

# Bill Voids and Adjustments



# Change of Addresses – Effective August 1, 2020

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## GENERAL CORRESPONDENCE

### **Division of Federal Employees' Compensation (DFEC)**

General Correspondence

PO Box 8311

London, KY 40742-8311

### **Division of Energy Employees Occupational Illness Compensation (DEEOIC)**

General Correspondence

PO Box 8306

London, KY 40742-8306

### **Division of Coal Mine Workers' Compensation (DCMWC)**

General Correspondence

PO Box 8307

London, KY 40742-8307

# Change of Addresses – Effective August 1, 2020

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## **BILLS AND AUTHORIZATIONS**

### **Division of Federal Employees' Compensation (DFEC)**

General Bills

PO Box 8300

London, KY 40742-8300

### **Division of Energy Employees Occupational Illness Compensation (DEEOIC)**

General Bills

PO Box 8304

London, KY 40742-8304

### **Division of Coal Mine Workers' Compensation (DCMWC)**

General Bills

PO Box 8302

London, KY 40742-8302

# Change of Addresses – Effective August 1, 2020

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## **PROVIDER ENROLLMENT**

### **Provider Enrollment**

PO Box 8312

London, KY 40742-8312

# Introduction

In this webinar, we will cover the following:

- Logging Into the System
- Adjusting Paid Bills
- Voiding Paid Bills
- OWCP Portal Tour
- Questions



# Logging In

...Just a quick review of log in procedures.



# Navigating to Provider Login Page

1. Use the following link to access the WCMBP Portal <https://owcpmed.dol.gov>.
2. Select the **Login** drop-down menu.
3. Select the **Provider** link.



# Provider Login

The screenshot shows a website navigation bar with the following items: Home, Provider (with a dropdown arrow), Login (with a dropdown arrow), Resources (with a dropdown arrow), Pharmacy/LMN, News, and Contact Us. Below the navigation bar is a breadcrumb trail: Home / Provider Home / Provider. The main heading of the page is "Provider Login". Below the heading is a blue link: "Use the link below to log in to the new Workers' Compensation Medical Bill Process (WCMBP) system if...". This link is followed by a bulleted list of conditions:

- Your online enrollment has been approved
- Your paper enrollment has been approved, and you have registered with OWCP Connect and have been authenticated in the new system
- You were enrolled in the previous system (prior to April 27, 2020), and have registered with OWCP Connect and have been authenticated in the new system
- Your request to be associated with an enrolled provider as an additional user has been approved by the provider's administrator

Below the list is a paragraph: "The Provider Login button will take you to OWCP Connect, where you can register or will validate your credentials and log you into the system." At the bottom of the screenshot, a callout box contains a blue circle with the number "4" and an orange arrow pointing to a blue button labeled "Provider Login".

4. On the Provider Login page, select the **Provider Login** button. You will be directed to OWCP Connect.



# OWCP Connect Login

5. Since you've previously registered, you will only need to go through the OWCP Connect Login process.

Programs

OWCP Workers' Compensation System

[Login](#) | [Account Registration](#) | [Reset Password](#) | [Change Email](#) | [Help](#) | [FAQ](#)

### Account Registration

If this is your first time using OWCP Connect, click [here](#) and follow the steps in the process to create a new account.

**WARNING....WARNING....WARNING....WARNING....WARNING**

You are accessing a U.S. Government information system that is created, developed, and operated by the Department of Labor. The information and data in this system are provided for the processing of official U.S. Government information only, and are not to be disseminated outside of the Department of Labor. Authorized users only.

### Login

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

Email Address

[LOGIN](#)

