

Claimant Eligibility



Overview

The purpose of this webinar is to explain how to check claimant's eligibility in the new Workers' Compensation Medical Bill Process (WCMBP) Portal and its importance.

The claimant eligibility function provides the claimant's accepted conditions, treatment suite rule, and the if the treatment requires an authorization.

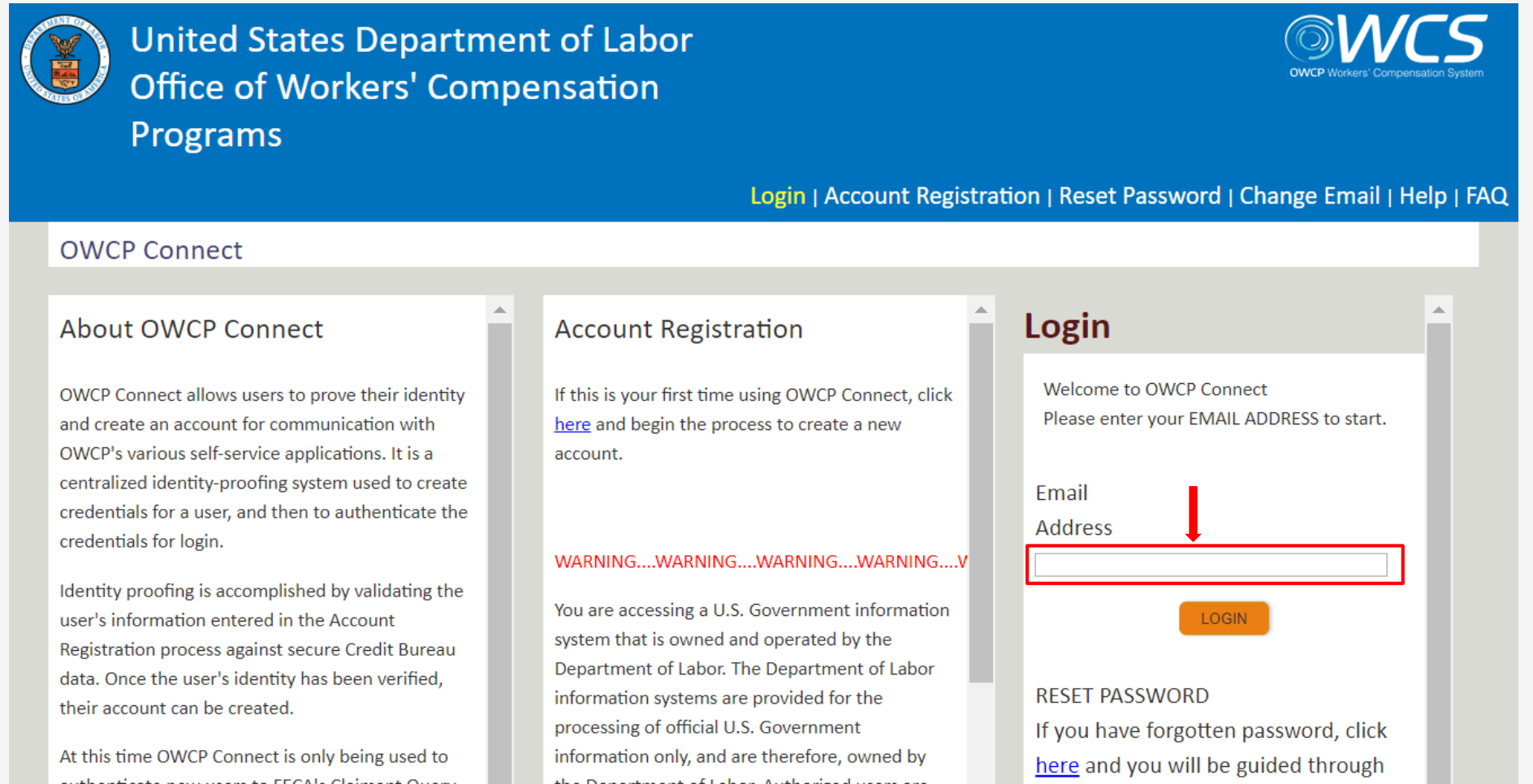
- **Accepted Condition** are the diagnosis (DX) code(s), describing the injury or illness that has been accepted by DOL.
- **Eligibility** for an accepted condition identifies that there are predetermined set of services that are payable for the claimant's injury. Each set of accepted conditions will have a different set of services the claimant is eligible for.
- **Authorization Level** determines if a service requires an authorization and/or DOL's approval. If the service is **Level 1** = No Authorization is required, **Level 2** = Authorization is required and **Level 3** = Authorization is required with an approval from DOL.



