

ProviderOne Provider System User Manual



Enrolling as an Individual Billing Provider

*If you need assistance choosing
which provider type to enroll as,
please contact:*

*Provider Enrollment at
800-562-3022 ext: 16137*

Disclaimer:

A contract, known as the Core Provider Agreement, governs the relationship between DSHS and Medical Assistance providers. The Core Provider Agreement's terms and conditions incorporate federal laws, rules and regulations, state law, DSHS rules and regulations, and DSHS program policies, numbered memoranda, and billing instructions, including this Guide.

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



ProviderOne Provider System User Manual

This page is intentionally blank.

Table of Contents

Enrolling as an Individual Billing Provider	5
Provider Enrollment Links.....	7
Accessing the Enrollment Business Process Wizard.....	9
Provider Basic Information.....	11
Add Locations.....	15
Add Specializations	25
View Required Credentials for Specializations	31
Add Ownership Details.....	33
Add Licenses and Certifications	39
Add Training and Education.....	45
Add Identifiers	51
Add Contract Details	57
Add Federal Tax Details	63
Add Invoice Details	71
EDI Submission Method.....	77
Add EDI Billing Software Details	79
Add EDI Submitter Details.....	87
Add EDI Contact Information	93
Add Billing Provider Details	101
Add Payment Details	107
Complete Enrollment Checklist.....	115
Submit Enrollment Application for Review	117



ProviderOne Provider System User Manual

This page is intentionally blank.

Enrolling as an Individual Billing Provider

An Individual Billing Provider is an individual who owns his/her own practice.

The following ProviderOne topics and tasks are covered in this section:

- [Accessing the Enrollment Business Process Wizard](#)
- [Entering Provider Basic Information](#)
- [Completing the Business Process Wizard Steps](#)
- [Submitting the Enrollment Application to DSHS](#)

This page is intentionally blank.

Provider Enrollment Links

Start a New Provider Enrollment Application

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

Resume or Track an Enrollment Application

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

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

This page is intentionally blank.

Accessing the Enrollment Business Process Wizard

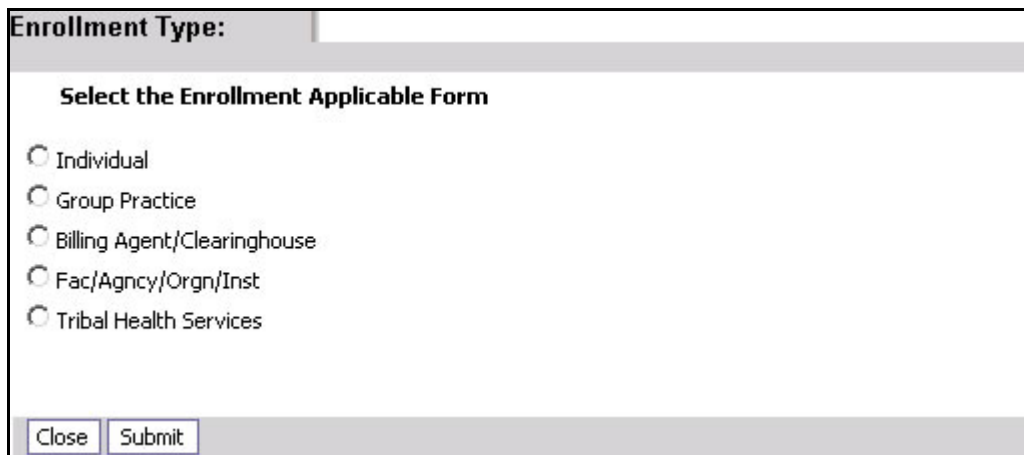
Selecting the Enrollment Type



Enter the following web address into your Internet Explorer Browser:
“<https://www.waproviderone.org/ecams/jsp/common/pgNewPrvdrEnrollment.jsp>”



ProviderOne displays the Enrollment Type page.



The screenshot shows a web form titled "Enrollment Type:". Below the title is a section header "Select the Enrollment Applicable Form". There are five radio button options listed: "Individual", "Group Practice", "Billing Agent/Clearinghouse", "Fac/Agncy/Orgn/Inst", and "Tribal Health Services". At the bottom of the form are two buttons: "Close" and "Submit".

Figure 1 - Enrollment Type



Select the Appropriate Enrollment form and click the Submit button.



ProviderOne displays the Basic Information page.

This page is intentionally blank.

Provider Basic Information

Entering your Provider Basic Information is the first step in the enrollment process.

Successful completion of this step will result in:

- Confirmation that a duplicate enrollment does not already exist
- Assignment of an Application Id
- Storage of the basic information in the Provider Enrollment Staging Area



ProviderOne displays the Basic Information page.

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

Tax Identifier Type: FEIN
 SSN

Organization Name: (as shown on Income Tax Return) **FEIN:**

Organization Business Name:

First Name: (as shown on Social Security Card) **Middle Name or Middle Initial:**

Last Name: (as shown on Social Security Card)

Suffix: **Gender:**

SSN: **Title:**

Date of Birth: **Servicing Type:**

NPI: **UBI:**

W-9 Entity Type: * **W-9 Entity Type (If Other):**

Other Organizational Information: * **Email Address:**

Enrollment Effective Date:

Receive Invoices for Medical Services: *

Figure 2 - Basic Information Page

About the Basic Information Page

- The first time this pages displays, the Application Id in the header will be blank.
- The information collected on this screen will vary based on the type of Provider.



After completing all required input, click the Finish button.



ProviderOne displays the Basic Information – Application ID page.

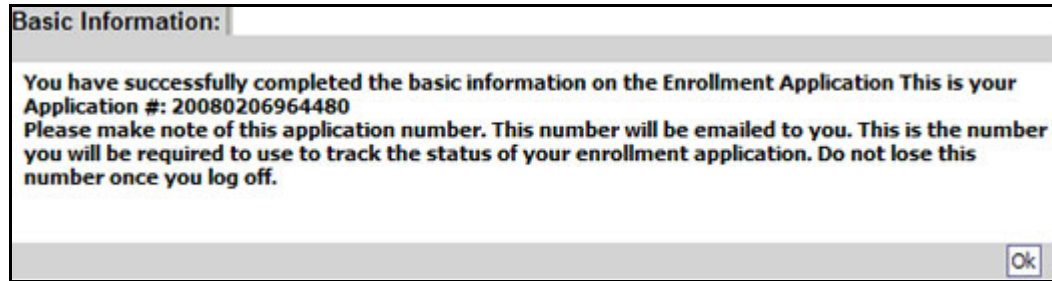


Figure 3 - Basic Information – Application ID

About 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.



Click Ok.

ProviderOne displays the Provider Enrollment Business Process Wizard. The Provider Basic Information status is now set to Complete.

Close		Required Credentials				
Enroll Provider -Individual:						
Step	Required	Start Date	End Date	Status	Step Remark	
Step 1: Provider Basic Information	Required	02/06/2008	02/06/2008	Complete		
Step 2: Add Locations	Required			Incomplete		
Step 3: Add Specializations	Required			Incomplete		
Step 4: Add Ownership 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 Invoice Details	Optional			Incomplete		
Step 11: Add EDI Submission Method	Optional			Incomplete		
Step 12: Add EDI Billing Software Details	Optional			Incomplete		
Step 13: Add EDI Submitter Details	Optional			Incomplete		
Step 14: Add EDI Contact Information	Optional			Incomplete		
Step 15: Add Billing Provider Details	Optional			Incomplete		
Step 16: Add Payment Details	Required			Incomplete		
Step 17: Complete Enrollment Checklist	Required			Incomplete		
Step 18: Submit Enrollment Application for Review	Required			Incomplete		

Figure 4 - Enrollment Business Process Wizard

About the Business Process Wizard



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

Required	Start Date	End Date	Status
Required	02/06/2008	02/06/2008	Complete
↑			↑

This page is intentionally blank.

Add Locations

Accessing the Locations List

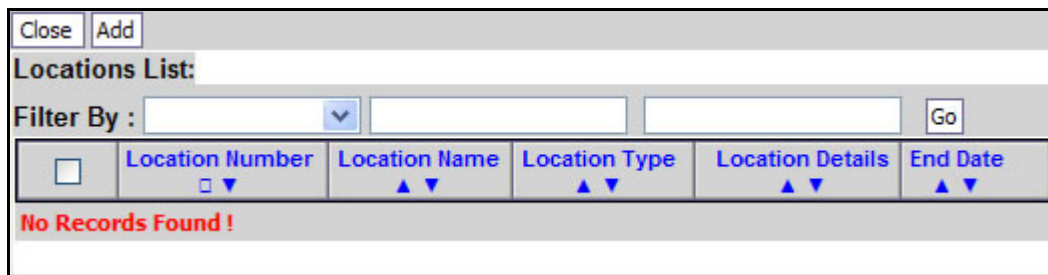


From the Business Process Wizard, click the Add Locations link.

Step #: Add Locations



ProviderOne displays the Locations List.



The screenshot shows a web interface for the 'Locations List'. At the top left are 'Close' and 'Add' buttons. Below is the title 'Locations List:'. A 'Filter By:' section contains a dropdown menu, two text input fields, and a 'Go' button. Below the filter section is a table with the following columns: a checkbox, 'Location Number', 'Location Name', 'Location Type', 'Location Details', and 'End Date'. Each column header has a small square icon and a downward arrow. Below the table, the text 'No Records Found!' is displayed in red.

Figure 5 - Locations List for Enrollment

About the Locations List

- The first time this list displays it will be blank.
- The Locations List displays all locations associated with the Provider.

This page is intentionally blank.

Adding a Location



To add a new record, click the Add button.

ProviderOne displays the Add Provider Location form.

Add Provider Location

Please remember to enter both Pay-To and Mailing addresses for NPI Base Location and Social Services Location, and Mailing address only for NPI Servicing Location. On Approval of the Application, start date of location will be set to approval date.

Location Type: *

Business Name at this Location: *

Contact First Name: *

Address Line 1: *

Line 3:

State/Province: *

Country: *

Fax Number:

Email Address:

Communication Preference: *

Web Page:

End Date:

Contact Last Name: *

Line 2:

City/Town: *

County:

Zip: - Address

Phone Number: *

Cell Phone Number:

WA Tax Revenue Code:

Figure 6 - Add Provider Location

About the Add Provider Location Form

- Every Provider enrolling with an NPI must have an NPI Base Location. The NPI Base Location is used to anchor all of the Provider's NPI-related specializations and related details.
- For NPI Base Location, Managed Care Location, and for Social Services Locations, three addresses are required:
 - A "Location" address
 - A "Pay-To" address
 - A "Mailing" address
- For an NPI Servicing Location, two addresses are required:
 - A "Location" address
 - A "Mailing" address
- Mailing and pay-to addresses are subordinate to the location address.
- If a "Base Location" is not identified, the BPW step will be "Incomplete".



Click the OK button to save the information and close the window, or Cancel to close the window without saving.

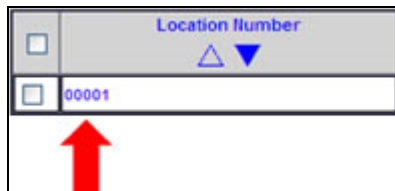


ProviderOne validates the information entered, saves and returns to the Locations List. The Locations List will display new locations.

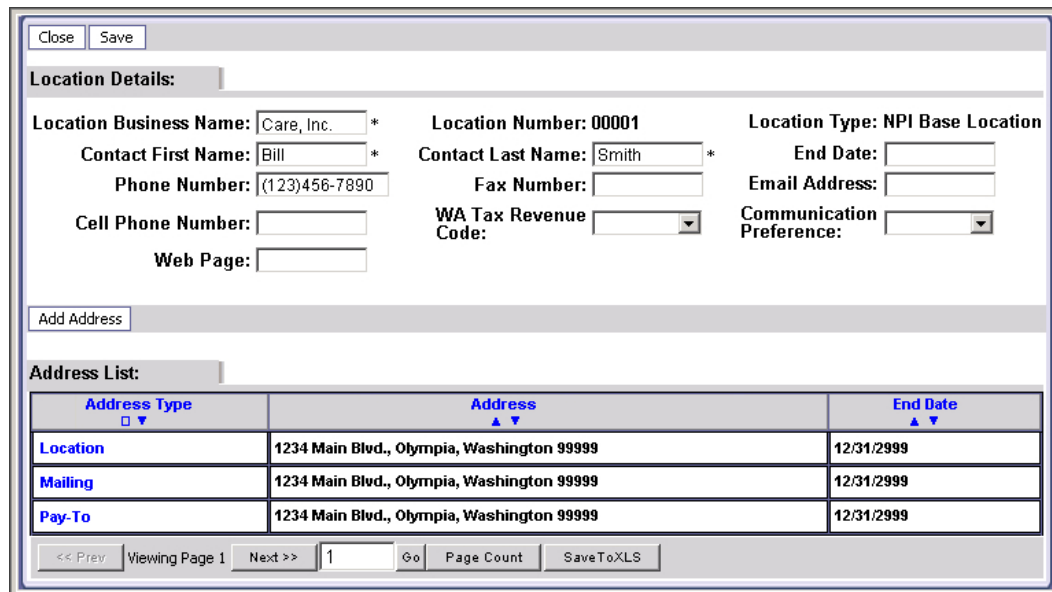
Modifying a Location Record



From the Locations List, click the link in the Location Number column.



ProviderOne displays the Location Details screen.



Close Save

Location Details:

Location Business Name: * Location Number: 00001 Location Type: NPI Base Location
 Contact First Name: * Contact Last Name: * End Date:
 Phone Number: Fax Number: Email Address:
 Cell Phone Number: WA Tax Revenue Code: Communication Preference:
 Web Page:

Add Address

Address List:

Address Type	Address	End Date
Location	1234 Main Blvd., Olympia, Washington 99999	12/31/2999
Mailing	1234 Main Blvd., Olympia, Washington 99999	12/31/2999
Pay-To	1234 Main Blvd., Olympia, Washington 99999	12/31/2999

<< Prev Viewing Page 1 Next >> 1 Go Page Count SaveToXLS

Figure 7 - Location Details

About the Location Details Screen

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



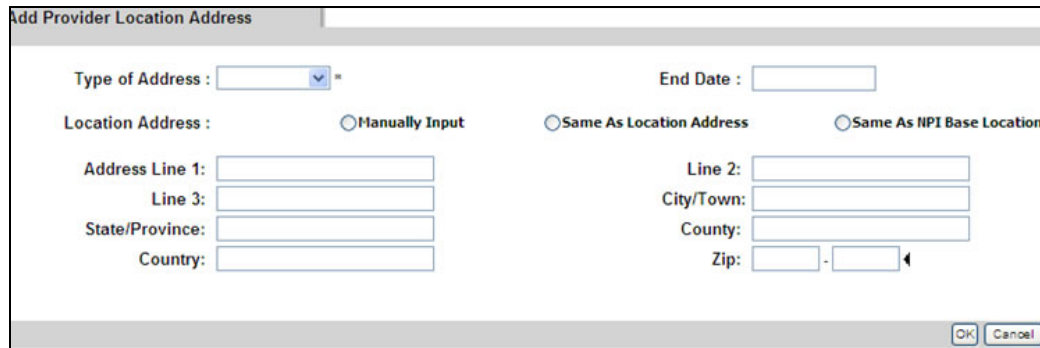
After making your changes, click the Save button to save, or the Close button to close the window without saving.