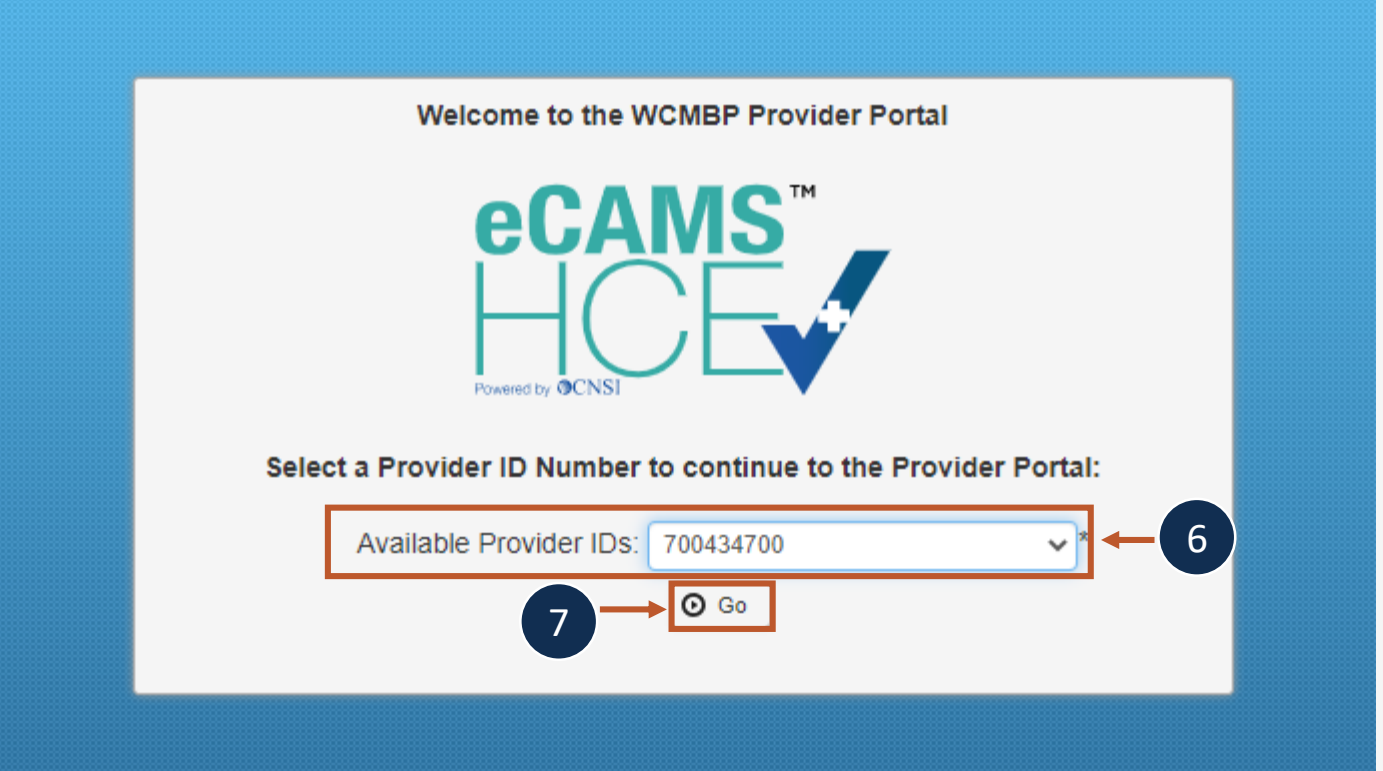
[RESET PASSWORD](#)  
If you have forgotten password, click [here](#) and you will be taken to the password reset page.

# Select Available Provider ID

6. After successfully logging in, you will be taken to this screen where you will select from the **Available Provider IDs**.

**Note:** If you have registered multiple providers under one OWCP Connect Login or if you have been added as a user to another Provider Portal, those available Provider IDs will be available in the drop-down menu.

7. Select **Go**.



Welcome to the WCMBP Provider Portal

**eCAMS™**  
**HCE** ✓  
Powered by CNSI

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

Available Provider IDs: 700434700


Go

The screenshot shows a web interface for the WCMBP Provider Portal. At the top, it says "Welcome to the WCMBP Provider Portal" and features the "eCAMS HCE" logo with a checkmark and "Powered by CNSI". Below the logo, there is a prompt: "Select a Provider ID Number to continue to the Provider Portal:". A drop-down menu is shown with the text "Available Provider IDs: 700434700" and a downward arrow. A red box highlights the drop-down menu, and a blue circle with the number "6" has an arrow pointing to it. Below the drop-down menu is a "Go" button with a play icon. A red box highlights the "Go" button, and a blue circle with the number "7" has an arrow pointing to it.

# Select a Profile

- After selecting the Provider ID, you will select a profile from the available profiles. Select from the following profiles from the drop-down menu.
  - EXT Provider Bills Submitter**
  - EXT Provider Eligibility Checker – Claims Submitter**
  - EXT Provider Claims Payment Status Checker**
  - EXT Provider Super User**
- Select **Go**.

