

# Provider Revalidation Instructions for ProviderOne

NOTE: Internet Explorer 10 (IE 10) is required to run ProviderOne.

If you are using IE 11 please do the following:

- 1) Go to tools in the IE menu bar
- 2) Select/click on the compatibility view option.

**Important:** Please review each step below inside of your ProviderOne Portal and make changes as needed. Once completed with all steps, please make sure to submit your updates for review. Instructions for submitting the updates for review can be found in the instructions below.

## Table of Contents:

\*The following are links that will take you to instructions specific to each step.

\*While reviewing each step in ProviderOne, if you find information that needs to be added or updated, you may click on the following links for further instructions on how to update or add information into each step.

\*To jump to instructions for a particular step, do the following:

1. Click the 'Ctrl' button on your keyboard.
2. While holding down the 'Ctrl' button, use your mouse to left-click on the Step you would like to jump to.

### Links to Step Instructions:

<a href="#">Logging into your ProviderOne Portal</a> .....	page 2
<a href="#">Step 1: Basic Information</a> .....	page 2
<a href="#">Step 2: Locations</a> .....	page 2
<a href="#">Step 3: Specializations</a> .....	page 4
<a href="#">Step 4: Ownership &amp; Managing/Controlling Interest details</a> .....	page 5
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If you are an FAOI or Group, skip to [Section 1](#). If you are an Individual Solo Practice, skip to [Section 2](#).

# Provider Revalidation Instructions for ProviderOne

## Logging into your provider portal:

Log in to your ProviderOne using OneHealthPort's Single sign-on portal and complete the provider revalidation by clicking "Manage Provider Information." This link will take you to the Business Process Wizard (BPW) where you will need to **review, update the information** we have on file and **UPLOAD** the requested documents.

### Logging into your provider portal

#### How can you access your ProviderOne account?

Register at: [www.onehealthport.com/sso/register-your-organization](http://www.onehealthport.com/sso/register-your-organization).

#### ProviderOne Security Profiles

[ProviderOne Security: Profiles and descriptions / OneHealthPort roles \(wa.gov\)](#)

#### Have questions?

Contact OneHealthPort at [www.onehealthport.com/contact-us](http://www.onehealthport.com/contact-us) or call OneHealthPort support: **1-800-973-4797** toll-free 24 hours a day, seven days a week.

After logging into your ProviderOne portal, you will be asked to select a Profile to use. Please select either "EXT Provider File Maintenance" or the "EXT Provider Super User" for the profile.

Next, click on "Manage Provider Information" (Fig. A below). This is your Business Process Wizard (BPW) where you can update, add, or change your information and submit it to the state for review and approval.

**HINT: All of the blue lettering in ProviderOne are hyperlinks.**



Fig. A

**\*\*Inside of the Business Process Wizard (BPW), review/complete all Steps listed below\*\***

## Step 1: Basic Information

In Step 1 (the Basic Information screen): Verify that your basic information is accurate. If it needs to be updated do so here. Once you are done verifying/updating information, click OK at the bottom right-hand side of the screen. If no changes are made, please just click the cancel button at the bottom right-hand side.

## Step 2: Locations

In Step 2 (the Contact Information Screen, including Location, Mailing, and Pay-To Address):

You will see Location Codes – these are all of the locations we have on file for your NPI.

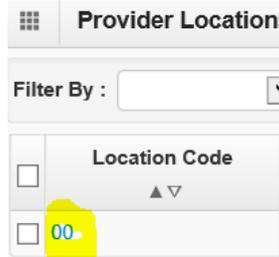
Click on each location code to review the contact information and addresses. Verify that ALL information is correct and up-to-date for each location. **Please ensure there is a current contact name, phone number, and email address listed in this step.** If the information is correct, close out of that screen.

# Provider Revalidation Instructions for ProviderOne

## Step 2 (Locations and Contact Information) Continued:

\*\*\*To update your Location, Mailing, or Pay-To Address, do the following:

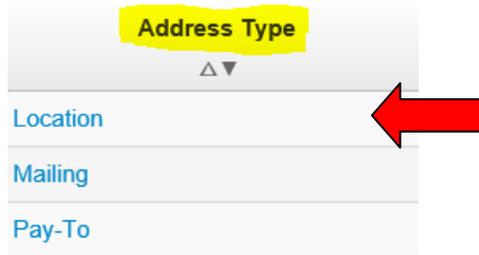
- 1) Click on the Location Code you would like to update



The screenshot shows a table titled "Provider Location". It has a "Filter By" dropdown menu. Below the table header, there are two rows. The first row has a checkbox and the text "Location Code" with a dropdown arrow. The second row has a checkbox and the value "00". The "00" value is highlighted with a yellow background.

