

Section 2: Provider enrollment

This section covers how to meet the following program requirement as mentioned in **section 4, question 1** of the Capacity Building Application (CBA):

Carceral facility’s reentry services providers, including pharmacies and in-facility staff, are enrolled with the Health Care Authority (ProviderOne).

Facilities that intend to bill for Reentry Initiative benefits or are considering billing for Reentry Initiative benefits must be enrolled with the Health Care Authority (HCA). Facilities and providers must complete HCA enrollment through Washington’s ProviderOne system.

Facilities are responsible for ensuring that their providers are enrolled with HCA through ProviderOne. All service providers, including pharmacies and in-facility staff, participating in the Initiative must be enrolled as Apple Health providers in order to bill Apple Health for Reentry Initiative benefits. Enrolled providers may include, but are not limited to:

- Facility providers and pharmacies
- Facility contractors that deliver health care within a facility
- Community-based health care providers and pharmacies, including Tribal health providers
- Providers employed by other external entities (e.g., Medicaid managed care organizations (MCOs), third-party administrator)

If a facility will not bill Apple Health for reentry services (e.g., if their health care vendor/contractor will provide all reentry services), the facility does not need to enroll as an Apple Health provider.

ProviderOne

ProviderOne or “P1” is the Medicaid Management Information System (MMIS) used by HCA to pay providers (including facilities) for Apple Health (Medicaid)-covered services. ProviderOne is the system facilities and providers will use to submit reimbursable Reentry Initiative services claims. ProviderOne also allows facilities to track their Apple Health payments and confirm an individual’s Apple Health eligibility. Every facility that intends to bill for Reentry Initiative services must complete the provider enrollment process through ProviderOne.

Obtain a National Provider Identifier (NPI)

Before enrolling in ProviderOne, facilities and providers must have a National Provider Identifier (NPI). An NPI is a unique 10-digit number issued by CMS to identify health care providers in Medicaid claims transactions. CMS requires all Medicaid providers to have an NPI to ensure accurate processing of claims and secure electronic submissions. HCA links your NPI to your ProviderOne enrollment profile to accurately track payments and services.

There are two types of NPIs through CMS:

- Type 1: Individual health care providers (e.g., physicians, nurses)
- Type 2: Facilities/Organizations/Agencies/Institutions (e.g., carceral facilities, clinics, pharmacies)

In order to obtain an NPI, facilities and providers must submit an application online through the [National Plan and Provider Enumeration System \(NPPES\) website](#). It can take approximately 2-3 weeks to receive an NPI.

- For providers who wish to submit their application by mail or via an electronic file interchange organization, please visit [CMS’s website on how to apply for an NPI](#) for detailed instructions.

Facilities and providers can check to see if they already have an NPI using the [NPPES NPI Registry](#).

Apple Health (Medicaid) provider enrollment

In order to bill for Reentry Initiative benefits, facilities and/or their providers must also be enrolled as an Apple Health provider. To enroll as an Apple Health provider, facilities and/or their providers must submit an application in ProviderOne.

Check providers' current Apple Health enrollment status

The first step is for facilities to contact their health care providers and confirm they are enrolled in Apple Health. Providers already enrolled in Apple Health do not need to take further action to bill for Reentry Initiative services. Providers not enrolled in Apple Health who plan to bill for Reentry Initiative services must submit an application in ProviderOne.

To check whether a provider is enrolled as an Apple Health provider, contact HCA at **1-800-562-3022, ext. 16137, Tuesday and Thursday, 7:30 a.m. to noon and 1:00 p.m. to 4:30 p.m.** Be sure to have the facility or provider's NPI number ready when calling.

Enroll as an Apple Health provider

If a facility or provider is not currently enrolled in Apple Health, they must complete the following steps:

- Step 1: Determine the appropriate provider type for Apple Health enrollment.
- Step 2: Complete the supplemental paperwork.
- Step 3: Complete the enrollment application in ProviderOne.

Step 1: Determine provider type

Prior to starting the Apple Health provider enrollment application in ProviderOne, facilities and providers should determine their appropriate provider type. Facilities and providers of Reentry Initiative services will fall into one of two provider types:

- **Billing provider:** This provider type application process is for facilities.
- **Health care professional practicing under a group or facility:** This provider type application process is for in-staff providers practicing under a facility. When selecting this enrollment type, the group or facility under which a provider practices must be [enrolled with HCA as a billing provider](#).

Step 2: Supplemental documentation

In order to complete the Apple Health provider enrollment application in ProviderOne, facilities and providers must submit the required documents listed below.

Required Information:

- Federal Employer Identification Number (EIN) or Social Security Number (SSN)
- UBI (Unified Business Identifier)
- Business License (dates, license number)
- Banking information (routing number & account number) for direct deposit

Required documents:

- [Core Provider Agreement](#) (signature required)
- [Debarment Statement](#) (signature required)
- Copy of [Internal Revenue Services \(IRS\) Form W-9](#) (signature required)
- [Practice-specific supporting documents](#)

Step 3: Complete enrollment application in ProviderOne

Once a facility or provider has determined their provider type, they can then start an application in ProviderOne. In ProviderOne, a provider will need to match their provider type with an enrollment type.