Add an Address to a Location



From the Location Details screen, click the Add Address button.

ProviderOne displays the Add Provider Location Address form.



The screenshot shows a web form titled "Add Provider Location Address". It contains the following fields and options:

- Type of Address :** A dropdown menu with a downward arrow and an asterisk.
- End Date :** A text input field.
- Location Address :** Three radio button options: Manually Input, Same As Location Address, and Same As NPI Base Location.
- Address Line 1 :** A text input field.
- Line 2 :** A text input field.
- Line 3 :** A text input field.
- City/Town :** A text input field.
- State/Province :** A text input field.
- County :** A text input field.
- Country :** A text input field.
- Zip :** A text input field with a hyphen and a right-pointing arrow.

At the bottom right of the form are two buttons: "OK" and "Cancel".

Figure 8 - Add Provider Location Address

About the Add Provider Location Address Form

- Selecting Same As Location Address or Same As NPI Base Location, copies the details of those locations to this form.



After completing the form, click the OK button to Save and return to the Location Details Screen or Click the Cancel button to close without saving.

Edit a Location Address



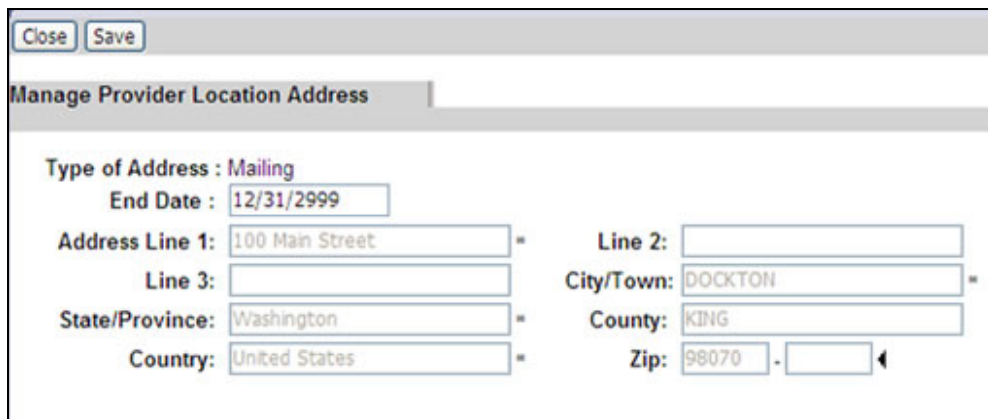
From the Location Details screen, click the link in the Address Type column.



Address Type
Location



ProviderOne displays the Manage Provider Location Address form.



Close Save

Manage Provider Location Address

Type of Address : Mailing

End Date : 12/31/2999

Address Line 1: 100 Main Street = Line 2: =

Line 3: = City/Town: DOCKTON =

State/Province: Washington = County: KING

Country: United States = Zip: 98070 - =

Figure 9 - Manage Provider Location Address



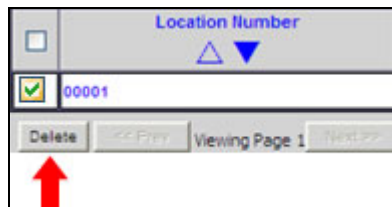
After completing the form, click the Save button to save and return to the Location Details screen or click the Close button to close without saving.

This page is intentionally blank.

Deleting a Location



From the Locations List, check the box next to the record you want to delete and click the Delete button.



<input type="checkbox"/>	Location Number
<input checked="" type="checkbox"/>	00001

Buttons: Delete, Add Entry, Viewing Page 1, Next Page

A red arrow points to the 'Delete' button.

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

What happens next:



From the Locations List, click the Close button and proceed to the next step in the Business Process Wizard.



ProviderOne displays the Business Process Wizard. The status is now set to Complete.

Step # :Add Locations	Required	02/06/2008	02/06/2008	Complete
-----------------------	----------	------------	------------	----------

A red arrow points to the 'Complete' status cell.

This page is intentionally blank.

Add Specializations

Accessing the Specialty/Subspecialty List

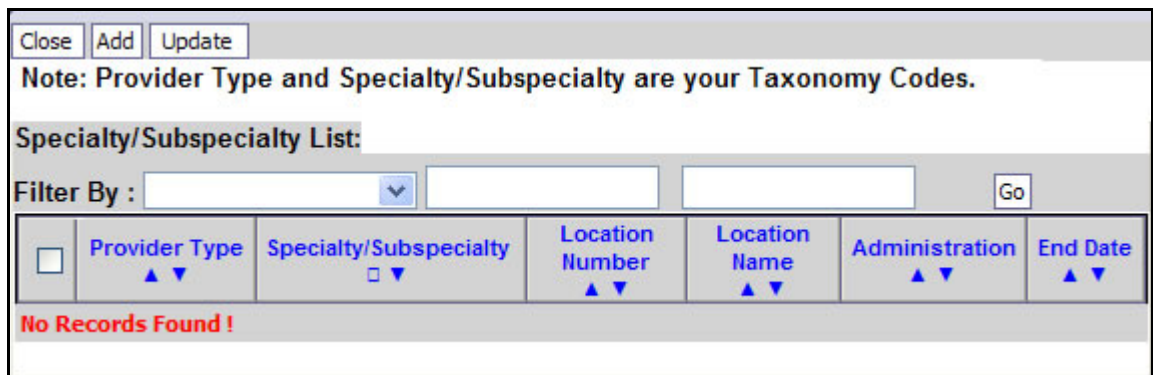


From the Business Process Wizard, click the Add Specializations link.

Step 3: Add Specializations



ProviderOne displays the Specialty/Subspecialty List.



Close Add Update

Note: Provider Type and Specialty/Subspecialty are your Taxonomy Codes.

Specialty/Subspecialty List:

Filter By : Go

<input type="checkbox"/>	Provider Type ▲ ▼	Specialty/Subspecialty □ ▼	Location Number ▲ ▼	Location Name ▲ ▼	Administration ▲ ▼	End Date ▲ ▼
No Records Found !						

Figure 10 - Specialty/Subspecialty List for Enrollment

About the Specialty/Subspecialty List for Enrollment

- The first time this list displays it will be blank.
- This list displays all specializations by location.

This page is intentionally blank.

Adding a Specialization



To add a new record, click the Add button.

ProviderOne displays the Add Specialty/Subspecialty form.

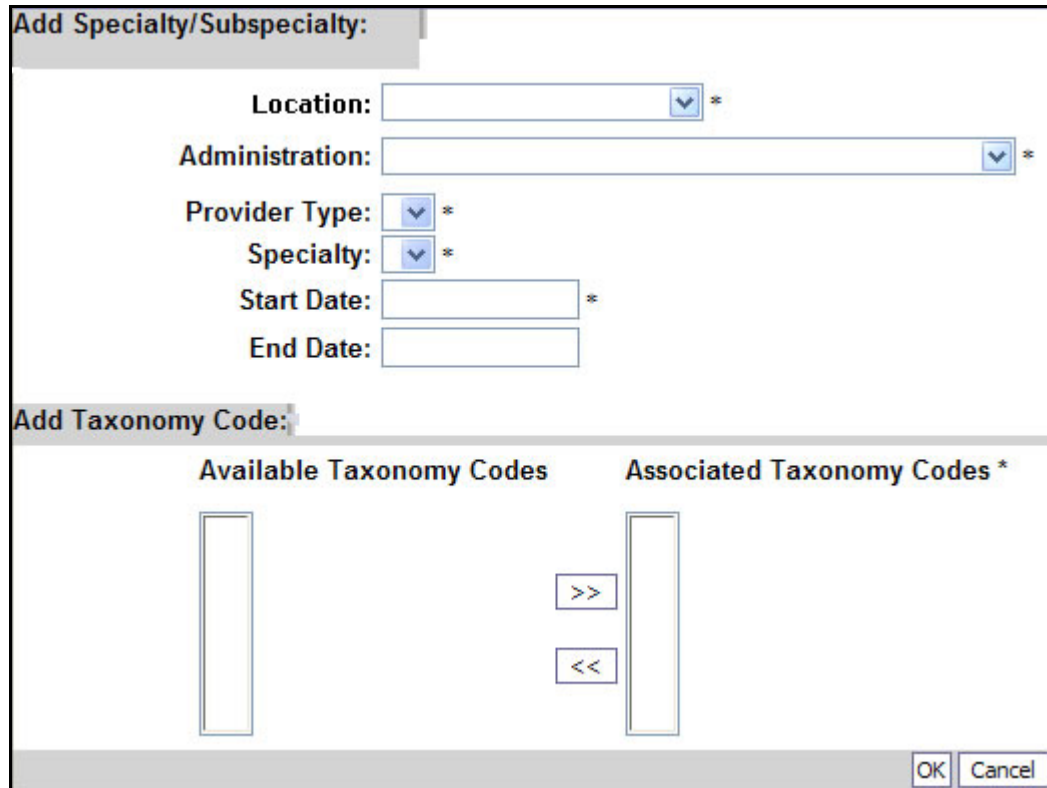


Figure 11 - Add Specialty/Subspecialty

About the Add Specialty/Subspecialty Form

- At least one Specialty must be selected and added to a Provider Location.
- To add a Specialty to all Provider Locations, select All from the Location drop-down.



Click the OK button to save the information and close the window, or Cancel to close the window without saving.

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

Modifying a Specialty/Subspecialty Record



From the Specialty/Subspecialty List, check the box next to the Specialty you wish to modify and click the Update button.



Close Add Update

Note: Provider Type and Specialty/Subspecialty are your Tax

Specialty/Subspecialty List:

Filter By : [dropdown]

<input type="checkbox"/>	Provider Type ▲ ▼	Specialty/Subspecialty □ ▼
<input checked="" type="checkbox"/>	22-Respiratory, Developmental, Rehabilitative and	78-Respiratory Therapist- Certified/C020 Care



ProviderOne displays the Manage Specialty/Subspecialty list.

Manage Specialty/Subspecialty:

Provider Type ▲ ▼	Specialty/Subspecialty □ ▼	Location Number ▲ ▼	Location Name ▲ ▼	Administration ▲ ▼	End Date ▲ ▼
22-Respiratory, Developmental, Rehabilitative and	78-Respiratory Therapist- Certified/C0205-Critical Care	00001	Casey Critical Care	HRSA	12/31/2999

Figure 12 - Manage Specialty/Subspecialty

About the Manage Specialty/Subspecialty List

- Only the End Date can be modified.



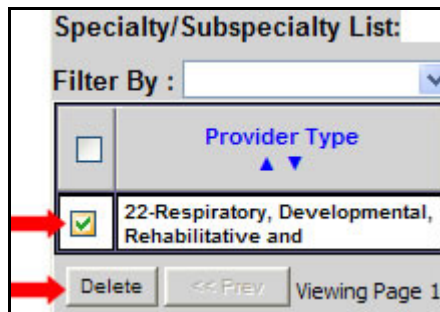
After making your changes, click the OK button to save, or the Cancel button to close the window without saving.

Deleting a Specialty/Subspecialty

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



From the Specialty/Subspecialty List, check the box next to the record you want to delete and click the Delete button.



Specialty/Subspecialty List:

Filter By :

<input type="checkbox"/>	Provider Type ▲ ▼
<input checked="" type="checkbox"/>	22-Respiratory, Developmental, Rehabilitative and

Viewing Page 1

What Happens Next:



From the Specialty/Subspecialty List, click the Close button and proceed to the next step in the Business Process Wizard.



ProviderOne displays the Business Process Wizard. The status is now set to Complete.

Step 3: Add Specializations	Required	02/06/2008	02/06/2008	Complete
-----------------------------	----------	------------	------------	----------



This page is intentionally blank.

View Required Credentials for Specializations

Accessing the Required Credentials For Specialization List



From the Business Process Wizard, click the Required Credentials button.



ProviderOne displays the Required Credentials For Specializations list.

Required Credentials For Specialization:			
Filter By : 01-License <input type="button" value="Go"/>			
Specialty/Subspecialty ▲ □	Provider Type ▲ ▼	Administration ▲ ▼	License ▲ ▼
84-Psychiatry & Neurology/N 0400-Neurology	20-Allopathic & Osteopathic Physicians	MHD	Graduation of Residency of Psychiatric Program Certificatio
84-Psychiatry & Neurology/N 0400-Neurology	20-Allopathic & Osteopathic Physicians	MHD	Professional License
84-Psychiatry & Neurology/N 0401-Addiction Medicine	20-Allopathic & Osteopathic Physicians	MHD	Graduation of Residency of Psychiatric Program Certificatio
84-Psychiatry & Neurology/N 0401-Addiction Medicine	20-Allopathic & Osteopathic Physicians	MHD	Professional License

Viewing Page 1

2

Page Count

Figure 13 - Required Credentials For Specialization



To view License, Identifier and Training requirements, use the Filter By drop-down.

Required Credentials For Specialization:	
Filter By :	<div style="border: 1px solid black; padding: 2px;"> 01-License ▼ 02-Identifier 03-Training </div> <input type="button" value=" Go"/>



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

This page is intentionally blank.

Add Ownership Details

Accessing the Owners List



From the Business Process Wizard, click the Add Ownership Details link.

Step #: Add Ownership Details



ProviderOne displays the Owners list.