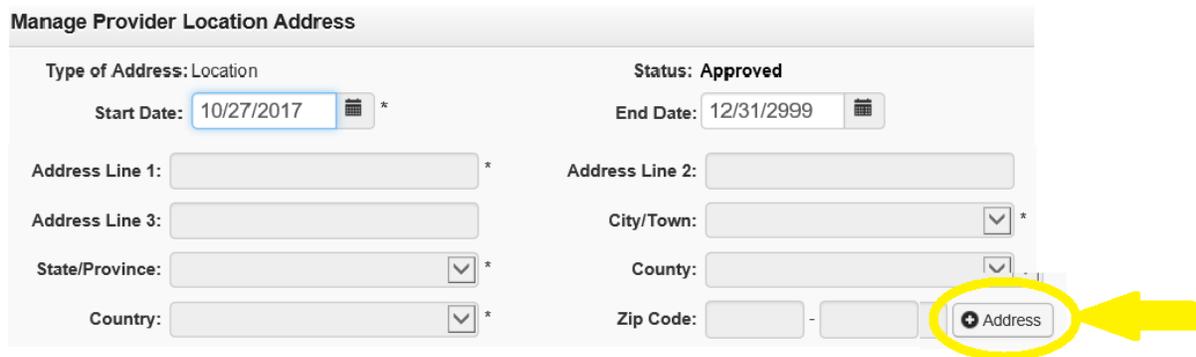
- 2) Scroll down to view the Location, Mailing, and Pay-To address under the Location Code you selected. Under the 'Address Type' column, click on the blue-hyperlink for the address you would like to update.

\*For example, if you would like to update the Location, select the blue-hyperlink called **Location**.



The screenshot shows a dropdown menu titled "Address Type". The menu is open, showing three options: "Location", "Mailing", and "Pay-To". The "Location" option is highlighted with a yellow background. A red arrow points to the "Location" option.

- 3) On the next screen, click the 'Address' button



The screenshot shows the "Manage Provider Location Address" form. It has a title bar "Manage Provider Location Address". Below the title bar, there are two columns of information. The left column has "Type of Address: Location" and "Status: Approved". The right column has "Start Date: 10/27/2017" and "End Date: 12/31/2999". Below these are several input fields: "Address Line 1", "Address Line 2", "Address Line 3", "City/Town", "State/Province", "County", and "Zip Code". At the bottom right, there is a button labeled "Address" with a plus sign icon. The button is highlighted with a yellow circle and a yellow arrow points to it.

Continue to next page for further Address instructions...

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- 4) Enter **Address Line 1** (enter Address line 2 and 3 if applicable only) **and** the **Zip Code**. Then, click on the **'Validate Address'** button. Clicking this button will auto-populate the rest of the address. After the address has been populated, click the **'OK'** button.

The screenshot shows the 'Address details' form. The 'Address Line 1' field is highlighted with a red box. Below it, there are fields for 'Address Line 2', 'Address Line 3', 'City/Town', 'State/Province', 'County', and 'Country'. The 'Zip Code' field is also highlighted with a red box. To the right of the 'Zip Code' field is a 'Validate Address' button, which is also highlighted with a red box. At the bottom right of the form are 'OK' and 'Cancel' buttons, with the 'OK' button highlighted by a red box.

The screenshot shows the 'Manage Provider Location Address' form. At the top left, there are 'Close' and 'Save' buttons, with the 'Save' button highlighted by a red box. The form displays 'Type of Address: Location' and 'Status: Approved'. Below this, there are 'Start Date' and 'End Date' fields, with the 'Start Date' field highlighted by a red box and containing the value '10/27/2017'. The 'Address Line 1' field contains 'EXAMPLE ADDRESS LINE 1'. Other fields include 'Address Line 2', 'City/Town' (OLYMPIA), 'State/Province' (Washington), 'County' (Thurston), and 'Country' (United States). The 'Zip Code' field contains '98504' and has an 'Address' button next to it.

- 5) This will take you back to the following screen. Make sure to **change the Start-Date** on this screen. Then, **click the 'Save'** button

## Step 3: Specializations

In Step 3, verify that the taxonomy codes on your file are correct.

