

ProviderOne provider user manual

Enrolling as an Indian Health Service (IHS) or Tribal Health Program

2021

Disclaimer

A contract known as the Core Provider Agreement (CPA), governs the relationship between HCA and Washington Apple Health providers. The CPA terms and conditions incorporate federal laws, rules and regulations, state law, HCA rules and regulations, and HCA program policies and billing instructions, including this user manual.

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

Table of Contents

About enrolling as an Indian Health Service or Tribal Health Program	4
Provider enrollment links	5
Accessing the enrollment business process wizard (BPW).....	6
Provider basic information.....	7
Add locations	10
Add specializations.....	19
View required credentials for specializations	23
Add ownership details	24
Add licenses and certifications.....	28
Add training and education	30
Add Identifiers	31
Add contract details	32
Add federal tax details.....	33
Add EDI submission method.....	35
Add EDI billing software details	36
Add EDI submitter details.....	41
Add EDI contact information	44
Add servicing provider information	48
Add billing provider details.....	55
Add payment and remittance details.....	56
Add Tribal health details.....	60
Complete enrollment checklist	62
Submit enrollment application for review	63

About enrolling as an Indian Health Service or Tribal Health Program

An Indian Health Service (IHS) is a direct IHS clinic. A Tribal Health Program is a Tribal 638 clinic or a Tribal FQHC. For more information contact tribalaffairs@hca.wa.gov.

Please note. This manual is for billing provider domains. For information on adding servicing providers, click [here](#).

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

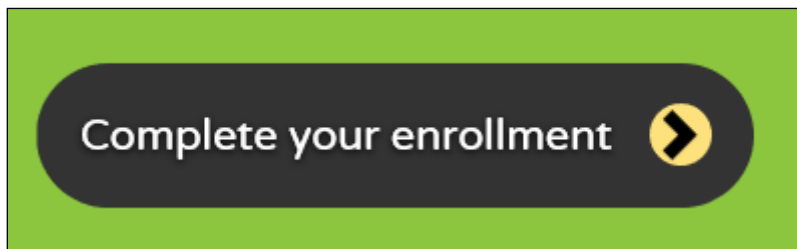
- Accessing the enrollment business process wizard (BPW)
- Entering provider basic information
- Completing the business process wizard steps, including entering servicing providers
- Submitting the enrollment application to ProviderOne

Provider enrollment links

Start a new provider enrollment application by accessing:

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

Or click on this button if you are currently on the enrollment webpages at the Health Care Authority website:



Resume or track an enrollment application by accessing:

<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.

Accessing the enrollment business process wizard (BPW)

Selecting the enrollment type

Please note. This manual is for billing provider domains. For information on adding servicing providers, click [here](#).

Once you have accessed the provider enrollment application, the Enrollment Type window is displayed.

- Select the appropriate enrollment form (provider enrollment type) and click the **Submit** button.

- ProviderOne displays the Basic Information page.

Provider basic information

Entering your 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
- The first time this page displays, the application ID in the header will be blank. The information collected on this screen will vary based on the type of provider.
- Only choose DOC or L&I if you are contracted with those agencies.
- If you are a billing provider, using the dropdown choose **BL-Billing**. If you are not a billing entity, choose **NB-Non-billing**.

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

Tax Identifier Type: ☒ FEIN, ☐ SSN

Provider Name(Organization Name): (as shown on Income Tax Return)
Organization Business Name: Federal Employer Identification Number(FEIN):
Organization Short Name:

Provider Name: (First Name) (Middle Name) (Last Name)
Suffix: Suffix: Gender: Title: Servicing Type:
SSN: Date of Birth:

All medical Providers are federally mandated to have a NPI. Is this Provider required to have a NPI?
National Provider Identifier(NPI): UBI:
W-9 Entity Type: W-9 Entity Type (If Other):
Other Organizational Information: Email Address:
Enrollment Effective Date:

Next Cancel

There are two different ways of enrolling as a provider in ProviderOne, using an FEIN or SSN.

- If your organization is identified by an FEIN, select the **FEIN** radio button.
 - Enter the legal name that is registered with the Internal Revenue Service (IRS) into the **Provider Name (Organization Name)** field.
 - In the **Organization Business Name** field, enter the "doing business as" (DBA) name.
- If your organization is identified by a SSN, select the **SSN** radio button.

- The screen will disable the FEIN area and allow entry into the SSN fields.
- Enter the **Provider Name, Middle Name** and **Last** and complete **SSN, Suffix, Gender, Title** dropdowns, and **DOB** field.
- For the Servicing Type dropdown, choose **Regular Provider**.
- Complete the bottom portion of the basic information page:
 - Enter **Yes** to the question using the dropdown if you are mandated to have a Federal NPI number.
 - Enter the **NPI**.
 - Do **not** enter a UBI in this step.
 - Complete the W-9 Entity Type using the dropdown as appropriate for your business type.
 - If you choose "Other", an additional entry is required under W-9 Entity Type (If Other) field.
 - Enter the **Other Organizational Information** using the dropdown.
 - Enter the **Email Address** for your business.
 - Do **not** enter an enrollment effective date.
- After completing all required input, click the **Next** button.

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

Selected Agencies

HCA

Agency:

»
 «

HCA Billing Type:

BL-Billing

Tax Identifier Type:

☒ FEIN
 ☐ SSN

Provider Name(Organization Name):

PRU TEST

(as shown on Income Tax Return)

Organization Business Name:

PRU TEST

Federal Employer Identification Number(FEIN):

111222333

Organization Short Name:

PRU TEST

Provider Name: (First Name)

(Middle Name)

(Last Name)

Suffix:

Gender:

SSN:

Title:

Date of Birth:

Servicing Type:

All medical Providers are federally mandated to have a NPI. Is this Provider required to have a NPI?

Yes

National Provider Identifier(NPI):

1868022835

UBI:

W-9 Entity Type:

Corporation

W-9 Entity Type (If Other):

Other Organizational Information:

Tribal

Email Address:

Enrollment Effective Date:

Next

Cancel

8 | ENROLLING AS AN INDIAN HEALTH SERVICE OR TRIBAL HEALTH PROGRAM

- ProviderOne displays 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.
 - **Please note.** An application will be purged from the system if not completed within 180 days from the date the application was started.
- Click **Next**.

Application Id: 20210706449659
 Name: PRU TEST TRIBAL
 Enrollment Type: Tribal Health Services

Basic Information

You have been assigned application #: 20210706449659. Please make note of this application number before moving on to the next step of the application process. Click Next to go into the Business Process Wizard. You will need to complete all the required steps before submitting your application for State review.

Next

- ProviderOne displays the provider enrollment business process wizard (BPW).
- The Provider Basic Information status is now set to Complete.

Close
 Required Credentials
 Purge

Enroll Provider - Tribal Health Services

Business Process Wizard-Provider Enrollment (Tribal). Click on the Step # under the Step Column

Step	Required	Start Date	End Date	Status	Step Remark
Step 1: Provider Basic Information	Required	07/06/2021	07/06/2021	Complete	
Step 2: Add Locations	Required			Incomplete	
Step 3: Add Specializations	Required			Incomplete	
Step 4: Ownership & Managing/Controlling Interest 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 EDI Submission Method	Optional			Incomplete	
Step 11: Add EDI Billing Software Details	Optional			Incomplete	
Step 12: Add EDI Submitter Details	Optional			Incomplete	
Step 13: Add EDI Contact Information	Optional			Incomplete	
Step 14: Add Servicing Provider Information	Optional			Incomplete	
Step 15: Add Billing Provider Details	Optional			Incomplete	
Step 16: Add Payment and Remittance Details	Required			Incomplete	
Step 17: Add Tribal Health Details	Required			Incomplete	
Step 18: Complete Enrollment Checklist	Required			Incomplete	
Step 19: Final Enrollment Instructions	Required			Incomplete	

View Page: 1
 Go
 Page Count
 SaveToXLS
 Viewing Page: 1
 First
 Prev
 Next
 Last

- 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	07/06/2021	07/06/2021	Complete
Required			Incomplete

Add locations

Accessing the locations list

On the BPW screen:

- Click on the **Add Locations** hyperlink.

Step 2: Add Locations

- ProviderOne displays the Locations list.
- The first time this list displays it will be blank. The Locations List displays all locations associated with this provider.
- To add a new record, click the **Add** button.

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 the provider's NPI related specializations and related details.

For an NPI Base Location, three addresses are required:

- A **Location** address
- A **Mailing** address
- A **Pay to** 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."

- As addresses are being added under locations, do not enter an end date in the End Date field for any of these addresses. The end date is system generated and will auto populate to 12/31/2999.
- Be sure to complete all required fields marked with an asterisk, such as **Phone Number**.
- Additional optional fields to complete are **Fax Number**, **Cell Phone Number**, and **Communications Preference** using the dropdown (if email is chosen, an email address is required).
- The WA Tax Revenue Code is not required for Tribal billers.