Welcome to the Workers' Compensation Medical Bill Process System

**eCAMS™**  
**HCE**   
Powered by CNSI

Select a profile to use during this session:

8 → Profile: \* → Go ← 9

The screenshot shows a web interface for selecting a profile. At the top, it says "Welcome to the Workers' Compensation Medical Bill Process System". Below that is the logo for "eCAMS HCE" with a blue checkmark and a white cross, and "Powered by CNSI". The main instruction is "Select a profile to use during this session:". Below this is a form with a "Profile:" label, a dropdown menu showing "EXT Provider Bills Submitter", and a "Go" button. A red box highlights the dropdown menu and the "Go" button. A red circle with the number "8" and an arrow points to the dropdown menu, and another red circle with the number "9" and an arrow points to the "Go" button.

# Adjusting Paid Bills

Providers can adjust a bill that has been submitted and paid.

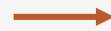
This allows the provider to make corrections and submit additional documentation, then have the bill re-evaluated for appropriate payment.

Providers can adjust previously paid bills that have been submitted via paper or online within the last seven years for **DFEC** and **DEEOIC**.




# Select Bill Adjustment / Void

Select **Bill Adjustment/Void**



Provider Portal

Online Services  ManageAlerts

**Bills** ▼

- Bill Inquiry
- View Payment
- Bill Adjustment/Void**
- On-line Bills Entry
- Resubmit Denied/Voiced Bill
- Retrieve Saved Bills
- Manage Templates
- Create Bills from Saved Templates

**Claimant** ▼

- Eligibility Inquiry

**Authorization** ▼

- On-line Authorization Submission

**Provider** ▼

- Maintain Provider Information

**HIPAA** ▼

- Submit HIPAA Batch Transaction
- Retrieve HIPAA Batch Responses
- SFTP User Details

**Admin** ▼

- Maintain Users

**My Interactions** ▼


- Correspondences

**My Reminders**

Filter By :  -  Read Status

<input type="checkbox"/>	Alert Type ▲▼	Alert Message ▲▼
No Records Found !		

**Your Recent Online Activities**

- You have logged in with 
- Previous Site Visit: 04/15/2020 08:35:27 PM
- Last login failed attempt:

# Bill Inquiry Search

On the "Provider Bill Adjust Void Search" screen, the provider can search for a bill using these options:

Close Submit

### Provider Bill Adjust Void Search

Please enter available information in the following fields before clicking 'Submit'.

- Required: TCN or Claimant ID/SSN AND Bill Service Period (To date is optional)
- You may Adjust/Void bills processed within the past seven years
- The Bill Service Period From and To date range cannot exceed 3 months
- Only paid bills satisfying the selection criterion will be listed.
- Black lung bills will not be listed as Adjustment/Void not allowed from this portal.

OWCP ID:

TCN:

Claimant ID:

SSN:

Bill Service Period From:

Bill Service Period To:

1. Enter the **Transaction Control Number** (TCN), if available

-OR-

2. Enter the **Claimant ID** or **SSN** -  
*and-*  
Enter the "from and to" **service dates**

**Note:** Date span cannot exceed 3 months

Click the **Submit** button

# Select a Bill to Adjust

The system displays the bill or bills that match the search criteria

Click on checkbox next to the **TCN** to select the bill to adjust

Click the **Adjust** button

Provider Portal > Provider Bill Adjust Void Search > Provider Bills Adjust Void List

Close Adjust Void Bill

OWCP ID: [REDACTED]

### Provider Bills Adjust Void List

<input type="checkbox"/>	TCN ▲▼	Date of Service ▲▼	Bill Status ▲▼	Bill Charged Amount ▲▼	Bill Payment Amount ▲▼	Claimant Name ▲▼	Claimant ID ▲▼	Child TCN ▲▼
<input type="checkbox"/>	[REDACTED]	12/24/2019	1: For more detailed information, see remittance advice.	\$128.40	\$128.40	[REDACTED]	[REDACTED]	

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

SaveToCSV

# Example – Adjusting a Bill

The system displays the TCN and bill sections. Expand the section you need to adjust and make the necessary changes.

For this example, we will be adding a modifier to a service line.

Scroll down near the bottom of the page to the service lines.

Select the service line number hyperlink.

Close Submit Bill

### Adjust Professional Bill

Note: asterisks ( \* ) denote required fields.

