WCMBP System
Provider Enrollment
Overview

This webinar provides instructions on how to complete an enrollment application for new providers via the Workers’ Compensation Medical Bill Process (WCMBP) Portal.

**Note:** Legacy providers will not have to enroll into the new system. Legacy providers are providers that were previously enrolled in Conduent’s System (Legacy System).

Before we begin the demonstration of online enrollment, we will discuss the new OWCP-1168 Provider Enrollment Application.
Paper Enrollment
Paper submission is one of the several options for enrollment. While this tutorial will be mostly covering the online enrollment process, it is important to note that you can also enroll via the paper enrollment application using form OWCP-1168.

The form has been updated and can be accessed by following the steps covered on the next several slides.

**Note**: We encourage Direct Data Entry (DDE) online enrollment as delays might be expected with processing hardcopy/paper submissions due to the current conditions of the pandemic.
How to Obtain an Enrollment Application

1. Go to OWCPMED.DOL.GOV
2. Click Resources
3. Click Forms & References
4. Click Provider Enrollment Application (OWCP 1168).

The OWCP-1168 form will open. The application includes a cover page addressed to providers that gives important information about OWCP and provider enrollment. You can begin filling in the required fields and then print for submission.

5. When submitting your paper enrollment application, you will also want to include the Provider Enrollment Cover Sheet if mailing or faxing your application and supporting documentation.
Submitting Paper Enrollment Application and Registration Process

After your paper enrollment application has been submitted, reviewed and approved, you will receive a welcome letter and a registration letter.

Welcome letter will contain:

- Welcome message
- OWCP Provider ID
- Temporary ID

Registration letter will contain:

- Instructions on how to complete the registration process
- Temporary key

You will use the OWCP Provider ID, Temporary ID, and Temporary Key provided in the letters, and the SSN/FEIN used on your application, to complete the registration process.
Online Enrollment
Navigating the WCMBP Portal to Begin Online Enrollment

1. Go to https://owcpmed.dol.gov
2. Click Provider
3. Click Get Started
Navigating the WCMBP Portal to Begin Online Enrollment

4. Click the Click here to begin the enrollment process hyperlink.

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.
5. Select the “here” link to begin the OWCP Connect Registration.
6. Please enter required information (Name and email address)

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

8. Enter result of the addition problem from the image

9. Click Next
10. Once the validation is completed, enter a password and retype the password to confirm the password.

11. 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”.
12. Select a security image, enter a key phrase.
13. Click Next.
14. Select security questions from the drop downs and answer the selected questions.

15. Click Submit.
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.
Look for an email from: support@dol.gov.

16. Click link that says “here.”
17. Login to through OWCP Connect to validate your email address and begin your online enrollment.
Starting the Online Enrollment Application

1. Select the Enrollment Type.

2. Click “Submit”.

**Note:** Enrollment Type Definitions are provided below the Enrollment Type selection area. Please select the appropriate type for your practice, organization and/or business.
1. Select a Provider Type from drop down menu.
2. Check a Program(s) to enroll in.
3. Select Identifier Type (FEIN or SSN).
4. Based on the responses for steps 1-3, you will either enter an organization name or the individual provider name.
5. Enter an NPI and an Entity Type based on your W9.
6. Check if you do not want to be on the online searchable provider listing. If checked, please supply a reason.
7. Click “Finish”.

Starting the Online Enrollment Application
Starting the Online Enrollment Application

Carefully note the 14-digit Application ID. You can use this Application ID number, along with the entered FEIN or SSN number to return to your application if you leave at any time during the enrollment process.

The application number will also be emailed to you.
Returning to an Enrollment Application

1. To resume your enrollment application if you left before completing it, select the Provider drop-down from the MBP Portal.

2. Select the Get Started menu option.
Returning to an Enrollment Application

3. Select the “Click here to resume or track the in-progress enrollment application” hyperlink in the Resume or Track an Enrollment Application area.

**Note:** This same process can be used to check the status of your enrollment application after you have completed it.
Returning to an Enrollment Application

4. Login via OWCP Connect using the email address you used when registering with OWCP Connect.
Returning to an Enrollment Application

5. Enter the password you created when registering with OWCP Connect, then select Submit.
6. You will use the Application Number given to you when you started your enrollment.

