Adding a servicing provider to your group

1. Log in to ProviderOne with one of the following profiles: Provider File Maintenance or Super User

Provider ne My Inbox -						
🕐 👤 Relations, Provider 👻 Profile: EXT Provider File Maintenance		Notepad	I 🐥 Reminder	External Links	🚔 Print 😗 Help	
A > Provider Portal						
ProviderOne Id/NPI : 2003209 / 5100000004	Name: Test FAOI					
Online Services	/anageAlerts					
Claims	My Reminders				^	
Claim Inquiry Claim Adjustment/Void On line Claims Entry	ter By : Read Status O Go			Save Filter	▼ My Filters ▼	
On-line Batch Claims Submission (837)	Alert Type Alert Message	Alert Date	Due Date		Read	
Resubmit Denied/Voided Claim		¥ ∇	A 7		A 7	
Retrieve Saved Claims Manage Templates	NO RECORDS FOUND :					
Create Claims from Saved Templates Manage Batch Claim Submission	Your Recent Online Activities	^	III Calenda	r	^	
Client	You have logged in with PRU Account with IP Address 147.55.195.155 and Location Olympia, WA		Olympia, WA			
Client Limit Inquiry	Previous Site Visit: 07/07/2016 09:36:05 AM					
Benefit Inquiry	Last Login Password Change. 07/07/2016 11:03:46 AW					
Payments •			+	2016 July	→	
View Payment View Capitation Payment			Su Mo	Tu We Th	Fr Sa 1 2	
Managed Care			3 4	5 6 7	8 9	
View Enrollment Roster			10 11 17 18	12 13 14 19 20 21	22 23	
View ETRR			24 25	26 27 28	29 30	
Prior Authorization			31	Today		
On-line Prior Authorization Submission Prior Authorization Inquiry Prior Authorization Adjustment						
Provider						
Provider Inquiry Manage Provider Information Initiate New Enrollment Track Application						
НІРАА						
Submit HIPAA Batch Transaction	Endowned 1147 10: 000-04			0	44052007	

2. Click on "Manage Provider Information"

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> Provider Portal											
ProviderOne Id/NPI : 2003209 / 5100000004				Name: Test FAOI							
Online Services	0	C ManageAlerts									
Claims	*	III My Reminder	rs								-
Claim Inquiry Claim Adjustment/Void On line Claims Entry		Filter By :		Read Status Go Go					Bave Filter	r 🔻 My	Filters
On-line Batch Claims Submission (837)			Alert Type	Alert Message	Alert Date		Due Date			Read	
Resubmit Denied/Voided Claim				▲ ▼	× √					.▲ ▼	
Retrieve Saved Claims				No Reco	ords Found !						
Create Claims from Saved Templates		III Your Recent	Online Activities			• =	Calenda	ır			
Client	~	1 You have logged in	with PRU Account with IP Address 147.5	5.195.155 and Location Olympia, WA		Olyr	npia, WA				
Client Limit Inquiry		Previous Site Visit: (07/07/2016 09:36:05 AM			d.	<u> </u>	23 AM	7 July 2016 Thursday		
Benefit Inquiry		24 Last Login Passwor	d Change: 07/01/2016 11:03:48 AM								
Payments	*	Last login failed atte	empt: 07/07/2016 09:35:57 AM				←	201	6 July		→
View Payment View Capitation Payment						9	u Mo	Tu N	We Th	Fr 1	5a 2
Managed Care	*						3 4	5	6 7	8	9
View Enrollment Roster						1	0 11	12	13 14	15	16
View ETRR						2	4 25	26	27 28	29	30
Prior Authorization	*					3	1				
On-line Prior Authorization Submission Prior Authorization Inquiry Prior Authorization Adjustment								Т	oday		
Provider	*										
Provider Inquity Manage Provider Information Intrate New Enrollment Track Application											
HIPAA	*										

3. Click on "servicing Provider Information" (step numbers may change, currently #14)

Provider ne My Inbox -

C L Relations, Provider ▼ Profile: EXT Provider File	Maintenance					hotepad	🙏 Reminder	External Links	🚔 Print	🧿 Help
> Provider Portal > FAOI Modification										
ProviderOne Id/NPI : 2003209 / 5100000004			Name: Test FAOI							
Close Required Credentials Undo Update										
III View/Update Provider Data - Facility/Agen	cy/Organization/Institution									~
Business Process Wizard - Provider Data Modification (Faci	lity/Agency/Organization/Institution). In order to finalize submiss	ion of your requested changes, you must com	plete the Step - Submit Modification F	equest for Review.						
Step	Require	d Last Modification Date	Last Review Date	Status	Modification Status			Step Remark		
Step 1: Basic Information	Required	01/05/2016	12/17/2009	Complete						
Step 2: Locations	Required	12/17/2009	12/17/2009	Complete						
Step 3: Specializations	Required	01/05/2016	12/17/2009	Incomplete		Please add	Required Specializ	ation.		
Step 4: Ownership & Managing/Controlling Interest deta	ails Required	12/17/2009	12/17/2009	Complete						
Step 5: Licenses and Certifications	Required	12/17/2009	12/17/2009	Incomplete		Please add	Required License/C	Certification.		
Step 6: Training and Education	Optional	12/17/2009	12/17/2009	Complete						
Step 7: Identifiers	Optional	12/17/2009	12/17/2009	Complete						
Step 8: Contract Details	Optional	12/17/2009	12/17/2009	Complete						
Step 9: Federal Tax Details	Required	04/26/2014	12/17/2009	Complete						
Step 10: EDI Submission Method	Optional	12/17/2009	12/17/2009	Complete						
Step 11: EDI Billing Software Details	Required	12/17/2009	12/17/2009	Complete						
Step 12: EDI Submitter Details	Optional	12/17/2009	12/17/2009	Complete						
Step 13: EDI Contact Information	Required	04/26/2014	12/17/2009	Complete						
Step 14: Servicing Provider Information	Optional	12/17/2009	12/17/2009	Complete						
Step 15: Payment and Remittance Details	Required	12/17/2009	12/17/2009	Incomplete		Please add	Required Payment	Details.		
Step 16: Submit Modification for Review	Required	12/17/2009	12/17/2009	Complete						

