

ProviderOne provider user manual

Enrolling as an individual provider

2022

Disclaimer

A contract known as the Core Provider Agreement (CPA), governs the relationship between HCA and Washington Apple Health providers. The CPA terms and conditions incorporate federal laws, rules and regulations, state law, HCA rules and regulations, and HCA program policies and billing instructions, including this user manual.

Providers must submit a claim in accordance with the HCA rules, policies, and billing instructions in effect at the time they provided the service. Every effort has been made to ensure this manual's accuracy. However, in the unlikely event of an actual or apparent conflict between this document and a department rule, the department rule controls.

Table of Contents

About enrolling as an individual provider	4
Provider enrollment links	5
Accessing the enrollment Business Process Wizard (BPW).....	6
Provider basic information.....	7
Add locations	10
Provider additional information details	19
Add specializations.....	20
View required credentials for specializations	24
Add ownership details	25
Add licenses and certifications.....	29
Add training and education	31
Add Identifiers	32
Add contract details.....	33
Add federal tax details.....	34
Add EDI submission method.....	37
Add EDI billing software details	38
Add EDI submitter details.....	43
Add EDI contact information	47
Add billing provider details.....	51
Add servicing provider information	52
Add payment and remittance details.....	53
Complete enrollment checklist	57
Submit enrollment application for review	58

About enrolling as an individual provider

An individual billing provider is an individual who owns their own practice. The following ProviderOne topics and tasks are covered in this section:

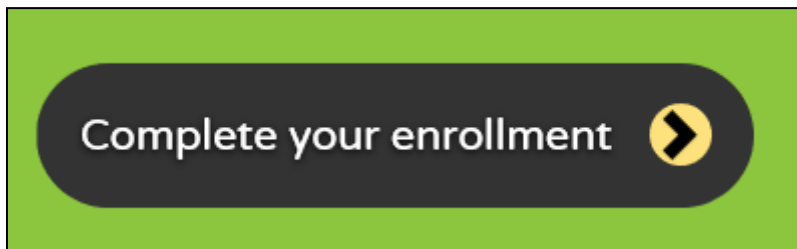
- Accessing the enrollment business process wizard
- Entering provider basic information
- Completing the business process wizard steps
- Submitting the enrollment application to ProviderOne

Provider enrollment links

Start a new provider enrollment application by accessing:

<https://www.waproviderone.org/ecams/jsp/common/pgNewPrvdrEnrollment.jsp>

Or click on this button if you are currently on the enrollment webpages at the Health Care Authority website:



Resume or track an enrollment application by accessing:

<https://www.waproviderone.org/ecams/jsp/common/pgTrackPrvdrApplctn.jsp>

You will need your application ID and either the Social Security Number (SSN) or Federal Employer Identification Number (FEIN) to login.

Accessing the enrollment Business Process Wizard (BPW)

Selecting the enrollment type

Once you have accessed the provider enrollment application, the Enrollment Type window is displayed.

- Select the appropriate enrollment form (provider enrollment type) and click the **Submit** button.

- ProviderOne displays the Basic Information page.

Provider basic information

Entering your basic information is the first step in the enrollment process. Successful completion of this step will result in:

- Confirmation that a duplicate enrollment does not already exist
- Assignment of an application ID
- Storage of the basic information in the provider enrollment staging area
- The first time this page displays, the application ID in the header will be blank. The information collected on this screen will vary based on the type of provider.
- Only choose DSHS, DOC or L&I if you are contracted with those agencies.
- If you are a billing provider, using the dropdown choose **BL-Billing**. If you are not a billing entity, choose **NB-Non-billing**.

There are two different ways of enrolling as an individual provider, using an FEIN or SSN.

- If your organization is identified by an FEIN, select the **FEIN** radio button.
 - Enter the legal name that is registered with the Internal Revenue Service (IRS) into the **Provider Name (Organization Name)** field.
 - In the **Organization Business Name** field, enter the “doing business as” (DBA) name.
- If your organization is identified by a SSN, select the **SSN** radio button.

- The screen will disable the FEIN area and allow entry into the SSN fields.
- Enter the **Provider Name, Middle Name, Last Name**, and complete **SSN, Suffix, Gender, Title** dropdowns, and **DOB** field.
- For the Servicing Type dropdown, choose **Regular Provider**.
- Complete the bottom portion of the basic information page:
 - Enter **Yes** to the question using the dropdown if you are mandated to have a Federal NPI number.
 - Enter the **NPI**.
 - Do **not** enter a UBI in this step.
 - Complete the **W-9 Entity Type** using the dropdown as appropriate for your business type.
 - If you choose "Other", an additional entry is required under W-9 Entity Type (If Other) field.
 - Enter the **Other Organizational Information** using the dropdown.
 - Enter the **Email Address** for your business.
 - Do **not** enter an enrollment effective date.
- After completing all required input, click the **Next** button.

Basic Information ^

If you don't have NPI and if you are Atypical provider then please contact DSHS worker to enroll.

<p>Available Agencies</p> <p>DOC DSHS L&I</p>	<p>Agency: <input type="text"/></p>	<p>» «</p>	<p>Selected Agencies</p> <p>HCA</p>	<p>HCA Billing Type: BL-Billing <input type="text"/></p>
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Tax Identifier Type: FEIN SSN

Provider Name(Organization Name): PRU TEST	(as shown on Income Tax Return)
Organization Business Name: PRU TEST	Federal Employer Identification Number(FEIN): 111222333

Provider Name: (First Name) <input type="text"/>	(Middle Name) <input type="text"/>	(Last Name) <input type="text"/>
Suffix: <input type="text"/>	Gender: <input type="text"/>	Title: <input type="text"/>
SSN: <input type="text"/>	Servicing Type: <input type="text"/>	
Date of Birth: <input type="text"/>		

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

NPI?

National Provider Identifier(NPI): 1868022835	UBI: <input type="text"/>
W-9 Entity Type: Corporation <input type="text"/>	W-9 Entity Type (If Other): <input type="text"/>

Other Organizational Information: For Profit <input type="text"/>	Email Address: <input type="text"/>
Enrollment Effective Date: <input type="text"/>	

- ProviderOne displays the Basic Information – Application ID page.
- Print this page or copy the application ID and store it in a safe place. If you exit the enrollment process prior to completion and want to return, you will need this number.
 - **Please note.** An application will be purged from the system if not completed within 180 days from the date the application was started.
- Click **Next**.

- ProviderOne displays the provider enrollment BPW.
- The Provider Basic Information status is now set to Complete.

Step	Required	Start Date	End Date	Status	Step Remark
Step 1: Provider Basic Information	Required	01/13/2022	01/13/2022	Complete	
Step 2: Add Locations	Required			Incomplete	
Step 3: Provider Additional Information	Optional			Incomplete	
Step 4: Add Specializations	Required			Incomplete	
Step 5: Ownership & Managing/Controlling Interest details	Required			Incomplete	
Step 6: Add Licenses and Certifications	Optional			Incomplete	
Step 7: Add Training and Education	Optional			Incomplete	
Step 8: Add Identifiers	Optional			Incomplete	
Step 9: Add Contract Details	Optional			Incomplete	
Step 10: Add Federal Tax Details	Required			Incomplete	
Step 11: Add EDI Submission Method	Optional			Incomplete	
Step 12: Add EDI Billing Software Details	Optional			Incomplete	
Step 13: Add EDI Submitter Details	Optional			Incomplete	
Step 14: Add EDI Contact Information	Optional			Incomplete	
Step 15: Add Billing Provider Details	Optional			Incomplete	
Step 16: Add Servicing Provider information	Optional			Incomplete	
Step 17: Add Payment and Remittance Details	Required			Incomplete	
Step 18: Complete Enrollment Checklist	Required			Incomplete	
Step 19: Final Enrollment Instructions	Required			Incomplete	

- All steps marked as **Required** must have a status of **Complete** before the application can be submitted for review.

Required	Start Date	End Date	Status
Required	01/13/2022	01/13/2022	Complete
Required			Incomplete

Add locations

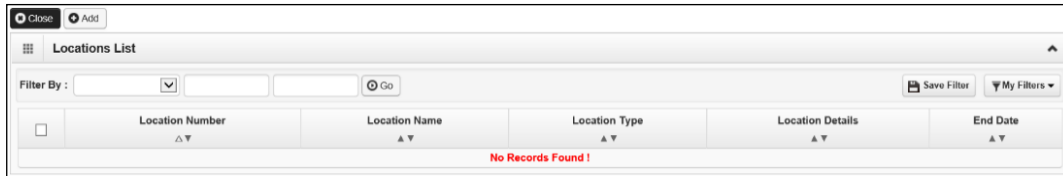
Accessing the locations list

On the BPW screen:

- Click on the **Add Locations** hyperlink.