#### Basic Bill Info

Provider | Claimant | Bill | Service

Special Bill Indicator: NONE

Program: [dropdown] Submitter ID: [text]

#### ADJUSTMENT INFORMATION

\* Original TCN: [text]

#### PROVIDER INFORMATION

#### CLAIMANT INFORMATION

#### BILL INFORMATION

#### RELEVANT DATES

PRIOR AUTHORIZATION

Prior Authorization Number: [text]

Add Service Line Item Update Service Line Item

Previously Entered Line Item Information

Click a Line No. below to view/update that Line Item Information. Total Submitted Charges: \$ 100.00

Line No	Service Dates		Proc. Code	Modifiers				Diagnosis Pntrs				Submitted Charges	Units	PA Number
	From	To		1	2	3	4	1	2	3	4			
1	01/01/2019	01/01/2019	99214					1				\$ 100.00	1	Void



# Example – Adjusting a Bill (Adding a Modifier)

For this example, we will be adding a modifier to a service line.

Add the modifier code(s).

**Note:** Any fields that are not grayed out are editable.

After making the change/addition, select the **Update Service Line Item** button.

**BASIC SERVICE LINE ITEMS**

Service Date From: mm dd cyy 01 01 2019 Service Date To: mm dd cyy 01 01 2019

Place of Service (If different from header): 12-Patient Home

Procedure Code: 99214 \* Modifiers: 1: [ ] 2: [ ] 3: [ ] 4: [ ]

Submitted Charges: \$: \$100.00 \* Diagnosis Pointers: 1: 1 2: 2 3: 3 4: 4

Units/Quantity: 1 \*

Third Party Liability Amount: [ ]

EMG: [ ]

Bill Note: [ ]

characters remaining: 80

Prior Authorization Number: [ ]

Rendering Provider ID (If different from header): [ ] Type: [ ] Taxonomy Code: [ ]

Ordering Provider ID: [ ] Type: [ ]

Referring Provider ID (If different from header): [ ] Type: [ ]

Is the Header Service Facility Location also the Service Line Facility Location?  Yes  No

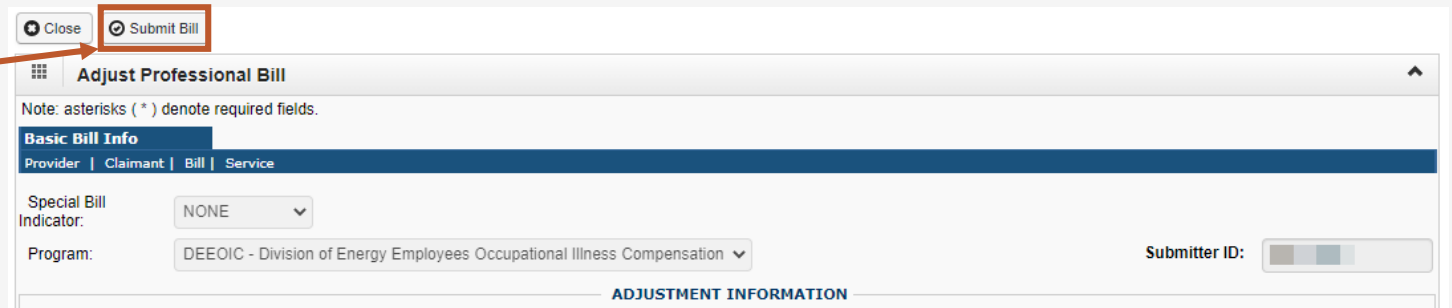
**LINE DRUG INFORMATION**

+ Add Service Line Item Update Service Line Item

# Example – Adjusting a Bill (Adding a Modifier)

For this example, we will be adding a modifier to a service line.

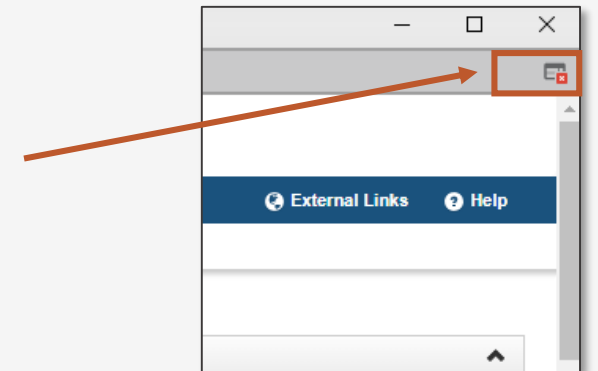
Select the **Submit Bill** button near the top of the page.



The screenshot shows a web form titled "Adjust Professional Bill". At the top left, there are two buttons: "Close" and "Submit Bill". The "Submit Bill" button is highlighted with a red box, and an orange arrow points from the text "Select the Submit Bill button near the top of the page." to it. Below the buttons, there is a section for "Basic Bill Info" with a note: "Note: asterisks (\*) denote required fields." The form includes a "Special Bill Indicator" dropdown menu set to "NONE", a "Program" dropdown menu set to "DEEOIC - Division of Energy Employees Occupational Illness Compensation", and a "Submitter ID" input field. The bottom of the form is labeled "ADJUSTMENT INFORMATION".