4. P1 will display a list of your current servicing providers (old screen shot)

	Welcome Jones, John . You have logged in with EXT Provider File Maintenance profile.												
	Path: Provider Portal/ Group Practice Modification ProviderOne Id/NPI : 2857403 / 5522336671 Name: Mario Health Center												
Close	Add												
Servi	ervicing Provider List:												
Filter	ter By : And 💌												
And (Operational St	atus : Active 💌 Go											
Π	ProviderOne ID	Servicing Provider Name	Servicing Provider NPI	Start Date	End Date	Status	Operational Status	Inactivation Date					
	3050186	MARIO, ROBERT	5522447783	12/11/2001	12/31/2999	Approved	Active						
	2370695	SORENSON, HERMAN	3334445558	07/01/2008	12/31/2999	Approved	Active						
	1000092	GOLDEN, MICHAEL	1234567890	07/01/2008	12/31/2999	Approved	Active						
<<	<< Prev Viewing Page 1 Next >> 1 Go Page Count SaveToXLS												

Click the "add" button (my dummy billing group has no providers yet)
 Provider Syme My Indox *

🖒 👤 Relations,	Provider - Profile: EXT Provider Fil	e Maintenance					Notepad	🐥 Reminder	External Links	🖨 Print	😗 Help
Provider Portal	> FAOI Modification										
ProviderOne Id/NPL	· 2003209 / 5100000004		1	Name: Test FAOI							
Close ⊕ Add											
III Servicing	Provider List										^
Filter By :		And	And Operational	Status: Active 🔽 🖸 Go					💾 Save Fil	ter 🐺 My	/ Filters 🔻
	ProviderOne ID	Servicing Provider Name	Servicing Provider NPI	Start Date	End Date	Status	Operational State	us	Inactivati	ion Date	
		A V	× ∇	.▲ ▼	A 7		A 7		*	v	
			No Record	s Found !							

6. Enter in the new servicing NPI and today's date and click the confirm provider button

Provider Sine My HIDOX +			
# > Provider Portal > FAOI Modification		_	
ProviderOne Id/NPI : 2003209 / 5100000004	🧟 Add Servicing Provider - Internet Explorer 🦳 🗆 🗙		
Close Add	êPrint O Help		
III Servicing Provider List	ProviderOne Id/NPI : 2003209 / 5100000004 Name: Test FAOI		~
Filter By :	III Add Servicing Provider		Save Filter Wy Filters 🔻
ProviderOne ID Servici	Provide rOne ID / NPI: Provider Name: Start Date: D7/07/2016 X * End Date: Contem Provider © OK © Cancel Page ID: dlgAssocServPrvdr(Provider) Environment: UAT ID: app02_01 Server Time: 07/07/2016 11:34-32 PDT * 100% ~	A T	Inactivation Date

The rest of the slides are split

7A 8A 9A - used if provider is a pre-existing provider

7B 8B 9B 10B 11B and 12 is used if provider is a brand new provider in P1

7A if ProviderOne pops up with the provider's name then they are already a P1 provider and just need to be added to your group

Provider Sne My Inbox -		
A > Provider Portal > FAOI Modification		
ProviderOne Id/NPI : 2003209 / 5100000004	🧟 Add Servicing Provider - Internet Explorer 🛛 🗖 🗸 🗡	
Close Add	APrint ♀ Help	
III Servicing Provider List	ProviderOne Id/NPI : 2003209 / 5100000004 Name: Test FAOI	
Filter By :	III Add Servicing Provider	🖺 Save Filter 🔻 My Filters
ProviderOne ID Servicin	Provide Servicing Provider ID Details. Provider One ID / NPI: Start Date:, JEANNE Start Date:, JEANNE Start Date:, JEANNE Confirm Provider Provider Provider Name:, JEANNE Confirm Provider Provi	perational Status Inactivation Date
	st 100% 🔻	

8A after you clicked the OK button you got back to the current list of providers (remember, my dummy group has no servicing providers yet). click the "close" button

Provider	ne My Inbox 👻												
🖒 👤 Rela	tions, Provider 🔻 Profile: EXT Pro	vider File Maintenance					🕒 Notepad 🛛 🐥 Reminder	🌏 External Links 🚔 Print 😧 Help					
+ > Provider I	Portal > FAOI Modification												
ProviderOne	Name: Test FAOI												
Close 🖸	Add												
III Servi	cing Provider List							^					
Filter By :		And	And Operationa	Status: Active 🔽 O Go				Save Filter The Filters T					
	ProviderOne ID	Servicing Provider Name	Servicing Provider NPI	Start Date	End Date	Status	Operational Status	Inactivation Date					
	.▲ ▼	.▲ ♥	√▲	.▲ ▼		× •	.▲ ♥	▲ ▼					
			No Recon	ds Found !									