Use this chart to match the provider type with the enrollment type options in ProviderOne.

Provider type	Select the following enrollment type option in ProviderOne	Example
Billing provider (general facilities)	Facility/Agency/Organization/Institution	All facilities will enroll as a billing provider under the Facility/Agency/Organization/Institution enrollment type.
Billing provider (Tribal facilities)	Tribal Health	All facilities will enroll as a billing provider under the Facility/Agency/Organization/Institution enrollment type.
Health care professional practicing under a group or facility (In-Staff providers)	Individual	A licensed provider (e.g., RN, MD) employed by a facility enrolls under the health care professional practicing under a group or facility enrollment type.

Step-by-step ProviderOne enrollment process

This section provides a walk-through of the Facility/Agency/Organization/Institution Provider One enrollment process.

- Start a new [ProviderOne application](#).
- Select Fac/Agency/Orgn/Inst.
- Click submit.

Step 1: Basic Information

- Select **HCA** from the available agencies then the Billing type will default to **BL-Billing**.
 - See [Instructions for adding Billing Type and Available Agencies](#)
- Under Provider Name (Organization Name): Enter the legal name that is registered with the Internal Revenue Service (IRS).
- Enter your FEIN and your business name (this will display at the top of your domain and application).
- Select **Yes** for required to have an NPI, enter NPI number. Select relevant W-9 entity type.
- For other organizational information select **Government**.
- **Use an email that is monitored frequently.** (HCA will use this to contact your facility. Your application ID number is also sent here.)
- Do not enter enrollment effective date and click **next**.
- You will then receive your application ID number.
 - **Important:** Ensure you save your Application ID (provided on-screen and sent via email). HCA cannot provide your Application ID number if it is lost.

Basic Information

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

Available Agencies: DOC, DSHS, L&I

Selected Agencies: HCA

HCA Billing Type: BL-Billing, NB-Non-billing

Step 2: Locations

- Click the **add** button, then a screen will show a locations list starting with physical location. Select **NPI base location** under location type.
- Under physical location, enter the address of your facility.
- Add information to the mailing address and the pay-to sections of the locations list. If they are the same as your physical location, you can check the box: same as location address.
- Click the **Ok** button to save. If no additional location addresses are needed, click **close**.

Location Details

Location Business Name: TEST * Location Number: 00001 Location Type: NPI Base Location

Contact First Name: Systest * Contact Last Name: UAT test * End Date: 12/31/2999

Phone Number: (882) 741-9932 * Fax Number: (524) 163-5241 Email Address: [REDACTED]

Cell Phone Number: WA Tax Revenue Code: Communication Preference: Email

Web Page:

Step 3: Add specializations

- For location select **All**.
- For Administration, select **Health Care Authority**.
- For provider type select **19-Group**.
- For specialty, select **32-multi-specialty**.
- You can leave the end date blank.
- This will open the Available Taxonomy Codes loaded in ProviderOne.
- Use the arrows to move the taxonomy code, **26 Ambulatory Health Care Facilities, 1Q Clinic/Center, P2400X Prison Health** from the Available Taxonomy Codes box to the Associated Taxonomy Codes box
- Click the **Ok** button to save the information and close the window.

Add Specialty/Subspecialty

Location: All * Administration: HCA- Health Care Authority * Provider Type: 19-Group * Specialty: 32-Multi-Specialty * End Date: [Calendar Icon]

Add Taxonomy Code

Available Taxonomy Codes: 193200000X-Multi-Specialty

Associated Taxonomy Codes *

Ok Cancel

Step 4: Add Ownership & Managing/Controlling Interest Disclosures

- To add a new record, click **add**.
- Under disclosure category, select **owner**.
- Under disclosure type, select **organization**.
- Enter the facilities FEIN (no dashes).
- Fill out the disclosure start date (first day of ownership); ownership percentage and the facilities address.
- Click **Ok**, then **add** to add a new record.
- Under disclosure category, select **Managing employee**.
- Under disclosure type, select **Individual**.
- Enter the managing employee SSN (no dashes).
- Under first name, last name, DOB, add the information of a managing employee.
- Fill out the disclosure start date; ownership percentage and the address section can be filled out using the facility's address.
- Click **Ok** and then **close**.

Step 5: Add licenses and certifications

- All facilities must enter a **business license**. Use the Location dropdown to add a license or certification to a specific provider location. Only select All if the license pertains to every location.
- Using the dropdowns, select the License/Certification Type, the License/Certification #, State of Licensure, and enter the Effective Date and the End Date.
- Click **Ok** to save the information and close the window or cancel to close the window without saving.
- ProviderOne validates the information entered and saves and returns to the License/Certification List.