Add Physical Location Information

Location Type: NPI Base Location *

Business Name at this Location: *

Contact First Name: *

Contact Last Name: *

End Date: [calendar icon]

Click on 'Add Address' button to populate address field

Address Line 1: * Address Line 2:

Address Line 3: City/Town: *

State/Province: * County: *

Country: * Zip Code: - [Add Address]

Fax Number: Phone Number: *

Email Address: Cell Phone Number:

Communication Preference: Email * WA Tax Revenue Code: *

Web Page:

Mailing Address

Same as Location Address ☐

End Date: [calendar icon]

Click on 'Add Address' button to populate address field

Address Line 1: * Address Line 2:

Address Line 3: City/Town: *

State/Province: * County: *

Country: * Zip Code: - [Add Address]

Pay-To Address

Same as Location Address ☐

End Date: [calendar icon]

Click on 'Add Address' button to populate address field

Address Line 1: * Address Line 2:

Address Line 3: City/Town: *

State/Province: * County: *

Country: * Zip Code: - [Add Address]

OK Cancel

Add physical location information

In the Add a Physical Location area of the location list:

- Click the **Add Address** button.



- ProviderOne displays the Address details form.
- Complete the following fields:
 - Address line 1
 - Address line 2
 - Zip code
- Click on the **Validate Address** button.

Address details

Address Line 1: * Address Line 2:
 (Enter Street Address or PO Box Only)

Address Line 3: City/Town: *

State/Province: * County:

Country: * Zip Code: -

- ProviderOne validates the address information entered against the United States Postal Service (USPS) database.
- If the address entered is not located when the validate address button is clicked, the following error will appear at the top of the page:

Address details

Address not found with Street Address and Zip Code Combination

Address Line 1: * Address Line 2:

(Enter Street Address or PO Box Only)

Address Line 3: City/Town: *

State/Province: * County:

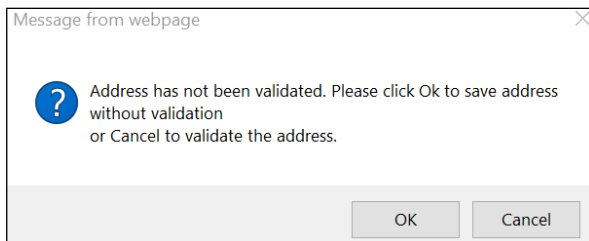
Country: * Zip Code: -

- Correct the address and click the **Validate Address** button again.
- If the error message appears a second time, this does not indicate that the address is invalid. By clicking the **Ok** button, ProviderOne can override the error and the following pop up window will be displayed.
- Click **Ok** on the popup to save the address.

Message from webpage

? You are about to save an invalid address, please press OK to continue OR press cancel and revalidate the address.

- If you do not click the Validate address button, you will receive the below popup warning message. Click **Ok** to save the address or **Cancel** to revalidate the address using the steps above.



Add mailing address information

Follow the instructions on the previous pages to add a mailing address.

- If the mailing address is the same as the physical address location, place a checkmark in the **Same as Location Address** box and the address will automatically be entered in the mailing address fields.

Mailing Address

Same as Location Address

End Date:

Click on 'Add Address' button to populate address field

Address Line 1:

Address Line 2:

Address Line 3:

City/Town:

State/Province:

County:

Country:

Zip Code: -

Add Address

Add pay to address information

Follow the instructions on previous pages to add a pay to address.

- If the pay to address is the same as the physical address location, place a checkmark in the **Same as Location Address** box and the address will automatically be entered in the address fields.

Pay-To Address

Same as Location Address

End Date:

Click on 'Add Address' button to populate address field

Address Line 1:

Address Line 2:

Address Line 3:

City/Town:

State/Province:

County:

Country:

Zip Code: -

Add Address

- Click the **Ok** button to save the information and close the window or **Cancel** to close the window without saving.

Add Physical Location Information

Location Type: NPI Base Location *

Business Name at this Location: PRU TEST TRIBAL *

Contact First Name: PRU TEST TRIBAL *

Contact Last Name: PRU TEST TRIBAL *

End Date:

Click on 'Add Address' button to populate address field

Address Line 1: 1234 Main Blvd *

Address Line 2:

Address Line 3:

City/Town: OLYMPIA *

State/Province: Washington *

County: Thurston *

Country: United States *

Zip Code: 98504 - 0001

Phone Number: (800) 562-3022 *

Cell Phone Number:

WA Tax Revenue Code:

Fax Number:

Email Address:

Communication Preference: Standard Mail *

Web Page:

Mailing Address

Same as Location Address ☒

End Date:

Address Line 1: 1234 Main Blvd *

Address Line 2:

Address Line 3:

City/Town: OLYMPIA *

State/Province: Washington *

County: Thurston *

Country: United States *

Zip Code: 98504 - 0001

Pay-To Address

Same as Location Address ☒

End Date:

Address Line 1: 1234 Main Blvd *

Address Line 2:

Address Line 3:

City/Town: OLYMPIA *

State/Province: Washington *

County: Thurston *

Country: United States *

Zip Code: 98504 - 0001

- If the information is saved, ProviderOne returns to the Locations List with the newly added address information.
- The Location List is displayed. If no additional location addresses are needed, click **Close**.

Locations List

Filter By:

☐	Location Number	Location Name	Location Type	Location Details	End Date
☐	00001	PRU TEST TRIBAL	NPI Base Location	1234 MAIN BLVD, OLYMPIA, WASHINGTON 98504	12/31/2999

View Page: 1 Viewing Page: 1

Adding an additional servicing location

If you have more than one clinic or location per billing NPI, follow the below step for adding servicing locations.

To add an NPI Servicing Location to the Base Location, two addresses are required:

- A **Location** address
- A **Mailing** address
- Back on the Locations List, click the **Add** button:

- ProviderOne displays the Add Physical Location Information screen.
- Use the dropdown to choose NPI Servicing Location.

- Follow the steps noted on previous pages for adding the two required addresses for a Servicing Location.

- ProviderOne adds the second location to the Locations List.

The screenshot shows the 'Locations List' window. At the top, there are 'Close' and 'Add' buttons. Below is a filter section with 'Filter By:' dropdowns and a 'Go' button. The main area contains a table with the following data:

Location Number	Location Name	Location Type	Location Details	End Date
00001	PRU TEST TRIBAL	NPI Base Location	1234 MAIN BLVD, OLYMPIA, WASHINGTON 98504	12/31/2999
00002	PRU TEST TRIBAL 2	NPI Servicing Location	321 MAIN STREET, OLYMPIA, WASHINGTON 98504	12/31/2999

At the bottom, there are buttons for 'Delete', 'View Page: 1', 'Go', 'Page Count', 'SaveToXLS', and navigation controls for 'First', 'Prev', 'Next', and 'Last'.

Modifying a location record

From the Locations List:

- Click the link in the Location Number column highlighted in blue.

This close-up shows the 'Location Number' column header and two rows. The first row has a checkbox and the number '00001' in blue. The second row has a checkbox and the number '00002'.

- ProviderOne displays the Location Details screen.
- Click the blue hyperlink for the address type you need to modify.
- After making your changes, click the **Save** button to save, or the **Close** button to close the window without saving.

The screenshot shows the 'Location Details' window. At the top, there are 'Close' and 'Save' buttons. Below is a form with the following fields:

- Location Business Name: PRU TEST TRIBAL
- Location Number: 00001
- Location Type: NPI Base Location
- Contact First Name: PRU TEST TRIBAL
- Contact Last Name: PRU TEST TRIBAL
- End Date: 12/31/2999
- Phone Number: (800) 562-3022
- Fax Number:
- Email Address:
- Cell Phone Number:
- WA Tax Revenue Code:
- Communication Preference: Standard Mail
- Web Page:

Below the form is an 'Add Address' button and an 'Address List' table:

Address Type	Address	End Date
Location	1234 MAIN BLVD, OLYMPIA, WASHINGTON 98504	12/31/2999
Mailing	1234 MAIN BLVD, OLYMPIA, WASHINGTON 98504	12/31/2999
Pay-To	1234 MAIN BLVD, OLYMPIA, WASHINGTON 98504	12/31/2999

At the bottom, there are buttons for 'View Page: 1', 'Go', 'Page Count', 'SaveToXLS', and navigation controls for 'First', 'Prev', 'Next', and 'Last'.

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

Add an address to a location

From the Location Details screen:

- Click the **Add Address** button.

This close-up shows a button with a plus icon and the text 'Add Address'.

- ProviderOne displays the Add Provider Location Address form.
- Choose **Type of Address** from the dropdown, either Mailing or Pay-To.

- Select the type of input option:
 - If you choose **Manually Input**, it allows you to add location address information using the steps on the previous pages.
 - Selecting the **Copy from Location Address** copies the details of the locations previously entered 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.