9A click on the "submit modification for review" (step numbers may change, currently #16). Touch base with Mike, I'll look in provider file and share their taxonomy codes, etc. Claims may be billed **now** (and retroactive, because they were already a provider)

Provider and My Inbox -

ථ) 🚊 Relations, Provider 👻 Profile: EXT Provider File Maintenance						Notepad	🜲 Reminder	External Links	🚔 Print	😧 Help
⊪ >	> Provider Portal > FAOI Modification										
Pro	viderOne Id/NPI : 2003209 / 5100000004			Name: Test FAOI							
0	Close Required Credentials										
	View/Update Provider Data - Facility/Agency/Organization/Institution										^
Bu	usiness Process Wizard - Provider Data Modification (Facility/Agency/Organization/Institution). In order to	finalize submission (of your requested changes, you must comple	ete the Step - Submit Modification R	equest for Review.						
	Step	Required	Last Modification Date	Last Review Date	Status	Modification Status			Step Remark		
	Step 1: Basic Information	Required	01/05/2016	12/17/2009	Complete						
	Step 2: Locations	Required	12/17/2009	12/17/2009	Complete						
	Step 3: Specializations	Required	07/07/2016	12/17/2009	Complete	Updated					
	Step 4: Ownership & Managing/Controlling Interest details	Required	12/17/2009	12/17/2009	Complete						
	Step 5: Licenses and Certifications	Required	12/17/2009	12/17/2009	Incomplete		Please add F	equired License/C	Certification.		
	Step 6: Training and Education	Optional	12/17/2009	12/17/2009	Complete						
	Step 7: Identifiers	Optional	12/17/2009	12/17/2009	Complete						
	Step 8: Contract Details	Optional	12/17/2009	12/17/2009	Complete						
	Step 9: Federal Tax Details	Required	04/26/2014	12/17/2009	Complete						
	Step 10: EDI Submission Method	Optional	12/17/2009	12/17/2009	Complete						
	Step 11: EDI Billing Software Details	Required	12/17/2009	12/17/2009	Complete						
	Step 12: EDI Submitter Details	Optional	12/17/2009	12/17/2009	Complete						
	Step 13: EDI Contact Information	Required	04/26/2014	12/17/2009	Complete						
	Step 14: Servicing Provider Information	Optional	07/07/2016	12/17/2009	Complete	Updated					
	Step 15: Payment and Remittance Details	Required	12/17/2009	12/17/2009	Incomplete		Please add F	equired Payment	Details.		
C	Step 16: Submit Modification for Review	Required	12/17/2009	12/17/2009	Incomplete						
V	View Page: 1 O Go + Page Count SaveToXLS		Viewing Page: 1						🕊 First 🕻 Prev	> Next	» Last

7B – if you enter in the new provider and click the confirm button and get a popup about not being able to find provider then provider needs to be added to P1. Click the close button to remove the error popup and the close button again (a couple of times) to get back to the home page

Provider and My Inbox -						
🖒 💄 Relations, Provider 👻 Profile: EXT Provider File Maintenance		• Notepad	🜲 Reminder	External Links	🚔 Print 🛛 Ə H	lelp
A > Provider Portal > FAOI Modification		_				
ProviderOne Id/NPI : 2003209 / 5100000004	🧔 Error Page - Internet Explorer — 🗆 🗙					
Close Add	O Close					
III Servicing Provider List						^
Filter By :	Error: Could not find active ProviderOne ID or NPI in the system			💾 Save Filt	er T My Filters	
ProviderOne ID Servicin		Operational Stat ▲ ▼	us	Inactivati	on Date 7	
	€, 100% ▼					

8B click on "Initiate New Enrollment"