Step 2: Add Locations

- ProviderOne displays the Locations list.
- The first time this list displays it will be blank. The Locations List displays all locations associated with this provider.
- To access the location information list, click the **Add** button.



About the add provider location form

Every provider enrolling with an NPI must have an NPI Base Location. The NPI Base Location is used to anchor all the provider's NPI related specializations and related details.

For an NPI Base Location, three addresses are required:

- A **Location** address
- A **Mailing** address
- A **Pay to** address
- Mailing and pay to addresses are subordinate to the location address. If a Base Location is not identified, the BPW step will be "incomplete."

- As addresses are being added under locations, do not enter an end date in the End Date field for any of these addresses. The end date is system generated and will auto populate to 12/31/2999.
- Be sure to complete all required fields marked with an asterisk, such as **Phone Number**.
- Additional optional fields to complete are **Fax Number**, **Cell Phone Number**, and **Communications Preference** using the dropdown (if email is chosen, an email address is required).
- If applicable, choose a **WA Tax Revenue Code** using the dropdown.

The screenshot displays a web application interface with three main sections for address management:

- Add Physical Location Information:** This section includes a dropdown for 'Location Type' (set to 'NPI Base Location'), an 'End Date' field, and input fields for 'Business Name at this Location' and 'Contact First Name'. It also has a 'Contact Last Name' field. Below these are fields for 'Address Line 1', 'Address Line 2', and 'Address Line 3'. There are dropdown menus for 'State/Province', 'Country', 'City/Town', and 'County'. A 'Zip Code' field is followed by an 'Add Address' button. Other fields include 'Fax Number', 'Email Address', 'Communication Preference' (a dropdown set to 'Email'), 'Cell Phone Number', and 'WA Tax Revenue Code' (a dropdown). A 'Web Page' field is at the bottom.
- Mailing Address:** This section starts with a checkbox 'Same as Location Address'. It includes an 'End Date' field and a note: 'Click on 'Add Address' button to populate address field'. It contains input fields for 'Address Line 1', 'Address Line 2', and 'Address Line 3'. There are dropdown menus for 'State/Province', 'Country', 'City/Town', and 'County'. A 'Zip Code' field is followed by an 'Add Address' button.
- Pay-To Address:** This section is identical in structure to the 'Mailing Address' section, including the 'Same as Location Address' checkbox, 'End Date' field, address lines, location dropdowns, and 'Add Address' button.

At the bottom right of the form, there are 'OK' and 'Cancel' buttons.

Add physical location information

In the Add a Physical Location area of the location list:

- Click the **Add Address** button.



- ProviderOne displays the Address details form.
- Complete the following fields:
 - Address line 1
 - Address line 2
 - Zip code
- Click on the **Validate Address** button.

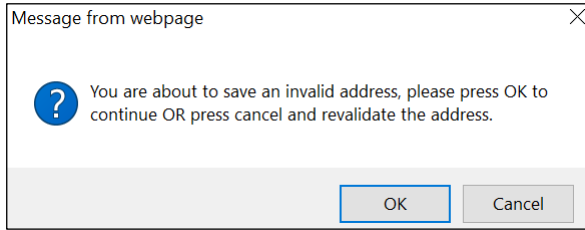
 A screenshot of a web form titled "Address details" in a light gray window. The form contains several input fields: "Address Line 1" (with a subtext "(Enter Street Address or PO Box Only)"), "Address Line 2", "Address Line 3", "City/Town" (a dropdown menu), "State/Province" (a dropdown menu), "Country" (a dropdown menu), "County" (a dropdown menu), and "Zip Code" (with a hyphen separator). A "Validate Address" button with a plus icon is located to the right of the Zip Code field. At the bottom right of the form are "OK" and "Cancel" buttons.

- ProviderOne validates the address information entered against the United States Postal Service (USPS) database.
- If the address entered is not located when the validate address button is clicked, the following error will appear at the top of the page:

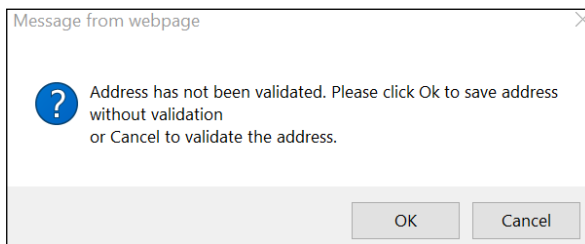
 A screenshot of the "Address details" form showing an error message at the top: "Address not found with Street Address and Zip Code Combination" in red text. The form fields are filled with example data: "Address Line 1" is "1234 MAIN BLVD", "City/Town" is "Olympia", "State/Province" is "Washington", "County" is "Thurston", and "Zip Code" is "98501". The "Validate Address" button is still visible.

- Correct the address and click the **Validate Address** button again.
- If the error message appears a second time, this does not indicate that the address is invalid. By clicking the **Ok** button, ProviderOne can override the error and the following pop up window will be displayed.

- Click **Ok** on the popup to save the address.



- If you do not click the Validate address button, you will receive the below popup warning message. Click **Ok** to save the address or **Cancel** to revalidate the address using the steps above.



Add mailing address information

Follow the instructions on the previous pages to add a mailing address.

- If the mailing address is the same as the physical address location, place a checkmark in the **Same as Location Address** box and the address will automatically be entered in the mailing address fields.

Mailing Address

Same as Location Address End Date:

Click on 'Add Address' button to populate address field

Address Line 1: * Address Line 2:

Address Line 3: City/Town: *

State/Province: * County:

Country: * Zip Code: - **Add Address**

Add pay to address information

Follow the instructions on previous pages to add a pay to address.

- If the pay to address is the same as the physical address location, place a checkmark in the **Same as Location Address** box and the address will automatically be entered in the address fields.

Pay-To Address

Same as Location Address End Date:

Click on 'Add Address' button to populate address field

Address Line 1: * Address Line 2:

Address Line 3: City/Town: *

State/Province: * County:

Country: * Zip Code: - **Add Address**

- Click the **Ok** button to save the information and close the window or **Cancel** to close the window without saving.

Add Physical Location Information

Location Type: * End Date:

Business Name at this Location: * Contact Last Name: *

Contact First Name: * End Date:

Click on 'Add Address' button to populate address field

Address Line 1: * Address Line 2:

Address Line 3: City/Town: *

State/Province: * County:

Country: * Zip Code: - **Add Address**

Fax Number: Phone Number: *

Email Address: Cell Phone Number:

Communication Preference: WA Tax Revenue Code:

Web Page:

Mailing Address

Same as Location Address End Date:

Address Line 1: * Address Line 2:

Address Line 3: City/Town: *

State/Province: * County:

Country: * Zip Code: - **Add Address**

Pay-To Address

Same as Location Address End Date:

Address Line 1: * Address Line 2:

Address Line 3: City/Town: *

State/Province: * County:

Country: * Zip Code: - **Add Address**

- If the information is saved, ProviderOne returns to the Locations List with the newly added address information.

- If no additional location addresses are needed, click **Close**.

Location Number	Location Name	Location Type	Location Details	End Date
00001	PRU TEST INDIVIDUAL	NPI Base Location	1234 MAIN STREET, OLYMPIA, WASHINGTON 98504	12/31/2999

Adding an additional servicing location

If you have more than one clinic or location per billing NPI, follow the below steps for adding servicing locations.

To add an NPI Servicing Location to the Base Location, two addresses are required:

- A **Location** address
- A **Mailing** address
- Back on the Locations List, click the **Add** button:

Location Number	Location Name	Location Type	Location Details	End Date
00001	TEST GROUP	NPI Base Location	123 MAIN STREET, OLYMPIA, WASHINGTON 98501	12/31/2999

- ProviderOne displays the Add Physical Location Information screen.
- Use the dropdown to choose NPI Servicing Location.

