Provider Enrollment & Profile Updates

Introduction

This webinar will include pertinent information to discuss details and educate Providers about provider enrollment, updating provider information and the Workers' Compensation Medical Bill Process (WCMBP) System.

- Enrollment Submissions

- Legacy Provider Registration Process

- Provider Information Updates

- Provider Preparation

Enrollment
Submissions

Enrollment Submission Methods

Providers that seek reimbursement for services rendered to an OWCP claimant must be enrolled in order to receive payments. Provider enrollment applications can be submitted in the following methods:

- Direct Data Entry (DDE) online via WCMBP Provider Portal

- Paper

Note: During this time, we strongly suggest applications to be submitted electronically via DDE.

Enrollment via Direct Data Entry

The Provider Enrollment OWCP 1168 form has been revamped and can be submitted electronically directly into the WCMBP via Direct Data Entry (DDE). The following enrollment types can be submitted via DDE:

- **Individual** - Any provider who is eligible to receive a Type I National Provider Identifier (NPI) through the National Plan and Provider Enumeration System (NPPES). Providers eligible to receive an NPI are those who deliver medical or health services, and Individuals providing only non-medical services, attendant care, or personal care services, who do not need an NPI.

- **Group Practice-** One or more health care practitioners who practice their profession at a common location and have formed a partnership or corporation. These entities have a Type II National Provider Identifier (NPI) from the National Plan and Provider Enumeration System (NPPES).

- **Billing Agent/Clearinghouse** - Any third-party entity submitting health care or service bills on behalf of a health care provider or entity to the OWCP programs for reimbursement.

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Enrollment via Direct Data Entry Cont.

The following enrollment types can be submitted via DDE:

- **Facility/Agency/Organization/Institution** - An Inpatient or Outpatient Hospital, a Skilled Nursing Facility, an Intermediate Care Facility, a Clinic (RHC, FQHC, Hospital Based Clinic, Urgent Care), a Psychiatric Facility, a Mental Institution, a Durable Medical Equipment Supplier, a Free Standing Ambulatory Surgical Center, a Long Term Care Facility, an Independent Clinical Laboratory, a Free Standing Radiology, a Dialysis Center, a Pharmacy, a Partnership, and a Corporation. In addition, you must also be eligible to receive and currently possess, a Type II National Provider Identifier, available through the National Plan and Provider Enumeration System (NPPES).

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Accessing OWCP Connect via the WCMBP Portal

On April 27, 2020, go to https://owcpmed.dol.gov:

1. Click **Provider**

2. Click **Get Started**

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Accessing the WCMBP System for New Providers

Providers will need to first register with OWCP Connect before starting a new enrollment or accessing the new system.

OWCP Connect is the mechanism by which all users are authenticated.

NEW providers:
Begin enrollment

After registering in OWCP Connect via the link below, you will select your enrollment type and enter your data through an enrollment wizard. Upon approval, you will be mailed a welcome letter with your OWCP Provider ID

Begin OWCP Connect registration and online system enrollment

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Begin Registration Link

On the OWCP Connect page, there are 2 links to begin the registration process. You can click on either link.

United States Department of Labor
Office of Workers' Compensation Programs

WCS
OWCP Workers' Compensation S

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

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 FECA's Claimant Query System (CQS). You must be the injured worker and have an existing OWCP Case File Number to access FECA's CQS. If you are not the injured worker/claimant you will not be granted access.

A Note About Data Security
OWCP takes information security very seriously. We are aware of

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....WARNING

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 responsible for the proper handling of information they access.

USE OF THIS SYSTEM BY ANY USER AUTHORIZED OR UNAUTHORIZED CONSTITUTES A CONSENT TO ACTIVITY MONITORING, RECORDING, DISCLOSURE, AND ACCEPTS THAT USE OF THE SYSTEM IS SUBJECT TO AUDIT BY

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.

If you have Federally-issued PIV card that you have registered with OWCP Connect, you can use it to log in.

