

DEEOIC

Online Authorizations



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

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PROVIDER ENROLLMENT

Provider Enrollment

PO Box 8312

London, KY 40742-8312

Introduction

This webinar will include pertinent information about provider authorizations in the Workers' Compensation Medical Bill Process (WCMBP) System.

- Authorization Submissions
- Checking Authorization Status



Authorization Submissions



Authorization Submission Methods

Certain services that providers render to an OWCP claimant require prior authorization before those services can be reimbursed. Authorization requests can be submitted in the following methods:

- Direct Data Entry (DDE) online via the WCMBP Provider Portal
- Paper- Authorization Templates and Instructions can be downloaded at <https://owcpmed.dol.gov> under Resources > Forms & References.

Note: We encourage DDE online authorization as delays are expected with processing hardcopy/paper due to current conditions of the pandemic.

Authorization Submission via Direct Data Entry

The Authorization Templates have been revamped and can be submitted electronically into the WCMBP System via Direct Data Entry (DDE). The following templates can be submitted via DDE:

- **Durable Medical Equipment** - Requires a letter of Medical Necessity (LMN), a prescription, and information regarding the requested equipment and how it meets the physician's prescription.
- **General Medical** - Requires supporting documents for the need of service as it relates to the accepted condition(s), such as a letter of medical necessity (LMN), medical records, treatment plan, etc.
- **Rehabilitative Therapies** – Requires a therapy evaluation, LMN, evidence of a face to face exam, and any medical documentation supporting the need for therapy as it relates to the accepted condition(s). Note: If services will be provided in the home, LMN must indicate whether the claimant is homebound.
- **Transplant** – Requires LMN from the treating physician, the initial and recent clinical evaluation, and a copy of the treatment protocol.
- **Home Health** – Requires LMN, evidence of face to face exam, plan of care, and any medical documentation supporting the need for care as it relates to the accepted condition(s).
- **Medical Transportation** – Transportation invoice and supporting transportation documentation.

Authorization Requirements

Before submitting an authorization to CNSI, confirm that the claimant is eligible and that an authorization is required for the services you are rendering.

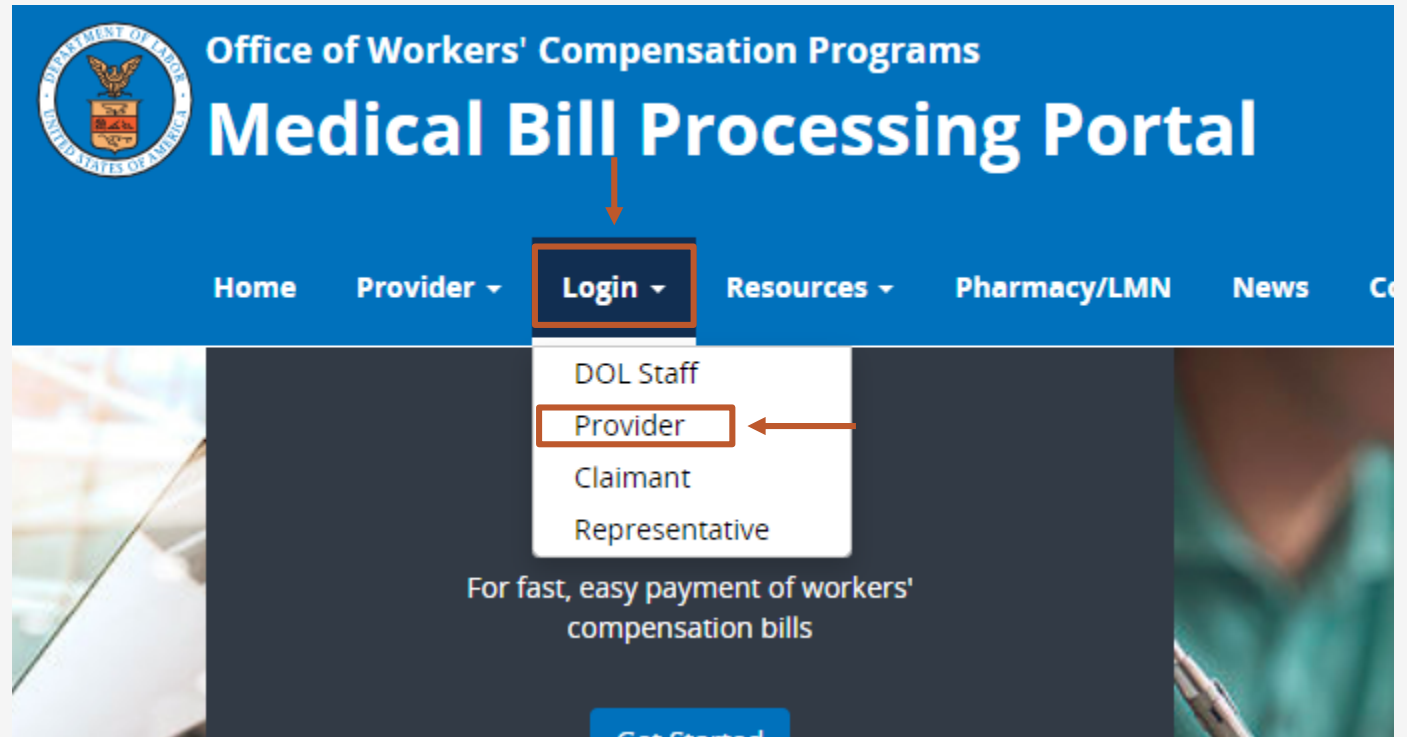
You can inquire on eligibility within the WCMBP Provider Portal or by speaking to a customer service representative at 866-272-2682.