7. Enter the SSN or FEIN used when you started your enrollment.

8. Select the Submit button to return to your application.
Completing an Enrollment Application

Complete each step

Start/End Date

Optional vs Required

Complete vs Incomplete Status

Note: We already completed step 1, as you can see in the Status column. Based on the information provided in step 1, the enrollment steps are displayed. The “Purge” button will delete all information entered if you need to restart your application. Also, there is one step in particular that only applies to the “Group” Enrollment Type. That is Step 10: Add Servicing Provider Information. This step will not be displayed for the Individual and Facility/Agency/Organization/Institution Enrollment Types.
Completing an Enrollment Application

It’s important to note for the screen shots shown in this webinar that what is or is not required may not apply to your enrollment or provider type chosen during your enrollment. You can utilize the Required Credentials button when you are enrolling to see what is required for your enrollment and provider type chosen.

Before completing the next steps, select “Required Credentials”. A separate window will display the credentials that are required for your provider type.

**Note:** Credential requirements will change depending on the selected provider type.

1. Exit out this window to move on to the next step Add Location.
Step 2: Add Location

1. Select the Add button.
2. Enter Location Business Name.
3. Enter Contact Person First and Last Name.
4. Enter Contact Person Phone Number. (Do not add dashes or spaces)
5. Click “Next.”

**Note:** Email Address and Fax Number entries are Optional
Step 2: Add Location

1. You must add your physical address, click “Address.”
Step 2: Add Physical Location

1. Enter the Physical Address Street Number and Street Name.
2. Enter the Zip Code.
3. Click “Validate Address”. (Complete address will auto populate after validation)
4. Click “OK”.

Possible Validation Results

- Address not found with Street Address and Zip Code Combination
- Address validation successful
Step 2: Add Mailing Location

1. If mailing address is the same as the physical address, check the bubble that states “Same as Physical Address”.
   OR
2. Click “Address” to Enter Mailing Address Street Number and Street Name if the address is different.
3. Click “OK” after adding the mailing address.
Step 2: Add Mailing Location

1. The system displays the Location List, which confirms your address information entered.
2. Click “Close” to move on to the next step, Add Taxonomies.

Note: Taxonomy codes refer to the Healthcare Provider Taxonomy Code Set, which categorize the type, classification, and/or specialization of health care providers. This step and some of the subsequent steps may or may not be required, depending on the enrollment and provider type chosen. For example, a Non-Medical Vendor Provider Type will not be required to enter Taxonomy Codes. Again, selecting the “Required Credentials” button on the page listing the enrollment steps will help determine what is or is not required for your enrollment and provider type chosen.
Step 3: Add Taxonomies

1. Click “Add.”
2. Use the dropdown menu to view your existing Taxonomy Code Type.
3. Select Specialty type.
4. Available Taxonomy codes will populate. Highlight the codes that are applicable to your organization. Move applicable codes to Associated Taxonomy Codes.
5. Click “OK.”
6. Click “Close” to move on to the next step, “Add Ownership Details.”

Note: Ownership Details list any business with more than a 5% interest in or where involvement is at an officer, director or agent of the company. This step is optional for all enrollment and provider types.
Step 4: Add Ownership Details

This step optional. If completed, you must complete required fields and click OK.

1. Select the Disclosure Type (Individual or Organization) Ownership.
2. Enter SSN or FEIN.
3. Enter Organization Name or First/Last Name.
4. Click “Address” to enter Street Number, Street Name and Zip Code.
5. Click “OK.”

Note: If the ownership information is the same name, FEIN and address as previously entered, click “Copy Name and Tax.” The information will auto populate.
Step 4: Add Ownership Details

1. The system displays the Ownership List, which was entered.
2. Click “Close” to move on to the next step, “Add Licenses and Certifications.”

**Note:** License and Certifications are required by most states to perform the services under your Provider Type. There are exceptions, as with many of other the remaining steps. For example, a Billing Agent provider type will not be required to enter this information.
Step 5: Add License/Certification

1. Click “Add” to enter License/Certification information.
2. Indicate if this is a required certification or required license, or if this specifies that a certification or license is not required.
3. Enter the recipient’s name in the “Name” field.
4. Enter the license or certification type in the “License/Certification Type” field.
5. Enter the license or certificate number in the “License/Certification #” field.
Step 5: Add License/Certification

6. Enter or select the initial issue date and expiration date in the “Initial Issue Date” and the “Expiration Date” fields.