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OWCP Connect Registration

1. Please enter required information (Name and Email address).

2. A message will populate to notify you that the email you are entering is available or already linked to an existing user account.

3. Enter result of the addition problem from the image.

4. Click **Next**.

Account Registration

Enter the below information to create the account

First Name*	Jane
Last Name*	Doe
Middle Initial	
Email*	janedoe@yahoo.com

Consider using an email address that is not associated with your current employment.
This email is available.

Retype Email*	Janedoe@yahoo.com

This email is available.

Enter result of addition from image below*

4 + 5

9

* Required Field

NEXT

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OWCP Connect Registration

Login Credential

Your identity has been validated. Please enter a password below to create your account.

Email*   Janedoe@yahoo.com

Password*

Retype Password*

* Required Field

PREV   NEXT

5. Once the validation is completed, enter a password and retype the password to confirm the password.

6. Click **Next**.

Note: Password Criteria should be:

- at least 8 characters long,

- include an uppercase letter, a lowercase letter, a number, and a special character.

By clicking the "Next" button, providers will be taken to the security image page where they must select an image and create a "Key Phrase".

OWCP Connect Registration

7. Select a security image, enter a key phrase.

8. Click **Next**.

OWCP Connect Registration

Security Questions

Please select security questions & answers. They may be used during the login process for login verification.

Security Questions *

1. What is the name of the boy or girl that you first kissed? ⌄
   Doe

2. Who is your favorite actor, musician, or athlete? ⌄
   Doe

3. What was the make and model of your first car? ⌄
   Doe

* Required Field

PREV   SUBMIT

9. Select security questions from the drop downs and answer the selected questions.

10. Click **Submit**.

OWCP Connect Registration

System creates an account and a link to activate the account is sent to your email address used in registration.

Note: The account must be activated within 24 hrs.

Click "Resend Email" if the email is not received within 10 minutes.

Account Creation

Your account creation request has been submitted successfully.

An email has been sent to the email address you provided, which includes a link that you will need to click in order to activate your account. The link provided in the email is available for 24 hours.

RESEND EMAIL

OWCP Connect Registration

Look for email from: support@dol.gov.