Refer to the claimant eligibility tutorial, located on the WCMBP Portal (<https://owcpmed.dol.gov/portal/provider/training>), for instructions on how to check claimant eligibility from the WCMBP Provider Portal.

Level 2 or 3 services require an authorization. Level 1 services do not require an authorization.

Accessing the WCMBP System

1. Go to <https://owcpmed.dol.gov>
2. Click **Login**
3. Click **Provider**



Accessing the WCMBP System


Click the **Provider Login** button.

Provider Login

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.



Provider Login

OWCP Connect Login

- The provider will enter their email address and click login.
Note: You will need to have previously registered with OWCP Connect.
- The provider will enter their password and click "Submit".
- The provider will then be taken to the WCMBP Provider Portal.

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 the process to reset your password.

Access to WCMBP Provider Portal

Welcome to the WCMBP Provider Portal



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

Available Provider IDs:

1

1. The system will display the default **Select a Provider ID Number**.

2. Select the appropriate profile from the drop-down menu. The following profiles allow for online Authorization Submission.

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

Select a profile to use during the session:

2

Provider Portal – Home Page

When you initially enter the Provider Portal, you land on the Provider Portal Home page.

The screenshot shows the Provider Portal Home Page. On the left is a navigation menu with categories: Online Services, Bills, Claimant, Authorization, Provider, HIPAA, Admin, and My Interactions. The main content area features a 'ManageAlerts' button, a 'My Reminders' section with a filter table, and a 'Your Recent Online Activities' section.

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: [Dropdown] - [Dropdown] Read Status [Dropdown] [Go]

[Save Filter] [My Filters]

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

Your Recent Online Activities

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

Provider Portal – Authorizations

Authorization online services allows the provider to create or update an authorization and check authorization status.

The screenshot shows the Provider Portal interface. On the left, the 'Online Services' sidebar is expanded to show the 'Authorization' category, with 'On-line Authorization Submission' highlighted. The main content area is divided into two sections: 'My Reminders' and 'Your Recent Online Activities'.

