



How to End-Date Servicing Providers in ProviderOne

School-Based Health Care Services (SBHS)

January 2020

NOTE: This training is intended for school districts who participate in the School-Based Health Care Services (SBHS) program.

For all other ProviderOne provider enrollment inquiries, please contact the Provider Enrollment Office at ProviderEnrollment@hca.wa.gov

Which providers should be end dated?

- Providers who are no longer employed by the school district or who no longer participate in SBHS remain listed on the school district's account for historical purposes.
- The SBHS coordinator should end-date servicing providers who are no longer employed with the school district or who no longer wish to participate in the SBHS program.

Step 1: Log in to ProviderOne

- Log into [ProviderOne](#) using the appropriate profile: ***EXT Provider Super User*** or ***EXT Provider File Maintenance***.
- Click on **Manage Provider Information** under the **Provider Tab** on the left hand side of your screen.



Step 2: Servicing provider information

- Click on **Step 14: Servicing Provider Information**

<input type="checkbox"/>	Step 13: EDI Contact Information	Optional	07/01/2008
<input type="checkbox"/>	Step 14: Servicing Provider Information	Required	09/14/2009
<input type="checkbox"/>	Step 15: Payment and Remittance Details	Required	07/01/2008

Step 3: Click on start date

- Click on the “start date” of the provider who needs to be end-dated.

Close Add

Servicing Provider List

Filter By : And And Operational Status: Active

<input type="checkbox"/>	ProviderOne ID	Servicing Provider Name	Servicing Provider NPI	Start Date	End Date	Status	Operational Status	Inactivation Date
<input type="checkbox"/>	0000001	DOE, JOHN		09/01/2018	12/31/2999	Approved	Active	
<input type="checkbox"/>	0000002	DOE, JANE		03/18/2015	12/31/2999	Approved	Active	

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Step 4: Enter end date

- Enter the end date for the provider. The end date should be the provider's resignation date or the date the provider stopped participating in SBHS.

The screenshot shows a web form titled "Add Servicing Provider" with the subtitle "Provide Servicing Provider ID Details." The form contains the following fields:

- ProviderOne ID / NPI: 0000000001 *
- Provider Name: John Doe
- Start Date: 05/16/2013 *
- End Date: 5/31/2018 *

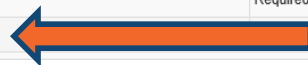
The "End Date" field is circled in orange, and a large orange arrow points down to it from the right. At the bottom right of the form are three buttons: "Confirm Provider", "OK", and "Cancel".

- Click "OK" or "Save"

Step 5: Submit modification for review

- Click on **Step 16: Submit Modification for Review.**

<input type="checkbox"/>	Step	Required	Last Modification Date	Last Review Date	Status	Modification Status	Step Remark
<input type="checkbox"/>	Step 1: Basic Information	Required	11/29/2016	11/29/2016	Complete		
<input type="checkbox"/>	Step 2: Locations	Required	11/29/2016	11/29/2016	Complete		
<input type="checkbox"/>	Step 3: Specializations	Required	11/29/2016	11/29/2016	Complete		
<input type="checkbox"/>	Step 4: Ownership & Managing/Controlling Interest details	Required	11/29/2016	11/29/2016	Complete		
<input type="checkbox"/>	Step 5: Licenses and Certifications	Required	11/29/2016	11/29/2016	Complete		
<input type="checkbox"/>	Step 6: Training and Education	Optional	11/29/2016	11/29/2016	Complete		
<input type="checkbox"/>	Step 7: Identifiers	Optional	11/29/2016	11/29/2016	Complete		
<input type="checkbox"/>	Step 8: Contract Details	Optional	11/29/2016	11/29/2016	Complete		
<input type="checkbox"/>	Step 9: Federal Tax Details	Required	11/29/2016	11/29/2016	Complete		
<input type="checkbox"/>	Step 10: EDI Submission Method	Optional	11/29/2016	11/29/2016	Complete		
<input type="checkbox"/>	Step 11: EDI Billing Software Details	Optional	11/29/2016	11/29/2016	Complete		
<input type="checkbox"/>	Step 12: EDI Submitter Details	Optional	11/29/2016	11/29/2016	Complete		
<input type="checkbox"/>	Step 13: EDI Contact Information	Optional	11/29/2016	11/29/2016	Complete		
<input type="checkbox"/>	Step 14: Servicing Provider Information	Optional	01/19/2017	01/23/2017	Complete		
<input type="checkbox"/>	Step 15: Payment and Remittance Details	Required	11/29/2016	11/29/2016	Complete		
<input type="checkbox"/>	Step 16: Submit Modification for Review		11/29/2016	11/29/2016	Complete		



- HCA's Office of Provider Enrollment will review the changes and will contact you with any questions.

Step 6: Provider and Contact Update Form

- Update the school district's *Provider and Contact Update Form* to indicate which providers have been end-dated and email the form to the [SBHS program manager](#).



School-Based Health Care Services (SBHS)

Provider and Contact Update Form

Page 2 - Provider Information

Directions: Complete this page to include all providers who will submit claims for Medicaid reimbursement for the current school year and any providers who have resigned within the past school year. This information must be completed annually and submitted to the SBHS Program Manager by October 31. School districts should also update this form and submit to the SBHS Program Manager as changes occur throughout the year. Complete according to the *Provider Instructions* tab. Completed forms should be faxed or emailed to 360-725-1152 or shanna.muirhead@hca.wa.gov.

Servicing Provider Name	Provider Type	Provider Taxonomy	Provider NPI	DOH License Number	Last Issue Date	Expiration Date	Start Date with District	Resignation Date (if applicable)	Subcontractor (Y/N)	Supervisor's Name and Title (if applicable)
<i>Example: John Smith</i>	SLP	235Z00000X	1234567891	LL12345678	00/00/0000	00/00/0000	00/00/0000	00/00/0000	N	N/A
Susan Jones	SLP	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX		
Brian Smith	OT	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX		
Audrey Clark		XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX		
John Johnson		XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX		
John Doe		XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	5/31/2018		

Questions?

HCA Provider Enrollment

ProviderEnrollment@hca.wa.gov

Tel: 1-800-562-3022 ext. 16137 (closed on Wednesdays)

HCA Provider Relations

ProviderRelations@hca.wa.gov

Shanna Muirhead, SBHS program manager

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