

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



Logging In

...Just a quick review of log in procedures.



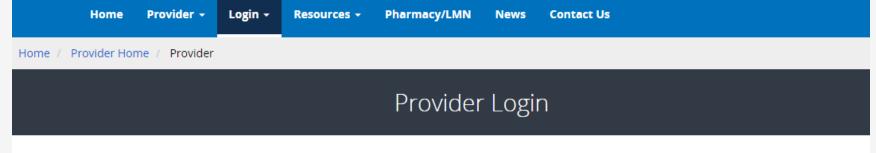
Navigating to Provider Login Page

- 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



 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

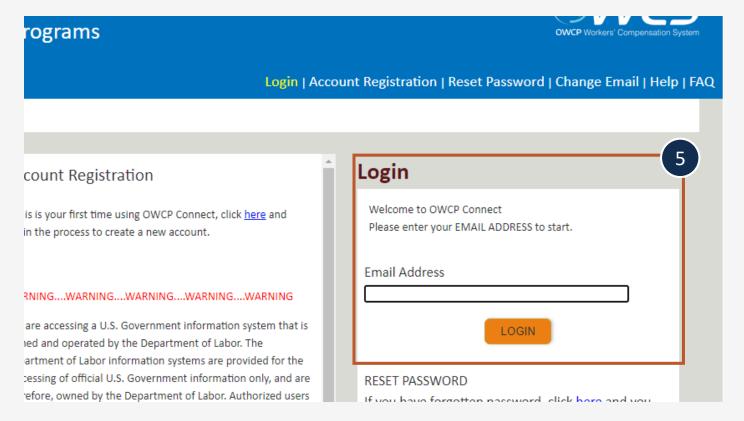
The Provider Login button will take you to OWCP Connect, where you can register or will validate your credentials and log you into the system.





OWCP Connect Login

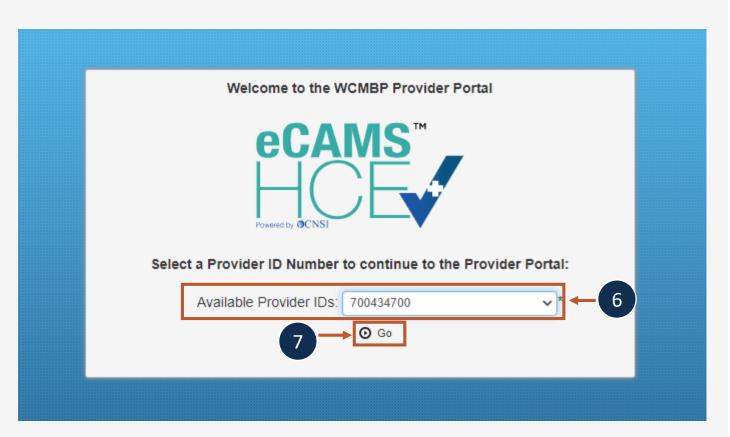
5. Since you've previously registered, you will only need to go through the OWCP Connect Login process.





Select Available Provider ID

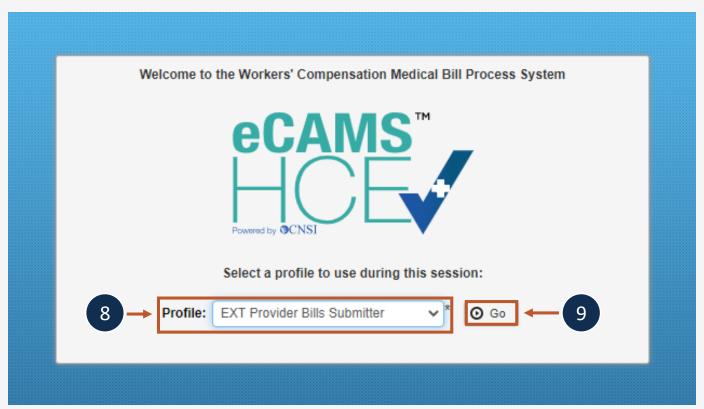
- 6. After successfully logging in, you will be taken to this screen where you will select from the **Available Provider IDs**.
 - **Note:** If you have registered multiple providers under one OWCP Connect Login, or if you have been added as a user to another Provider Portal, those available Provider IDs will be available in the drop-down menu.
- Select Go.