# Provider Revalidation Instructions for ProviderOne

## Step 4: Ownership & Managing/Controlling Interest details

In Step 4, it is *required* to list all Owners, Managing Employees, Board of Directors, and other Controlling Interests. **This is a Federal Regulation; please refer to [42 CFR 455.104](#)**

<b><u>Disclosure Definitions</u></b>		
<b>Individuals with Ownership Interest:</b>	<b>Organizations with Ownership Interest or Management Interest:</b>	<b>Managing Employees and other Controlling Interests:</b>
<p>It is required to <b>include all Individuals that have 5% or more Ownership Interest, including Individuals with Direct <u>and</u> Indirect Ownership.</b></p> <p>For instructions on how to compute ownership percentages, see the section below titled <b>“How to calculate ownership percentages.”</b></p>	<p>It is required to <b>include all Organizations that have 5% or more Ownership Interest, including Organizations with Direct <u>and</u> Indirect Ownership.</b></p> <p>Also include Organizations that have <b>Management Interest</b> in the provider.</p> <p>For instructions on how to compute ownership percentages, see the section below titled <b>“How to calculate ownership percentages.”</b></p>	<p>Include the general manager, business manager, administrator, director, or other individual who exercises operational or managerial control over, or who directly or indirectly conducts the day-to-day operation of an institution, organization, or agency (<a href="#">42 CFR 455.101</a>). Also list controlling interests including each member of the board of directors, agents with the authority to act on behalf of the provider, and officers or directors of a provider entity that is organized as a corporation.</p>
<p><b>When entering an Individual Owner, you must supply</b> the Individual’s Name, Date of Birth, Social Security Number, percentage of ownership, street address, and the start date of which the Individual became an owner.</p>	<p><b>When entering Organizational Owners (or Management Interests), it is required to include</b> their Legal Name (as reported to the IRS), Federal Tax ID (FEIN), Doing Business As Name (if applicable), percentage of ownership, primary business address, and the start date of which the Organization became an owner.</p>	<p>For each individual listed, specify the name, date of birth, Social Security number, street address, and the start date of controlling or managerial interest with the provider (<a href="#">42 CFR 455.104(b)(4)</a>).</p>
<p><b>If the individual owner is related to another owner, a managing employee, or someone with controlling interest,</b> list the related individual. Report the related individual only if the individual is a spouse, parent, child, or sibling.</p>		<p>If the individual owner is related to another owner, managing employee, or someone with controlling interest of the provider listed in step 1, list the related individual (s). Report the related individual only if the individual is a spouse, parent, child, or sibling (<a href="#">42 CFR 455.104(b)(2)</a>).</p>

### How to calculate ownership percentages [42 CFR 455.102](#):

**(a) Indirect ownership interest.** The amount of indirect ownership interest is determined by multiplying the percentages of ownership in each entity. For example, if A owns 10 percent of the stock in a corporation that owns 80 percent of the stock of the disclosing entity, A’s interest equates to an 8 percent indirect ownership interest in the disclosing entity and must be reported. Conversely, if B owns 80 percent of the stock of a corporation that owns 5 percent of the stock of the disclosing entity, B’s interest equates to a 4 percent indirect ownership interest in the disclosing entity and need not be reported.

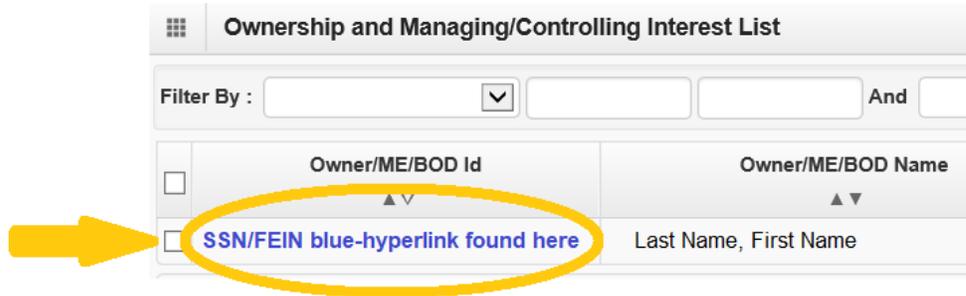
**(b) Person with an ownership or control interest.** In order to determine percentage of ownership, mortgage, deed of trust, note, or other obligation, the percentage of interest owned in the obligation is multiplied by the percentage of the disclosing entity’s assets used to secure the obligation. For example, if A owns 10 percent of a note secured by 60 percent of the provider’s assets, A’s interest in the provider’s assets equates to 6 percent and must be reported. Conversely, if B owns 40 percent of a note secured by 10 percent of the provider’s assets, B’s interest in the provider’s assets equates to 4 percent and need not be reported.

