

Provider Enrollment & Profile Updates



Introduction

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

- ❖ Important Information
- ❖ Provider Expectations
- ❖ Enrollment Submissions
- ❖ Profile Updates
- ❖ Provider Preparation



Important Information About This Webinar

- This webinar is intended for providers that are an actively enrolled provider (Le with Conduent or new providers seeking enrollment with CNSI.
- Any unanswered questions can be submitted via email CNSIOWCPOutreach@cns-inc.com.
- Pharmacy services will not transfer to CNSI. These services will stay with Conduent. For pharmacy related questions, please call 1-866-664-5581 or visit their web address @ <https://owcprx.dol.gov/> starting on April 27, 2020.
- The current <https://owcpmed.dol.gov> will continue to be the site for OWCP medical bill processing information starting on April 27, 2020.
- WCMBP – Workers' Compensation Medical Bill Process

Provider Expectations



Provider Expectations

Providers who are currently enrolled and active with Conduent on or before April 27, 2020, can expect the following with the transition to the new WCMBP system:

- Provider files will be transferred from Conduent system to WCMBP without any provider intervention, keeping the same provider ID
- **No** interruption in payments to the Providers
- Bill history data (last 7 years) will be viewable and all historical bills will transfer from Conduent system to the WCMBP system
- Webinars and training tutorials will be available on the WCMBP web portal to provide assistance and instructions on how to use the new system
- Web portal FAQs will be continuously updated to address provider questions
- No change to system go-live date due to COVID-19

Enrollment Submissions



Enrollment: Actions Required by Providers

Active legacy providers will **NOT** have to enroll into the new system.

If your profile has not been active in Conduent's system in the last 2 years, your information will not transfer over to the new WCMBP system.

These providers will have to enroll.

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 – OWCP 1168 form and instructions can be downloaded @ <https://owcpmed.dol.gov> under Resources and Forms & References.

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

Enrollment via Direct Data Entry

The WCMBP system features electronic enrollment capabilities for the following enrollment types :

- Individual - Any provider who is eligible to receive a Type I National Provider Identifier (NPI) through the National Plan and Provider Enumeration System (NPES). 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 (NPES).
- 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.

Enrollment via Direct Data Entry (cont.)

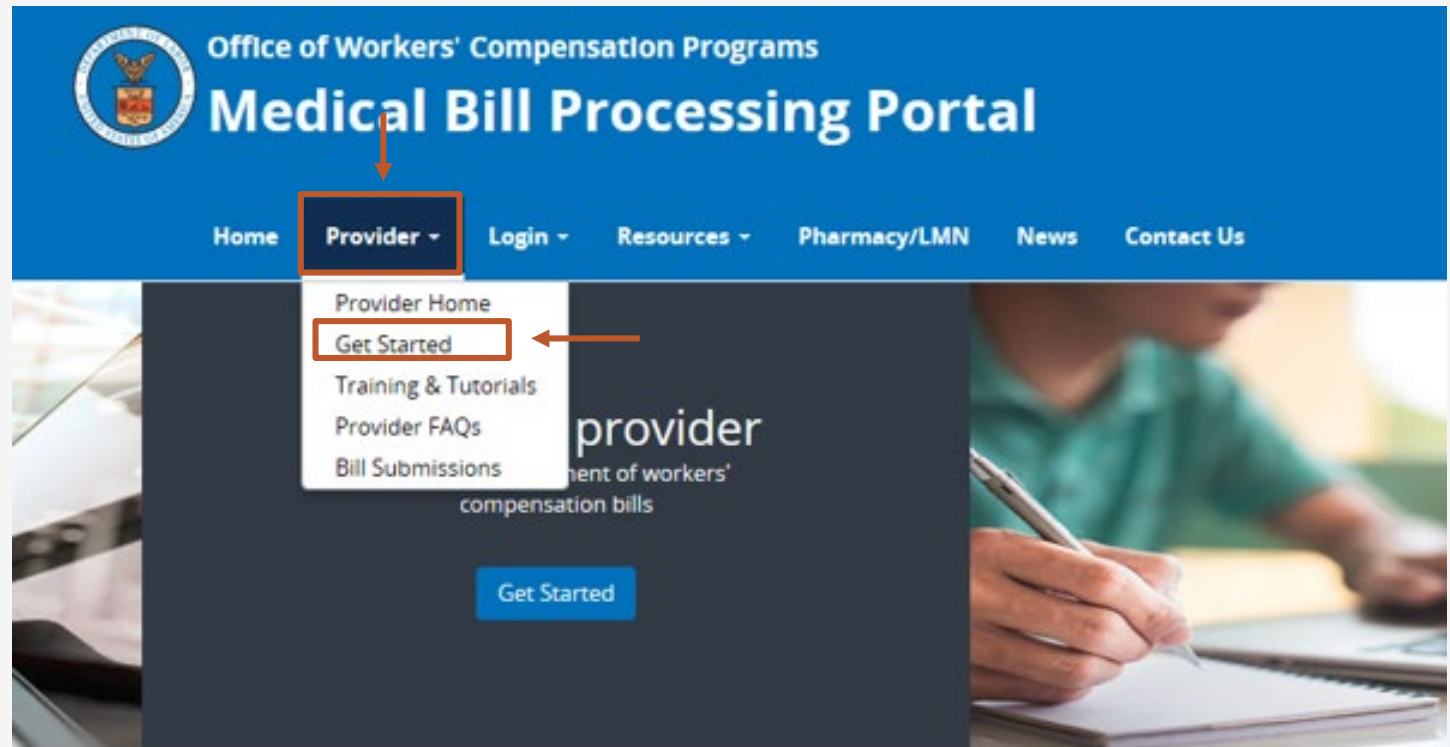
The following enrollment types can be submitted via DDE:

- Facility/Agency/Organization/Institution - 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).
- Inpatient or Outpatient Hospital
- Skilled Nursing Facility
- Intermediate Care Facility
- Clinic (RHC, FQHC, Hospital Based Clinic Urgent Care)
- Psychiatric Facility
- Mental Institution
- Durable Medical Equipment Supplier
- Free Standing Ambulatory Surgical Center
- Long Term Care Facility
- Independent Clinical Laboratory
- Free Standing Radiology
- Dialysis Center
- Pharmacy
- Partnership
- Corporation.

Accessing OWCP Connect via the WCMBP Portal

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

1. Click Provider
2. Click Get Started



Accessing the WCMBP System for New Providers

Providers will need to first register with OWCP Connect before starting a new enrollment.
OWCP Connect is the mechanism by which all users are authenticated.

NEW providers:
Begin enrollment



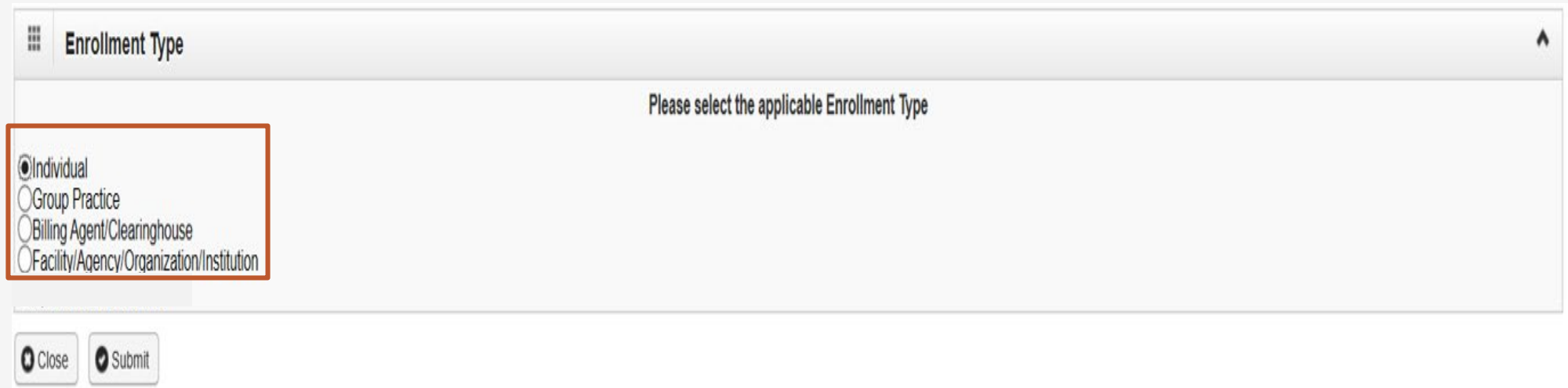
After registering in OWCP Connect via the link below, you will select your enrollment type and enter your data through an enrollment wizard. Upon approval, you will be mailed a welcome letter with your OWCP Provider ID

[Begin OWCP Connect registration and online system enrollment](#)



Completing an Enrollment Application

Once you complete your OWCP Registration, select your Enrollment Type, click Submit and complete the Required Steps.



The screenshot shows a web form titled "Enrollment Type" with a header bar containing a menu icon and an upward arrow. Below the header, the text "Please select the applicable Enrollment Type" is centered. A list of four radio button options is on the left, enclosed in a red rectangular box: "Individual" (selected), "Group Practice", "Billing Agent/Clearinghouse", and "Facility/Agency/Organization/Institution". At the bottom of the form are two buttons: "Close" and "Submit".