Deleting a location

- Check the box next to the record you want to delete and click the **Delete** button.
- Click the **Close** button to proceed to the next step in the BPW.

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

- ProviderOne displays the BPW with the status of this step now set to Complete.

Step 2: Add Locations	Required	07/06/2021	07/06/2021	Complete
-----------------------	----------	------------	------------	----------

Add specializations

Accessing the specialty/subspecialty List

From the BPW:

- Click the **Add Specializations** link.

Step 3: Add Specializations

- ProviderOne displays the Specialty/Subspecialty List.
- The first time this list displays it will be blank. This list displays all specializations by location.

Add specializations (at least one specialty must be added to each location)

- To add a new record, click the **Add** button.

Close Add Update Note: Provider Type and Specialty/Subspecialty are your Taxonomy Codes. You must choose an admin for each agency(s) selected in Step 1.

Specialty/Subspecialty List

Filter By: [Dropdown] [Dropdown] [Go] Save Filter My Filters

Provider Type	Specialty/Subspecialty	Location Number	Location Name	Administration	End Date
No Records Found !					

- ProviderOne displays the Add Specialty/Subspecialty form.

Add Specialty/Subspecialty

Location: [Dropdown] *

Administration: [Dropdown] *

Provider Type: [Dropdown] *

Specialty: [Dropdown] *

End Date: [Calendar Icon]

Add Taxonomy Code

Available Taxonomy Codes

Associated Taxonomy Codes *

» «

OK Cancel

- To add a specialty to a location, select the appropriate one from the **Location** drop down.
 - At least one specialty must be selected and added to a provider location.
 - Select **All** from the dropdown if the specialties will be performed in all locations associated to your domain.

Add Specialty/Subspecialty

Location: 00001-PRU TEST

Administration: All

Provider Type: *

Specialty: *

End Date:

- The next step is to choose the **Administration** from the dropdown.
- Then choose both the **Provider Type** (the first two digits of the taxonomy code) and the **Specialty** (digits three and four of the taxonomy code).
- Do not enter a date in the End Date field. ProviderOne will auto-populate this entry.

Add Specialty/Subspecialty

Location: 00001-PRU TEST TRIBAL

Administration: HCA- Health Care Authority

Provider Type: 12-Dental Providers

Specialty: 23-Dentist

End Date:

- Entries for type and specialty will open the available taxonomy codes loaded in ProviderOne.
 - Use the arrows to move the taxonomy code from the **Available Taxonomy Codes** box to the **Associated Taxonomy Codes** box.
- Click the **Ok** button to save the information and close the window or **Cancel** to close the window without saving.

Add Taxonomy Code

Available Taxonomy Codes

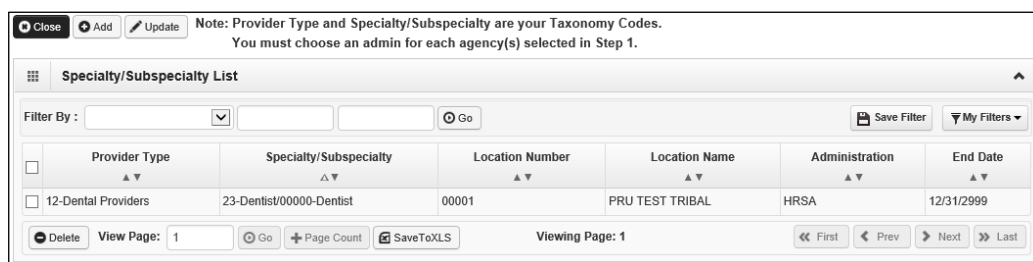
1223E0200X-Endodontics
1223G0001X-General Practice
1223P0221X-Pediatric Dentistry
1223P0300X-Periodontics
1223P0700X-Prosthodontics
1223S0112X-Oral and Maxillofacial Surgery
1223X0400X-Orthodontics and Dentofacial Orthopedics

Associated Taxonomy Codes *

122300000X-Dentist

OK Cancel

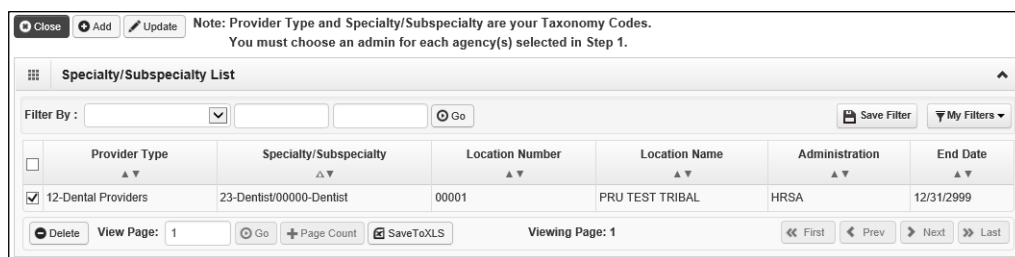
- ProviderOne validates the information entered, saves, and returns to the Specialty/Subspecialty List.



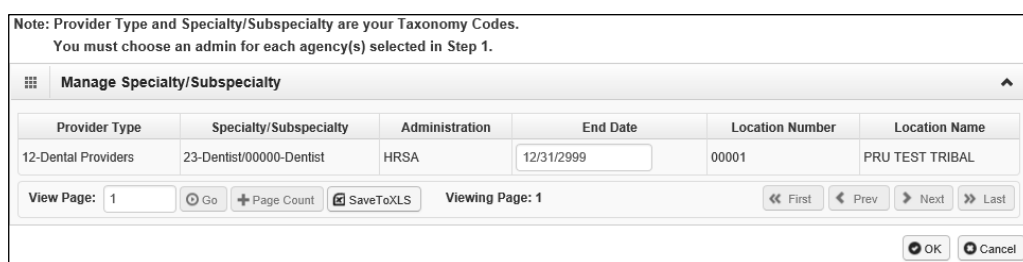
Modifying a specialty/subspecialty record

From the Specialty/Subspecialty List:

- Check the box next to the specialty you wish to modify and click the **Update** button.



- ProviderOne displays the Manage Specialty/Subspecialty list.
- Only the end date can be modified.
 - Entering an end date can cause issues with claims in ProviderOne so it is not recommended that this be changed from 12/31/2999 unless the specialty will no longer be used.
- 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.
- From the Specialty/Subspecialty list, click the **Close** button and proceed to the next step in the BPW.

Close Add Update Note: Provider Type and Specialty/Subspecialty are your Taxonomy Codes.
You must choose an admin for each agency(s) selected in Step 1.

Specialty/Subspecialty List

Filter By : Go Save Filter My Filters

Provider Type	Specialty/Subspecialty	Location Number	Location Name	Administration	End Date
☒ 12-Dental Providers	23-Dentist/00000-Dentist	00001	PRU TEST TRIBAL	HRSA	12/31/2999

Delete View Page: 1 Go Page Count SaveToXLS Viewing Page: 1 First Prev Next Last

- ProviderOne displays the BPW with the status set to complete.

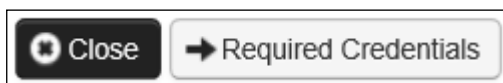
Step 3: Add Specializations	Required	07/07/2021	07/07/2021	Complete
-----------------------------	----------	------------	------------	----------

View required credentials for specializations

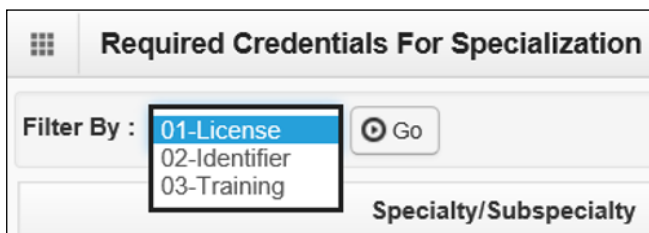
Accessing the required credentials for specialization list

From the BPW:

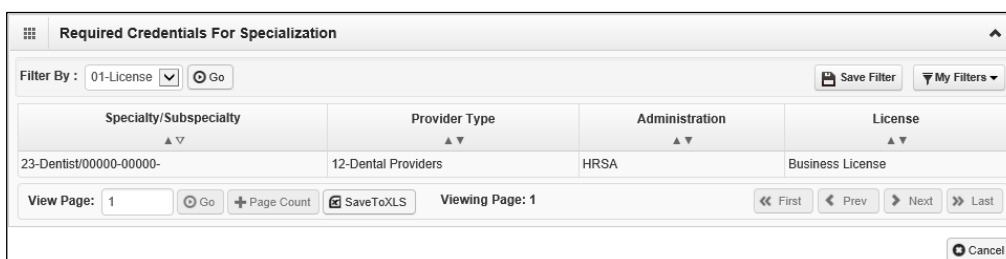
- Click the **Required Credentials** button.



