

WCMBP System

How to Complete a Provider Enrollment Application Group Provider



Overview

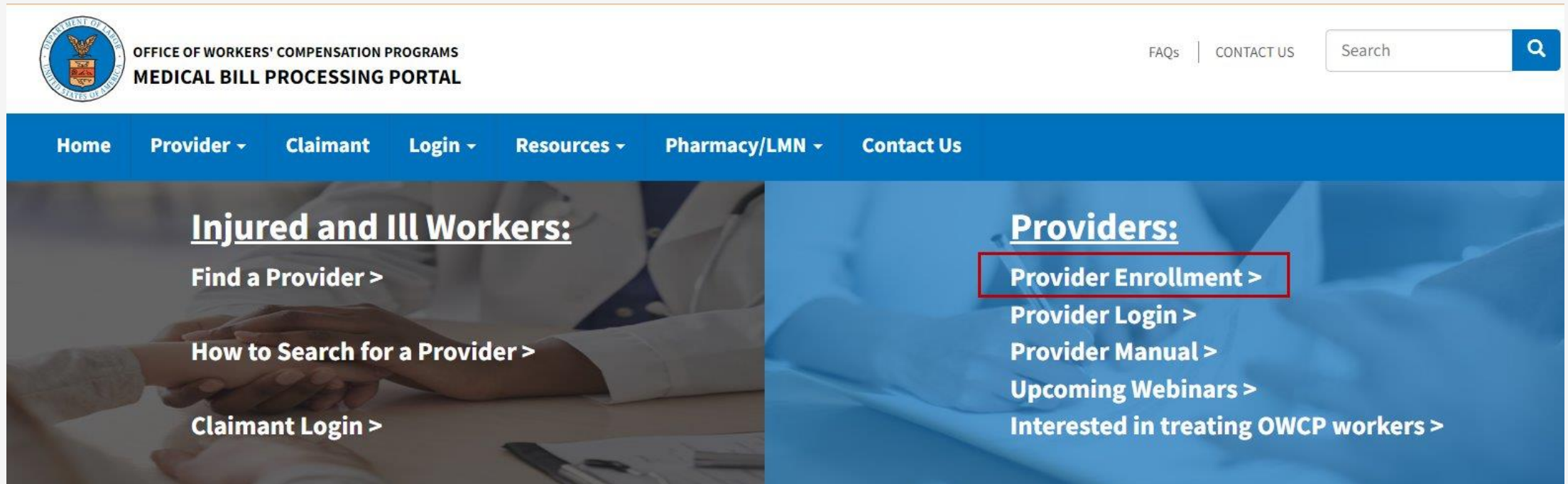
This PowerPoint provides instructions on how to complete an application for a group via the Workers' Compensation Medical Bill Process (WCMBP) Portal.



Accessing the WCMBP System

Go to the [WCMBP Portal homepage \(https://owcpmed.dol.gov/\)](https://owcpmed.dol.gov/).

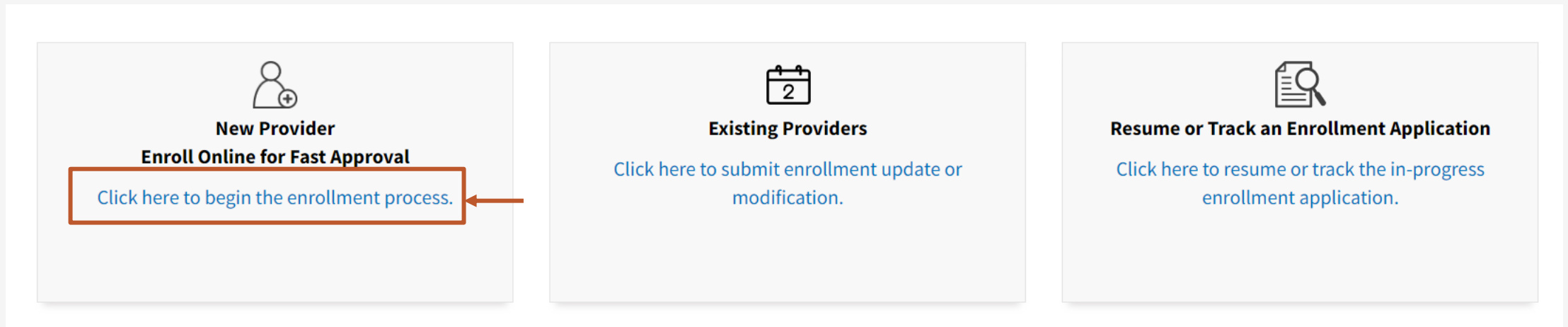
Select **Provider Enrollment**.



The screenshot shows the homepage of the Office of Workers' Compensation Programs Medical Bill Processing Portal. The header includes the Department of Labor logo, the text "OFFICE OF WORKERS' COMPENSATION PROGRAMS MEDICAL BILL PROCESSING PORTAL", and navigation links for "FAQs" and "CONTACT US". A search bar is located in the top right corner. The main navigation menu includes "Home", "Provider", "Claimant", "Login", "Resources", "Pharmacy/LMN", and "Contact Us". The main content area is divided into two sections: "Injured and Ill Workers:" and "Providers:". The "Injured and Ill Workers:" section contains links for "Find a Provider", "How to Search for a Provider", and "Claimant Login". The "Providers:" section contains links for "Provider Enrollment", "Provider Login", "Provider Manual", "Upcoming Webinars", and "Interested in treating OWCP workers". The "Provider Enrollment" link is highlighted with a red box.

