

Tribal Affairs

ProviderOne Billing Quick Reference Sheet

How to Change Your Group's Location, Mailing, or Pay-To Address in ProviderOne

1. Login to ProviderOne with a profile that allows file maintenance (eg provider file maintenance profile)
2. Click on Manage Provider Information under the Provider section

The screenshot shows the ProviderOne user interface. At the top, there is a navigation bar with 'My Inbox' and a welcome message for 'Mike Longnecker'. Below this, a path is shown: 'Path: Provider Portal' and 'ProviderOne Id/NPI : [redacted]'. The main content area is a menu with several sections:

- Client** (Hide/Max): Client Limit Inquiry, Benefit Inquiry
- Payments** (Hide/Max): View Payment, View Capitation Payment
- ProviderOne-Generated Invoices** (Hide/Max): View Invoice, Validate Invoice
- Managed Care** (Hide/Max): View Enrollment Roster, View ETRR
- Prior Authorization** (Hide/Max): On-line Prior Authorization Submission, Prior Authorization Inquiry, Prior Authorization Adjustment
- Provider** (Hide/Max): **Provider Inquiry**, **Manage Provider Information** (indicated by a red arrow), Initiate New Enrollment, Track Application
- HIPAA** (Hide/Max): Submit HIPAA Batch Transmission

On the right side of the interface, there are additional options: 'Manage Alerts', 'My Reminders:', 'Filter By:', and 'Read Status:'.

3. Click on Step 2: Locations

ProviderOne **Inbox**


Welcome Longnecker, Mike . You have logged-in with EXT Pro

Path: Provider Portal/ Tribal Modification BPW
ProviderOne Id/NPI : ~~XXXXXXXXXXXX~~ Name:

Close Required Credentials Undo Update

Important - Step 9: EDI Submission Method is REQUIRED if FTP/Web Batch Submitter or Retrieving 835s.

View/Update Provider Data - Tribal Health Services:

		Business Process	
<input type="checkbox"/>	Step	Required	
<input type="checkbox"/>	Step 1: Basic Information	Required	11/0
<input type="checkbox"/>	Step 2: Locations 	Required	03/1
<input type="checkbox"/>	Step 3: Specializations	Required	08/0
<input type="checkbox"/>	Step 4: Licenses and Certifications	Required	07/2
<input type="checkbox"/>	Step 5: Training and Education	Optional	07/0
<input type="checkbox"/>	Step 6: Identifiers	Optional	07/0
<input type="checkbox"/>	Step 7: Contract Details	Optional	07/0
<input type="checkbox"/>	Step 8: Federal Tax Details	Required	07/2
<input type="checkbox"/>	Step 9: EDI Submission Method	Optional	07/2
<input type="checkbox"/>	Step 10: EDI Billing Software Details	Optional	07/0
<input type="checkbox"/>	Step 11: EDI Submitter Details	Required	03/0
<input type="checkbox"/>	Step 12: EDI Contact Information	Optional	07/0

Page ID: pgBPWTribalUpdate(Provider) Environment: UAT

4. Select the location that needs updating (most providers will only have location 00) and click on the location code

ProviderOne **Inbox**

Welcome Longnecker, Mike . You have logged-in with

Path: Provider Portal/ Tribal Modification BPW
ProviderOne Id/NPI : [REDACTED]

Close Add

Provider Locations:

Filter By :

<input type="checkbox"/>	Location Code ▲▼	Location Name ▲▼	Location Type ▲▼
<input type="checkbox"/>	04	[REDACTED]	NPI Servicing Location
<input type="checkbox"/>	03	[REDACTED]	NPI Servicing Location
<input type="checkbox"/>	02	[REDACTED]	NPI Servicing Location
<input type="checkbox"/>	01	[REDACTED]	NPI Servicing Location
<input type="checkbox"/>	00	[REDACTED]	NPI Base Location

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5. Click on Location, Mailing or Pay-To (if all 3 need to be updated, you can do them one-at-a-time)

The screenshot shows the 'My Inbox' interface for 'Mike Longnecker'. The top navigation bar includes 'ProviderOne' and 'My Inbox'. A welcome message reads: 'Welcome Longnecker, Mike . You have logged-in with EXT Pro'. The breadcrumb path is 'Provider Portal/ Tribal Modification BPW/ General'. The user's 'ProviderOne Id/NPI' is redacted with a blue scribble, and the 'Name' field is empty. Below the navigation bar are 'Close' and 'Save' buttons. The main content area is titled 'Location Details:' and contains the following fields: 'Location Business Name: mike's medical *', 'Contact First Name: mike *', 'Phone Number: (360) 725-1315 *', 'Cell Phone Number: [empty]', and 'Web Page: [empty]'. Below these fields, the 'Business Status' is 'Active/Open' and the 'System Status' is 'Approved'. An 'Add Address' button is located below the status information. The 'Address List:' section features a 'Filter By:' dropdown and a 'Go' button. A table lists three address types: 'Location', 'Mailing', and 'Pay-To'. Each row has a checkbox on the left and a red arrow pointing to the 'Address Type' column. The right side of the table contains redacted information with blue scribbles. At the bottom of the table are navigation controls: '<< Prev', 'Viewing Page 1', 'Next >>', '1', 'Go', 'Page Count', and 'SaveToXLS'.