Steps 6–8: Optional

Step 9: ProviderOne will display already-entered information

- Review and confirm.

Steps 10-14: Optional

Step 15: Add Payment Details and Remittance Advice Information

- To add a new record, click **add**.
- If using electronic funds transfer, select **EFT**.
- Input relevant banking information.
- Under account type, select **corporate**.
- If using paper check, select **paper check** and input relevant information.
- After making your changes, click **Ok** to save.

The screenshot shows a web form with several sections:

- Payment Details:** Includes "Identify Payment Details" and "Location: 0001-TEST". The "Payment Method" is set to "Electronic Funds Transfer/Direct Deposit".
- Financial Institution Information:** Contains fields for "Financial Institution Name", "Financial Institution Routing Number", "Providers Account Number with Financial Institution", "Re-enter Providers Account Number", "Type of Account at Financial Institution" (set to "Checking"), "Payment Notification Preference" (set to "Email Notification"), and "Account Number Linkage to Provider Identifier".
- Electronic Remittance Advice information:** Includes a note about PDF version retrieval, "Method of Retrieval" (Paper or EDI835), and a section for "Please select one:" with options for receiving EDI835 transactions directly or via a Clearinghouse. It also has fields for "Preference for Aggregation of Remittance Data" (set to "8360297209"), "835-Healthcare Claim Payment Advice Authorized" (set to "NO"), "Clearinghouse ProviderOne ID", "Start Date", and "End Date".
- Submission Information:** A section at the bottom of the form.

Step 16: Complete Provider Checklist questions

- Answer relevant questions, specifically focus on any federal or state actions taken against the facility.
- If you answer yes to any questions, add detail in the comment section and upload relevant documents during step 17.

The screenshot shows a "Provider Checklist" table with the following structure:

Question	Answer	Comments
Has the provider or any current employee ever had any of the following?	No	
Had exclusion under Medicare, Medicaid or any other Federal Healthcare program taken against them?	No	
Had civil money penalties or assessment imposed under Section 1128A of the Social Security Act? <small>
 More info: http://www.ssa.gov/OP_Home/ssact/title11/1128A.htm</small>	No	
Had a restriction or sanction taken against their professional license or certification?	No	
Had a Program Debarment taken against them? <small>
 More info: http://exclusions.oig.hhs.gov https://www.sam.gov/</small>	No	
Been convicted of any health related crimes as defined by Washington State Department of Health?	No	
Been convicted of a criminal offense as described in Section 1128(a) or (b), 1, 2, and 3 of the Social Security Act? <small>
 More info: http://www.ssa.gov/OP_Home/ssact/title11/1128.htm</small>	No	
Been convicted of a crime involving the abuse, neglect, abandonment or exploitation of a vulnerable person? <small>
 More info: http://apps.leg.wa.gov/WAC/default.aspx?cite=388-71-0540</small>	No	

At the bottom of the form, there are navigation controls: "View Page: 1", "Page Count", "Save To SLS", "Viewing Page: 1", and "Print" buttons.

Step 17: Final enrollment instructions

- Prior to the final submission of the enrollment application, facilities must submit the required documentation by using the **Upload Attachments** button.
 - See [How to upload attachments in ProviderOne](#)
- These documents include: the Core Provider Agreement, Debarment Statement, W-9, and Trading partner agreement (if a third party is doing billing for the entity).
- When naming the file, do not use punctuation or characters.
- The system only allows one document to be uploaded at a time.
- Ensure that the above forms are completed using the same information as listed in steps 1-16.
- Once all documents are uploaded, click **close**.
- Click **Submit Enrollment**. (Changes cannot be made once the application is “In Review” status)

Apple Health enrollment approval

HCA strives to process ProviderOne enrollment applications within 30 days from when they are received. HCA recommends that applications are submitted proactively to allow time for processing and for the resolution of any issues.

Once an application is approved, HCA will mail a welcome letter to both the facility and health care professional practicing under a group or facility. Facilities will receive a separate letter with instructions to gain access to ProviderOne.

Available resources

General

Website: Visit the HCA [Learn ProviderOne webpage](#).

Email: Facilities may e-mail the [Reentry Initiative Inbox](#) for individual technical assistance.

Phone: Facilities may call HCA at 1-800-562-3022, ext. 16137

- Tuesdays and Thursdays from 7:30 a.m. to 4:30 p.m. (Closed from noon to 1 p.m.)
- Phones are closed: Mondays, Wednesdays, and Fridays.

Video: A recording of the [Reentry Initiative: Provider enrollment learning series webinar](#) held on January 8, 2025, is available on the MTP YouTube playlist and the Reentry Initiative webpage.

ProviderOne links

Link to start a new provider enrollment application:

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

Link to resume or track an enrollment application:

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

Enrollment manuals

The following manuals provide step-by-step instructions for completing a ProviderOne application:

- [Facility/Agency/Organization/Institution](#)
- [Tribe](#)
- [Attending/servicing provider](#)