

School-Based Health Care Services (SBHS) Program: Creating a ProviderOne account

Disclaimer

This instruction manual is intended only for school districts, educational service districts, charter schools and tribal schools interested in participating in the School Based Health Care Services (SBHS) Program. Throughout this manual, these entities are referred to as 'school districts'.

The SBHS Program is managed by the Health Care Authority (HCA). HCA is the single state agency that oversees the Medicaid program in Washington State. The SBHS Program provides fee-for-service reimbursement to school districts for providing Medicaid-covered health care related services included in a Medicaid-eligible student's individualized education program (IEP) or individualized family service plan (IFSP). More information about the SBHS Program can be found on the SBHS Program webpage at <https://www.hca.wa.gov/sbhs>.

Questions about the SBHS Program and/or which entities and providers are eligible to participate in the SBHS Program should be directed to HCA's SBHS Program Manager at shanna.muirhead@hca.wa.gov.

School districts requiring assistance with setting up the district's ProviderOne account should contact HCA's Office of Provider Enrollment at 1-800-562-3022 ext. 16137 or ProviderEnrollment@hca.wa.gov.

For all other Medicaid providers, instructions on how to set up a ProviderOne account outside of the SBHS Program can be found on HCA's Provider Enrollment [webpage](#).

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About the SBHS Program

The Health Care Authority (HCA) administers the School-Based Health Care Services (SBHS) Program. The SBHS Program provides fee-for-service Medicaid reimbursement to school districts, educational service districts (ESD), charter schools and tribal schools for health-related services that are included in a Medicaid-eligible student's individualized education program (IEP) or individualized family service plan (IFSP).

More information about the SBHS Program can be found on HCA's [SBHS webpage](#).

What is ProviderOne?

ProviderOne or "P1" is the Medicaid Management Information System (MMIS) used by Washington State Medicaid (HCA) to pay providers (including school districts) for Medicaid-covered services.

To participate in the SBHS Program, each school district, ESD, charter and tribal school must set up a ProviderOne account. Throughout this manual, these entities will be referred to as "school districts". School districts submit all reimbursable IEP/IFSP services as claims in the ProviderOne system. School districts can also track their Medicaid payments and confirm a student's Medicaid eligibility in the ProviderOne System.

This manual provides step-by-step directions on how to set up your district's ProviderOne account.

Note: Before setting up your district's ProviderOne account, your district must have an active SBHS contract with the Health Care Authority (HCA). To check on the status of your district's SBHS contact, please contact HCA's SBHS Program Manager at shanna.muirhead@hca.wa.gov.

Gather documents and information

School districts, ESDs, charter and tribal schools participating in the SBHS Program must submit a number of documents with the ProviderOne application. Listed below are required documents and instructions.

Note: All forms requiring a signature must be signed by an individual with legal authority and the person who signs the forms must be listed as a “Managing Employee” in ProviderOne (see pages 19- 22).

Required school district documents:

- [Core Provider Agreement](#) (CPA)
- [Debarment Statement](#)
- [Trading Partner Agreement](#)
- Current copy of the district’s [Internal Revenue Services \(IRS\) Form W-9](#)
- [Electronic Funds Transfer form](#) and [instructions](#)
 - This form is only needed if the district wants to receive Medicaid payments electronically
- Copy of the district’s business license
- School district’s National Provider Identifier (NPI)
 - Look up your school district’s NPI on the [NPI registry](#)
 - If your school district does not have a NPI, apply for one through the National Plan and Provider Enumeration System NPPES [website](#)
- School district’s Federal Employer Identification Number (FEIN)/Tax ID
- Name, DOB, and Social Security # of school district’s managing employee(s)
 - It is up to each district who is designated as the managing employee
 - Most districts choose the business manager, superintendent, or special education director as the managing employee
 - The person listed as the managing employee must have signing authority for the district
 - The district can enter multiple managing employees in ProviderOne (see pages 21-22)

Additional (optional) information needed to complete the application:

Servicing provider information:

- Names, DOBs, SS#s, Department of Health license information, and NPIs for all school district or contracted providers who will be participating in the SBHS Program
 - A list of SBHS-eligible providers can be found in the [SBHS Billing Guide](#) and [WAC 182-537-0350](#)
 - If you do not have a list of providers yet, you can still complete the district’s P1 application and add servicing providers at a later date

Billing agent/clearinghouse information:

- If your district contracts with a Medicaid billing agent aka clearinghouse, you will need the billing agent’s ProviderOne ID (you can get this from the billing agent or HCA’s [SBHS Program Manager](#))

Begin ProviderOne application

- Open a separate browser and copy and paste the following link:

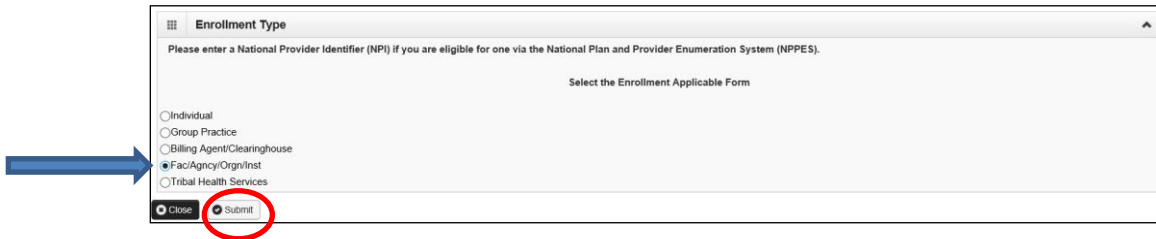
<https://www.hca.wa.gov/billers-providers-partners/apple-health-medicaid-providers/enroll-billing-provider>

- First, click **Enroll as a billing provider**
- Next, click **Complete your enrollment**

The screenshot displays the 'Enroll as a billing provider' page. On the left is a navigation menu with the following items: 'Enroll as a provider' (with sub-link 'Eligible provider types and requirements'), 'Enroll as a billing provider' (highlighted in green and pointed to by a blue arrow), 'Enroll as a health care professional practicing under a group or facility', 'Enroll as a non-billing individual provider', 'Enroll as a billing agent/clearinghouse', and 'Next steps for new Medicaid providers'. The main content area is titled 'Enroll as a billing provider' and includes instructions: 'Instructions on how to enroll as a billing provider for Washington Apple Health (Medicaid)'. Below this is a 'On this page' section with links: 'Do I need to submit an enrollment application fee?', 'What documents do I need to submit?', 'What should I know before I start my application?', 'How can I get back into my application?', and 'What do I do after I submit my application?'. A section titled 'Do I need to submit an enrollment application fee?' contains the text: 'Yes. An application fee may be required to complete your enrollment. Effective June 1, 2016, Washington Apple Health (Medicaid) is implementing an application fee for institutional provider'. At the bottom right, a green box contains the text 'Compile your application materials then proceed to ProviderOne.' and a dark button labeled 'Complete your enrollment' with a right-pointing arrow, which is pointed to by another blue arrow.