OWCP Connect ID = Email Address

1

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



The screenshot shows the OWCP Connect website interface. At the top, there is a blue header with the United States Department of Labor Office of Workers' Compensation Programs logo and the WCS logo. Below the header, there are navigation links: Login | Account Registration | Reset Password | Change Email | Help | FAQ. The main content area is divided into three columns. The first column is titled 'About OWCP Connect' and contains text explaining the system. The second column is titled 'Account Registration' and contains text about creating a new account, with a red warning message below it. The third column is titled 'Login' and contains a welcome message, a prompt to enter an email address, a red-bordered input field for the email address, a red arrow pointing to the input field, a 'LOGIN' button, and a 'RESET PASSWORD' link.

United States Department of Labor
Office of Workers' Compensation
Programs

WCS
OWCP Workers' Compensation System

Login | Account Registration | Reset Password | Change Email | Help | FAQ

OWCP Connect

About OWCP Connect

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

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

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

Account Registration

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

WARNING....WARNING....WARNING....WARNING....V

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

Login

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

Email
Address

LOGIN

RESET PASSWORD

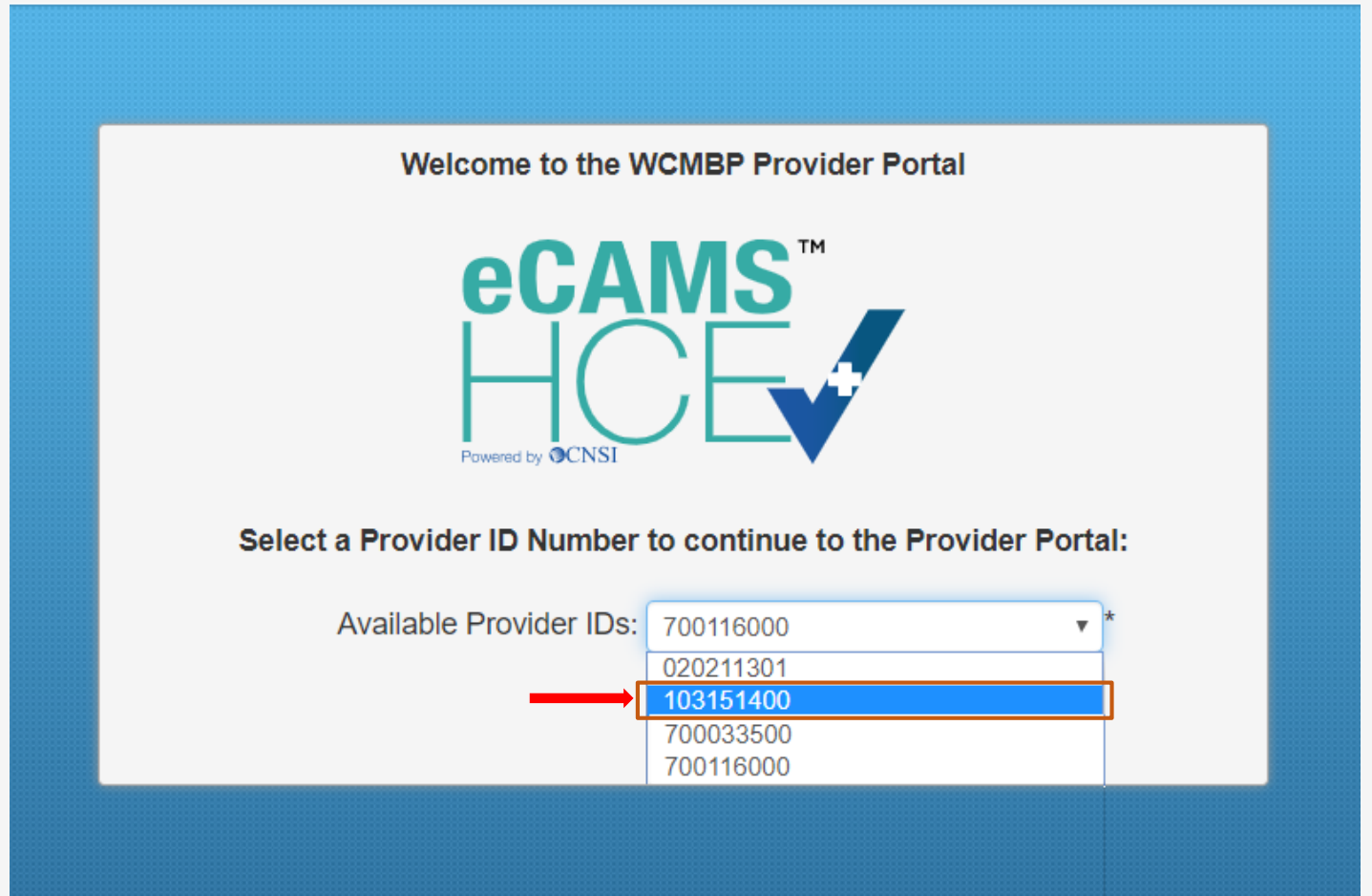
If you have forgotten password, click [here](#) and you will be guided through

