

# Manage Provider Data

## Table of Contents

- ◆ [Definitions](#) ..... 3
- ◆ [Basic Information](#) ..... 4
- ◆ [Locations](#) ..... 10
- ◆ [Contract Details](#) ..... 17
- ◆ [Payment & Remittance Details](#) ..... 19
- ◆ [Submitting Modifications for Review](#) ..... 23

**EFT:** Electronic Funds Transfer, also called direct deposit. This is an electronic payment sent directly into your bank account on file.

**FEIN:** Federal Employer Identification Number, also called a Tax ID. Issued by the IRS to businesses in the United States.

**Provider ID:** The providers ID number for ProviderOne, 7 digits. This is the same as the Domain number. You will see this listed on the authorization with a 2 digit location code such as 01, ex: *123456701*.

**Remittance Advice:** An explanation of each claim payment including paid claims and amounts, overpayments, denied claims and denial reasons.

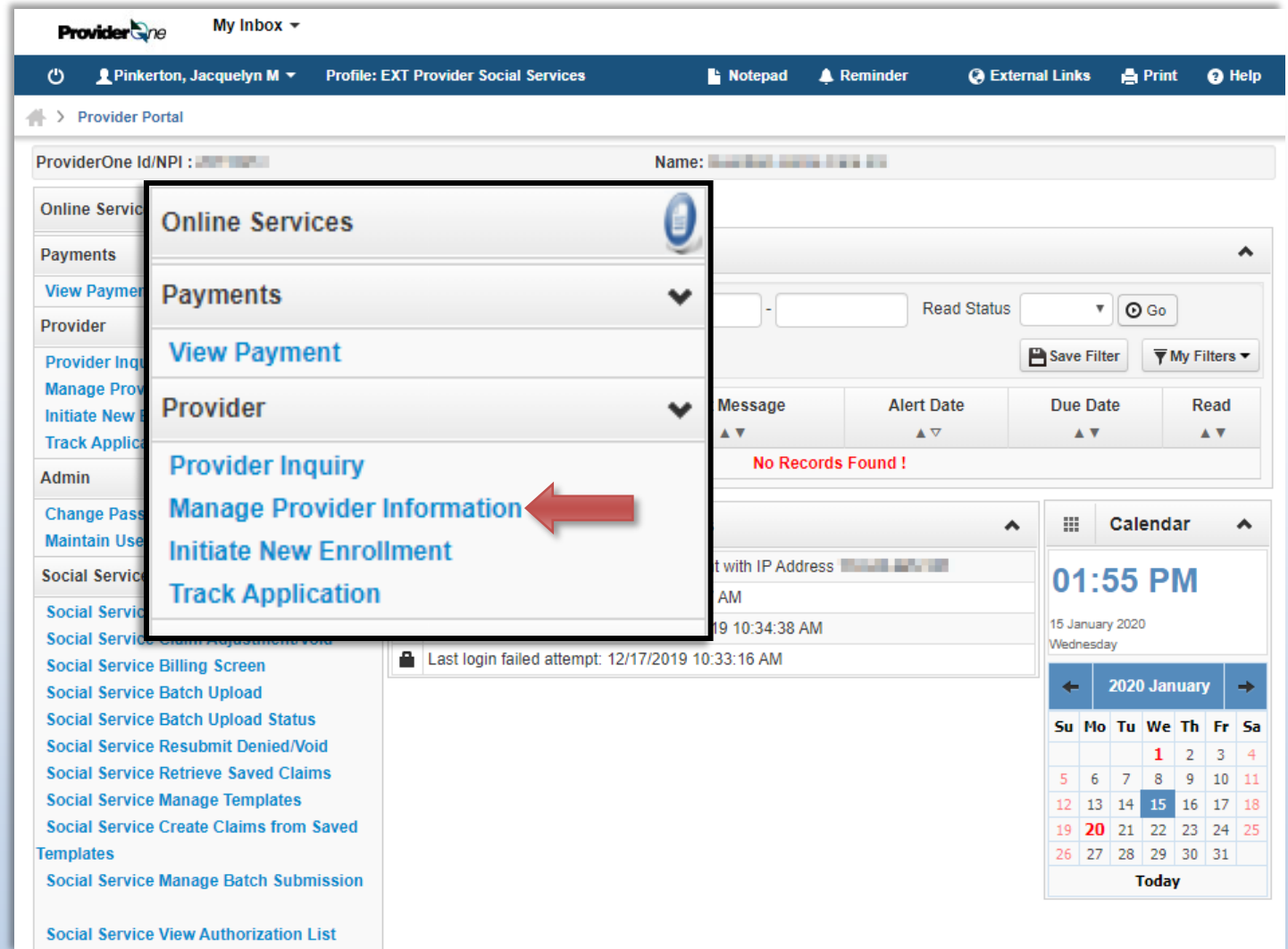
**UBI:** Unified Business Identifier, an identification number issued to businesses in Washington State.

**Warrant:** A paper check issued for claim payments.

## Basic Information

As a social service provider, your provider information is preloaded into ProviderOne based on your DSHS contract information.

- ◆ Your lines of business are combined within a single domain, which is the 7 digit ProviderOne ID that you used to log in.
- ◆ This domain includes all the social service contracts linked to your tax identification number.
- ◆ To view and modify your provider data, click on **'Manage Provider Information'**.



ProviderOne My Inbox  
 Pinkerton, Jacquelyn M Profile: EXT Provider Social Services  
 Notepad Reminder External Links Print Help  
 Provider Portal  
 ProviderOne Id/NPI: [REDACTED] Name: [REDACTED]  
 Online Services  
 Payments  
 View Payment  
 Provider  
 Provider Inquiry  
 Manage Provider Information  
 Initiate New Enrollment  
 Track Application  
 Admin  
 Change Password  
 Maintain User  
 Social Services  
 Social Service Billing Screen  
 Social Service Batch Upload  
 Social Service Batch Upload Status  
 Social Service Resubmit Denied/Void  
 Social Service Retrieve Saved Claims  
 Social Service Manage Templates  
 Social Service Create Claims from Saved Templates  
 Social Service Manage Batch Submission  
 Social Service View Authorization List  
 Message Alert Date Due Date Read  
 No Records Found!  
 Calendar  
 01:55 PM  
 15 January 2020  
 Wednesday  
 2020 January  

Su	Mo	Tu	We	Th	Fr	Sa
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

 Today

**Note:**

The EXT Provider System Administrator profile does not have the ability to make changes to provider data. Please use **'EXT Provider Social Services'** or **'EXT Provider Social Services Medical'** to make and save these changes.

The ‘View/Update Provider Data’ page appears. This page is also called the “Business Process Wizard”.