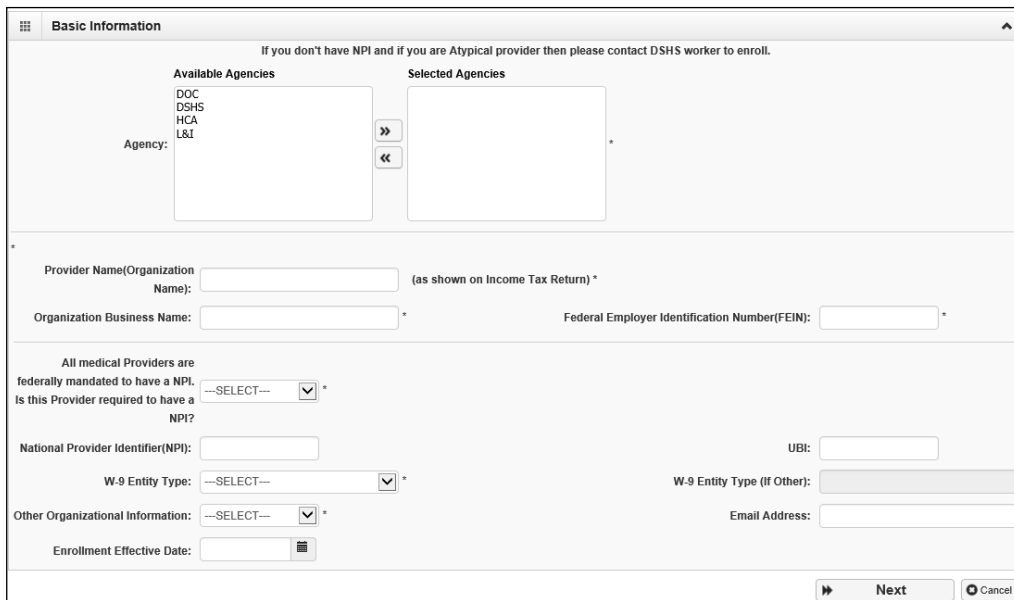
Once you have accessed the provider enrollment application, the **Enrollment Type** window is displayed.

- Select **Fac/Agency/Org/Inst** as the enrollment type and click the **Submit** button:



The screenshot shows the 'Enrollment Type' window. At the top, it says 'Please enter a National Provider Identifier (NPI) if you are eligible for one via the National Plan and Provider Enumeration System (NPES)'. Below that, it says 'Select the Enrollment Applicable Form'. There are five radio button options: Individual, Group Practice, Billing Agent/Clearinghouse, Fac/Agency/Org/Inst (selected), and Tribal Health Services. At the bottom left, there are 'Close' and 'Submit' buttons. A blue arrow points to the 'Submit' button, and a red circle highlights the 'Fac/Agency/Org/Inst' radio button.

- ProviderOne displays the *Basic Information* screen:



The screenshot shows the 'Basic Information' screen. At the top, it says 'If you don't have NPI and if you are Atypical provider then please contact DSHS worker to enroll.' Below that, there are two columns: 'Available Agencies' and 'Selected Agencies'. The 'Available Agencies' column lists DOC, DSHS, HCA, and L&I. There are '»' and '«' buttons between the columns. Below that, there are several input fields: 'Provider Name(Organization Name):' (with a note '(as shown on Income Tax Return) *'), 'Organization Business Name: *', 'Federal Employer Identification Number(FEIN): *', 'National Provider Identifier(NPI):', 'UBI:', 'W-9 Entity Type: --SELECT-- *', 'W-9 Entity Type (If Other):', 'Other Organizational Information: --SELECT-- *', and 'Email Address:'. At the bottom, there is an 'Enrollment Effective Date:' field with a calendar icon. At the bottom right, there are 'Next' and 'Cancel' buttons.

- Continue to Pages 8 and 9 for directions on how to complete the *Basic Information* screen



Complete basic information

In this step, you will enter basic information for the school district.

- Complete the top portion of the *Basic Information* screen:

The screenshot shows the 'Basic Information' form with the following elements:

- Available Agencies:** DOC, DSHS, L&I
- Selected Agencies:** HCA (circled in red)
- HCA Billing Type:** BL-Billing (circled in red), NB-Non-billing
- Provider Name (Organization Name):** (as shown on Income Tax Return) *
- Organization Business Name:** *
- Federal Employer Identification Number (FEIN):** *
- All medical Providers are federally mandated to have a NPI. Is this Provider required to have a NPI?** (dropdown menu)
- National Provider Identifier (NPI):** (text field)
- W-9 Entity Type:** (dropdown menu)
- Other Organizational Information:** (dropdown menu)
- Enrollment Effective Date:** (calendar icon)
- UBI:** (text field)
- W-9 Entity Type (If Other):** (text field)
- Email Address:** (text field)
- Next** and **Cancel** buttons at the bottom right.

- Selected Agencies, choose **HCA** from the **Available Agencies** and use the right arrows to move HCA to the Selected Agencies
- HCA Billing Type**, choose **BL-Billing**
- Provider Name (Organization Name)**, enter the legal name for the school district (must match what is on the district's W-9 form)
- Organization Business Name**, enter the district's "doing business as" (DBA) name. This may or may not be the same as the legal name.
- Federal Employer Identification Number**, enter the district's Tax ID/FEIN

- Next, complete the bottom portion of the *Basic Information* screen:

The screenshot shows a form titled "Basic Information" with the following fields and annotations:

- All medical Providers are federally mandated to have a NPI. Is this Provider required to have a NPI?**: A dropdown menu with "--SELECT--" selected.
- National Provider Identifier(NPI)**: An empty text input field.
- W-9 Entity Type**: A dropdown menu with "--SELECT--" selected.
- Other Organizational Information**: A dropdown menu with "--SELECT--" selected.
- Enrollment Effective Date**: A date picker field.
- UBI**: An empty text input field. A blue arrow points to it from a box that says "UBI is not required".
- W-9 Entity Type (If Other)**: An empty text input field.
- Email Address**: An empty text input field.
- Next**: A button with a right-pointing arrow, circled in red.
- Cancel**: A button with a left-pointing arrow.

- **All medical Providers are federally mandated to have a NPI. Is this Provider required to have a NPI?**, choose **Yes** from the dropdown
- **National Provider Identifier (NPI)**, enter the district's **NPI**
- **W-9 Entity Type**, use the dropdown and choose the entity type that matches what is on the district's W-9 form
 - If you choose "Other", an additional entry is required under **W-9 Entity Type (If Other)** field
 - Districts can type "school district" or "local education agency" here
- Enter the appropriate **Other Organizational Information** using the dropdown
 - Most districts choose "Government" or "Not for Profit"
- Enter the **Email Address** for the person completing the application (in case HCA has questions about the application)
- **Enrollment Effective Date**, enter today's date
- After completing all required input, click the **Next** button

- 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.
 - See page 48 of this manual for directions on how to complete the application if you exit before finishing.
 - **Please note.** An application will be purged from the system if not completed within 180 days from the date the application was started.