7. Within the “Issued State” drop-down menu, select the state where the license or certification was issued. (Must match the state of physical address)

8. Enter the issuing agency in the “Issuer Agency” field.

9. In the “Web Link” field, enter the web link to the issuing agency.

10. Click “OK.”
Step 5: Add License/Certification

1. The system displays the License/Certification List, which confirms your license/certification information entered.
2. Click “Close” to move on to the next step Add Identifiers.

**Note:** Identifiers that are typically issued by external entities that uniquely identify the provider and are required to maintain provider enrollment.
Step 6: Add Identifiers (Optional)

1. Click “Add.”
2. Select the identifier type from the “Identifier Type” drop-down menu.
3. Enter the identifier value in the “Identifier Value” field.
4. Enter or select the start and end dates in the “Start Date” and “End Date” fields.
5. Select “Ok.”

Note: This step is optional because all provider types do not require Identifiers. Identifiers are typically issued by external entities that uniquely identify the provider. Please refer to the “Required Credentials” button to check if your provider type requires an identifier.
Step 6: Add Identifiers (Optional)

1. The system displays the Provider Identifiers list, which confirms your identifiers entered.
2. Click “Close” to move on to the next step, “Add EDI Submission Method.”

Note: Electronic Data Interchange (EDI) is the computer-to-computer exchange of business documents in a standard electronic format between business partners.
Step 7: Add EDI Submission Method (Optional)

1. Select your “Mode of Submission.”
2. Click “Ok.”

**Note:** If the Mode of Submission is Billing Agent/Clearinghouse, you must provide the billing agent/clearinghouse OWCP ID in the next step.
Step 8: Add EDI Submitter Details (Optional)

**Note:** This step is required if the EDI Submission Method is Billing Agent/Clearinghouse in the previous step.

1. Enter the “Billing Agent/Clearinghouse OWCP ID.”
2. Enter the date(s).
3. Click “OK.”
Step 8: Add EDI Submitter Details (Optional)

1. The system displays the Billing Agent/Clearinghouse, which confirms their OWCP ID was entered.
2. Click “Close” to move on to the next step, “Add EDI Contact Information.”

Note: EDI Contact Information will need to be on file if we need to ask the Billing Agent/Clearinghouse any questions pertaining to their EDI enrollment and/or future submissions and retrievals.
Step 9: Add EDI Contact Information (Optional)

Note: This step is required if the EDI Submission Method is Billing Agent/Clearinghouse in Step 7.

1. Enter the Title of the contact person to answer EDI questions if needed.
2. Enter contact person’s First and Last Name.
3. Enter 10-digit phone number.
4. Click “Address.”
Step 9: Add EDI Contact Information (Optional)

**Note:** This step is required if the EDI Submission Method is Billing Agent/Clearinghouse in Step 7

1. Enter Street Number and Name in Address Line 1.
2. Enter Zip Code.
3. Click “Validate Address”.
4. Click “OK”.

![Address details](image-url)
1. The system displays the EDI Contact Information List, which confirms contact information entered.
2. Click Close to move on to the next step, “Add Servicing Providers.”
Step 10: Add Servicing Providers
(Applies to “Group” Enrollment Type)

**Note:** As mentioned before, this step only applies to “Group” Enrollment Type. Step 10 and subsequent steps will have different step numbers for the other Enrollment Types.

1. Click “Add.”
2. Select the “Tax Identifier Type” SSN.
3. Enter the individual servicing providers First and Last Name and SSN.
4. Select the provider type from the “Provider Type” drop down.
5. Enter the NPI.
6. Enter up to 5 taxonomy codes.
7. Enter all the license/certification information.
8. Click “OK.”

There is no limit to how many servicing providers can be added to your practice.
1. The system displays the Servicing Providers Information, which confirms the servicing providers information entered.
2. Click “Close” to move on to the next step, “Add Payment Details.”

