Community Behavioral Health Supports (CBHS)

Online Application Provider Guide

Enrolling as a Billing Provider

Washington State Health Care Authority

History and Reason for Change

- Many individuals receive additional support through exceptional rates paid by managed care organizations (MCO) and authorized through the Aging and Long-term Support Administration (ALTSA).
  - Changes will shift payment for these additional support services to the MCOs and Health Care Authority (HCA).
- Legislation directed HCA, in partnership with ALTSA, to create a new Medicaid benefit to support providers assisting individuals with complex behavioral needs in long-term care settings.
  - 1915(i) State Plan was submitted for Home & Community-Based Services.
- The new benefit is Community Behavioral Health Support (CBHS) services.
- Personal care will continue to be provided by ALTSA.

Providers must be known to HCA through ProviderOne

- Providers of CBHS services submit applications to the Department of Social and Health Services (DSHS).
  - The DSHS contract includes the Medicaid provider disclosure statement.
  - The DSHS form 27-094 Medicaid provider disclosure statement is modeled after the HCA application process.
- HCA is the Single State Medicaid Agency.
- HCA is bound by federal rule to collect and verify specific information (42 CFR 455 Subpart B and E).

Medicaid Enrollment Application for Participating Providers

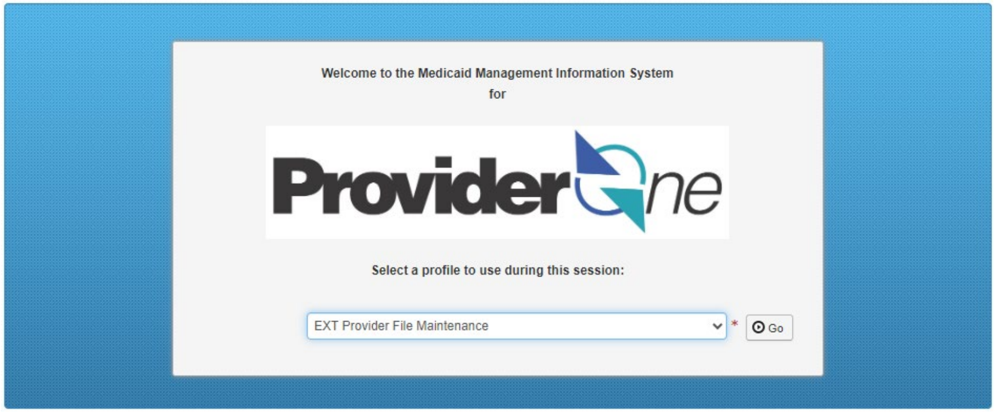
- The Medicaid enrollment application for participating providers can now be completed and submitted online.
- Topics that will be covered to prepare for the online application process include:
  - ProviderOne account
  - Initiate new enrollment
  - Enrollment type
  - Basic information
  - Business process wizard (BPW)
  - Required documents

ProviderOne account

- If you have active contracts with DSHS, it is likely you will already have a ProviderOne account.
  - If you already have a ProviderOne account, see next slides to access ProviderOne to gather necessary enrollment information.
  - If you don't have an account, see the next topic in this slideshow titled "Initiate new enrollment."
- ProviderOne ID numbers are 7 digit numbers often followed by a 2 digit number
  - Example: 1084982-01
  - Sometimes ProviderOne ID numbers are referred to as "domain number" or "Medicaid ID"

ProviderOne account

- If you have a ProviderOne account, access ProviderOne.
- From the ProviderOne welcome screen, select a profile to use during this session. Preferred profiles to use for this are: “EXT Provider File Maintenance” or “EXT Provider Social Services”



ProviderOne account

- Once you have logged into ProviderOne, from the home screen select manage provider information.

Washington State Health Care Authority

ProviderOne account

- Click on step 1: basic information.

Business Process Wizard - Provider Data Modification (Facility/Agenc
complete the FINAL Step - Submit Modification Request for Review.

	Step	Required
☐	Step 1: Basic Information	Required
☐	Step 2: Locations	Required
☐	Step 3: Specializations	Required
☐	Step 4: Ownership & Managing/Controlling Interest details	Required

- If you receive an error message preventing you from following any of the following steps, contact Provider Enrollment for assistance:

1-800-562-3022 EXT: 16137

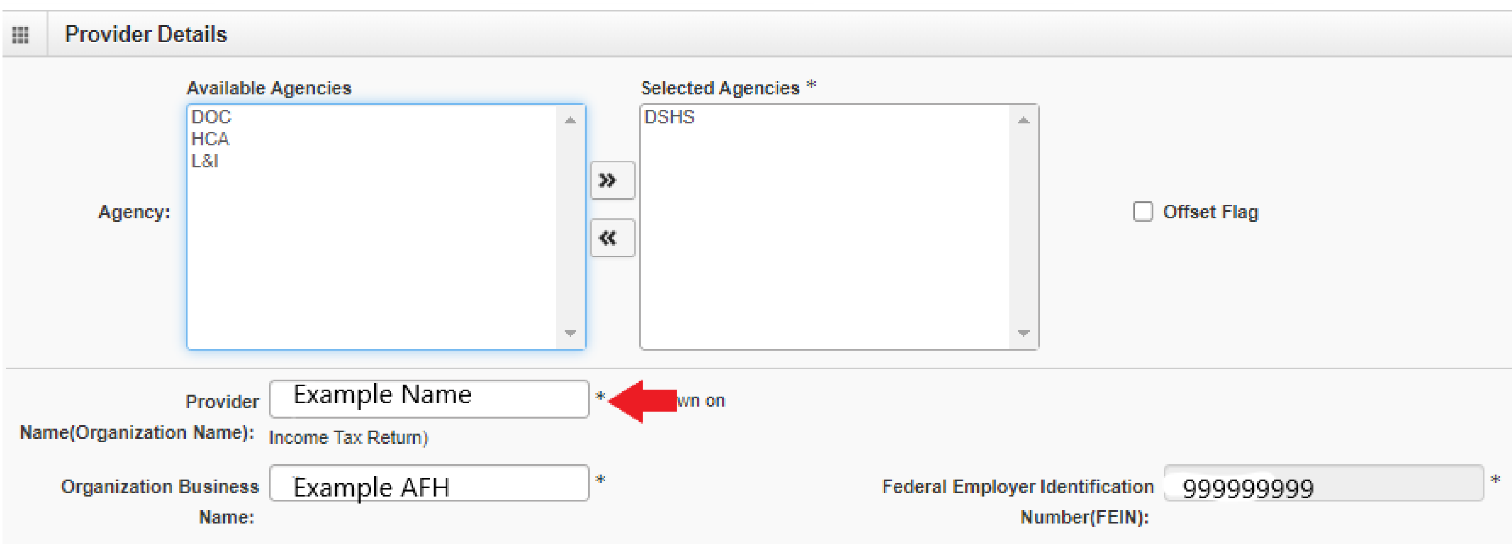
Phones are open on Tuesdays and Thursdays 7:30 a.m. - 4:30 p.m. (closed noon - 1 p.m. for lunch).

ProviderOne account

- There are 2 things you will need to memorize from the Basic Information screen to successfully complete your new enrollment application:
  - Provider Name (Organization Name) or Provider First and Last Name
  - Federal Employer Identifier Number (EIN) or Social Security Number (SSN)
- If you are enrolled under your SSN, check to ensure your first and last name are correct. If they are not correct, contact your contract specialist with DSHS before initiating a new online application.
  - adshqcontracts@dshs.wa.gov
- If you are enrolled under your EIN, check to ensure your Provider Name (Organization Name) is correct. If it is not correct, contact your contract specialist to get this updated before initiating a new online application.
  - adshqcontracts@dshs.wa.gov

ProviderOne account

- If you are enrolled under an EIN, pay close attention to the Provider Name (Organization Name) you have listed. When you are initiating your new enrollment, you will need to use the exact same Provider Name. It will need to be spelled the same exact way or else a system error will prevent you from being assigned an application ID.

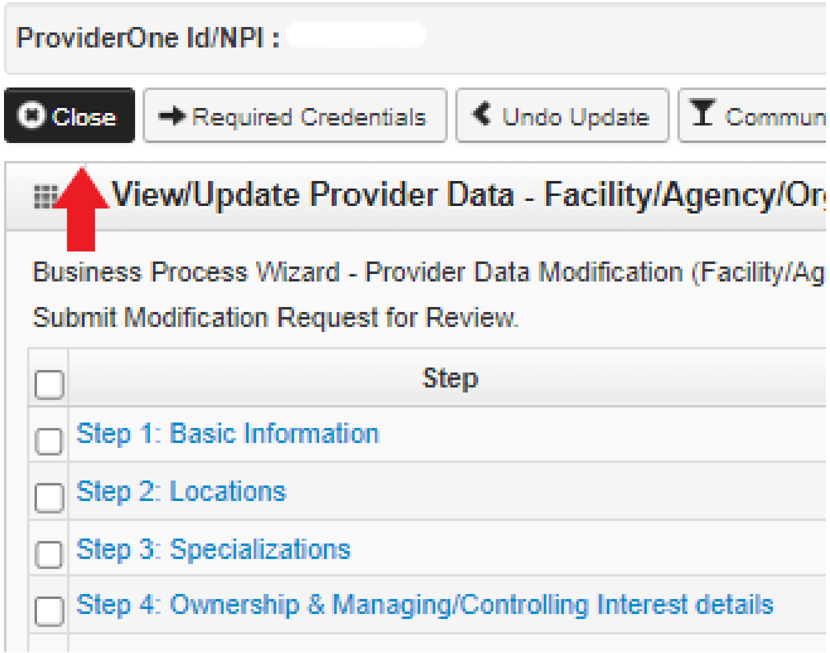


ProviderOne account

- Now that you have confirmed the name and tax ID listed on your enrollment, you have the information needed to start your online application. Click cancel to leave the basic information screen.