Application Id: 20200124694466 Name: PRU TEST FACI Enrollment Type: Fac/Agency/Orgn/Inst

Basic Information

You have been assigned application #: 20200124694466.
Please make note of this application number before moving on to the next step of the application process.
Click Next to go into the Business Process Wizard. You will need to complete all the required steps before submitting your application for State review.

Next

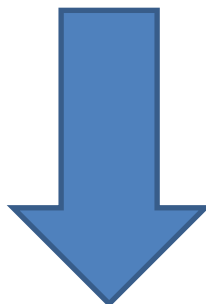
- After you have written down the Application ID, click **Next**.
- **Step 1: Provider Basic Information** should now show as **Complete**:

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

Step	Required	Start Date	End Date	Step Status	Step Remark
Step 1: Provider Basic Information	Required	03/19/2021	03/19/2021	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 Next Last

- You can now complete Step 2: Add Locations.



Step 2: Add Locations

In this step you will add the school district's physical and mailing address.

- Click on the **Step 2: Add Locations** hyperlink:

[Step 2: Add Locations](#)

- ProviderOne displays the **Locations List**.
- Click the **Add** button:

The screenshot shows a 'Locations List' table with columns for Location Number, Location Name, Location Type, Location Details, and End Date. The table is currently empty, displaying 'No Records Found!'. Above the table, there is a 'Filter By' section and a 'Go' button. The 'Add' button is circled in red.

After clicking Add, the following screen will display:

The screenshot shows the 'Add Physical Location Information' form. The 'Location Type' dropdown is set to 'NPI Base Location'. The 'Add Address' button is circled in red. A blue arrow points to the 'End Date' field, which is empty. A callout box on the right states: 'Do not enter an end date. The end date is system generated and will auto-populate to 12/31/2999.'

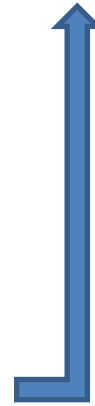
- First, choose **NPI Base Location** from the **Location Type** dropdown
- Next, fill in the following required fields under the **Add Physical Location Information** section:
 - **Business Name at the Location**
 - **Contact First Name** and **Contact Last Name**
 - **Phone Number**

- Fax number, web page, cell phone number and WA Tax Revenue code are not required fields and can be left blank.
- Next, click on the **Add Address** button to enter the district's physical address



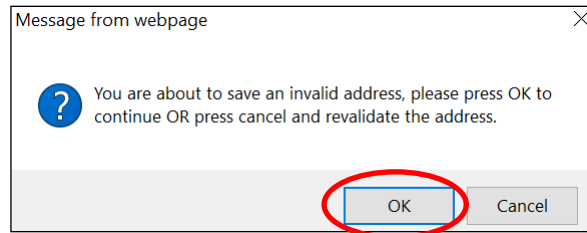
- ProviderOne displays the Address details form:

- Complete the following fields:
 - Address line 1
 - Address line 2 & line 3 if applicable
 - City/Town
 - State/Province
 - County
 - Country
 - Zip code
- After entering all fields, click on the **Validate Address** button.
- 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:



- 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.



Add mailing address information

After adding the Physical Location details, you will be directed back to this page and will add a Mailing Address:

- Follow the instructions on the previous pages to add a Mailing Address
- **Note:** 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.

Add pay-to address information

After adding the Mailing Address, follow the instructions on the 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.

The screenshot shows a multi-section web form. The sections are:

- Add Physical Location Information:** Includes fields for Location Type, Business Name, Contact First/Last Name, End Date, Address Line 1 & 2, City/Town, County, Zip Code, Fax Number, Email Address, Communication Preference, and Web Page.
- Mailing Address:** Includes a 'Same as Location Address' checkbox, End Date, and address fields (Line 1 & 2, City/Town, County, Zip Code).
- Pay-To Address:** Includes a 'Same as Location Address' checkbox, End Date, and address fields (Line 1 & 2, City/Town, County, Zip Code).
- Facility Details:** Includes State Facility ID, District Part Unit, Fiscal Year End Date, Accreditation, and No. Of Licensed Beds.
- Pharmacy Details:** Includes Pharmacy Store Number, SABS, Pharmacy Volume, National Association of Board of Pharmacy Number, Pharmacy Type, and Unit Dose Pharmacy.
- Regional Support Network Details:** Includes R, U, ID.

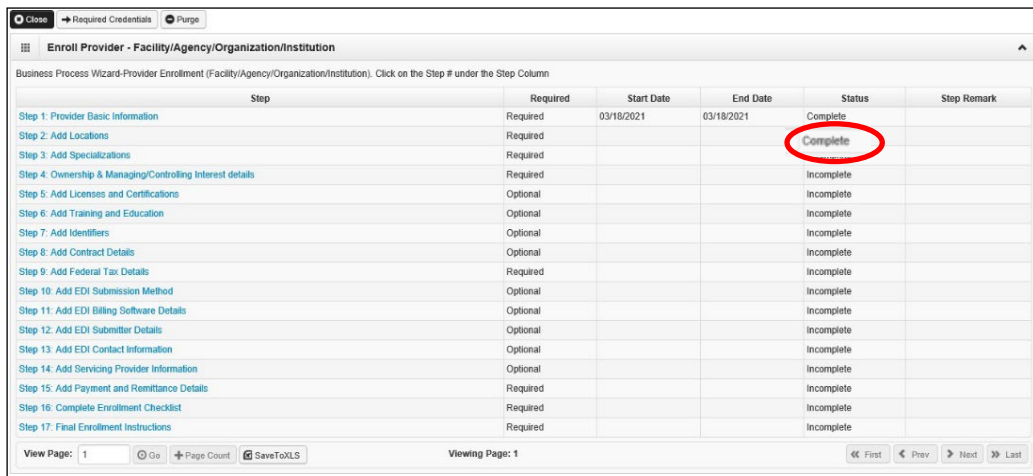
 At the bottom right, there is an 'OK' button circled in red and a 'Cancel' button.

- After entering the Physical Location Information, Mailing Address, and Pay-To Address, click the **OK** button to save the information and close the window.
- School districts **do not** need to enter information in the **Facility Details, Pharmacy Details, or Regional Support Network Details** fields.

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



- Click **Close**.
- **Step 2: Add Locations** should now show as **Complete**:



- You can now complete Step 3: Add Specializations.



Step 3: Add specializations

In this step, you will add the school district's taxonomy. A taxonomy specifies a Medicaid provider's "specialty". For the SBHS Program, **all school districts will choose the 251300000X taxonomy.**

- Click on the **Step3: Add Specializations** link:

[Step 3: Add Specializations](#)

- ProviderOne displays the Specialty/Subspecialty List.
- 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

- Select **All** from the **Location** dropdown:

- Choose "**HCA-Health Care Authority**" from the **Administration** dropdown
- Choose "**25-Agencies**" from the **Provider Type** dropdown
- Choose "**13-Local Education Agency (LEA)**" from the **Specialty** dropdown
- **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.
 - This will open the **Available Taxonomy Codes** loaded in ProviderOne.
 - Use the arrows to move the 251300000X taxonomy code from the **Available Taxonomy Codes** box to the **Associated Taxonomy Codes** box.
- Click the **OK** button to save the information.