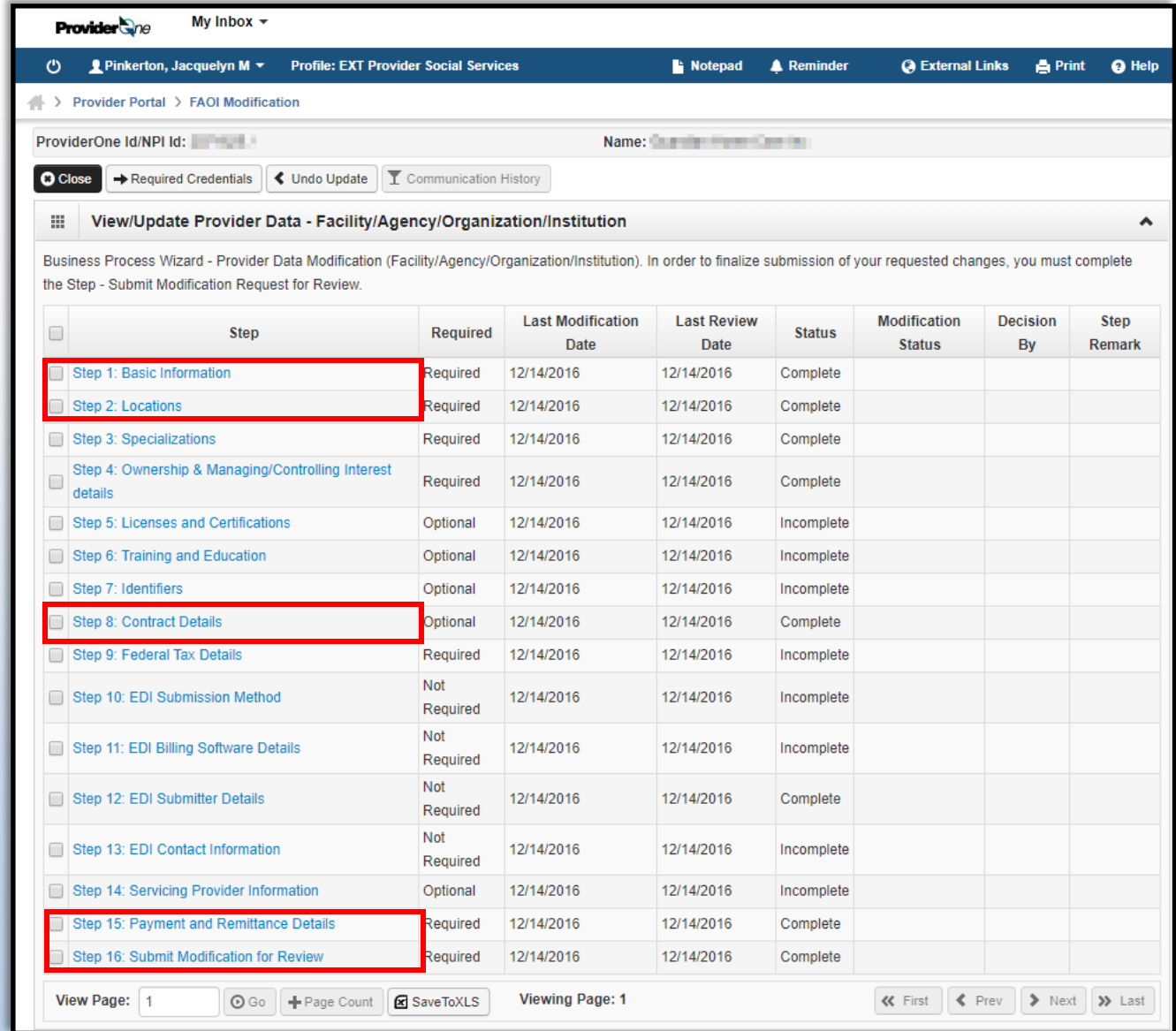
Social service providers will need to check the data in the following steps:

- ◆ **Step 1:** Basic Information
- ◆ **Step 2:** Locations
- ◆ **Step 8:** Contract Details
- ◆ **Step 15:** Payment and Remittance Details
- ◆ **Step 16/17:** Submit Modifications for Review.

**Note:**

*Viewing or modifying steps 3-7 and 9-14 is not recommended and could result in changes to the status of the step and payment difficulties.*

*If you made a modification but would like to cancel it, check the box next to the step # and click Undo Update prior to Step 16/17.*



The screenshot shows the 'View/Update Provider Data' page for a facility/agency/organization/institution. The page title is 'View/Update Provider Data - Facility/Agency/Organization/Institution'. Below the title, there is a message: 'Business Process Wizard - Provider Data Modification (Facility/Agency/Organization/Institution). In order to finalize submission of your requested changes, you must complete the Step - Submit Modification Request for Review.'

<input type="checkbox"/>	Step	Required	Last Modification Date	Last Review Date	Status	Modification Status	Decision By	Step Remark
<input type="checkbox"/>	Step 1: Basic Information	Required	12/14/2016	12/14/2016	Complete			
<input type="checkbox"/>	Step 2: Locations	Required	12/14/2016	12/14/2016	Complete			
<input type="checkbox"/>	Step 3: Specializations	Required	12/14/2016	12/14/2016	Complete			
<input type="checkbox"/>	Step 4: Ownership & Managing/Controlling Interest details	Required	12/14/2016	12/14/2016	Complete			
<input type="checkbox"/>	Step 5: Licenses and Certifications	Optional	12/14/2016	12/14/2016	Incomplete			
<input type="checkbox"/>	Step 6: Training and Education	Optional	12/14/2016	12/14/2016	Incomplete			
<input type="checkbox"/>	Step 7: Identifiers	Optional	12/14/2016	12/14/2016	Incomplete			
<input type="checkbox"/>	Step 8: Contract Details	Optional	12/14/2016	12/14/2016	Complete			
<input type="checkbox"/>	Step 9: Federal Tax Details	Required	12/14/2016	12/14/2016	Incomplete			
<input type="checkbox"/>	Step 10: EDI Submission Method	Not Required	12/14/2016	12/14/2016	Incomplete			
<input type="checkbox"/>	Step 11: EDI Billing Software Details	Not Required	12/14/2016	12/14/2016	Incomplete			
<input type="checkbox"/>	Step 12: EDI Submitter Details	Not Required	12/14/2016	12/14/2016	Complete			
<input type="checkbox"/>	Step 13: EDI Contact Information	Not Required	12/14/2016	12/14/2016	Incomplete			
<input type="checkbox"/>	Step 14: Servicing Provider Information	Optional	12/14/2016	12/14/2016	Incomplete			
<input type="checkbox"/>	Step 15: Payment and Remittance Details	Required	12/14/2016	12/14/2016	Complete			
<input type="checkbox"/>	Step 16: Submit Modification for Review	Required	12/14/2016	12/14/2016	Complete			

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

Click on 'Step 1: Basic Information'. The 'Provider Details' pop-up will appear. From here you can see:

- ◆ Provider/Organization Name
- ◆ Organization Business Name
- ◆ W-9 Entity Type
- ◆ Federal Employer Identification Number
- ◆ Organizational Information
- ◆ UBI

<input type="checkbox"/>	Step	Required	Last Modification Date	Last Review Date	Status
<input type="checkbox"/>	Step 1: Basic Information	Required	12/14/2016	12/14/2016	Complete
<input type="checkbox"/>	Step 2: Locations	Required	12/14/2016	12/14/2016	Complete
<input type="checkbox"/>	Step 3: Specializations	Required	12/14/2016	12/14/2016	Complete

**Note:**

Make sure that the primary email is correct as this is the email that will be used for communication.

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


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

All medical Providers are federally mandated to have a NPI. Is this Provider required to have a NPI?  \*

National Provider Identifier(NPI):

W-9 Entity Type:  \*

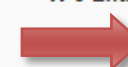
Other Organizational Information:  \*

Enrollment Effective Date:  

Status: Approved

UBI:

W-9 Entity Type (If Other):

Email Address:  

# Basic Information

Make any changes you need to on this page, and then click **OK** in the lower right corner to save them. If you didn't make any changes, or don't want to save them, click **Cancel** instead. Either way, this will take you back to the Business Process Wizard.

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


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

All medical Providers are federally mandated to have a NPI. Is this Provider required to have a NPI?  \*

National Provider Identifier(NPI):  UBI:

W-9 Entity Type:  \* W-9 Entity Type (If Other):

Other Organizational Information:  \* Email Address:

Enrollment Effective Date:  

