

# DEEOIC

## Online Authorizations



# Change of Addresses – Effective August 1, 2020

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## 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

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## **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

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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 displays 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 and a table (currently showing 'No Records Found!'), and a 'Your Recent Online Activities' section listing login events.

**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]

	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 visible, with the 'Authorization' category expanded and 'On-line Authorization Submission' highlighted. The main content area is divided into two sections: 'My Reminders' and 'Your Recent Online Activities'.

**My Reminders**

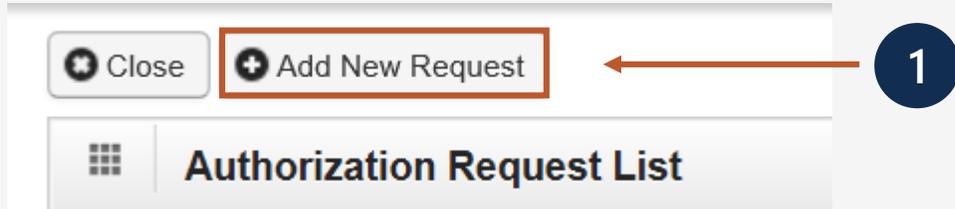
Filter By: [dropdown] - [dropdown] Read Status: [dropdown] [Go] [Save Filter] [My Filters]

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

A screenshot of a web form titled "Provider Portal > Authorization". It contains two dropdown menus: "Program:" with "DEEOIC" selected, and "Authorization Type:" with "--SELECT--" selected. An orange arrow points from a blue circle with the number "2" to the "Program:" dropdown. Another orange arrow points from a blue circle with the number "3" to the "Authorization Type:" dropdown, which is open to show a list of options: "--SELECT--", "Durable Medical Equipment", "General Medical", "Home Health Request", "Rehabilitative Therapies", and "Transplant".

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 image displays two screenshots of the Provider Portal Authorization form. The first screenshot shows the 'Save Authorization' button highlighted with a red arrow and a blue circle containing the number 4. The second screenshot shows the 'Auth Request Number : 100058460' displayed, with the 'Upload/Retrieve Attachment' button highlighted with a red arrow and a blue circle containing the number 5, and the 'Program' dropdown menu highlighted with a red arrow and a blue circle containing the number 6.

Provider Portal > Authorization

Close Save Authorization

Program: DEEOIC \* Authorization Type: General Medical \*

Source: DDE

Requestor Information

Auth Request Number : 100058460

Close Upload/Retrieve Attachment Save Authorization Submit Authorization

Program: DEEOIC \* Authorization Type: General Medical \*

Source: DDE

Requestor Information

# 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 : ---SELECT---

Filename : Choose File No file chosen

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

Ok Close

Attachment List

Repository Key	Image Title	Document Type	Created By	Created Date	Auth Request Number
No Records Found !					

Filename cannot be longer than 50 characters

Ok Close

Attachment List

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



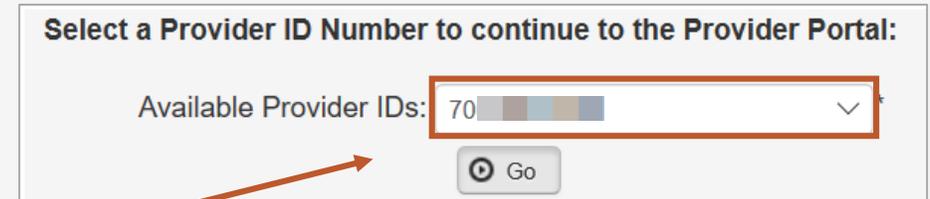
# Accessing Authorizations in the WCMBP System

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**

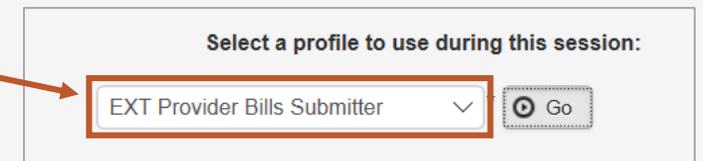
2 Click on the **On-line Authorization Submission** link in the column on the left, under Authorization. This will open the Authorization Request List page.



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.

The screenshot shows the 'Authorization Request List' interface. At the top, there are two buttons: 'Close' (with a red box around it) and 'Add New Request'. Below the buttons is a header for the table. The table has 11 columns: 'Auth Request #', 'Claimant Case ID', 'Status', 'Auth Type', 'Last Updated', 'Submitted Date', 'Level', 'Program', 'Auth Request Type', and 'Source'. Each column header has a small triangle icon indicating it is sortable. Below the headers is one data row. A red box highlights a blue pencil icon in the first column of the data row. Numbered callouts (1-11) point to various elements: 1 points to the pencil 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:** 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 close 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'. The first row of data shows an 'Auth Request #' of 100058460, a 'Status' of 'In Review', and a 'Source' of 'DDE'. Numbered callouts (1-11) point to specific elements: 1 points to a 'New Request' icon, 2 to the 'Auth Request #' column, 3 to the 'Claimant Case ID' column, 4 to the 'Status' column, 5 to the 'Auth Type' column, 6 to the 'Last Updated' column, 7 to the 'Submitted Date' column, 8 to the 'Level' column, 9 to the 'Program' column, 10 to the 'Source' column, 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 the 'Authorization Request List' interface. At the top, there are two buttons: 'Close' (callout 11) and 'Add New Request'. Below them is a table with the following columns: 'Auth Request #' (callout 1), 'Claimant Case ID' (callout 2), 'Status' (callout 3), 'Auth Type' (callout 4), 'Last Updated' (callout 5), 'Submitted Date' (callout 6), 'Level' (callout 8), 'Program' (callout 9), 'Auth Request Type', and 'Source' (callout 10). The first row of data contains: '100058460', a redacted case ID, 'In Review', 'General Medical', '06/12/2020', '06/12/2020', '3', 'DEEOIC', and 'DDE'. A callout 1 points to a 'Close' button in the bottom left corner of the table area.

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!

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Email: [CNSIOWCPOutreach@cns-inc.com](mailto: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