**Note:** Electronic Funds Transfer (EFT) is mandatory. Payment Details must be entered to receive payment from OWCP.
Step 11: Add Payment Details

Note: Electronic Funds Transfer (EFT) is mandatory. Payment Details must be entered to receive payment from OWCP. The ACH form must be signed, uploaded, faxed or mailed. If faxed or mailed, the enrollment cover sheet is needed.

1. Click “Add.”
2. Enter the name of the financial institution.
3. Enter the institution’s routing number.
4. Your depositor account number.
5. Select the “Type of Account” from the drop down (Checking or Saving).
6. Enter the “Depositor Account Title” (The name that is printed on your checks).
Step 11: Add Payment Details

**Note:** Electronic Funds Transfer (EFT) is mandatory. Payment Details must be entered to receive payment from OWCP. The ACH form must be signed, uploaded, faxed or mailed. If faxed or mailed, the enrollment cover sheet is needed.

7. Click “Address” to add the Financial Institution address. The address details dialog will display.

8. Once address is added, select the “Signed by Representative” check box to indicate that the ACH form has been signed by a representative of the financial institution.

9. Enter the title of the financial institution’s representative in the “Title of Representative” field.

10. Enter the representative’s phone number in the “Representative Phone Number” field.

11. Click “OK.”
Step 11: Add Payment Details

1. The system displays the Payment Details List, which confirms payment information was entered.
2. Click Close to move on to the next step, “Complete Provider Disclosure.”

**Note:** Provider Disclosure page asks questions of the provider to confirm additional background information.
Step 12: Complete Provider Disclosure

1. Answer the two disclosure questions below:
   
   **Note:** If you answer Yes to the first Disclosure questions, please provide details under comments section including type of action, agency undertaking adverse action and date of action.

   If you are a FECA provider enrolling in Provider “75” Durable Medical Equipment (DME) and answer “Yes”, provide the phone number that you used in your Medicare DMEPOS enrollment.

2. Click “Save” and then click “Close” to move on to the next step, View/Upload Attachments.
Step 13: View/Upload Attachments (Optional)

**Note:** This Step is optional because you are able to submit the application via DDE and then mail or fax required attachments with a Provider Enrollment Cover Sheet. 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’d). **Please click Required Credentials to check what attachments are required for Provider Type.**

1. Click “Upload Attachments”. **Note:** Only PDF and TIFF file formats can be uploaded.
2. Select the document type from the Document Type drop-down menu.
3. Click the “Browse” button. (The system displays the Open window.)
4. Locate and select the file from your local drive that you need to upload and click the “Open” button. (The system updates the File Name field.)
5. Click “OK.”
Step 13: View/Upload Attachments (Optional)

1. The system displays the Attachment List, which confirms an attachment uploaded.
2. Click Close to move on to the next step, “Submit Enrollment Application for Review.”
Step 14: Submit Enrollment Application for Review

1. Click “this link” to print the Signature Page to sign and date it.

   **Note:** Signature page can be faxed or mailed in with cover sheet. If you want to upload, click “Close” and click on previous step to upload the attachment.

2. Click “this link” to obtain and print the cover sheet.

3. Click “Submit Enrollment”.

Instructions for submitting signature and supporting documentation:

1. Click this link to download and print the signature page.
2. Review the terms on the signature page, sign and date.
3. Upload the signature page and other supporting documentation.
4. You can also click this link to open the cover sheet and signature page, enter the Application Number and print. Then mail or fax the cover sheet, signature page, and other supporting documentation to the address below.
5. After you submit the enrollment, you cannot make further change until your enrollment application is approved.
Submitting an Enrollment Application

Faxed and/or Mailed applications will be RTP’d if incomplete and/or have missing attachments.

Once the enrollment application is completed, the provider can submit:

Via Mail **Provider Enrollment**
Department of Labor OWCP
P.O. Box 8312
London, KY 40742-8312

Via Fax 888.444.5335

Via DDE [owcpmed.dol.gov](http://owcpmed.dol.gov)
After Submitting Your Application

**Note:** Until your application has been reviewed, you will not be able to make any changes to your application.

If your application has been approved, you will be able to make changes to your information from within the Provider Portal.

Please refer to the Training & Tutorials page within the WCMBP Portal for a variety of training materials that will be helpful in guiding you on how to perform provider profile updates (ex. Provider Enrollment and Profile Updates webinar presentation)
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