Accessing the WCMBP System for New Providers

Select the **Click here to begin the enrollment process** hyperlink.



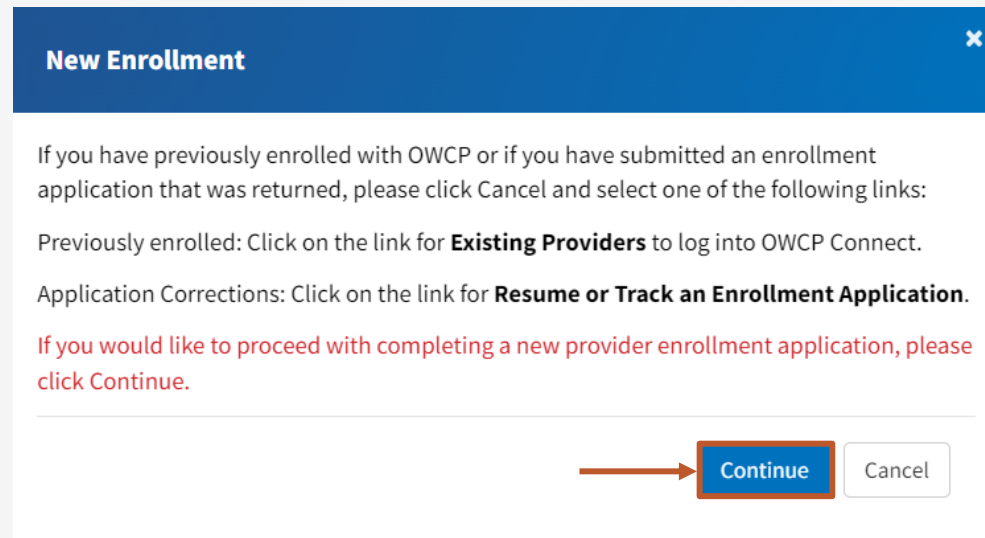
The screenshot displays three distinct panels for user interaction:

- New Provider**: Features a person icon with a plus sign. The text reads "New Provider" and "Enroll Online for Fast Approval". A red rectangular box highlights the blue hyperlink "Click here to begin the enrollment process.", with an orange arrow pointing to it from the right.
- Existing Providers**: Features a calendar icon with the number "2". The text reads "Existing Providers" and "Click here to submit enrollment update or modification.".
- Resume or Track an Enrollment Application**: Features a document icon with a magnifying glass. The text reads "Resume or Track an Enrollment Application" and "Click here to resume or track the in-progress enrollment application.".

Accessing the WCMBP System for New Providers, continued

After selecting “Click here to begin the enrollment process link”, a dialogue box confirms that you want to begin a new enrollment.

Select **Continue** to begin a new application.



Note: Providers who previously enrolled and need to update enrollment or track an existing application select **Cancel** and then choose the appropriate “Existing Users” or “Resume or Track Enrollment Application” link.

Completing an Enrollment Application

1. Select the Enrollment Type.
2. Select **Submit**.

Note: Enrollment Type Definitions are provided on the bottom half of the screen. Select the appropriate type for your practice, organization, or business.

The screenshot shows a web interface for selecting an enrollment type. At the top, there is a header "Enrollment Type" and a prompt "Please select the applicable Enrollment Type". Below this, there are four radio button options: "Individual", "Group Practice", "Billing Agent/Clearinghouse", and "Facility/Agency/Organization/Institution". The "Group Practice" option is selected and highlighted with a red box and a blue circle containing the number "1". Below the options, there are two buttons: "Close" and "Submit". The "Submit" button is highlighted with a red box and a blue circle containing the number "2". Below the selection area, there is a section titled "Enrollment Type Definition" which provides detailed information for each option. The "Individual" definition states that it is for any provider eligible to receive a Type I National Provider Identifier (NPI) through the National Plan and Provider Enumeration System (NPPES), or for individuals providing non-medical services. The "Group Practice" definition states that it is for one or more health care practitioners who practice at a common location and have formed an entity with a Type II NPI.

Enrollment Type

Please select the applicable Enrollment Type

*
 Individual
 Group Practice
 Billing Agent/Clearinghouse
 Facility/Agency/Organization/Institution

Close Submit

Enrollment Type Definition

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
- 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 (whether or not they share common facilities, common supporting staff, or common equipment) and have formed an entity at which they practice. These entities have a Type II National Provider Identifier (NPI) from the [National Plan and Provider Enumeration System \(NPPES\)](#).

Completing an Enrollment Application

1. Select a Provider Type from drop down menu.
2. Check a Program(s) to enroll in.
3. Select the Tax Identifier Type (FEIN or SSN).
If FEIN is selected in Step 3, enter the Organization Name (Legal Business Name), the Organization Business Name (Doing Business As), and Federal Employer Identification Number (FEIN).
If SSN was selected in step 3, enter Last Name, First Name, Middle Name (if applicable), and Social Security Number (SSN).
Note: The system will validate that the Name/ Tax Identification Number combination matches IRS records.
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. Select **Finish**.