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

Start/End Date

Optional vs Required

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	

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	

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	


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	

Required 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 where services are rendered and a mailing addresses.
- **Taxonomy Information**- Select the 10 digit taxonomy code based on your provider type.
- **Ownership Details** – 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 a the state authority confirming this.
- **Identifiers**- Enter Identifiers (DEA #, NPI, Medicare #, UMWA #, Other Provider ID) that are required for your provider Type

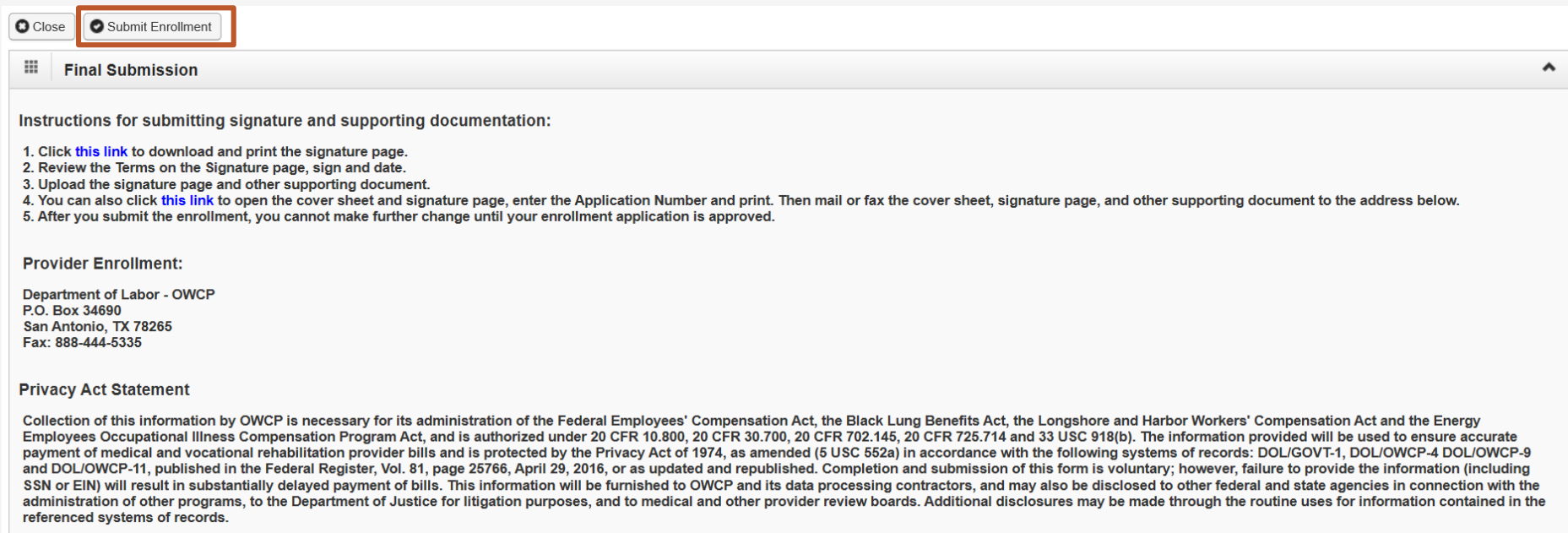
Requires Steps Descriptions

- **EDI Submission Method** – select if you want your bills to be submitted by a billing agent/clearinghouse, Web Interactive, FTP Secured Batch, Web Batch and/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 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.

Requires Steps Descriptions

- **Submit Enrollment Application for Review** – Submit your enrollment application to be reviewed by CNSI.



Close Submit Enrollment

Final Submission

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 document.
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 document to the address below.
5. After you submit the enrollment, you cannot make further change until your enrollment application is approved.

Provider Enrollment:

Department of Labor - OWCP
P.O. Box 34690
San Antonio, TX 78265
Fax: 888-444-5335

Privacy Act Statement

Collection of this information by OWCP is necessary for its administration of the Federal Employees' Compensation Act, the Black Lung Benefits Act, the Longshore and Harbor Workers' Compensation Act and the Energy Employees Occupational Illness Compensation Program Act, and is authorized under 20 CFR 10.800, 20 CFR 30.700, 20 CFR 702.145, 20 CFR 725.714 and 33 USC 918(b). The information provided will be used to ensure accurate payment of medical and vocational rehabilitation provider bills and is protected by the Privacy Act of 1974, as amended (5 USC 552a) in accordance with the following systems of records: DOL/GOVT-1, DOL/OWCP-4 DOL/OWCP-9 and DOL/OWCP-11, published in the Federal Register, Vol. 81, page 25766, April 29, 2016, or as updated and republished. Completion and submission of this form is voluntary; however, failure to provide the information (including SSN or EIN) will result in substantially delayed payment of bills. This information will be furnished to OWCP and its data processing contractors, and may also be disclosed to other federal and state agencies in connection with the administration of other programs, to the Department of Justice for litigation purposes, and to medical and other provider review boards. Additional disclosures may be made through the routine uses for information contained in the referenced systems of records.