Add Physical Location Information

Location Type: NPI Servicing Location *

Business Name at this Location: *

Contact First Name: * Contact Last Name: *

Click on 'Add Address' button to populate address field

Address Line 1: * Address Line 2: *

Address Line 3: * City/Town: * *

State/Province: * Country: * *

Country: * Zip Code: * - * Add Address

Fax Number: * Phone Number: * *

Email Address: * Cell Phone Number: *

Communication Preference: Email * WA Tax Revenue Code: *

Web Page: *

Mailing Address

Same as Location Address End Date: *

Click on 'Add Address' button to populate address field

Address Line 1: * Address Line 2: *

Address Line 3: * City/Town: * *

State/Province: * Country: * *

Country: * Zip Code: * - * Add Address

OK Cancel

- Follow the steps noted on previous pages for adding the two required addresses for a Servicing Location.
- ProviderOne adds the second location to the Locations List.

Location Number	Location Name	Location Type	Location Details	End Date
00001	TEST GROUP	NPI Base Location	123 MAIN STREET, OLYMPIA, WASHINGTON 98501	12/31/2999
00002	TEST GROUP 2	NPI Servicing Location	321 MAIN STREET, OLYMPIA, WASHINGTON 98501	12/31/2999

Modifying a location record

From the Locations List:

- Click the link in the Location Number column highlighted in blue.

Location Number
00001

- ProviderOne displays the Location Details screen.
- Click the blue hyperlink for the address type you need to modify.
- After making your changes, click the **Save** button to save, or the **Close** button to close the window without saving.

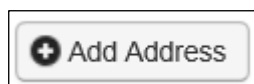
Address Type	Address	End Date
Location	1234 MAIN STREET, OLYMPIA, WASHINGTON 98504	12/31/2999
Mailing	1234 MAIN STREET, OLYMPIA, WASHINGTON 98504	12/31/2999
Pay-To	1234 MAIN STREET, OLYMPIA, WASHINGTON 98504	12/31/2999

- Use the Address List to add and edit other location addresses as needed.

Add an address to a location

From the Location Details screen:

- Click the **Add Address** button.



- ProviderOne displays the Add Provider Location Address form.
- Choose **Type of Address** from the dropdown, either Mailing or Pay-To.

Add Provider Location Address

Type of Address: *
 Address Input Option: Address

End Date:

Address Line 1: * Address Line 2:

Address Line 3: City/Town: *

State/Province: * County: *

Country: * Zip Code: -

- Select the type of input option:
 - If you choose **Manually Input**, it allows you to add location address information using the steps on the previous pages.
 - Selecting the **Copy from Location Address** copies the details of the locations previously entered to this form.

Add Provider Location Address

Type of Address: *

Address Input Option: Manually Input Copy from Location Address

End Date:

Address Line 1: * Address Line 2:

Address Line 3: City/Town: *

State/Province: * County: *

Country: * Zip Code: -

- After completing the form, click the **Ok** button to save and return to the Location Details Screen or click the **Cancel** button to close without saving.

Deleting a location

From the Locations List:

- Check the box next to the record you want to delete and click the **Delete** button.

Location Number	Location Name	Location Type	Location Details	End Date
<input checked="" type="checkbox"/> 00001	PRU TEST INDIVIDUAL	NPI Base Location	1234 MAIN STREET, OLYMPIA, WASHINGTON 98504	12/31/2999

Please note. When a location is deleted, all step details associated with that location, including Address, Specialties, and Licenses/Certifications will be deleted.

What happens next

From the Locations List:

- Click the **Close** button and proceed to the next step in the BPW.
- ProviderOne displays the BPW with the status of this step now set to Complete.

Step 2: Add Locations	Required	01/13/2022	01/13/2022	Complete
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Provider additional information details

As an HCA provider, Step 3 will show as an optional entry at this time.

From the BPW:

- Click the **Provider Additional Information** link.

[Step 3: Provider Additional Information](#)

- The correspondence address will be prepopulated with the address information entered in Step 2 for mailing address.
- If you entered an FEIN in Step 1, complete the required fields under Provider Information for **First Name**, **Last Name**, and **SSN**.

The screenshot shows a web form with two main sections: "Correspondence Address" and "Provider Information".

Correspondence Address: This section includes a "Start Date" field with a calendar icon. Below it are fields for "Address Line 1" (pre-filled with "1234 MAIN STREET"), "Address Line 2", "Address Line 3", "City/Town" (dropdown menu with "OLYMPIA" selected), "State/Province" (dropdown menu with "WASHINGTON" selected), "County" (dropdown menu with "THURSTON" selected), and "Country" (dropdown menu with "UNITED STATES" selected). A "Zip Code" field is split into two parts: "98504" and "0001". An "Add Address" button is located at the bottom right of this section.

Provider Information: This section contains four input fields: "First Name", "Middle Name", "Last Name", and "SSN".

What happens next

From the Locations List:

- Click the **Close** button and proceed to the next step in the BPW.
- ProviderOne displays the BPW with the status of this step now set to Complete.

Step 3: Provider Additional Information	Optional		Incomplete
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Add specializations

Accessing the specialty/subspecialty List

From the BPW:

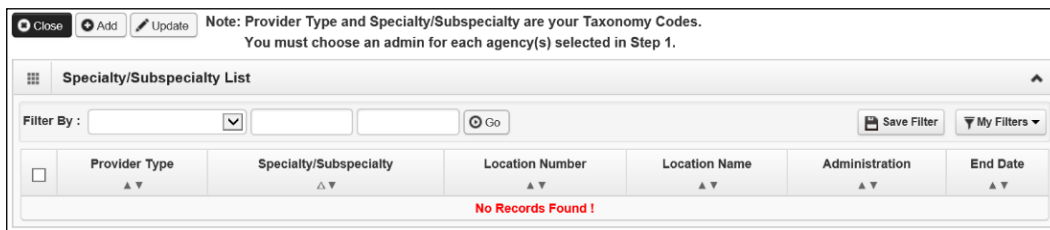
- Click the **Add Specializations** link.

Step 4: Add Specializations

- ProviderOne displays the Specialty/Subspecialty List.
- The first time this list displays it will be blank. This list displays all specializations by location.

Add specializations (at least one specialty must be added to each location)

- To add a new record, click the **Add** button.



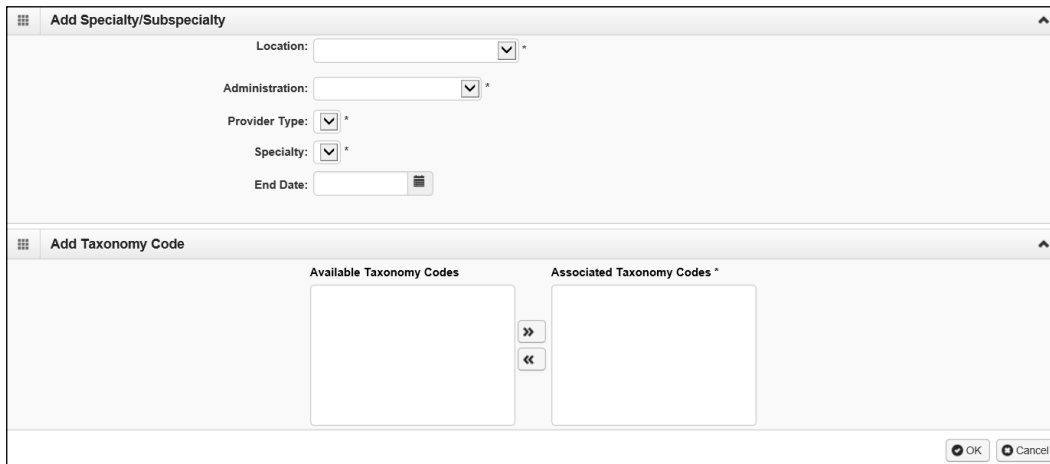
Close Add Update Note: Provider Type and Specialty/Subspecialty are your Taxonomy Codes. You must choose an admin for each agency(s) selected in Step 1.

Specialty/Subspecialty List

Filter By: [] [] [] Go Save Filter My Filters

Provider Type	Specialty/Subspecialty	Location Number	Location Name	Administration	End Date
No Records Found!					

- ProviderOne displays the Add Specialty/Subspecialty form.