Status: Approved

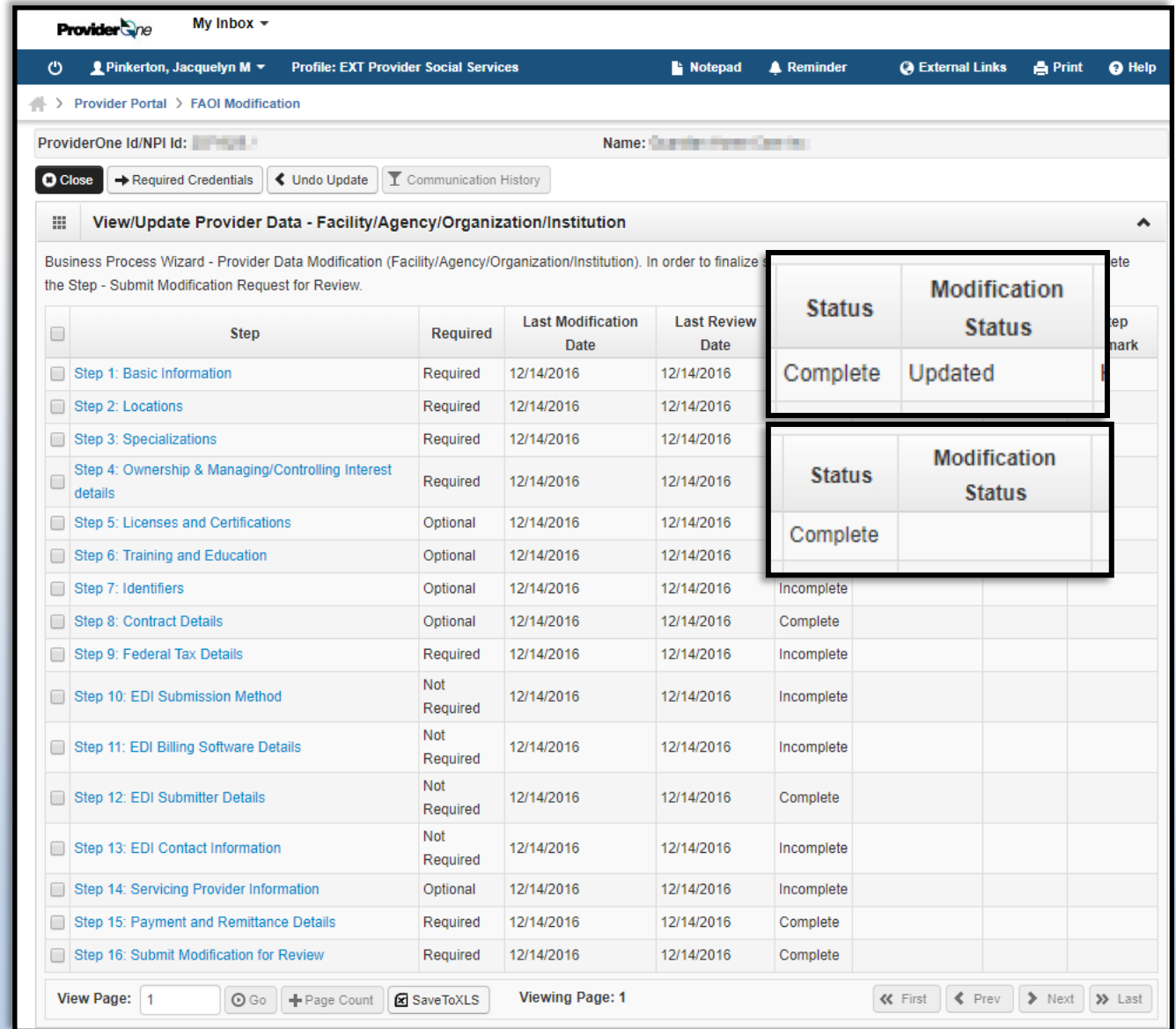


If you have made any changes and used 'OK' to save them then the 'Modification Status' field will say "Updated".

If you did not modify any data and used 'Cancel' to close the pop-up, this field will be blank.

**Note:**

*An updated Modification Status does not mean that the changes have been submitted to ProviderOne for review. This will be covered in Submitting Modifications for Review. (pg. X)*



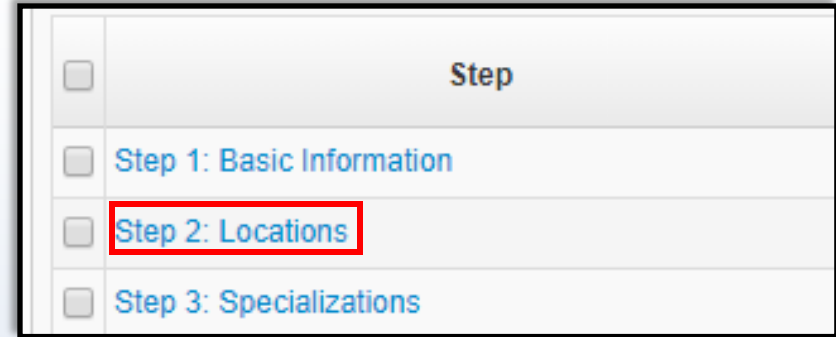
The screenshot shows the 'View/Update Provider Data - Facility/Agency/Organization/Institution' page in ProviderOne. It features a table with columns for Step, Required, Last Modification Date, Last Review Date, Status, and Modification Status. Two callout boxes highlight the 'Status' and 'Modification Status' columns for 'Step 1: Basic Information' and 'Step 4: Ownership & Managing/Controlling Interest details'.

Step	Required	Last Modification Date	Last Review Date	Status	Modification Status
Step 1: Basic Information	Required	12/14/2016	12/14/2016	Complete	Updated
Step 2: Locations	Required	12/14/2016	12/14/2016		
Step 3: Specializations	Required	12/14/2016	12/14/2016		
Step 4: Ownership & Managing/Controlling Interest details	Required	12/14/2016	12/14/2016		
Step 5: Licenses and Certifications	Optional	12/14/2016	12/14/2016		
Step 6: Training and Education	Optional	12/14/2016	12/14/2016		
Step 7: Identifiers	Optional	12/14/2016	12/14/2016	Incomplete	
Step 8: Contract Details	Optional	12/14/2016	12/14/2016	Complete	
Step 9: Federal Tax Details	Required	12/14/2016	12/14/2016	Incomplete	
Step 10: EDI Submission Method	Not Required	12/14/2016	12/14/2016	Incomplete	
Step 11: EDI Billing Software Details	Not Required	12/14/2016	12/14/2016	Incomplete	
Step 12: EDI Submitter Details	Not Required	12/14/2016	12/14/2016	Complete	
Step 13: EDI Contact Information	Not Required	12/14/2016	12/14/2016	Incomplete	
Step 14: Servicing Provider Information	Optional	12/14/2016	12/14/2016	Incomplete	
Step 15: Payment and Remittance Details	Required	12/14/2016	12/14/2016	Complete	
Step 16: Submit Modification for Review	Required	12/14/2016	12/14/2016	Complete	

## Locations

Locations are the physical addresses where you currently provide social services. To view and modify information about locations:

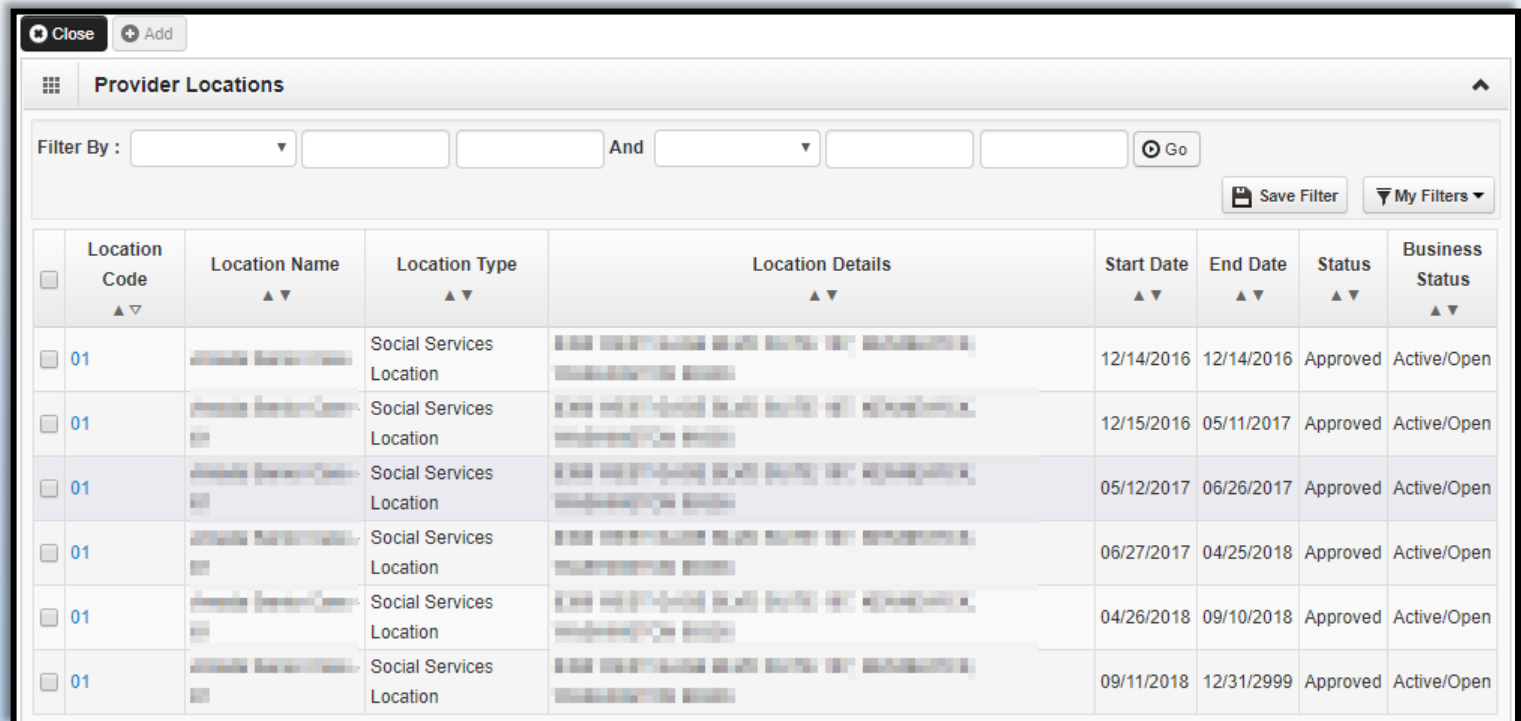
- ◆ Click on **'Step 2: Locations'**.
- ◆ The **'Provider Locations'** page will appear showing all the locations within your domain.