Provider My Inbox -										
🖒 💄 Relations, Provider 👻 Profile: EXT Provider File Maintenan	ice				Notepad	🙏 Reminder	🚱 Exte	ernal Links	🖨 Print	😗 Help
A > Provider Portal										
ProviderOne Id/NPI : 2003209 / 5100000004			Name: Test FAOI							
Online Services	0	C ManageAlerts								
Claims	*	III My Reminders								^
Claim Inquiry Claim Adjustment/Void		Filter By :	Read Status O Go					Bave Filter	∀ My !	Filters -
On-line Batch Claims Submission (837)		Alert Type	Alert Type Alert Message Alert Date							
Resubmit Denied/Voided Claim		▲ ▼	A T	× ↓						
Retrieve Saved Claims			No Records Fo	bund !						
Create Claims from Saved Templates Manage Batch Claim Submission		III Your Recent Online Activities	Your Recent Online Activities							
Client	*	You have logged in with PRU Account with IP Address 147.55.195	e logged in with PRU Account with IP Address 147.55.195.155 and Location Olympia, WA							
Client Limit Inquiry		Previous Site Visit: 07/07/2016 09:36:05 AM	lous Site Visit: 07/07/2016 09:36:05 AM							
Benefit Inquiry		Last Login Password Change: 07/07/2016 09:35:57 AM								
Payments	*					+	201	l6 July		→
View Payment View Capitation Payment						Su Mo	Tu	We Th	Fr 1	Sa 2
Managed Care	~					3 4	5	6 7	8	9
View Enrollment Roster						10 11 17 18	12	20 21	22	23
View ETRR						24 25	26	27 28	29	30
Prior Authorization	*					31	т	odav		
On-line Prior Authorization Submission Prior Authorization Inquiry Prior Authorization Adjustment								,		
Provider	*									
Provider Inquiry Manage Provider Information Initiate New Enrollment Inack auplication										
НІРАА	•									

9B select Individual (always Individual, "Tribal Health Services" is only used if you are setting up a new billing domain, which is rare) & click the "submit" button.



10B. select SSN (always SSN) and fill out the fields. Servicing type is "servicing only (always "servicing only"). W-9 entity type is "other" and then enter in "servicing only". Other Organization Information – select "Tribal" Click the "finish" button.

Provider Gne My Inbox -	«						_			
🕛 👤 Relations, Provider 🔻 Profile: EXT Prov	Basic Information - Internet Ex	plorer				_		×	xternal Links	
	🚔 Print 😧 Help									
III Enrollment Type	III Basic Information							^		
If you have a National Provider Identifier (NPI) p If you are not required to have an NPI please co	*		If you don't hav	e NPI and it you are Atypical provider then please contact i	DSH'S worker to enroll.					
	Tax Identifier Type: 🤇	SSN SSN								
 Individual Group Practice Billing Agent/Clearinghouse 	Provider Name(Organization Name):			(as shown on Income Tax Return)						
Fac/Agncy/Orgn/Inst Tribal Health Services	Organization Business Name:			Federal Employer Identification Number(FEIN):						
Close Submit	Provider Name: (First Name)	Mickey		(Middle Name)	В	(Last Name) Mouse				
	Suffix:	$\mathbf{\mathbf{v}}$		Gender:						
	SSN:	123456789		Title:	Dr.	_				
	Date of Birth:	11/18/1928		Servicing Type:	Servicing Only					
	National Provider Identifier(NPI):	987654321		UBI:						
	W-9 Entity Type:	Other	*	W-9 Entity Type (If Other):	servicing only					
	Other Organizational Information:	Tribal 💌 *		Email Address:	mickey.mouse@disneyland.com					
	Enrollment Effective Date:	07/07/2016				~				
						Fin	ish 🔘 Ca	ncel		
	Page ID: dlgAddBasicInformationStep	1(Provider)	En	vironment: UAT ID: app02_01		Server Time: 07/07/2016	11:53:14 PI	DT		
							100% 🔍	•	Í	

11B P1 will give you a confirmation popup. Click "OK"

Basic Information:

You have successfully completed the basic information on the Enrollment Application This is your Application #: 20227201264480

Please make note of this application number. This number will be emailed to you. This is the number you will be required to use to track the status of your enrollment application. Do not lose this number once you log off.

Ok

12B P1 brings you back to the main menu for the new servicing provider. Click on "add Specializations" (step 3)

Provider one My Inbox -

🖒 💄 Relations, Provider 👻 Profile: EXT Provider File N	Aaintenance				💾 Notepad 🛛 🌲 Reminder	🚱 External Links 🛛 🚔 Print 🛛 😨
> Provider Portal > New Enrollment > Individual Enrollme	nt					
Application Id: 20160711254314	Name: smith, john	Enrollment Type: Indiv	idual			
Close Required Credentials Purge						
Enroll Provider -Individual						
Business Process Wizard-Provider Enrollment (Individual). Cli	ck on the Step # under the Step Column					
	Step	Required	Start Date	End Date	Status	Step Remark
Step 1: Provider Basic Information		Required	07/11/2016	07/11/2016	Complete	
Step 2: Add Locations		Not Required			Incomplete	
Step 3: Add Specializations		Required			Incomplete	
Step 4: Ownership & Managing/Controlling Interest details		Not 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		Not Required			Incomplete	
Step 9: Add Federal Tax Details		Optional			Incomplete	
Step 10: Add EDI Submission Method		Not Required			Incomplete	
Step 11: Add EDI Billing Software Details		Not Required			Incomplete	
Step 12: Add EDI Submitter Details		Not Required			Incomplete	
Step 13: Add EDI Contact Information		Not Required			Incomplete	
Step 14: Add Billing Provider Details		Optional			Incomplete	
Step 15: Add Payment and Remittance Details		Not Required			Incomplete	
Step 16: Complete Enrollment Checklist		Required			Incomplete	
Step 17: Submit Enrollment Application for Review		Required			Incomplete	