My Reminders

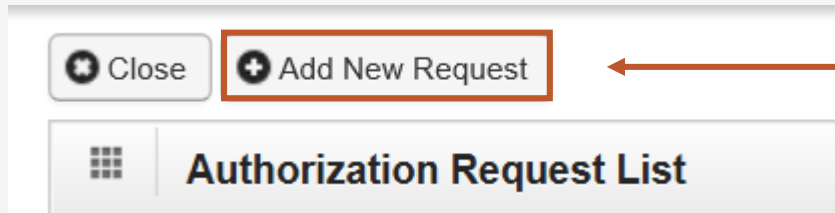
Filter By: [dropdown] - [dropdown] Read Status: [dropdown] [Go] [Save Filter] [My Filters]

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

Your Recent Online Activities

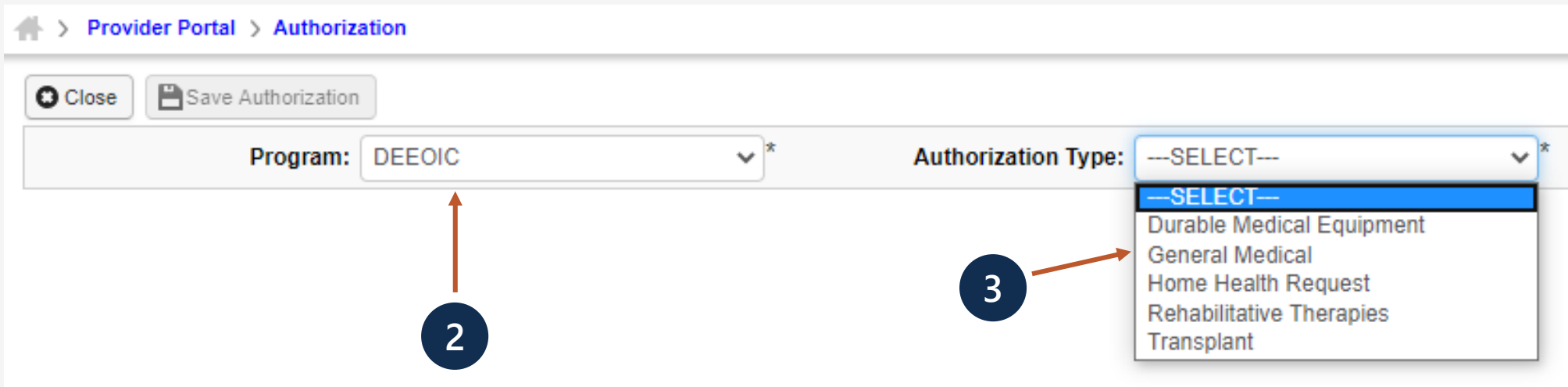
- You have logged in with [redacted] 5 Account with IP Address [redacted]
- Previous Site Visit: 04/15/2020 08:35:27 PM
- Last login failed attempt:

Adding a New Request



1

1. To submit a new authorization request, click the "Add New Request" button.



2

3

2. Select the DEEOIC program from the "Program" drop-down if it is not already populated.

3. Select one of the following authorization types from the "Authorization Type" drop-down.

Saving the Authorization

4. Complete the required fields of the authorization and select the **Save Authorization** button.
5. The authorization will be given an **Authorization Request Number**. Additional buttons to continue completing your authorization will also display.
6. To upload attachments, select the **Upload/Retrieve Attachment** button. A separate window will open.

The first screenshot shows a web application interface with a breadcrumb trail: Home > Provider Portal > Authorization. A blue circle with the number '4' is positioned above the 'Save Authorization' button. The form contains the following fields: 'Program: DEEOIC' (dropdown menu with an asterisk), 'Source: DDE', and 'Authorization Type: General Medical' (dropdown menu with an asterisk). Below the form is a section titled 'Requestor Information'.

The second screenshot shows the same interface after the authorization has been saved. A blue circle with the number '5' is positioned above the 'Auth Request Number : 100058460' field. The 'Save Authorization' button is now disabled, and a 'Submit Authorization' button has appeared. A blue circle with the number '6' is positioned above the 'Upload/Retrieve Attachment' button. The 'Program: DEEOIC' and 'Authorization Type: General Medical' fields remain visible.