**Note:**

The **'Location Code'** is a 2-digit number that is added to your 7-digit Provider ID. This 9-digit ID is used for your authorizations.

If you provide Social Service Medical services you will have a '00' location.



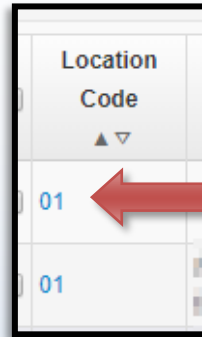
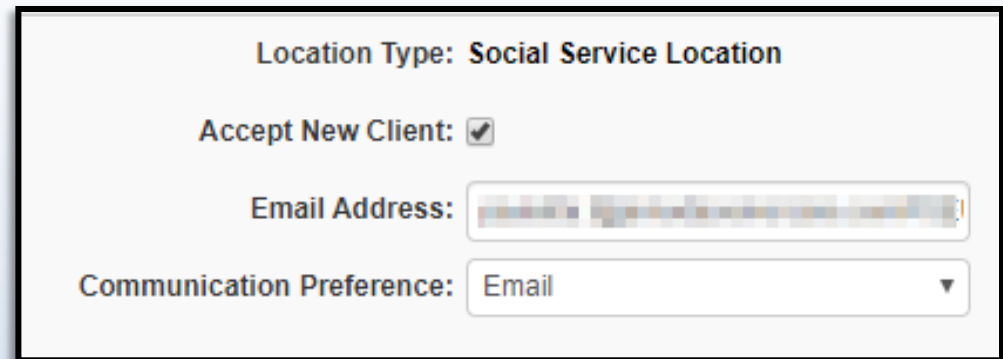
A screenshot of a web application interface titled 'Provider Locations'. It features a filter bar at the top with 'Filter By:' followed by two input fields and an 'And' connector, and a 'Go' button. Below the filter bar are 'Save Filter' and 'My Filters' buttons. The main content is a table with the following columns: Location Code, Location Name, Location Type, Location Details, Start Date, End Date, Status, and Business Status. The table contains seven rows of data, all with a '01' location code and 'Social Services Location' type.

Location Code	Location Name	Location Type	Location Details	Start Date	End Date	Status	Business Status
01	...	Social Services Location	...	12/14/2016	12/14/2016	Approved	Active/Open
01	...	Social Services Location	...	12/15/2016	05/11/2017	Approved	Active/Open
01	...	Social Services Location	...	05/12/2017	06/26/2017	Approved	Active/Open
01	...	Social Services Location	...	06/27/2017	04/25/2018	Approved	Active/Open
01	...	Social Services Location	...	04/26/2018	09/10/2018	Approved	Active/Open
01	...	Social Services Location	...	09/11/2018	12/31/2999	Approved	Active/Open

View and correct data as needed.

Each location can have a unique contact, or share the same contact as the domain. Verify the email address for each location. To do this:

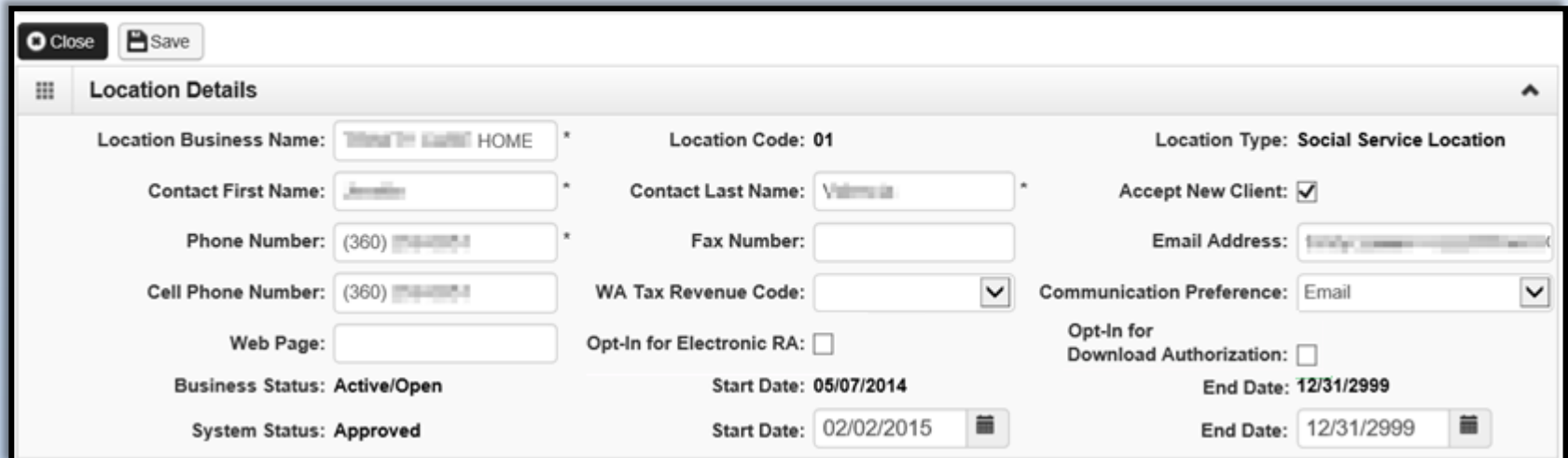
- ◆ Click on a location code number,
- ◆ The **'Location Details'** page will appear,
- ◆ Verify information such as the **'Communication Preference'**.

A screenshot of the 'Location Details' page for a 'Social Service Location'. The page includes the following fields:

- Location Type: Social Service Location
- Accept New Client:
- Email Address:
- Communication Preference: Email (dropdown menu)

Email is the default **'Communication Preference'**, but you can choose to receive notifications only through the ProviderOne Portal or through standard mail instead, if you choose. Each location can have a different notification method.



A screenshot of the full 'Location Details' page. The page includes the following fields:

- Location Business Name:  \*
- Location Code: 01
- Location Type: Social Service Location
- Contact First Name:  \*
- Contact Last Name:  \*
- Accept New Client:
- Phone Number:  \*
- Fax Number:
- Email Address:
- Cell Phone Number:
- WA Tax Revenue Code:
- Communication Preference: Email (dropdown menu)
- Web Page:
- Opt-In for Electronic RA:
- Opt-In for Download Authorization:
- Business Status: Active/Open
- Start Date: 05/07/2014
- End Date: 12/31/2999
- System Status: Approved
- Start Date:
- End Date:

Next, scroll down and view the location's addresses. There will be three distinct addresses for each location.

