



# Updating Provider License in the Provider Portal

This is a guide for Providers that are registered on the portal, but their license has expired.

**Scenario:** Provider is registered on the portal but is terminated due to license expiration.

## Steps to Update Provider License

1. Select the **EXT Provider File Maintenance** profile from the **Profile** drop-down list.

2. Select **Go**.

The system opens the Provider Portal.

Welcome to the Workers' Compensation Medical Bill Process System

eCAMS™  
HCE  
Powered by CNSI

Select a profile to use during this session.

Profile: EXT Provider File Maintenance \* Go

3. Select the **Provider Re-Enrollment** link to navigate to the **View/Update Provider Data** screen.

Create Bills from Saved Templates

- Claimant
- Eligibility Inquiry
- Authorization
- On-line Authorization Submission
- Provider
- Provider Re-Enrollment**
- HIPAA
- Submit HIPAA Batch Transaction
- Retrieve HIPAA Batch Responses
- SFTP User Details
- Admin
- Maintain Users
- My Interactions
- Correspondences

**Note:** Upon first time accessing the Provider Portal as a Legacy Provider, each of the steps will show an **Incomplete** status. While information may not need to be updated in each step, each **Required** step must be completed, in order. Once completed, **OK** is selected to change the status from "Incomplete" to "Complete".

OWCP ID/NPI: 100177300 / Name: PROVIDER, TEST Enrollment Type: Individual

View/Update Provider Data - Individual

Business Process Wizard - Provider Data Modification (Individual). In order to finalize submission of your requested changes, you must complete the Step - Submit Maintenance Request for Review.

Step	Required	Last Modification Date	Last Review Date	Status	Modification Status	Step Remark
Step 1: Basic Information	Required			Incomplete		
Step 2: Location	Required			Incomplete		
Step 3: Taxonomies	Optional			Incomplete		
Step 4: Ownership Details	Optional			Incomplete		
Step 5: Professional Licenses and Certifications	Optional			Incomplete		
Step 6: Identifiers	Optional			Incomplete		
Step 7: EDI Submission Method	Optional			Incomplete		
Step 8: EDI Submitter Details	Optional			Incomplete		
Step 9: EDI Contact Information	Optional			Incomplete		
Step 10: Payment Details	Required			Incomplete		
Step 11: Complete Provider Disclosure	Required			Incomplete		
Step 12: View/Upload Attachments	Optional			Incomplete		
Step 13: Submit Maintenance Request for Review	Required			Incomplete		

View Page: 1 Go Page Count Save To CSV Viewing Page: 1





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## Steps to Update Provider License - Continued

4. Select the **Step 1: Basic Information** link.

<input type="checkbox"/>	Step	Required
<input type="checkbox"/>	<a href="#">Step 1: Basic Information</a> ← 4	Required
<input type="checkbox"/>	<a href="#">Step 2: Location</a>	Required
<input type="checkbox"/>	<a href="#">Step 3: Taxonomies</a>	Optional
<input type="checkbox"/>	<a href="#">Step 4: Ownership Details</a>	Optional

5. Review the information in this step and if everything looks fine, select **OK** to mark this step as "Complete".

**Provider Details**

Provider Type: 25-Physician (MD) & Physician (DC)\*

If you select "Other Provider" (96) or Non-Medical Vendor (53), please explain:

Program:  DFEC  DCMWC  DEEOIC  DLHWC

Provider Name(Organization Name): (as shown on Income Tax Return)

Organization Business Name: Federal Employer Identification Number(FEIN):

National Provider Identifier(NPI): Email Address:

Entity Type: C Corporation\*  If Other, please explain:

I do not wish to be included in an online searchable list of OWCP providers.