Close	Add				
Owners List:					
Filter By :	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Go
Provide the list of owners owning 5% or more of the business.					
<input type="checkbox"/>	Owner Id □ ▼	Owner Name ▲ ▼	Owner Type ▲ ▼	Start Date ▲ ▼	End Date ▲ ▼
<input type="checkbox"/>	777-88-3322	Casey, Benjamin	Individual Ownership	01/01/2008	12/31/2999
Delete	<< Prev	Viewing Page 1	Next >>	1	Go Page Count SaveToXLS

Figure 14 - Owners List

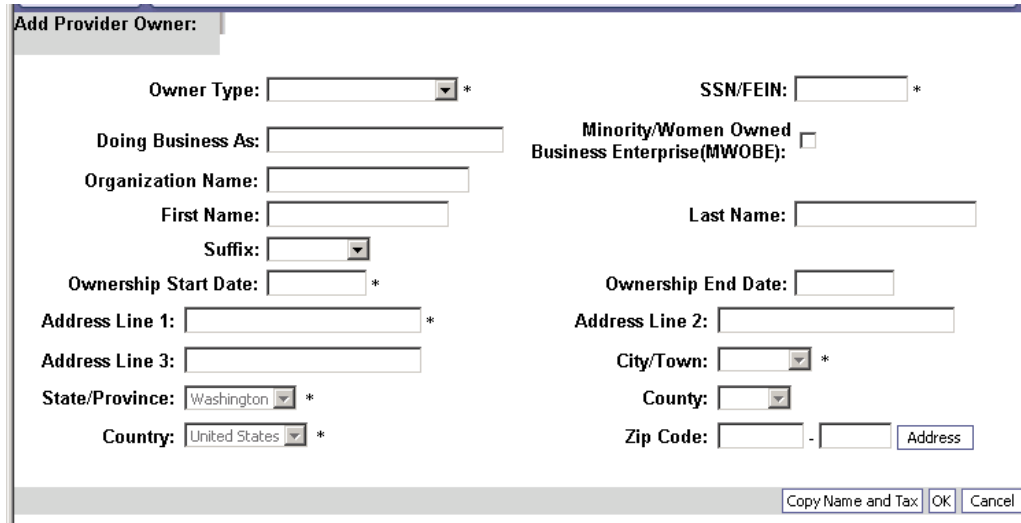
This page is intentionally blank.

Adding an Owner



To add a new record, click the Add button.

ProviderOne displays the Add Provider Owner form.



Add Provider Owner:

Owner Type: *

SSN/FEIN: *

Doing Business As:

Minority/Women Owned Business Enterprise(MWOBE):

Organization Name:

First Name:

Last Name:

Suffix:

Ownership Start Date: *

Ownership End Date:

Address Line 1: *

Address Line 2:

Address Line 3:

City/Town: *

State/Province: Washington *

County:

Country: United States *

Zip Code: -

Figure 15 - Add Provider Owner

About the Add Provider Owner Form

- If Owner Type is Organization, use FEIN.
- If Owner Type is Individual, use SSN (do not use dashes).
- The Start Date is the first day of ownership.
- To copy the First Name, Last Name, and SSN/FEIN fields from the Basic Information page to this page, click the Copy Name and Tax button.



Click the OK button to save the information and close the window, or Cancel to close the window without saving.

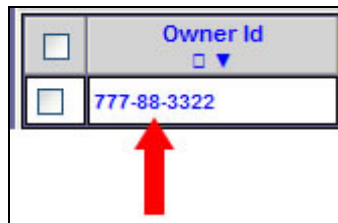


ProviderOne validates the information entered, saves and returns to the Owners list. The Owners List will display new owners.

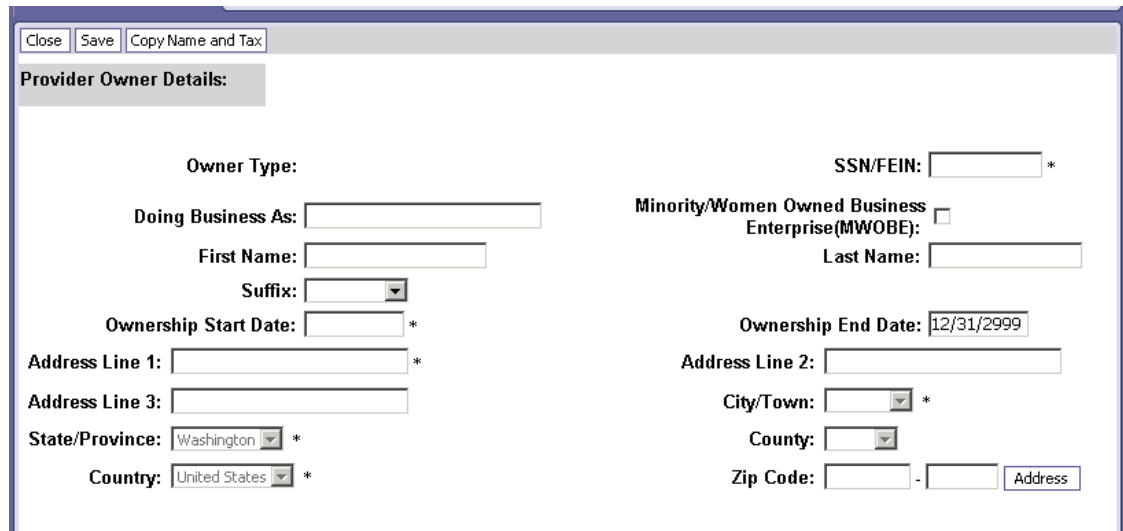
Modifying an Owner Record



From the ProviderOne Owners list, click the link in the Owner Id column.



ProviderOne displays the Provider Owner Details form.



Close Save Copy Name and Tax

Provider Owner Details:

Owner Type: _____

Doing Business As: _____

First Name: _____

Suffix: _____

Ownership Start Date: _____ *

Address Line 1: _____ *

Address Line 3: _____

State/Province: Washington *

Country: United States *

SSN/FEIN: _____ *

Minority/Women Owned Business Enterprise (MWOBE):

Last Name: _____

Ownership End Date: 12/31/2999

Address Line 2: _____

City/Town: _____ *

County: _____

Zip Code: _____ - _____ Address

Figure 16 - Provider Owner Details

About the Provider Owner Details Form

- To change the address, click the Address button.
- To copy the First Name, Last Name, and SSN/FEIN fields from the Basic Information page to this page, click the Copy Name and Tax button.



After making your changes, click the OK button to save, or the Cancel button to close the window without saving.

Deleting an Owner Record



From the Owner list, check the box next to the record you want to delete and click the Delete button.

<input type="checkbox"/>	Owner Id	Owner Name
<input checked="" type="checkbox"/>	777-88-3322	Casey, Benjamin

Viewing Page 1



What happens next:




From the Owners List, click the Close button and proceed to the next step in the Business Process Wizard.



ProviderOne displays the Business Process Wizard. The status is now set to Complete.

Step # :Add Ownership Details	Required	02/06/2008	02/06/2008	Complete
-------------------------------	----------	------------	------------	----------



This page is intentionally blank.

Add Licenses and Certifications

Accessing the License/Certification List

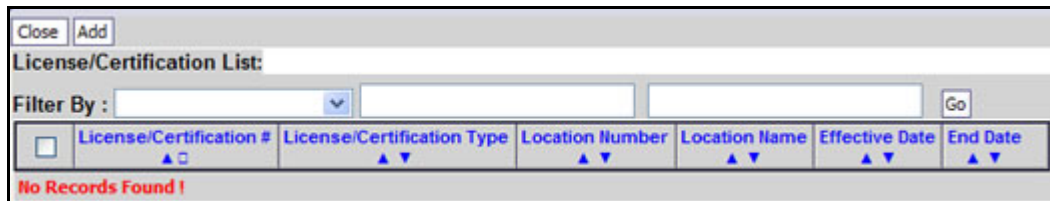


From the Business Process Wizard, click the Add Licenses and Certifications link.

Step #: Add Licenses and Certifications



ProviderOne displays the License/Certification List.



The screenshot shows a web interface for the License/Certification List. At the top, there are 'Close' and 'Add' buttons. Below them is the title 'License/Certification List:'. A 'Filter By:' section contains a dropdown menu, a text input field, and a 'Go' button. Below the filter section is a table with the following columns: License/Certification #, License/Certification Type, Location Number, Location Name, Effective Date, and End Date. Each column has a small icon (a square or a triangle) indicating sorting or selection options. At the bottom of the table, the text 'No Records Found!' is displayed in red.

Figure 17 - License/Certification List for Enrollment

About the License/Certification List for Enrollment

- The first time this list displays it will be blank.
- This list displays all Licenses/Certifications by location.

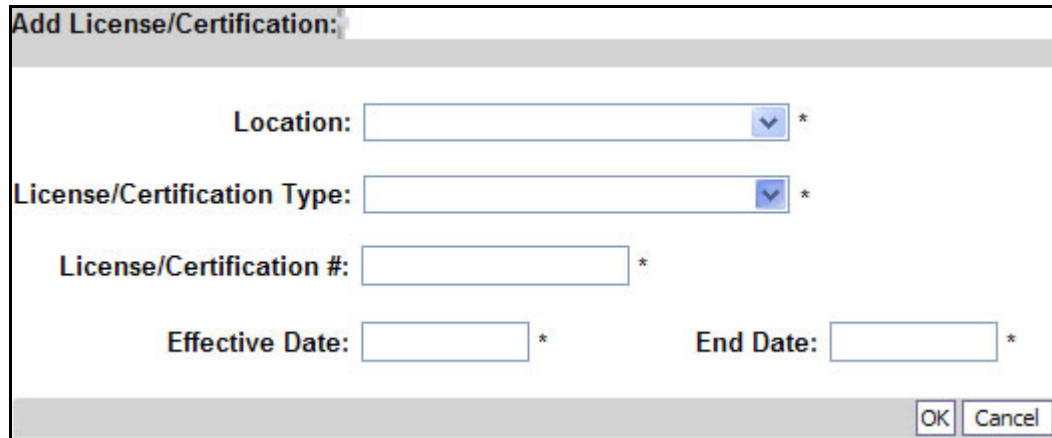
This page is intentionally blank.

Adding a License/Certification



To add a new record, click the Add button.

ProviderOne displays the Add License/Certification form.



Add License/Certification:

Location: *

License/Certification Type: *

License/Certification #: *

Effective Date: * End Date: *

OK Cancel

Figure 18 - Add License/Certification

About the Add License/Certification Form

- To add a License/Certification to all Provider Locations, select All from the Location drop-down.



Click the OK button to save the information and close the window, or Cancel to close the window without saving.

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

Modifying a License/Certification Record



From the License/Certification List, click the hyperlink in the License/Certification# column.

<input type="checkbox"/>	License/Certification # ▲ □	License/Certification Type ▲ ▼
<input type="checkbox"/>	258930413 ←	Professional License



ProviderOne displays the Manage License/Certification form.

Manage License/Certification :

Location: ▼ *

License/Certification Type: ▼ *

License/Certification #: *

Effective Date: * End Date: *

Figure 19 - Manage License/Certification




After making your changes, click the OK button to save, or the Cancel button to close the window without saving.

Deleting a License/Certification

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



From the License/Certification List, check the box next to the record you want to delete and click the Delete button.



License/Certification List:

Filter By :

<input type="checkbox"/>	License/Certification #	License/Certification Type
<input checked="" type="checkbox"/>	258930413	Professional License

Viewing Page 1

What Happens Next:



From the License/Certification List, click the Close button and proceed to the next step in the Business Process Wizard.



ProviderOne displays the Business Process Wizard. The status is now set to Complete.

Step #: Add Licenses and Certifications	Optional	02/06/2008	02/06/2008	Complete
---	----------	------------	------------	----------



This page is intentionally blank.

Add Training and Education

Accessing the Training/Education List

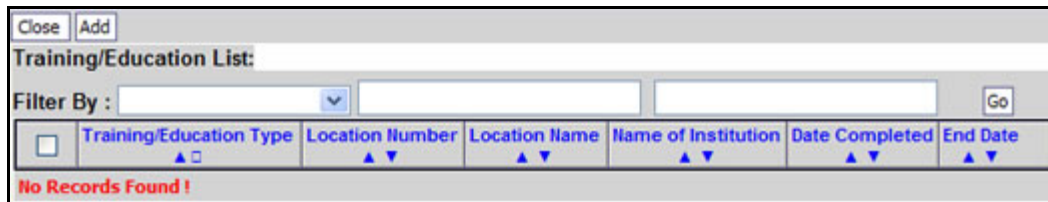


From the Business Process Wizard, click the Add Training and Education link.

Step #: Add Training and Education



ProviderOne displays the Training/Education List.



Close Add

Training/Education List:

Filter By : [dropdown] [input] [input] Go

<input type="checkbox"/>	Training/Education Type	Location Number	Location Name	Name of Institution	Date Completed	End Date
No Records Found!						

Figure 20 - Training/Education List for Enrollment

About the Training/Education List for Enrollment

- The first time this list displays it will be blank.

This page is intentionally blank.

Adding a Training/Education Record



To add a new record, click the Add button.

ProviderOne displays the Add Training/Education form.

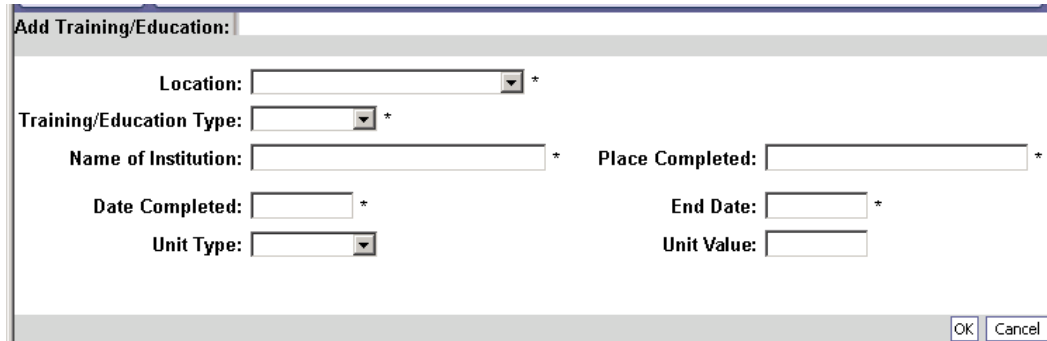


Figure 21 - Add Training/Education

About the Add Training/Education Form

- To add a Training/Education to all Provider Locations, select All from the Location drop-down.



Click the OK button to save the information and close the window, or Cancel to close the window without saving.



ProviderOne validates the information entered, saves and returns to the Training/Education List.