# Provider Revalidation Instructions for ProviderOne

## Step 4 Continued:

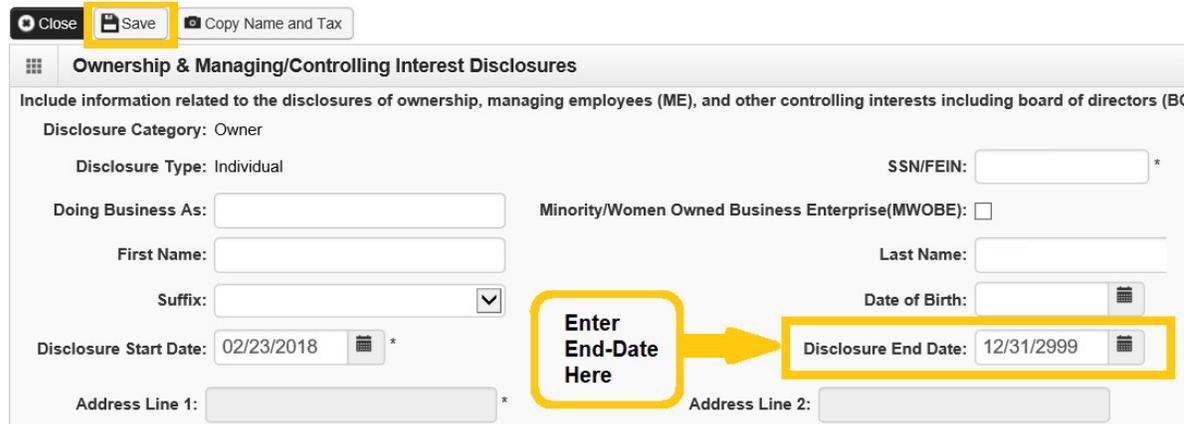
- If you have listed an Organization as the Owner, you *must* still list the Individual Managing Employee(s) and Individual Board of Directors.
- Please review the information in Step 4 to ensure all information is correct and meets the guidelines set forth in [42 CFR 455.104](#)
- **To End-Date an Owner, Managing Employee, and/or Board of Director, do the following:**

- 1) Click on the SSN/FEIN for the entry you would like to update. This will be a blue-hyperlink:



	Owner/ME/BOD Id	Owner/ME/BOD Name
<input type="checkbox"/>		
<input type="checkbox"/>	<a href="#">SSN/FEIN blue-hyperlink found here</a>	Last Name, First Name

- 2) Place the date they stopped being an Owner, Managing Employee, or Board of Director in the 'Disclosure End Date' section. Then, click the 'Save' button.



Close Save Copy Name and Tax

Ownership & Managing/Controlling Interest Disclosures

Include information related to the disclosures of ownership, managing employees (ME), and other controlling interests including board of directors (BO)

Disclosure Category: Owner

Disclosure Type: Individual

Doing Business As:

Minority/Women Owned Business Enterprise(MWOBE):

First Name:

Last Name:

Suffix:

Date of Birth:

Disclosure Start Date: 02/23/2018

Enter End-Date Here → Disclosure End Date: 12/31/2999

Address Line 1:

Address Line 2:

Continue to next page for additional Step 4 instructions...

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## Step 4 Continued:

- To Add an Owner, Managing Employee, and/or Board of Director, do the following:

- 1) Click into Step 4
- 2) Click the 'Add' button

Owner/ME/BOD Id	Owner/ME/BOD Name
<input type="checkbox"/>	Last Name, First Name

- 3) Complete all areas on the following screen and then hit 'OK' when complete. The 'OK' button can be found in the bottom-right-hand side of the screen.

Include information related to the disclosures of ownership,

Disclosure Category:  \* From the dropdown, select whether you are entering an Owner, Managing Employee, or Board of Director.

Disclosure Type:  \* From the dropdown, select whether you are entering an Individual Name or an Organization.