13B click the Add button to add the taxonomy

Provider Ny Inbox -

🖒 👤 Relations, Provid	er - Profile: EXT Provider File Maintenance			皆 Notepad	🜲 Reminder	External Links	🚔 Print	🥐 Help					
A > Provider Portal > Nev	v Enrollment > Individual Enrollment												
Application Id: 201607112	54314 Name: si	nith, john Enro	Ilment Type: Individual										
🛚 Close 🗨 🗨 Upo	Note: Provider Type and Specialty/Subspecialty are	your Taxonomy Codes.											
III Specialty/Subs	III Specialty/Subspecialty List												
Filter By :						Save Filter	▼ My	Filters 🔻					
	Provider Type	Specialty/Subspecialty		Administration		End Date							
		$\Delta \overline{*}$.▲ ▼		A 7							
		No Records	Found !										

14B The Administration is "HRSA – Health and Recovery Services Administration". Select the provider type and specialty and drag the selected taxonomy into "Associated Taxonomy Codes" & then click OK

Provider the My Inbox -		
() 🚊 Relations, Provider 🍷 Profile: EXT Provider File Maintenance		🖺 Notepad 🔺 Reminder 🛛 🥥 External Links 🚔 Print 📀 Help
A > Provider Portal > New Enrollment > Individual Enrollment	🙆 Add Specialty/Subspecialty - Internet Explorer — — — X	
Application Id: 20160711254314		
Close Add // Update Note: Provider Type and Special	/Subspi	
III Specialty/Subspecialty List	Application Id: 20160711254314 Name: smith, john Type: Individual	~
Filter By :	C III Add Specialty/Subspecialty	💾 Save Filter 🔻 My Filters 🔻
Provider Type	Administration: HRSA-Health and Recovery Servic V * * * * * * * * * * * * * * * * * *	End Date
	Page ID: dlgEnrlAddSpecialties(Provider) Environment: UAT ID: app01_84 Server Time: 07/11/2016 12:01:16 PDT * 100% -	

15B P1 brings you back to the taxonomy add page. You may add more taxonomy codes or click the "close" button

Provider One My Inbox -

🖒 👤 Relation	s, Provider - Profile: EXT Provider File Maintenance		🕒 Notepad 🌲 Reminder 🛛 🦉	External Links	🚔 Print 🛛 9 He	elp
rovider Por	al > New Enrollment > Individual Enrollment					
Application Id: 20	160711254314 Name: smith, john	Enrollment Type: Individual				
Close 🖸 Add	✓ Update Note: Provider Type and Specialty/Subspecialty are your Taxonomy Codes.					
III Special	y/Subspecialty List					^
Filter By :				Save Filter	The Filters	•
	Provider Type	Specialty/Subspecialty	Administration	End	Date	
		∆▼			Ψ	
20-Allopathio	& Osteopathic Physicians	7Q-Family Practice/00000-Family Practice	HRSA	12/31/2999		
O Delete Vi	w Page: 1 OG Go + Page Count SaveToXLS	Viewing Page: 1	< F	irst Prev	Next >>> Last	

16B P1 brings you back to the main menu for the new servicing provider. Click on "Add Licenses and Certifications" (step 5)

Provider ne My Inbox -

🕐 👤 Relations, Provider 🔻 Profile: EXT Provider File Mai	intenance					- Notepad	🔔 Reminder	External Links	🚔 Print	🕑 Help
> Provider Portal > New Enrollment > Individual Enrollment	ŧ									
Application Id: 20160711254314	Name: smith, john		Enrollment Type	: Individual						
Close → Required Credentials O Purge										
Enroll Provider -Individual										^
Business Process Wizard-Provider Enrollment (Individual). Click	on the Step # under the Step Column									
	Step	Required	Start Date	End Date	Status		Step Rem	ark		
Step 1: Provider Basic Information		Required	07/11/2016	07/11/2016	Complete					
Step 2: Add Locations		Not Required			Incomplete					
Step 3: Add Specializations		Required	07/11/2016	07/11/2016	Complete					
Step 4: Ownership & Managing/Controlling Interest details		Not Required			Incomplete					
Step 5: Add Licenses and Certifications		Required	07/11/2016		Incomplete	Please add Required License/Ce	rtification.			
Step 6: Add Training and Education		Optional			Incomplete					
Step 7: Add Identifiers		Optional			Incomplete					
Step 8: Add Contract Details		Not Required			Incomplete					
Step 9: Add Federal Tax Details		Optional			Incomplete					
Step 10: Add EDI Submission Method		Not Required			Incomplete					
Step 11: Add EDI Billing Software Details		Not Required			Incomplete					
Step 12: Add EDI Submitter Details		Not Required			Incomplete					
Step 13: Add EDI Contact Information		Not Required			Incomplete					
Step 14: Add Billing Provider Details		Optional			Incomplete					
Step 15: Add Payment and Remittance Details		Not Required			Incomplete					
Step 16: Complete Enrollment Checklist		Required			Incomplete					
Step 17: Submit Enrollment Application for Review		Required			Incomplete					
View Page: 1 O Go + Page Count Save1	ToXLS	Viewing Pa	nge: 1					🕊 First 🔇 Prev	> Next	» Last