The screenshot shows the 'Basic Information' form with the following fields and callouts:

- 1:** Points to the 'Provider Type' dropdown menu.
- 2:** Points to the 'Program' section with checkboxes for DFEC, DCMWC, DEEOIC, and DLHWC.
- 3:** Points to the 'Tax Identifier Type' radio buttons for FEIN and SSN.
- 4:** A red box highlights the fields for Organization Name (Legal Business Name), Organization Business Name (Doing Business As), FEIN, Last Name, Middle Name, First Name, and SSN.
- 5:** Points to the 'National Provider Identifier' (NPI) field.
- 6:** Points to the checkbox 'I do not wish to be included in an online searchable list of OWCP providers' and the 'Reason' field below it.
- 7:** Points to the 'Finish' and 'Cancel' buttons at the bottom right.

Completing an Enrollment Application

Write down your application number for your records and select **Ok**.

The application number will also be emailed to you.

Application Number : 202 Name: test Enrollment Type: Group Practice

Basic Information

You have successfully completed the basic information on the Enrollment Application. This is your Application #: 202
Please make note of this application number. This is the number you will be required to use to track the status of your enrollment application. Do not lose this number once you log off.

Completing an Enrollment Application

Complete each step

Start/End Date

Optional vs Required

Complete vs Incomplete Status

Application Number: [Close] [Required Credentials] [Purge] Name: Registration Enrollment Type: Group Practice

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	06/15/2023	06/15/2023	Complete	
Step 2: Add Location	Required	06/15/2023	06/15/2023	Complete	
Step 3: Add Taxonomies	Required	06/15/2023	06/15/2023	Complete	
Step 4: Add Ownership Details	Optional			Incomplete	
Step 5: Add Business Licenses and Certifications	Optional	06/15/2023	06/15/2023	Complete	
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	06/15/2023	06/15/2023	Complete	
Step 11: Add Payment Details	Required	06/15/2023	06/15/2023	Complete	
Step 12: Complete Provider Disclosure	Required	06/15/2023	06/15/2023	Complete	
Step 13: View/Upload Attachments	Optional			Incomplete	
Step 14: Submit Enrollment Application for Review	Required	06/15/2023		Incomplete	Enrollment Application has not been Submitted.

View Page: 1 [Go] [Page Count] [Save To CSV] Viewing Page: 1 [First] [Prev] [Next] [Last]

Step 1 is completed. Based on the information provided in step 1, the enrollment steps display.

Note: If you selected the incorrect enrollment type or provider type, use the **Purge** button to delete all information and restart the enrollment application.

Completing an Enrollment Application

Before completing the next steps, select **Required Credentials**. A separate window displays the credentials that are required for your provider type.

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

1. Exit out of this window to move on to the next step, "Add Location."

The screenshot shows a web interface for managing provider enrollment. At the top, there are three buttons: 'Close', 'Required Credentials' (highlighted with a red border), and 'Purge'. Below this is a header for 'Enroll Provider -Group Practice'. The main content area is titled 'Required Credentials For Provider Type' and contains a table with the following data:

Provider Type ▲▼	Step ▲▼	Data Element ▲▼	Credentialing Note ▲▼
71-Physical Therapist	Step 01: Provider Basic Information	NPI	REQUIRED
71-Physical Therapist	Step 03: Add Taxonomies	TAXONOMIES	REQUIRED
71-Physical Therapist	Step 13: View/Upload Attachments	ACH FORM	REQUIRED
71-Physical Therapist	Step 13: View/Upload Attachments	PROVIDER ENROLLMENT FORM SIGNATURE PAGE	REQUIRED

At the bottom of the window, there are navigation controls: 'View Page: 1', 'Go', '+ Page Count', 'Viewing Page: 1', 'SaveToCSV', and navigation buttons for 'First', 'Prev', 'Next', and 'Last'.

Step 2: Add Location

Close Add

Locations List

Add Provider Location

Business Name: *

Contact Last Name: *

Contact First Name: *

Phone Number: *

Fax Number:

Email Address:


I wish to opt-in for paperless correspondence.
By selecting this option, correspondence will only be available via Medical Bill Processing Portal and will not be mailed, except for IRS letters and provider enrollment status correspondence.
Note: OWCP is not responsible for undelivered correspondence notification emails due to invalid or outdated email address.

Next Cancel


1. Select **Add**.
2. Enter the Location **Business Name**.
3. Enter the **Contact Last Name** and **Contact First Name**.
4. Enter the Contact's **Phone Number** (do not add dashes or spaces).
5. If applicable, to opt-in for paperless correspondence, select the checkbox.
6. Enter the Contact **Email Address**.
Note: When the checkbox is selected, the Email Address field becomes mandatory
7. Select **Next**.
Note: The **Fax Number** field is optional.