SSN/FEIN:  \*

Doing Business As:

Organization Name:

First Name:

Last Name:

Suffix:

Date of Birth:

Disclosure Start Date:  \* Disclosure End Date:

Address Line 1:  \* Address Line 2:

Address Line 3:  City/Town:  \*

State/Province:  \* County:

Country:  \* Zip Code:  -

Ownership Percentage:  \* If you are entering an Owner, you will be required to enter the Ownership Percentage. Do not enter the percent-sign (%) when entering the number.

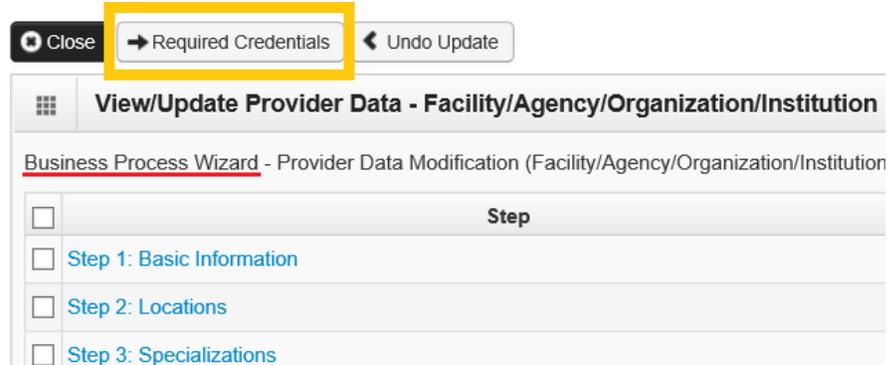
Click here to Add the Address

Continue to next page...

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## Step 5: Licenses and Certifications

- ❖ To view all Licenses and Certifications that will be required for you, please click on the 'Required Credentials' button on the Business Process Wizard (BPW) screen:



The screenshot shows the 'Business Process Wizard - Provider Data Modification' screen. At the top, there are three buttons: 'Close', 'Required Credentials' (highlighted with a yellow box), and 'Undo Update'. Below the buttons is a header 'View/Update Provider Data - Facility/Agency/Organization/Institution'. The main content area shows a list of steps: 'Step 1: Basic Information', 'Step 2: Locations', and 'Step 3: Specializations', each with a checkbox to its left.

Please note that a **State Business License** will be **required** for all Solo Practices, Groups, and Facilities.

- ❖ Next, go back to the Business Process Wizard (BPW) screen and click into Step 5.
- ❖ Inside of Step 5, review all licenses and make updates where needed:
  - **To UPDATE a License/Certification**, do the following:

1) Click on the blue-hyperlink

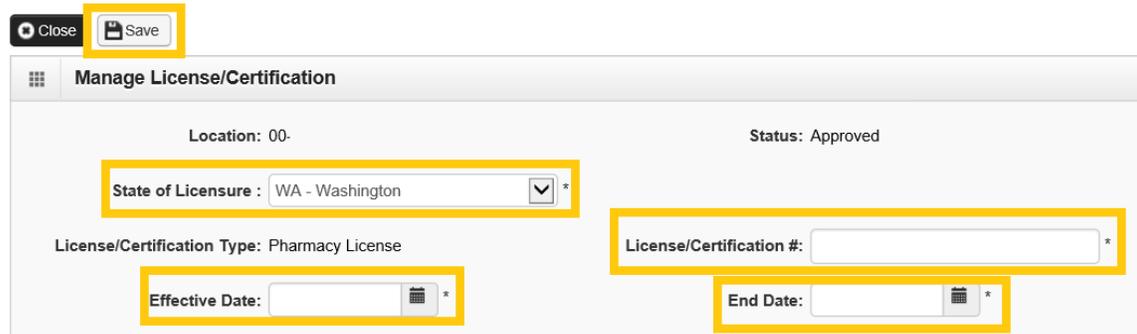


The screenshot shows the 'License/Certification List' screen. It has a 'Filter By' dropdown menu. Below the filter is a table with the following rows:

<input type="checkbox"/>	License/Certification Type
<input type="checkbox"/>	PHARMACY LICENSE
<input type="checkbox"/>	MEDICARE CERTIFICATION
<input type="checkbox"/>	BUSINESS LICENSE

The hyperlinks 'PHARMACY LICENSE', 'MEDICARE CERTIFICATION', and 'BUSINESS LICENSE' are highlighted with yellow boxes.

2) Update the License/Certification #, Effective Date, and End-date on this screen. Then, click the 'Save' button.