17B click the "add" button and then add the license information. click "OK"



18B P1 brings you back to the License/certification add page. You may add more licenses or click the "close" button

Provider the My Inbox -			
ひ L Relations, Provider マ Profile: EXT Provider File Maintenance		皆 Notepad 🐥 I	Reminder 🛛 🔮 External Links 🚔 Print 🕑 Help
A > Provider Portal > New Enrollment > Individual Enrollment			
Application Id: 20160711254314 Name: smith, john	Enrollment Type: Individual		
Close Add			
III License/Certification List			*
Filter By :			🖺 Save Filter 🔻 Wy Filters 🕶
License/Certification #	License/Certification Type	Effective Date	End Date
₩ ♥	A 7	▲ ▼	▲ ▼
12345678901234567890	Professional License	06/05/2013	08/17/2017
Delete View Page: 1 O Go + Page Count SaveToXLS	Viewing Page: 1		K First Prev Next Last

18B - P1 brings you back to the main menu for the new servicing provider. Click on "Complete Enrollment Checklist" (step 16)

Provider Ny Inbox -

() Relations, Provider - Profile: EXT Provider File Main	ntenance					P Notepad	🔔 Reminder	External Links	🖨 Print	🕑 He
> Provider Portal > New Enrollment > Individual Enrollment										
Application Id: 20160711254314	Name: smith, john		Enrollment Type:	ndividual						
Close Required Credentials Purge										
III Enroll Provider -Individual										
Business Process Wizard-Provider Enrollment (Individual). Click	on the Step # under the Step Column									
	Step	Required	Start Date	End Date	Status		Step Rer	nark		
Step 1: Provider Basic Information		Required	07/11/2016	07/11/2016	Complete					
Step 2: Add Locations		Not Required			Incomplete					
Step 3: Add Specializations		Required	07/11/2016	07/11/2016	Complete					
Step 4: Ownership & Managing/Controlling Interest details		Not Required			Incomplete					
Step 5: Add Licenses and Certifications		Required	07/11/2016	07/11/2016	Complete					
Step 6: Add Training and Education		Optional			Incomplete					
Step 7: Add Identifiers		Optional			Incomplete					
Step 8: Add Contract Details		Not Required			Incomplete					
Step 9: Add Federal Tax Details		Optional			Incomplete					
Step 10: Add EDI Submission Method		Not Required			Incomplete					
Step 11: Add EDI Billing Software Details		Not Required			Incomplete					
Step 12: Add EDI Submitter Details		Not Required			Incomplete					
Step 13: Add EDI Contact Information		Not Required			Incomplete					
Step 14: Add Billing Provider Details		Optional			Incomplete					
Step 15: Add Payment and Remittance Details		Not Required			Incomplete					
Step 16: Complete Enrollment Checklist		Required	07/11/2016		Incomplete	Please answer all Questions in	Checklist.			
Step 17: Submit Enrollment Application for Review		Required			Incomplete					

19B answer the questions in the Provider Checklist and then click "Save" & "close"

🕐 👤 Relations, Provider 🔻 Profile: EXT Provider File Maintenance			Notepad	🜲 Reminder	External Links	🚔 Print	🥐 Help
# > Provider Portal > New Enrollment > Individual Enrollment > Provider Check List							
Application Id: 20160711254314 Name: smith, john	Enrollment Type: Individual						
O Close Save							
III Provider Checklist		<u> </u>					^
Question			Answer		Commen	5	
Has the provider or any current employee ever had any of the following?			~				
Had exclusion under Medicare, Medicaid or any other Federal Healthcare program taken against them?			~				
Had civil money penalties or assessment imposed under Section 1128A of the Social Security Act?			~				
Had a restriction or sanction taken against their professional license or certification?			~				
Had a Program Debarment taken against them?							
More info: http://exclusions.eig.hhs.gov		N	~				
/https://www.sam.gov/							
Been convicted of any health related crimes as defined by Washington State Department of Health?		-	~				
Been convicted of a criminal offense as described in Section 1128(a) or (b), 1, 2, and 3 of the Social Security Act?			~				
More into: http://www.ssa.gov/OP_Home/ssact/title11/1128.htm							
More info: http://apps.leg.wa.gov/WAC/default.aspx?cite=388-71-0540		N	~				
View Page: 1 O Go + Page Count SaveToXLS	Viewing Page: 1				K First V Prev	> Next	» Last

20B – you are almost done, click Submit Enrollment Application for Review" (step 17)