11. Click the "here" link.
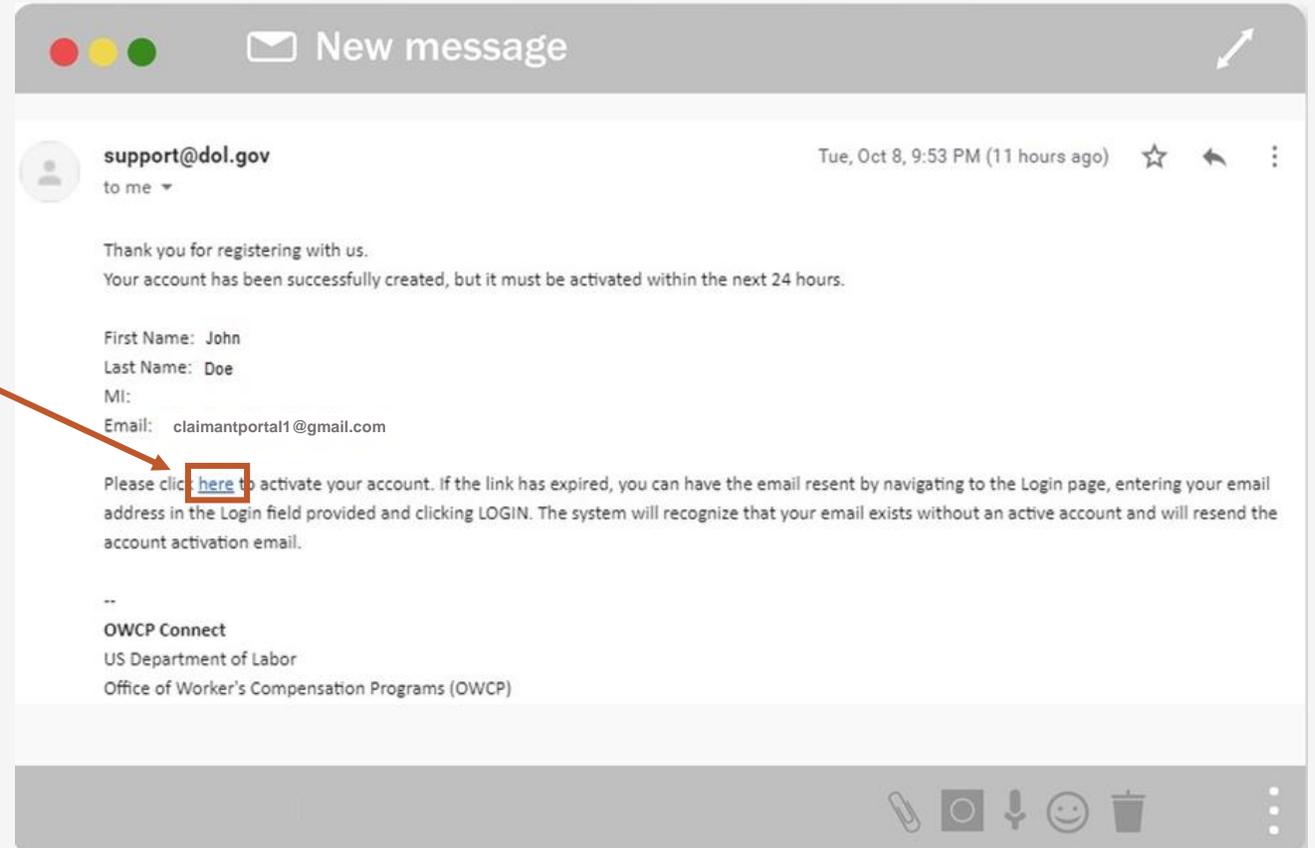
OWCP Connect Registration

At the login page the provider will see a banner message letting them know that their account has been successfully activated.

12. The provider will again enter their email address and click **Login**.

13. The provider will enter their password and click **Submit**.

The provider will then be taken to the WCMBP Provider Portal.

Completing an Enrollment Application

Select your Enrollment Type, click **Submit** and complete the Required Steps.

Once you click submit, you will enter some basic information. The system will then create an application number that you can use to track your application status or use to complete your application at a later time. There are required steps that must be completed based on your enrollment type.

Required Steps for an Individual

Complete each step

Optional vs Required

Start/End Date

Complete vs Incomplete Status

Enroll Provider -Individual

Business Process Wizard-Provider Enrollment (Individual). Click on the Step # under the Step column

Step	Required	Start Date	End Date	Status	Step Remark
Step 1: Provider Basic Information	Required	04/20/2020	04/20/2020	Complete	
Step 2: Add Location	Required			Incomplete	
Step 3: Add Taxonomies	Required			Incomplete	
Step 4: Add Ownership Details	Optional			Incomplete	
Step 5: Add Licenses and Certifications	Required			Incomplete	
Step 6: Add Identifiers	Optional			Incomplete	
Step 7: Add EDI Submission Method	Optional			Incomplete	
Step 8: Add EDI Submitter Details	Optional			Incomplete	
Step 9: Add EDI Contact Information	Optional			Incomplete	
Step 10: Add Payment Details	Required			Incomplete	
Step 11: Complete Provider Disclosure	Required			Incomplete	
Step 12: View/Upload Attachments	Optional			Incomplete	
Step 13: Submit Enrollment Application for Review	Required			Incomplete	

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Required Steps for a Group

Complete each step

Optional vs Required

Start/End Date

Complete vs Incomplete Status

Enroll Provider -Group Practice

Business Process Wizard-Provider Enrollment (Group Practice). Click on the Step # under the Step column