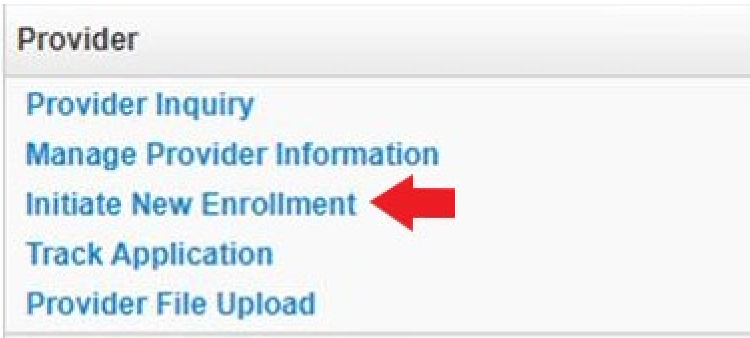
ProviderOne account

- Click close to leave the view/update provider data screen.



Initiate New Enrollment

- If you have an existing ProviderOne ID and you are at the main menu, you will start your application by selecting initiate new enrollment.



- If you do not have an existing ProviderOne ID or the initiate new enrollment" option does not work for you, you can initiate a new enrollment at:

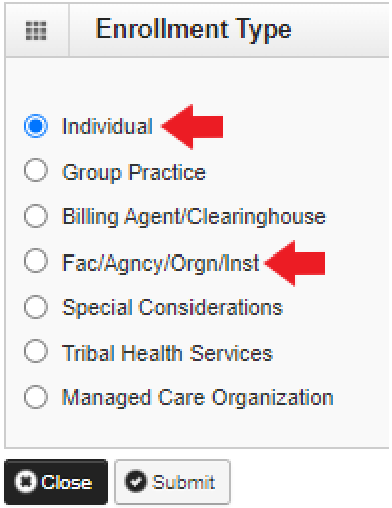
https://www.waproviderone.org/prvdr/jsp/common/pgNewPrvdrEnrollment.jsp

Enrollment Type

- You will be prompted to select your enrollment type.
  - If you have an existing ProviderOne ID, you will need to enroll using the same Tax ID (SSN/EIN).
- If you wish to enroll using a Federal Employer Identifier Number (EIN), you will need to choose the enrollment type “Fac/Agncy/Orgn/Inst”
- If you wish to enroll using a social security number (SSN), you will need to choose the enrollment type “Individual”.

Enrollment Type

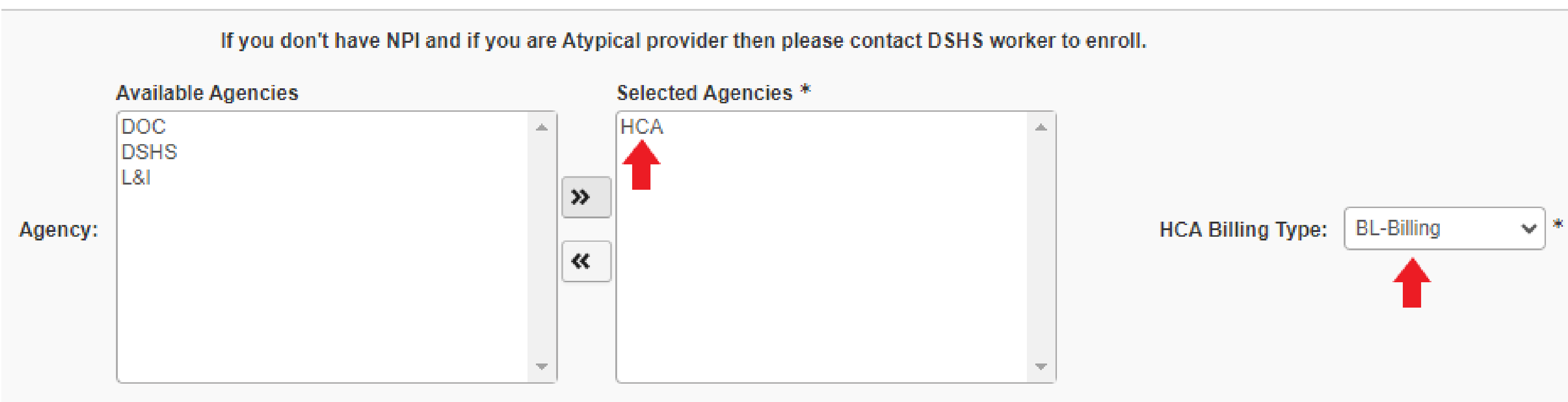
- Do not select other enrollment types as this may create enrollment issues later.



- Click submit after your have selected one of these two enrollment types

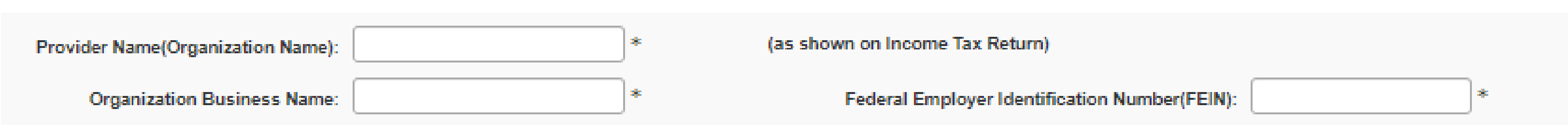
Basic Information

- The basic information screen will become available for you to complete. Select HCA as the available agency and move it to the selected agencies box on the right.
  - HCA billing type will be BL-Billing.



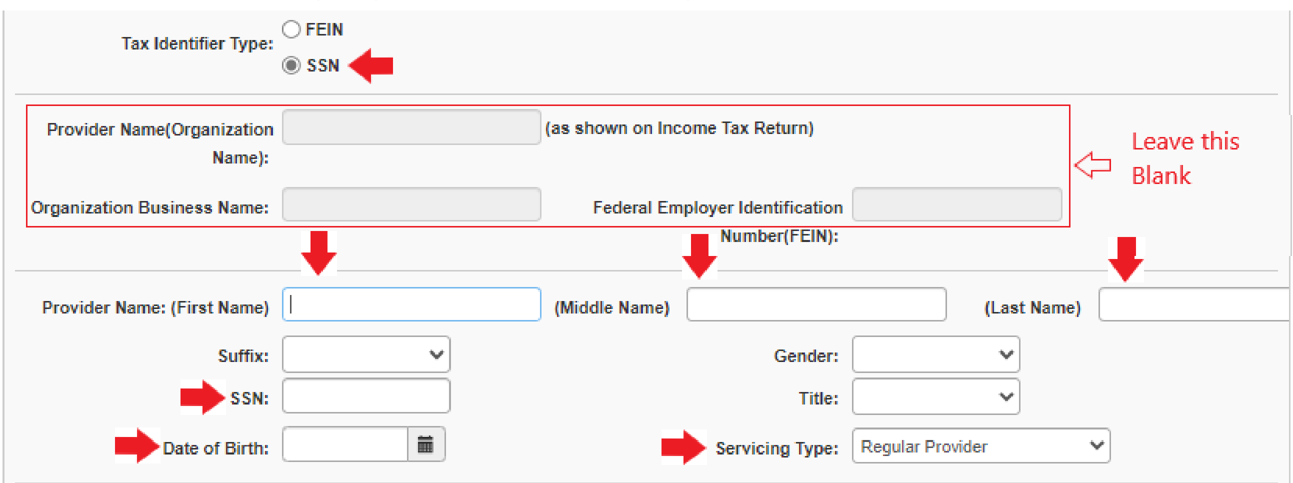
Basic Information

- If you have selected enrollment type Fac/Agncy/Orgn/Inst, fill out the following fields.
  - Provider Name (Organization Name)
    - If you have an existing ProviderOne ID, you want to ensure that this name is an exact match to the name you already have enrolled.
    - If you do not have an existing ProviderOne ID, this field should match the name you have listed on line 1 of your W-9 federal tax details form.
  - Organization Business Name
    - Also referred to as the “doing business as” name (DBA)
  - Federal Employer Identification Number (FEIN)
    - Key this in with no spaces or dashes
    - If you have an existing ProviderOne ID, be sure you enroll using the same tax ID.


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

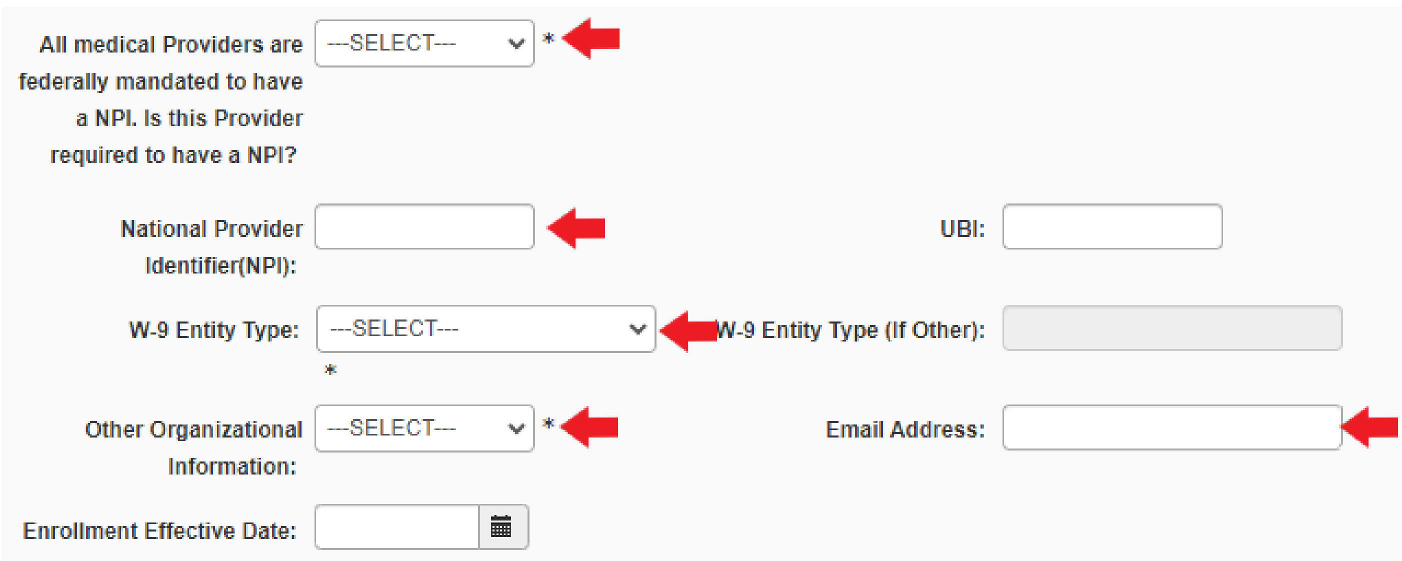
Basic Information

- If you have selected enrollment type Individual, fill out the following fields:
  - Tax Identifier Type: choose SSN
  - Provider Name: First Name, Middle Name, Last Name
  - SSN
  - Date of Birth
  - Servicing Type: choose regular provider