- ◆ **'Location'** is the physical address of the location that you are managing.
  - ⇒ If you provide a service that requires a license that is connected to specific physical location, such as an Adult Family Home, Group Home or Companion Home, ProviderOne will not approve changes to your location address. To update this address, contact DSHS.
- ◆ **'Mailing'** is the address where ProviderOne will send mail for this location. This may include notifications about authorization changes, contract updates, etc., but will not include payments for services.
- ◆ **'Pay-To'** is the address where ProviderOne will may your payments.
  - ⇒ If you have EFT set up, this address is used as a backup in case the direct deposit fails.

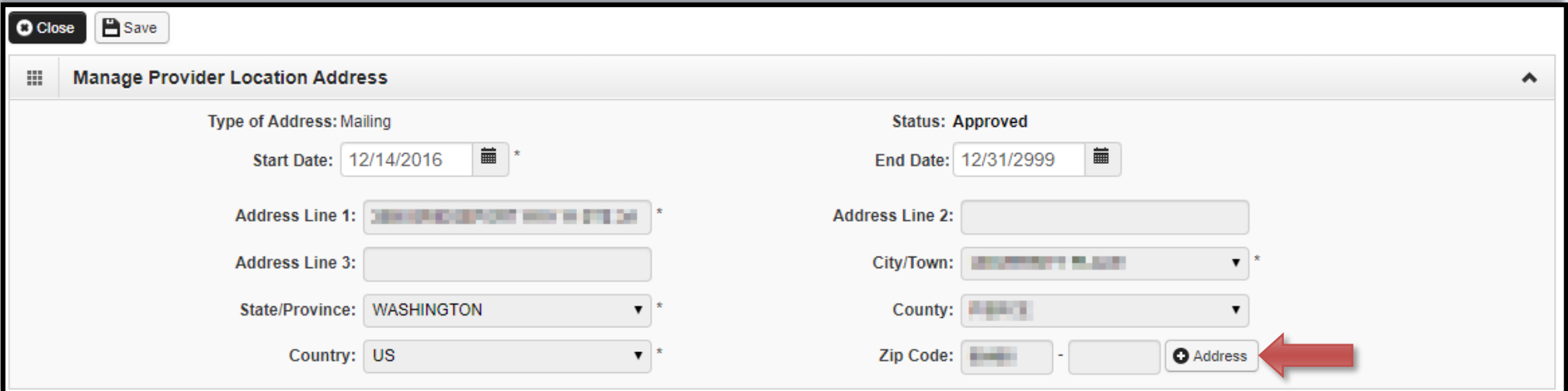
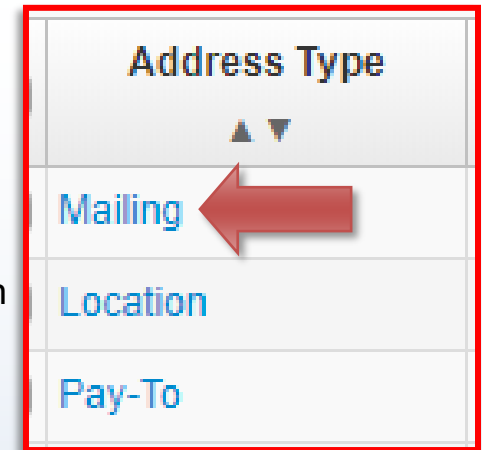
**Note:**  
 Previous addresses will be listed here as well. Current addresses have an **'End Date'** of 12/31/2999.

Address List					
Filter By: <input type="text"/> <input type="text"/> <input type="text"/> <input type="button" value="Go"/>					
<input type="checkbox"/>	Address Type	Address	Start Date	End Date	Status
<input type="checkbox"/>	Mailing	[Redacted]	12/14/2016	12/31/2999	APPROVED
<input type="checkbox"/>	Location	[Redacted]	09/11/2018	12/31/2999	APPROVED
<input type="checkbox"/>	Pay-To	[Redacted]	12/14/2016	12/31/2999	APPROVED
<input type="checkbox"/>	Location	[Redacted]	12/14/2016	09/10/2018	APPROVED

View Page: 1    Viewing Page: 1

Click on one of the blue hyperlinks to manage that address information. Once you do, the **'Manage Provider Locations'** page appears.

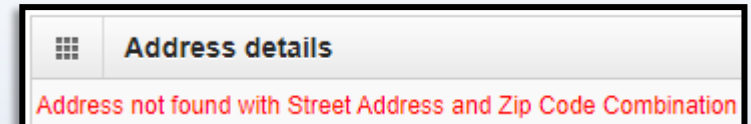
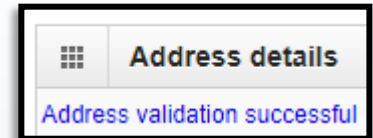
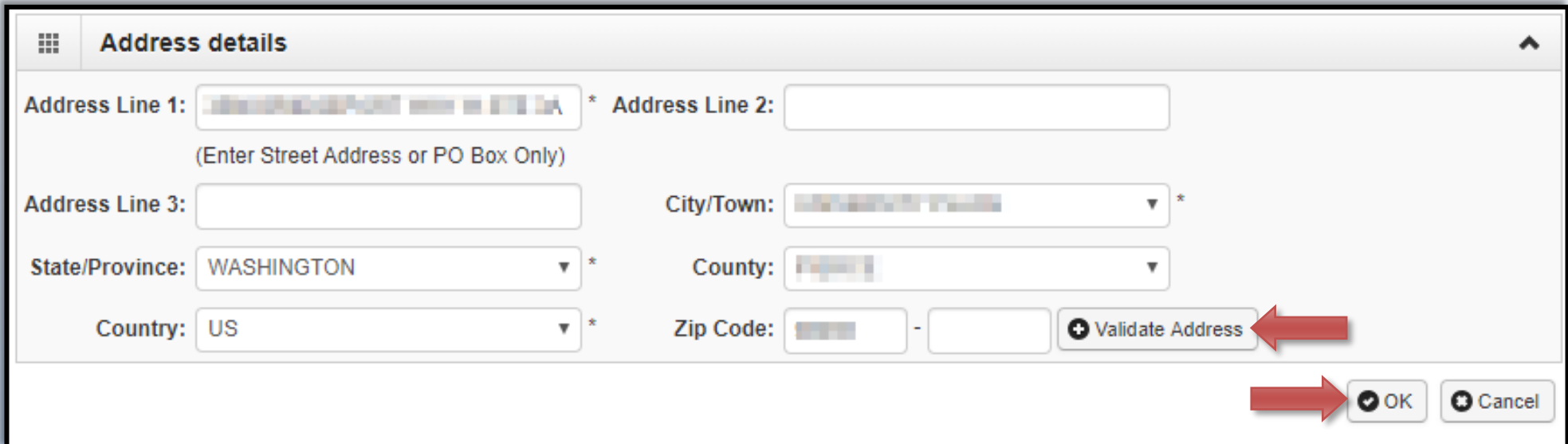
This page shows the dates that the address is active, and all of the address information associated with the address type. You will notice that the address information is greyed out and cannot be edited. In order to make changes to the address, click the **'+ Address'** button in the lower right.



A screenshot of the "Manage Provider Location Address" form. The form is titled "Manage Provider Location Address" and has a "Close" button and a "Save" button in the top left corner. The form is divided into two columns. The left column contains the following fields: "Type of Address: Mailing", "Start Date: 12/14/2016" (with a calendar icon and an asterisk), "Address Line 1: [REDACTED]" (with an asterisk), "Address Line 3: [REDACTED]", "State/Province: WASHINGTON" (with a dropdown arrow and an asterisk), and "Country: US" (with a dropdown arrow and an asterisk). The right column contains the following fields: "Status: Approved", "End Date: 12/31/2999" (with a calendar icon), "Address Line 2: [REDACTED]", "City/Town: [REDACTED]" (with a dropdown arrow and an asterisk), "County: [REDACTED]" (with a dropdown arrow), and "Zip Code: [REDACTED] - [REDACTED]" (with a dropdown arrow). A red arrow points to the "+ Address" button in the bottom right corner of the form.