Step	Required	Start Date	End Date	Status	Step Remark
Step 1: Provider Basic Information	Required	04/20/2020	04/20/2020	Complete	
Step 2: Add Location	Required			Incomplete	
Step 3: Add Taxonomies	Required			Incomplete	
Step 4: Add Ownership Details	Optional			Incomplete	
Step 5: Add Licenses and Certifications	Required			Incomplete	
Step 6: Add Identifiers	Optional			Incomplete	
Step 7: Add EDI Submission Method	Optional			Incomplete	
Step 8: Add EDI Submitter Details	Optional			Incomplete	
Step 9: Add EDI Contact Information	Optional			Incomplete	
Step 10: Add Servicing Provider Information	Required			Incomplete	
Step 11: Add Payment Details	Required			Incomplete	
Step 12: Complete Provider Disclosure	Required			Incomplete	
Step 13: View/Upload Attachments	Optional			Incomplete	
Step 14: Submit Enrollment Application for Review	Required			Incomplete	

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Required Steps for Billing Agent/Clearinghouse

Complete each step

Optional vs Required

Start/End Date

Complete vs Incomplete Status

⊞ **Enroll Provider -Billing Agent/Clearinghouse/Submitter**   ⌃

Business Process Wizard-Provider Enrollment (Billing Agent/Clearinghouse/Submitter). Click on the Step # under the Step column

Step	Required	Start Date	End Date	Status	Step Remark
Step 1: Provider Basic Information	Required	04/20/2020	04/20/2020	Complete	
Step 2: Add Identifiers	Optional			Incomplete	
Step 3: Add EDI Submission Method	Optional			Incomplete	
Step 4: Add EDI Contact Information	Required			Incomplete	
Step 5: View/Upload Attachments	Optional			Incomplete	
Step 6: Submit Enrollment Application for Review	Required			Incomplete	

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Required Steps for a Facility/Agency/Organization/Institution

Complete each step

Optional vs Required

Start/End Date

Complete vs Incomplete Status
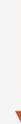
Enroll Provider -Facility/Agency/Organization/Institution

Business Process Wizard-Provider Enrollment (Facility/Agency/Organization/Institution). Click on the Step # under the Step column

Step	Required	Start Date	End Date	Status	Step Remark
Step 1: Provider Basic Information	Required	04/20/2020	04/20/2020	Complete	
Step 2: Add Location	Required			Incomplete	
Step 3: Add Taxonomies	Required			Incomplete	
Step 4: Add Ownership Details	Optional			Incomplete	
Step 5: Add Licenses and Certifications	Required			Incomplete	
Step 6: Add Identifiers	Required			Incomplete	
Step 7: Add EDI Submission Method	Optional			Incomplete	
Step 8: Add EDI Submitter Details	Optional			Incomplete	
Step 9: Add EDI Contact Information	Optional			Incomplete	
Step 10: Add Payment Details	Required			Incomplete	
Step 11: Complete Provider Disclosure	Required			Incomplete	
Step 12: View/Upload Attachments	Optional			Incomplete	
Step 13: Submit Enrollment Application for Review	Required			Incomplete	

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Requires Steps Descriptions

- **Provider Basic Information** – Indicate the Enrollment type, Provider Type, organization Name, Tax ID, NPI, IRS W9, Entity Type and more.

- **Location Information** – Enter the organization physical location address/contact information were services are rendered and a mailing addresses.

- **Taxonomy Information-** Select the 10-digit taxonomy code based on your provider type.

- **Ownership Details (optional for all enrollment/provider types)** – Providers can list any business with more than 5% interest in or where involvement is at an officer, director or agent of the company. You list the Organization Name, Address and Tax ID.

- **License & Certification** – Provider license information required by your state to perform the services under your Provider Type. Note: if no license is required by your state, select no license. You must submit an attachment as evidence from the state authority confirming this.

- **Identifiers**- Enter Identifiers (DEA #, NPI, Medicare #, UMWA #, Other Provider ID) that are required for your provider Type.

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Requires Steps Descriptions

- **EDI Submission Method** – Select if you want your bills to be submitted by a billing agent/clearinghouse, Web Interactive, FTP Secured Batch, Web Batch or None.

- **EDI Submitter Details** – If EDI Submission Method is billing agent/clearinghouse, enter the billing agent information. **Note:** You must have the billing agent's OWCP ID.