Basic Information

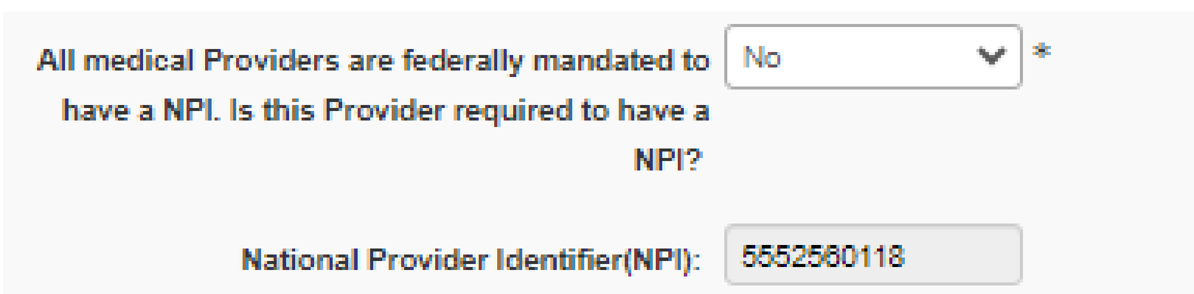
- Regardless of what enrollment type you have selected, the following fields are required.



See next slides for more information about these required fields.

Basic Information

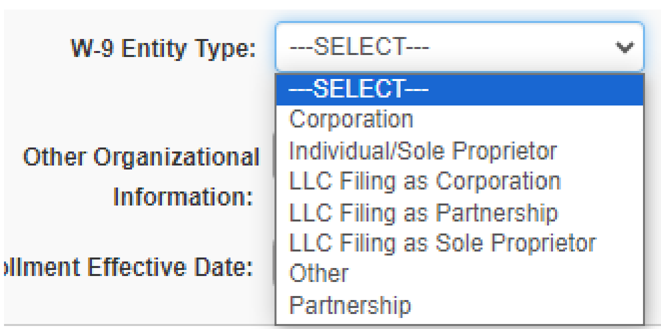
- All medical providers are federally mandated to have a National Provider Identifier (NPI). Is this provider required to have an NPI?
  - If you have an NPI, select yes.
  - If you do not have an NPI, select no. It will assign you an atypical NPI.
    - 1915i and ILOS are not required to have an NPI
- National Provider Identifier
  - If you do not have an NPI and marked no to the question above, this field should be auto filled with an atypical NPI. You may find it useful to take note of this atypical NPI for your records.

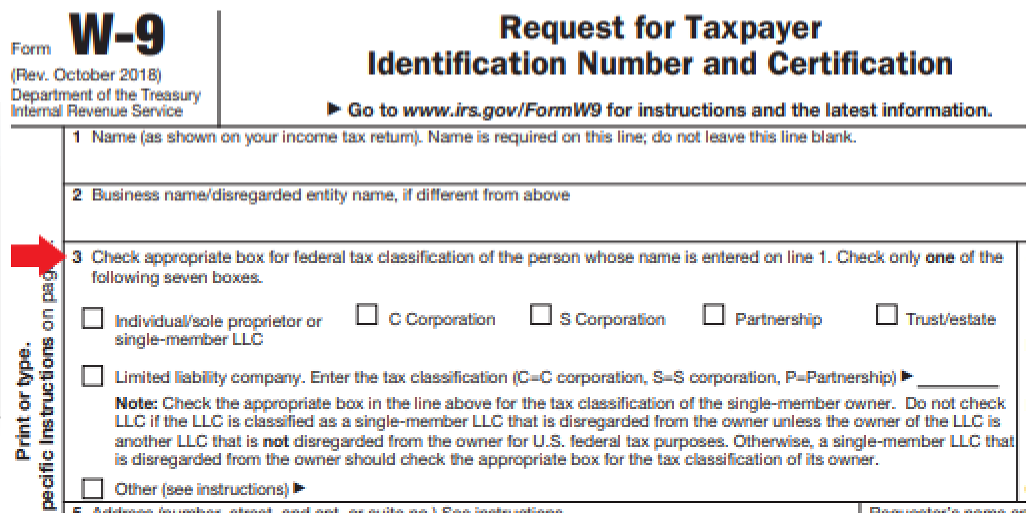

All medical Providers are federally mandated to have a NPI. Is this Provider required to have a NPI? No *

National Provider Identifier(NPI): 5552560118

Basic Information

- W-9 entity type
  - The selection you make in this field should match the selection you have marked in line 3 of your W-9 form.




Form **W-9**
(Rev. October 2018)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

▶ Go to *www.irs.gov/FormW9* for instructions and the latest information.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.

2 Business name/disregarded entity name, if different from above

3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only **one** of the following seven boxes.

☐ Individual/sole proprietor or single-member LLC ☐ C Corporation ☐ S Corporation ☐ Partnership ☐ Trust/estate

☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ ______

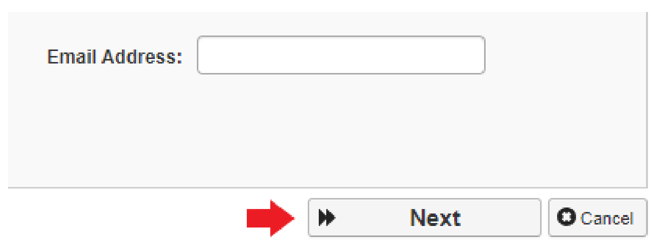
Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is **not** disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.

☐ Other (see instructions) ▶

Print or type. ...pecific Instructions on pag...

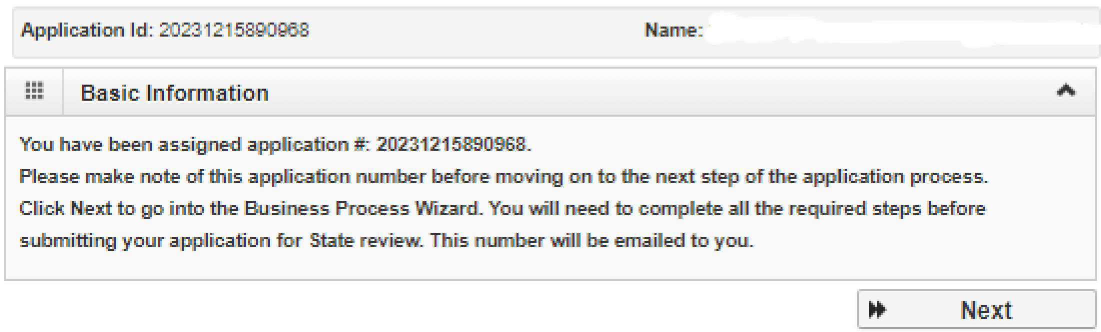
Basic Information

- Other Organizational Information
  - Select the applicable option
- Email address
  - This is the email address we will contact regarding the application and enrollment. For example: corrected documents, additional information, issues with the application process. Be sure to list someone who would be a good contact for this.
- Enrollment Effective Date:
  - This field is considered optional, but if you would like to request a specific effective date, enter that in this field.
- All other fields on the Basic Information screen are optional. Once you are finished click next.



Basic Information

- Once you have finished filling out the basic information screen and clicked next, you will be assigned a 14-digit application ID.



- Save this number for your records and click next to continue.
- If you received an error message and an application was not successfully created, contact Provider Enrollment for assistance at 1-800-562-3022 EXT: 16137

Business Process Wizard Required Steps

- You will now come to a page to shows a series of steps. The number of steps you see in your application will vary depending on whether you are enrolling as an Individual enrollment type or an FAOI enrollment type.
- FAOI enrollment types generally have 17 steps and Individual enrollment types typically have 20 steps.
- There will be a column with the status required and each step will list if it is required or optional. Complete all required steps to proceed with the application.
- There is also a status column that will show if a step is complete or incomplete. Step 1: Basic Information should show as complete already.

Business Process Wizard Required Steps

Enroll Provider - Facility/Agency/Organization/Institution

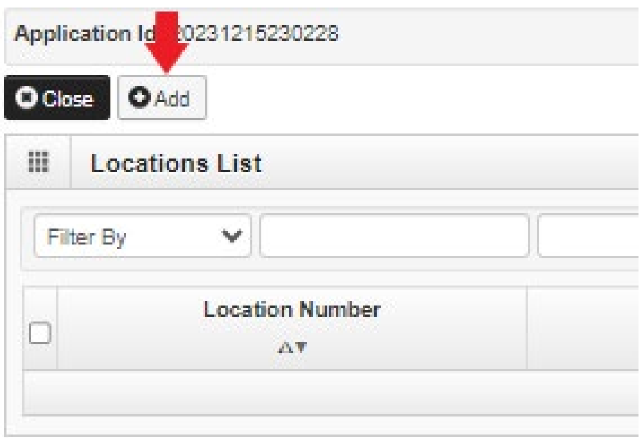
Business Process Wizard-Provider Enrollment (Facility/Agency/Organization/Institution). Click on the Step # under the Step Column

Step	Required	Start Date	End Date	Status
Step 1: Provider Basic Information	Required	12/15/2023	12/15/2023	Complete
Step 2: Add Locations	Required			Incomplete
Step 3: Add Specializations	Required			Incomplete
Step 4: Ownership & Managing/Controlling Interest details	Required			Incomplete
Step 5: Add Licenses and Certifications	Optional			Incomplete
Step 6: Add Training and Education	Optional			Incomplete
Step 7: Add Identifiers	Optional			Incomplete
Step 8: Add Contract Details	Optional			Incomplete
Step 9: Add Federal Tax Details	Required			Incomplete
Step 10: Add EDI Submission Method	Optional			Incomplete
Step 11: Add EDI Billing Software Details	Optional			Incomplete
Step 12: Add EDI Submitter Details	Optional			Incomplete
Step 13: Add EDI Contact Information	Optional			Incomplete
Step 14: Add Servicing Provider Information	Optional			Incomplete
Step 15: Add Payment and Remittance Details	Required			Incomplete
Step 16: Complete Enrollment Checklist	Required			Incomplete
Step 17: Final Enrollment Instructions	Required			Incomplete

View Page: 1 Go Page Count SaveToXLS Viewing Page: 1 First Prev

Business Process Wizard Step 2: Locations

- To go into a step, click the link that lists the step number. The next required step is Step 2: Locations.
- Step 2 will show the locations list. There will be no locations listed at first. To add a location, click the add button.