This will open the **'Address Details'** pop-up where information can be entered. Make any changes or corrections that are needed and then click **'Validate Address'**. This validates the address information provided against data from the United States Postal Service.

- ◆ If it is successful you will see a message in **blue** that says **"Address validation successful"**,
- ◆ Otherwise a message in **red** will show saying **"Address not found with Street Address and Zip Code Combination"**.
- ◆ After that, click **'OK'** to accept the changes and close the pop-up.

**Address details**

Address Line 1:  \* Address Line 2:   
(Enter Street Address or PO Box Only)

Address Line 3:  City/Town:  \*

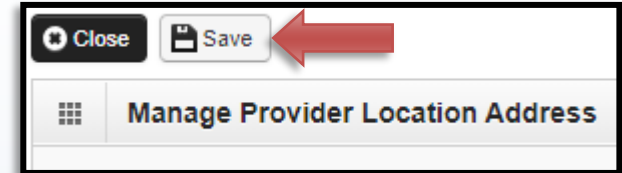
State/Province:  \* County:

Country:  \* Zip Code:  -

**Note:**

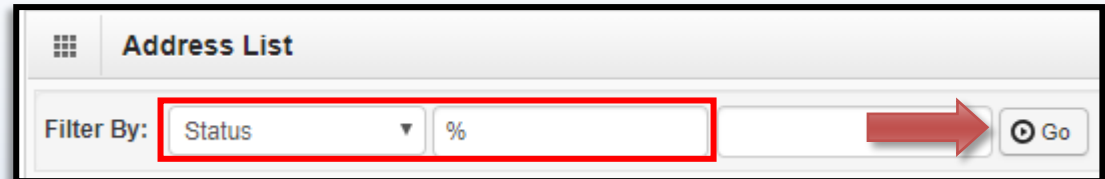
If the **'Validate Address'** button results in an invalid address you can still use the address entered. It simply checks to see if it matches postal records and does not prohibit non-matches.

Back on the **'Manage Provider Location Address'**, click **'Save'** and then **'Close'** to save your changes and go back to the previous screen.

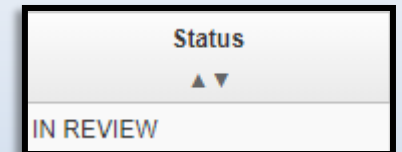


If you scroll back down to the **'Address List'**, by default you won't see the new address listed while it is in "In Review" status, so do the following:

- ◆ Select "Status" from the **'Filter By'** dropdown,
- ◆ Enter "%" into the search field,
- ◆ Click **'Go'**.



The new address will be shown as "In Review".



You can change as many of the addresses you need to in this way. Once you have made all the necessary changes to these addresses, click **'Save'** and then **'Close'** at the top of this screen to return to the **'Provider Locations'** page and the list of all your locations.

Make any changes to the other locations that you might need to, then close out of the **'Provider Locations'** screen to return to the Business Process Wizard.

**Note:**

*In ProviderOne the "%" acts as a wildcard, returning any information that corresponds with the current search.*

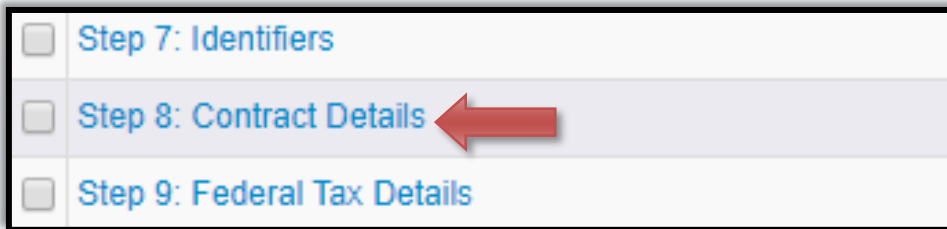
*For example, if searching for authorizations from multiple locations you could enter the 7 digit Provider ID and add % to the end in order to return all authorizations for every location under the domain.*



## Contract Details

The next step doesn't have any changes that can be made through the portal, but you may wish to review your contract details, which you can do through the Business Process Wizard.

Click on 'Step 8: Contract Details' to be taken to your 'Contracts List' page.



- ◆ You can check the 'End Date' and 'Status' of your contract here, to make sure it is still approved.

Contracts List									
Filter By : <input type="text"/> <input type="text"/> And <input type="text"/> <input type="text"/> And Operational Status: <input type="text"/>									
<input type="button" value="Go"/> <input type="button" value="Save Filter"/>									
<input type="checkbox"/>	Contract Number	Location Code	Location Name	Contract Code	Contract Subcode	Start Date	End Date	Status	Operational Status
<input type="checkbox"/>	<a href="#">[Link]</a>	01	<a href="#">[Link]</a>	1019		07/01/2018	06/30/2019	APPROVED	Active
<input type="checkbox"/>	<a href="#">[Link]</a>	01	<a href="#">[Link]</a>	1019		07/01/2018	12/31/2019	APPROVED	Active
<input type="checkbox"/>	<a href="#">[Link]</a>	01	<a href="#">[Link]</a>	1019		05/03/2018	06/30/2019	APPROVED	Active

**Note:**  
 If your contract is within 2 months of expiration, or has expired, you will need to contact your Contract Manager. You may see errors on your authorizations until the contract has been updated.

## Payment & Remittance Details


The final step that needs to be reviewed is for your payment information. From the Business Process Wizard, click on '**Step 15: Payment and Remittance Details**' to open the '**Payment Details**' screen.

<input type="checkbox"/>	<a href="#">Step 14: Servicing Provider Information</a>	Optional
<input type="checkbox"/>	<a href="#">Step 15: Payment and Remittance Details</a> 	Required
<input type="checkbox"/>	<a href="#">Step 16: Submit Modification for Review</a>	Required

Here you will see an entry for each of your location from Step 2, each of these locations has their own payment details that need to be reviewed, but they can all be the same if you want everything coming to the same place. Click on the blue hyperlinked '**Location Code**' to open the information for that location.

**Payment Details**

Filter By :  And  And Operational Status:

<input type="checkbox"/>	Location Code	Location Name	Payment Method	Start Date	End Date	Status	Operational Status	Inactivation Date
<input type="checkbox"/>	<a href="#">01</a> 		Electronic Funds Transfer(Direct Deposit)	12/23/2016	12/31/2999	APPROVED	Active	

View Page:     Viewing Page: 1

**Note:**  
Remittance Advice (RA) is linked to a location and so will only include the payment details for a single location. Each location will have it's own RA.