- **EDI Contact Details-** If EDI Submission Method is FTP Secured Batch and/or Web Batch, enter EDI Contact information.

- **Servicing Providers Information** – Group Practices will add their servicing providers Name, Tax ID, Provider Type, NPI, Taxonomy and Licensure Information.

- **Payment Details** – Electronic Funds Transfer is required. Enter the Banking Information.

- **Provider Disclosure** – Answer the questions on the disclosure page.

- **View/Upload Attachments** – Add required attachments per your Provider Type.

Note: All steps are not required. Required steps are determined based on your Enrollment and Provider Type.

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Requires Steps Descriptions

- **Submit Enrollment Application for Review** – Submit your enrollment application to be reviewed by CNSI.
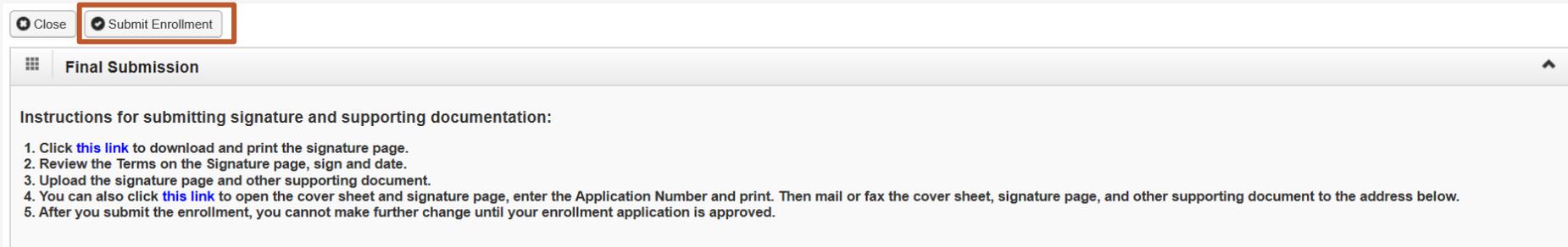
Note: Providers are required to print the signature page from number 1 and sign it. It can be uploaded before you select submit enrollment or you can fax it in with the cover sheet. Cover sheet can be printed from number 4.

Legacy Provider
Registration Process

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Legacy Provider Registration Process

For Legacy Providers to begin utilizing the Provider Portal for services such as Bill Submission/Inquiry, Authorization Submission/Inquiry, Provider Data Maintenance, and User Maintenance, you will need to perform the following steps first.

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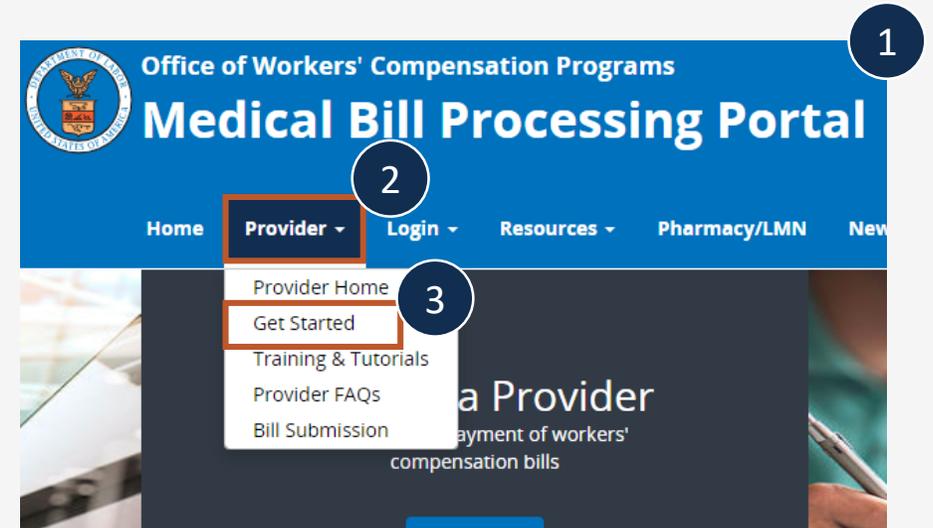
Legacy Provider Registration Process

4. On the Get Started page, select the **Register for online access** blue drop-down box.

5. Select the **Begin registration** link.

Note: This registration link will begin the OWCP Connect registration process. This registration process is required before first accessing the Provider Portal.