Step 2: Add Location

1. You must add your physical address, select **+Address**.

Type of Address: 

Address Input Option: Manually Input



End Date: 

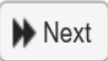
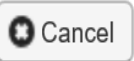
Address Line 1: * Address Line 2:

Address Line 3:

City/Town: *

State/Province: * County: *

Country: * Zip Code: - **+ Address**  

Step 2: Add Physical Location

The screenshot shows a form for adding a physical location. It includes the following fields and controls:

- Address Line 1:** A text input field with a blue border and a cursor. A callout '1' points to it.
- Address Line 2:** A text input field.
- Address Line 3:** A text input field.
- City/Town:** A dropdown menu with a callout '2' pointing to the Zip Code field below it.
- State/Province:** A dropdown menu.
- County:** A dropdown menu.
- Country:** A dropdown menu.
- Zip Code:** Two input fields separated by a hyphen, with a callout '2' pointing to the first field.
- Validate Address:** A button with a plus icon and the text 'Validate Address', with a callout '3' pointing to it.
- OK/Cancel:** Two buttons at the bottom right, with a callout '4' pointing to the 'OK' button.

The screenshot shows a dialog box with the following content:

- A text input field containing 'ontgomery'.
- Two input fields for zip code: '0850' and '3224', separated by a hyphen.
- An 'Address' button with a plus icon.
- At the bottom, a 'Next' button with a right-pointing arrow and a 'Cancel' button with a plus icon. A callout '5' points to the 'Next' button.

1. Enter the Physical Address Street Number and Street Name.
2. Enter the Zip Code.
3. Select **Validate Address**. (Complete address will auto populated after validation)

Possible Validation Results

- Address not found with Street Address and Zip Code Combination
- Address validation successful

4. Select **OK**.
5. When you return to the Location Address page, select the **Next** button.

Note: If you receive the "Address not found" validation result, ensure that you entered the correct address. If so, there are no additional actions that you need to complete.

Step 2: Add Mailing Location

Type of Address: Mailing

Address Input Option: Manually Input Same as Physical Address

End Date: 12/31/2999

Address Line 1: * Address Line 2:

Address Line 3:

City/Town: *

State/Province: * County: *

Country: * Zip Code: -

1. If mailing address is the same as the physical address, check the bubble that states "Same as Physical Address".

OR

2. Select **+Address** to Enter Mailing Address Street Number and Street Name if the address is different.

3. Select **OK**.

Step 2: Add Mailing Location

The screenshot shows a web interface for managing mailing locations. At the top left, there are two buttons: 'Close' (with a red square highlight) and 'Add'. Below them is a header for 'Locations List'. The main area contains a table with two columns: 'Business Name' and 'Location Details'. The 'Business Name' column has a dropdown arrow and contains the text 'Angel PA'. The 'Location Details' column has a dropdown arrow and contains the number '1447'. A red arrow labeled '2' points from the 'Close' button to the 'Locations List' header. Another red arrow labeled '1' points from the 'Location Details' column to the 'Close' button.

Business Name ▲▼	Location Details ▲▼
Angel PA	1447

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

Step 3: Add Taxonomies

1. Select **Add**.
2. Use the dropdown menu to View and select your 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. Select **OK**.
6. Select **Close** to move on to the next step, "Add Ownership Details."

The screenshot shows a 'Taxonomy List' dialog box with the following components and callouts:

- 1:** Points to the **Add** button in the top right corner.
- 2:** Points to the **Taxonomy Code Type** dropdown menu.
- 3:** Points to the **Specialty** dropdown menu.
- 4:** Points to the **Available Taxonomy Codes** list.
- 5:** Points to the **OK** button in the bottom right corner.
- 6:** Points to the **Close** button in the top left corner.

The dialog box contains the following sections:

- Taxonomy List** (Title bar)
- Select Taxonomy Code Type/Specialty** (Section header)
- Taxonomy Code Type:** [Dropdown menu]
- Specialty:** [Dropdown menu]
- Add Taxonomy Code** (Section header)
- Available Taxonomy Codes** (List box)
- Associated Taxonomy Codes *** (List box)
- Navigation buttons: **>>** and **<<**
- Buttons: **OK** and **Cancel**

Note: Taxonomy codes refer to the Healthcare Provider Taxonomy Code Set, which categorize the type, classification, and/or specialization of health care providers.

Step 4: Add Ownership Details

This step is optional. If completed, you must complete required fields and select **OK**.

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

Note: If the ownership information is the same name, FEIN and address as previously entered, select **Copy Name and Tax**. The information will auto populate.

The screenshot shows the 'Add Ownership' form with the following fields and callouts:

- 1**: Points to the 'Disclosure Type' dropdown menu, which is currently set to 'Individual Ownership'.
- 2**: Points to the 'SSN/FEIN' text input field.
- 3**: Points to the 'Organization Name' and 'Last Name' text input fields.
- 4**: Points to the 'Address' section, which includes 'Address Line 1', 'Address Line 2', 'Address Line 3', 'City/Town', 'State/Province', 'County', 'Country', and 'Zip Code' fields. A '+Address' button is located next to the 'Zip Code' field.
- 5**: Points to the 'OK' button at the bottom right of the form.

At the bottom of the form, there are three buttons: 'Copy Name and Tax', 'OK', and 'Cancel'. The 'OK' button is highlighted with a red box.

Step 4: Add Ownership Details

The screenshot shows a web application interface for managing ownership details. At the top left, a blue circle with the number '2' has an arrow pointing to a 'Close' button. The main area is titled 'Ownership List' and contains a table with the following data:

	Owner ID ▲▼	Owner Name ▲▼	Ownership Type ▲▼
<input type="checkbox"/>	48-6434834	test	Organization

At the bottom right, a blue circle with the number '1' has an arrow pointing to the 'Organization' cell in the table. The interface also includes a filter bar at the top with 'Filter By :', 'Go', 'Clear Filter', 'Save Filter', and 'My Filters' buttons. At the bottom, there are buttons for 'Delete', 'View Page: 1', 'Go', 'Page Count', 'SaveToCSV', 'Viewing Page: 1', and navigation buttons for 'First', 'Prev', 'Next', and 'Last'.