Reason:

Status: Approved

5 → OK Cancel

6. Select the **Step 2: Location** link.

<input type="checkbox"/>	Step	Required
<input type="checkbox"/>	<a href="#">Step 1: Basic Information</a>	Required
<input type="checkbox"/>	<a href="#">Step 2: Location</a> ← 6	Required
<input type="checkbox"/>	<a href="#">Step 3: Taxonomies</a>	Optional
<input type="checkbox"/>	<a href="#">Step 4: Ownership Details</a>	Optional





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## Steps to Update Provider License - Continued

7. Select the **Location Name** link to review the Physical and Mailing addresses.

<input type="checkbox"/>	Location Name	Location Details	Start Date	End Date	Status	Business Status
<input type="checkbox"/>	[Redacted]	[Redacted]	01/01/1964	12/31/2999	Approved	Active

8. In addition to reviewing the Physical and Mailing addresses, enter a **Contact Last Name, First Name, and Phone Number. This is required.**

Close Save

Business Name: [Redacted]

Contact Last Name: [Redacted] \* Contact First Name: [Redacted] \*

Phone Number: [Redacted] \* Fax Number: [Redacted]

Email Address: [Redacted]

9. If applicable, to change the mailing or physical address, select the **Address Type** link at the bottom of the **Location Details** page.

Address Type

Mailing

Physical

10. Select **+ Address** at the bottom of the **Location Address** screen.

[Redacted]

[Redacted] - [Redacted] + Address

11. Enter the new street address in the **Address Line 1** field (and second or third, if needed).

12. Enter the new zip code in the **Zip Code** field.

13. Select **Validate Address**.

**Note:** If the address is valid, the City/Town, State/Province, County, and Country fields will auto-populate.

14. After the system validates the address, select **OK**.

Address details

Address Line 1: [Redacted] \* (Enter Street Address or PO Box Only)

Address Line 3: [Redacted]

City/Town: [Redacted] \*

State/Province: [Redacted] \*

County: [Redacted] \*

Country: [Redacted] \*

Zip Code: [Redacted] \*

Validate Address

OK Cancel





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This is a guide for Providers that are registered on the portal, but their license has expired.

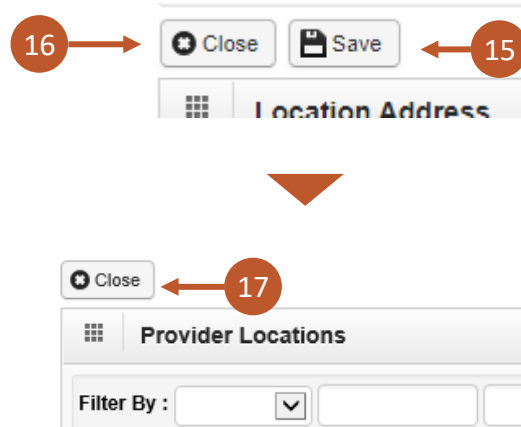
## Steps to Update Provider License - Continued

15. After reviewing and entering the required information, select **Save**.

16. After saving the update, select **Close**.

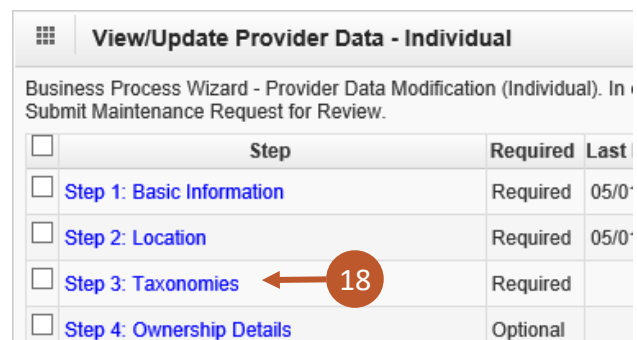
**Note:** On the **Provider Location List** page, if there is a data change in location, there will be two (2) records on the **Provider Location List** page (one [1] "Approved" and one [1] "In Review"). Once the updated location is approved, the previously added location will be replaced with the new one.