Legacy Provider Registration Process

6. On the OWCP Connect home page, select the **here** hyperlink to begin the OWCP Connect Account Registration process.

7. Complete the required fields and steps of the Account Registration process. The OWCP Connect Registration process is the same as described earlier in this presentation. This is a multi-step process.

Legacy Provider Registration Process

8. After completing the OWCP Connect Account Registration, you will use the credentials you created during the account registration to **Login** through OWCP Connect.
Note: You will not be required to go through the registration process on future logins.
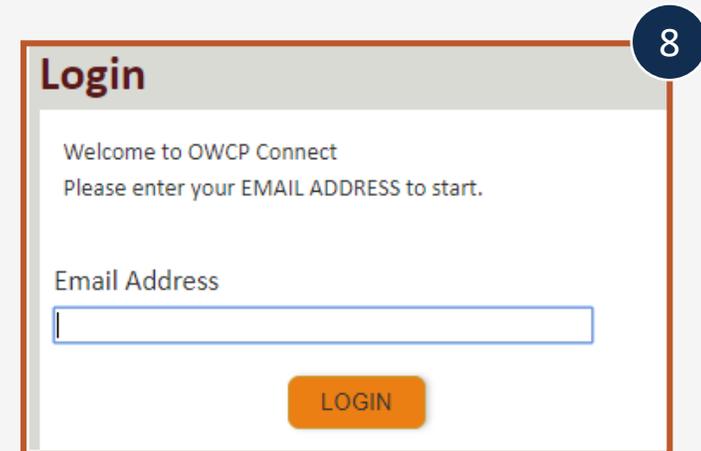
Login

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

Email Address

[   ]

LOGIN

Legacy Provider Registration Process

9. After logging in for the first time, you will be taken to the Provider Portal Registration page.

10. Enter the required information, including the OWCP Provider ID, Temporary ID, Temporary Key, and SSN/Tax ID.
    Note: You can find your OWCP Provider ID and Temporary ID in your Welcome Letter. The Temporary Key will be included in your Registration Instruction Letter.
    Important: Do not include the dot after the OWCP Provider ID, Temporary ID, and Temporary Key from your letter. You will also need to be mindful of letters that may appear as numbers or numbers that may appear as letters (ex. Capital letter "I" may be mistaken for the number "1" or the number "1" may be mistaken for the capital letter "I") for the Temporary Key.

11. Select the **Login** button.
    Note: You will not be required to enter all of this required information on subsequent logins.

Updating Provider Information

Updating Provider Information via Paper

Once enrolled, providers are able to make updates to their profile. Updates can be made via Direct Data Entry (DDE) and paper as well.

To update via paper, complete the OWCP 1168 form and select "Update". Enter your OWCP ID.

1. Are you applying for a new enrollment or updating your record?

☐ New Enrollment ☐ Re-Enrollment ☐ Re-Validation ☐ Update

1a. If Update, Re-Enrollment or Re-Validation,

Enter Provider ID or Federal Employer Identification Number (FEIN)

Note: EFT form and Copy of License/Certification is only needed if you are updating EFT information and/or licensure information.

Once you have completed all necessary updates within the OWCP 1168 form, you will need to print the OWCP 1168 form and cover page (this can be found on the WCMBP Portal Forms and References page), sign the OWCP 1168 form, and either mail to the address listed on the cover page, or faxed to the number listed on the cover page.

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Updating Provider Information via DDE in the Provider Portal

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

2 **Select** the *appropriate profile* **"Ext Provider File Maintenance"** from the drop-down menu.
Note: It is important that you select this profile when making updates. This profile has access to the Maintain Provider Information function, which allows you to update the provider's information within the Provider Portal.