Modifying a Training/Education Record

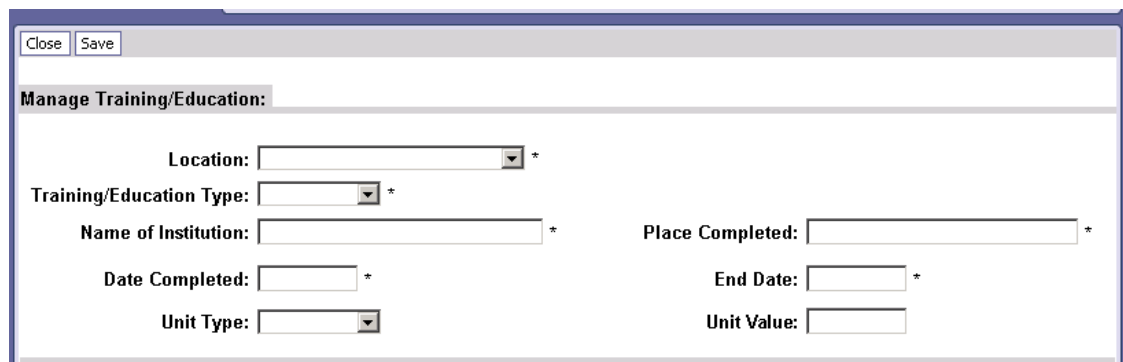


From the Training/Education List, click the hyperlink in the Training/Education Type column.

<input type="checkbox"/>	Training/Education Type ▲ □	Location Number ▲ ▼
<input type="checkbox"/>	SSPS Training ←	00001



ProviderOne displays the Manage Training/Education form.



The screenshot shows a web form titled "Manage Training/Education:" with a "Close" and "Save" button at the top left. The form contains the following fields:

- Location: [Dropdown] *
- Training/Education Type: [Dropdown] *
- Name of Institution: [Text] *
- Place Completed: [Text] *
- Date Completed: [Text] *
- End Date: [Text] *
- Unit Type: [Dropdown]
- Unit Value: [Text]

Figure 22 - Manage Training/Education



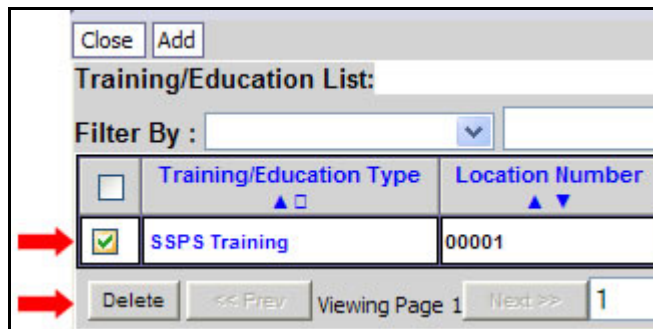
After making your changes, click the Save button to save, or the Close button to close the window without saving.

Deleting a Training/Education

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



From the Training/Education List, check the box next to the record you want to delete and click the Delete button.



<input type="checkbox"/>	Training/Education Type	Location Number
<input checked="" type="checkbox"/>	SSPS Training	00001

Viewing Page 1

What Happens Next:




From the Training/Education List, click the Close button and proceed to the next step in the Business Process Wizard.



ProviderOne displays the Business Process Wizard. The status is now set to Complete.

Step #: Add Training and Education	Optional	02/06/2008	02/06/2008	Complete
------------------------------------	----------	------------	------------	----------



This page is intentionally blank.

Add Identifiers

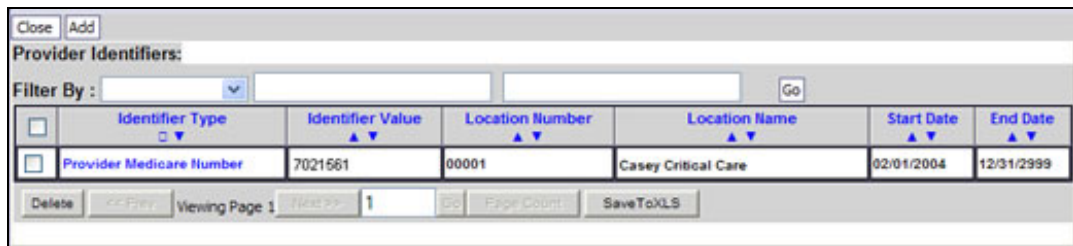
Accessing the Provider Identifiers List



From the Business Process Wizard, click the Add Identifiers link.



ProviderOne displays the Provider Identifiers List.



Identifier Type	Identifier Value	Location Number	Location Name	Start Date	End Date
Provider Medicare Number	7021561	00001	Casey Critical Care	02/01/2004	12/31/2999

Figure 23 - Provider Identifiers List

About the Provider Identifiers List

- The first time this list displays it will be blank.
- Each row displays a specific identifier for a location.
- Locations may have more than one identifier.

This page is intentionally blank.

Adding an Identifier



To add a new record, click the Add button.

ProviderOne displays the Add New Identifier form.

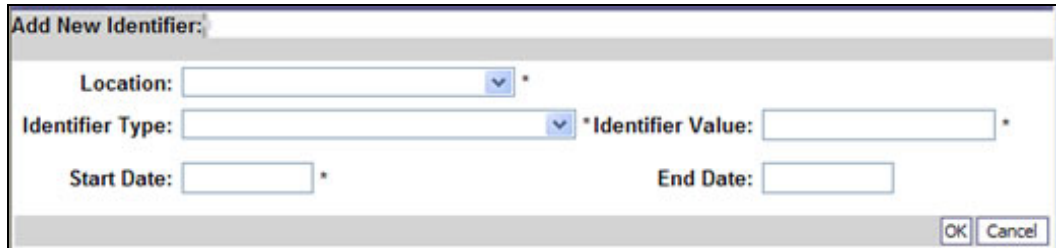


Figure 24 - Add New Identifier

About the Add New Identifier Form

- The Location drop-down will display all current Provider locations.
- To apply the Identifier to All locations, click the All option from the Location drop-down list.




Click the OK button to save the information and close the window, or Cancel to close the window without saving.

Modifying a Provider Identifier Record

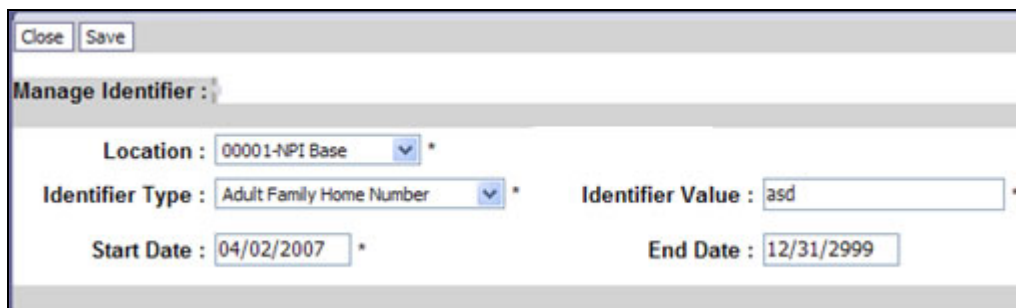


From the ProviderOne Provider Identifiers list, click the link in the Identifier Type column.

<input type="checkbox"/>	Identifier Type ▾
<input type="checkbox"/>	Provider Medicare Number



ProviderOne displays the Manage Identifier page.



The screenshot shows a web form titled "Manage Identifier :". At the top left are "Close" and "Save" buttons. The form contains the following fields:

- Location : 00001-NPI Base ▾ *
- Identifier Type : Adult Family Home Number ▾ *
- Identifier Value : asd *
- Start Date : 04/02/2007 *
- End Date : 12/31/2999

Figure 25 - Manage Identifier




After making your changes, click the Save button. Click the Close button to close the Manage Identifier page.

Deleting a Provider Identifier Record



From the Provider Identifiers list, check the box next to the record you want to delete and click the Delete button.

<input type="checkbox"/>	Identifier Type
<input checked="" type="checkbox"/>	Provider Medicare Number
<input type="button" value="Delete"/> <input type="button" value="« Prev"/> Viewing Page 1	



What happens next:




From the Provider Identifiers list, click the Close button and proceed to the next step in the Business Process Wizard.



ProviderOne displays the Business Process Wizard. The status is now set to Complete.

Step # :Add Identifiers	Required	02/06/2008	02/06/2008	Complete
-------------------------	----------	------------	------------	----------



This page is intentionally blank.

Add Contract Details

Accessing the Payment Details List

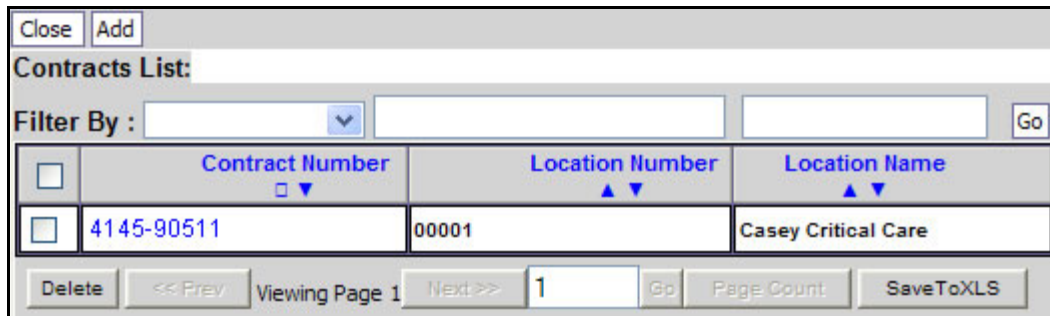


From the Business Process Wizard, click the Add Contracts link.

Step #: Add Contract Details



ProviderOne displays the Contracts List.



The screenshot shows a web application window titled "Contracts List". At the top left are "Close" and "Add" buttons. Below the title is a "Filter By:" section with a dropdown menu, two text input fields, and a "Go" button. The main area is a table with the following structure:

<input type="checkbox"/>	Contract Number □ ▼	Location Number ▲ ▼	Location Name ▲ ▼
<input type="checkbox"/>	4145-90511	00001	Casey Critical Care

At the bottom of the window are several control buttons: "Delete", "<< Prev", "Viewing Page 1", "Next >>", "1", "Go", "Page Count", and "SaveToXLS".

Figure 26 - Contracts List

About the Contracts List

- The first time this list displays it will be blank.
- Provider Contracts are listed by location.

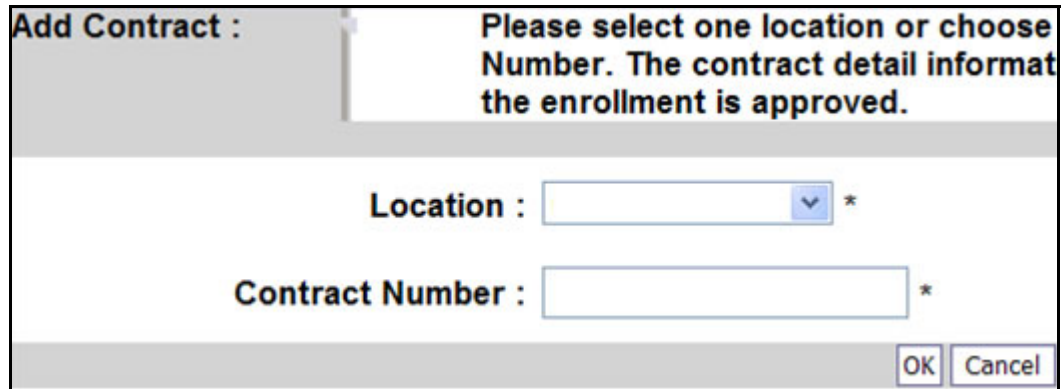
This page is intentionally blank.

Adding a Contract



To add a new record, click the Add button.

ProviderOne displays the Add Contract form.



The screenshot shows a dialog box titled "Add Contract :". The main text inside the dialog reads: "Please select one location or choose Number. The contract detail information the enrollment is approved." Below this text are two input fields: "Location : [dropdown menu] *" and "Contract Number : [text box] *". At the bottom right of the dialog are two buttons: "OK" and "Cancel".

Figure 27 - Add Contract

About the Add Contract Form

- Duplicate numbers are not allowed within a location.
- To apply the contract to all locations, click the All option from the Location dropdown.



Click the OK button to save the information and close the window, or Cancel to close the window without saving.




ProviderOne validates the information entered, saves and returns to the Contracts list. The list will display new contracts.

Modifying a Contract Record

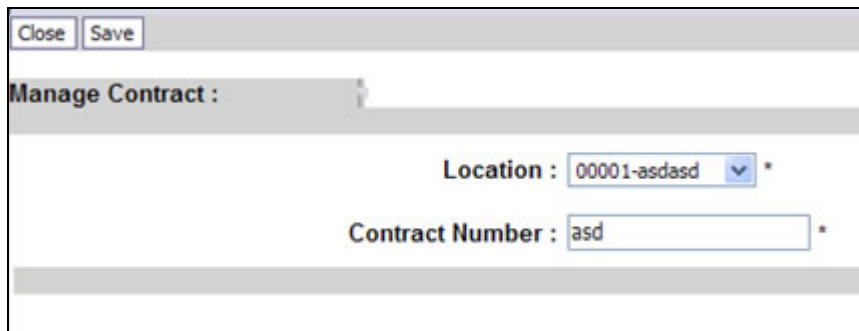


From the Contracts List, click the link in the Contract Number column.

<input type="checkbox"/>	Contract Number ▾
<input type="checkbox"/>	4145-90511



ProviderOne displays the Manage Contract form.



The screenshot shows a web form titled "Manage Contract :". At the top left are "Close" and "Save" buttons. Below the title, there are two input fields: "Location : 00001-asdasd" with a dropdown arrow and an asterisk, and "Contract Number : asd" with an asterisk.

Figure 28 - Manage Contract

About the Manage Contract Form

- Duplicate contract numbers are not allowed within a location.




After making your changes, click the OK button to save, or the Cancel button to close the window without saving.

Deleting a Contract Record



From the Contracts List, check the box next to the record you want to delete and click the Delete button. The data is removed from the Enrollment Staging Area and will not be written to the ProviderOne database.

<input type="checkbox"/>	Contract Number
<input checked="" type="checkbox"/>	4145-90511
<input type="button" value="Delete"/> <input type="button" value=" << Prev"/> Viewing Page 1 <input type="button" value=" Next >>"/>	



What happens next:




From the Contracts List, click the Close button and proceed to the next step in the Business Process Wizard.



ProviderOne displays the Business Process Wizard. The status is now set to Complete.