The screenshot shows the 'Manage License/Certification' screen. At the top, there are 'Close' and 'Save' buttons, with 'Save' highlighted in yellow. The screen displays the following information:

- Location: 00-
- Status: Approved
- State of Licensure: WA - Washington (dropdown menu, highlighted with a yellow box)
- License/Certification Type: Pharmacy License
- License/Certification #: (text input field, highlighted with a yellow box)
- Effective Date: (calendar icon, highlighted with a yellow box)
- End Date: (calendar icon, highlighted with a yellow box)

Continue to next page...

# Provider Revalidation Instructions for ProviderOne

## Step 6: Training and Education

This step does not need to be completed.

## Step 7: Identifiers

This step does not need to be completed.

## Step 8: Contract Details

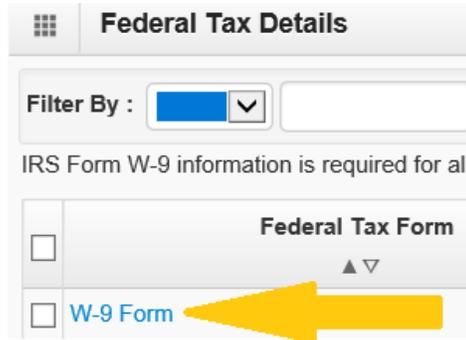
This step does not need to be completed. Only DSHS should enter information into this Step.

## Step 9: Federal Tax Details

The information in this section should match the information on your W-9 form. Also, the address listed in this section is where your 1099 Tax Document will be sent.

To **UPDATE** the Federal Tax Details, do the following:

- 1) Inside of Step 9, Click on the blue-hyperlink titled 'W-9 Form'

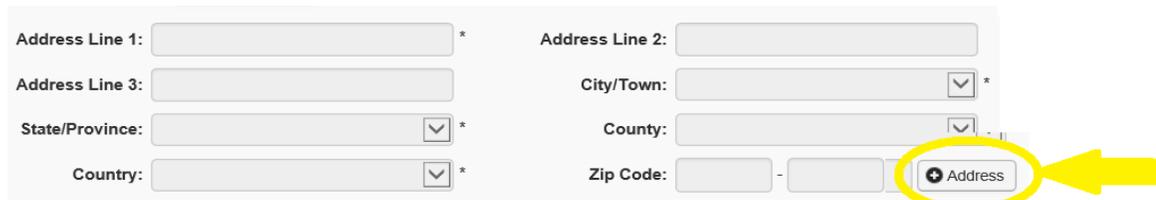


The screenshot shows the 'Federal Tax Details' section of a web application. At the top, there is a 'Filter By' dropdown menu and a search input field. Below this, a message states 'IRS Form W-9 information is required for all'. A table with the heading 'Federal Tax Form' contains one row with a checkbox and a blue hyperlink labeled 'W-9 Form'. A large yellow arrow points to this link.

- 2) Update information on this screen, if needed.

\*Please note that you cannot update the Legal Name, SSN/FEIN, W-9 Entity Type, or UBI on this screen – These particular fields are populated by what you entered into Step 1.

\*Also, to update the Address on this screen you must click on the  Address button.



The screenshot shows the address update form with several input fields: Address Line 1, Address Line 2, Address Line 3, State/Province, Country, City/Town, County, and Zip Code. Each field has an asterisk indicating it is required. A yellow circle highlights the 'Address' button at the bottom right, with a yellow arrow pointing to it.

Continue to next page...

# Provider Revalidation Instructions for ProviderOne

## Step 10, Step 11, Step 12, and Step 13:

\*\*\*Please note: If you are currently and successfully submitting electronic claims, updating this step could delay current payments.

### Step 10: EDI Submission Method:

\*Only update this Step if applicable.

\*If you have selected FTP Secured Batch or Web Batch, please make sure to submit a Trading Partner Agreement (TPA) when you submit your revalidation documents.

### Step 11: EDI Billing Software:

\*Only update this Step if applicable.

### Step 12: EDI Submitter Details:

\*Only update this Step if applicable.