17. Select **Close** again on the **Provider Location List** page.



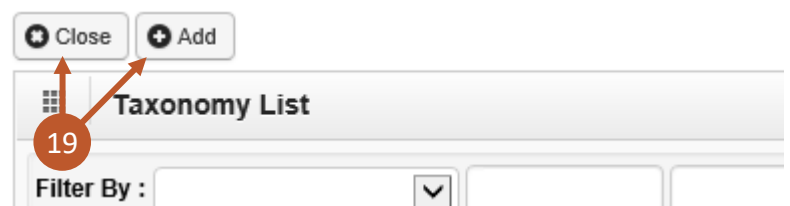
18. Select the **Step 3: Taxonomies** link.

**Note:** Depending on the enrolled Provider Type, this step may be required.



19. Review the Taxonomy information.

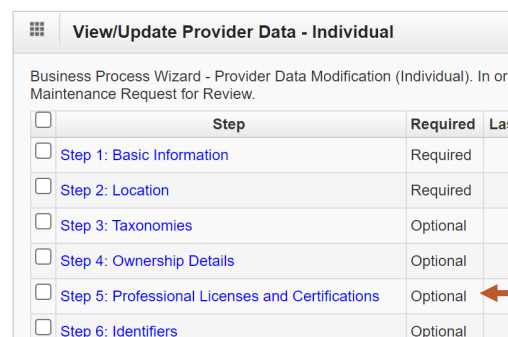
- To add more, select **Add**.
- To mark the step as complete, select **Close**.



20. Select the **Step 5: Add Professional or Business Licenses and Certifications based on Enrollment type** link.

### Notes:

- Depending on the enrolled Provider Type, this step may be required.
- During these instructions, we also skipped **Step 4: Ownership Details**, since this is an optional step for all Provider types.





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## Steps to Update Provider License - Continued

21. To update the license information, certification information, or both, select the **License** link or **Certification** link.

**This is required.**

**Note:** For new license numbers, be sure to select **Add** to add a new license.

License Category	License/Certification Number	License/Certification Type	Issued State	Initial Issue Date	Expiration Date	Status	Operational Status	Inactivation Date
<a href="#">License</a>				05/18/1984	05/12/2020	APPROVED	Active	
<a href="#">Certification</a>				07/31/2019	12/31/2999	APPROVED	Active	

22. Within this step, include the following:

- Name
- License or Certification Type
- Initial Issue Date
- Expiration Date
- Issued State
- Issuer Agency
- Web Link where the license or certification can be verified

23. After updating this information, select **Save**.

24. After saving the update, select **Close**.

**Manage Professional License/Certification**

Please provide all professional license/certification required by your State to perform the service under your Provider Type. WCP will verify all your professional license/certification with your State's license issuer agency before your enrollment can be approved. After your enrollment is approved, you are responsible to keep your professional license/certification information up to date.

- Expired license/certification will cause the termination of the provider status.
- If you have a renewed professional license/certification under a different number, please make sure to enter it using the exact same License/Certification Type.

Status: In Review

C-Certification  
 L-License  
 N-License or Certification not required

Name:

License or Certification Type:  License/Certification #:

Initial Issue Date:  Expiration Date:

Issued State:  Issuer Agency:

Web Link:

25. For multiple licenses or certifications listed on the **Licenses/Certification List** page, complete Steps 22-24 for each item listed in order to complete the update.

26. After making the update to all licenses and certifications, select **Close** on the **License/Certification List** page to return to the list of steps.

License Category	License/Certification Number	License/Certification Type	Issued State	Initial Issue Date	Expiration Date	Status	Operational Status	Inactivation Date
<a href="#">License</a>				05/18/1984	05/12/2020	APPROVED	Active	
<a href="#">Certification</a>				07/31/2019	12/31/2999	APPROVED	Active	





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## Steps to Update Provider License - Continued

27. For **Steps 6-10**, if required, ensure all required data is entered into the system and ensure it is accurate, similar to the process for the previous five (5) steps.

### Notes:

- Some of these remaining steps may require data to be included that will need to be added in order to complete the step.
- For **Step 10: Payment Details**, the Financial Institution Name, Nine-Digit Routing Transit Number, Depositor Account Number, Type of Account, title of the Financial Institution Representative, and Representative Phone Number **are required**.