Add Specialty/Subspecialty

Location: []

Administration: []

Provider Type: []

Specialty: []

End Date: []

Add Taxonomy Code

Available Taxonomy Codes

Associated Taxonomy Codes *

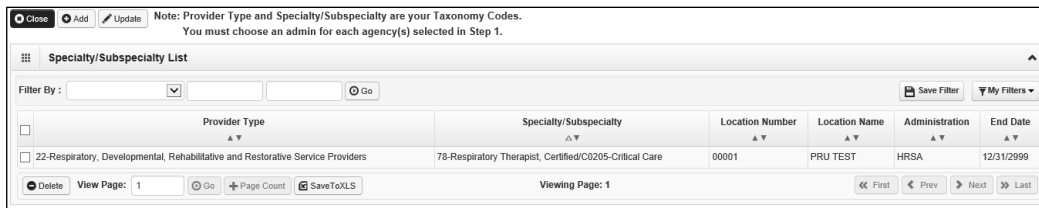
OK Cancel

- To add a specialty to a location, select the appropriate one from the **Location** drop down.
 - At least one specialty must be selected and added to **each** provider location.
 - Select **All** from the dropdown if the specialties will be performed in all locations associated to your domain.

- The next step is to choose the **Administration** from the dropdown.
- Then choose both the **Provider Type** (the first two digits of the taxonomy code) and the **Specialty** (digits three and four of the taxonomy code).
- Do not enter a date in the End Date field. ProviderOne will auto-populate this entry.

- Entries for type and specialty will open the available taxonomy codes loaded in ProviderOne.
 - Use the arrows to move the taxonomy code from the **Available Taxonomy Codes** box to the **Associated Taxonomy Codes** box.
- Click the **Ok** button to save the information and close the window or **Cancel** to close the window without saving.

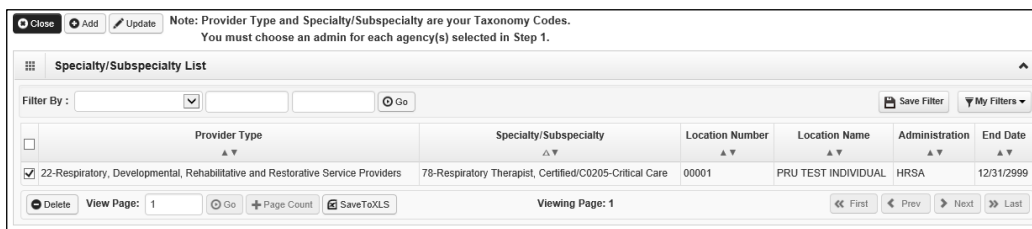
- ProviderOne validates the information entered, saves, and returns to the Specialty/Subspecialty List.



Modifying a specialty/subspecialty record

From the Specialty/Subspecialty List:

- Check the box next to the specialty you wish to modify and click the **Update** button.



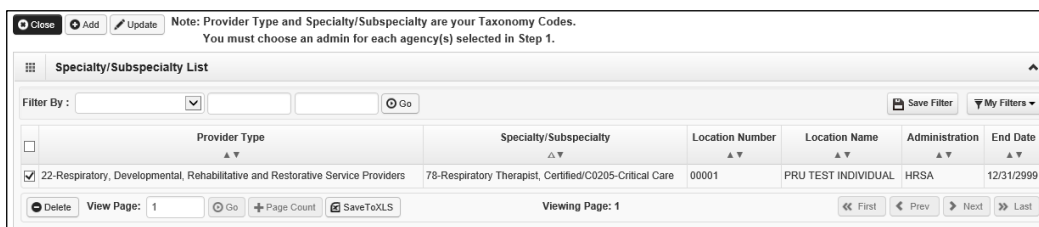
- ProviderOne displays the Manage Specialty/Subspecialty list.
- Only the end date can be modified.
 - Entering an end date can cause issues with claims in ProviderOne so it is not recommended that this be changed from 12/31/2999 unless the specialty will no longer be used.
- After making your changes, click the **Ok** button to save, or the **Cancel** button to close the window without saving.



Deleting a specialty/subspecialty

Specialties and Subspecialties can only be deleted during the enrollment process.

- From the Specialty/Subspecialty List, check the box next to the record you want to delete and click the **Delete** button.
- From the Specialty/Subspecialty list, click the **Close** button and proceed to the next step in the BPW.



- ProviderOne displays the BPW with the status set to complete.

Step 4: Add Specializations	Required	01/13/2022	01/13/2022	Complete
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View required credentials for specializations

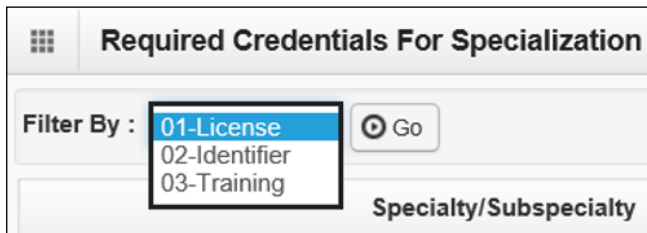
Accessing the required credentials for specialization list

From the BPW:

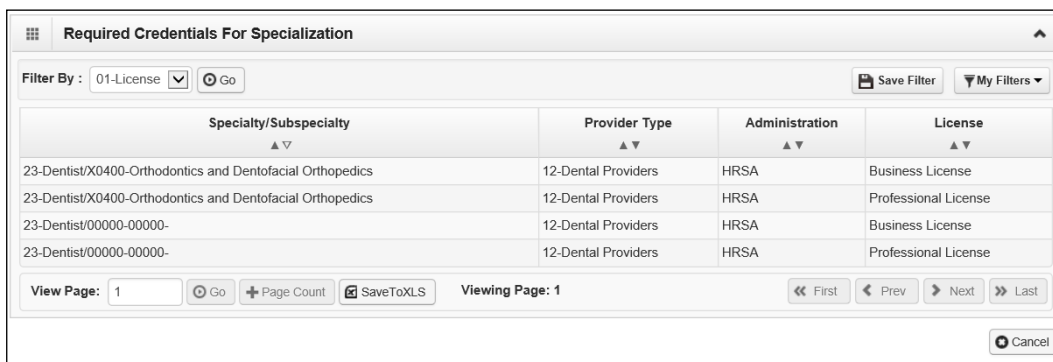
- Click the **Required Credentials** button.



- ProviderOne displays the Required Credentials for Specializations list.
 - Depending on how many locations are added, additional licenses may be required (i.e., business and professional) per location.
- To view the License, Identifier, and Training requirements, use the Filter By drop down.



- When finished, click the **Cancel** button to close the window.



Add ownership details

Accessing the ownership and managing/controlling interest list

From the BPW:

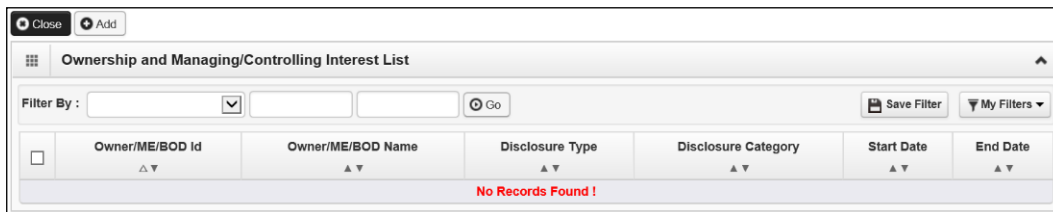
- Click the **Add Ownership Details** link.

Step 5: Ownership & Managing/Controlling Interest details

- ProviderOne displays the Ownership and Managing/Controlling Interest list.

Adding an owner

- To add a new record, click the **Add** button.



	Owner/ME/BOD Id	Owner/ME/BOD Name	Disclosure Type	Disclosure Category	Start Date	End Date
No Records Found !						

- ProviderOne displays the Add Ownership & Managing/Controlling Interest Disclosures form.

- Choose the Disclosure Category by accessing the **Disclosure Category** dropdown.
- Choose the Disclosure Type by accessing the **Disclosure Type** dropdown.
- If it is an organization, use FEIN. If it is an Individual, use the SSN (without dashes).
- The **Disclosure Start Date** is the first day of ownership.
- Enter an **Ownership Percentage**.
- Complete the Ownership Association area by entering a **Relationship Type** and **Associated Owner** using the dropdowns.
- Click the **Ok** button to save the information and close the window or **Cancel** to close the window without saving.

- ProviderOne validates the information entered, then saves and returns to the Ownership & Managing/Controlling Interest Disclosures list. This list will display the new owners.

Owner/ME/BOD Id	Owner/ME/BOD Name	Disclosure Type	Disclosure Category	Start Date	End Date
111-22-2333	TEST, PRU	Individual	Owner	01/01/2020	12/31/2999

Modifying an owner record

From the ProviderOne Ownership & Managing/Controlling Interest Disclosures list:

- Click the blue link in the Owner/ME/BOD ID column.

