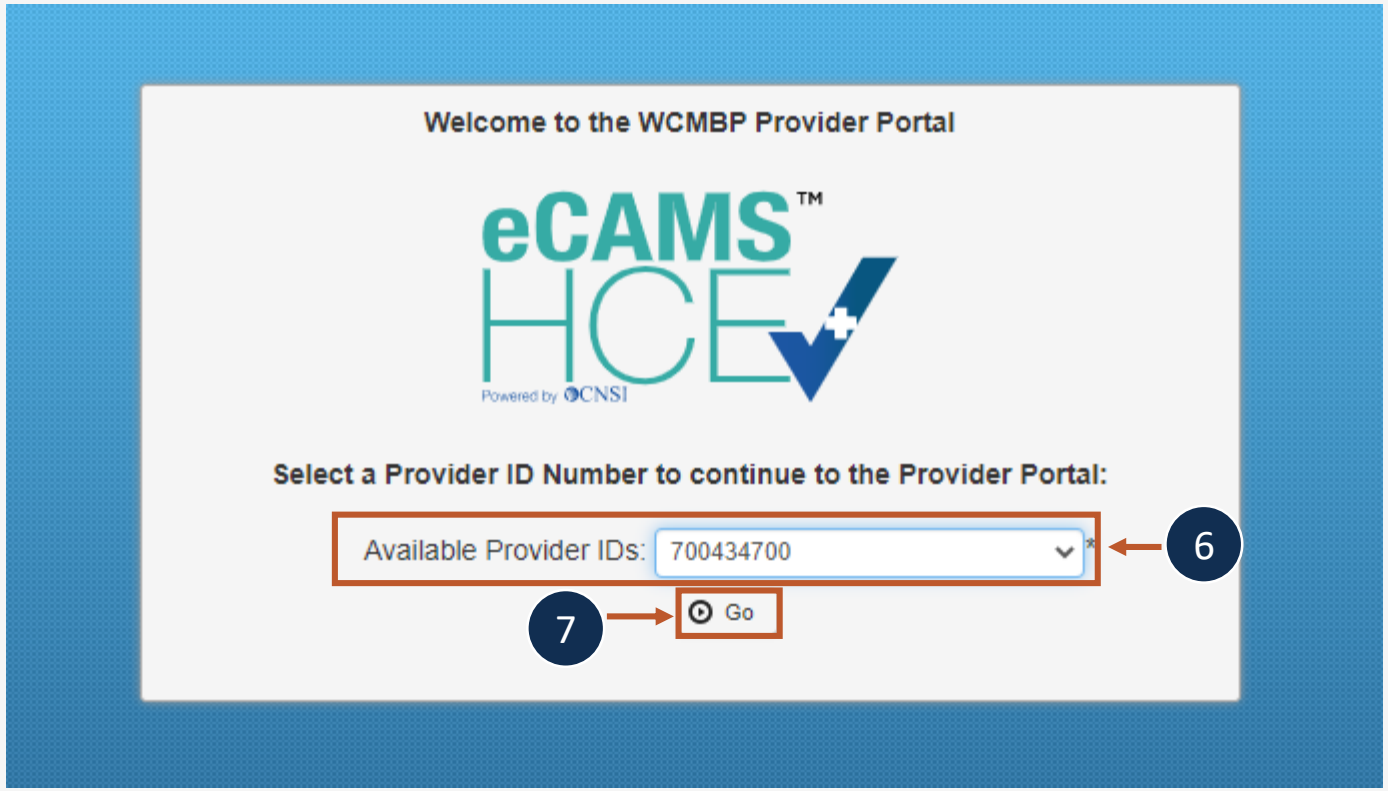
OWCP Connect Login

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