Select a Profile

- 8. After selecting the Provider ID, you will select a profile from the available profiles in the dropdown menu.
 - EXT Provider Bills Submitter
 - EXT Provider System Administrator
 - EXT Provider Bills 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.



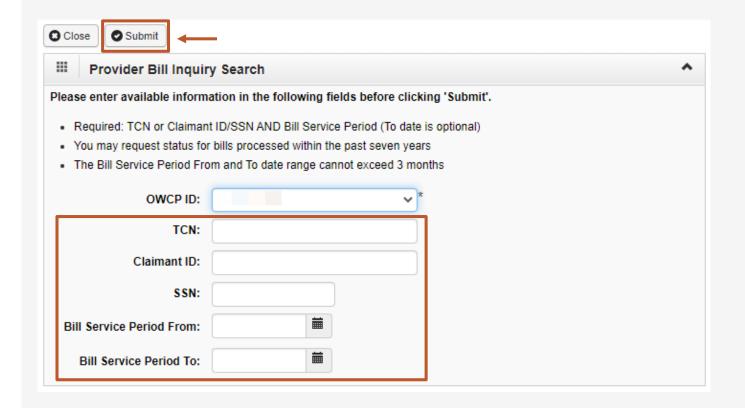
Select Bill Inquiry

Online Services ManageAlerts My Reminders Bills Select Bill Inquiry Bill Inquiry **⊙** Go Filter By Read Status view Payment Bill Adjustment/Void On-line Bills Entry Resubmit Denied/Voided Bill Alert Type **Alert Message Retrieve Saved Bills** \blacktriangle Manage Templates **Create Bills from Saved Templates** No Records Found! Claimant * **Eligibility Inquiry** Your Recent Online Activities Authorization **On-line Authorization Submission** You have logged in with Previous Site Visit: 04/15/2020 08:35:27 PM Provider Last login failed attempt: **Maintain Provider Information** HIPAA * **Submit HIPAA Batch Transaction** Retrieve HIPAA Batch Responses SFTP User Details Admin **Maintain Users** My Interactions

Correspondences



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.

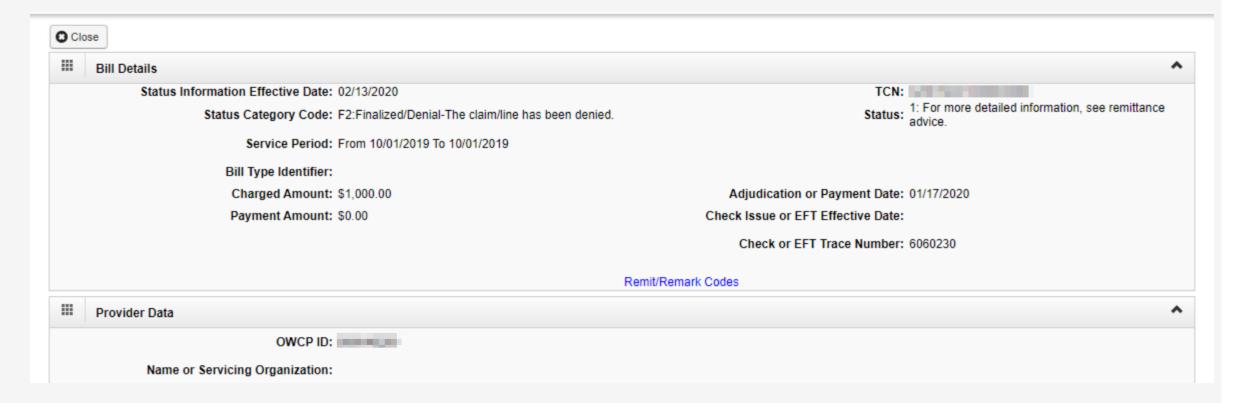


Note: To see bill details, click the hyperlink under the TCN column.