3


Select the Provider ID

You may have access to more than one provider

- 2 Choose the provider you are working with



Welcome to the WCMBP Provider Portal

eCAMS™
HCE 
Powered by CNSI

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

Available Provider IDs: *

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

A red arrow points to the selected provider ID, 103151400.

Select Profile – Eligibility Checker

3 Choose the applicable profile.

Note: A list of profiles and the functions they can perform in the Provider Portal are listed on the next slide.

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 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 Profiles

Name of Provider Profile	Functions that the Provider can perform
EXT Provider Bills Submitter	<ul style="list-style-type: none"> • Bill inquiry • View Payment • Bill Adjustment/Void • On-line Bills Entry • Resubmit Denied/Voided Bills • Retrieve Saved Bills • Manage Templates • Create Bills from Saved Templates • Eligibility Inquiry • On-line Authorization Submission • Submit HIPAA Batch Transactions (837) • Retrieve HIPAA Batch Responses (835) • SFTP User Details • Correspondences
EXT Provider Eligibility Checker-Claims Submitter	<ul style="list-style-type: none"> • Bill inquiry • View Payment • Bill Adjustment/Void • On-line Bills Entry • Resubmit Denied/Voided Bills • Retrieve Saved Bills • Manage Templates • Create Bills from Saved Templates • Eligibility Inquiry • On-line Authorization Submission • Maintain Provider Information • Submit HIPAA Batch Transactions (837) • Retrieve HIPAA Batch Responses (835) • SFTP User Details • Correspondences