Owner/ME/BOD Id	Owner/ME/BOD Name	Disclosure Type	Disclosure Category	Start Date	End Date
111-22-2333	PRU TEST INDIVIDUAL, PRU TEST INDIVIDUAL	Individual	Owner	01/01/2020	12/31/2999

- ProviderOne displays the Ownership & Managing/Controlling Interest Disclosures page.
- To change the address, click the **Address** button.
- After making your changes, click the **Save** button to save, or the **Close** button to close the window without saving.

Ownership & Managing/Controlling Interest Disclosures

Include information related to the disclosures of ownership, managing employees (ME), and other controlling interests including board of directors (BOD)

Disclosure Category: Owner

Disclosure Type: Individual SSN/FEIN: 111222333

Doing Business As: PRU TEST INDIVIDUAL Minority/Women Owned Business Enterprise(MWOBE):

Organization Name:

First Name: PRU TEST INDIVIDUAL Last Name: PRU TEST INDIVIDUAL

Suffix: Date of Birth: 01/01/1970

Disclosure Start Date: 01/01/2020 Disclosure End Date: 12/31/2999

Address Line 1: 1234 MAIN STREET Address Line 2:

Address Line 3: City/Town: OLYMPIA

State/Province: WASHINGTON County: THURSTON

Country: UNITED STATES Zip Code: 98504 - 0001

Ownership Percentage: 100

Owner Association

If the person being disclosed is related to other owner (spouse, parent, child, sibling), managing employee, or other controlling interest including member of board of directors, list related individual

Relationship Type: Associated Owner:

Deleting an owner record

From the Owner/ME/BOD Id column:

- Check the box next to the record you want to delete and click the **Delete** button.
- From the Ownership & Managing/Controlling Interest List, click the **Close** button.

Owner/ME/BOD Id	Owner/ME/BOD Name	Disclosure Type	Disclosure Category	Start Date	End Date
<input checked="" type="checkbox"/> 111-22-2333	PRU TEST INDIVIDUAL, PRU TEST INDIVIDUAL	Individual	Owner	01/01/2020	12/31/2999

- ProviderOne displays the BPW. The status is now set to Complete.

Step 5: Ownership & Managing/Controlling Interest details	Required	01/13/2022	01/13/2022	Complete
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Add licenses and certifications

Accessing the license/certification list

From the BPW:

- Click the **Add Licenses and Certifications** link.

Step 6: Add Licenses and Certifications

- ProviderOne displays the License/Certification List.
- The first time this list displays it will be blank. This list displays all licenses and certifications by location.

Adding a license/certification

Please Note. Each location that a specialization has been added to will require the applicable credentials added (i.e., both professional and business license for each physical location).

- To add a new record, click the **Add** button.

- ProviderOne displays the Add License/Certification form.
- Use the Location dropdown to add a license or certification to a specific provider location.
 - Only select **All** if the license pertains to every location.
- Using the dropdowns, select the **License/Certification Type**, the **License/Certification #**, **State of Licensure**, and enter the **Effective Date** and the **End Date**.
- Click the **Ok** button to save the information and close the window or **Cancel** to close the window without saving.

- ProviderOne validates the information entered and saves and returns to the License/Certification List.

License/Certification #	License/Certification Type	State of Licensure	Location Number	Location Name	Effective Date	End Date
4321	Professional License	WA - Washington	00001	PRU TEST INDIVIDUAL	01/01/2020	01/01/2022
1234	Business License	WA - Washington	00001	PRU TEST INDIVIDUAL	01/01/2020	12/31/2999

Modifying a license/certification record

From the License/Certification List:

- Click the blue hyperlink in the License/Certification # column.

License/Certification #	License/Certification Type	State of Licensure	Location Number	Location Name	Effective Date	End Date
4321	Professional License	WA - Washington	00001	PRU TEST INDIVIDUAL	01/01/2020	01/01/2022
1234	Business License	WA - Washington	00001	PRU TEST INDIVIDUAL	01/01/2020	12/31/2999

- ProviderOne displays the Manage License/Certification form.
- After making your changes, click the **Save** button to save or the **Close** button to close the window without saving.

Location: 00001-PRU TEST INDIVIDUAL * State of Licensure: WA - Washington *
 License/Certification Type: Professional License * License/Certification #: 4321 *
 Effective Date: 01/01/2020 * End Date: 01/01/2022 *

Deleting a license/certification

Licenses and certifications can only be deleted during the enrollment process.

From the License/Certification List:

- Check the box next to the record you want to delete and click the **Delete** button.
- From the License/Certification List, click the **Close** button.

License/Certification #	License/Certification Type	State of Licensure	Location Number	Location Name	Effective Date	End Date
<input checked="" type="checkbox"/> 4321	Professional License	WA - Washington	00001	PRU TEST INDIVIDUAL	01/01/2020	01/01/2022
<input type="checkbox"/> 1234	Business License	WA - Washington	00001	PRU TEST INDIVIDUAL	01/01/2020	12/31/2999

- ProviderOne displays the BPW. The status is now set to Complete.

Step 6: Add Licenses and Certifications	Required	01/13/2022	01/13/2022	Complete
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Add training and education

This step is optional and is not needed for enrollment.

Add Identifiers

This step is optional and is not needed for enrollment.

Add contract details

HCA providers should not enter contract details in this step.

Add federal tax details

W-9 information is required and collected for all providers.

Accessing the federal tax details page

From the BPW:

- Click the **Add Federal Tax Details** link.

Step 10: Add Federal Tax Details

- ProviderOne displays the Federal Tax Details page.
- The W-9 Form is required for all providers.
- To access the W-9 Form, click the **W-9** hyperlink.

- ProviderOne displays the Form W-9 page.
- Complete the form and click the **Ok** button to save the information or the **Cancel** button to close the window without saving.

- ProviderOne returns to the Federal Tax Details list.

Modifying a tax form record

From the Federal Tax Details list:

- Click the link of the form you wish to modify.

- ProviderOne displays the appropriate tax form page.
- After making your changes, click the **Ok** button to save or the **Cancel** button to close the window without saving.

Deleting a tax form record

Adding Federal tax details is required for all payable providers. The system will not let you delete this form.

- Click the **Close** button and proceed to the next step in the BPW.

Close

Federal Tax Details

IRS Form W-9 information is required for all Providers. Please ensure that your Form W-9 information is accurate by clicking on the hyperlink below. You may be eligible to enter optional Form W-4 and W-5 information.

Federal Tax Form

[W-9 Form](#)

Delete View Page: 1 Go Page Count SaveToXLS Viewing Page: 1 First Prev Next Last

- ProviderOne displays the BPW. The status is now set to Complete.

Step 10: Add Federal Tax Details	Required	01/13/2022	01/13/2022	Complete
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Add EDI submission method

Accessing the EDI submission details page

From the BPW:

- Click the **Add EDI Submission Method** link.

Step 11: Add EDI Submission Method

- ProviderOne displays the EDI Submission Details page.

Selecting EDI submission method(s)

- Place a check in the box next to the EDI Submission Method(s) you will use and click the **OK** button.

You may check multiple Modes of Submission. NPI is required for all selections.

EDI Submission Details

If Web Batch and/or FTP Secured Batch are selected, you must complete and mail a new ProviderOne Trading Partner Agreement.

Mode of Submission: Web Batch Billing Agent/Clearinghouse FTP Secured Batch Web Interactive

Method	When to Use
Web Batch	For upload/download of files in ProviderOne
Billing Agent/Clearinghouse	For providers who use a 3rd party to bill
FTP Batch	For submitting files via an SFTP site
Web Interactive	For entering (keying) claims directly in ProviderOne

- Your EDI submission method is "Web Batch" if you currently upload and download batch files using WaMedWeb. This 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 DSHS. This method was designed with clearinghouses and billing agents in mind. It allows a maximum file size of 100 MB.

OK Cancel

- ProviderOne displays the BPW. The status is now set to Complete.

Step 11: Add EDI Submission Method	Optional	01/13/2022	01/13/2022	Complete
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Add EDI billing software details

Accessing the EDI billing software information list

From the BPW:

- Click the **Add EDI Billing Software Details** link.

Step 12: Add EDI Billing Software Details

- ProviderOne displays the EDI Billing Software Information list.
- The first time this list displays it will be blank.

Adding an EDI billing software record

- To add a new record, click the **Add** button.