6. Click on Address on the far right of your screen

The screenshot shows the 'Manage Provider Location Address' form. The 'Type of Address' is set to 'Mailing' and the 'Start Date' is '08/01/1975'. The 'Address Line 1' is '123 mike street *'. The 'Address Line 3' is empty. The 'State/Province' is 'Washington' and the 'Country' is 'US'. On the right side, the 'Status' is 'Approved' and the 'End Date' is '12/31/2999'. The 'Address Line 2' is empty. The 'City/Town' is 'TACOMA' and the 'County' is 'PIERCE'. The 'Zip Code' is '98404 . 0000'. The 'Address' field is highlighted with a red arrow.

7. Enter in the correct address and then click Validate Address and then OK

Lookup dialog - Windows Internet Explorer

Address details:

Address Line 1: 456 mike avenue *
(Enter Street Address or PO Box Only)

Address Line 2:

Address Line 3:

City/Town: TACOMA *
County: PIERCE

State/Province: Washington *
Country: US *

Zip Code: 98404 - 0000

Validate Address

OK Cancel

Page ID: AddressLookup/Common Environment: UAT ID: app01_87 Server Time: 11/04/2014 04:13:38 PST

8. Click the Save button, then click the Close button

The screenshot shows the ProviderOne web application interface. At the top left, there is a logo for 'ProviderOne' and a tab labeled 'Inbox'. A welcome message reads 'Welcome Longnecker, Mike . You have logged-'. Below this, a breadcrumb path is displayed: 'Path: Provider Portal/ Tribal Modification BPW/ General'. Underneath the path, the text 'ProviderOne Id/NPI :-' is followed by a redacted area. At the bottom of the header area, there are two buttons: 'Close' and 'Save'. A large red arrow points from the right towards the 'Save' button. Below the buttons is a section titled 'Manage Provider Location Address'. This section contains a form with the following fields: 'Type of Address: Mailing', 'Start Date: 08/01/1975 *', 'Address Line 1: 456 mike avenue *', 'Address Line 3: [empty]', 'State/Province: Washington *', and 'Country: US *'. Each field has a small asterisk to its right, indicating it is a required field.

9. Continue to click on the close button until your screen looks like this

Inbox

Welcome Longnecker, Mike . You have logged-in with

Path: Provider Portal/ Tribal Modification BPW
ProviderOne Id/NPI : [REDACTED]

Close Required Credentials Undo Update

Important - Step 9: EDI Submission Method is REQUIRED if FTP/Web Batch Submitter or Retrieving 8

View/Update Provider Data - Tribal Health Services:

<input type="checkbox"/>	Step	Business Pr
<input type="checkbox"/>	Step 1: Basic Information	Required
<input type="checkbox"/>	Step 2: Locations	Required
<input type="checkbox"/>	Step 3: Specializations	Required
<input type="checkbox"/>	Step 4: Licenses and Certifications	Required
<input type="checkbox"/>	Step 5: Training and Education	Optional
<input type="checkbox"/>	Step 6: Identifiers	Optional
<input type="checkbox"/>	Step 7: Contract Details	Optional
<input type="checkbox"/>	Step 8: Federal Tax Details	Required
<input type="checkbox"/>	Step 9: EDI Submission Method	Optional
<input type="checkbox"/>	Step 10: EDI Billing Software Details	Optional
<input type="checkbox"/>	Step 11: EDI Submitter Details	Required
<input type="checkbox"/>	Step 12: EDI Contact Information	Optional

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10. Click on Step 17: Submit Modification for Review

providerOne **MY Inbox**

Welcome Longnecker, Mike . You have logged-in with EXT Pro

Path: Provider Portal/ Tribal Modification BPW
ProviderOne Id/NPI : [REDACTED] Name: [REDACTED]

Close Required Credentials Undo Update

<input type="checkbox"/>	Step 4: Licenses and Certifications	Required	07/23
<input type="checkbox"/>	Step 5: Training and Education	Optional	07/01
<input type="checkbox"/>	Step 6: Identifiers	Optional	07/01
<input type="checkbox"/>	Step 7: Contract Details	Optional	07/01
<input type="checkbox"/>	Step 8: Federal Tax Details	Required	07/23
<input type="checkbox"/>	Step 9: EDI Submission Method	Optional	07/23
<input type="checkbox"/>	Step 10: EDI Billing Software Details	Optional	07/01
<input type="checkbox"/>	Step 11: EDI Submitter Details	Required	03/04
<input type="checkbox"/>	Step 12: EDI Contact Information	Optional	07/01
<input type="checkbox"/>	Step 13: Billing Provider Details	Optional	07/01
<input type="checkbox"/>	Step 14: Servicing Provider Information	Optional	06/13
<input type="checkbox"/>	Step 15: Payment and Remittance Details	Required	06/03
<input type="checkbox"/>	Step 16: Tribal Health Services Details	Required	10/21
<input type="checkbox"/>	Step 17: Submit Modification for Review	Required	07/01

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