Step # :Add Contract Details	Required	02/06/2008	02/06/2008	Complete
------------------------------	----------	------------	------------	----------



This page is intentionally blank.

Add Federal Tax Details

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

W-4 information is collected for Providers who have the appropriate Specializations.

W-5 information is optionally collected for Providers who complete a W-4 form.

Accessing the Federal Tax Details Page

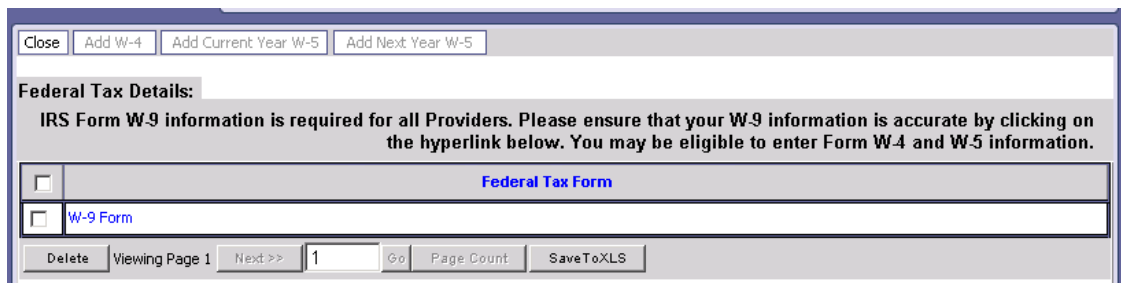


From the Business Process Wizard, click the Add Federal Tax Details link.

Step #: Add Federal Tax Details



ProviderOne displays the Federal Tax Details page.



The screenshot shows a web application window titled "Federal Tax Details". At the top, there are buttons for "Close", "Add W-4", "Add Current Year W-5", and "Add Next Year W-5". Below these is a heading "Federal Tax Details:" followed by a message: "IRS Form W-9 information is required for all Providers. Please ensure that your W-9 information is accurate by clicking on the hyperlink below. You may be eligible to enter Form W-4 and W-5 information." There are two rows of checkboxes: the first row has a checkbox and the text "Federal Tax Form"; the second row has a checkbox and the text "W-9 Form". At the bottom of the window, there are buttons for "Delete", "Viewing Page 1", "Next >>", a text input field containing "1", "Go", "Page Count", and "Save To XLS".

Figure 29 - Federal Tax Details Page

About the Federal Tax Details Page


- The W-9 Form is required for all Providers.
- If you are eligible for W-4 or W-5, the buttons will be active.
- If you are not eligible for W-4 or W-5, the buttons will be inactive.

This page is intentionally blank.

Adding Form W-9 Information



To access the W-9 Form, click the W-9 hyperlink.

<input type="checkbox"/>	Federal Tax Form
<input type="checkbox"/>	W-9 Form 



ProviderOne displays the Form W-9 page.

Form W-9: To update/correct the data in the disabled fields, please go back to Basic Information step.

Legal Name: <input type="text" value="Casey, Benjamin"/>	SSN/FEIN: <input type="text" value="555-55-5555"/>
W-9 Entity Type: <input type="text" value="Individual/Sole Proprietor"/>	UBI: <input type="text" value="8988773342"/>
Business Name: <input type="text"/>	
Exempt from Backup Withholding: <input type="checkbox"/>	
Address:	
Use Pay-To address from the following location: <input type="text" value="---SELECT---"/>	
Address Line 1: <input type="text"/> *	Line 2: <input type="text"/>
Line 3: <input type="text"/>	City/Town: <input type="text"/> *
State/Province: <input type="text"/> *	County: <input type="text"/>
Country: <input type="text"/> *	Zip: <input type="text"/> - <input type="text"/> <input type="button" value="Address"/>
Phone Number: <input type="text"/> *	
<input type="button" value="OK"/> <input type="button" value="Cancel"/>	

Figure 30 - Form W-9



Complete the form and click the OK button to save the information.



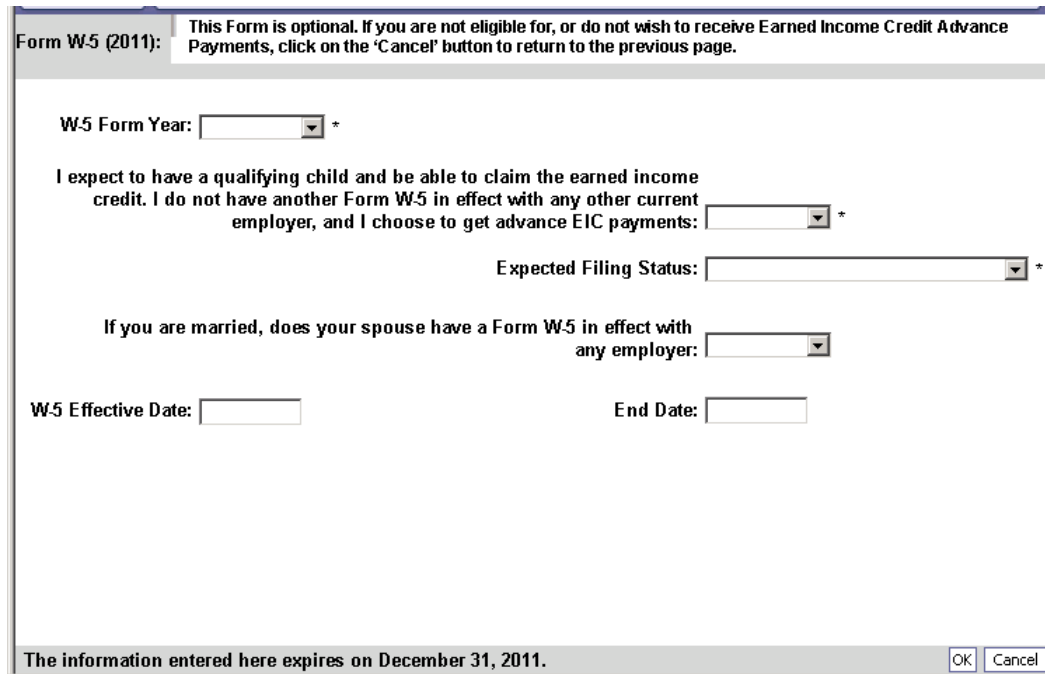
ProviderOne displays the Federal Tax Details page.

Adding Form W-5 Information (if eligible)



Click the Add Current Year W-5 or Add Next Year W-5 button.

ProviderOne displays the Form W-5 page.



Form W-5 (2011): This Form is optional. If you are not eligible for, or do not wish to receive Earned Income Credit Advance Payments, click on the 'Cancel' button to return to the previous page.

W-5 Form Year: *

I expect to have a qualifying child and be able to claim the earned income credit. I do not have another Form W-5 in effect with any other current employer, and I choose to get advance EIC payments: *

Expected Filing Status: *

If you are married, does your spouse have a Form W-5 in effect with any employer:

W-5 Effective Date: End Date:

The information entered here expires on December 31, 2011.

Figure 31 - Form W-5



Complete the form and click the OK button to save the information.

ProviderOne displays the Federal Tax Details page, a W5 Form record is added.

Adding Form W-4 Information (if eligible)



Click the Add W-4 button.

ProviderOne displays the Form W-4 page.

Form W-4: **Federal Withholding (W4) will only to certain services covered under Collective Bargaining Agreement. This form is optional. If you do not wish to have any Federal Income Tax Withheld, click on the 'Cancel' button to return to the previous page. Instructions on how to complete this page are on the IRS W-4 Form. you must turn in a complete, unaltered, signed W-4 for the changes to occur.**

Home Address:

Address Line 1: <input type="text"/> *	Address Line 2: <input type="text"/>
Address Line 3: <input type="text"/>	City/Town: <input type="text"/> *
State/Province: <input type="text"/> *	County: <input type="text"/>
Country: <input type="text"/> *	Zip Code: <input type="text"/> - <input type="text"/> <input type="button" value="Address"/>

Tax Form Year: <input type="text"/> *	(If married, but legally seperated, or spouse is a nonresident alien, select "Single")
Filing Status: <input type="text"/> *	
Number of Allowances: <input type="text"/> *	Additional Amount Withheld: <input type="text"/> *
I Claim Exemption from Withholding: <input type="checkbox"/>	
Tax Form Year Effective Date: <input type="text"/>	Tax Form Year End Date: <input type="text"/> *
IRS Lock Letter Exists: <input type="checkbox"/>	IRS Lock Letter Effective Date: <input type="text"/>
Request cancellation of Withholding in Writing: <input type="checkbox"/>	Request cancellation of Withholding in Writing Date: <input type="text"/>

Figure 32 - Form W-4



Complete the form and click the OK button to save the information.

ProviderOne displays the Federal Tax Details page, a W4 Form record added.

Modifying a Tax Form Record



From the Federal Tax Details list, click the link in the hyperlink of the form you wish to modify.

<input type="checkbox"/>	Federal Tax Form
<input type="checkbox"/>	W-9 Form ←
<input type="checkbox"/>	W-4 Form ←
<input type="checkbox"/>	W-5 Form ←



ProviderOne displays the appropriate Tax Form page.



After making your changes, click the OK button to save, or the Cancel button to close the window without saving.

Deleting a Tax Form Record

Do not delete the W-9 Form record.



From the Federal Tax Details list, check the box next to the record you want to delete and click the Delete button.

<input type="checkbox"/>	Federal Tax Form
<input type="checkbox"/>	W-9 Form
<input type="checkbox"/>	W-4 Form
<input checked="" type="checkbox"/>	W-5 Form
<input type="button" value="Delete"/> <input type="button" value=" << Prev"/> Viewing Page 1 <input type="button" value=" Next >>"/> <input type="text" value="1"/>	

What happens next:



From the Provider Identifiers list, click the Close button and proceed to the next step in the Business Process Wizard.



ProviderOne displays the Business Process Wizard. The status is now set to Complete.

Step #: Add Federal Tax Details	Required	02/06/2008	02/06/2008	Complete
				

This page is intentionally blank.

Add Invoice Details

Accessing the Invoice Preferences List

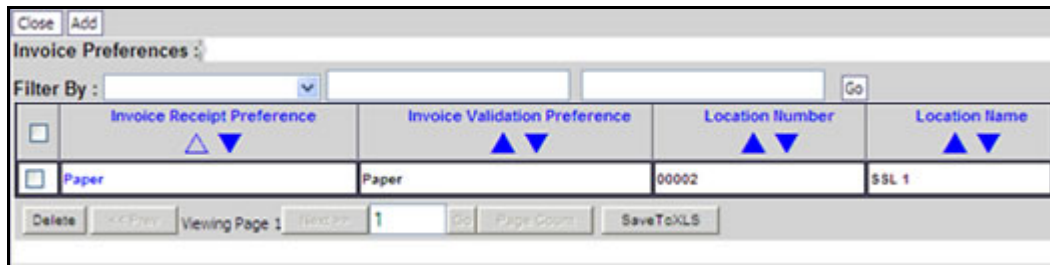


From the Business Process Wizard, click the Add Invoice Details link.

Step # : Add Invoice Details



ProviderOne displays the Invoices Preferences for Enrollment list.



	Invoice Receipt Preference	Invoice Validation Preference	Location Number	Location Name
<input type="checkbox"/>	Paper	Paper	00002	SSL 1

Figure 33 - Invoice Preferences List

About the Invoice Preference List

- The first time this list displays it will be blank.
- Invoice preferences apply to Provider locations.
- Each row of the Invoice Preferences list refers to a single Provider location.
- Each Provider location can have one, and only one, Invoice Preference record.

This page is intentionally blank.

Adding an Invoice Preference



To add a new record, click the Add button.

ProviderOne displays the Invoice Preferences Enrollment form.

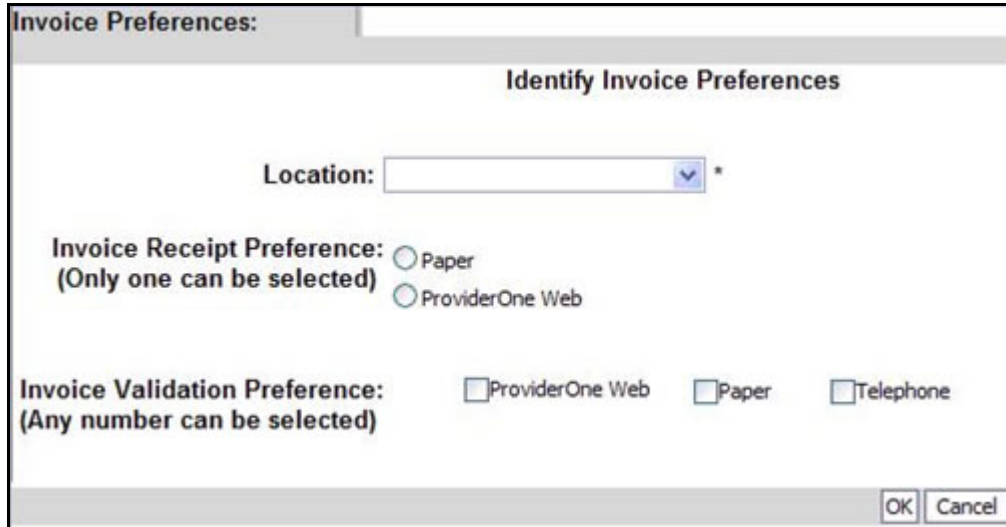


Figure 34 - Add Invoice Preferences

About the Add Invoice Preference Form

- To apply the invoice preferences to all locations, select All from the Location dropdown. ProviderOne will automatically create a separate record for each location.



Click the OK button to save the information and close the window, or Cancel to close the window without saving.

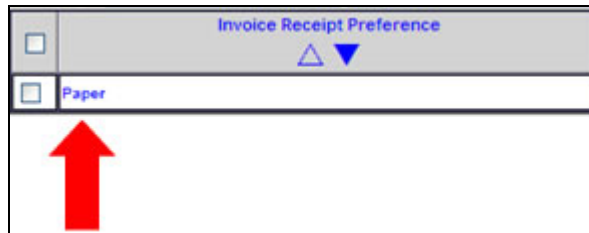


ProviderOne validates the information entered, saves and returns to the Adding Invoices Enrollment list. The Invoice Preferences List will be updated.