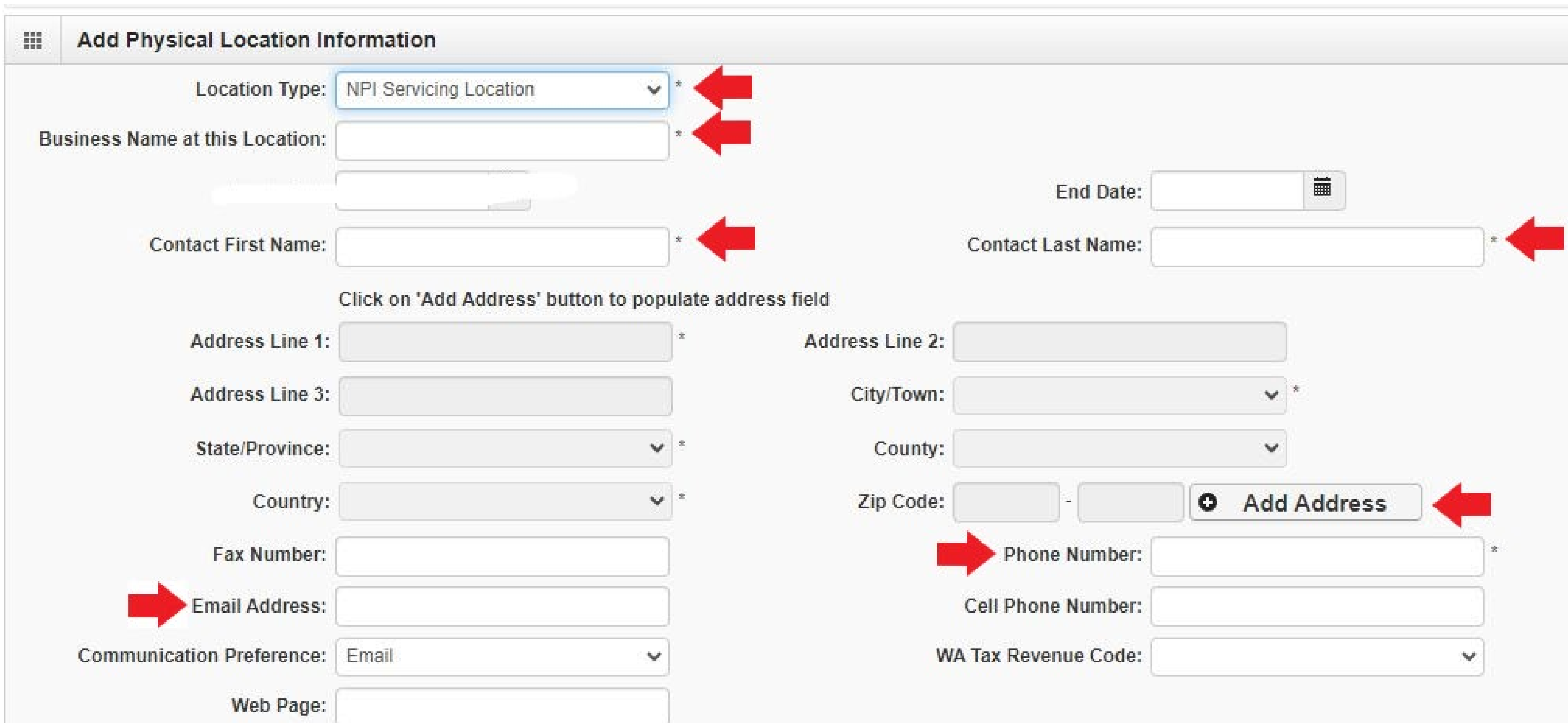


Business Process Wizard
Step 2: Locations

- The first section is to add physical location information. Complete the following required fields:
  - Location Type
    - Select NPI Base Location
  - Business Name at this Location
  - Contact First and Last Name
    - The contact you add here will be considered an authorized individual. This is the contact we will use if there are any issues with the enrollment or application or if required documents are needed.
  - Address
    - See next slides for more detailed instruction on adding address.
  - Phone Number
  - Email Address

All other fields are optional.

Business Process Wizard
Step 2: Locations



Add Physical Location Information

Location Type: NPI Servicing Location *

Business Name at this Location: *

End Date:

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: *

County:

Country: *

Zip Code: -

Add Address

Fax Number:

Phone Number: *

Email Address:

Cell Phone Number:

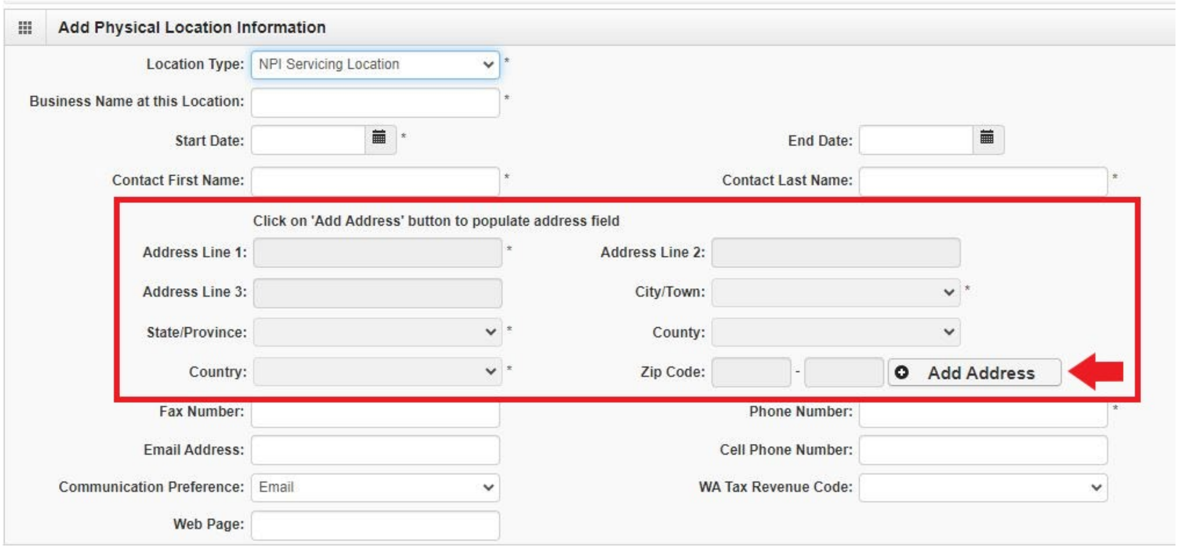
Communication Preference: Email

WA Tax Revenue Code:

Web Page:

Business Process Wizard
Step 2: Locations

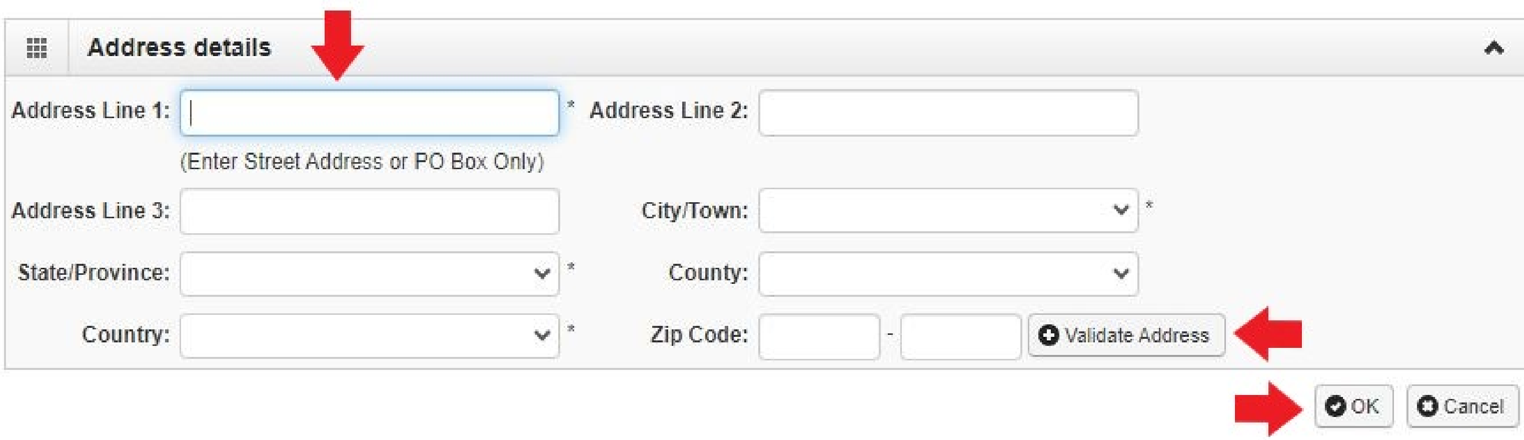
- To add the address, click the add address button located just after the zip code.