- ProviderOne validates the information entered, saves, and returns to the Specialty/Subspecialty List.
- The district's taxonomy should now be displayed:

Specialty/Subspecialty List										
Filter By : <input type="text"/> And <input type="text"/> And Operational Status: Active <input type="button" value="Go"/>										
Contract Number	Provider Type	Specialty/Subspecialty	Administration	Start Date	End Date	Operational Status	Status	Inactivation Date	End Reason	Location Code
	25-Agencies	13-Local Education Agency (LEA)/00000-Local Education Agency (LEA)	HCA	09/01/1993	12/31/2999	Active	Approved			00

- Click **Close**.
- **Step 3: Add Specializations** should now show as **Complete**:

Step	Required	Start Date	End Date	Status	Step Remark
Step 1: Provider Basic Information	Required	03/18/2021	03/18/2021	Complete	
Step 2: Add Locations	Required			Complete	
Step 3: Add Specializations	Required			Complete	
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	

- You can now complete Step 4: Ownership & Managing/Controlling Interest Details.



Step 4: Ownership & managing/controlling interest details

In this step, you will add two pieces of information:

- First, you will add the school district as the "owner" of the ProviderOne account
- Second, you will add at least one school district staff member as a "managing employee"

- **Note about the "managing employee" information:**
 - It is at each district's discretion who is listed as the "managing employee(s)"
 - Most districts enter the Business Manager, Superintendent, Special Ed. Director, or the district's Medicaid Coordinator
 - More than one managing employee can be listed
 - At least one of the individuals listed as the managing employee must have signing authority so that they can sign the forms listed on Page 4 of this manual.

- Click the **Step 4: Ownership & Managing/Controlling Interest details** link:

[Step 4: Ownership & Managing/Controlling Interest details](#)

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

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: Organization
Doing Business As: ABC School District
Organization Name: ABC School District 123
First Name:
Suffix:
Disclosure Start Date: 09/01/2023
Address Line 1: 1234 School Lane
Address Line 3:
State/Province: WASHINGTON
Country: UNITED STATES
Ownership Percentage:
SSN/FEIN: 911234567
Minority/Women Owned Business Enterprise(MWOBE):
Last Name:
Date of Birth:
Disclosure End Date:
Address Line 2:
City/Town: OLYMPIA
County: THURSTON
Zip Code: 98501
Address

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

- **Disclosure Category**, choose **Owner** from the dropdown
- **Disclosure Type**, choose **Organization** from the dropdown
- **SSN/FEIN**, enter the school district's FEIN (without dashes)
- **Doing Business As**, enter the district's DBA name
- **Organization Name**, enter the district's legal name
- **Disclosure Start Date**, enter today's date; **Disclosure End Date**, leave blank
- **Address**, section, click the button to enter the district's address
- Click the **Ok** button to save the information

- ProviderOne validates the information entered, then saves and returns to the Ownership & Managing/Controlling Interest Disclosures list. This list should display the recently added "Owner" information:

Owner/ME/BOD Id	Owner/ME/BOD Name	Disclosure Type	Disclosure Category	Start Date	End Date	Status
911234567	ABC School District	Organization	Owner	12/19/2022	12/31/2999	Approved

- Next, click the "Add" button to add a "Managing Employee":

Owner/ME/BOD Id	Owner/ME/BOD Name	Disclosure Type	Disclosure Category	Start Date	End Date	Status
911234567	ABC School District	Organization	Owner	12/19/2022	12/31/2999	Approved

- ProviderOne displays the **Add Ownership & Managing/Controlling Interest Disclosures** screen:

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 (BOC)

Disclosure Category: **Managing Employee**

Disclosure Type: **Individual**

Doing Business As: _____

Organization Name: _____

First Name: _____

Suffix: _____

Disclosure Start Date: _____

Address Line 1: _____

Address Line 2: _____

Address Line 3: _____

State/Province: _____

Country: _____

Ownership Percentage: _____

SSN/FEIN: _____

Minority/Women Owned Business Enterprise (MWOBE):

Last Name: _____

Date of Birth: _____

City/Town: _____

County: _____

Zip Code: _____

Disclosure End Date: _____

Address: _____

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 Title **OK** Cancel

- **Disclosure Category**, choose **Managing Employee** from the dropdown
- **Disclosure Type**, choose **Individual** from the dropdown
- **SSN/FEIN**, enter the managing employee's SSN (without dashes)
- **First Name**, enter the managing employee's first name
- **Last Name**, enter the managing employee's last name
- **Disclosure Start Date**, enter today's date
- **Disclosure End Date**, leave blank
- **Address fields**, click on the **Address** button to add the district's address
- Click the **OK** button to save the information

- ProviderOne validates the information entered, then saves and returns to the Ownership & Managing/Controlling Interest Disclosures list. This list should display the "Owner" information (i.e., school district) and the recently added "Managing Employee" information:

Owner/ME/BOD Id	Owner/ME/BOD Name	Disclosure Type	Disclosure Category	Start Date	End Date	Status
911234567	ABC School District	Organization	Owner	12/19/2022	12/31/2999	Approved
123456789	Joe Smith	Individual	Managing Employee	12/19/2022	12/31/2999	Approved

- To add an additional managing employee, click on the Add button and complete these same steps.
- Once you've added all managing employees, click **Close**.
- Step 4: Ownership & Managing Controlling Interest Details should now show as **Complete**:

Step	Required	Start Date	End Date	Status	Step Remark
Step 1: Provider Basic Information	Required	03/18/2021	03/18/2021	Complete	
Step 2: Add Locations	Required			Complete	
Step 3: Add Specializations	Required			Complete	
Step 4: Ownership & Managing/Controlling Interest details	Required			Complete	
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	

- You can now complete Step 5: Add Licenses and Certifications.



Step 5: Add licenses and certifications

In this step, you will add the school district's business license information.

- Click the **Step 5: Add Licenses and Certifications** link:

[Step 5: Add Licenses and Certifications](#)

- Click the **Add** button:

The screenshot shows a window titled "License/Certification List". At the top left, there are "Close" and "Add" buttons, with the "Add" button circled in red. Below the title bar is a filter section with "Filter By:" followed by two empty input fields and a "Go" button. To the right of the filter section are "Save Filter" and "My Filters" buttons. Below the filter section is a table with the following columns: License/Certification #, License/Certification Type, State of Licensure, Location Number, Location Name, Effective Date, and End Date. The table is currently empty, and a red message "No Records Found!" is displayed at the bottom of the table area.

- ProviderOne displays the Add License/Certification form:

The screenshot shows a window titled "Add License/Certification". It contains several input fields: "Location:" with a dropdown menu showing "00001-PRU TEST FACI" and "All"; "License/Certification Type:" with a dropdown menu showing "Business License"; "License/Certification #:" with an empty text input field; "State of Licensure:" with a dropdown menu showing "--SELECT--"; "Effective Date:" with an empty date input field and a calendar icon; and "End Date:" with an empty date input field and a calendar icon. At the bottom right of the window, there are "OK" and "Cancel" buttons, with the "OK" button circled in red.

