## Dear New Provider:

Welcome! Thank you for your interest in providing medical services for injured and ill workers served by the U.S. Department of Labor's Office of Workers' Compensation Programs (OWCP).

OWCP administers three major compensation programs that provide wage replacement, medical treatment, pharmaceutical and vocational rehabilitation benefits to certain workers who experience work-related injuries or occupational disease. These programs are:

- Division of Federal Employees' Compensation (DFEC) Federal Employees Compensation Act (FECA)
- Division of Energy Employees Occupational Illness Compensation (DEEOIC) Energy Employees Occupational Illness Compensation (EEOIC)
- Division of Coal Mine Workers' Compensation (DCMWC) Coal Mine Workers' Compensation (CMWC)

All three programs reimburse medical and non-medical providers for services rendered for the care and treatment of a claimant's compensable conditions. Providers can enroll in any one or more of the three OWCP compensation programs.

## To enroll as a provider:

https://owcpmed.dol.gov/portal/provider/get-started

Detailed provider enrollment instructions can be found using the online tutorials below:

- Facility Enrollment
  <a href="https://owcpmed.dol.gov/portal/tutorials/WCMBP">https://owcpmed.dol.gov/portal/tutorials/WCMBP</a> Facility Provider Enrollment.pdf
- Group Enrollment
  <a href="https://owcpmed.dol.gov/portal/tutorials/WCMBP">https://owcpmed.dol.gov/portal/tutorials/WCMBP</a> Group Provider Enrollment.pdf
- Individual Enrollment
  https://owcpmed.dol.gov/portal/tutorials/WCMBP Individual Provider Enrollment.pdf

For questions about completing the enrollment form, please contact OWCP's medical bill processing contractor Enrollment Call Center at 844-493-1966, Monday through Friday from 8:00 a.m. to 8:00 p.m., Eastern Time.

Upload completed enrollment form and required documents to the Workers Compensation Medical Bill Processing Portal (WCMBP) https://owcpmed.dol.gov/portal for enrollment processing. To mail or fax your enrollment form and required documents use the following:

Mail: Provider Enrollment P. O. Box 8312 London, KY 40742-8312

Fax:

888-444-5335

Providers that operate from multiple offices are required to complete a separate enrollment form for each office location.

Providers who enroll under the group practice (Addendum 1 of the enrollment form) are not required to enroll separately. <u>Providers are responsible for monitoring the business licensure for the entity enrolled, as well as the professional licensure for servicing providers within the practice.</u>

Payments made for your services will be made by electronic fund transfer (EFT) as required by the Debt Collection Improvement Act of 1996, except for exempt providers. For EFT, visit Bureau of the Fiscal Service to complete the ACH Vendor/Miscellanous Payment Enrollment Form.

A remittance notice listing all bills paid on each transaction will be sent to your mailing address and available through the OWCP Medical Provider Portal.

OWCP provides claimants an online listing of enrolled providers by program, which is searchable by specialty, name, city, state, and zip code. Claimants are advised that a provider listing is not an endorsement, referral, or an agreement to reimburse for medical services rendered by the Department of Labor or OWCP. Also, the listing does not guarantee claimants that a medical provider will agree to provide medical services to a particular claimant.

OWCP looks forward to working with you!

NOTICE: Continued participation as a medical provider under the DOL programs above can be contingent on your maintaining good standing as a medical provider under other federal health benefit programs such as Medicare. Exclusion as a medical provider in those circumstances operates as an automatic exclusion under the FECA and EEOICPA. Programs administered by OWCP. (See 20 C.F.R. §§ 10.815, 30.715, and 702.431). You may also be subject to the federal government's suspension and debarment provisions. (See 48 C.F.R. Subpart 9.4 and 2 C.F.R. Part 180).