The screenshot shows a web interface for 'EDI Billing Software Information'. At the top, there are 'Close' and 'Add' buttons. Below is a filter section with 'Filter By:' dropdowns and a 'Go' button. A table with columns for Software Name, Software Version, Software Vendor Name, Vendor Contact Title, Vendor Contact Name, Vendor Contact Phone Number, and End Date is shown. The table is currently empty, with a red message 'No Records Found!' centered below it. There are also 'Save Filter' and 'My Filters' buttons.

- ProviderOne displays the Add EDI Billing Software Information page.

The screenshot shows the 'Add EDI Billing Software Information' form. It is divided into two main sections: 'Add EDI Billing Software Information' and 'Software Vendor Contact Information'.
 The first section contains fields for:

- Software Vendor Company Name: *
- Software Product Name: *
- Software Version: *
- Software Protocol: * (with a red note: '<--See the note at the bottom of the page.')
- Element Delimiter: Asterisk-* (Default Delimiter * (asterisk))
- Segment Delimiter: Tilde~ (Default Delimiter ~ (tilde))
- Sub-Element Delimiter: colon: (Default Delimiter : (colon))

 The second section, 'Software Vendor Contact Information', contains fields for:

- Contact Title: *
- Contact First Name: *
- Contact Last Name: *
- Phone Number: *
- Fax Number: *
- Email Address: *
- End Date: (calendar icon)
- Address Line 1: *
- Address Line 2: *
- Address Line 3: *
- City/Town: *
- State/Province: *
- County: *
- Country: *
- Zip Code: *

 At the bottom, there is a 'Note' section with three bullet points:

- If Web Batch was chosen in step 11, indicate "Web Batch" in the Software Protocol field.
- If "FTP Secured Batch" was chosen in step 11, indicate "FTP Secured Batch" in Software Protocol field.
- If both were chosen, indicate "Web Batch, FTP" in the software protocol field.

 The form ends with 'OK' and 'Cancel' buttons.

- Complete the required fields for EDI Billing Software Information at the top part of the screen:

Add EDI Billing Software Information

Software Vendor Company Name: PRU TEST *

Software Product Name: PRU TEST * Software Version: 1.0 *

Software Protocol: WEB BATCH, FTP * <-- See the note at the bottom of the page.

Element Delimiter: Asterisk-* Default Delimiter * (asterisk)

Segment Delimiter: Tilde-~ Default Delimiter ~ (tilde)

Sub-Element Delimiter: colon-: Default Delimiter : (colon)

- Next complete the Software Vendor Contact Information on the bottom portion of the screen.
- To add an address, click the **Address** button.

Software Vendor Contact Information

Contact Title: PRU *

Contact First Name: PRU * Contact Last Name: TEST *

Phone Number: (800) 562-3022 * Fax Number:

Email Address: End Date:

Address Line 1: Address Line 2:

Address Line 3: City/Town:

State/Province: County:

Country: Zip Code: Address

Note:

- If Web Batch was chosen in step 11, indicate "Web Batch" in the Software Protocol field.
- If "FTP Secured Batch" was chosen in step 11, indicate "FTP Secured Batch" in Software Protocol field.
- If both were chosen, indicate "Web Batch, FTP" in the software protocol field.

OK Cancel

- ProviderOne displays the Address details form.
- Complete the following fields:
 - Address line 1
 - Address line 2
 - Zip code
- Click on the **Validate Address** button.

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: -

- If the address entered is not located when the validate address button is clicked, the following error will appear at the top of the page:

Address details

Address not found with Street Address and Zip Code Combination

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

Address Line 3: City/Town: *

State/Province: * County: *

Country: * Zip Code: -

- Correct the address and click the **Validate Address** button again.
- If the error message comes up again, click **Ok**. ProviderOne can override the error by clicking the Ok button and the following pop up message will be displayed.
- Click **Ok** on this pop up message and ProviderOne will save the information.

Message from webpage

Address has not been validated. Please click Ok to save address without validation or Cancel to validate the address.

- After completing the form, click the **Ok** button to save the information and close the window or **Cancel** to close the window without saving.

Add EDI Billing Software Information

Software Vendor Company Name: PRU TEST *

Software Product Name: PRU TEST * Software Version: 1.0 *

Software Protocol: WEB BATCH, FTP * <--See the note at the bottom of the page.

Element Delimiter: Asterisk-* Default Delimiter * (asterisk)

Segment Delimiter: Tilde~ Default Delimiter ~ (tilde)

Sub-Element Delimiter: colon- Default Delimiter : (colon)

Software Vendor Contact Information

Contact Title: PRU *

Contact First Name: PRU * Contact Last Name: TEST *

Phone Number: (800) 562-3022 * Fax Number: *

Email Address: * End Date: *

Address Line 1: 1234 MAIN Address Line 2: *

Address Line 3: * City/Town: Olympia

State/Province: Washington County: Thurston

Country: United States Zip Code: 98501 - * Address

Note:

- If Web Batch was chosen in step 11, indicate "Web Batch" in the Software Protocol field.
- If "FTP Secured Batch" was chosen in step 11, indicate "FTP Secured Batch" in Software Protocol field.
- If both were chosen, indicate "Web Batch, FTP" in the software protocol field.

OK Cancel

Modifying an EDI billing software record

From the EDI Billing Software Information list:

- Click the hyperlink in the Software Name column.

Close Add

EDI Billing Software Information

Filter By: Go Save Filter My Filters

Software Name	Software Version	Software Vendor Name	Vendor Contact Title	Vendor Contact Name	Vendor Contact Phone Number	End Date
PRU TEST	1.0	PRU TEST	PRU	TEST, PRU	(800) 562-3022	12/31/2999

Delete View Page: 1 Go Page Count SaveToXLS Viewing Page: 1 First Prev Next Last

- ProviderOne displays the Manage EDI Billing Software Information page.
- After making your changes, click the **Save** button to save and the **Close** button to exit the screen.

Manage EDI Billing Software Information

Software Vendor Company Name: TEST BILLING CORPORATION
 Software Product Name: TEST
 Software Protocol: WEB BATCH
 Software Version: 1.00

Element Delimiter: Asterisk
 Segment Delimiter: Tilde
 Sub-Element Delimiter: colon

Software Vendor Contact Information

Contact Title: OWNER
 Contact First Name: JOHN
 Contact Last Name: DOE
 Phone Number: (800) 562-3022
 Fax Number:
 Email Address:
 End Date: 12/31/2999

Address Line 1:
 Address Line 2:
 Address Line 3:
 City/Town:
 State/Province:
 Country:
 Zip Code:

Note:
 • If Web Batch was chosen in step 11, indicate "Web Batch" in the Software Protocol field.
 • If "FTP Secured Batch" was chosen in step 11, indicate "FTP Secured Batch" in Software Protocol field.
 • If both were chosen, indicate "Web Batch, FTP" in the software protocol field.

Deleting a billing software record

From the EDI Billing Software Information list:

- Check the box next to the record you want to delete and click the **Delete** button.

Software Name	Software Version	Software Vendor Name	Vendor Contact Title	Vendor Contact Name	Vendor Contact Phone Number	End Date
<input checked="" type="checkbox"/> PRU TEST	1.0	PRU TEST	PRU	TEST, PRU	(800) 562-3022	12/31/2999

Buttons: Delete, View Page: 1, Page Count, SaveToXLS, Viewing Page: 1, First, Prev, Next, Last

- From the EDI Billing Software Information list, click the **Close** button and proceed to the next step in the BPW.
- ProviderOne displays the Business Process Wizard. The status is now set to Complete.

Step 12: Add EDI Billing Software Details	Required	01/13/2022	01/13/2022	Complete
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Add EDI submitter details

Accessing the billing agent/clearinghouse/submitter list

From the BPW:

- Click the **Add EDI Submitter Details** link.

Step 13: Add EDI Submitter Details

- ProviderOne displays the Billing Agent/Clearinghouse/Submitter List. The first time this list displays it will be blank.

Associate a billing agent/clearinghouse

- To add a new record, click the **Add** button.



ProviderOne ID	Billing Agent/Clearinghouse	Auth Transaction Responses	Start Date	End Date
No Records Found !				

- ProviderOne displays the Associate Billing Agent/Clearinghouse page.