- Location**, select **All**
- License/Certification Type**, choose **Business License** from the dropdown
- License/Certification #**, enter the district's Business License #
- State of Licensure**, choose WA from dropdown
- Effective Date**, enter business license effective date
- End Date**, enter 12/31/2999
- Click the **Ok** button to save the information and close the window

- ProviderOne validates the information entered and saves and returns to the License/Certification List.
- This list should display the recently added business license:

License/Certification #	License/Certification Type	State of Licensure	Location Number	Location Name	Effective Date	End Date
111222333	Business License	WA - Washington	00001	PRU TEST FAOI	01/01/2010	12/31/2999

- Click **Close**.
- Step 5: Add Licenses and Certifications should now show as Complete:

Step	Required	Start Date	End Date	Status	Step Remark
Step 1: Provider Basic Information	Required	03/18/2021	03/18/2021	Complete	
Step 2: Add Locations	Required			Incomplete	
Step 3: Add Specializations	Required			Complete	
Step 4: Ownership & Managing/Controlling Interest details	Required			Complete	
Step 5: Add Licenses and Certifications	Optional			Complete	
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	

- Steps 6, 7, and 8 are not required. You can now complete Step 9: Add Federal Tax Details.



Step 6: Add training and education

This step is optional and is not needed for enrollment.

Step 7: Add Identifiers

This step is optional and is not needed for enrollment.

Step 8: Add contract details

This step is optional and is not needed for enrollment.

Step 9: Add federal tax details

In this step, you will add information found on the district's W-9 Form.

- Click the **Step 9: Add Federal Tax Details** link:

[Step 9: Add Federal Tax Details](#)

- ProviderOne displays the Federal Tax Details page.
- To enter the district's W-9 information, click the **W-9 Form** hyperlink:

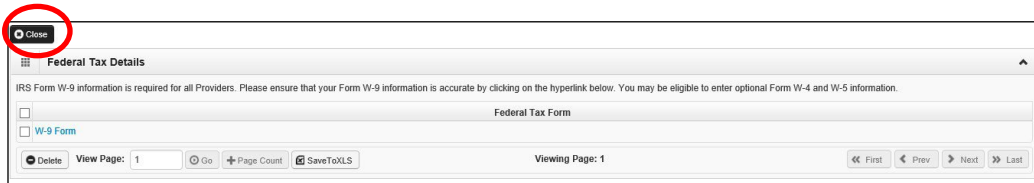
The screenshot shows the 'Federal Tax Details' page. At the top, there is a 'Close' button. Below it, the page title is 'Federal Tax Details'. A message states: 'IRS Form W-9 information is required for all Providers. Please ensure that your Form W-9 information is accurate by clicking on the hyperlink below. You may be eligible to enter optional Form W-4 and W-5 information.' Below this message is a section titled 'Federal Tax Form' with a sub-section 'W-9 Form' circled in red. At the bottom of the page, there are navigation buttons: 'Delete', 'View Page: 1', 'Go', 'Page Count', 'SaveToXLS', 'Viewing Page: 1', 'First', 'Prev', 'Next', and 'Last'.

- ProviderOne displays the Form W-9 screen:

The screenshot shows the 'Form W-9' screen. At the top, there is a 'Close' button. Below it, the page title is 'Form W-9'. A message states: 'To update/correct the data in the disabled fields, please go back to Basic Information step.' Below this message are several fields: 'Legal Name: ABC School District', 'W-9 Entity Type: Other', 'Business Name: [empty]', 'Exempt from Backup Withholding: [checkbox]', 'SSN/FEIN: 11-1222333', and 'UBI: 111222333'. Below these fields is a section titled 'Address'. It contains a dropdown menu for 'Use Pay-To address from the following location: --SELECT--'. Below the dropdown are several fields: 'Address Line 1: [empty]', 'Address Line 2: [empty]', 'Address Line 3: [empty]', 'City/Town: [empty]', 'State/Province: [empty]', 'County: [empty]', 'Country: [empty]', 'Zip Code: [empty]', and 'Phone Number: [empty]'. At the bottom right of the page, there are 'OK' and 'Cancel' buttons, with the 'OK' button circled in red.

- Under the **Form W-9** section, complete the fields entering the information found on the district's W-9 Form.
 - UBI is not required** for school districts
- Under the **Address** section, select the Pay-To address from the dropdown and enter the district's phone number
- Click the **Ok** button to save the information

- ProviderOne returns to the Federal Tax Details list:



- Click **Close**.
- Step 9: Add Federal Tax Details should now show as Complete:

Step	Required	Start Date	End Date	Status	Step Remark
Step 1: Provider Basic Information	Required	03/18/2021	03/18/2021	Complete	
Step 2: Add Locations	Required			Complete	
Step 3: Add Specializations	Required			Complete	
Step 4: Ownership & Managing/Controlling Interest details	Required			Complete	
Step 5: Add Licenses and Certifications	Optional			Complete	
Step 6: Add Training and Education	Optional			Complete	
Step 7: Add Identifiers	Optional			Complete	
Step 8: Add Contract Details	Optional			Complete	
Step 9: Add Federal Tax Details	Required			Complete	
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	

- You can now complete Step 10: Add EDI Submission Method



Step 10: Add EDI submission method

This step is optional, but it is recommended school districts complete this step.

- Click the **Step 10: Add EDI Submission Method** link:

[Step 10: Add EDI Submission Method](#)

- Place a check in the box next to the appropriate **EDI Submission Method**.
 - If the school district uses a **billing agent** (e.g., Brecht's/Embrace, Leader Services (WAMR), PCG (EasyTrac), SEAS Education, etc.), choose "**Billing Agent/Clearinghouse**".
 - If the school district **self-bills** (district's SBHS Medicaid Coordinator enters claims directly into ProviderOne), choose "**Web Interactive**".
 - 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

- Step 10 should now show as complete:

Step 10: Add EDI Submission Method	Optional	03/18/2021	03/18/2021	Complete
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- Step 11 is not required.
- If your district contracts with a billing agent, you can now complete Step 12: Add EDI Submitter Details.
- If your district self-bills, you do not need to complete Step 12 and can now complete Step 14: Add Servicing Providers.



Step 11: EDI billing software details

This step is optional and is not needed for enrollment.

Step 12: Add EDI submitter details

This step is only required for school districts who checked the box "Billing Agent/Clearinghouse" in Step 10: EDI Submission Method.