Washington State Health Care Authority

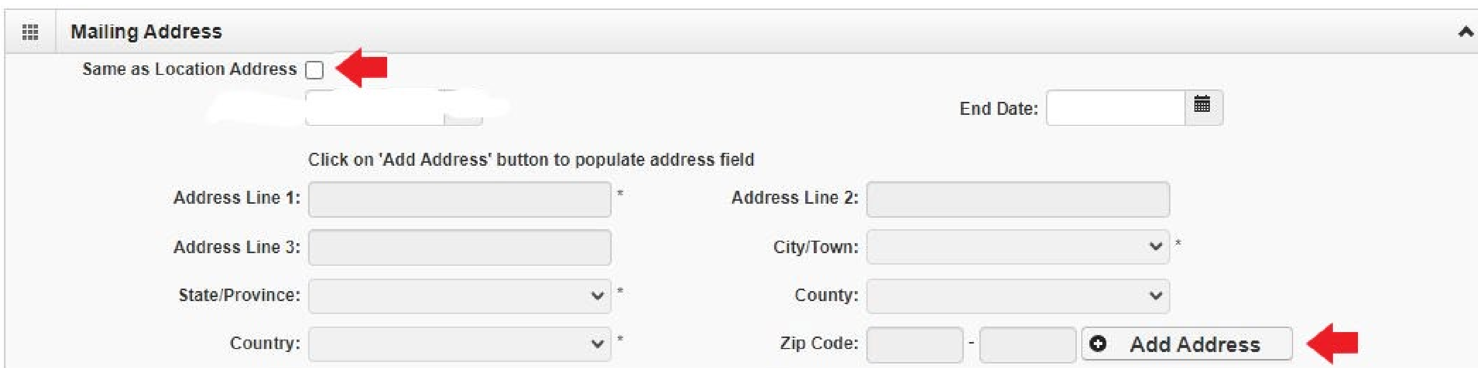
Business Process Wizard
Step 2: Locations

- An address details screen will come up. Fill out address line 1 and address line 2 (if applicable) then skip down and fill out the zip code.
- Click validate address. This should autofill the other fields for you. Click OK to continue.



Business Process Wizard
Step 2: Locations

- Repeat adding the address for both the mailing and pay-to addresses. If the mailing and pay-to address is the same as the physical location address, check the same as location address button for a short cut.

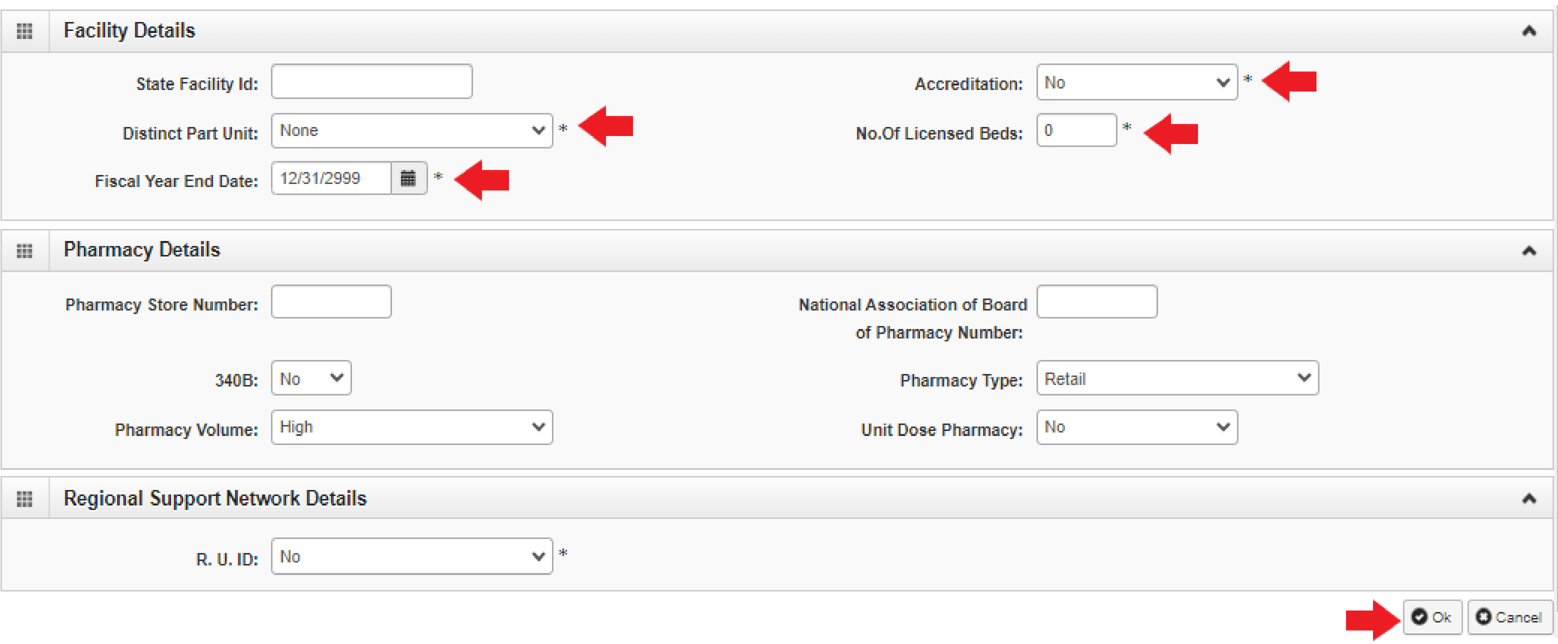


Washington State Health Care Authority

Business Process Wizard Step 2: Locations

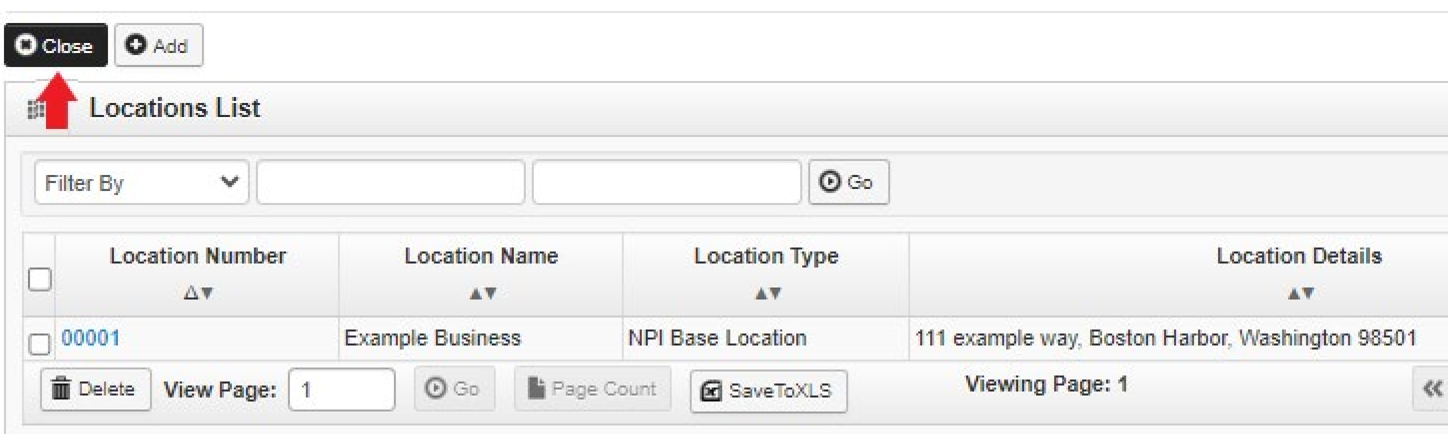
- The last portion is the facility details, pharmacy details, and regional support network details.
  - This portion is not relevant to your enrollment type, but the required fields will still need to be completed (see image below)
    - Distinct Part Unit:
      - Select None
    - Accreditation
      - Select No
    - No. Of Licensed Beds
      - Enter 0
    - Fiscal Year End Date
      - Enter 12/31/2999
- Press OK at the bottom of the page once completed.

Business Process Wizard Step 2: Locations



Business Process Wizard
Step 2: Locations

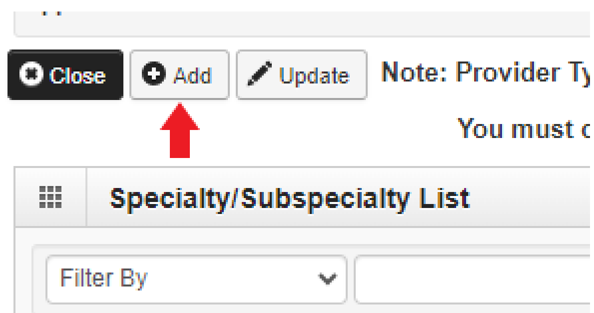
- From your locations list, you should now see your location has been added. Click close to return to all the other required steps.