Modifying an Invoice Preference Record



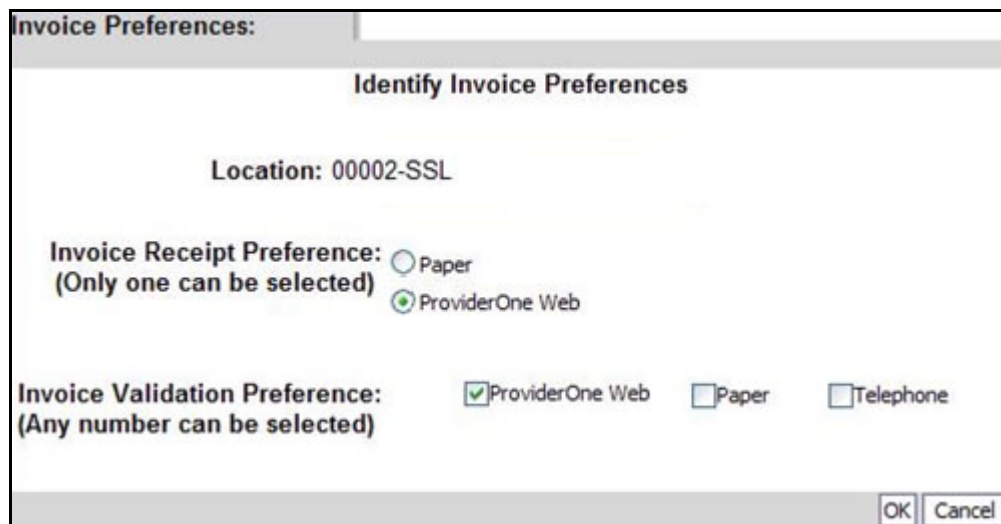
From the ProviderOne Invoice Preferences list, click the link in the Invoice Receipt Preference column.



<input type="checkbox"/>	Invoice Receipt Preference
<input type="checkbox"/>	Paper



ProviderOne displays the Update Invoice Preferences form.



Invoice Preferences:

Identify Invoice Preferences

Location: 00002-SSL

Invoice Receipt Preference: (Only one can be selected)
 Paper
 ProviderOne Web

Invoice Validation Preference: (Any number can be selected)
 ProviderOne Web Paper Telephone

OK Cancel

Figure 35 - Update Invoice Preferences

About the Update Invoice Preference Form

- Once a record is created, the location value cannot be changed.

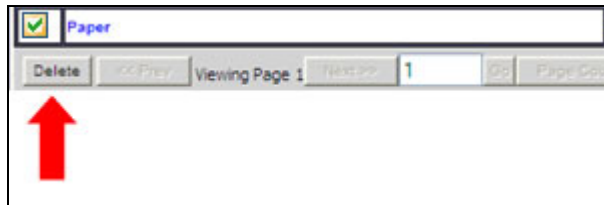


After making your changes, click the OK button to save, or the Cancel button to close the window without saving.

Deleting an Invoice Preference Record



From the Invoices Preferences list, check the box next to the record you want to delete and click the Delete button.



What happens next:




From the Invoices Preference List, click the Close button and proceed to the next step in the Business Process Wizard.



ProviderOne displays the Business Process Wizard. The status is now set to Complete.

Step 10: Add Invoice Details	Optional	02/06/2008	02/06/2008	Complete
------------------------------	----------	------------	------------	----------



This page is intentionally blank.

EDI Submission Method

Accessing the EDI Submission Details Page



From the Business Process Wizard, click the Add EDI Submission Details link.

Step # : Add EDI Submission Method



ProviderOne displays the EDI Submission Details page.

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

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

Status: In Review

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 into 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 50MB.
 - 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

Figure 36 - EDI Submission Details

Selecting EDI Submission Method(s)



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

What Happens Next:



ProviderOne displays the Business Process Wizard. The status is now set to Complete.

Step # : Add EDI Submission Method	Optional	02/06/2008	02/06/2008	Complete
				

Add EDI Billing Software Details

Accessing the EDI Billing Software Information List



From the Business Process Wizard, click the Add EDI Billing Software Details link.

Step # : Add EDI Billing Software Details



ProviderOne displays the EDI Billing Software Information list.

<input type="checkbox"/>	Software Name	Software Version	Software Vendor Name	Vendor Contact Title	Vendor Contact Name	Vendor Contact Phone Number	End Date
No Records Found !							

Figure 37 - EDI Billing Software Information for Enrollment

About the EDI Billing Software Information for Enrollment List

- The first time this list displays it will be blank.

This page is intentionally blank.

Adding an EDI Billing Software Record



To add a new record, click the Add button.

ProviderOne displays the Add EDI Billing Software Information page.

Add EDI Billing Software Information:

Software Vendor Company Name: *

Software Product Name: * Software Version: *

Software Protocol: * *<--See the note at the bottom of the page.*

Element Delimiter: * Default Delimiter * (asterisk)

Segment Delimiter: ~ Default Delimiter ~ (tilde)

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

Start Date: * End Date:

Status:

Software Vendor Contact Information:

Contact Title: *

Contact First Name: * Contact Last Name: *

Phone Number: * Fax Number:

Email Address:

Address Line 1: Address Line 2:

Address Line 3:

State/Province: City/Town:

Country: County:

Zip Code: -

Note:

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

Figure 38 - Add EDI Billing Software Information for Enrollment

About the Add EDI Billing Software Information for Enrollment Page

- To add an Address, click the Address button. The Add Address form will display.



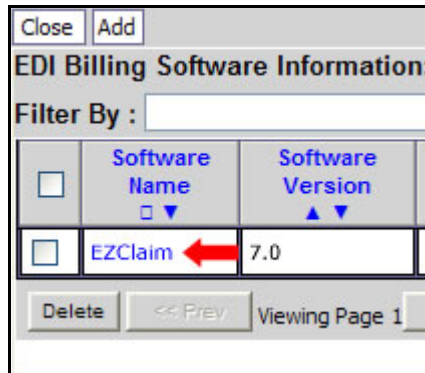
After completing the form, click the OK button to save the information and close the window, or Cancel to close the window without saving.

This page is intentionally blank.

Modifying an EDI Billing Software Record



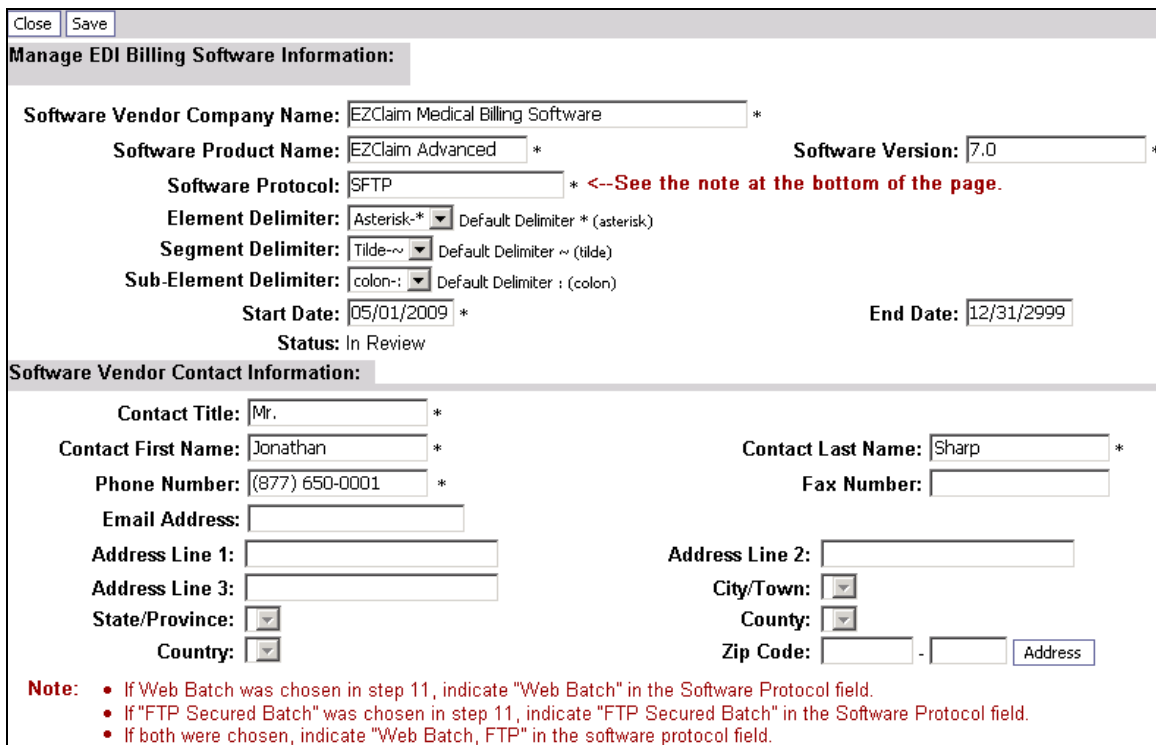
From the EDI Billing Software Information for Enrollment List, click the hyperlink in the Software Name column.



<input type="checkbox"/>	Software Name	Software Version
<input type="checkbox"/>	EZClaim	7.0



ProviderOne displays the Manage EDI Billing Software Information page.



Manage EDI Billing Software Information:

Software Vendor Company Name: *

Software Product Name: * Software Version: *

Software Protocol: * <--See the note at the bottom of the page.

Element Delimiter: Default Delimiter *(asterisk)

Segment Delimiter: Default Delimiter ~ (tilde)

Sub-Element Delimiter: Default Delimiter : (colon)

Start Date: * End Date:

Status: In Review

Software Vendor Contact Information:

Contact Title: *

Contact First Name: * Contact Last Name: *

Phone Number: * Fax Number:

Email Address:

Address Line 1: Address Line 2:

Address Line 3: City/Town:

State/Province: County:

Country: Zip Code: -

Note:

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

Figure 39 - Manage EDI Billing Software Information

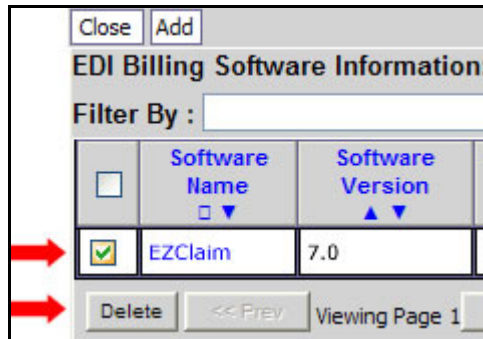


After making your changes, click the Save button to save and the Close button to exit the screen.

Deleting a Billing Software Record



From the EDI Billing Software Information for Enrollment List check the box next to the record you want to delete and click the Delete button.



<input type="checkbox"/>	Software Name	Software Version
<input checked="" type="checkbox"/>	EZClaim	7.0

Buttons: Close, Add, Filter By: [text box], Delete, << Prev, Viewing Page 1

What Happens Next:



From the EDI Billing Software Information for Enrollment List, click the Close button and proceed to the next step in the Business Process Wizard.



ProviderOne displays the Business Process Wizard. The status is now set to Complete.

Step #: Add EDI Billing Software Details	Optional	02/06/2008	02/06/2008	Complete
--	----------	------------	------------	----------



This page is intentionally blank.

Add EDI Submitter Details

Accessing the Billing Agent/Clearinghouse/Submitter List

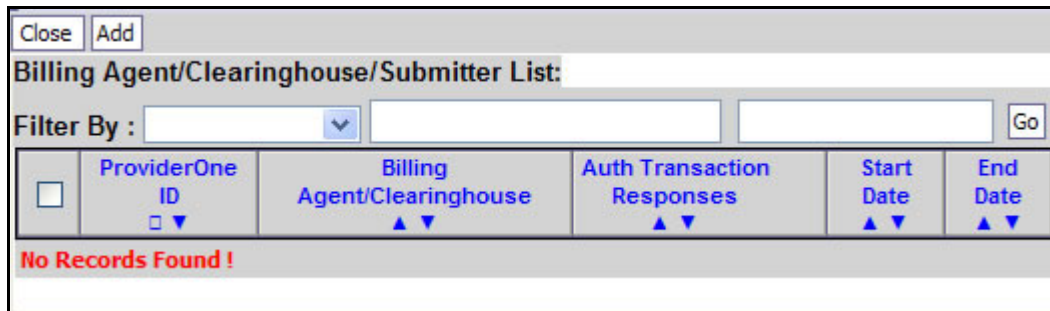


From the Business Process Wizard, click the Add EDI Submitter Details link.

Step #: Add EDI Submitter Details



ProviderOne displays the Billing Agent/Clearinghouse/Submitter List.



Close Add

Billing Agent/Clearinghouse/Submitter List:

Filter By : Go

<input type="checkbox"/>	ProviderOne ID	Billing Agent/Clearinghouse	Auth Transaction Responses	Start Date	End Date
No Records Found !					

Figure 40 - Billing Agent/Clearinghouse/Submitter List for Enrollment

About the EDI Billing Agent/Clearinghouse/Submitter List for Enrollment

- The first time this list displays it will be blank.

This page is intentionally blank.

Associate a Billing Agent/Clearinghouse



To add a new record, click the Add button.

ProviderOne displays the Associate Billing Agent/Clearinghouse page.

Associate Billing Agent/Clearinghouse:

Billing Agent/Clearinghouse ProviderOne Id: *

Start Date: * End Date:

Status:

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

Authorized Transaction Responses:

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

Figure 41 - Associate Billing Agent/Clearinghouse

About the Associate Billing Agent/Clearinghouse Page

- A Transaction Response type can be assigned to only one Submitter.



After entering a Billing Agent/Clearinghouse ProviderOne Id, change the Authorized column to Yes for each transaction you wish to assign to the Submitter. Enter a Start Date and an End Date. When you are finished, click the OK button to save.

Modifying an EDI Billing Agent/Clearinghouse Submitter Record



From the EDI Billing Agent/Clearinghouse/Submitter List, click the hyperlink in the ProviderOne ID column.

Billing Agent/Clearinghouse/Submitter List:

Filter By :

<input type="checkbox"/>	ProviderOne ID	Billing Agent/Clearinghouse
<input type="checkbox"/>	794089WAO	EZBilling Agent



ProviderOne displays the Manage Billing Agent/Clearinghouse page.

Close Save

Manage Billing Agent/Clearinghouse Association:

Billing Agent/Clearinghouse ProviderOne Id: 794089WAO
 Start Date: 05/01/2009 * End Date: 12/31/2999

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

Authorized Transaction Responses:

Transaction Response	Authorized	Start Date	End Date
271-Eligibility Response	Yes	05/01/2009	12/31/2999
277-Claim Status Response	Yes	05/01/2009	12/31/2999
277U-Unsolicited Claims Status Response			
278-Prior Authorization Response			
820-Premium Payment			
834-Benefit Enrollment			
835-Healthcare Claim Payment Advice			

<< Prev Viewing Page 1 Next >> 1 Go Page Count SaveToXLS

Figure 42 - Manage Billing Agent/Clearinghouse Association



After making your changes, click the Save button to save and the Close button to exit the screen.