Name of Provider Profile	Functions that the Provider can perform
EXT Provider Claims Payment Status Checker	<ul style="list-style-type: none"> • Bill inquiry • View Payment • Bill Adjustment/Void • Resubmit Denied/Voided Bills • Correspondences
EXT Provider Eligibility Checker – Auth Submitter	<ul style="list-style-type: none"> • Eligibility Inquiry • On-line Authorization Submission
EXT Provider File Maintenance	<ul style="list-style-type: none"> • Maintain Provider Information • Correspondences
EXT Provider Super User	<ul style="list-style-type: none"> • Bill inquiry • View Payment • Bill Adjustment/Void • On-line Bills Entry • Resubmit Denied/Voided Bills • Retrieve Saved Bills • Manage Templates • Create Bills from Saved Templates • Eligibility Inquiry • On-line Authorization Submission • Maintain Provider Information • Submit HIPAA Batch Transactions (837) • Retrieve HIPAA Batch Responses (835) • SFTP User Details • Correspondences
EXT Provider System Administrator	<ul style="list-style-type: none"> • Eligibility Inquiry • Retrieve HIPAA Batch Responses (835) • Maintain Users • Correspondences

Accessing Claimant Eligibility in the WCMBP System

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Click on the "Eligibility Inquiry" hyperlink in the column on the left under Claimant.

The screenshot displays the 'Provider Portal' interface. On the left, a sidebar menu is visible with categories: 'Online Services', 'Bills', 'Claimant', 'Authorization', 'Provider', 'HIPAA', 'Admin', and 'My Interactions'. Under the 'Claimant' category, the 'Eligibility Inquiry' link is highlighted with a red box and a red arrow. Other links in the sidebar include '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', 'On-line Authorization Submission', 'Maintain Provider Information', 'Submit HIPAA Batch Transaction', 'Retrieve HIPAA Batch Responses', 'SFTP User Details', and 'Maintain Users'. The main content area on the right includes a 'ManageAlerts' button, a 'My Reminders' section with a filter and 'Go' button, and a table with columns 'Alert Type' and 'Alert Message'. Below the table, it states 'No Records Found!'. At the bottom, there is a 'Your Recent Online Activities' section listing login events.

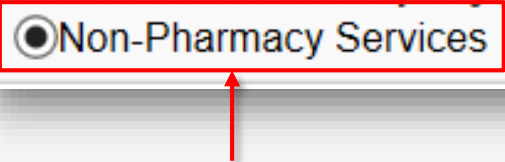
Eligibility for Non-Pharmacy Services

- 5 **Select** the inquiry type
- **Non-Pharmacy Services** – Check to see if the claimant is eligible for the services being rendered and if an authorization is required.

Claimant Eligibility Inquiry

Please select the inquiry type, complete the fields in the applicable section below, and click "Submit".

Non-Pharmacy Services Accepted Conditions (DFEC, DEEOIC and DLHWC Only)



Claimant Eligibility Inquiry Non- Pharmacy Services

1. The Provider ID you are logged in under will auto-populate.
2. Program Code – select the program that the claimant is enrolled under if you are enrolled with more than one program.
3. Enter the claimant **Case ID**.
4. Enter at least one **Diagnosis Code**.
5. Enter a **Procedure Code** or **Revenue Code**.
6. Enter the **Date of Service (DOS)**.
7. Click **Submit**.

Note: If any information keyed-in is invalid, an error message will populate above the close/submit tabs. (errors may vary)

Errors: CaseID Invalid #1 [] ; Diagnosis Code(s) invalid # s8391xa

Close Submit **7**

Eligibility for Non-Pharmacy Services

Provider ID: [] * **1**

Program Code: DFEC v **2**

Case ID: [] * **3**

4 → Diagnosis Codes: [] [] [] [] *(At least one Diagnosis Code is required)

5 → Procedure Code: [] * OR Revenue Code: [] *

NDC Code: [] (Required for Unspecified J-Codes) Procedure Code: [] (If required by Revenue/Procedure Code Matrix)

Date of Service: [] * **6**

Claimant Eligibility Inquiry Response: Non - Pharmacy Services

The **Claimant Eligibility Inquiry Response** – The results on this page will tell you:

- The **claimant's case status** for the date of service entered.
- The **Requested Date/Time**.
- The level of authorization for the treatment/service as indicated by the **Authorization Level** field.

Note: If the claimant is not eligible for treatment/service entered, it will be defined under errors (errors may vary).