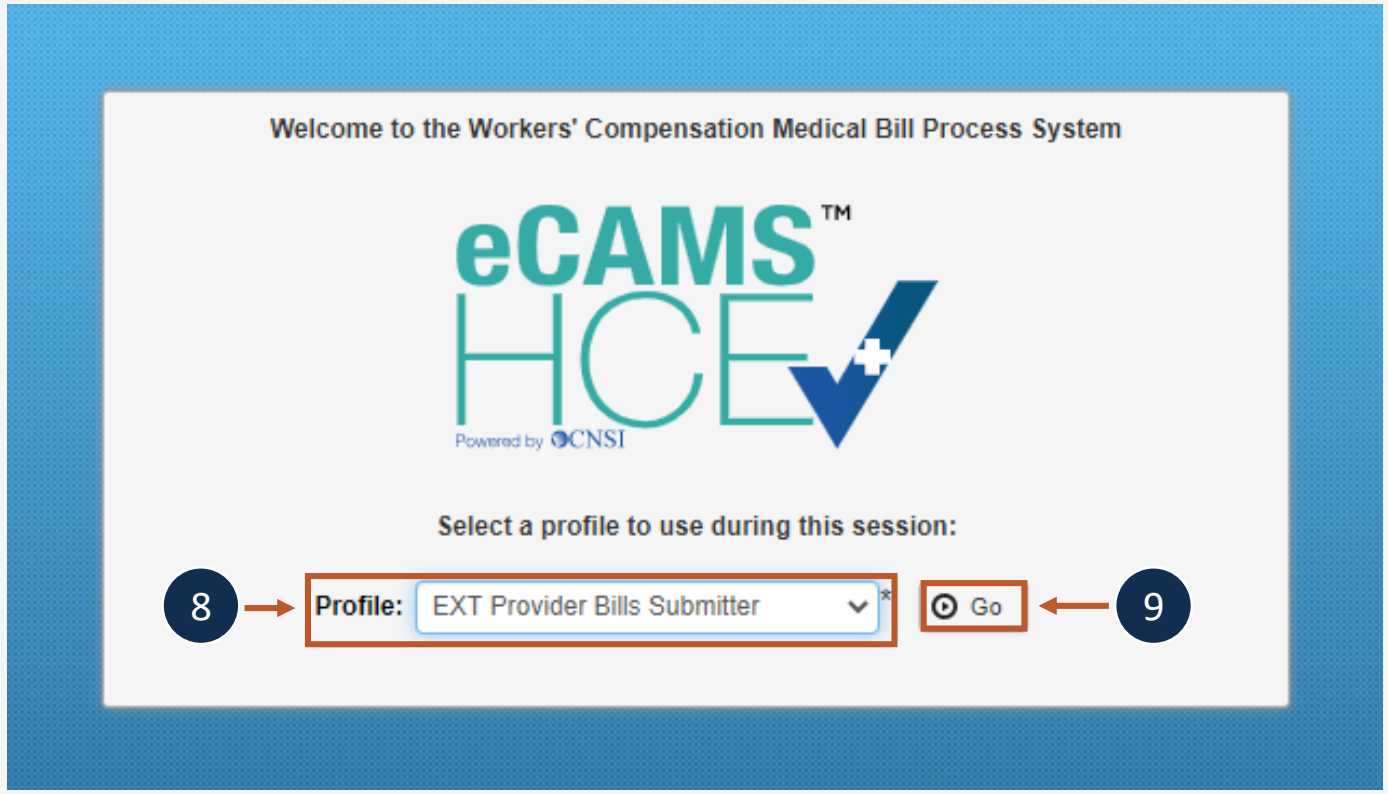
Select Available Provider ID

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**.