- ProviderOne displays the Required Credentials for Specializations list.
 - Depending on how many locations are added, additional licenses may be required (i.e., business and professional) per location.
- To view the License, Identifier, and Training requirements, use the Filter By drop down.



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



Add ownership details

Accessing the ownership and managing/controlling interest list

From the BPW:

- Click the **Add Ownership Details** link.

Step 4: Ownership & Managing/Controlling Interest details

- ProviderOne displays the Ownership and Managing/Controlling Interest list.

Adding an owner

- To add a new record, click the **Add** button.

Owner/ME/BOD Id	Owner/ME/BOD Name	Disclosure Type	Disclosure Category	Start Date	End Date
No Records Found !					

- ProviderOne displays the Add Ownership & Managing/Controlling Interest Disclosures form.

- Choose the Disclosure Category by accessing the **Disclosure Category** dropdown.
- Choose the Disclosure Type by accessing the **Disclosure Type** dropdown.
- If it is an organization, use FEIN. If it is an Individual, use the SSN (without dashes).
- The **Disclosure Start Date** is the first day of ownership. Enter an **Ownership Percentage**.
- Complete the Ownership Association area by entering a **Relationship Type** and **Associated Owner** using the dropdowns.
- 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, then saves and returns to the Ownership & Managing/Controlling Interest Disclosures list. This list will display the new owners.

Owner/ME/BOD Id	Owner/ME/BOD Name	Disclosure Type	Disclosure Category	Start Date	End Date
111-22-2333	PRU TEST TRIBAL, PRU TEST TRIBAL	Individual	Owner	01/01/2020	12/31/2999

Modifying an owner record

From the ProviderOne Ownership & Managing/Controlling Interest Disclosures list:

- Click the blue link in the Owner/ME/BOD ID column.

Owner/ME/BOD Id	Owner/ME/BOD Name	Disclosure Type	Disclosure Category	Start Date	End Date
111-22-2333	PRU TEST TRIBAL, PRU TEST TRIBAL	Individual	Owner	01/01/2020	12/31/2999

- ProviderOne displays the Ownership & Managing/Controlling Interest Disclosures page.
- To change the address, click the **Address** button.
- After making your changes, click the **Save** button to save, or the **Close** button to close the window without saving.

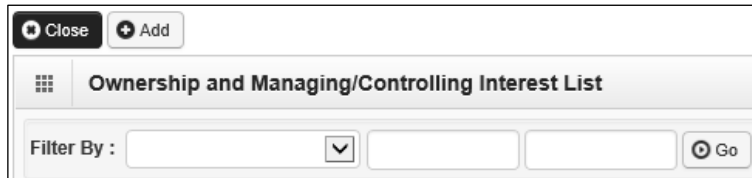
Deleting an owner record

From the Owner/ME/BOD Id column:

- Check the box next to the record you want to delete and click the **Delete** button.

Owner/ME/BOD Id
☒ 111-22-2333

- From the Ownership & Managing/Controlling Interest List, click the **Close** button.



- ProviderOne displays the BPW. The status is now set to Complete.

Step 4: Ownership & Managing/Controlling Interest details	Required	07/07/2021	07/07/2021	Complete
---	----------	------------	------------	----------

Add licenses and certifications

Accessing the license/certification list

From the BPW:

- Click the **Add Licenses and Certifications** link.

Step 5: Add Licenses and Certifications

- ProviderOne displays the License/Certification list.
- The first time this list displays it will be blank. This list displays all licenses and certifications by location.

Adding a license/certification

Please note. Each location that a specialization has been added to will require the applicable credentials added (i.e., both professional and business license for each physical location).

- To add a new record, click the **Add** button.

- ProviderOne displays the Add License/Certification form.
- 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 the **Ok** button 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.

Modifying a license/certification record

From the License/Certification List:

- Click the blue hyperlink in the License/Certification # column.

☐	License/Certification #	License/Certification Type
☐	1234	Business License

- ProviderOne displays the Manage License/Certification form.
- After making your changes, click the **Save** button to save or the **Close** 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.
- From the License/Certification List, click the **Close** button.

- ProviderOne displays the BPW. The status is now set to Complete.

Step 5: Add Licenses and Certifications	Required	07/07/2021	07/07/2021	Complete
---	----------	------------	------------	----------

Add training and education

This step is optional and is not needed for enrollment.

Add Identifiers

This step is optional and is not needed for enrollment.

Add contract details

HCA providers should not complete contract details.

Add federal tax details

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

Accessing the federal tax details page

From the BPW:

- Click the **Add Federal Tax Details** link.

Step 9: Add Federal Tax Details

- ProviderOne displays the Federal Tax Details page.
- The W-9 Form is required for all providers.
- To access the W-9 Form, click the **W-9** hyperlink.

- ProviderOne displays the Form W-9 page.
- Complete the form and click the **Ok** button to save the information or the **Cancel** button to close the window without saving.

- ProviderOne returns to the Federal Tax Details list.

Modifying a tax form record

From the Federal Tax Details list:

- Click the link of the form you wish to modify.

- 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. It is required in ProviderOne for all payable providers. Be sure to add a W-9 Form record if it was previously deleted.

From the Federal Tax Details page:

- Click the **Close** button and proceed to the next step in the BPW.

- ProviderOne displays the BPW. The status is now set to Complete.

Step 9: Add Federal Tax Details	Required	07/07/2021	07/07/2021	Complete
---------------------------------	----------	------------	------------	----------

Add EDI submission method

Accessing the EDI submission details page

From the BPW:

- Click the **Add EDI Submission Method** link.

[Step 10: Add EDI Submission Method](#)

- ProviderOne displays the EDI Submission Details page.

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.

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

EDI Submission Details

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

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 in 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 50 MB.

- 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

- ProviderOne displays the BPW. The status is now set to Complete.

Step 10: Add EDI Submission Method	Optional	07/07/2021	07/07/2021	Complete
--	----------	------------	------------	----------

Add EDI billing software details

Accessing the EDI billing software information list

From the BPW:

- Click the **Add EDI Billing Software Details** link.

Step 11: Add EDI Billing Software Details

- ProviderOne displays the EDI Billing Software Information list.
- The first time this list displays it will be blank.

Adding an EDI billing software record

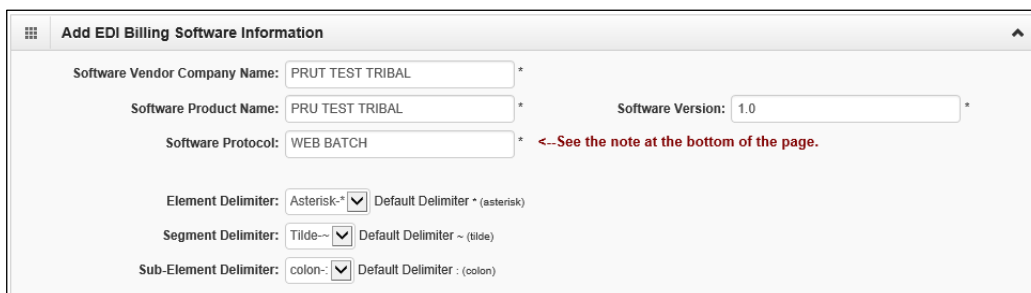
- To add a new record, click the **Add** button.

- ProviderOne displays the Add EDI Billing Software Information page.

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

- Complete the required fields for EDI Billing Software Information at the top part of the screen.



Add EDI Billing Software Information

Software Vendor Company Name: PRU TEST TRIBAL *

Software Product Name: PRU TEST TRIBAL * Software Version: 1.0 *

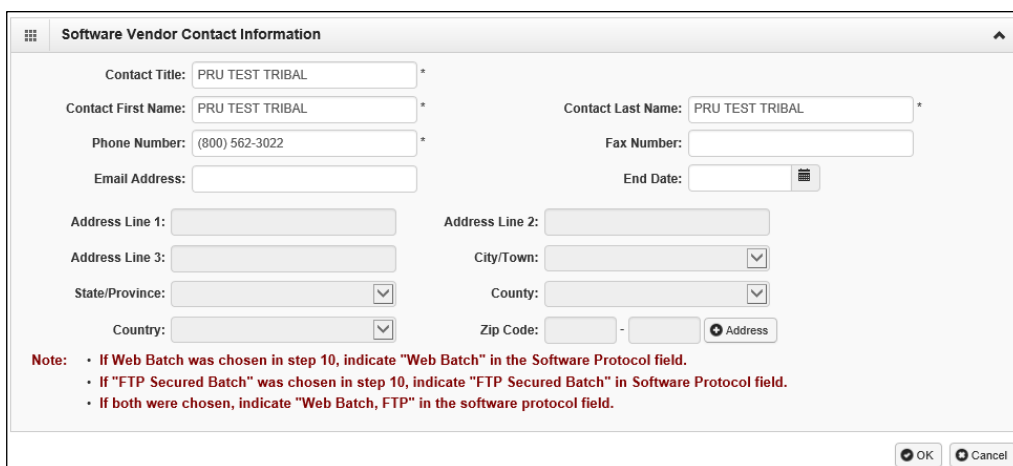
Software Protocol: WEB BATCH * <--See the note at the bottom of the page.