- Click the **Step 12: Add EDI Submitter Details** link:

[Step 12: Add EDI Submitter Details](#)

- Click the **Add** button:

ProviderOne displays the Associate Billing Agent/Clearinghouse page:

Transaction Response	Authorized	Start Date	End Date
271-Eligibility Response	No		
277-Claim Status Response	No		
277U-Unsolicited Claims Status Response	No		
278-Prior Authorization Response	No		
820-Premium Payment	No		
834-Benefit Enrollment	No		

- Billing Agent/Clearinghouse ProviderOne ID**, enter the billing agent's ProviderOne ID. This number can be obtained from the district's billing agent or [HCA's SBHS Program Manager](#).
- Start Date**, enter today's date
- End Date**, enter 12/31/2999
- Authorized Transaction Response**, choose **Yes** for the following transactions:
 - 271-Eligibility Response
 - 277-Claim Status Response
 - 277U—Unsolicited Claims Status Response
 - For each transaction, enter today's date for the **Start Date** and enter 12/31/2999 for the **End Date**
- Click **OK** to save

- Step 12: EDI Submitter Details should now show as Complete:

Step 12: EDI Submitter Details	Required	11/16/2009	12/02/2009	Complete
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- Step 13 is not required. You can now complete Step 14: Add Servicing Provider Information

Step 13: Add EDI contact information

This step is optional and is not required for enrollment.

Step 14: Add servicing provider information

In this step, you will add any WA State Department of Health (DOH) licensed providers who will be participating in the SBHS program.

If your district has not yet gathered a list of providers who will be participating in the SBHS Program, you can skip this step. You can enter the provider information at a later date (after the district's ProviderOne application is approved and the ProviderOne account is active).

Which providers can I enroll?

- Providers may be school staff or contracted providers
- A list of providers who are eligible to participate in the SBHS program can be found in the [SBHS Billing Guide](#) and in SBHS WAC [182-537-0350](#)
 - Non-licensed staff providing delegated services do not need to be enrolled in ProviderOne
- You will need to gather the following information for each provider before you begin this step:
 - Provider's first and last name
 - WA State DOH license number, license first issue date, license expiration date
 - Look up a provider's DOH license # on the DOH provider credential search [tool](#)
 - National Provider Identifier (NPI)
 - Look up a provider's NPI on the [NPI registry](#)
 - Date of birth
 - Social Security number

Adding servicing providers

- Click the **Add Servicing Provider Information** link:

Step 14: Add Servicing Provider Information

- Click the **Add** button under the **Servicing Providers** section:

Add providers under the "Servicing Providers" section.

Do not add providers under the "Social Service Servicing Only Provider" section.

- ProviderOne displays the Associate Servicing Provider page:

- **SSN/FEIN**, enter the provider's social security number
- **NPI**, enter the provider's NPI
- **Application ID**, **ProviderOne ID**, and **End Date** can be left blank
- **Start Date**, enter today's date for the start date
- Click the **Confirm Provider** button
- After you click **Confirm Provider**, one of two things will happen:
 - If the provider is already in ProviderOne (e.g., the provider has billed Medicaid before under another district), the name of the provider will populate. Continue with the steps found on pages 37-38 of this instruction manual to continue adding the provider to your district's ProviderOne account.
 - If the provider is not already in ProviderOne (e.g., the provider has never billed Medicaid before) you will receive an error message stating the "servicing provider does not exist in the database". Click "OK" and follow the steps on pages 39-40 of this instruction manual to continue adding this provider to your district's ProviderOne account.

If the provider exists in the database

- If the provider is already in the ProviderOne system (e.g., the provider has billed Medicaid before), the **Available Agencies** box will populate:

The screenshot shows the 'Add Servicing Provider Association' form. At the top, there are fields for SSNFEIN (111222333), Application ID, Start Date (01/01/2021), Confirm Provider (checked), NPI (1234567890), ProviderOne ID (9999998), and End Date (12/31/2999). Below these are three main sections: Agency, Servicing Provider Taxonomy, and Billing Provider Location. Each section has two columns: Available and Selected. In the Agency section, 'HCA' is listed in the Available Agencies column, and a double right arrow button is circled in red between the columns. In the Servicing Provider Taxonomy section, a double right arrow button is circled in red between the Available and Selected Taxonomies columns. In the Billing Provider Location section, a double right arrow button is circled in red between the Available and Selected Locations columns. A note at the bottom right of the Billing Provider Location section states: 'Selecting multiple locations will associate all the above selected Taxonomies to the Locations.' At the bottom right of the form are 'OK' and 'Cancel' buttons.

- **Available agencies**, use the double right arrow button to move **HCA** from the Available Agencies to the **Selected Agencies** box.
- Once the agency is selected, the **Available Taxonomies** will display for this servicing provider. Use the double right arrow to move them to the **Selected Taxonomies** box.
- Once the taxonomies are selected, the **Available Locations** will display for this servicing provider. Use the double right arrow to move the district's address to the **Selected Locations** box.

- Click the **Ok** button.

- After clicking the Ok button, the system returns to the Servicing Providers list page with the servicing provider added:

Servicing Provider SSN/FEIN	Servicing Provider NPI	ProviderOne ID / Application #	Agency	Billing Location Code	Billing Location Name	Start Date	End Date
111-222-333	1234567890	9999998	HCA	0001	PRU TEST FAOI	01/01/2021	12/31/2999

- Click the **Add** button and follow these same directions to add additional providers to the district's servicing provider list.

If the provider does not exist in the database

If the provider does not exist in the database (e.g., the provider has never billed Medicaid) you will receive an error message and will be prompted to add the servicing provider:

- **Tax Identifier Type**, choose **SSN**
- **Servicing Provider Enrollment Type**, choose **Individual**
- Click **OK**
- You will then be directed to this screen where you will complete Steps 1, 4, 6, 15, 18 and 19 for the provider:

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

- For assistance with completing each step, see next page.

Required steps for new providers:

- **Step 1: Basic Information**
 - **Available Agencies**, choose **HCA**
 - **Billing Type**, choose **NB-Non-Billing**
 - **Tax Identifier Type**, choose the **SSN**
 - Enter the servicing provider’s name in the Provider Name fields (suffix and title are not required)
 - Enter the provider’s Gender, SSN, and Date of Birth
 - **Servicing Type** dropdown, choose **Servicing Only**
 - **All medical providers are federally mandated to have an NPI. Is this provider required to have an NPI?**, choose **Yes**
 - **National Provider Identifier (NPI)**, enter the provider’s NPI
 - **UBI**, this field is not required
 - **W-9 Entity Type dropdown**, choose **Other**
 - **W-9 Entity Type (if Other)** field, type **“Servicing Only”**
 - **Other Organizational Information** dropdown, choose Non-Profit or Government
 - **Email Address**, enter your email address
 - **Enrollment Effective Date**, enter today’s date

- **Step 4: Specializations**
 - **Administration**, choose **HCA**
 - **End Date**, enter 12/31/2999
 - **Provider Type** and **Specialty**, choose the appropriate taxonomy based on the type of provider:

Service provider types	Service provider taxonomy codes
Advanced registered nurse practitioner	363LS0200X
Audiologist (including audiology interim permit holder)	231H00000X
Licensed practical nurse	164W00000X
Licensed mental health counselor	101YS0200X
Licensed mental health counselor associate	101YS0200X
Occupational therapist	225X00000X
Occupational therapist assistant	224Z00000X
Physical therapist (including PT compact holder)	225100000X
Physical therapist assistant (including PTA compact holder)	225200000X
Psychologist	103TS0200X
Registered nurse	163WS0200X
Social worker	1041S0200X
Speech language pathologist (including SLP interim permit holder)	235Z00000X
Speech language pathologist assistant	2355S0801X