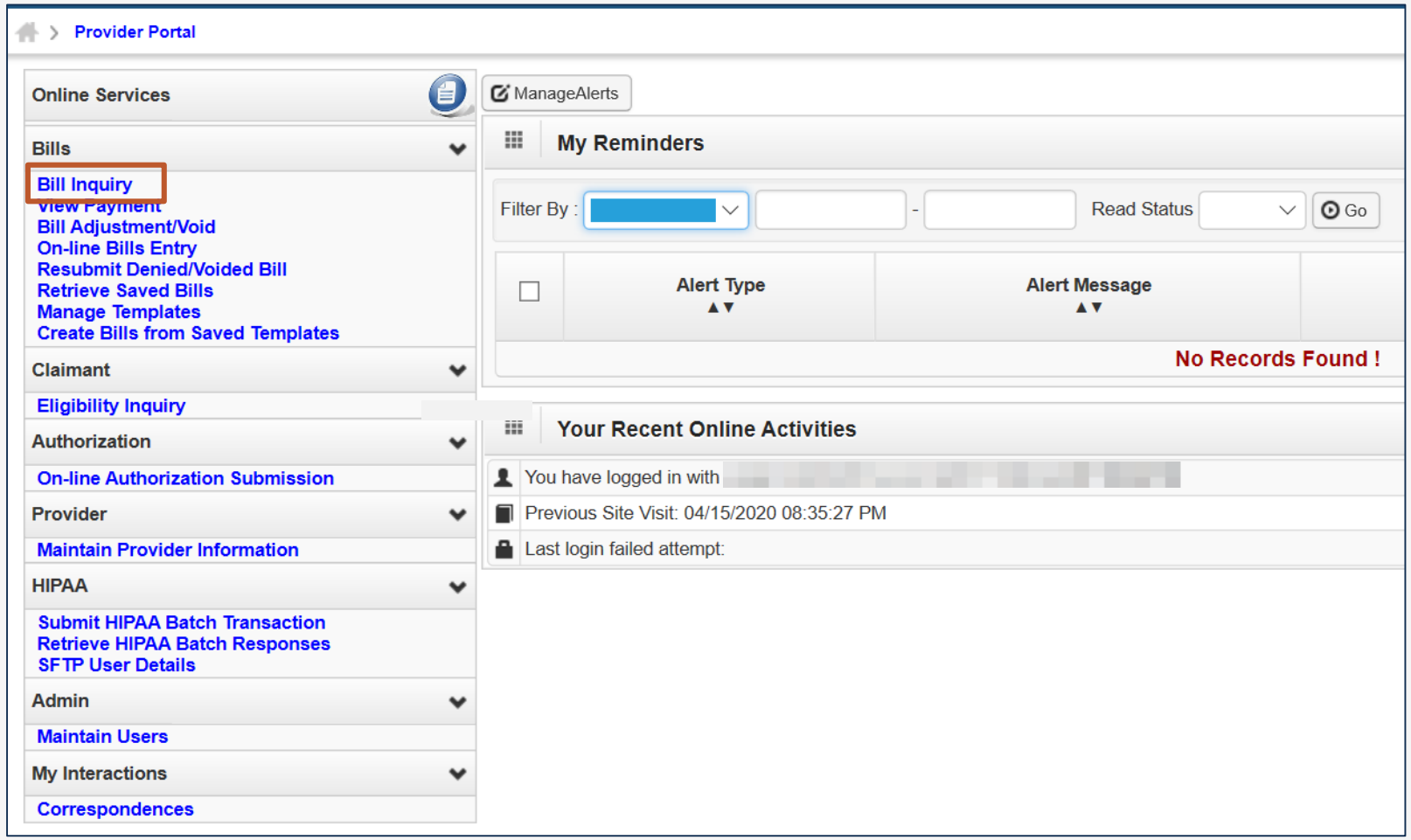


Viewing Bills

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

Select Bill Inquiry

Select **Bill Inquiry**



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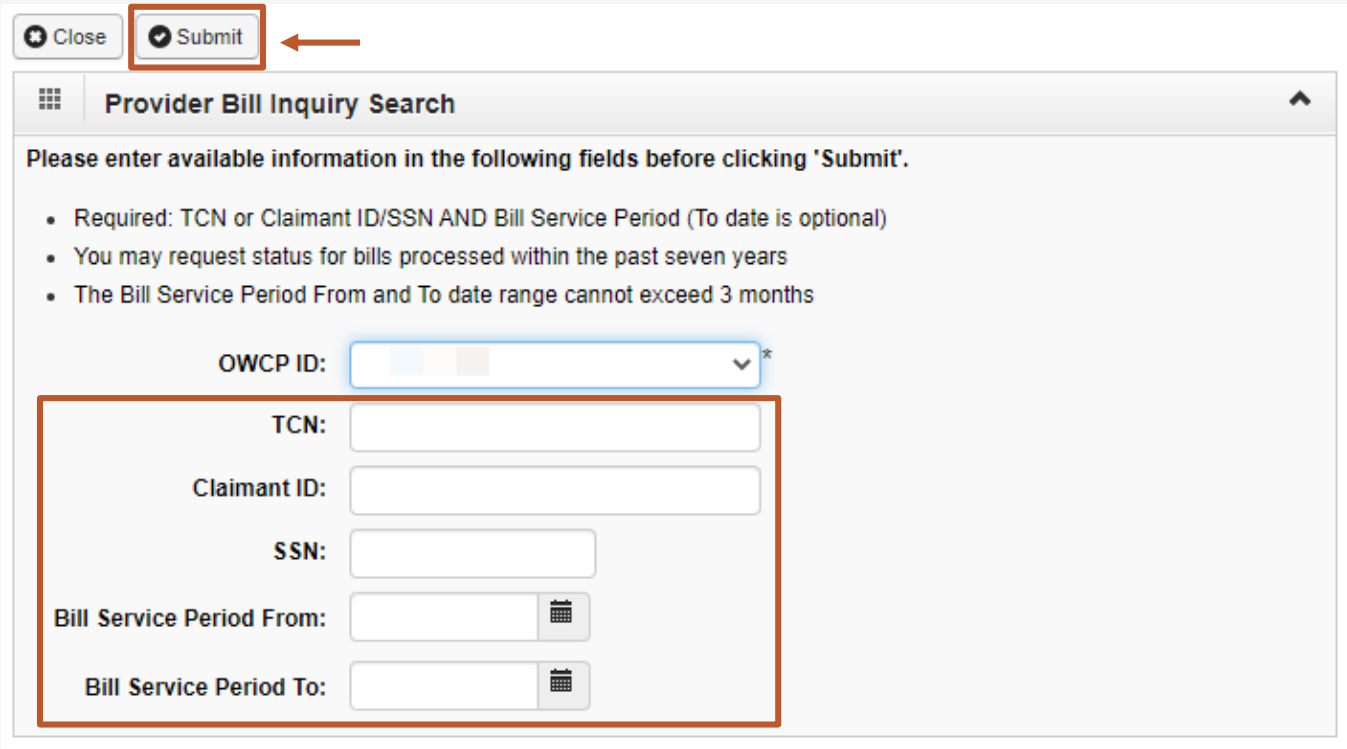
Bill Inquiry Search