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: 700

⊙ Go

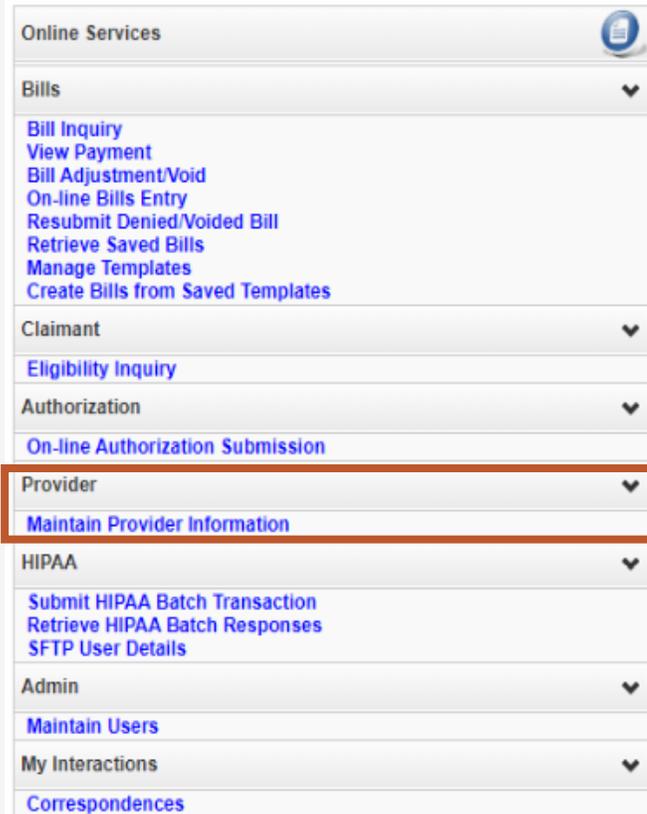Select a profile to use during this session:

Profile: EXT Provider File Maintenance ⌄ * ⊙ Go

Note: Profiles are assigned to users by the System Administrator. The person who registers in the system first, will become the System Administrator.

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Provider Portal Profiles

Name of Provider Profile	Functions that the Provider can perform
EXT Provider Bills Submitter	• 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	• 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	• Bill inquiry • View Payment • Bill Adjustment/Void • Resubmit Denied/Voided Bills • Correspondences
EXT Provider Eligibility Checker – Auth Submitter	• Eligibility Inquiry • On-line Authorization Submission
EXT Provider File Maintenance	• Maintain Provider Information • Correspondences
EXT Provider Super User	• 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	• Eligibility Inquiry • Retrieve HIPAA Batch Responses (835) • Maintain Users • Correspondences

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	

1 Click Maintain Provider Information

2 Update desired steps for you enrollment type under View/Update Provider Data. Note: Same steps will populate from your provider enrollment submission.

⊞ **View/Update Provider Data**
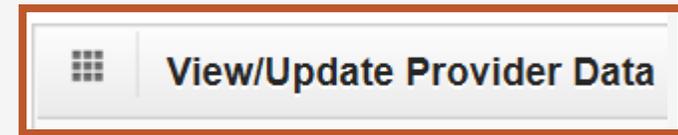
Providers who enroll with CNSI will be able to update the specific step that they want to update only. Steps will vary based on your enrollment type (Individual, Facility, Group, Billing Agent/Clearinghouse and/or Special Consideration).

Note: Legacy Providers who enrolled with Conduent will have to complete all steps and mark as complete for their initial update.

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Provider Enrollment Timeframes

Provider Enrollment forms can be faxed to 888.444.5535 and mailed to P.O. Box 8312, London, KY 40742-8312.

Note: When submitting applications via DDE, required attachments can be mailed or faxed. You can submit via DDE without attachments and print the provider enrollment document cover sheet to mail/fax your attachments. The cover sheet must have the application number on it. If attachments are not uploaded at the time of submission, your application will stay in an "Awaiting Attachments Status". If the attachments and cover sheet are not received, your application will be Returned to Provider (RTP).

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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

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