Provider one My Inbox -

U Relations, Provider - Profile: EXT Provider File I	Maintenance				Notepad	🙏 Reminder	External Links	🖨 Print	9 H
> Provider Portal > New Enrollment > Individual Enrollment	ent								
Application Id: 20160711254314	Name: smith, john	Enrollment Type: Ind	ividual						
Close Required Credentials Purge									
III Enroll Provider -Individual									
Business Process Wizard-Provider Enrollment (Individual). Cl	ick on the Step # under the Step Column								
	Step	Required	Start Date	End Date		Status	Step	Remark	
Step 1: Provider Basic Information		Required	07/11/2016	07/11/2016	Complete				
Step 2: Add Locations		Not Required			Incomplete				
Step 3: Add Specializations		Required	07/11/2016	07/11/2016	Complete				
Step 4: Ownership & Managing/Controlling Interest details		Not Required			Incomplete				
Step 5: Add Licenses and Certifications		Required	07/11/2016	07/11/2016	Complete				
Step 6: Add Training and Education		Optional			Incomplete				
Step 7: Add Identifiers		Optional			Incomplete				
Step 8: Add Contract Details		Not Required			Incomplete				
Step 9: Add Federal Tax Details		Optional			Incomplete				
Step 10: Add EDI Submission Method		Not Required			Incomplete				
Step 11: Add EDI Billing Software Details		Not Required			Incomplete				
Step 12: Add EDI Submitter Details		Not Required			Incomplete				
Step 13: Add EDI Contact Information		Not Required			Incomplete				
Step 14: Add Billing Provider Details		Optional			Incomplete				
Step 15: Add Payment and Remittance Details		Not Required			Incomplete				
Step 16: Complete Enrollment Checklist		Required	07/11/2016	07/11/2016	Complete				
Step 17: Submit Enrollment Application for Review		Required			Incomplete				

21B – this final step is only for the new providers (steps 8B-11B) -- the first billable date of service for a new provider is the date that HCA approves the application (it's a WAC-thing). HCA has adopted a back-date process. Mike has had 100% success in back-dates (from 2013 thru July, 2016). The back-date form is form # 12-333. Forms can be found here - http://www.hca.wa.gov/medicaid/forms/Pages/index.aspx NOTE: the Word version of the form is fill-outable. Specific dollars/codes/diagnoses are not needed for servicing provider back-dates. Letter is not needed, if the form is sent back to mike the reason for the back-date that I will use is "licensed provider working at clinic prior to application approval in P1). Send the form to mike and he will keep track and touch base when back-dated.

Remove a servicing provider from your group

1. Log in to ProviderOne with one of the following profiles: Provider File Maintenance or Super User

🕐 上 Relations, Provider 👻 Profile: EXT Provider File Maintenance			
	ernal Links	🖨 Print	😧 Help
A > Provider Portal			
ProviderOne Id/NPI : 2003209 / 5100000004 Name: Test FAOI			
Online Services			
Claims V III My Reminders			^
Claim Inquiry Claim Adjustment/Void Filter By : Primer By - Read Status O Go	Bave Filte	▼ My	Filters -
On-line Claims Entry Alert Type Alert Message Alert Date On-line Batch Claims Submission (837) Alert Type Alert Message Alert Date		Read	
Resubmit Denied/Voided Claim Image: Claim State			
Manage Templates			
Create Claims from Saved Templates 🕺 Your Recent Online Activities Activities Calendar			^
Client Vu have logged in with PRU Account with IP Address 147.55.195.155 and Location Olympia, WA			
Client Limit Inquiry 2d Last Login Password Change 07/01/2016 01:03:48 AM	Thursday		
Benefit Inquiry Late to the second se			
Payments	16 July		→
View Payment Su Mo Tu	We Th	Fr	Sa
View Capitation Payment	6 7	1	2
Managed Care	13 14	15	16
View Enrolment Roster 17 18 19	20 21	22	23
24 25 26	27 28	29	30
Pror Authorization	oday		
On-line Prior Authorization Submission			
Prior Autorization Antienst			
Dravider b			
Powele for the sector of the s			
Provide induity Manage Provide information			
Track Application			
HIPAA 🖌			
Submit HIPAA Batch Transaction			

2. Click on "Manage Provider Information"

Submit HIPAA Batch Transaction

Provider ne My Inbox -🖒 👤 Relations, Provider 🔻 Profile: EXT Provider File Maintenance 皆 Notepad 🛛 🛕 Reminder 🔇 External Links 🚔 Print 😗 Help A > Provider Portal ProviderOne Id/NPI: 2003209 / 5100000004 Name: Test FAOI ManageAlerts Online Services ✓ III My Reminders Claims Claim Inquiry Filter By : $\mathbf{\vee}$ Read Status ♥ O Go Save Filter ▼ My Filters ▼ Claim Adjustment/Void **On-line Claims Entry** Alert Type Alert Message Alert Date Due Date Read On-line Batch Claims Submission (837) A 7 A 7 . **Resubmit Denied/Voided Claim Retrieve Saved Claims** No Records Found ! Manage Templates Create Claims from Saved Templates III Your Recent Online Activities ▲ III Calendar Manage Batch Claim Submission 2 You have logged in with PRU Account with IP Address 147.55.195.155 and Location Olympia, WA Olympia, WA Client * 11:23 AM 7 July 2018 Thursday Previous Site Visit: 07/07/2016 09:36:05 AM **Client Limit Inquiry** x Last Login Password Change: 07/01/2016 11:03:48 AM **Benefit Inquiry** Last login failed attempt: 07/07/2016 09:35:57 AM + + Payments ~ View Payment Th Su Mo Tu We Fr **View Capitation Payment** 5 4 6 7 8 Managed Care ¥ 10 11 12 13 14 15 View Enrollment Roster 17 24 20 21 19 22 18 View ETRR 25 26 27 28 29 31 Prior Authorization Today **On-line Prior Authorization Submission** Prior Authorization Inquiry Prior Authorization Adjustment Provider Manage Provider Information Initiate New Enrollment Track Application HIPAA ×