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:

Bill Inquiry Providers List

TCN	Date of Service	Bill Status	Bill Charged Amount	Bill Payment Amount	Claimant Name	Claimant ID
	02/21/2018	1: For more detailed information, see remittance advice.	$1,950.00	$362.56		

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

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

Bill Details

Status Information Effective Date: 02/13/2020

TCN:

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

Provider Data

OWCP ID:

Name or Servicing Organization:

Bill Details Continued

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

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**

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 : Read Status Go

Alert Type	Alert Message
No Records Found !	

Your Recent Online Activities

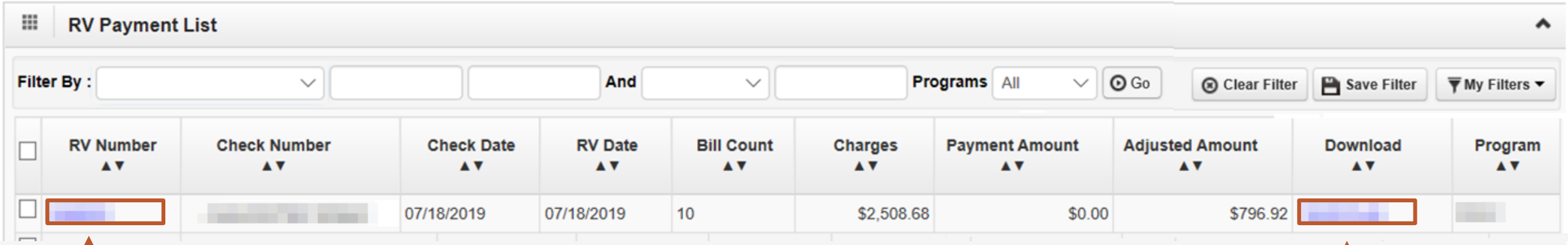
You have logged in with

Previous Site Visit: 04/15/2020 08:35:27 PM

Last login failed attempt:

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 **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

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

Page 1

RV Number:

Billing Provider:

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:
Payment # :
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
	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: [redacted] Payment #: [redacted] Payment Date: 04/24/2020 Prepared Date: 04/19/2020 RV Date: 04/19/2020

Category: Paid Billing Provider: [redacted] Page 3

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 Responsible Amount	Paid Amount	EOB Codes	Adjustment Reason Codes
[redacted]	[redacted] Professional Bill	1		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		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 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 #: Payment Date: 04/24/2020 Prepared Date: 04/19/2020 RV Date: 04/19/2020
Category: Denied Billing Provider: 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 Responsible Amount	Paid Amount	EOB Codes	Adjustment Reason Codes
	Professional Bill	1		01/01/2019-01/01/2019	99214	1.0000	$1000.00	$0.00	$0.00	$0.00	$0.00	70863~50301	16 = $1000.00
		Document Total:		01/01/2019-01/01/2019		1.0000	$1000.00	$0.00	$0.00	$0.00	$0.00		
				Category Total:		1.0000	$1000.00	$0.00	$0.00	$0.00	$0.00		
				Billing Provider 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.