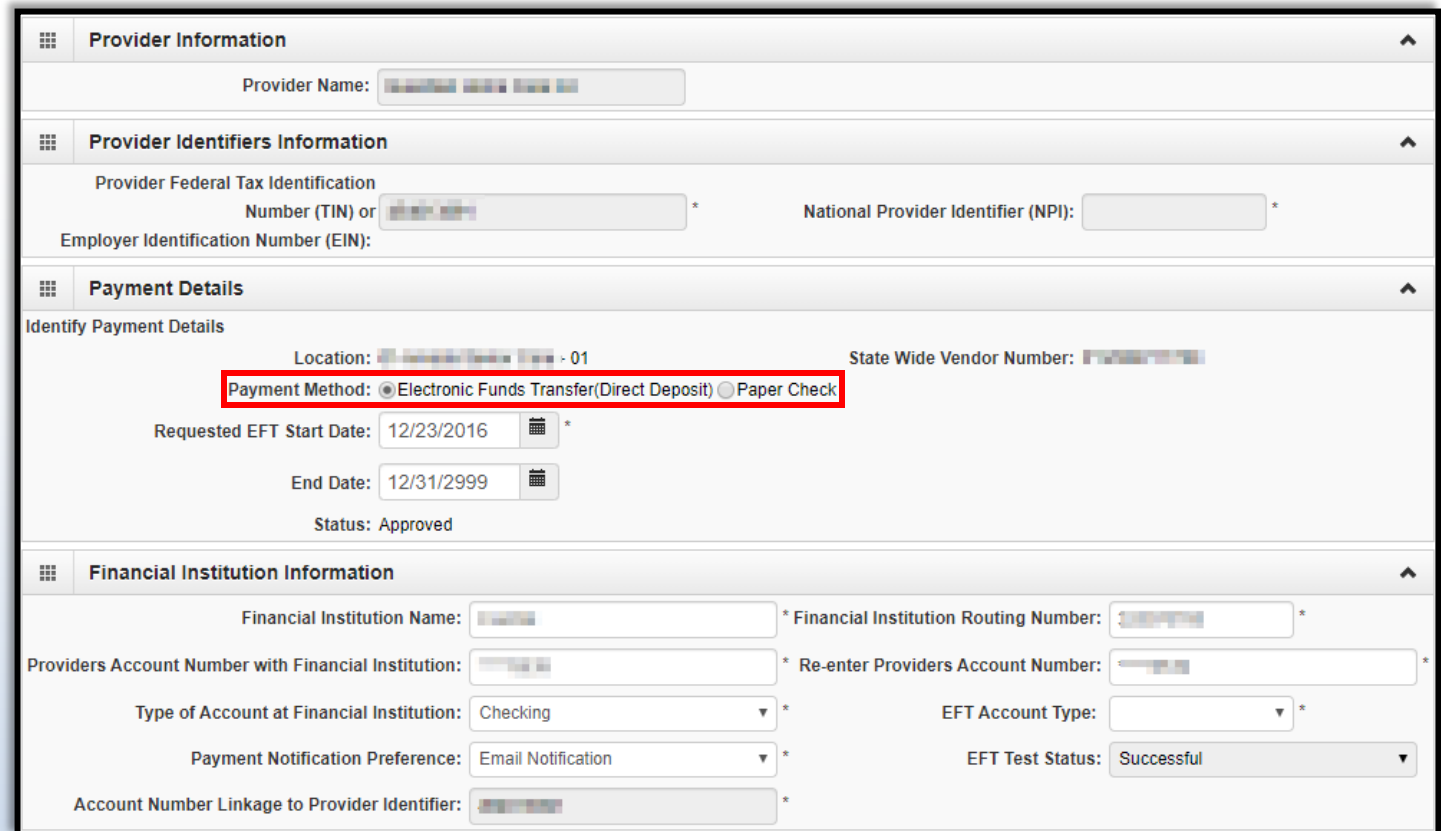
Once you have chosen a location, the **'Provider Information'** pop-up appears.

ProviderOne is defaulted to send out paper checks (warrants), if you want to set up EFT, change the **'Payment Method'** radio button to **'Electronic Funds Transfer'** instead of **'Paper Check'**.

Under **'Financial Institution Information'** you can make changes to your banking information for the direct deposits.

Receiving payments directly to your bank account is fast, safe and reduces the occurrences of lost or late payments.

If you prefer warrants, they will be sent to the **'Pay-To'** address for each location from step 2.

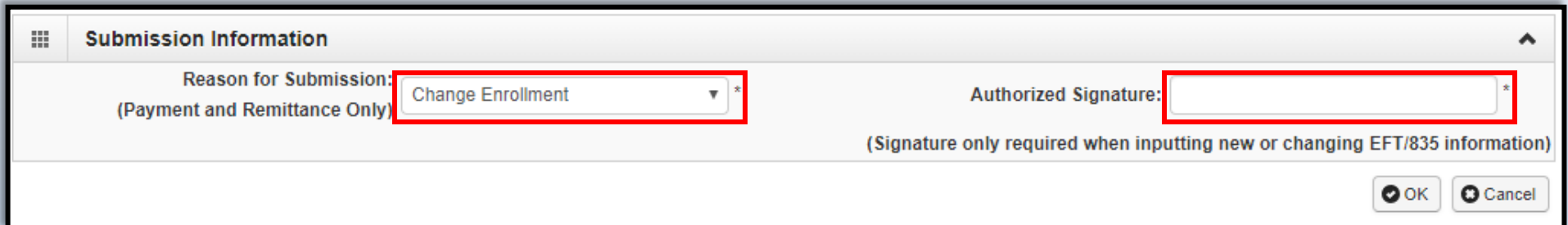


The screenshot shows a web form with several sections:

- Provider Information:** Includes a field for "Provider Name".
- Provider Identifiers Information:** Includes fields for "Provider Federal Tax Identification Number (TIN) or Employer Identification Number (EIN)", "National Provider Identifier (NPI)", and "State Wide Vendor Number".
- Payment Details:**
  - Section: "Identify Payment Details"
  - Location: [Redacted] - 01
  - Payment Method:  Electronic Funds Transfer(Direct Deposit)  Paper Check
  - Requested EFT Start Date: 12/23/2016
  - End Date: 12/31/2999
  - Status: Approved
- Financial Institution Information:**
  - Financial Institution Name: [Redacted] \* Financial Institution Routing Number: [Redacted] \*
  - Providers Account Number with Financial Institution: [Redacted] \* Re-enter Providers Account Number: [Redacted] \*
  - Type of Account at Financial Institution: Checking \* EFT Account Type: [Redacted] \*
  - Payment Notification Preference: Email Notification \* EFT Test Status: Successful
  - Account Number Linkage to Provider Identifier: [Redacted] \*

Whenever you add or change EFT information, make sure that you do the following in order to correctly save the information:

- ◆ Under '**Submission Information**' verify that the '**Reason for Submission**' is "Change Enrollment",
- ◆ Enter the name which represents an '**Authorized Signature**',
- ◆ Click on '**OK**'.
  - ⇒ If you didn't make changes or don't want to keep the changes you made, click '**Cancel**' instead.
- ◆ Repeat this process for each of your locations, then return to the main Business Process Wizard page by clicking the '**Close**' button.



The screenshot shows a web form titled "Submission Information". It contains two main input fields: "Reason for Submission: (Payment and Remittance Only)" with a dropdown menu set to "Change Enrollment", and "Authorized Signature:" with an empty text box. Both fields are highlighted with red rectangles. Below the signature field is a note: "(Signature only required when inputting new or changing EFT/835 information)". At the bottom right of the form are "OK" and "Cancel" buttons.

**Note:**

*Once the EFT request is approved, it may take up to two weeks for payments to start being direct deposited. You will still receive warrants during this time.*

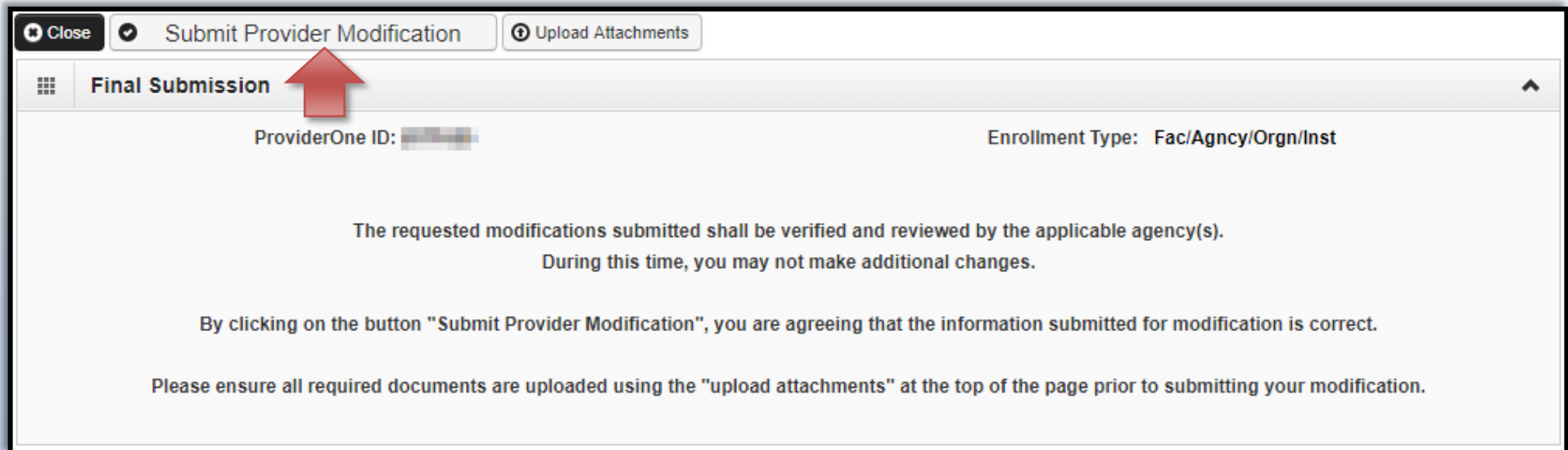
## Submitting Changes for Review

Finally you are ready to submit your changes and have them reviewed and approved. Make sure that all of your changes have been made as you won't be able to make further changes until the review is completed, then:

- ◆ Click on '**Step 16: Submit Modification for Review**' to bring up the '**Final submission**' page.
- ◆ Click on '**Submit Provider Modification**'.
- ◆ The button will turn gray, then click '**Close**'.