Business Process Wizard
Add Specializations

- The next required step is to add specializations

- Click into the step where we will click the add button to add a taxonomy



Washington State Health Care Authority

Business Process Wizard
Add Specializations

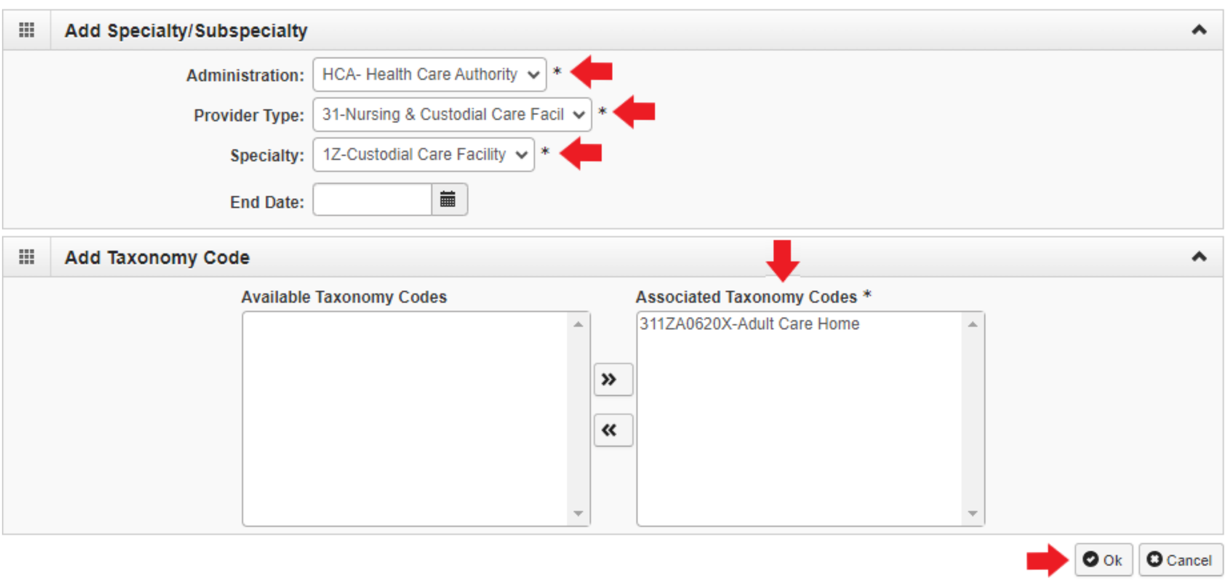
- There are 3 taxonomy options for enrolling with 1915i or In Lieu of Services (ILOS).
  - 311ZA0620X: Adults Care Home
  - 310400000X: Assisted Living Facility
  - 3104A0625X: Assisted Living, Mental Illness
- If you are unsure which taxonomy is the right option for you, contact hca1915iservices@hca.wa.gov for additional information.
- You may add one or all of the above-mentioned taxonomies. Click "Add" to get started.

Business Process Wizard Add Specializations

- Complete the required fields
  - Administration
    - Select Health Care Authority (HCA)
  - Provider Type
    - 31: Nursing & Custodial Care Facilities
  - Specialty
    - 04: Assisted living Facility
    - 1Z: Custodial Care Facility
  - End date
    - Leave this field blank

Business Process Wizard Add Specializations

- Find the available taxonomy code and move the selected taxonomy to the associated taxonomy codes side. Press OK once completed. You can repeat this step if you need to list more than one taxonomy.



Business Process Wizard

Ownership and managing/controlling interest details

- The next required step is ownership and managing/controlling interest details.
- You will need to list at least one individual disclosure type. The options are:
  - Owner
  - Managing Employee
  - Board of Director
- The individual(s) listed in this step will be considered an authorized individual and will be able to complete and sign any required documents for the enrollment.
- You can also add any applicable organization disclosures.

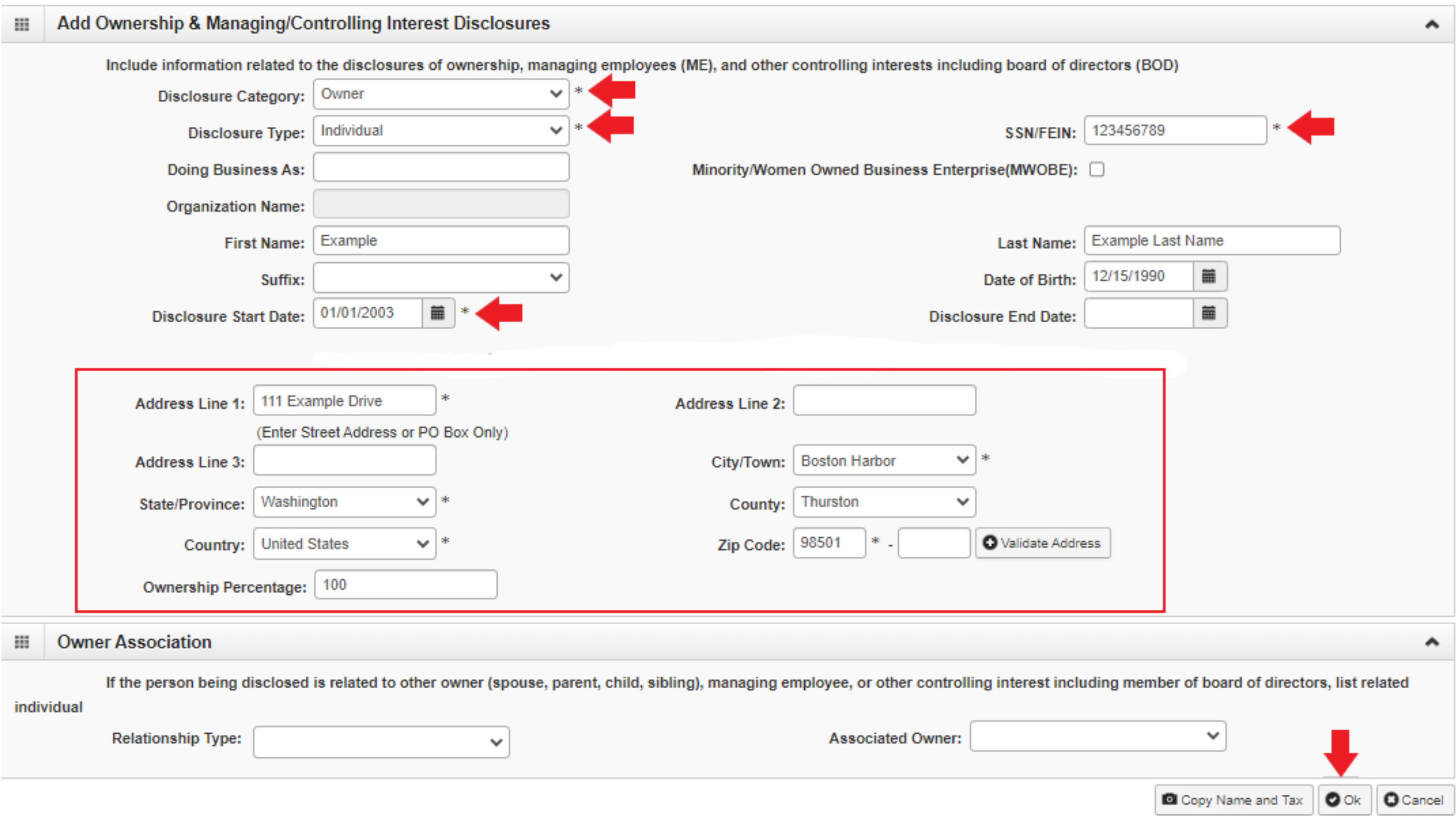
Business Process Wizard

Ownership and managing/controlling interest details

- Complete the required fields and press OK once completed.
  - If you are adding an individual disclosure type, you will need to list their first and last name as well as date of birth and SSN
  - If you are adding an organization disclosure type, you will need to list the FEIN and organization name
  - An address will be required to be added for the disclosure
  - Disclosure start date is required
  - Ownership percentage
    - Enter in a number between 0-100

Business Process Wizard

Ownership and managing/controlling interest details



Add 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: 123456789 *

Doing Business As:

Minority/Women Owned Business Enterprise(MWOBE):

Organization Name:

First Name: Example

Last Name: Example Last Name

Suffix:

Date of Birth: 12/15/1990

Disclosure Start Date: 01/01/2003 *

Disclosure End Date:

Address Line 1: 111 Example Drive *

(Enter Street Address or PO Box Only)

Address Line 2:

Address Line 3:

City/Town: Boston Harbor *

State/Province: Washington *

County: Thurston

Country: United States *

Zip Code: 98501 * -

Validate Address

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:

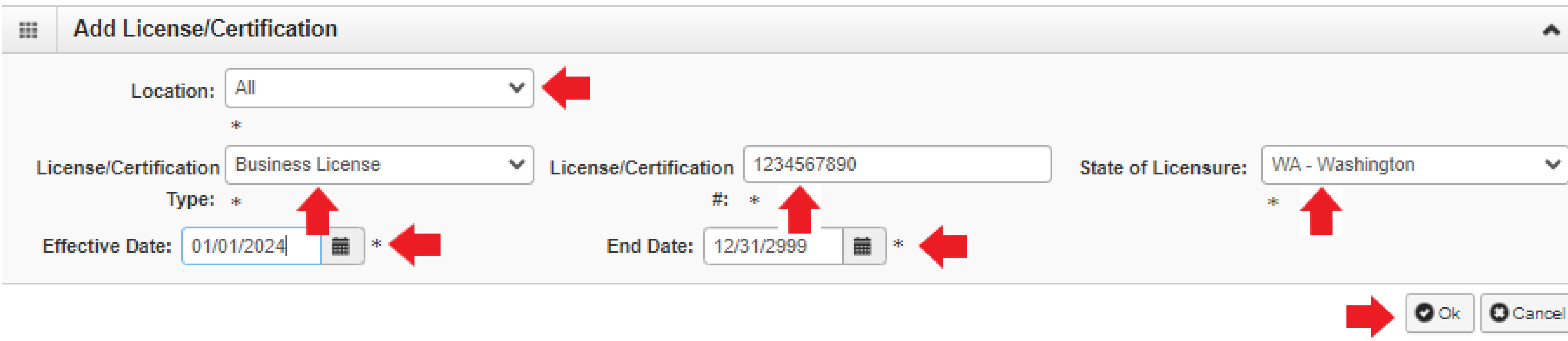
Copy Name and Tax | Ok | Cancel

Washington State Health Care Authority

Business Process Wizard Add licenses and certifications

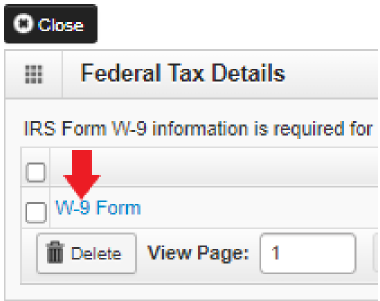
- Click into the step titled Add Licenses and Certifications
  - This step is listed as optional, but you will want to add your business license information.
- Select the “Add” button
  - Location: select applicable address or all
  - License/Certification Type: select “Business License”
  - License/Certification #: enter your business license number
    - Often referred to as your 9 digit UBI number
  - State of Licensure
  - Effective date: this should be the date you were first issued your business license
  - End Date: enter “12/31/2999”
  - Press OK once completed