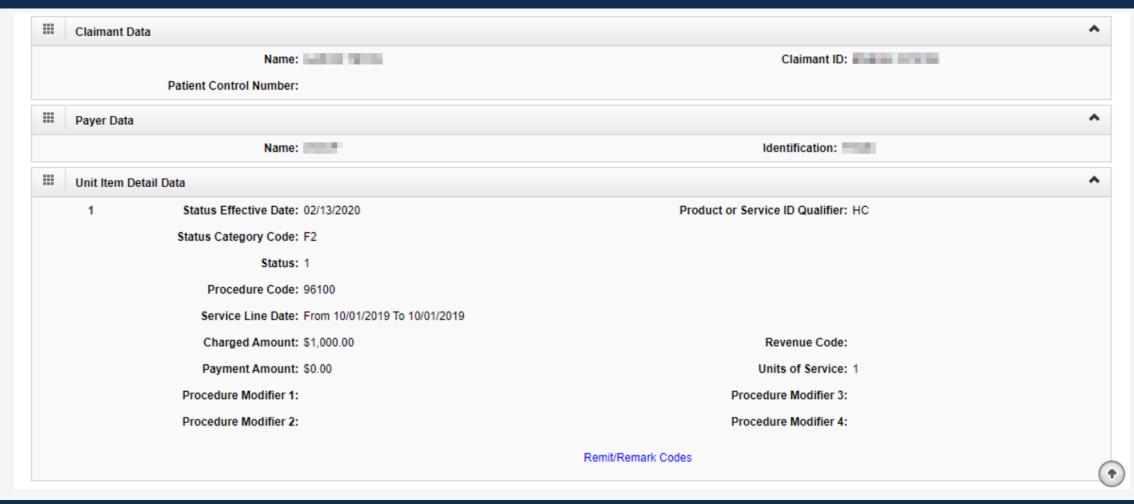
Bill Details

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.





Bill Details Continued





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.

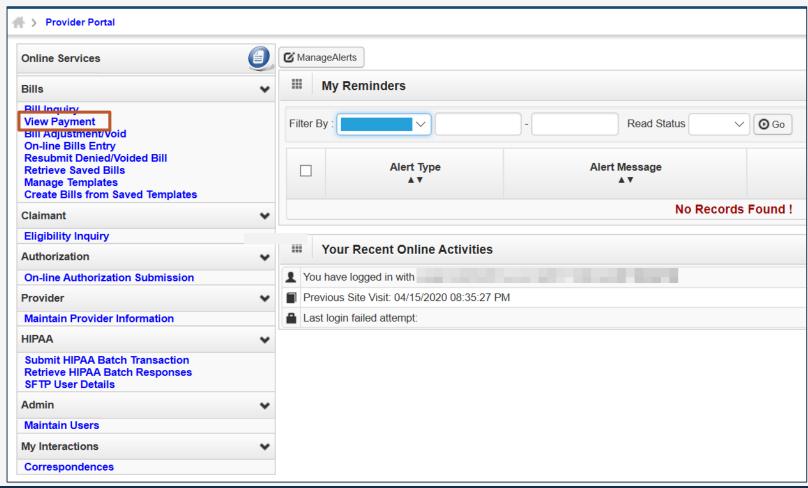
The Remittance Voucher can also be called an Explanation of Benefits (EOB) or a Remittance Advice (RA). These terms and their abbreviations are often used interchangeably.

(RV = EOB = RA)



Select View Payment

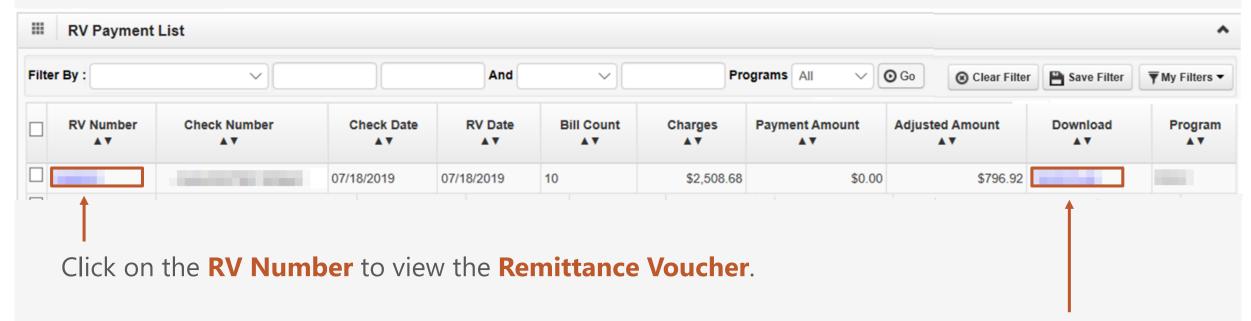
Select **View Payment** →





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

Remittance Voucher Sample - Cover Page



Remittance Voucher FECA - Cleveland



RV Number:

Billing Provider:

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

Page 1

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 # : \$87.56

Payment Date: 04/24/2020

Payment Method:EFT

Page 2

Bills Summary

Financial Recoveries

	Billing Provider					Total Claimant Responsible Amount	Amount	~.	FIN Invoice Number/ Parent TCN	Source	, , ,	Previous Balance Amount	Amount	Remaining Balance Amount
П		Paid	\$2000.00	\$87.56	\$0.00	\$0.00	\$87.56							
Ш		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: Category: Paid			er:		nt Date: 04/	24/2020	Pr	epared Da	te: 04/19/	2020	RV Date:	04/19/202	.0 Page 3
Claimant Name /	TCN /	Line	Rendering	Service	Svc Code	Total	Billed	Allowed	TPL	Claimant	Paid	EOB	Adjustment
Claimant ID /	Bill Type /	#	Provider /	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#										
TOURS. SPREAM	-	1		01/01/2019- 01/01/2019	97110	1.0000	\$1000.00	\$43.78	\$0.00	\$0.00	\$43.78		45 = \$956.22
	Professional Bill												
		Docu	ment Total:	01/01/2019-	01/01/2019	1.0000	\$1000.00	\$43.78	\$0.00	\$0.00	\$43.78		
Court Street,		1		01/01/2019-	97110	1.0000	\$1000.00	\$43.78	\$0.00	\$0.00	\$43.78		45 = \$956.22
				01/01/2019									
	Professional Bill												
		Docu	ment Total:	01/01/2019-	01/01/2019	1.0000	\$1000.00	\$43.78	\$0.00	\$0.00	\$43.78		
				Category 1	otal:	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

		#:		Payment Date: 04/24/2020			Pro	epared Da	te: 04/19/	RV Date: 04/19/2020			
												Page 4	
Claimant Name /	TCN /	Line	Rendering	Service	Svc Code	Total	Billed	Allowed	TPL	Claimant	Paid	EOB	Adjustment
Claimant ID /	Bill Type /	#	Provider /	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 =
Control of the Contro				01/01/2019								301	\$1000.00
	Professional Bill												
		Docu	ment Total:	01/01/2019-	01/01/2019	1.0000	\$1000.00	\$0.00	\$0.00	\$0.00	\$0.00		
				Category 7	「otal:	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.

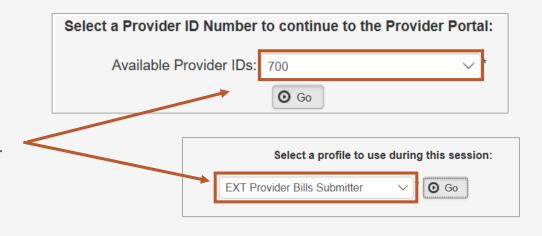
The providers that were enrolled and in "active" status in the legacy system, Conduent, and migrated to the WCMBP System are referred to as legacy providers.

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.

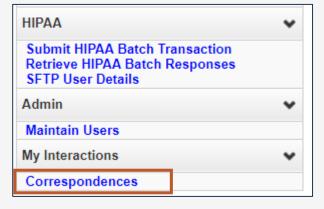
Accessing Legacy Remittance Vouchers

How it works:

Log in to the WCMBP System. The system will display the default "Select a provider ID Number" page. Select the appropriate profile "Ext Provider Bills Submitter" or "EXT Provider Super User" from the drop-down menu.



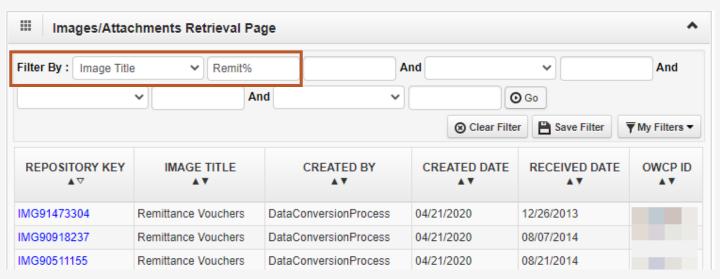
2 Select the "Correspondences" link under My Interactions.





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