<input type="checkbox"/>	<a href="#">Step 14: Servicing Provider Information</a>	Optional
<input type="checkbox"/>	<a href="#">Step 15: Payment and Remittance Details</a>	Required
<input type="checkbox"/>	<a href="#">Step 16: Submit Modification for Review</a>	Required

[How to upload a document in ProviderOne \(click here\)](#)



**Note:**

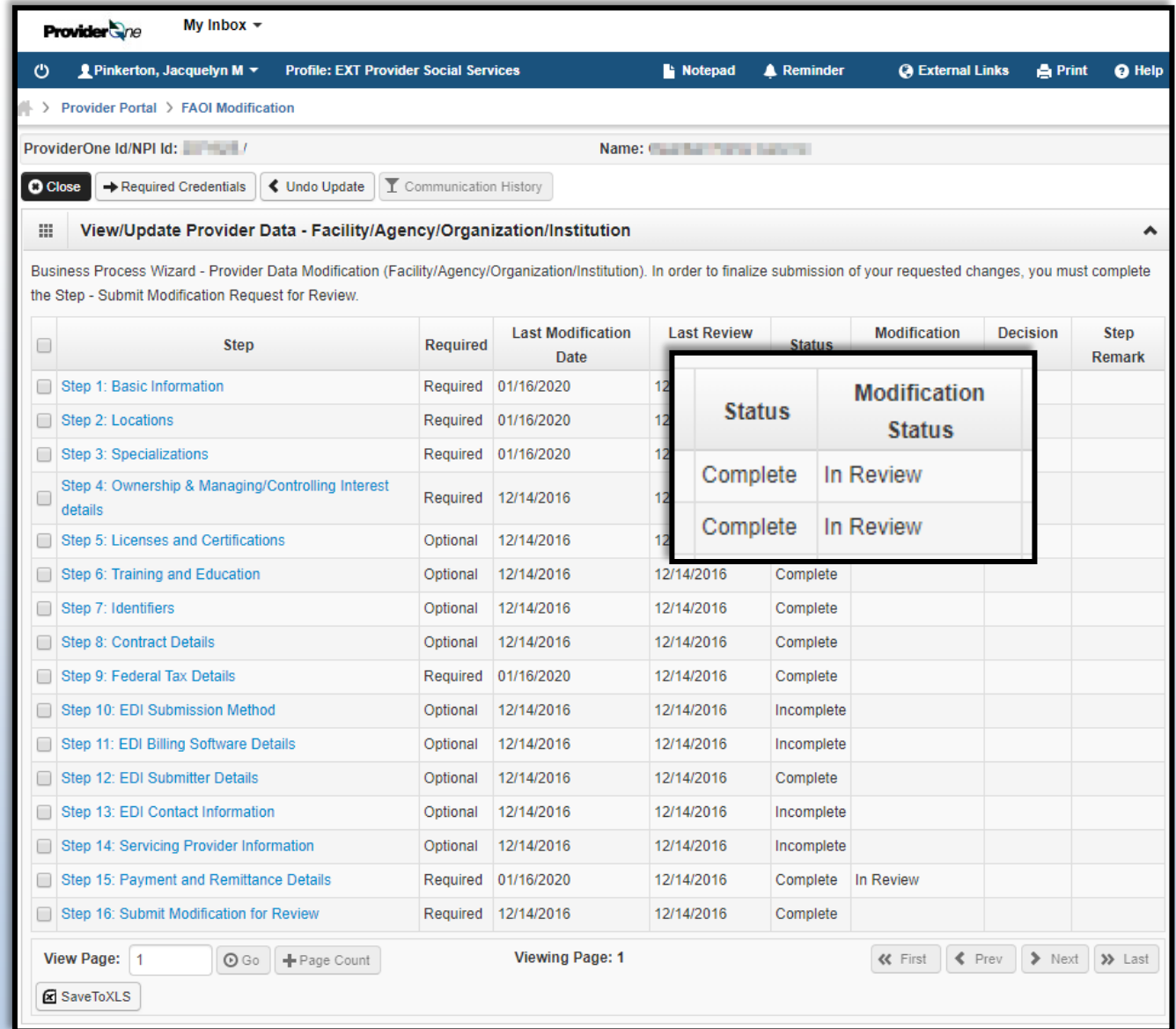
For some providers the submit step may be Step 17 instead, depending on if they have a step for Union Information or not.



Once you have submitted the modifications, you will be returned the main Business Process Wizard screen.

Here you will see any modifications you made with a **Modification Status** of “In Review”.

It can take 1-2 business days for the changes to be reviewed and completed.



The screenshot shows the 'View/Update Provider Data - Facility/Agency/Organization/Institution' screen in the ProviderOne system. The page title is 'Business Process Wizard - Provider Data Modification (Facility/Agency/Organization/Institution). In order to finalize submission of your requested changes, you must complete the Step - Submit Modification Request for Review.'

Step	Required	Last Modification Date	Last Review	Status	Modification	Decision	Step Remark
<input type="checkbox"/> Step 1: Basic Information	Required	01/16/2020	12/14/2016	Complete	In Review		
<input type="checkbox"/> Step 2: Locations	Required	01/16/2020	12/14/2016	Complete	In Review		
<input type="checkbox"/> Step 3: Specializations	Required	01/16/2020	12/14/2016	Complete	In Review		
<input type="checkbox"/> Step 4: Ownership & Managing/Controlling Interest details	Required	12/14/2016	12/14/2016	Complete			
<input type="checkbox"/> Step 5: Licenses and Certifications	Optional	12/14/2016	12/14/2016	Complete			
<input type="checkbox"/> Step 6: Training and Education	Optional	12/14/2016	12/14/2016	Complete			
<input type="checkbox"/> Step 7: Identifiers	Optional	12/14/2016	12/14/2016	Complete			
<input type="checkbox"/> Step 8: Contract Details	Optional	12/14/2016	12/14/2016	Complete			
<input type="checkbox"/> Step 9: Federal Tax Details	Required	01/16/2020	12/14/2016	Complete			
<input type="checkbox"/> Step 10: EDI Submission Method	Optional	12/14/2016	12/14/2016	Incomplete			
<input type="checkbox"/> Step 11: EDI Billing Software Details	Optional	12/14/2016	12/14/2016	Incomplete			
<input type="checkbox"/> Step 12: EDI Submitter Details	Optional	12/14/2016	12/14/2016	Complete			
<input type="checkbox"/> Step 13: EDI Contact Information	Optional	12/14/2016	12/14/2016	Incomplete			
<input type="checkbox"/> Step 14: Servicing Provider Information	Optional	12/14/2016	12/14/2016	Incomplete			
<input type="checkbox"/> Step 15: Payment and Remittance Details	Required	01/16/2020	12/14/2016	Complete	In Review		
<input type="checkbox"/> Step 16: Submit Modification for Review	Required	12/14/2016	12/14/2016	Complete			

The interface includes navigation controls at the bottom: 'View Page: 1', 'Go', '+ Page Count', 'Viewing Page: 1', and navigation buttons for 'First', 'Prev', 'Next', and 'Last'. There is also a 'SaveToXLS' button.