Uploading Attachments

7. Select the **Document Type**.
8. Select the **Choose File** button and locate the attachment on your system.
Note: Attachments can have a file size of up to 50 MB. Acceptable file extensions for attachments are .tiff and .pdf.
9. Select the **Ok** button to add the attachment.
10. The attachment will be displayed in the **Attachment List** section. Select the **Close** button to close the attachment window.

Auth Request Number : 100058460

Document Type drop-down options.

Attachment

Please select the file to be uploaded

Document Type : *

Filename : No file chosen

The acceptable file extensions for the upload are .tiff,.pdf
Filename cannot be longer than 50 characters

Attachment List

<input type="checkbox"/>	Repository Key	Image Title	Document Type	Created By	Created Date	Auth Request Number
No Records Found !						

Filename cannot be longer than 50 characters

Attachment List

<input type="checkbox"/>	Repository Key	Image Title	Document Type	Created By	Created Date	Auth Request Number
<input type="checkbox"/>	ATT700241800	Medical Doc.pdf	Medical Documentation	User, Admin	06-12-2020 18:52:42	100058459

Submitting the Authorization

11. The last step of officially submitting your authorization for review is to select the **Submit Authorization** button.
12. After selecting the "Submit Authorization" button, your authorization will show the **Authorization Status, Authorization Level,** and the **Source**.
Note: Once submitted, allow 2-5 business days for authorizations to process. After submitting your authorization, you can check the status of your authorization online via the Provider Portal.
13. You can select the **Close** button to return to the Provider Portal home page.

Provider Portal > Authorization

Auth Request Number : 100058460

Close Upload/Retrieve Attachment Save Authorization **Submit Authorization**

Program: DEEOIC * Authorization Type: General Medical *

Source: DDE

Requestor Information

Provider Portal > Authorization

Auth Request Number : 100058460

Close Upload/Retrieve Attachment

Program: DEEOIC * Authorization Type: General Medical *

Authorization Status: In Review **Authorization Level: Level 3**

Source: DDE

Checking Authorization Status



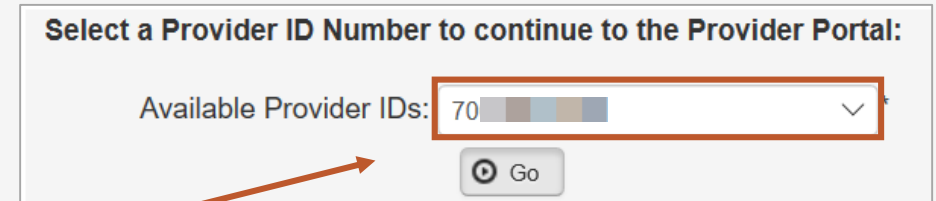
Accessing Authorizations in the WCMBP System

How it works:

1 Log in to the WCMBP System. The system will display the **Select a Provider ID Number** page. Select the ID number, then select from the following profiles from the drop-down menu.

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

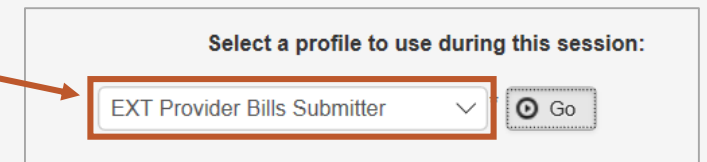
2 Click on the **On-line Authorization Submission** link in the column on the left, under Authorization. This will open the Authorization Request List page.



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

Available Provider IDs: 70

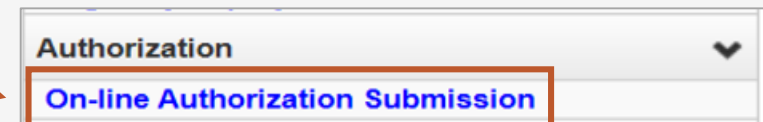
Go



Select a profile to use during this session:

EXT Provider Bills Submitter

Go



Authorization

On-line Authorization Submission

Authorization Request List

Note: Once your authorization request is submitted, the status of your authorization populates under the Authorization Request List. If an authorization request has an **Entering** status under the **Status** column, that means your authorization request has NOT been submitted for processing, and you will still need to officially submit the authorization.