- **Step 6: Licenses and Certifications**
 - **License/Certification Type**, choose **Professional License**
 - Enter the provider’s Department of Health license information
- **Step 15: Billing Provider Information**
 - Enter the district’s NPI and complete all steps on the screen
- **Step 18: Complete Enrollment Checklist**
 - Answer each question
- **Step 19: Final Enrollment Instructions**
 - Click **Submit Enrollment** (you do not need to upload any documents for servicing providers)
 - Click **OK** to return to main screen and add additional providers as needed

- After you have added all the district's servicing providers, click **Close** to return to the district's main screen.
- Step 14 should now show as Complete:

Step	Required	Start Date	End Date	Status	Step Remark
Step 1: Provider Basic Information	Required	03/18/2021	03/18/2021	Complete	
Step 2: Add Locations	Required			Complete	
Step 3: Add Specializations	Required			Complete	
Step 4: Ownership & Managing/Controlling Interest details	Required			Complete	
Step 5: Add Licenses and Certifications	Optional			Complete	
Step 6: Add Training and Education	Optional			Complete	
Step 7: Add Identifiers	Optional			Complete	
Step 8: Add Contract Details	Optional			Complete	
Step 9: Add Federal Tax Details	Required			Complete	
Step 10: Add EDI Submission Method	Optional			Complete	
Step 11: Add EDI Billing Software Details	Optional			Complete	
Step 12: Add EDI Submitter Details	Optional			Complete	
Step 13: Add EDI Contact Information	Optional			Complete	
Step 14: Add Servicing Provider Information	Optional			Complete	
Step 15: Add Payment and Remittance Details	Required			Incomplete	
Step 16: Complete Enrollment Checklist	Required			Incomplete	
Step 17: Final Enrollment Instructions	Required			Incomplete	

Step 15: Add payment and remittance details

In this step, you will add the district's bank account information and will choose whether the district wants to receive Medicaid payments via paper check or via electronic funds transfer (EFT).

- Click the **Step 15: Add Payment and Remittance Details** link:

[Step 15: Add Payment and Remittance Details](#)

- Click the **Add** button:

The screenshot shows two data entry sections. The top section is titled 'Payment Details' and has a table with columns: Location Number, Location Name, and Payment Method. Below the table, it says 'No Records Found!'. The bottom section is titled '835 Electronic Remittance Advice Information' and has a table with columns: ProviderOne ID, Billing Agent/Clearinghouse, Auth Transaction Responses, Start Date, and End Date. Below this table, it also says 'No Records Found!'. In the top left corner of the 'Payment Details' section, there are 'Close' and 'Add' buttons. The 'Add' button is circled in red.

- ProviderOne displays the Payment Details and Electronic Remittance Advice Information screen:

The screenshot shows the following sections and fields:

- Provider Information:** Provider Name: PRU TEST FAOI
- Provider Identifiers Information:** Provider Federal Tax Identification Number (TIN) or Employer Identification Number (EIN): 11222333; National Provider Identifier (NPI): 1868022835
- Payment Details:** Location: All; Payment Method: Electronic Funds Transfer(Direct Deposit) 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, Payment Notification Preference: Email Notification, EFT Account Type, 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: **Yes**
 - Clearinghouse ProviderOne ID: [Field]
 - OR
 - Method of Retrieval: EDI/835(Delivered Directly to Provider) [Field]
 - Start Date: [Field] End Date: [Field]
- Submission Information:** Reason for Submission: Change Enrollment; Authorized Signature: [Field]

If your district contracts with a billing agent (e.g., Leader, PCG, Embrace/Brecht's, SEAS), you must complete this section.

Do NOT check this box

- **Payment Details** section:
 - **Location**, choose **All** from dropdown
 - Select either **Electronic Funds Transfer** (Direct Deposit) **or Paper Check**
 - If you choose **Paper Check**, you don't need to complete anything else in this section
 - If you choose **Electronic Funds Transfer**, ProviderOne displays the **Financial Institution Information** section:
 - Enter the school district's bank information
 - 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
- **Electronic Remittance Advice Information** section—**only complete this section if your district uses a billing agent** for Medicaid claim submission:
 - **835-Healthcare Claim Payment Advice Authorized**, choose **Yes** from the dropdown
 - **Clearinghouse/ProviderOne ID**, enter the billing agent's ProviderOne ID
 - **Start Date**, enter today's date
 - **End Date**, leave blank. This field should auto-populate with 12/31/2999.
- Click the **Ok** button to save the information and close the window
- ProviderOne validates the information entered, saves, and returns to the Payment Details and Electronic Remittance Advice Information page

- Step 15 should now show as complete:

Step	Required	Start Date	End Date	Status	Step Remark
Step 1: Provider Basic Information	Required	03/18/2021	03/18/2021	Complete	
Step 2: Add Locations	Required			Complete	
Step 3: Add Specializations	Required			Complete	
Step 4: Ownership & Managing/Controlling Interest details	Required			Complete	
Step 5: Add Licenses and Certifications	Optional			Complete	
Step 6: Add Training and Education	Optional			Complete	
Step 7: Add Identifiers	Optional			Complete	
Step 8: Add Contract Details	Optional			Complete	
Step 9: Add Federal Tax Details	Required			Complete	
Step 10: Add EDI Submission Method	Optional			Complete	
Step 11: Add EDI Billing Software Details	Optional			Complete	
Step 12: Add EDI Submitter Details	Optional			Complete	
Step 13: Add EDI Contact Information	Optional			Complete	
Step 14: Add Servicing Provider Information	Optional			Complete	
Step 15: Add Payment and Remittance Details	Required			Complete	
Step 16: Complete Enrollment Checklist	Required			Incomplete	
Step 17: Final Enrollment Instructions	Required			Incomplete	

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

Step 16: Complete enrollment checklist

In this step, you will answer certain questions about the school district.

- Click the **Step 16: Complete Enrollment Checklist** link:

Step 16: Complete Enrollment 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.

The screenshot shows a web application window titled "Provider Checklist". At the top left, there are "Close" and "Save" buttons. The "Save" button is circled in red. Below the title bar is a table with three columns: "Question", "Answer", and "Comments". The table contains seven rows of questions, each with a "Not Completed" dropdown menu in the "Answer" column and an empty text box in the "Comments" column. At the bottom of the form, there are navigation controls including "View Page: 1", "Go", "Page Count", "SaveToXLS", "Viewing Page: 1", and "First", "Prev", "Next", "Last" buttons.

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	

- Step 16 should now show as "Complete":

Step 16: Complete Enrollment Checklist	Required	03/18/2021	03/18/2021	Complete
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Step 17: Final enrollment instructions

In this step, you will submit the district's ProviderOne application to HCA for review.