- A Transaction Response type can be assigned to only one submitter.
- After entering a Billing Agent/Clearinghouse ProviderOne ID and a **Start Date**, the **End Date** should prepopulate with 12/31/2999.
- Change the Authorized column to **Yes** for each transaction you wish to assign to the submitter.
- Enter a **Start Date** and an **End Date**. An end date must be entered for each selected transaction.
 - **These dates must match the dates entered at the top of this page.** The end date can be 12/31/2999.
- When you are finished, click the **Ok** button to save.

Associate Billing Agent/Clearinghouse

Billing Agent/Clearinghouse ProviderOne ID:

Start Date: End Date:

Note: In the "Authorized Transaction Responses" section, please select 'yes' for any outbound HIPAA transactions that your clearinghouse acquires on your behalf.

Transaction Response	Authorized	Start Date	End Date
271-Eligibility Response	No <input type="checkbox"/>	<input type="text"/>	<input type="text"/>
277-Claim Status Response	No <input type="checkbox"/>	<input type="text"/>	<input type="text"/>
277U-Unsolicited Claims Status Response	No <input type="checkbox"/>	<input type="text"/>	<input type="text"/>
278-Prior Authorization Response	No <input type="checkbox"/>	<input type="text"/>	<input type="text"/>
820-Premium Payment	No <input type="checkbox"/>	<input type="text"/>	<input type="text"/>
834-Benefit Enrollment	No <input type="checkbox"/>	<input type="text"/>	<input type="text"/>

View Page: 1 Viewing Page: 1

Modifying an EDI billing agent/clearinghouse submitter record

From the EDI Billing Agent/Clearinghouse/Submitter List:

- Click the hyperlink in the ProviderOne ID column.

Billing Agent/Clearinghouse/Submitter List

Filter By :

<input type="checkbox"/>	ProviderOne ID ▲▼	Billing Agent/Clearinghouse ▲▼
<input type="checkbox"/>	1054108	ZirMed Inc.

- ProviderOne displays the Manage Billing Agent/Clearinghouse page.
- After making your changes, click the **Save** button to save and the **Close** button to exit the screen.

Deleting an EDI submitter record

From the EDI Billing Software Information List:

- Check the box next to the record you want to delete and click the **Delete** button.
- Click the **Close** button and proceed to the next step in the BPW.

- ProviderOne returns to the Business Process Wizard. The status is now set to complete.

Step 13: Add EDI Submitter Details	Optional	01/13/2022	01/13/2022	Complete
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Add EDI contact information

Accessing the EDI contact list

From the BPW:

- Click the **Add EDI Contact Information** link.

Step 14: Add EDI Contact Information

- ProviderOne displays the EDI Contact Information List.
- The first time this list displays it will be blank.

Add an EDI contact

- To add a new record, click the **Add** button.

- ProviderOne displays the Add EDI Contact Information page.
- Complete all required fields.
- Click the **Address** button.

- Complete the Address fields as shown above on pages 34 and 35.
- Click **Ok**.

- After creating the contact, assign transactions that you want them to receive or submit on your behalf.
- Highlight a transaction in the **Available Transactions** window and click the arrow to move them to the **Associated Transactions** window.

- Once the transactions are assigned, click the **Save** and **Close** button.

Modifying an EDI contact

From the EDI Contact Information List:

- Click the hyperlink in the Contact Name column.

- ProviderOne displays the Manage EDI Contact Information page.
- After making your changes, click **Save** button to save and the **Close** button to exit the screen.

Deleting an EDI contact record

From the EDI Contact Information List:

- Check the box next to the record you want to delete and click the **Delete** button.
- From the EDI Contact Information List, click the **Close** button and proceed to the next step in the BPW.

- ProviderOne displays the BPW. The status is now set to Complete.

Step 14: Add EDI Contact Information	Required	01/13/2022	01/13/2022	Complete
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Add billing provider details

This step is optional and is not needed for enrollment.

Add servicing provider information

This step is optional and is not needed for enrollment.

Add payment and remittance details

Accessing the add payment and remittance details

From the BPW:

- Click the **Add Payment and Remittance Details** link.

[Step 17: Add Payment and Remittance Details](#)

- ProviderOne displays the Payment Details and the 835 Electronic Remittance Advice Information page.
- The first time this list displays it will be blank.
- Provider payment methods are only added to the NPI base location.

Adding a payment method

To add a new record:

- Click the **Add** button.

The screenshot shows two data tables in a web application interface. The top table is titled "Payment Details" and has columns for "Location Number", "Location Name", and "Payment Method". The bottom table is titled "835 Electronic Remittance Advice Information" and has columns for "ProviderOne ID", "Billing Agent/Clearinghouse", "Auth Transaction Responses", "Start Date", and "End Date". Both tables have a "Filter By:" section with dropdown menus and a "Go" button. There are also "Save Filter" and "My Filters" buttons. Both tables display "No Records Found!" in red text.

- ProviderOne displays the Payment Details and Electronic Remittance Advice Information screen.
- Selecting Electronic Funds Transfer (EFT) displays the EFT Details.
- Financial Institution Routing Number must start with a 0, 1, 2, or 3.
- The Email Notification Preference cannot be selected if the email address has not been defined for the location.
- Click the **Ok** button to save the information and close the window or **Cancel** to close the window without saving.

Provider Information	
Provider Name: PRU TEST INDIVIDUAL	
Provider Identifiers Information	
Provider Federal Tax Identification Number (TIN) or Employer Identification Number (EIN):	111222333 *
National Provider Identifier (NPI):	1868022835 *
Payment Details	
Identify Payment Details	
Location:	All *
Payment Method:	<input checked="" type="radio"/> Electronic Funds Transfer(Direct Deposit) <input type="radio"/> Paper Check
Financial Institution Information	
Financial Institution Name:	* Financial Institution Routing Number: *
Providers Account Number with Financial Institution:	* Re-enter Providers Account Number: *
Type of Account at Financial Institution:	Checking * EFT Account Type: *
Payment Notification Preference:	Email Notification *
Account Number Linkage to Provider Identifier:	1868022835 *
Electronic Remittance Advice Information	
Providers: PDF version of your RA is retrievable through the Provider Portal. Selection of 835 HIPAA transaction is optional.	
Preference for Aggregation of Remittance Data:	1868022835 *
835-Healthcare Claim Payment Advice Authorized:	NO *
Clearinghouse ProviderOne Id:	Start Date: End Date:
OR	
Method of Retrieval: <input type="checkbox"/> EDI/835(Delivered Directly to Provider)	
Submission Information	
Reason for Submission: (Payment and Remittance Only)	Change Enrollment *
Authorized Signature:	*
(Signature only required when inputting new or changing EFT/835 information)	
<input type="button" value="OK"/> <input type="button" value="Cancel"/>	

- ProviderOne validates the information entered, saves, and returns to the Payment Details and Electronic Remittance Advice Information page.

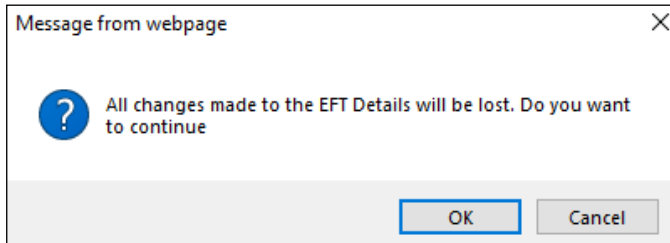
Modifying payment detail and electronic remittance advice information

From the Payment Details and Electronic Remittance Advice Information page:

- Click the link for the location you want to modify in the Location Number column.

- ProviderOne displays the Payment Details and Electronic Remittance Advice Information page for this location.
- This page allows the payment method to be edited for the location listed.
- If changing from EFT to paper check, the EFT detail area will be collapsed and not viewable.

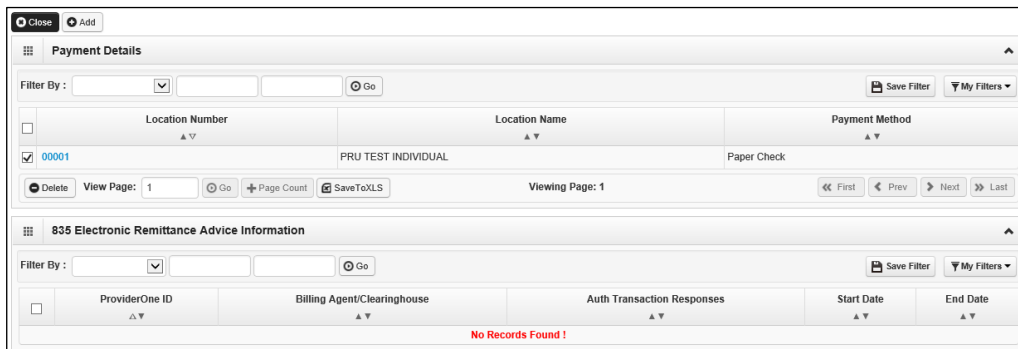
- When changing from EFT to paper, all information pertaining to the EFT for this location will be lost and a pop up window will appear.
- After making your changes, click the **Ok** button to save or the **Cancel** button to close the window without saving.