**Note:** You should see a window appear after selecting the "Submit Bill" button, however, if you don't, you may need to check if your browser has blocked pop-ups. Screenshot here is showing the icon for blocked pop-ups in the Chrome web-browser. Your chosen browser may display this differently.

If pop-ups are blocked, you will need to allow pop-ups for your web-browser to proceed.



# Backup Documentation

The system displays a pop-up window to ask if you want to submit any Backup Documentation.

If you want to upload files, click **OK**.

If no files need to be uploaded, click **Cancel**.

The screenshot shows a web application interface with a pop-up dialog box. The dialog box has a title bar that says "owcpmed.uat.dol.gov says" and a main question: "Do you want to submit any Backup Documentation?". Below the question are two buttons: "OK" (highlighted with a red box and an arrow) and "Cancel". The background shows a form with several sections: "Basic Bill Info" (with sub-sections for Provider and Claimant), "ADJUSTMENT INFORMATION" (with a field for Original TCN), "PROVIDER INFORMATION", "CLAIMANT INFORMATION", "BILL INFORMATION" (with a sub-section for RELEVANT DATES), "PRIOR AUTHORIZATION" (with a field for Prior Authorization Number), "BILL NOTE" (with a question "Is this bill accident related?" and radio buttons for Yes and No), and "BILL DATA" (with a field for Patient Account No.).

# Select Files (if you chose to upload backup documentation)

Click the **Choose File** button to select the file to upload.

After selecting the file, click **OK**.

The system will show that you file was attached

Close Submit Bill

### Adjust Professional Bill

Note: asterisks ( \*) denote required fields.

Please select one of the option from the Required Fields \* and select Line No, if the attachment is for specific Service Line Item.

Attachment Type:  \* Transmission Code:  \*

Line No:

### Please attach the File(s). The File Format must be PDF,TIF,TIFF

Filename:  No file chosen \*

OK Cancel

**PRIOR AUTHORIZATION**

Prior Authorization Number:

**BILL NOTE**

\* Is this bill accident related?  Yes  No

**BILL DATA**

Patient Account No.:

# Adjustment Summary

This is the summary screen for the adjustment – it will not take effect unless the **Submit** button is clicked

The system assigns a new TCN number and shows the Original TCN

Any new attachments are shown with their information

Click the **Submit** button

**Adjust Professional Bill Details**

The 'Submit' button must be clicked to send the Bill for processing.

Transaction Control Number (TCN): [REDACTED]  
Original TCN: [REDACTED]  
Provider ID: [REDACTED]  
Claimant ID: [REDACTED]  
Date of Service: 12/24/2019-12/24/2019  
Total Bill Charges: \$ 128.40

Please click "Add Attachment" button, to attach the documents. [Add Attachment](#)

**Adjust Professional Bill Details**

Line No	File Name	Attachment Type	Transmission Code	Attachment Control #	File Size	Delete	Uploaded On
No Records Found !							

[Print](#) [Print Cover Page](#) [Submit](#)

# Adjustment Confirmation

The adjustment is submitted for processing. The entire bill will go through adjudication.

Click the **OK** button,  
then click the **Close** button

The screenshot shows a web application interface for adjusting a professional bill. At the top, there are two buttons: 'Close' and 'Submit Bill'. The 'Submit Bill' button is highlighted with a red box and a red arrow pointing to it from the left. Below the buttons is a section titled 'Adjust Professional Bill' with a sub-section 'Basic Bill Info'. The form contains several fields, including 'Special Bill Indicator' (set to NONE), 'Program', and '\* Original TCN'. A confirmation dialog box is overlaid on the form, displaying the text: 'owcpmed.uat.dol.gov says Your Bill adjustment request was submitted successfully.' The dialog box has a blue 'OK' button, which is highlighted with a red box and a red arrow pointing to it from the right. Below the dialog box, the form has sections for 'PROVIDER INFORMATION', 'CLAIMANT INFORMATION', 'BILL INFORMATION', 'RELEVANT DATES', 'PRIOR AUTHORIZATION', 'BILL NOTE', and 'BILL DATA'. The 'BILL NOTE' section has a question: '\* Is this bill accident related?' with radio buttons for 'Yes' and 'No'. The 'BILL DATA' section has a field for 'Patient Account No.'.