### Step 13: EDI Contact Information:

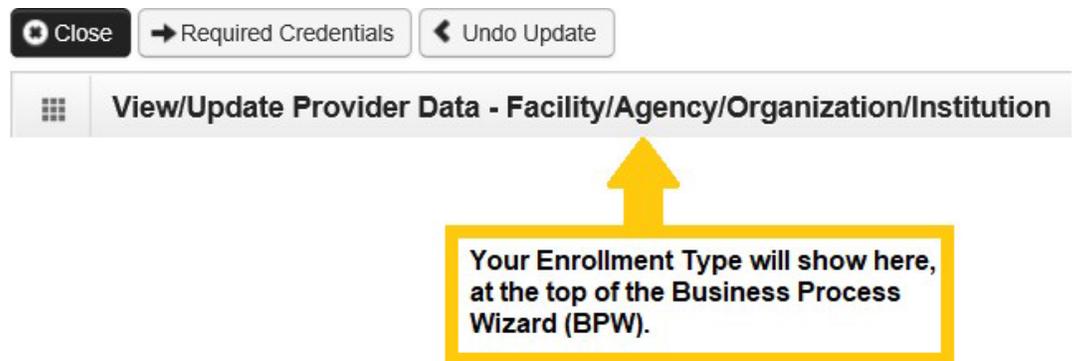
\*Only update this Step if applicable.

## Steps 14-17 (Step 17 applicable to Individual Solo Practices only)

These steps vary depending on if you are an FAOI, Group, or Solo Practice.

\*FAOI stands for Facility, Agency, Organization, or Institution

Your Enrollment Type can be found at the top of the Business Process Wizard (BPW)



If you are an FAOI or Group, scroll down to **Section 1** below.

If you are an Individual Solo Practice, scroll down to **Section 2** below.

Continue to next page...

# Provider Revalidation Instructions for ProviderOne

## SECTION 1 (for FAOI and Groups only):

### Step 14: Servicing Provider Information:

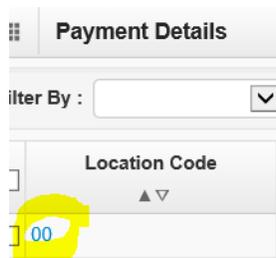
Verify and review your servicing providers for accuracy.

### Step 15: Payment and Remittance Details:

**\*\*\*If you are currently and successfully receiving Electronic Funds Transfers (Direct Deposit), updating this step could delay payments.\*\*\***

To review the information in Step 15, do the following:

- 1) Click into Step 15
- 2) Click on the blue-hyperlink under the 'Location Code' section



- 3) You may then review your Payment Details. If you update your payment details with Direct Deposit (EFT), **\*\*\*If you are currently and successfully receiving Electronic Funds Transfers, updating this step could delay payments.\*\*\***

### Step 16: Submit Modification for Review:

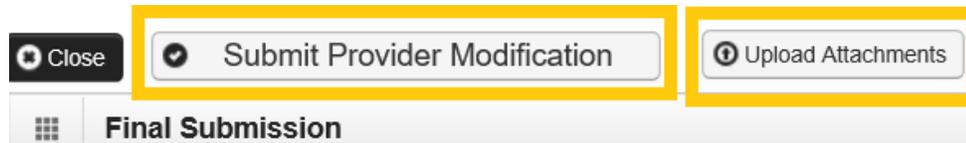
**\*\*\*If this Step is not completed, we will not receive the updated information. This may result in the deactivation of your Core Provider Agreement.\*\*\***

In this step you must **UPLOAD** the required revalidation documents as stated in the Revalidation Notice you received and then you must submit the information for review by WA State Medicaid.

Billing Providers must visit HCA's website at [www.hca.wa.gov/revalidation](http://www.hca.wa.gov/revalidation) and follow the instructions for Billing provider revalidations. This includes printing and gathering the required documents listed below. **See instructions for filling out forms attached on the CPA and Debarment Statement.**

1. **Core Provider Agreement (CPA)** HCA Form 09-015 [www.hca.wa.gov/core-provider-agreement](http://www.hca.wa.gov/core-provider-agreement)
  2. **Debarment Statement** HCA Form 09-016 [www.hca.wa.gov/debarment-statement](http://www.hca.wa.gov/debarment-statement)
  3. **W9 Form** <https://www.irs.gov/pub/irs-pdf/fw9.pdf>
  4. **Additional Supplemental document: Trading Partner Agreement (TPA).** HCA Form 18-0009  
If you selected Billing Agent Clearing House (BACH), Web Batch, FTP Secured batch in Step 10/11: EDI Submission Method, if any authorized transactions are selected in Step 12/13: EDI Submitter Details or if Step 15/17: Payment and Remittance Details is set up for a Billing Agent Clearing House (BACH) to receive 835/Electronic Remittance Advice (ERA). <https://www.hca.wa.gov/assets/billers-and-providers/trading-partner-agreement.pdf>
- **For instructions on uploading attachments, please visit [www.hca.wa.gov/revalidation](http://www.hca.wa.gov/revalidation)**  
**\*\*Important!** You must upload the attachments before submitting the revalidation to us for review.
  - **To submit your information for review, do the following:**
    - a. Inside Step 16, click on the 'Submit Provider Modification' button. The button can be found toward the upper-left-hand side of the screen.