1. The system displays the Ownership List, which was entered.
2. Select **Close** to move on to the next step, "Add Business Licenses and Certification."

Step 5: Add Business License/Certification

1. Select **Add** to enter License and 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. In the **Name** field, enter the recipient's name.
4. In the **License/Certification Type** field, enter the license or certification type.
5. In the **License/Certification #** field, enter the license or certificate number.

The screenshot shows a software interface for adding business license/certification information. At the top, there are 'Close' and 'Add' buttons, with a blue circle '1' and an arrow pointing to the 'Add' button. Below this is a 'License/Certification List' section. The main form is titled 'Add Business License/Certification' and contains the following elements:

- Instructions: "Please provide all business license/certification required by your State to perform the service under your Group Practice Enrollment Type." and "Servicing provider and professional licensure information will be required on Step 10 of this application or modification."
- Radio buttons for selection: "C-Certification" (selected), "L-License", and "N-License or Certification not required". A blue circle '2' and an arrow point to these options.
- Text input field for "Name:" with an asterisk. A blue circle '3' and an arrow point to this field.
- Text input field for "License/Certification Type:" with an asterisk. A blue circle '4' and an arrow point to this field.
- Text input field for "Licence/Certification #:" with an asterisk. A blue circle '5' and an arrow point to this field.
- Date pickers for "Initial Issue Date:" and "Expiration Date:", both with asterisks.
- Dropdown menu for "Issued State:" with an asterisk.
- Text input field for "Issuer Agency:" with an asterisk.
- Text input field for "Web Link:" with an asterisk.
- Buttons for "OK" and "Cancel" at the bottom right.

Step 5: Add Business License/Certification, Continued

6. In the **Initial Issue Date** and the **Expiration Date** fields, enter or select the initial issue date and expiration date.
7. Within the **Issued State** drop-down list, select the state where the license or certification was issued. (**Must match the state of physical address**)
8. In the **Issuer Agency** field, enter the issuing agency.
9. In the **Web Link** field, enter the web link to the issuing agency.
10. Select **OK**.

Add Business License/Certification

- Please provide all business license/certification required by your State to perform the service under your Group Practice Enrollment Type.
- Servicing provider and professional licensure information will be required on Step 10 of this application or modification.

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

Name: *

License/Certification Type: * Licence/Certification #: *

Initial Issue Date: * ← **6** → Expiration Date: *

7 → Issued State: * Issuer Agency: * ← **8**

9 → Web Link: *

10 →

Step 5: Add License/Certification, Continued

1. The system displays the License or Certification List, which confirms your license/certification information entered.
2. Select **Close** to move on to the next step "Add Identifiers".

The screenshot shows a web interface for managing licenses and certifications. At the top, there are 'Close' and 'Add' buttons. Below them is a 'License/Certification List' header. A 'Filter By' section contains three input fields and a 'Go' button, along with 'Clear Filter', 'Save Filter', and 'My Filters' options. The main table has columns for License Category, License/Certification Number, License/Certification Type, Issued State, Initial Issue Date, and Expiration Date. A single row is visible with a checkbox, the text 'License', and some blurred data. At the bottom, there are 'Delete', 'View Page: 1', 'Go', '+ Page Count', 'SaveToCSV', 'Viewing Page: 1', and navigation buttons for 'First', 'Prev', 'Next', and 'Last'. Two red circles with arrows point to the 'Close' button (labeled '2') and the checkbox in the first row (labeled '1').

<input type="checkbox"/>	License Category ▲▼	License/Certification Number ▲▼	License/Certification Type ▲▼	Issued State ▲▼	Initial Issue Date ▲▼	Expiration Date ▲▼
<input type="checkbox"/>	License	[blurred]	[blurred]	[blurred]	03/01/2020	03/06/2020

Step 6: Add Identifiers (Optional)

The screenshot shows the 'Add New Identifier' dialog box. At the top, there are buttons for 'Close', 'Add', and 'Required Credentials'. Below these is a 'Provider Identifiers' section. The main area is titled 'Add New Identifier' and contains the following fields:

- Identifier Type:** A dropdown menu currently showing 'Drug Enforcement Agency (DEA) N'. A callout box lists the available options: Drug Enforcement Agency (DEA) Number, NPI, Other Provider ID, Previous Provider ID, Provider Medicare Number, and United Mine Workers' of America (UMWA) Number.
- Identifier Value:** A text input field.
- Start Date:** A date picker field.
- End Date:** A date picker field.
- Buttons:** 'OK' and 'Cancel' buttons at the bottom right.

Numbered callouts (1-5) indicate the sequence of steps: 1. Click 'Add'. 2. Select an identifier type from the dropdown. 3. Enter the identifier value. 4. Enter or select start and end dates. 5. Click 'OK'.