Element Delimiter: Asterisk-* Default Delimiter * (asterisk)

Segment Delimiter: Tilde~ Default Delimiter ~ (tilde)

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

- Next complete the Software Vendor Contact Information on the bottom portion of the screen.
- To add an address, click the **Address** button.



Software Vendor Contact Information

Contact Title: PRU TEST TRIBAL *

Contact First Name: PRU TEST TRIBAL * Contact Last Name: PRU TEST TRIBAL *

Phone Number: (800) 562-3022 * Fax Number: *

Email Address: * End Date: *

Address Line 1: * Address Line 2: *

Address Line 3: * City/Town: *

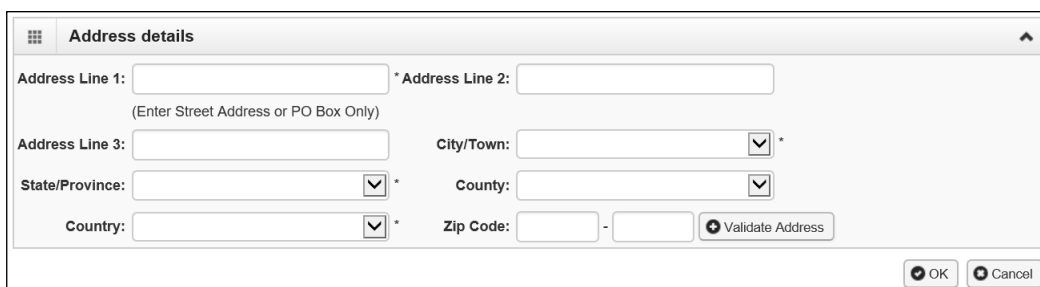
State/Province: * County: *

Country: * Zip Code: * Address

Note: • If Web Batch was chosen in step 10, indicate "Web Batch" in the Software Protocol field.
• If "FTP Secured Batch" was chosen in step 10, indicate "FTP Secured Batch" in Software Protocol field.
• If both were chosen, indicate "Web Batch, FTP" in the software protocol field.

OK Cancel

- ProviderOne displays the Address details form.
- Complete the following fields:
 - Address line 1
 - Address line 2
 - Zip code
- Click on the **Validate Address** button.



Address details

Address Line 1: * Address Line 2: *

(Enter Street Address or PO Box Only)

Address Line 3: * City/Town: *

State/Province: * County: *

Country: * Zip Code: * Validate Address

OK Cancel

- If the address entered is not located when the validate address button is clicked, the following error will appear at the top of the page:

Address details

Address not found with Street Address and Zip Code Combination

Address Line 1: 1234 MAIN BLVD * Address Line 2:

(Enter Street Address or PO Box Only)

Address Line 3: City/Town: Olympia

State/Province: Washington * County: Thurston

Country: United States * Zip Code: 98501 -

- Correct the address and click the **Validate Address** button again.
- If the error message comes up again, click **Ok**. ProviderOne can override the error by clicking the Ok button and the following pop up window will be displayed.
- Click **Ok** on this pop up message and ProviderOne will save the information.

Message from webpage

Address has not been validated. Please click Ok to save address without validation or Cancel to validate the address.

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

Add EDI Billing Software Information

Software Vendor Company Name: PRU TEST TRIBAL *
Software Product Name: PRU TEST TRIBAL * Software Version: 1.0 *
Software Protocol: WEB BATCH * <--See the note at the bottom of the page.
Element Delimiter: Asterisk-* [x] Default Delimiter * (asterisk)
Segment Delimiter: Tilde~ [x] Default Delimiter ~ (tilde)
Sub-Element Delimiter: colon- [x] Default Delimiter : (colon)

Software Vendor Contact Information

Contact Title: PRU TEST TRIBAL *
Contact First Name: PRU TEST TRIBAL * Contact Last Name: PRU TEST TRIBAL *
Phone Number: (800) 562-3022 * Fax Number:
Email Address: End Date:
Address Line 1: 1234 Marion St NE Address Line 2:
Address Line 3: City/Town: OLYMPIA
State/Province: Washington County: Thurston
Country: United States Zip Code: 98506 - 4435 Address
Note:

- If Web Batch was chosen in step 10, indicate "Web Batch" in the Software Protocol field.
- If "FTP Secured Batch" was chosen in step 10, indicate "FTP Secured Batch" in Software Protocol field.
- If both were chosen, indicate "Web Batch, FTP" in the software protocol field.

OK Cancel

Modifying an EDI billing software record

From the EDI Billing Software Information list:

- Click the hyperlink in the Software Name Column.

Close Add

EDI Billing Software Information

Filter By: [v] [] Go Save Filter My Filters v

	Software Name ▲▼	Software Version ▲▼	Software Vendor Name ▲▼	Vendor Contact Title ▲▼	Vendor Contact Name ▲▼	Vendor Contact Phone Number ▲▼	End Date ▲▼
☐	PRU TEST TRIBAL	1.0	PRU TEST TRIBAL	PRU TEST TRIBAL	PRU TEST TRIBAL, PRU TEST TRIBAL	(800) 562-3022	12/31/2999

Delete View Page: 1 Go Page Count SaveToXLS Viewing Page: 1 First Prev Next Last

- ProviderOne displays the Manage EDI Billing Software Information page.
- After making your changes, click the **Save** button to save and the **Close** button to exit the screen.

Manage EDI Billing Software Information

Software Vendor Company Name: PRU TEST TRIBAL *
 Software Product Name: PRU TEST TRIBAL *
 Software Version: 1.0 *
 Software Protocol: WEB BATCH * <--See the note at the bottom of the page.
 Element Delimiter: Asterisk-~ Default Delimiter ~ (asterisk)
 Segment Delimiter: Tilde-~ Default Delimiter ~ (tilde)
 Sub-Element Delimiter: colon-~ Default Delimiter ~ (colon)

Software Vendor Contact Information

Contact Title: PRU TEST TRIBAL *
 Contact First Name: PRU TEST TRIBAL *
 Contact Last Name: PRU TEST TRIBAL *
 Phone Number: (800) 562-3022 *
 Fax Number: *
 Email Address: *
 End Date: 12/31/2999
 Address Line 1: 1234 MARION ST NE
 Address Line 2: *
 Address Line 3: *
 City/Town: OLYMPIA
 State/Province: WASHINGTON
 County: THURSTON
 Country: UNITED STATES
 Zip Code: 98506 - 4435 Address

Note:

- If Web Batch was chosen in step 10, indicate "Web Batch" in the Software Protocol field.
- If "FTP Secured Batch" was chosen in step 10, indicate "FTP Secured Batch" in Software Protocol field.
- If both were chosen, indicate "Web Batch, FTP" in the software protocol field.

Deleting a billing software record

From the EDI Billing Software Information list:

- Check the box next to the record you want to delete and click the **Delete** button.

	Software Name	Software Version	Software Vendor Name	Vendor Contact Title	Vendor Contact Name	Vendor Contact Phone Number	End Date
☒	PRU TEST TRIBAL	1.0	PRU TEST TRIBAL	PRU TEST TRIBAL	PRU TEST TRIBAL, PRU TEST TRIBAL	(800) 562-3022	12/31/2999

Filter By: [] [] [] [Go] [Save Filter] [My Filters]

[-] Delete [View Page: 1] [Go] [Page Count] [SaveToXLS] [Viewing Page: 1] [First] [Prev] [Next] [Last]

- From the EDI Billing Software Information list, click the **Close** button and proceed to the next step in the BPW.
- ProviderOne displays the Business Process Wizard. The status is now set to Complete.

Step 11: Add EDI Billing Software Details	Required	07/07/2021	07/07/2021	Complete
---	----------	------------	------------	----------

Add EDI submitter details

Accessing the billing agent/clearinghouse/submitter list

From the BPW:

- Click the **Add EDI Submitter Details** link.

Step 12: Add EDI Submitter Details

- ProviderOne displays the Billing Agent/Clearinghouse/Submitter List. The first time this list displays it will be blank.

Associate a billing agent/clearinghouse

- To add a new record, click the **Add** button.

- ProviderOne displays 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 and a **Start Date**, the **End Date** should prepopulate with 12/31/2999.
- Change the Authorized column to **Yes** for each transaction you wish to assign to the submitter.
- Enter a **Start Date** and an **End Date**. An end date must be entered for each selected transaction. The end date can be 12/31/2999.
 - These dates must match the dates entered at the top of this page.** The end date can be 12/31/2999.
- 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.