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- b. Congratulations! You have now successfully submitted your Modification to us for review.

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## SECTION 2 (for Individual Solo Practices only):

### Step 14: Billing Provider Details:

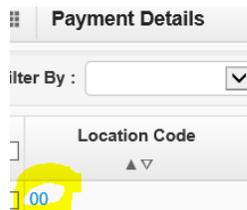
- \*If you are also associated with other Groups or Facilities, those Billing Providers will be listed under this section.
- \*If you are not associated with other Groups or Facilities, do not add anything to this step.
- \*Review this section for accuracy.

### Step 15: Payment and Remittance Details:

\*\*\*If you are currently and successfully receiving Electronic Funds Transfers (Direct Deposit), updating this step could delay payments.\*\*\*

To review the information in Step 15, do the following:

- 1) Click into Step 15
- 2) Click on the blue-hyperlink under the 'Location Code' section



- 3) You may then review your Payment Details. If you update your payment details with Direct Deposit (EFT). \*\*\*If you are currently and successfully receiving Electronic Funds Transfers (Direct Deposit), updating this step could delay payments.\*\*\*

### Step 16: View Union Information:

This step does not need to be completed.

### Step 17: Submit Modification for Review/Upload required documents

\*\*\*If this Step is not completed, we will not receive the updated information. This may result in the deactivation of your Core Provider Agreement.\*\*\*

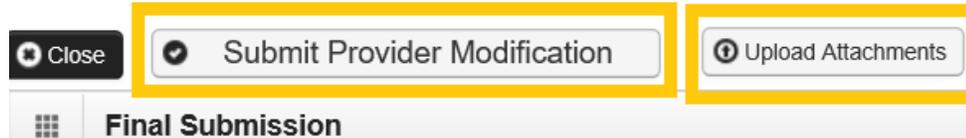
In this step you must submit the required revalidation documents as stated in the Revalidation Notice you received and then you must submit the information for review by WA State Medicaid.

Billing Providers must visit HCA's website at [www.hca.wa.gov/revalidation](http://www.hca.wa.gov/revalidation) and follow the instructions for Billing provider revalidations. This includes printing and gathering the required documents listed below. See instructions for filling out forms attached on the CPA and Debarment Statement.

1. **Core Provider Agreement (CPA)** HCA Form 09-015 [www.hca.wa.gov/core-provider-agreement](http://www.hca.wa.gov/core-provider-agreement)
2. **Debarment Statement** HCA Form 09-016 [www.hca.wa.gov/debarment-statement](http://www.hca.wa.gov/debarment-statement)
3. **W9 Form** <https://www.irs.gov/pub/irs-pdf/fw9.pdf>
4. **Additional Supplemental document: Trading Partner Agreement (TPA)**. HCA Form 18-0009
5. If you selected Billing Agent Clearing House (BACH), Web Batch, FTP Secured batch in Step 10/11: EDI Submission Method, if any authorized transactions are selected in Step 12/13: EDI Submitter Details or if Step 15/17: Payment and Remittance Details is set up for a Billing Agent Clearing House (BACH) to receive 835/Electronic Remittance Advice (ERA). <https://www.hca.wa.gov/assets/billers-and-providers/trading-partner-agreement.pdf>

## Provider Revalidation Instructions for ProviderOne

- For instructions on uploading attachments, please visit [www.hca.wa.gov/revalidation](http://www.hca.wa.gov/revalidation)  
\*\*Important! You must upload the attachments before submitting the revalidation to us for review.
- To submit your information for review, do the following:
  - a. Inside Step 16, click on the 'Submit Provider Modification' button. The button can be found toward the upper-left-hand side of the screen.



- b. Congratulations! You have now successfully submitted your Modification to us for review.

Questions regarding the revalidation process can be directed to: Provider Enrollment  
**Phone #** 1-800-562-3022 ext. 16137 (Tue and Thu 730am-430pm)  
**Email:** [HCAPR@hca.wa.gov](mailto:HCAPR@hca.wa.gov)