1. Select **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, Continued

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

The screenshot shows a web interface for managing Provider Identifiers. At the top, there are buttons for 'Close', 'Add', and 'Required Credentials'. Below this is a section titled 'Provider Identifiers' with a filter bar containing 'Filter By', 'Go', 'Clear Filter', 'Save Filter', and 'My Filters'. A table with the following columns is displayed: 'Identifier Type', 'Identifier Value', 'Start Date', and 'End Date'. The table contains one row with the value 'NPI' in the Identifier Type column and '03/07/2020' in both the Start Date and End Date columns. At the bottom, there are navigation controls including 'Delete', 'View Page: 1', 'Go', 'Page Count', 'SaveToCSV', and 'Viewing Page: 1'.

<input type="checkbox"/>	Identifier Type ▲▼	Identifier Value ▲▼	Start Date ▲▼	End Date ▲▼
<input type="checkbox"/>	NPI		03/07/2020	03/07/2020

Step 7: Add EDI Submission Method (Optional)

1. Select your "Mode of Submission."
2. Select **OK**.

Note: Electronic Data Interchange (EDI) is the computer-to-computer exchange of business documents in a standard electronic format between business partners. If the Mode of Submission is Billing Agent/Clearinghouse, you must provide the billing agent/clearinghouse OWCP ID in Step 8.

EDI Submission Details

1 → **Mode of Submission:** Billing Agent/Clearinghouse Web Interactive FTP Secured Batch Web Batch None

Method	When to Use
Billing Agent/Clearinghouse	For providers who use a 3rd party to bill
Web Interactive	For entering (keying) bills directly in the System
FTP Batch	For submitting files via an SFTP site
Web Batch	For upload/download of files in the System
None	For submission through paper form ONLY.

- Web Batch method is often used by providers who submit their own HIPAA batch transactions. It allows a maximum file size of 50 MB.
- Your EDI submission method is FTP Secured Batch if you submit and retrieve batches at a secure web folder assigned to you by OWCP. This method was designed with clearinghouses and billing agents in mind. It allows a maximum file size of 100 MB.
- Don't select "None" if other submission method is selected. You can always submit paper form in addition to EDI Submission.

2 ↓

Step 8: Add EDI Submitter Details (Optional)

Note: Step 8 is required if the EDI Submission Method is Billing Agent/Clearinghouse in Step 7.

1. Select the **Add** button on the Billing Agent/Clearinghouse/Submitter List page.
2. Enter the "Billing Agent/Clearinghouse OWCP ID."
3. Enter the date(s).
4. Select **OK**.

Close Add

Billing Agent/Clearinghouse/Submitter List

Filter By : [dropdown] [input] [input]

Associate Billing Agent/Clearinghouse

- Your Billing Agent/Clearinghouse must be enrolled with OWCP first.
- Please obtain the Billing Agent/Clearinghouse's OWCP ID to complete this section.
- If they are not yet enrolled, you can still complete your enrollment by temporarily choosing not to use Billing Agent/Clearinghouse.
- You can add them later after they are enrolled with OWCP.

Billing Agent/Clearinghouse OWCP ID: [input] *

Start Date: [calendar icon] *

End Date: [calendar icon]

OK Cancel

Step 8: Add EDI Submitter Details (Optional)

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

The screenshot shows a web application interface for managing Billing Agent/Clearinghouse/Submitter information. At the top, there are 'Close' and 'Add' buttons. Below is a table with the following columns: OWCP ID, Billing Agent/Clearinghouse, Start Date, and End Date. The first row of the table contains the following data: OWCP ID (empty), Billing Agent/Clearinghouse (ABC Billing), Start Date (02/23/2020), and End Date (12/31/2999). At the bottom, there are navigation controls including 'Delete', 'View Page: 1', 'Go', 'Page Count', 'SaveToCSV', and 'Viewing Page: 1'.

OWCP ID	Billing Agent/Clearinghouse	Start Date	End Date
	ABC Billing	02/23/2020	12/31/2999

Step 9: Add EDI Contact Information (Optional)

Close Add

EDI Contact Information List

Filter By :

Note: This step is required if FTP Secured Batch or Web Batch was selected in Step 7. 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.

Add EDI Contact Information

Contact Title: *

Last Name: *

Phone Number: *

Email Address:

Address Line 1: *

Address Line 2:

Address Line 3:

City/Town: *

State/Province: *

County: *

Country: *

Country: *

Zip Code: - Address *

OK Cancel

1. Select the **Add** button on the EDI Contact Information List page.
2. Enter the Title of the contact person to answer EDI questions if needed.
3. Enter contact person's First and Last Name.
4. Enter 10-digit phone number.
5. Select **+Address**.

Step 9: Add EDI Contact Information (Optional)

Note: This step is required if FTP Secured Batch or Web Batch was selected in Step 7.

1. Enter Street Number and Name in Address Line 1.
2. Enter Zip Code.
3. Select **Validate Address**.
4. Select **OK**.

The screenshot shows a form titled "Address details" with the following fields and controls:

- Address Line 1:** A text input field with an asterisk (*). An arrow labeled "1" points to this field.
- Address Line 2:** A text input field.
- Address Line 3:** A text input field.
- City/Town:** A dropdown menu with an asterisk (*).
- State/Province:** A dropdown menu with an asterisk (*).
- County:** A dropdown menu with an asterisk (*).
- Country:** A dropdown menu with an asterisk (*).
- Zip Code:** Two text input fields separated by a hyphen (-). An arrow labeled "2" points to the first input field.
- Validate Address:** A button with a plus sign icon and the text "Validate Address". An arrow labeled "3" points to this button.
- OK/Cancel:** Two buttons at the bottom right. An arrow labeled "4" points to the "OK" button.