- ProviderOne displays the Manage Billing Agent/Clearinghouse page.
- After making your changes, click the **Save** button to save and the **Close** button to exit the screen.

Deleting an EDI billing agent/clearinghouse submitter record

From the EDI Contact Information List:

- Check the box next to the record you want to delete and click the **Delete** button.
- Click the **Close** button and proceed to the next step in the BPW.

- ProviderOne returns to the Business Process Wizard. The status is now set to complete.

Step 12: Add EDI Submitter Details	Optional	07/07/2021	07/07/2021	Complete
------------------------------------	----------	------------	------------	----------

Add EDI contact information

Accessing the EDI contact list

From the BPW:

- Click the **Add EDI Contact Information** link.

Step 13: Add EDI Contact Information

- ProviderOne displays the EDI Contact Information List.
- The first time this list displays it will be blank.

Add an EDI contact

- To add a new record, click the **Add** button.

- ProviderOne displays the Add EDI Contact Information page.
- Complete all required fields.

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 : End Date :

Address Line 1: * Address Line 2:

Address Line 3: City/Town: *

State/Province: * County:

Country: * Zip Code: - Address

Electronic Transactions

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

Available 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

Associated Transactions *

OK Cancel

- Click the **Address** button.

Address details

Address Line 1: * Address Line 2:

(Enter Street Address or PO Box Only)

Address Line 3: City/Town: *

State/Province: * County: *

Country: * Zip Code: -

- Complete the Address fields as shown above on pages 36 and 37.
- After creating the contact, assign transactions that you want them to receive or submit on your behalf.
- Highlight a transaction in the **Available Transactions** window and click the arrow to move them to the **Associated Transactions** window.

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		

- Once the transactions are assigned, click the **Ok** button.

Add EDI Contact Information

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

Contact First Name : PRU TEST TRIBAL *

Contact Last Name : PRU TEST TRIBAL *

Phone Number : (800) 562-3022 *

Fax Number :

Email Address :

End Date :

Address Line 1: 1234 Main Street *

Address Line 2:

Address Line 3:

City/Town: OLYMPIA *

State/Province: Washington *

County: Thurston *

Country: United States *

Zip Code: 98504 - 0001

Address

Electronic Transactions

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

Available Transactions

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
837D-Dental Claim
837I-Institutional Claim

Associated Transactions *

270-Eligibility Enquiry
271-Eligibility Response

OK Cancel

Modifying an EDI contact

From the EDI Contact Information List:

- Click the hyperlink in the Contact Title column.

EDI Contact Information List			
Filter By : Go			
☐	Contact Title ▲ ▼	Electronic Transaction ▲ ▼	Contact Name ▲ ▼
☐	PRU TEST TRIBAL	270,271	PRU TEST TRIBAL, PRU TEST TRIBAL

- ProviderOne displays the Manage EDI Contact Information page.
- After making your changes, click **Save** button to save and the **Close** button to exit the screen.

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.

- From the EDI Contact Information List, click the **Close** button and proceed to the next step in the BPW.
- ProviderOne displays the BPW. The status is now set to Complete.

Step 13: Add EDI Contact Information	Required	07/07/2021	07/07/2021	Complete
--------------------------------------	----------	------------	------------	----------

Add servicing provider information

Accessing the servicing providers list

From the BPW:

- Click the **Add Servicing Provider** Information link.

Step 14: Add Servicing Provider Information

- ProviderOne displays the Servicing Providers List.
- The first time this list displays it will be blank.

Adding a servicing provider

- To add a new record, click the **Add** button.

The screenshot displays two web-based interfaces for managing provider information. The top interface, titled "Servicing Providers", features a header with "Close" and "Add" buttons. Below the title is a filter section with a "Filter By:" dropdown, input fields, and a "Go" button. To the right are "Save Filter" and "My Filters" buttons. The table below has columns: "Servicing Provider SSN/FEIN", "Servicing Provider NPI", "ProviderOne ID / Application #", "Agency", "Billing Location Code", "Billing Location Name", "Start Date", and "End Date". A red message "No Records Found !" is centered below the table. The bottom interface, titled "Social Service Servicing Only Provider", also has "Close" and "Add" buttons. It includes a similar filter section. Its table columns are: "SS Serv Only Provider SSN/FEIN", "SS Servicing Only Provider NPI", "ProviderOne ID / Application #", "Start Date", "End Date", "SS Billing Location Code", "SS Billing Location Name", "SS Servicing Location Code", and "SS Servicing Location Name". It also displays a red "No Records Found !" message.

- ProviderOne displays the Associate Servicing Provider page.

Add Servicing Provider Association

SSN/FEIN: *
Application Id:
Start Date: *
☒ Confirm Provider

NPI:
ProviderOne Id:
End Date:

Agency

Available Agencies

Selected Agencies

>>
<<

Servicing Provider Taxonomy

Available Taxonomies

Selected Taxonomies

>>
<<

Billing Provider Location

Available Locations

Selected Locations

>>
<<

Selecting multiple locations will associate all the above selected Taxonomies to the Locations.

- Enter the required information for **SSN/FEIN**, **NPI**, and/or **Domain ID**, and **start date**.
- Click the **Confirm Provider** button. ProviderOne validates the servicing provider is enrolled in the system. If they are, the Available Agencies box will be populated using the agency entered for that provider.

Add Servicing Provider Association

SSN/FEIN: 111222333 *
NPI: 1234567890
Application Id:
ProviderOne Id: 9999998
Start Date: 04/08/2021 *
End Date: 12/31/2999

Confirm Provider

Agency

Available Agencies

HCA

Selected Agencies

»

«

Servicing Provider Taxonomy

Available Taxonomies

Selected Taxonomies

»

«

Billing Provider Location

Available Locations

Selected Locations

»

«

Selecting multiple locations will associate all the above selected Taxonomies to the Locations.

OK

Cancel

- Click the available agency (or agencies) and use the double right arrow button to move it to the Selected Agencies box.
 - An error message will post if the agency chosen for the servicing provider does not match the agency noted for the group provider.
- Once the agency is selected, the Available Taxonomies will display for this servicing provider. Use the double right arrow to move them to the Selected Taxonomies box.
- Once the taxonomies are selected, the Available Locations will display for this servicing provider. Use the double right arrow to move them to the Selected Locations box.
 - Servicing providers must be associated to the specific billing provider location(s) they are providing services for.
- Click the **Ok** button.

Add Servicing Provider Association

SSN/FEIN: 111222333 * NPI: 1234567890
 Application Id: ProviderOne Id: 9999998
 Start Date: 04/08/2021 * End Date: 12/31/2999

☒ Confirm Provider

Agency

Available Agencies: Selected Agencies: HCA

»
«

Servicing Provider Taxonomy

Available Taxonomies: HCA-124Q00000X-Dental Hygienist
 HCA-125J00000X-Dental Therapist
 Selected Taxonomies: HCA-122400000X-Denturist

»
«

Billing Provider Location

Available Locations: Selected Locations: 0001-PRU TEST TRIBAL 1234 MAIN BLVD, OLYMPIA, WASHINGT

»
«

Selecting multiple locations will associate all the above selected Taxonomies to the Locations.

OK Cancel

- After clicking the Ok button, the system returns to the Servicing Providers list page with the servicing provider added.

Servicing Providers

Filter By: [] [] [] [Go] [Save Filter] [My Filters]

Servicing Provider SSN/FEIN	Servicing Provider NPI	ProviderOne ID / Application #	Agency	Billing Location Code	Billing Location Name	Start Date	End Date
111-222-333	1234567890	9999998	HCA	0001	PRU TEST TRIBAL	04/08/2021	12/31/2999

[Delete] View Page: 1 [Go] [Page Count] [SaveToXLS] Viewing Page: 1 [First] [Prev] [Next] [Last]

Social Service Servicing Only Provider

Filter By: [] [] [] [Go] [Save Filter] [My Filters]

SS Serv Only Provider SSN/FEIN	SS Servicing Only Provider NPI	ProviderOne ID / Application #	Start Date	End Date	SS Billing Location Code	SS Billing Location Name	SS Servicing Location Code	SS Servicing Location Name
No Records Found !								

If the provider does not exist in the database

If the provider does not exist in the database, you will be prompted to add the servicing provider. See the user manual [Enroll a servicing provider](#) for more information.

If a new enrollment is started, copy the application ID that is generated for the servicing provider. If you exit the servicing application prior to completion, you will need this number to access and complete the servicing application.

- Click **Ok** to start the enrollment process, **Back** to return to the previous page, or **Cancel** to return to the Servicing Provider List.

Associate Servicing Provider

Servicing Provider Does Not Exist in the Database

Do You Want to Add the Servicing Provider Now? If yes, Click 'OK' button to start enrollment for the Servicing Provider.