The Authorization Request List will open.

The features of this page are outlined here:

1. Opens a Dialogue box to display authorization utilization details.
2. Displays the Auth Request #.
3. Displays the Claimant Case ID.

Auth Request #	Claimant Case ID	Status	Auth Type	Last Updated	Submitted Date	Level	Program	Auth Request Type	Source
100058460		In Review	General Medical	06/12/2020	06/12/2020	3	DEEOIC		DDE

Note: Steps are continued on the next two slides.

Authorization Status

4. Displays the Status.

- Entering (started but not submitted).
- In Review (submitted).
- Approved.
- Denied (not approved).
- Cancelled (services no longer needed).
- Pending Further Development (additional information is needed, or medical development is required before a determination can be made).

The screenshot shows a web interface for managing authorization requests. At the top, there are two buttons: 'Close' (with a trash icon) and 'Add New Request' (with a plus icon). Below these is a header for the 'Authorization Request List'. The main part of the interface is a table with the following columns: 'Auth Request #', 'Claimant Case ID', 'Status', 'Auth Type', 'Last Updated', 'Submitted Date', 'Level', 'Program', 'Auth Request Type', and 'Source'. A single row of data is visible, with the 'Auth Request #' value being '100058460'. The 'Status' is 'In Review', 'Auth Type' is 'General Medical', 'Last Updated' is '06/12/2020', 'Submitted Date' is '06/12/2020', 'Level' is '3', and 'Program' is 'DEEOIC'. The 'Source' is 'DDE'. A blue icon of a notepad and pencil is located in the first column of the data row. Numbered callouts (1-11) point to various elements: 1 points to the notepad icon, 2 to the 'Auth Request #' header, 3 to the 'Claimant Case ID' header, 4 to the 'Status' header, 5 to the 'Auth Type' header, 6 to the 'Last Updated' header, 7 to the 'Submitted Date' header, 8 to the 'Level' header, 9 to the 'Program' header, 10 to the 'Source' header, and 11 to the 'Close' button.

Auth Request #	Claimant Case ID	Status	Auth Type	Last Updated	Submitted Date	Level	Program	Auth Request Type	Source
100058460		In Review	General Medical	06/12/2020	06/12/2020	3	DEEOIC		DDE

Note: More steps are covered on the next slide.

Authorization Status

5. Displays the Auth Type.
6. Last date the Authorization was updated.
7. Date it was submitted.
8. Authorization Level.
9. OWCP Program the claimant is covered by.
10. Source (how the authorization was submitted).
11. Click "Close" to return to Portal Home Page.

The screenshot shows a web interface for managing authorization requests. At the top, there are two buttons: 'Close' (with a trash icon) and 'Add New Request' (with a plus icon). Below these is a header for the 'Authorization Request List' with a grid icon. The main content is a table with the following columns: 'Auth Request #', 'Claimant Case ID', 'Status', 'Auth Type', 'Last Updated', 'Submitted Date', 'Level', 'Program', 'Auth Request Type', and 'Source'. The first row of data contains the following values: '100058460', a redacted case ID, 'In Review', 'General Medical', '06/12/2020', '06/12/2020', '3', 'DEEOIC', a redacted request type, and 'DDE'. Numbered callouts (1-11) point to: 1. A blue pencil icon in the first row; 2. The 'Auth Request #' header; 3. The 'Claimant Case ID' header; 4. The 'Status' header; 5. The 'Auth Type' header; 6. The 'Last Updated' header; 7. The 'Submitted Date' header; 8. The 'Level' header; 9. The 'Program' header; 10. The 'Source' header; 11. The 'Close' button.

Auth Request #	Claimant Case ID	Status	Auth Type	Last Updated	Submitted Date	Level	Program	Auth Request Type	Source
100058460		In Review	General Medical	06/12/2020	06/12/2020	3	DEEOIC		DDE

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