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Click on "servicing Provider Information" (step numbers may change, currently #14) Provider Spe My Inbox -

🖒 💄 Relations, Provider 👻 Profile: EXT Provider File Maintenance						Notepad	🙏 Reminder	External Links	🖨 Print	9 H
> Provider Portal > FAOI Modification										
ProviderOne Id/NPI : 2003209 / 5100000004			Name: Test FAOI							
Close → Required Credentials Undo Update										
Wiew/Update Provider Data - Facility/Agency/Organization/Ins	stitution									
Business Process Wizard - Provider Data Modification (Facility/Agency/Organization	/Institution). In order to finalize submission of	of your requested changes, you must comp	lete the Step - Submit Modification R	equest for Review.						
Step	Required	Last Modification Date	Last Review Date	Status	Modification Status			Step Remark		
Step 1: Basic Information	Required	01/05/2016	12/17/2009	Complete						
Step 2: Locations	Required	12/17/2009	12/17/2009	Complete						
Step 3: Specializations	Required	01/05/2016	12/17/2009	Incomplete		Please add F	Required Specializ	ation.		
Step 4: Ownership & Managing/Controlling Interest details	Required	12/17/2009	12/17/2009	Complete						
Step 5: Licenses and Certifications	Required	12/17/2009	12/17/2009	Incomplete		Please add F	Required License/C	Certification.		
Step 6: Training and Education	Optional	12/17/2009	12/17/2009	Complete						
Step 7: Identifiers	Optional	12/17/2009	12/17/2009	Complete						
Step 8: Contract Details	Optional	12/17/2009	12/17/2009	Complete						
Step 9: Federal Tax Details	Required	04/26/2014	12/17/2009	Complete						
Step 10: EDI Submission Method	Optional	12/17/2009	12/17/2009	Complete						
Step 11: EDI Billing Software Details	Required	12/17/2009	12/17/2009	Complete						
Step 12: EDI Submitter Details	Optional	12/17/2009	12/17/2009	Complete						
Step 13: EDI Contact Information	Required	04/26/2014	12/17/2009	Complete						
Step 14: Servicing Provider Information	Optional	12/17/2009	12/17/2009	Complete						
Step 15: Payment and Remittance Details	Required	12/17/2009	12/17/2009	Incomplete		Please add F	Required Payment	Details.		
Step 16: Submit Modification for Review	Required	12/17/2009	12/17/2009	Complete						

4. P1 will display a list of your current servicing providers

0 CI	Dse 🖸 Add							
	Servicing Provide	er List						^
Filte	er By :		And				And Operational Status: A	ctive 🔽 🖸 Go
							💾 Sa	ave Filter TMy Filters -
	ProviderOne ID	Servicing Provider Name	Servicing Provider NPI	Start Date	End Date	Status	Operational Status	Inactivation Date
	▲ ▼	▲ ▼	× √	▲ ▼	▲ ▼	▲ ▼	▲ ▼	▲ ▼
	0000001	DOE, JOHN		01/01/2008	12/31/2999	Approved	Active	
	000002	DOE, JANE		01/01/1998	12/31/2999	Approved	Active	
Vie	w Page: 1	O Go	Viewing Page	e: 1			K First	Prev Next Shart

5. <u>Click on the ProviderOne ID (not the name) of the provider who needs to be removed (end-dated) from your group.</u>

Close Add								
Servicing Provider List								
Filter By :		And				And Operational Status:	Active 🔽 🖸 Go	
Save Filter Thy Filters								
ProviderOne I	D Servicing Provider Name	Servicing Provider NPI	Start Date	End Date	Status	Operational Status	Inactivation Date	
A V	▲ ▼	▲ ▽	A 7	▲ ▼	A ¥	▲ ▼	▲ ▼	
0000001	DOE, JOHN		01/01/2008	12/31/2999	Approved	Active		
0000002	DOE, JANE		01/01/1998	12/31/2999	Approved	Active		
View Page: 1 O Go + Page Count Save ToXLS Viewing Page: 1 Save ToXLS Save ToXLS Viewing Page: 1 Save T								

6. Enter the date the provider stopped working at the clinic (end-date) & then click "save" and then "close"

III Manage Servicing Provider					
ProviderOne ID / NPI: 0000001					
Provider Name: DOE, JOHN					
Status: Approved					
Start Date: 01/01/2008 🗰 *	End Date: 12/31/2999				
1					

7. ProviderOne brings you back to the Provider Information page. Click on step 16, Submit Modification for Review

Name Change Disclaimer: CMS is renaming the EHR Incentive Programs to the Promoting Interoperability (PI) Programs. Washington does not plan on following the name change however, you will see reference to it in most of our documents. For more information please visit the CMS website.