Deleting a Billing Agent/Clearinghouse Association Record



From the Billing Agent/Clearinghouse/Submitter List, check the box next to the record you want to delete and click the Delete button.

Billing Agent/Clearinghouse/Submitter List:

Filter By :

<input type="checkbox"/>	ProviderOne ID	Billing Agent/Clearinghouse
<input checked="" type="checkbox"/>	794089WA0	EZBilling Agent

Viewing Page 1

What Happens Next:




From the Billing Agent/Clearinghouse/Submitter List, click the Close button and proceed to the next step in the Business Process Wizard.



ProviderOne displays the Business Process Wizard. The status is now set to Complete.

Step #: Add EDI Submitter Details	Optional	02/06/2008	02/06/2008	Complete
-----------------------------------	----------	------------	------------	----------



This page is intentionally blank.

Add EDI Contact Information

Accessing the EDI Contact List



From the Business Process Wizard, click the Add EDI Contact Information link.

Step #: Add EDI Contact Information



ProviderOne displays the EDI Contact Information List.



<input type="checkbox"/>	Electronic Transaction	Contact Title	Contact Name	Contact Phone Number	Contact Email	End Date
No Records Found !						

Figure 43 - EDI Contact Information List

About the EDI Contact Information List

- The first time this list displays it will be blank.

This page is intentionally blank.

Add an EDI Contact



To add a new record, click the Add button.

ProviderOne displays the Add EDI Contact Information page.

Add EDI Contact Information:

Contact Title : * <-- Please enter your organizational contact information here.

Contact First Name : * **Contact Last Name :** *

Phone Number : * **Fax Number :**

Email Address : **Start Date :** * **End Date :**

Address Line 1: * **Address Line 2:**

Address Line 3:

State/Province: * **City/Town:** *

Country: * **County:**

Zip Code: -

Electronic Transactions:

Note: Please select all appropriate HIPAA transactions you will be using.

Available Transactions	>>	Associated Transactions *
270-Eligibility Enquiry 271-Eligibility Response 276-Claim Status Inquiry 277-Claim Status Response 277U-Unsolicited Claims Status Response 278-Prior Authorization Request 278-Prior Authorization Response 820-Premium Payment 834-Benefit Enrollment 835-Healthcare Claim Payment Advice	<input type="button" value=">>"/> <input type="button" value="<<"/>	

Figure 44 - Add EDI Contact Information

About the Add EDI Contact Information Page

- Identify a Contact and assign Transactions.



After creating the Contact and assigning transactions, click the OK button to save.

This page is intentionally blank.

Modifying an EDI Contact



From the EDI Contact Information List, click the hyperlink in the Contact Name column.

EDI Contact Information List:			
Filter By : <input type="text"/> <input type="text"/>			
<input type="checkbox"/>	Electronic Transaction ▲ ▼	Contact Title □ ▼	Contact Name ▲ ▼
<input type="checkbox"/>	270,271,278	Mr. 	Card, Kent



ProviderOne displays the Manage EDI Contact Information page.

Close
Save

Manage EDI Contact Information:

Contact Title : * <-- Please enter your organizational contact information here.

Contact First Name : * **Contact Last Name :** *

Phone Number : * **Fax Number :**

Email Address : **End Date :**

Start Date : *

Status :

Address Line 1 : * **Address Line 2 :**

Address Line 3 :

State/Province : * **City/Town :** *

Country : * **County :** *

Zip Code : -

Electronic Transactions:

Note: Please select all appropriate HIPAA transactions you will be using.

Available Transactions		Associated Transactions *
276-Claim Status Inquiry 277-Claim Status Response 277U-Unsolicited Claims Status Response 820-Premium Payment 834-Benefit Enrollment 835-Healthcare Claim Payment Advice 837D-Dental Claim 837I-Institutional Claim 837P-Professional Claim	<input type="button" value=" >>"/> <input type="button" value=" <<"/>	270-Eligibility Inquiry 271-Eligibility Response 278-Prior Authorization Request 278-Prior Authorization Response

Figure 45 - Manage EDI Contact Information



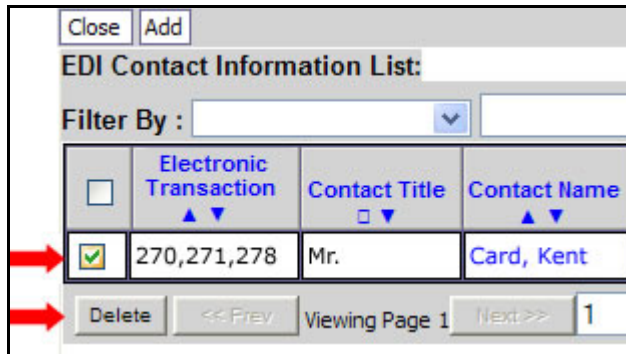
After making your changes, click the OK button to save, or the Cancel button to close the window without saving.

This page is intentionally blank.

Deleting an EDI Contact Record



From the EDI Contact Information List, check the box next to the record you want to delete and click the Delete button.



Close Add

EDI Contact Information List:

Filter By : [dropdown]

<input type="checkbox"/>	Electronic Transaction ▲ ▼	Contact Title □ ▼	Contact Name ▲ ▼
<input checked="" type="checkbox"/>	270,271,278	Mr.	Card, Kent

Delete << Prev Viewing Page 1 Next >> 1

What Happens Next:




From the EDI Contact Information List, click the Close button and proceed to the next step in the Business Process Wizard.



ProviderOne displays the Business Process Wizard. The status is now set to Complete.

Step # : Add EDI Contact Information	Optional	02/06/2008	02/06/2008	Complete
--------------------------------------	----------	------------	------------	----------



This page is intentionally blank.

Add Billing Provider Details

Accessing the Payment Details List

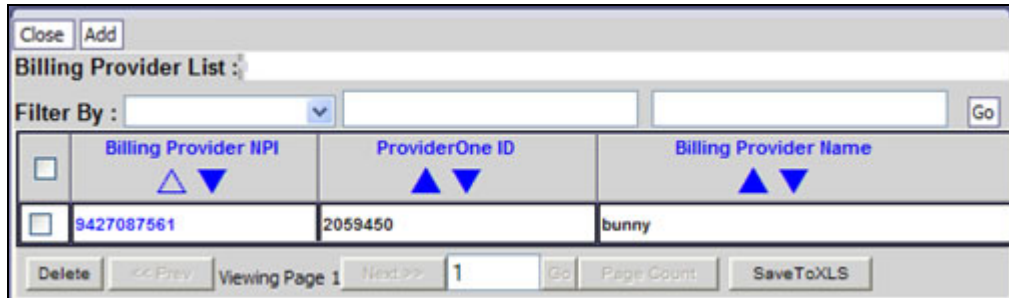


From the Business Process Wizard, click the Add Billing Provider Details link.

Step #: Add Billing Provider Details



ProviderOne displays Billing Provider List.



The screenshot shows a web application window titled "Billing Provider List". At the top left are "Close" and "Add" buttons. Below the title is a search bar. A "Filter By:" section contains a dropdown menu, two text input fields, and a "Go" button. The main area is a table with three columns: "Billing Provider NPI", "ProviderOne ID", and "Billing Provider Name". Each column header has up and down arrow icons. The table contains one row with the following data: NPI: 9427087561, ID: 2059450, Name: bunny. At the bottom of the window are buttons for "Delete", "<< Prev", "Viewing Page 1", "Next >>", "1", "Go", "Page Count", and "Save To XLS".

Billing Provider NPI	ProviderOne ID	Billing Provider Name
9427087561	2059450	bunny

Figure 46 - Billing Provider List

About the Billing Provider List

- The first time this list displays it will be blank.
- Each row represents a ProviderOne Billing Provider.

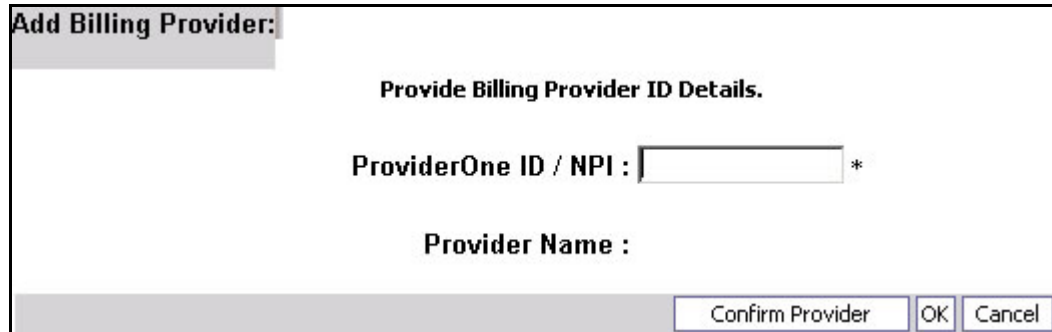
This page is intentionally blank.

Adding a Billing Provider



To add a new record, click the Add button.

ProviderOne displays the Add Billing Provider form.



Add Billing Provider:

Provide Billing Provider ID Details.

ProviderOne ID / NPI : *

Provider Name :

Confirm Provider OK Cancel

Figure 47 - Add Billing Provider

About the Payment Details Form

- You must know the ProviderOne Id, or NPI of the Billing Provider.



Enter the ProviderOne Id, or NPI number of the Billing Provider and click the Confirm Provider button.



If ProviderOne confirms the Billing Provider and displays the Provider Name. If a valid Provider is not found, ProviderOne displays an error message.



Click the OK button to save the information and close the window, or Cancel to close the window without saving.




ProviderOne validates the information entered, saves and returns to the Billing Providers List. The list will display new Billing Providers.

Modifying a Billing Provider Record

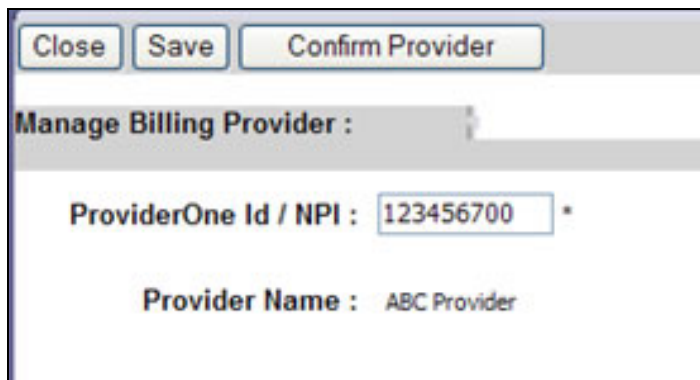


From the Billing Provider List, click the link in the Billing Provider NPI column.

	Billing Provider NPI
<input type="checkbox"/>	9427087561



ProviderOne displays the Manage Billing Provider form.



The screenshot shows a window titled "Manage Billing Provider" with three buttons at the top: "Close", "Save", and "Confirm Provider". Below the title bar, the text "Manage Billing Provider :" is followed by a text input field containing "123456700" with an asterisk to its right. Below this, the text "Provider Name : ABC Provider" is displayed.

Figure 48 - Manage Billing Provider




After making your changes, click the OK button to save, or the Cancel button to close the window without saving.

Deleting a Billing Provider



From the Billing Provider List, check the box next to the record you want to delete and click the Delete button. The data is removed from the Enrollment Staging Area and will not be written to the ProviderOne database.

<input type="checkbox"/>	Billing Provider NPI
<input checked="" type="checkbox"/>	9427087561
<input type="button" value="Delete"/> <input type="button" value="Close"/> <input type="button" value="Viewing Page"/>	



What happens next:



From the Billing Provider List, click the Close button and proceed to the next step in the Business Process Wizard.



ProviderOne displays the Business Process Wizard. The status is now set to Complete.

Step #: Add Billing Provider Details	Required	02/06/2008	02/06/2008	Complete
--------------------------------------	----------	------------	------------	----------



This page is intentionally blank.

Add Payment Details

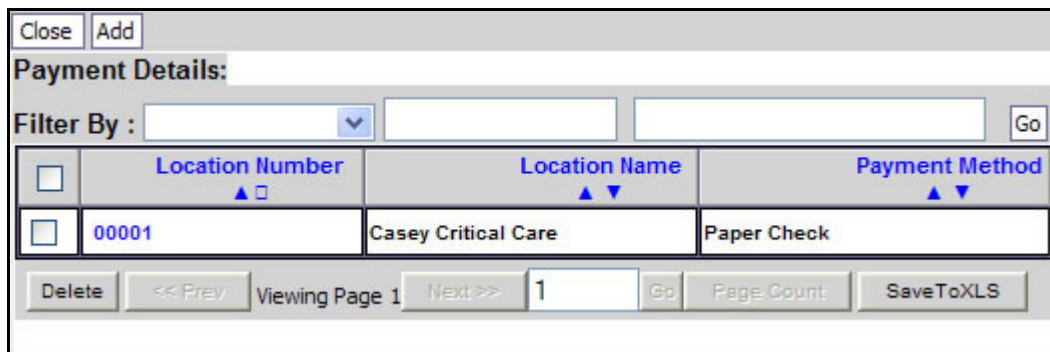
Accessing the Payment Details List



From the Business Process Wizard, click the Add Payment Details link.



ProviderOne displays the Payment Details list.



<input type="checkbox"/>	Location Number ▲ ▢	Location Name ▲ ▼	Payment Method ▲ ▼
<input type="checkbox"/>	00001	Casey Critical Care	Paper Check

Figure 49 - Payment Details List

About the Payment Details List

- The first time this list displays it will be blank.
- Provider payment methods are listed by location.
- Only one payment method is allowed per location.