# Void Paid Bills

Providers can void previously paid bills that have been submitted via paper or online within the last seven years for **DFEC**.

**DEEOIC** and **DCMWC** providers are not able to void bills in the WCMBP system.

Voided bills create an overpayment that will be automatically withheld from future payments.



# Select Bill Adjustment / Void

Select **Bill Adjustment/Void**

The screenshot displays the 'Provider Portal' interface. On the left, a navigation menu is expanded to show the 'Bills' section. The 'Bill Adjustment/Void' option is highlighted with a red box. An orange arrow points from the text 'Select Bill Adjustment/Void' to this option. Other menu items include 'Online Services', 'Claimant', 'Authorization', 'Provider', 'HIPAA', 'Admin', and 'My Interactions'. On the right side of the page, there are sections for 'ManageAlerts', 'My Reminders' (with a filter and 'Go' button), and 'Your Recent Online Activities' (listing login events).



# Bill Adjust Void Search

On the "Provider Bill Adjust Void Search" screen, the provider can search for a bill using these options:

Close Submit

### Provider Bill Adjust Void Search

Please enter available information in the following fields before clicking 'Submit'.

- Required: TCN or Claimant ID/SSN AND Bill Service Period (To date is optional)
- You may Adjust/Void bills processed within the past seven years
- The Bill Service Period From and To date range cannot exceed 3 months
- Only paid bills satisfying the selection criterion will be listed.
- Black lung bills will not be listed as Adjustment/Void not allowed from this portal.

OWCP ID:

TCN:

Claimant ID:

SSN:

Bill Service Period From:

Bill Service Period To:

1. Enter the **Transaction Control Number** (TCN), if available

-OR-

2. Enter the **Claimant ID** or **SSN** -  
*and-*  
Enter the "from and to" **service dates**

**Note:** Date span cannot exceed 3 months

Click the **Submit** button

# Select a Bill to Void

The system displays the bill or bills that match the search criteria

Click on checkbox next to the **TCN** to select the bill to void

Click the **Void Bill** button

Provider Portal > Provider Bill Adjust Void Search > Provider Bills Adjust Void List

Close Adjust **Void Bill**

OWCP ID: [REDACTED]

<input type="checkbox"/>	TCN ▲▼	Date of Service ▲▼	Bill Status ▲▼	Bill Charged Amount ▲▼	Bill Payment Amount ▲▼	Claimant Name ▲▼	Claimant ID ▲▼	Child TCN ▲▼
<input type="checkbox"/>	[REDACTED]	12/24/2019	1: For more detailed information, see remittance advice.	\$128.40	\$128.40	[REDACTED]	[REDACTED]	

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

SaveToCSV

# Voiding the Bill

No changes can be made to the bill as it is voided – but you can review all bill information to make sure this is the right one to void.

When you are sure this bill should be voided, click **Submit Bill**

The screenshot shows a web interface for voiding a professional bill. At the top left, there are two buttons: 'Close' and 'Submit Bill'. The 'Submit Bill' button is highlighted with a red rectangular box, and a red arrow points to it from the right. Below the buttons is a header section titled 'Void Professional Bill'. A note states: 'Note: asterisks ( \* ) denote required fields.' The form is divided into several sections: 'Basic Bill Info' (with sub-sections for Provider, Claimant, Bill, and Service), 'VOID INFORMATION' (containing a required field for 'Original TCN'), 'PROVIDER INFORMATION', 'CLAIMANT INFORMATION', 'BILL INFORMATION', and 'RELEVANT DATES' (containing a 'PRIOR AUTHORIZATION' section with a 'Prior Authorization Number' field). The 'Submitter ID' is displayed as 852689514. The interface includes expandable/collapsible sections indicated by grid icons and arrows.

# Void Summary

This is the summary screen for voiding the bill – it will not take effect unless the **Submit** button is clicked

The system assigns a new TCN number and shows the Original TCN

**Void Professional Bill Details**

**The 'Submit' button must be clicked to send the Bill for processing.**

Transaction Control Number (TCN): [REDACTED]  
Original TCN: [REDACTED]  
Provider ID: [REDACTED]  
Claimant ID: [REDACTED]  
Date of Service: 01/13/2020-01/13/2020  
Total Bill Charges: \$ 1,173.50

Click the **Submit** button to continue

# Thank you!

CNSI is excited about being the new medical bill processing agent for OWCP programs and to continue working with each of you!

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Email: [CNSIOWCPOutreach@cns-inc.com](mailto: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