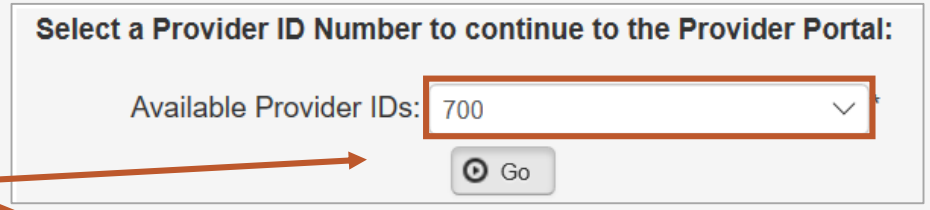
The providers that were enrolled and in "active" status in the legacy system, Conduent, and migrated to the WCMBP System are referred to as legacy providers.

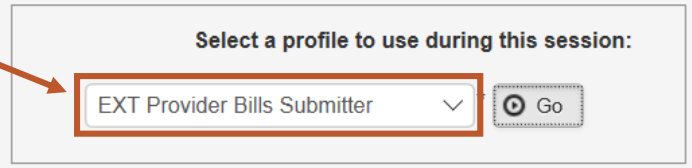
Legacy Remittance Vouchers are the explanation of benefit documents of the legacy providers that migrated to the WCMBP System. These are for bills processed in the Conduent system prior to 4/27/2020.

Accessing Legacy Remittance Vouchers

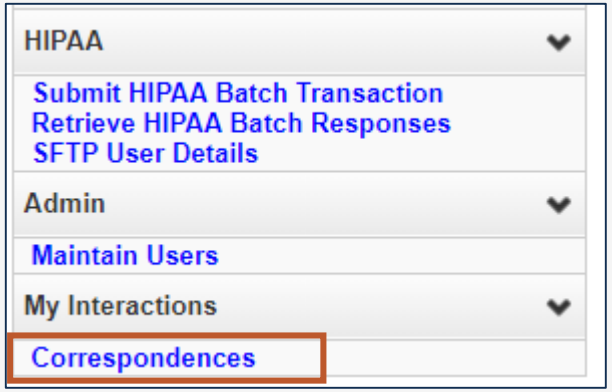
How it works:

1. 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**



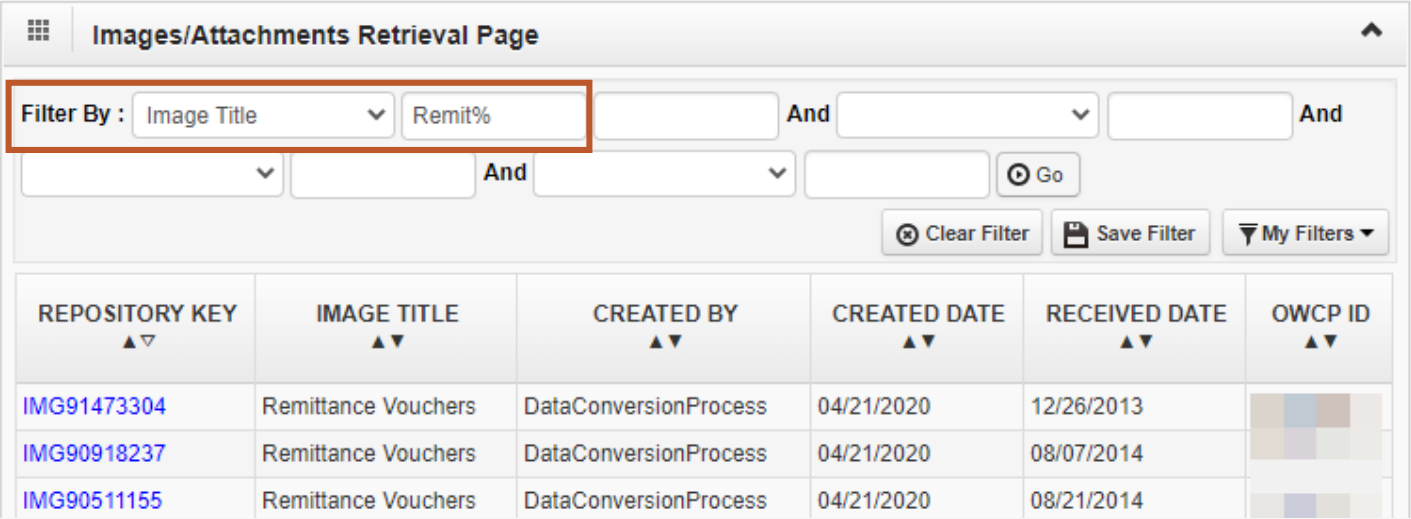


2. Select the “Correspondences" link under My Interactions.



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

CNSI