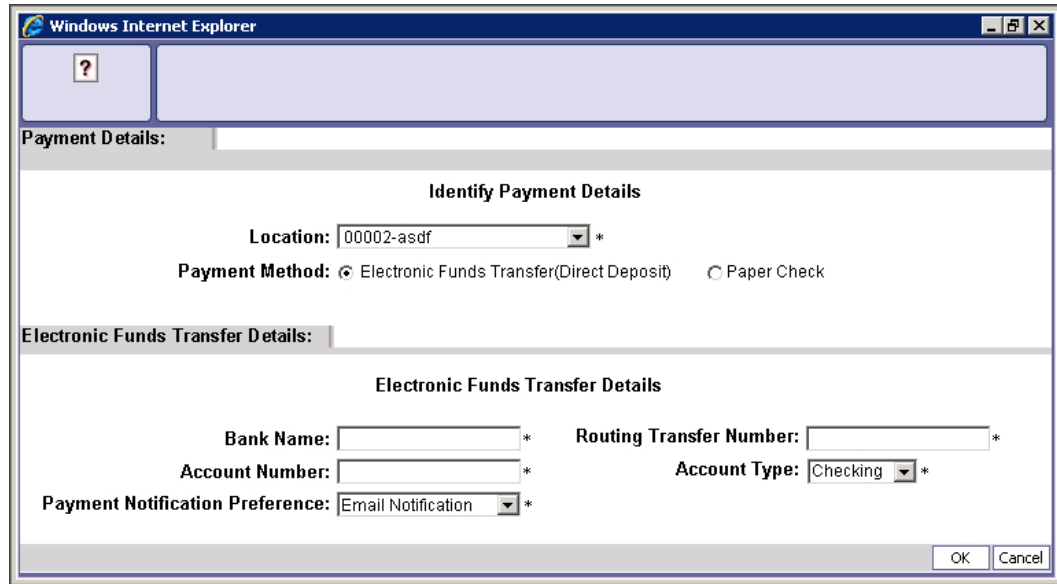
This page is intentionally blank.

Adding a Payment Method



To add a new record, click the Add button.

ProviderOne displays the Payment Details form.



The screenshot shows a web browser window titled "Windows Internet Explorer" displaying the "Payment Details" form. The form is divided into two main sections: "Identify Payment Details" and "Electronic Funds Transfer Details".

Identify Payment Details:

- Location: 00002-asdf *
- Payment Method: Electronic Funds Transfer(Direct Deposit) Paper Check

Electronic Funds Transfer Details:

- Bank Name: *
- Routing Transfer Number: *
- Account Number: *
- Account Type: Checking *
- Payment Notification Preference: Email Notification *

At the bottom right of the form are "OK" and "Cancel" buttons.

Figure 50 - Payment Details

About the Payment Details Form

- Selecting Electronic Funds Transfer displays the Electronic Funds Transfer Details section.
- Routing Transit number must start with 0, 1, 2, or 3.
- The Email Notification preference cannot be selected if the email address has not been defined for the location.



Click the OK button to save the information and close the window, or Cancel to close the window without saving.



ProviderOne validates the information entered, saves and returns to the Payments Details list. The list will display new payment methods.

This page is intentionally blank.

Modifying a Payment Detail Record



From the ProviderOne Payment Details list, click the link in the Location Number column.

	Location Number
<input type="checkbox"/>	00001



ProviderOne displays the Payment Details form.

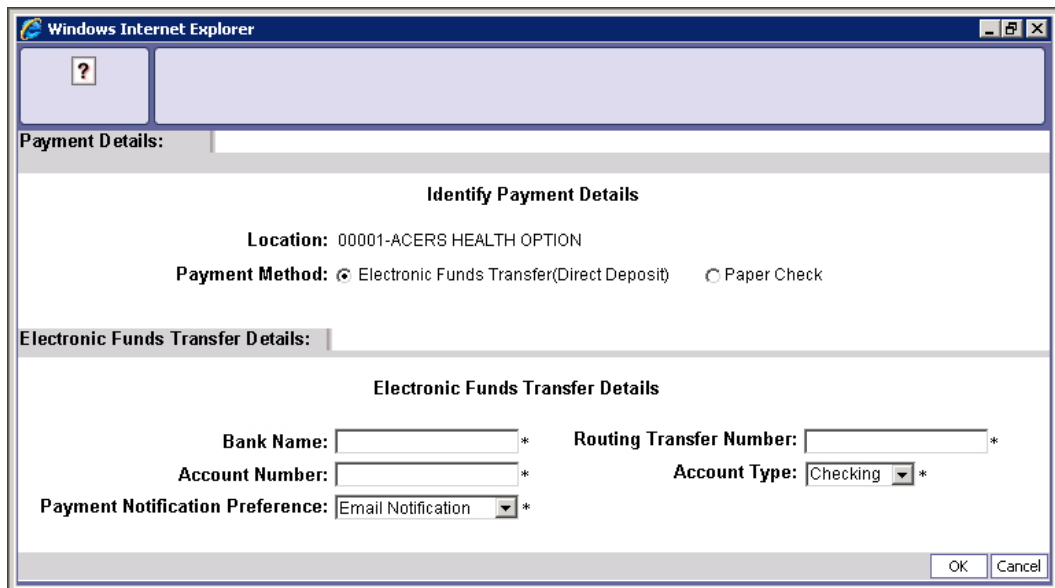


Figure 51 - Payment Details Form

About the Provider Owner Details Form

- This page allows the payment method to be edited for the location listed.
- The Electronic Funds Transfer Details section will only be viewable if the Payment Method is set to Electronic Funds Transfer.
- When changing from EFT to Paper all information pertaining to the EFT for this location will be lost.



After making your changes, click the OK button to save, or the Cancel button to close the window without saving.


Deleting a Payment Method Record



From the Payment Details list, check the box next to the record you want to delete and click the Delete button. The data is removed from the Enrollment Staging Area and will not be written to the ProviderOne database.

<input type="checkbox"/>	Location Number
<input checked="" type="checkbox"/>	00001

Viewing Page 1



What happens next:




From the Payment Details list, click the Close button and proceed to the next step in the Business Process Wizard.



ProviderOne displays the Business Process Wizard. The status is now set to Complete.

Step #: Add Payment Details	Required	02/06/2008	02/06/2008	Complete
-----------------------------	----------	------------	------------	----------



This page is intentionally blank.

Complete Enrollment Checklist

Accessing the Enrollment Checklist



From the Business Process Wizard, click the Complete Enrollment Checklist link.

Step #: Complete Enrollment Checklist



ProviderOne displays the Provider Checklist.

Provider Checklist:		
Question	Answer	Comments
Have you or any employee ever had an Assessment taken against you ?	Not Completed ▾	
Have you or any employee ever had an Administrative Sanction taken against you ?	Not Completed ▾	
Have you or any employee ever had a Suspension of Payment taken against you?	Not Completed ▾	
Have you or any employee ever had a Restitution Order taken against you ?	Not Completed ▾	
Have you or any employee ever had a Program Exclusion taken against you ?	Not Completed ▾	
Have you or any employee ever had a Program Debarment taken against you ?	Not Completed ▾	
Have you or any employee ever had a Pending Criminal Judgment taken against you ?	Not Completed ▾	
Have you or any employee ever had a Pending Civil Judgment taken against you ?	Not Completed ▾	
Have you or any employee had a Judgement Pending Under False Claims Act taken against you ?	Not Completed ▾	
Have you or any employee ever had a Criminal Fine taken against you ?	Not Completed ▾	
Have you or any employee ever had a Civil Monetary Penalty taken against you ?	Not Completed ▾	
Has Applicant, or employees, ever been convicted or any health related crimes ?	Not Completed ▾	
Has Applicant, or employees, ever been convicted of a crime involving the abuse of a child or an elderly adult ?	Not Completed ▾	

Figure 52 - Provider Checklist

About the Provider Checklist

- Every question must be answered with Yes or No.
- All Yes questions must have a corresponding comment.



After completing the Provider Checklist, click the Save button.

ProviderOne displays the Business Process Wizard. The status is now set to Complete.

Step #: Complete Enrollment Checklist	Required	02/06/2008	02/06/2008	Complete
				

Submit Enrollment Application for Review

Accessing the Final Submission Page



From the Business Process Wizard, click the Submit Enrollment Application for Review link.

Step # : Submit Enrollment Application for Review



ProviderOne displays the Final Submission page.

Close
Submit Enrollment

Final Submission

Application #: 20080206964480 **Enrollment Type:** Individual

The information submitted for enrollment shall be verified and reviewed by the DSHS. During this time, any changes to the information shall not be accepted.

I agree that the information submitted as a part of the application is correct (Privacy and Confidentiality).

Please use the Application # in all the documentation sent to the DSHS.

Instructions for submitting documentation:

1. Please click on [this link](#) to display the documentation cover sheet.
2. Print the cover sheet.
3. Write the Application number in the 'Application #' field of the cover sheet.
4. Include the cover sheet, with the Application number, when mailing or faxing documentation to the DSHS.

Application Document Checklist:

Forms/Documents ▲ □	Special Instructions ▲ ▼	Source ▲ ▼	Required ▲ ▼
Training and Education	Please provide a copy of all required Training and Documentation.		NO
Tax Documents	Please provide a copy of all required Tax Documents.	http://www.irs.gov	YES
Licenses and Certifications	Please provide a copy of all required Licenses and Certifications.	https://fortress.wa.gov/	NO
EDI Required Documentations	Please provide a copy of all require Trading Partner documents.		NO
Contracts and Agreements	Please provide a copy of Contracts, Agreements and current Core Provider.		YES
Business License	Please provide a copy of business license.	http://dor.wa.gov/content/home/brd/default.aspx	NO


Figure 53 - Final Submission

This page is intentionally blank.

Obtaining Documentation Source Documents



To download source documents, click the hyperlink in the Source column.


Tax Documents	Please provide a copy of all required Tax Documents.	http://www.irs.gov 	YES
---------------	--	---	-----

Printing the Documentation Cover Sheet



Click the [this link](#) hyperlink to display the documentation cover sheet.

Instructions for submitting documentation:
1. Please click on [this link](#) to display the documentation cover sheet.





ProviderOne displays a PDF version of the cover sheet.

ProviderOne

Provider Enrollment Document Submission Cover Sheet

Application #



Figure 54 - Enrollment Document Cover Sheet



Enter the Application# and print the cover sheet. Include this cover sheet with the documentation listed in the Application Document Checklist.

Re-printing the Documentation Cover Sheet



From the Business Process Wizard, click the Submit Enrollment Application for Review link.

Step # : Submit Enrollment Application for Review



Click the [this link](#) hyperlink to display the documentation cover sheet. Follow the steps on the previous page.

Instructions for submitting documentation:
1. Please click on [this link](#) to display the documentation cover sheet.

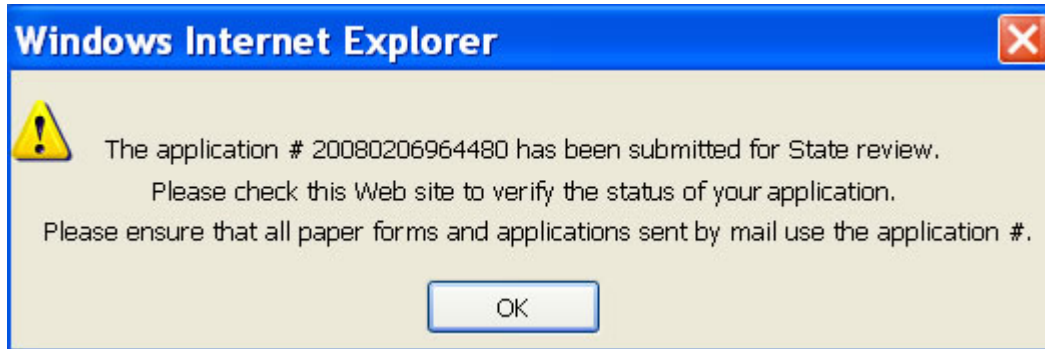


Submitting the Enrollment Application



From the Final Submission page, click the Submit Enrollment Button.

ProviderOne displays the following Internet Explorer message.



Click OK to close the message and then click the Close button.

ProviderOne displays the Business Process Wizard. The status is now set to Complete.

Step # : Submit Enrollment Application for Review	Required	02/06/2008	02/06/2008	Complete
				↑

This page is intentionally blank.

Table of Figures

Figure 1 - Enrollment Type.....	9
Figure 2 - Basic Information Page	11
Figure 3 - Basic Information – Application ID.....	12
Figure 4 - Enrollment Business Process Wizard.....	13
Figure 5 - Locations List for Enrollment	15
Figure 6 - Add Provider Location.....	17
Figure 7 - Location Details	19
Figure 8 - Add Provider Location Address.....	20
Figure 9 - Manage Provider Location Address.....	21
Figure 10 - Specialty/Subspecialty List for Enrollment	25
Figure 11 - Add Specialty/Subspecialty	27
Figure 12 - Manage Specialty/Subspecialty	28
Figure 13 - Required Credentials For Specialization.....	31
Figure 14 - Owners List	33
Figure 15 - Add Provider Owner	35
Figure 16 - Provider Owner Details.....	36
Figure 17 - License/Certification List for Enrollment	39
Figure 18 - Add License/Certification	41
Figure 19 - Manage License/Certification	42
Figure 20 - Training/Education List for Enrollment.....	45
Figure 21 - Add Training/Education.....	47
Figure 22 - Manage Training/Education.....	48
Figure 23 - Provider Identifiers List	51
Figure 24 - Add New Identifier	53
Figure 25 - Manage Identifier	54
Figure 26 - Contracts List	57
Figure 27 - Add Contract	59
Figure 28 - Manage Contract	60
Figure 29 - Federal Tax Details Page	63
Figure 30 - Form W-9.....	65
Figure 31 - Form W-5.....	66
Figure 32 - Form W-4	67
Figure 33 - Invoice Preferences List.....	71
Figure 34 - Add Invoice Preferences	73
Figure 35 - Update Invoice Preferences.....	74
Figure 36 - EDI Submission Details	77
Figure 37 - EDI Billing Software Information for Enrollment.....	79
Figure 38 - Add EDI Billing Software Information for Enrollment.....	81
Figure 39 - Manage EDI Billing Software Information.....	83
Figure 40 - Billing Agent/Clearinghouse/Submitter List for Enrollment.....	87
Figure 41 - Associate Billing Agent/Clearinghouse	89

Figure 42 - Manage Billing Agent/Clearinghouse Association.....	90
Figure 43 - EDI Contact Information List	93
Figure 44 - Add EDI Contact Information.....	95
Figure 45 - Manage EDI Contact Information.....	97
Figure 46 - Billing Provider List.....	101
Figure 47 - Add Billing Provider	103
Figure 48 - Manage Billing Provider	104
Figure 49 - Payment Details List	107
Figure 50 - Payment Details	109
Figure 51 - Payment Details Form.....	111
Figure 52 - Provider Checklist.....	115
Figure 53 - Final Submission.....	117
Figure 54 - Enrollment Document Cover Sheet	119