Business Process Wizard
Add Licenses and Certifications



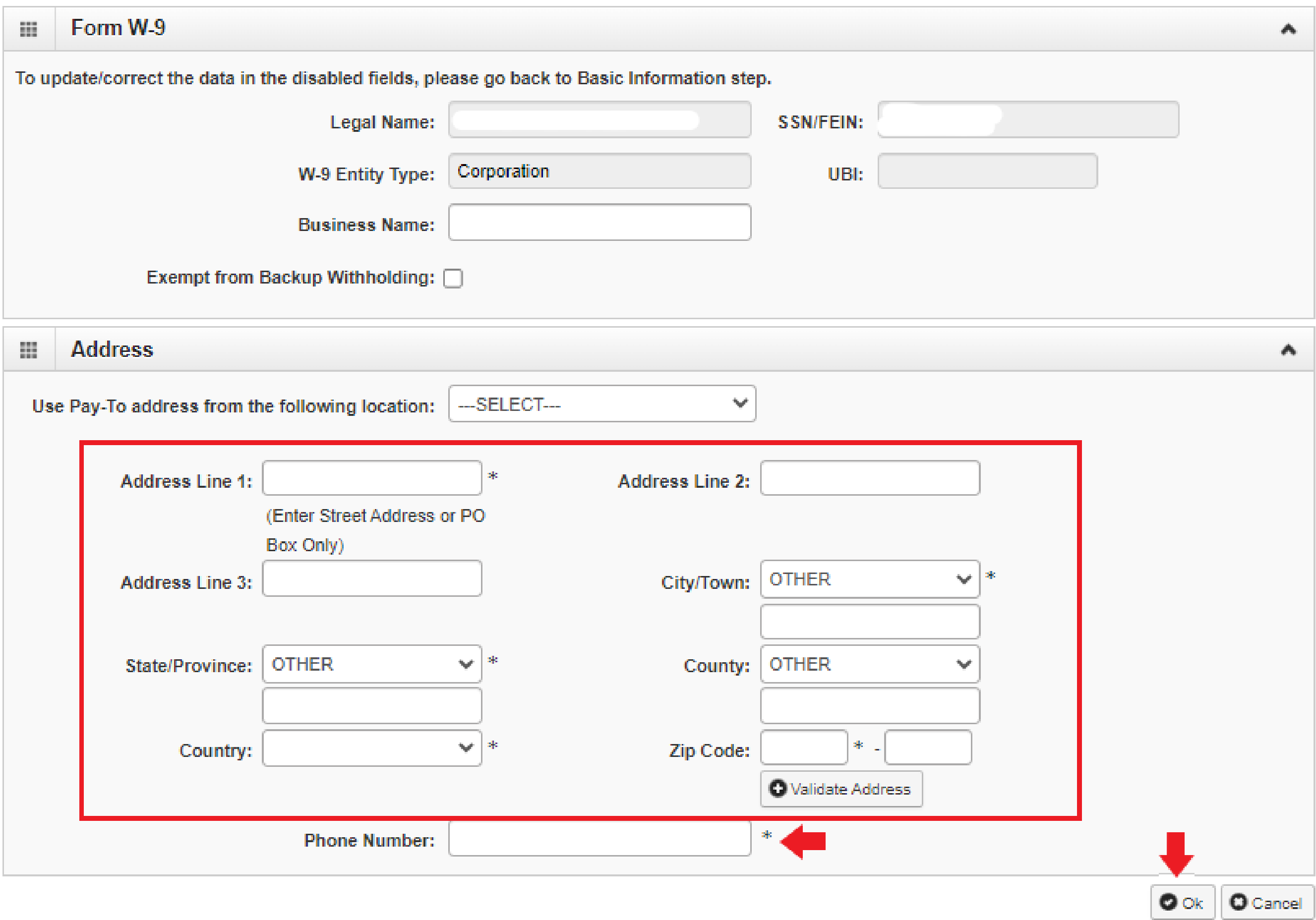
Business Process Wizard
Add Federal Tax Details

- The next required step is to add federal tax details. Click into the step, then click W-9 Form.



- The information you enter in this step must match the information you have listed on your signed W-9 form.
  - Some fields will be auto-filled with the information you entered in step 1.
  - The address you list here must match the address listed on your signed W-9 form in line 5 (see next two slides).

Business Process Wizard
Add Federal Tax Details



Form W-9

To update/correct the data in the disabled fields, please go back to Basic Information step.

Legal Name:

SSN/FEIN:

W-9 Entity Type: Corporation

UBI:

Business Name:

Exempt from Backup Withholding:

Address

Use Pay-To address from the following location: ---SELECT---

Address Line 1: *

(Enter Street Address or PO Box Only)

Address Line 2:

Address Line 3:

City/Town: OTHER *

State/Province: OTHER *

County: OTHER

Country: *

Zip Code: * -

Validate Address

Phone Number: *

Ok

Cancel

Business Process Wizard

Add Federal Tax Details

Form **W-9** (Rev. October 2018) Department of the Treasury Internal Revenue Service

Request for Taxpayer Identification Number and Certification

▶ **Go to *www.irs.gov/FormW9* for instructions and the latest information.**

Give Form to the requester. Do not send to the IRS.

Print or type. See Specific Instructions on page 3.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.

2 Business name/disregarded entity name, if different from above

3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only **one** of the following seven boxes.

☐ Individual/sole proprietor or single-member LLC ☐ C Corporation ☐ S Corporation ☐ Partnership ☐ Trust/estate

☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ ______

Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is **not** disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.

☐ Other (see instructions) ▶

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):

Exempt payee code (if any) ______

Exemption from FATCA reporting code (if any) ______

(Applies to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.) See instructions.

Requester's name and address (optional)

6 City, state, and ZIP code

7 List account number(s) here (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number

☐☐☐ – ☐☐ – ☐☐☐☐

or

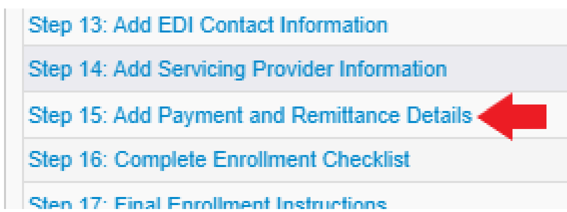
Employer identification number

☐☐ – ☐☐☐☐☐☐☐

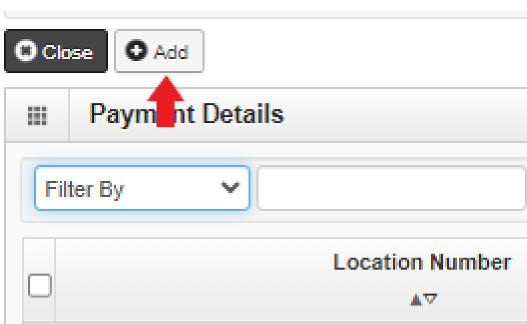
Washington State Health Care Authority

Business Process Wizard
Add Payment and Remittance Details

- The next required step is to add payment and remittance details.



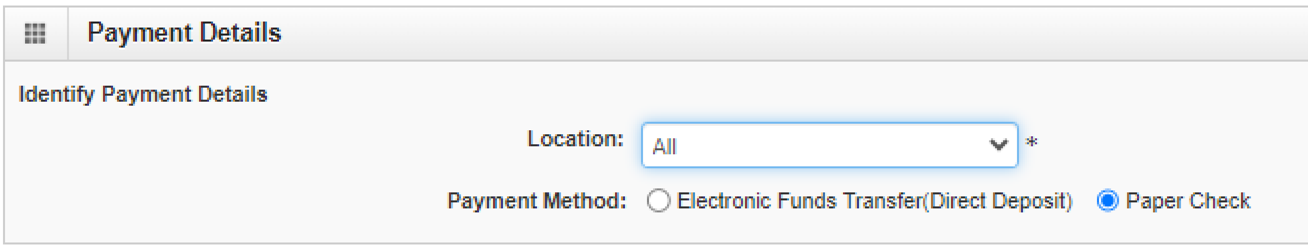
- Click the add button

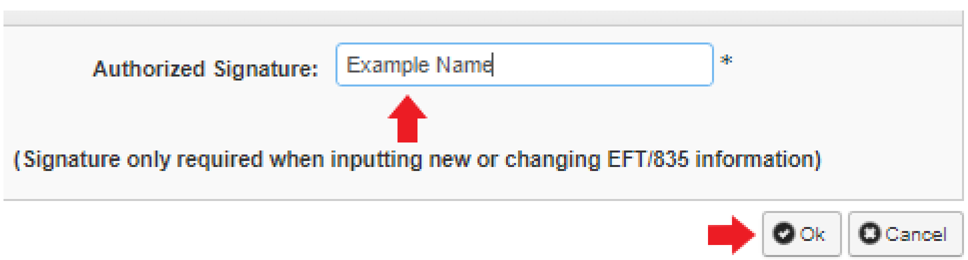


Business Process Wizard
Add Payment and Remittance Details

- Location
  - Select your location
- There are two payment method options:
  - Electronic funds transfer (direct deposit)
  - Paper check
- If you select direct deposit, you will have additional required information (Account #, bank name, routing #, etc.)
- The electronic remittance advice information section is optional.
- Type your name in the authorized signature field at the bottom. Press OK once completed.