- Click the **Step 17: Final Enrollment Instructions** link:

[Step 17: Final Enrollment Instructions](#)

- ProviderOne displays the Final Submission page and Application Document Checklist.
- Click the **Upload Attachments** button to submit the documents listed on Page 4 of this instruction manual (Core Provider Agreement, Debarment Statement, W-9, EFT (if applicable), Trading Partner Agreement, and district's business license).
 - Note:** The documents required in this step are for the *school district*. You do not need to upload individual forms for each of the servicing providers.
 - For specific requirements and instructions on uploading attachments, access [How to Upload Attachments in ProviderOne](#) resource.

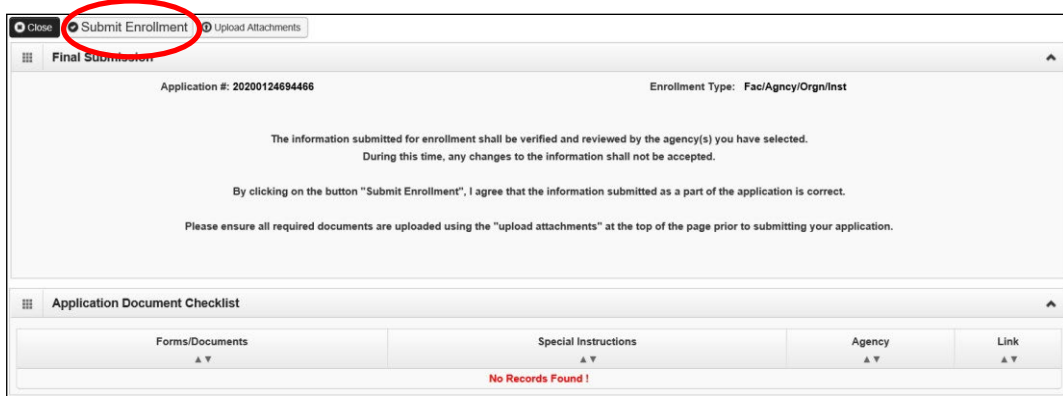
The screenshot shows the 'Final Submission' page in ProviderOne. At the top, there are buttons for 'Close', 'Submit Enrollment', and 'Upload Attachments'. The 'Upload Attachments' button is circled in red. Below the buttons, the page displays 'Application #: 20210503103128' and 'Enrollment Type: Fac/Agency/Orgn/Inst'. A warning message states: '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.'

Below the warning is the 'Application Document Checklist' table:

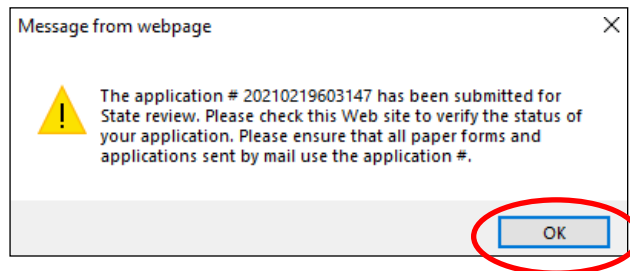
Forms/Documents	Special Instructions	Agency	Link
Core Provider Agreement	Complete and sign for all applications	HCA	http://www.hca.wa.gov/core-provider-agreement
Debarment Statement	Complete and sign for all applications	HCA	http://www.hca.wa.gov/debarment-statement
Tax Documents(W-9)	Please complete and submit a W-9 form for all applications.	HCA	https://www.wa.gov/publins-pdffw9.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-medicare-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/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

At the bottom of the page, there are navigation controls: 'View Page: 1', 'Page Count', 'Save ToOLS', 'Viewing Page: 1', and 'First', 'Prev', 'Next', 'Last' buttons.

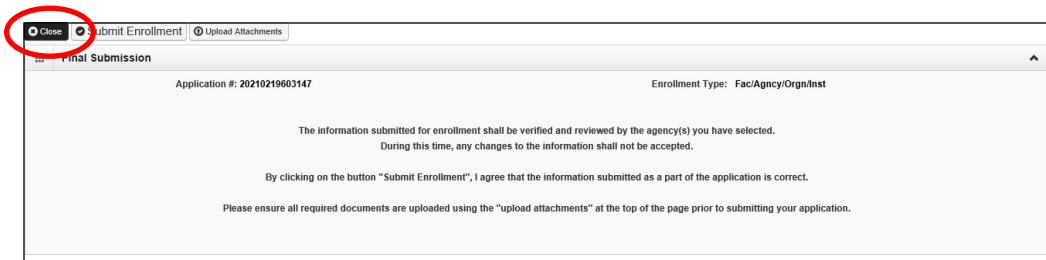
- After uploading all required documents, click the **Submit Enrollment** button.



- ProviderOne displays a confirmation pop up message:



- Be sure to write down the application #. You will need this if you want to track the application. Click **OK**.



- Click **Close** on the Final Submission page

- Back on the main screen, Step 17 should show as Complete:

Step	Required	Start Date	End Date	Status	Step Remark
Step 1: Provider Basic Information	Required	03/18/2021	03/18/2021	Complete	
Step 2: Add Locations	Required	03/18/2021	03/18/2021	Complete	
Step 3: Add Specializations	Required	03/18/2021	03/18/2021	Complete	
Step 4: Ownership & Managing/Controlling Interest details	Required	03/18/2021	03/18/2021	Complete	
Step 5: Add Licenses and Certifications	Required	03/18/2021	03/18/2021	Complete	
Step 6: Add Training and Education	Optional	03/18/2021	03/18/2021	Complete	
Step 7: Add Identifiers	Optional	03/18/2021	03/18/2021	Complete	
Step 8: Add Contract Details	Optional	03/18/2021	03/18/2021	Complete	
Step 9: Add Federal Tax Details	Required	03/18/2021	03/18/2021	Complete	
Step 10: Add EDI Submission Method	Optional	03/18/2021	03/18/2021	Complete	
Step 11: Add EDI Billing Software Details	Required	03/18/2021	03/18/2021	Complete	
Step 12: Add EDI Submitter Details	Optional	03/18/2021	03/18/2021	Complete	
Step 13: Add EDI Contact Information	Required	03/18/2021	03/18/2021	Complete	
Step 14: Add Servicing Provider Information	Optional	03/18/2021	03/18/2021	Complete	
Step 15: Add Payment and Remittance Details	Required	03/18/2021	03/18/2021	Complete	
Step 16: Complete Enrollment Checklist	Required	03/18/2021	03/18/2021	Complete	
Step 17: Final Enrollment Instructions	Required	03/18/2021	03/18/2021	Complete	

- The application will be processed in the order received
- It may take anywhere from 30-90 days for the application to be processed
- HCA's Office of Provider Enrollment may contact the district using the email address entered on *Step 1: Basic Information* if there are any questions or corrections needed
- You may track the district's application using the instructions found below

Tracking an application

- Resume or track an enrollment application by accessing:
<https://www.waproviderone.org/ecams/jsp/common/pgTrackPrvdrApplctn.jsp>
 - You will need your application ID and the district's Federal Employer Identification Number (FEIN) to track or resume a previously started application
- Contact HCA's Office of Provider Enrollment for assistance with your application and/or to check on the status: 1-800-562-3022 ext. 16137 or ProviderEnrollment@hca.wa.gov
 - Phone lines are open Tuesdays & Thursdays