Deleting a payment method record

From the Payment Details list:

- Check the box next to the record you want to delete and click the **Delete** button. The data will be removed from the enrollment staging area and will not be written to the ProviderOne database.
- From the Payment Details and Electronic Remittance Advice Information page, click the **Close** button and proceed to the next step in the BPW.



- ProviderOne displays the BPW. The status is now set to Complete.

Step 17: Add Payment and Remittance Details	Required	01/13/2022	01/13/2022	Complete
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Complete enrollment checklist

Accessing the enrollment checklist

From the BPW:

- Click the **Complete Enrollment Checklist** link.

[Step 18: Complete Enrollment Checklist](#)

- ProviderOne displays the Provider Checklist.
- Every question must be answered with **Yes** or **No**.
- All Yes questions must also have a corresponding comment.
- After completing the Provider Checklist, click the **Save** button.

Question	Answer	Comments
Has the provider or any current employee ever had any of the following?	Not Completed	
Had exclusion under Medicare, Medicaid or any other Federal Healthcare program taken against them?	Not Completed	
Had civil money penalties or assessment imposed under Section 1128A of the Social Security Act? More info: http://www.ssa.gov/OP_Home/ssact/title11/1128A.htm	Not Completed	
Had a restriction or sanction taken against their professional license or certification?	Not Completed	
Had a Program Debarment taken against them? More info: http://exclusions.oig.hhs.gov https://www.sam.gov/	Not Completed	
Been convicted of any health related crimes as defined by Washington State Department of Health?	Not Completed	
Been convicted of a criminal offense as described in Section 1128(a) or (b), 1, 2, and 3 of the Social Security Act? More info: http://www.ssa.gov/OP_Home/ssact/title11/1128.htm	Not Completed	
Been convicted of a crime involving the abuse, neglect, abandonment or exploitation of a vulnerable person? More info: http://apps.leg.wa.gov/WAC/default.aspx?cite=388-71-0540	Not Completed	

View Page: 1 | Go | Page Count | Save To XLS | Viewing Page: 1 | First | Prev | Next | Last

- ProviderOne displays the BPW. The status is now set to complete.

Step 18: Complete Enrollment Checklist	Required	01/13/2022	01/13/2022	Complete
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Submit enrollment application for review

Accessing the final enrollment instructions page

From the BPW:

- Click the **Final Enrollment Instructions** link.

Step 19: Final Enrollment Instructions

- ProviderOne displays the Final Submission page and Application Document Checklist.
- Prior to the final submission of the enrollment application, you must submit the required documentation by using the Upload Attachments button.
 - For specific requirements and instructions on uploading attachments, access [How to Upload Attachments in ProviderOne](#) resource.

Final Submission

Application #: 20210623416792 Enrollment Type: Individual

The information submitted for enrollment shall be verified and reviewed by the agency(s) you have selected. During this time, any changes to the information shall not be accepted.

By clicking on the button "Submit Enrollment", I agree that the information submitted as a part of the application is correct.

Please ensure all required documents are uploaded using the "upload attachments" at the top of the page prior to submitting your application.

Application Document Checklist

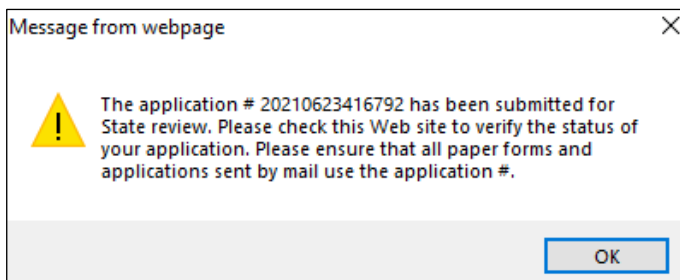
Forms/Documents	Special Instructions	Agency	Link
Core Provider Agreement	Complete and sign for all applications	HCA	http://www.hca.wa.gov/core-provider-agreement
Debarment Statement	Complete and sign for all applications	HCA	http://www.hca.wa.gov/debarment-statement
Tax Documents(W-9)	Please complete and submit a W-9 form for all applications.	HCA	https://www.irs.gov/pub/irs-pdf/w9.pdf
Electronic Funds Transfer(EFT)	Complete and sign for direct deposits	HCA	https://www.hca.wa.gov/assets/billers-and-providers/electronic-funds-transfer-form_1_doc
Instructions for Electronic Funds Transfer(EFT) form	Please follow the instructions for the electronic funds transfer form to eliminate delays	HCA	https://www.hca.wa.gov/assets/electronic-funds-transfer-form-instructions.pdf
Provider types and requirements	Please check this website for any additional documents or licensure that may be required for your provider type.	HCA	https://www.hca.wa.gov/billers-providers/apple-health-medicaid-providers/eligible-provider-types-and-requirements#required-materials
EDI requirements documentations	If you have checked the 835 box in the payment details please complete.	HCA	https://www.hca.wa.gov/assets/billers-and-providers/trading-partner-agreement.pdf
HCA HIPAA Electronic Data Interchange (EDI)	If you have checked the 835 box in the payment details please complete.	HCA	https://www.hca.wa.gov/billers-providers-partners/prior-authorization-claims-and-billing/hipaa-electronic-data-interchange-edi
Trading Partner Agreement	Complete and sign for all applications	HCA	https://www.hca.wa.gov/assets/billers-and-providers/18-0009-trading-partner-agreement.docx

View Page: 1 Page Count SaveToXLS Viewing Page: 1 First Prev Next Last

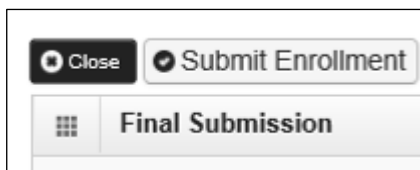
Submitting the enrollment application

From the Final Submission page:

- Click the **Submit Enrollment** button.
- ProviderOne displays a confirmation pop up message.
- Click **Ok** to close the message.



- Click **Close** on the Final submission page.



- ProviderOne displays the BPW. Step 17 is now marked complete.

Step 19: Final Enrollment Instructions	Required	01/13/2022	01/13/2022	Complete
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- ProviderOne returns to the Business Process Wizard (BPW) enrollment page with all required steps marked complete.

Step	Required	Start Date	End Date	Status	Step Remark
Step 1: Provider Basic Information	Required	01/13/2022	01/13/2022	Complete	
Step 2: Add Locations	Required	01/13/2022	01/13/2022	Complete	
Step 3: Provider Additional Information	Optional			Incomplete	
Step 4: Add Specializations	Required	01/13/2022	01/13/2022	Complete	
Step 5: Ownership & Managing/Controlling Interest details	Required	01/13/2022	01/13/2022	Complete	
Step 6: Add Licenses and Certifications	Required	01/13/2022	01/13/2022	Complete	
Step 7: Add Training and Education	Optional			Incomplete	
Step 8: Add Identifiers	Optional			Incomplete	
Step 9: Add Contract Details	Optional			Incomplete	
Step 10: Add Federal Tax Details	Required	01/13/2022	01/13/2022	Complete	
Step 11: Add EDI Submission Method	Optional	01/13/2022	01/13/2022	Complete	
Step 12: Add EDI Billing Software Details	Required	01/13/2022	01/13/2022	Complete	
Step 13: Add EDI Submitter Details	Optional	01/13/2022	01/13/2022	Complete	
Step 14: Add EDI Contact Information	Required	01/13/2022	01/13/2022	Complete	
Step 15: Add Billing Provider Details	Optional			Incomplete	
Step 16: Add Servicing Provider Information	Not Required			Incomplete	
Step 17: Add Payment and Remittance Details	Required	01/13/2022	01/13/2022	Complete	
Step 18: Complete Enrollment Checklist	Required	01/13/2022	01/13/2022	Complete	
Step 19: Final Enrollment Instructions	Required	01/13/2022	01/13/2022	Complete	