Claimant Eligibility Inquiry Response

Case ID: 012634248

Procedure Code: 29824

Date of Service: 02/11/2020

Request Date/Time: 02/11/2020 13:00:37

Case Status on 02/11/2020: MC-FECA Medical Benefits Only

Death Indicator: N

Authorization Level:

Errors

REQUESTED DIAGNOSIS NOT RELATED TO ACCEPTED CONDITIONS.

Claimant Eligibility Inquiry- Accepted Conditions (AC)

1

Select the inquiry type

- **Accepted Conditions** – will display the diagnosis codes describing the injury or illness that has been accepted by DOL. This function can only be performed for DFEC, DEEOIC and DLHWC claimants only.

Claimant Eligibility Inquiry

Please select the inquiry type, complete the fields in the applicable section below, and click "Submit".

Non-Pharmacy Services Accepted Conditions (DFEC, DEEOIC and DLHWC Only)

Claimant Eligibility Inquiry- Accepted Conditions (AC)

- 1 **Enter** the Case ID and the Program from the Program Code drop down (Date of Service is Optional) and click **Submit**.

Home > Provider Portal > Claimant Eligibility Inquiry

Close Submit

Claimant Eligibility Inquiry

Please select the inquiry type, complete the fields in the applicable section below, and click "Submit".

Non-Pharmacy Services Accepted Conditions (DFEC, DEEOIC and DLHWC Only)

Eligibility for Accepted Condition Services

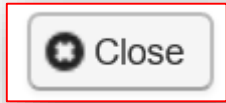
Case ID: *

Program Code: DEEOIC *

Date of Service: DFEC

DLHWC

Claimant Eligibility Inquiry- Accepted Conditions (AC)



5 Click Close to return to the Provider Portal Home Page

Accepted Condition ID ▲▼	Diagnosis Code ▲▼	ICD 9/10 ▲▼	Modifier ▲▼	Description ▲▼	Start Date ▲▼	End Date ▲▼
1	S8391XA	10		SPRAIN OF UNSPECIFIED SITE OF RIGHT KNEE, INITIAL ENCOUNTER	10/31/2016	12/31/2050
2	S72302A	10		UNSP FRACTURE OF SHAFT OF LEFT FEMUR, INIT FOR CLOS FX	10/31/2016	12/31/2050

1 The list of DX will populate

2 ICD Indicator
9 = ICD 9
10= ICD 10
D = Dual

3

Gives a description of the DX

4 DX are valid for DOS between the start and end dates

Note: The diagnosis code hyperlink displays the details and description of the diagnosis code.

Claimant Eligibility Inquiry- Accepted Conditions (AC) - Diagnosis Detail

Diagnosis Detail

Diagnosis Code: S8391XA 4 Diagnosis Category: DA-ICD-10 Vol. III *

Short Description: SPRAIN OF UNSPECIFIED SITE OF RIGHT KNEE, INITIAL ENCOUNTER *

Long Description: SPRAIN OF UNSPECIFIED SITE OF RIGHT KNEE, INITIAL ENCOUNTER *

1 Gender: B-Both *

3 Start Date: 10/01/2015 * ← 2 → End Date: 12/31/2999 *

5 Effective Date: 10/01/2015 Status: Approved

More detailed information will display:

1. Gender - **B**=Both, **F**=Female and **M**=Male
2. Diagnosis Eligibility Date Range
3. Diagnosis Effective Date
4. Diagnosis Category - **D**= Dual, **D9** = ICD 9 and **DA**= ICD 10
5. Status - Approved

DiagnosisCode ID: S8391XA

Close Save View History

Click **Close** to return to the previous screen

The benefits of checking a claimant's eligibility, allows providers to:

- Know if the claimant is eligible for services prior to treating the claimant.
- Know if an authorization is needed prior to reimbursement.
- Know the injuries and/or occupational diseases the claimant is eligible to be treated for.
- Eliminate common bill denials.



Thank you!

CNSI looks forward to being the new medical bill processing agent for the OWCP programs and 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