Step 9: Add EDI Contact Information (Optional)

2

Close Add

EDI Contact Information List

Filter By : Go Clear Filter Save Filter My Filters

<input type="checkbox"/>	Contact Title ▲▼	Contact Name ▲▼	Contact Phone Number ▲▼	Contact Email ▲▼	End Date ▲▼
<input type="checkbox"/>					12/31/2999

Delete View Page: 1 Go Page Count SaveToCSV Viewing Page: 1 << First < Prev > Next >> Last

1

1. The system displays the EDI Contact Information List, which confirms contact information entered.
2. Select **Close** to move on to the next step, "Add Servicing Providers."

Step 10: Add Servicing Providers

Note: There is no limit to how many servicing providers can be added to your practice.

1. Select **Add**.
2. Select the "Tax Identifier Type" SSN.
3. Enter the individual servicing provider's 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. Select **OK**.

The screenshot shows the 'Associate Servicing Provider' form with the following fields and callouts:

- 1:** Points to the 'Add' button at the top left.
- 2:** Points to the 'Tax Identifier Type' radio buttons, with 'SSN' selected.
- 3:** Points to the 'Last Name' and 'First Name' input fields.
- 4:** Points to the 'Provider Type' dropdown menu.
- 5:** Points to the 'National Provider Identifier (NPI)' input field.
- 6:** Points to the 'Taxonomy' input field.
- 7:** Points to the 'License/Certification' table.
- 8:** Points to the 'OK' button at the bottom right.

License/Certification Category	License/Certification Type	License/Certification Number	Issued State	Initial Issue Date	Expiration Date
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Step 10: Add Servicing Providers

2 →

Servicing Providers

Filter By :

If the group or facility has more than 9 servicing providers, the group/facility itself is responsible for validating its providers' individual licenses.

<input type="checkbox"/>	SSN/FEIN ▲▼	Provider Name ▲▼	NPI ▲▼	Provider Type ▲▼
<input type="checkbox"/>	[REDACTED]	[REDACTED]	[REDACTED]	25 - Physician (MD) & Physician (DO)

View Page: Viewing Page: 1

1 →

1. The system displays the Servicing Providers Information, which confirms the servicing providers information entered.
2. Select **Close** to move on to the next step, "Add Payment Details."

Step 11: Add Payment Details

Close Add **1**

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. The ACH form can be found on the WCMBP Portal Forms and References page: <https://owcpmed.dol.gov/portal/resources/forms-and-references/general>.

Payment Details

Payment Method: Electronic Funds Transfer(Direct Deposit)

Financial Institution Information

Financial Institution Name: **2**

Nine-Digit Routing Transit Number: **3**

ACH Coordinator Name: Phone Number:

Depositor Account Number: **4**

Type of Account: **5**

Depositor Account Title: **6**

Address Line 1
(Enter Street Address or PO Box Only)

Address Line 2

Address Line 3

City/Town

State/Province

County

Country

Zip Code

Signed by Representative:

The ACH form has to be signed by a Financial Institution Representative.
Please upload the copy of the signed form in "View/Upload Attachments" step or mail it in to complete your enrollment.

Title of Representative:

Representative Phone Number:

1. Select **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, continued

Payment Details

Payment Method: Electronic Funds Transfer(Direct Deposit)

Financial Institution Information

Financial Institution Name: **7**

ACH Coordinator Name:

Depositor Account Number:

Type of Account:

Address Line 1
(Enter Street Address or PO Box Only)

Address Line 3

State/Province

Country

Nine-Digit Routing Transit Number:

Phone Number:

Depositor Account Title:

Address Line 2

City/Town **7**

County

Zip Code - **7**

8 Signed by Representative:

9 Title of Representative:

Representative Phone Number: **10**

11

The ACH form has to be signed by a Financial Institution Representative.
Please upload the copy of the signed form in "View/Upload Attachments" step or mail it in to complete your enrollment.

7. Select **+Address** to enter address.
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. Select **OK**.

Step 11: Add Payment Details, continued

2 →

1 →

EDI Contact Information List

Filter By :

<input type="checkbox"/>	Contact Title ▲▼	Contact Name ▲▼	Contact Phone Number ▲▼	Contact Email ▲▼	End Date ▲▼
<input type="checkbox"/>	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	12/31/2999

View Page: Viewing Page: 1

1. The system displays the Payment Details List, which confirms payment information was entered.
2. Select **Close** to move on to the next step 12, "Complete Provider Disclosure."

Step 12: Complete Provider Disclosure

1. Answer the 2 disclosure questions below:

Note: Provider Disclosure page asks questions of the provider to confirm additional background information. If you answer Yes to the first Disclosure question, 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. Select **Save** and then select **Close** to move on to the next step, "View/Upload Attachments."

Close Save

Provider Disclosure

If you answer Yes to the first Disclosure question, provide details including type of action, Agency undertaking adverse action and date of action.