<input type="checkbox"/>	<a href="#">Step 6: Identifiers</a>	Optional
<input type="checkbox"/>	<a href="#">Step 7: EDI Submission Method</a>	Optional
<input type="checkbox"/>	<a href="#">Step 8: EDI Submitter Details</a>	Optional
<input type="checkbox"/>	<a href="#">Step 9: EDI Contact Information</a>	Optional
<input type="checkbox"/>	<a href="#">Step 10: Payment Details</a>	Required

28. Select the **Step 11: Complete Provider Disclosure** link.

<input type="checkbox"/>	<a href="#">Step 9: EDI Contact Information</a>	Optional
<input type="checkbox"/>	<a href="#">Step 10: Payment Details</a>	Required
<input type="checkbox"/>	<a href="#">Step 11: Complete Provider Disclosure</a>	Required
<input type="checkbox"/>	<a href="#">Step 12: View/Upload Attachments</a>	Optional
<input type="checkbox"/>	<a href="#">Step 13: Submit Maintenance Request for Review</a>	Required

29. Answer the two (2) questions on the **Provider Disclosure** page.

30. Select **Save**.

31. Select **Close**.

The screenshot shows the 'Provider Disclosure' form. A red box highlights two questions with 'Not Completed' dropdown menus, labeled with a circled '29'. A red arrow points to the 'Save' button, labeled with a circled '30'. Another red arrow points to the 'Close' button, labeled with a circled '31'.

32. To upload any required attachments, select the **Step 12: View/Upload Attachments** link.

<input type="checkbox"/>	<a href="#">Step 9: EDI Contact Information</a>	Optional
<input type="checkbox"/>	<a href="#">Step 10: Payment Details</a>	Required
<input type="checkbox"/>	<a href="#">Step 11: Complete Provider Disclosure</a>	Required
<input type="checkbox"/>	<a href="#">Step 12: View/Upload Attachments</a>	Optional
<input type="checkbox"/>	<a href="#">Step 13: Submit Maintenance Request for Review</a>	Required



# Updating Provider License in the Provider Portal

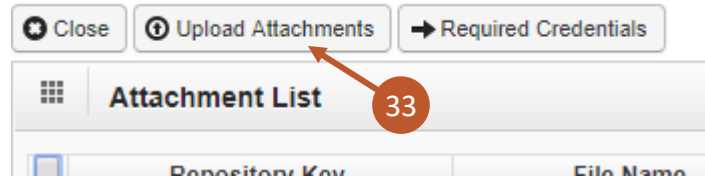
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## Steps to Update Provider License - Continued

### 33. Select **Upload Attachments**.

#### Notes:

- A copy of the Provider license and the ACH form need to be uploaded. A copy of the ACH form is located on the **Forms and References** page on the WCMBP Portal (Resources tab > Forms & References > Provider Enrollment section > EFT Form).
- When faxing these forms, be sure to include a cover sheet. The cover sheet can be accessed using a link within **Step 13: Submit Maintenance Request for Review**.



### 34. Select the **Step 13: Submit Maintenance Request for Review** link to submit the updates of your information for review. **This step is required.**

<input type="checkbox"/>	<a href="#">Step 9: EDI Contact Information</a>	Optional	
<input type="checkbox"/>	<a href="#">Step 10: Payment Details</a>	Required	
<input type="checkbox"/>	<a href="#">Step 11: Complete Provider Disclosure</a>	Required	
<input type="checkbox"/>	<a href="#">Step 12: View/Upload Attachments</a>	Optional	
<input type="checkbox"/>	<a href="#">Step 13: Submit Maintenance Request for Review</a>	Required	

### 35. On the **Final Modification Submission** page, carefully read the instructions, then select **Submit Modification**.

**Note:** Once submitted, further modifications cannot be made *until after* the modification submission has been reviewed by CNSI staff.