Tax Identifier Type: ☒ FEIN ☐ SSN

Servicing Provider Enrollment Type: ☒ Individual ☐ Tribal Health Services

[Back] [OK] [Cancel]

Modifying a servicing provider record

From the Servicing Providers List:

- Click the link in the Servicing Provider SSN/FEIN column.
- ProviderOne displays the Manage Servicing Provider Association page.

Servicing Providers								
Filter By :				Go		Save Filter		
☐	Servicing Provider SSN/FEIN ▲▼	Servicing Provider NPI ▲▼	ProviderOne ID / Application # ▲▼	Agency ▲▼	Billing Location Code ▲▼	Billing Location Name ▲▼	Start Date ▲▼	End Date ▲▼
☐	111-222-333	1234567890	9999998	HCA	0001	PRU TEST TRIBAL	04/08/2021	12/31/2999
Delete View Page: 1 Go Page Count SaveToXLS Viewing Page: 1 First Prev Next Last								

Active Servicing Provider:

Manage Servicing Provider Association	
SSN/FEIN: 111222333	NPI: 1234567890
ProviderOne Id: 9999998	
Start Date: 04/08/2021	End Date: 12/31/2999

Servicing Provider – Enrollment process started but not completed:

Manage Servicing Provider Association	
SSN/FEIN: 111222333	Application #: 20210117045664
ProviderOne Id: 9999998	
Start Date: 04/08/2021	End Date: 12/31/2999

Please note. Modifying a servicing provider association cannot be completed until the servicing provider is approved.

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

Deleting a servicing provider

From the Servicing Providers List:

- Check the box next to the record you want to delete and click the **Delete** button.
 - This will delete the association between the servicing provider and the group but does not delete the servicing provider record from ProviderOne.

- From the Servicing Providers List, click the **Close** button and proceed to the next step in the BPW.

	Servicing Provider SSN/FEIN ▲ ▼	Servicing Provider NPI ▲ ▼
☒	111-222-333	1234567890

View Page:

- ProviderOne displays the BPW. The status is now set to Complete.

Step 14: Add Servicing Provider Information	Optional	07/07/2021	07/07/2021	Complete
---	----------	------------	------------	----------

Add billing provider details

This step is optional and is not required for enrollment.

Add payment and remittance details

Accessing the add payment and remittance details

From the BPW:

- Click the **Add Payment and Remittance Details** link.

Step 16: Add Payment and Remittance Details

- ProviderOne displays the Payment Details and the 835 Electronic Remittance Advice Information page.
- The first time this list displays it will be blank.
- Provider payment methods are only added to the base location.

Adding a payment method

To add a new record:

- Click the **Add** button.

The screenshot shows the ProviderOne interface with two main sections:

- Payment Details:** This section has a filter bar with a dropdown menu, input fields, and a 'Go' button. Below the filter bar is a table with columns: Location Number, Location Name, and Payment Method. The table is currently empty, displaying 'No Records Found!'.
- 835 Electronic Remittance Advice Information:** This section also has a filter bar with a dropdown menu, input fields, and a 'Go' button. Below the filter bar is a table with columns: ProviderOne ID, Billing Agent/Clearinghouse, Auth Transaction Responses, Start Date, and End Date. This table is also empty, displaying 'No Records Found!'.

- ProviderOne displays the Payment Details and Electronic Remittance Advice Information screen.
- Selecting Electronic Funds Transfer (EFT) displays the EFT Details.
- Financial Institution Routing Number must start with a 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.

Provider Information	
Provider Name: PRU TEST TRIBAL	
Provider Identifiers Information	
Provider Federal Tax Identification Number (TIN) or Employer Identification Number (EIN):	111222333 *
National Provider Identifier (NPI):	1868022835 *
Payment Details	
Identify Payment Details	
Location:	All *
Payment Method: ☒ Electronic Funds Transfer(Direct Deposit) ☐ Paper Check	
Financial Institution Information	
Financial Institution Name:	Financial Institution Routing Number:
Providers Account Number with Financial Institution:	Re-enter Providers Account Number:
Type of Account at Financial Institution:	Checking *
Payment Notification Preference:	Email Notification *
Account Number Linkage to Provider Identifier:	1868022835 *
Electronic Remittance Advice Information	
Providers:	
PDF version of your RA is retrievable through the Provider Portal.	
Selection of 835 HIPAA transaction is optional.	
Preference for Aggregation of Remittance Data:	1868022835 *
835-Healthcare Claim Payment Advice Authorized:	NO *
Clearinghouse ProviderOne Id:	Start Date: End Date:
OR	
Method of Retrieval: ☐ EDI/835(Delivered Directly to Provider)	
Submission Information	
Reason for Submission: (Payment and Remittance Only)	Change Enrollment *
Authorized Signature: *	
(Signature only required when inputting new or changing EFT/835 information)	
OK Cancel	

- ProviderOne validates the information entered, saves, and returns to the Payment Details and Electronic Remittance Advice Information page.

Modifying payment detail and electronic remittance advice information

From the Payment Details and Electronic Remittance Advice Information page:

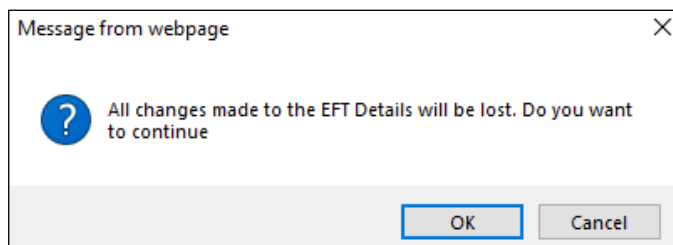
- Click the link for the location you want to modify in the Location Number column.

The screenshot shows a web application interface. At the top, there's a 'Payment Details' section with a table. The table has three columns: 'Location Number', 'Location Name', and 'Payment Method'. A single row is displayed with values: '00001', 'PRU TEST TRIBAL', and 'Paper Check'. Below the table, there are navigation controls like 'Delete', 'View Page: 1', 'Go', 'Page Count', 'SaveToXLS', and 'Viewing Page: 1'. Below this is another section titled '835 Electronic Remittance Advice Information' with a similar table structure. Below this table, a red message 'No Records Found!' is displayed.

- ProviderOne displays the Payment Details and Electronic Remittance Advice Information page for this location.
- This page allows the payment method to be edited for the location listed.
- If changing from EFT to paper check, the EFT detail area will be collapsed and not viewable.

The screenshot shows a web application interface with several sections. The 'Provider Information' section shows 'Provider Name: PRU TEST TRIBAL'. The 'Provider Identifiers Information' section has two input fields: 'Provider Federal Tax Identification Number (TIN) or Employer Identification Number (EIN): 111222333' and 'National Provider Identifier (NPI): 1868022835'. The 'Payment Details' section shows 'Location: 00001-PRU TEST TRIBAL' and 'Payment Method: Electronic Funds Transfer(Direct Deposit) Paper Check'. The 'Electronic Remittance Advice Information' section has a 'Providers:' section with text 'PDF version of your RA is retrievable through the Provider Portal. Selection of 835 HIPAA transaction is optional.' and a 'Preference for Aggregation of Remittance Data: 1868022835'. The 'Submission Information' section has 'Reason for Submission: New Enrollment' and 'Authorized Signature: PRU TEST TRIBAL'. At the bottom, there are 'OK' and 'Cancel' buttons.

- When changing from EFT to paper, all information pertaining to the EFT for this location will be lost and a pop up window will appear.
- 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 will be removed from the enrollment staging area and will not be written to the ProviderOne database.
- From the Payment Details and Electronic Remittance Advice Information page, click the **Close** button and proceed to the next step in the BPW.

Payment Details		
Location Number	Location Name	Payment Method
☒ 00001	PRU TEST TRIBAL	Paper Check

835 Electronic Remittance Advice Information				
ProviderOne ID	Billing Agent/Clearinghouse	Auth Transaction Responses	Start Date	End Date
No Records Found !				

- ProviderOne displays the BPW. The status is now set to Complete.

Step 16: Add Payment and Remittance Details	Required	07/07/2021	07/07/2021	Complete
---	----------	------------	------------	----------

Add Tribal health details

From the BPW:

- Click the **Add Tribal Health Details** link.

Step 17: Add Tribal Health Details

- ProviderOne displays the Tribal Health Services Details page.

- Using the dropdown, choose the type of Tribal Health provider related to this enrollment.

- In the Tribal Affiliation area, highlight a tribal affiliation and move it to the Selected Tribal Affiliations box using the double right arrow button.

- The Tribal Affiliation is now selected. Click **Ok** to save this information.

- Back on the BPW, Step 17 is now marked complete.

Step 17: Add Tribal Health Details	Required	07/07/2021	07/07/2021	Complete
--	----------	------------	------------	----------

Complete enrollment checklist

Accessing the enrollment checklist

From the BPW:

- Click the **Complete Enrollment Checklist** link.