Question	Answer	Comments
Within ten years of the date of this statement have you or any individual listed on this application had an action related to fraud or abuse in a government program taken against him or her resulting in (1) a felony or misdemeanor conviction; (2) a liability finding in civil proceedings; or (3) a settlement entered into in lieu of conviction?	Not Completed	
(Required for FECA providers) For Provider Type "Medical Supplies/Durable Medical Equipment (DME) / Prosthetics / Orthotics" (75) only: Are you an accredited DMEPOS supplier enrolled with Medicare? If Yes; provide the phone number that you used in your Medicare DMEPOS enrollment.	No Not Completed Yes	

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Step 13: View/Upload Attachments (Optional)

Note: In this Step, you are able to upload required attachments and submit this application electronically (via Direct Data Entry or DDE). If attachments are not uploaded at the time of submission, you have the option to mail or fax required attachments with a provider enrollment cover sheet. The application will stay in an "Awaiting Attachments Status" for 9 days. If the attachments and cover sheet are not received within this timeframe, your application will be Returned to Provider (RTPed). Please select Required Credentials to check what attachments are required for Provider Type.

1. Select **Upload Attachments**.
2. Select the document type from the Document Type drop-down menu.
3. Select the **Choose File** button. (The system displays the Open window.)
4. Locate and select the file from your local drive that you need to upload and select the "Open" button. (The system updates the File Name field.)
5. Select **Ok**.

The screenshot illustrates the attachment upload process in a web application. It features several key elements:

- Attachment List:** A header section with buttons for "Close", "Upload Attachments" (highlighted with a red box and callout 1), and "Required Credentials".
- Attachment Form:** A section titled "Attachment" with the instruction "Please select the file to be uploaded". It includes a "Document Type" dropdown menu (callout 2) and a "File Name" field with a "Choose File" button (callout 3) and a "No file chosen" status.
- Open File Dialog:** A standard Windows "Open" dialog box (callout 4) is shown, displaying the file explorer interface with the "Documents" folder selected. The "Open" button is highlighted with a red box and callout 4.
- Confirmation:** At the bottom right, an "Ok" button (callout 5) is highlighted with a red box, indicating the final step to confirm the upload.

Below the form, the following text is displayed:

The acceptable file extensions for the upload are .doc, .docx, .gif, .gzip, .htm, .html, .jpeg, .jpg, .ppt, .rtf, .tif, .tiff, .tst, .txt, .xls, .bmp, .pdf, .xlsx, .zip
Filename cannot be longer than 50 characters
If you are unable to upload attachment(s) here, you can choose to mail or fax the copy following the instruction on the Submit Enrollment Application for Review step.

Step 13: View/Upload Attachments (Optional)

1. The system displays the Attachment List, which confirms an attachment uploaded.
2. Select **Close** to move on to the next step 14, "Submit Enrollment Application for Review."

The screenshot shows a web interface for managing attachments. At the top, there are three buttons: 'Close' (highlighted with a dashed border and callout 2), 'Upload Attachments', and 'Required Credentials'. Below this is the 'Attachment List' section, which contains a table with the following data:

<input type="checkbox"/>	Repository Key	File Name	Document Type	Uploaded Date
<input type="checkbox"/>	[Redacted]	Provider Enrollment Application.pdf	ACH Form	03/08/2020 12:50:43 AM

Below the table, there is a control bar with a 'Delete' button (callout 1), 'View Page: 1', 'Go', '+ Page Count', 'SaveToCSV', and 'Viewing Page: 1'. On the right side of the control bar, there are navigation buttons: '<< First', '< Prev', '> Next', and '>> Last'.

Step 14: Submit Enrollment Application for Review

1. Enter your first and last name in the **First Name** and **Last Name** fields.
2. (Optional) Enter the title of the signer in the **Title** field.

Note: Signature Date is a non-editable date field that shows the current date and cannot be changed.

3. Select **Submit Enrollment**.

The screenshot shows a web form titled "Final Submission". At the top, there are two buttons: "Close" and "Submit Enrollment". A red box highlights the "Submit Enrollment" button, with a blue circle containing the number "3" and an arrow pointing to it. Below the buttons, there is a section titled "Confirm and Sign:" with a paragraph of text. A red box highlights the "First Name" and "Last Name" input fields, with a blue circle containing the number "1" and an arrow pointing to the "First Name" field. Below these fields is a "Title" input field, with a blue circle containing the number "2" and an arrow pointing to it. To the right of the "First Name" and "Last Name" fields is a "Signature Date" field, which is pre-filled with "10/31/2023". At the bottom of the form, there is a "Privacy Act Statement" section with a paragraph of text.

Submitting an Enrollment Application

Once the enrollment application is completed, the provider can submit attachments that were not uploaded using one of the following options to:

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

Via Fax 888.444.5335

Via DDE owcpmed.dol.gov

Note: If all steps are completed and attachments are uploaded via DDE, allow 7 business days for processing.

- If application is submitted with an “awaiting attachments” status, you have 9 days to fax or mail the attachments.
- If attachments are received within that timeframe, allow 7 business days for processing from the date on which the attachments were received.
- If attachments are not received in 9 days when application is submitted via DDE, the application will be RTPed.
- Faxed and/or Mailed applications will be RTPed if incomplete and/or have missing attachments.
- Allow 7 business days for processing from date of receipt for faxed and/or mailed applications.