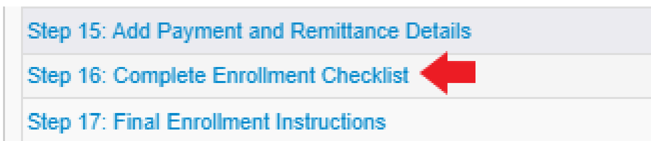
Business Process Wizard
Add payment and remittance details



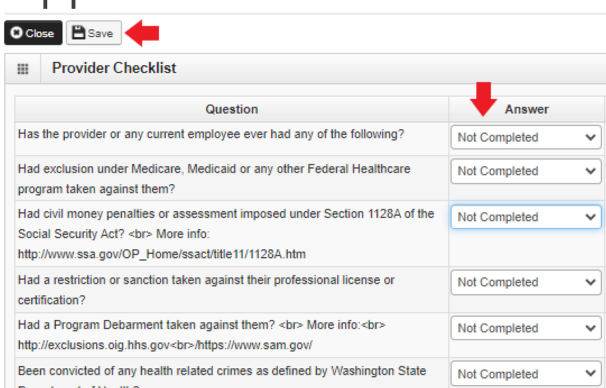


Business Process Wizard
Complete enrollment checklist

- The next required step is to complete enrollment checklist.



- Answer yes or no to all the questions and press save at the top of the page. Once saved, click close to go back to the other steps in the application.



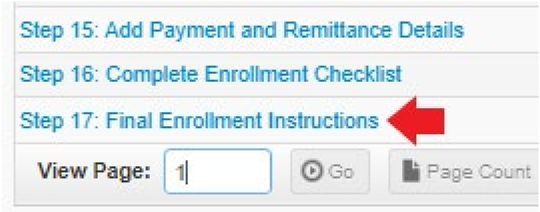
Close Save

Provider Checklist

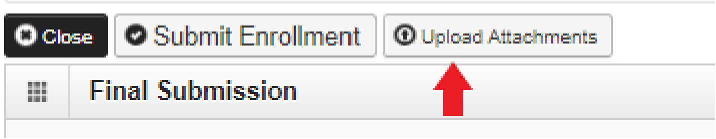
Question	Answer
Has the provider or any current employee ever had any of the following?	Not Completed
Had exclusion under Medicare, Medicaid or any other Federal Healthcare program taken against them?	Not Completed
Had civil money penalties or assessment imposed under Section 1128A of the Social Security 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

Business Process Wizard
Final enrollment instructions

- The last step in the application is final enrollment instructions.



- This is where you will be uploading all required documents.
  - For a list of required documents, see next slides
- Click upload attachments.

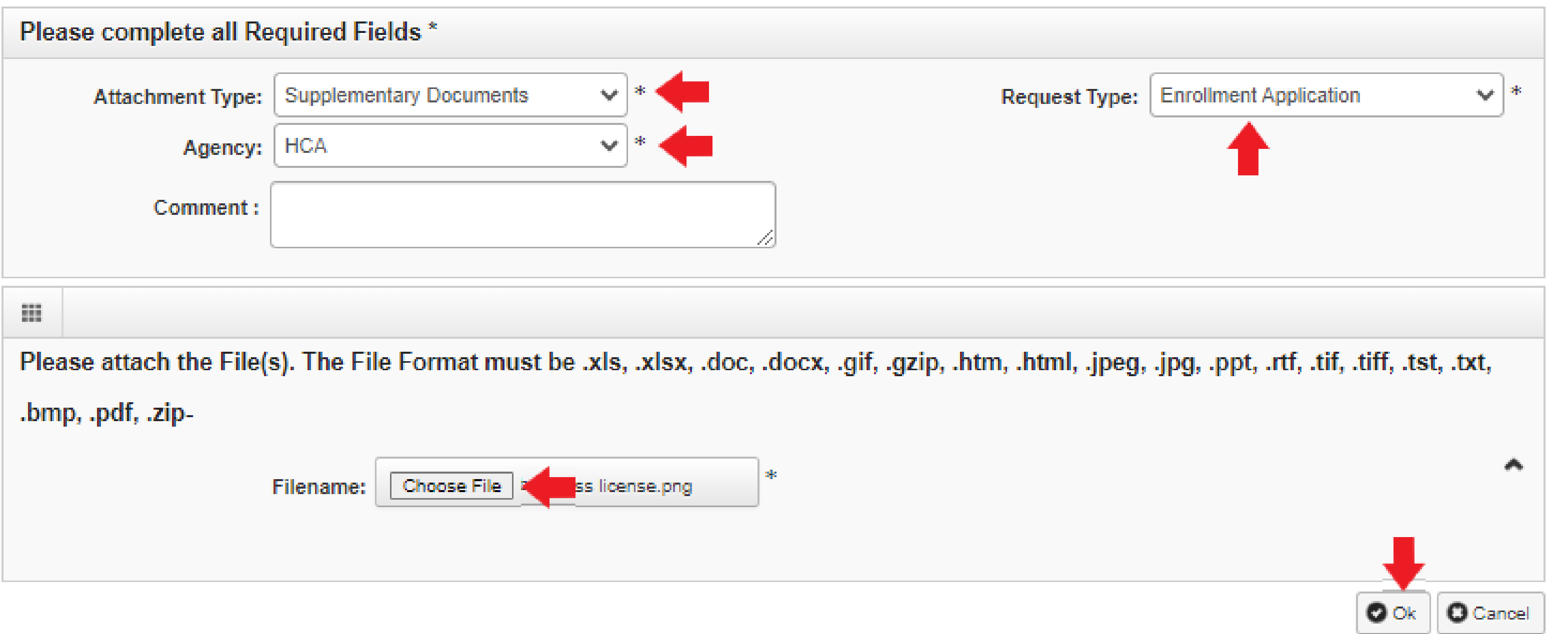


Washington State Health Care Authority

Business Process Wizard
Final enrollment instructions

- Click add attachment.
- Choose attachment type.
  - Choose any applicable option
- Agency.
  - HCA
- Request type.
  - Enrollment application
- Choose file.
  - Locate the attachment on your computer or device
  - The file format must be one of the following:
    - xls, xlsx, doc, docx, gif, gzip, htm, html, jpg, ppt, rtf, tif, tiff, tst, txt, bmp, pdf, or zip.
- Press OK once completed.

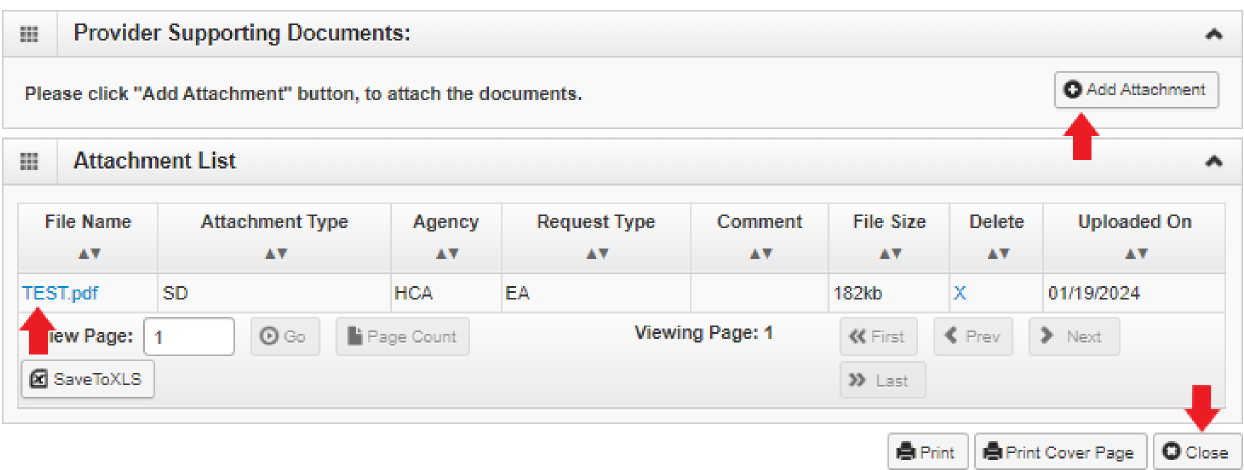
Business Process Wizard
Final enrollment instructions



Business Process Wizard

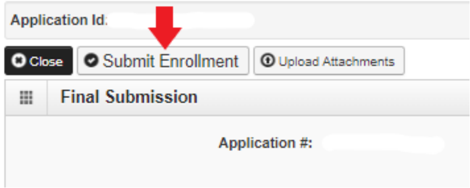
Final enrollment instructions

- After you select OK, it will take you to the provider supporting documents screen and show the attachment list. Repeat the steps just mentioned to add as many attachments as needed. When they are all listed, click close to go back to the final submission screen.



Business Process Wizard
Final enrollment instructions

- After all required documents are attached (see next slides regarding required documents), click submit enrollment at the top of the screen:



- Once you click submit enrollment, the application will be sent to the Provider Enrollment team for review. Changes cannot be made to the application while the application is in review status.
- If you cannot complete the application all at once, use the following link to track your application. This will allow you to access your application.

https://www.waproviderone.org/prvdr/jsp/common/pgTrackPrvdrApplctn.jsp

Washington State Health Care Authority

Required Documents

- The following documents are required and will need to be uploaded to the application before submitting:
  - Core Provider Agreement (CPA)
    - http://www.hca.wa.gov/core-provider-agreement
  - Debarment Statement
    - http://www.hca.wa.gov/debarment-statement
  - IRS W-9
    - https://www.irs.gov/pub/irs-pdf/fw9.pdf
- Each required document must be uploaded with all pages included
  - Example: the CPA is several pages long, but only the last page is signed. We need all the pages uploaded as one attachment. Do not upload each page individually.

Required Documents

IMPORTANT!

- The first page in the Debarment and Core Provider Agreement include detailed instructions on how to fill out the forms. Please read in full. Any documents that are not completed correctly will not be accepted and will hold up the application process.
- If you have questions about the forms, contact Provider Enrollment.
  - Email: providerenrollment@hca.wa.gov
  - Phone: 1-800-562-3022 ext. 16137
  - Open Tuesdays and Thursdays from 7:30 a.m. to 4:30 p.m.
  - Fax: 360-725-1259

Completion

- Once completed:
  - HCA's Provider Enrollment team will follow up with you regarding any questions or for missing documents/additional information.
  - HCA will notify you once your application has been processed.
  - HCA will be merging your DSHS and HCA profiles once all applications have been processed.

Questions?

Send questions to

hca1915iservices@hca.wa.gov.

Questions will be added to the FAQ on the CBHS webpage.

Washington State Health Care Authority