Step 18: Complete Enrollment Checklist

- ProviderOne displays the Provider Checklist.
- Every question must be answered with **Yes** or **No**.
- All Yes questions must also have a corresponding comment.
- After completing the Provider Checklist, click the **Save** button.

Question	Answer	Comments
Has the provider or any current employee ever had any of the following?	Not Completed	
Had exclusion under Medicare, Medicaid or any other Federal Healthcare program taken against them?	Not Completed	
Had civil money penalties or assessment imposed under Section 1128A of the Social Security Act? More info: http://www.ssa.gov/OP_Home/ssact/title11/1128A.htm	Not Completed	
Had a restriction or sanction taken against their professional license or certification?	Not Completed	
Had a Program Debarment taken against them? More info: http://exclusions.oig.hhs.gov https://www.sam.gov/	Not Completed	
Been convicted of any health related crimes as defined by Washington State Department of Health?	Not Completed	
Been convicted of a criminal offense as described in Section 1128(a) or (b), 1, 2, and 3 of the Social Security Act? More info: http://www.ssa.gov/OP_Home/ssact/title11/1128.htm	Not Completed	
Been convicted of a crime involving the abuse, neglect, abandonment or exploitation of a vulnerable person? More info: http://apps.leg.wa.gov/WAC/default.aspx?cite=388-71-0540	Not Completed	

View Page: 1 Go Page Count SaveToXLS Viewing Page: 1 << First Prev Next >> Last

- ProviderOne displays the BPW. The status is now set to complete.

Step 18: Complete Enrollment Checklist	Required	07/07/2021	07/07/2021	Complete
--	----------	------------	------------	----------

Submit enrollment application for review

Accessing the final enrollment instructions page

From the BPW:

- Click the **Final Enrollment Instructions** link.

Step 19: Final Enrollment Instructions

- ProviderOne displays the Final Submission page and Application Document Checklist.
- Prior to the final submission of the enrollment application, you must submit the required documentation by using the Upload Attachments button.
 - For specific requirements and instructions on uploading attachments, access [How to Upload Attachments in ProviderOne](#) resource.

Close
Submit Enrollment
Upload Attachments

Final Submission

Application #: 20210706449659
Enrollment Type: Tribal Health Services

The information submitted for enrollment shall be verified and reviewed by the agency(s) you have selected. During this time, any changes to the information shall not be accepted.

By clicking on the button "Submit Enrollment", I agree that the information submitted as a part of the application is correct.

Please ensure all required documents are uploaded using the "upload attachments" at the top of the page prior to submitting your application.

Application Document Checklist

Forms/Documents	Special Instructions	Agency	Link
Core Provider Agreement	Complete and sign for all applications	HCA	http://www.hca.wa.gov/core-provider-agreement
Debarment Statement	Complete and sign for all applications	HCA	http://www.hca.wa.gov/debarment-statement
Tax Documents(W-9)	Please complete and submit a W-9 form for all applications.	HCA	https://www.irs.gov/pub/irs-pdf/w9.pdf
Electronic Funds Transfer(EFT)	Complete and sign for direct deposits	HCA	https://www.hca.wa.gov/assets/billers-and-providers/electronic-funds-transfer-form_1.doc
Instructions for Electronic Funds Transfer (EFT) form	Please follow the instructions for the electronic funds transfer form to eliminate delays	HCA	https://www.hca.wa.gov/assets/electronic-funds-transfer-form-instructions.pdf
Provider types and requirements	Please check this website for any additional documents or licensure that may be required for your provider type.	HCA	https://www.hca.wa.gov/billers-providers/apple-health-medicare-providers/eligible-provider-types-and-requirements#required-materials
EDI requirements documentations	If you have checked the 835 box in the payment details please complete.	HCA	https://www.hca.wa.gov/assets/billers-and-providers/trading-partner-agreement.pdf
HCA HIPAA Electronic Data Interchange (EDI)	If you have checked the 835 box in the payment details please complete.	HCA	https://www.hca.wa.gov/billers-providers/partners/prior-authorization-claims-and-billing/hipaa-electronic-data-interchange-edi
Trading Partner Agreement	Complete and sign for all applications	HCA	https://www.hca.wa.gov/assets/billers-and-providers/TS-0009-trading-partner-agreement.docx

View Page: 1
Page Count
SaveToXLS
Viewing Page: 1
First
Prev
Next
Last

Submitting the enrollment application

From the Final Submission page:

- Click the **Submit Enrollment** button.

Close Submit Enrollment Upload Attachments

Final Submission

Application #: 20210706449659 Enrollment Type: Tribal Health Services

The information submitted for enrollment shall be verified and reviewed by the agency(ies) you have selected.
During this time, any changes to the information shall not be accepted.

By clicking on the button "Submit Enrollment", I agree that the information submitted as a part of the application is correct.

Please ensure all required documents are uploaded using the "upload attachments" at the top of the page prior to submitting your application.

Application Document Checklist

Form/Documents	Special Instructions	Agency	Link
Core Provider Agreement	Complete and sign for all applications	HCA	http://www.hca.wa.gov/core-provider-agreement
Debarment Statement	Complete and sign for all applications	HCA	http://www.hca.wa.gov/debarment-statement
Tax Documents(W-9)	Please complete and submit a W-9 form for all applications.	HCA	https://www.irs.gov/pub/irs-pdf/w9.pdf
Electronic Funds Transfer(EFT)	Complete and sign for direct deposits	HCA	https://www.hca.wa.gov/assets/billers-and-providers/electronic-funds-transfer-form_1.doc
Instructions for Electronic Funds Transfer (EFT) form	Please follow the instructions for the electronic funds transfer form to eliminate delays	HCA	https://www.hca.wa.gov/assets/electronic-funds-transfer-form-instructions.pdf
Provider types and requirements	Please check this website for any additional documents or licensure that may be required for your provider type.	HCA	https://www.hca.wa.gov/billers-providers/apple-health-medicaid-providers/eligible-provider-types-and-requirements/required-materials
EDI requirements documentations	If you have checked the 835 box in the payment details please complete.	HCA	https://www.hca.wa.gov/assets/billers-and-providers/trading-partner-agreement.pdf
HCA HIPAA Electronic Data Interchange (EDI)	If you have checked the 835 box in the payment details please complete.	HCA	https://www.hca.wa.gov/billers-providers-partners/prior-authorization-claims-and-billing/hipaa-electronic-data-interchange-edi
Trading Partner Agreement	Complete and sign for all applications	HCA	https://www.hca.wa.gov/assets/billers-and-providers/18-0009-trading-partner-agreement.docx

View Page: 1 Page Count Save To XLS Viewing Page: 1 First Prev Next Last

- ProviderOne displays a confirmation pop up message.
- Click **Ok** to close the message.

Message from webpage

! The application # 20210706449659 has been submitted for State review. Please check this Web site to verify the status of your application. Please ensure that all paper forms and applications sent by mail use the application #.

OK

- Click **Close** on the Final Submission page.

Close Submit Enrollment Upload Attachments

Final Submission

Application #: 20210706449659

- Back on the BPW, Step 19 is marked complete.
- The enrollment is submitted with all required steps showing complete.

Close
Required Credentials
Purge

Enroll Provider - Tribal Health Services

Business Process Wizard-Provider Enrollment (Tribal). Click on the Step # under the Step Column

Step	Required	Start Date	End Date	Status	Step Remark
Step 1: Provider Basic Information	Required	07/06/2021	07/06/2021	Complete	
Step 2: Add Locations	Required	07/06/2021	07/06/2021	Complete	
Step 3: Add Specializations	Required	07/07/2021	07/07/2021	Complete	
Step 4: Ownership & Managing/Controlling Interest details	Required	07/07/2021	07/07/2021	Complete	
Step 5: Add Licenses and Certifications	Required	07/07/2021	07/07/2021	Complete	
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	07/07/2021	07/07/2021	Complete	
Step 10: Add EDI Submission Method	Optional	07/07/2021	07/07/2021	Complete	
Step 11: Add EDI Billing Software Details	Required	07/07/2021	07/07/2021	Complete	
Step 12: Add EDI Submitter Details	Optional	07/07/2021	07/07/2021	Complete	
Step 13: Add EDI Contact Information	Required	07/07/2021	07/07/2021	Complete	
Step 14: Add Servicing Provider Information	Optional	07/07/2021	07/07/2021	Complete	
Step 15: Add Billing Provider Details	Optional			Incomplete	
Step 16: Add Payment and Remittance Details	Required	07/07/2021	07/07/2021	Complete	
Step 17: Add Tribal Health Details	Required	07/07/2021	07/07/2021	Complete	
Step 18: Complete Enrollment Checklist	Required	07/07/2021	07/07/2021	Complete	
Step 19: Final Enrollment Instructions	Required	07/07/2021	07/07/2021	Complete	

View Page: 1
Go
Page Count
SaveToXLS
Viewing Page: 1
First
Prev
Next
Last