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.

Profile Updates



Provider Profile Update

Providers can update their profile information in the WCMBP Provider Portal.

- Active Providers with expired licenses that are enrolled Conduent will receive an email and letter (based on email and address on file) informing them of their status and the steps necessary to update their profile.
- Login to the system to upload a copy of your license/certification that was issued from your issuing agency along with expiration date.
- If your license is not updated within 30 days of April 27, 2020, your access to the WCMBP system and enrollment status will be deactivated.

Access to WCMBP Provider Portal


1


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

Welcome to the WCMBP Provider Portal



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

Available Provider IDs: 



2

Select the *appropriate profile* “**Ext Provider File Maintenance**” from the drop-down menu.

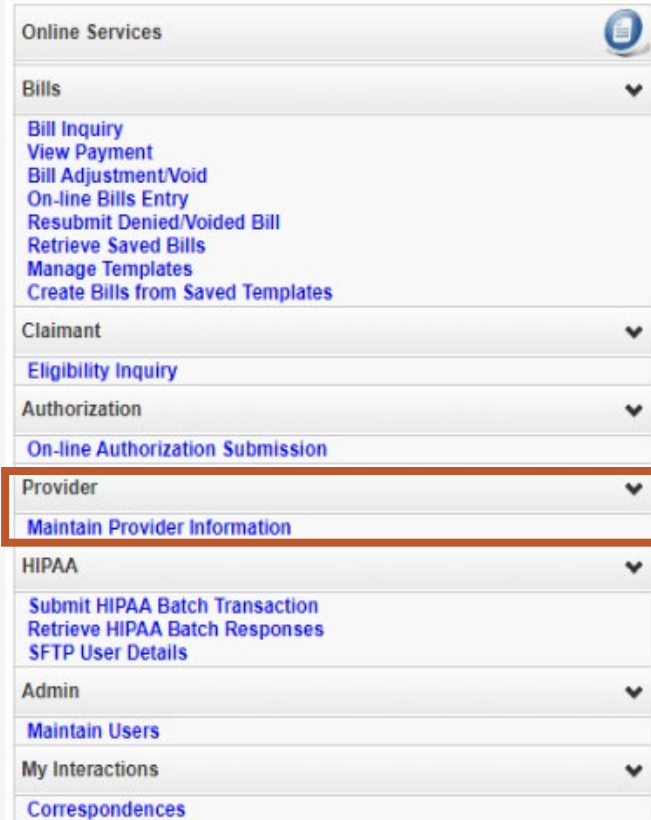
Select a profile to use during this session:

Profile: 



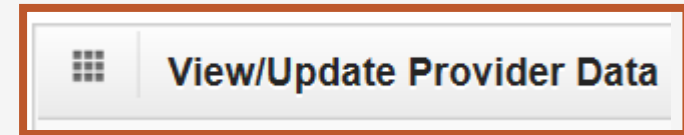
Note: Profiles are assigned to users by the System Administrator. The person who registers in the system first, will become the System Administrator.

Provider Profile Update via DDE



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.



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.

Provider Enrollment Timeframes

- Provider Enrollment forms can be faxed to 888.444.5335 and mailed to P.O. Box 34690 San Antonio, TX 78265.
- CNSI has **5 business days** to process provider enrollment forms. It does not matter if it is a new application, updated application, EFT Form and/or EDI enrollment form.

Note: When submitting applications vis 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. Your application will be in an **"Awaiting Attachments"** status. If it is not received, it will be Returned to Provider (RTP'd). If we receive your attachments, your application will be submitted for processing.

Provider Preparation



Provider Preparation Tips

- Update your provider profile with the most current contact and licensure information associated with the account
- Look out for 2 mailings from CNSI outlining registration information to system
- Ask Claimants for a copy of their new MBIC cards (DEEOIC & DCMWC) after April 27, 2020
- The new MBIC cards will have a Case Number listed on the front that is required for all submissions, replacing the use of the claimant's SSN
- Continue to check the web portal for updated FAQs and training materials
- Capture the new mailing addresses for bill submissions
- Attend webinars for additional information
- Check back on April 27, 2020 when the new system launches to access WCMBP web portal

Thank you!

Please continue to visit our Outreach web portal for updates, Frequently Asked Questions (FAQs) and webinar schedule.

The PowerPoint presented will be posted to the Outreach portal within 24 hours.

The Outreach portal at <https://prod.wcmbp.com/outreach/> will discontinue on April 24, 2020 and <https://owcpmed.dol.gov> will transition to the new WCMBP System on April 27, 2020.

CNSI looks forward to being the new medical bill processing agent for the OWCP programs and working with each of you!

CNSIOWCPOutreach@cns-inc.com