

Thank you for your interest in becoming an Apple Health Provider.

Below you will see step-by-step instructions in updating your payment details to EFT (Direct Deposit).

Please note, that you will only be able to update your payment details once you have registered with OHP (One Health Port) single sign on.

Register with OHP

How can you access your ProviderOne account?

Register at: www.onehealthport.com/sso/register-your-organization.

ProviderOne Security Profiles

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

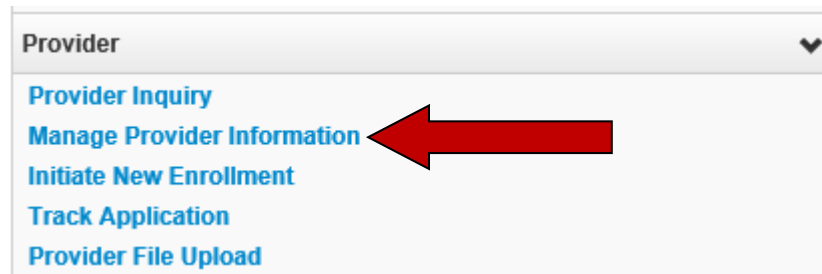
Have questions?

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

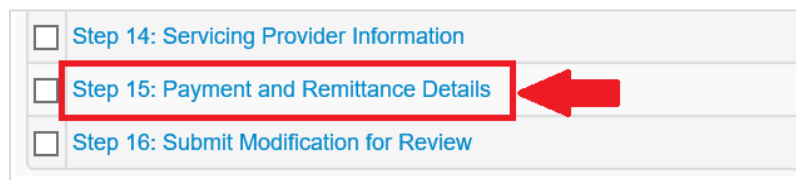
Updating payment details once registered with OHP

1. Login to the ProviderOne Portal www.waproviderone.org using one of the following profiles:
 - EXT Provider File Maintenance
 - EXT Provider Super User

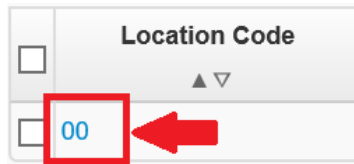
2. Click on "Manage Provider Information"



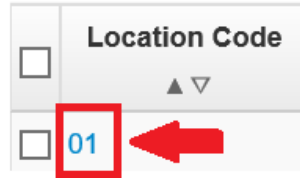
3. This will take you to the Business Process Wizard (BPW) where you may update payment details and submit your changes for review. Click on the blue-hyperlink titled "Step 15: Payment and Remittance Details"



4. For Medical Providers, click on the "00" blue hyperlink to update the location's payment details.



For Social Services 1099 providers, click on the other Location Codes to update payment details.



*If all Location Codes need updated Payment Details, then each Location Code will need to be updated with the new Payment Details.

5. Enter your Direct Deposit information as reflected in the following diagram:

Payment Details

Location: 00- **Select Electronic Funds Transfer** Electronic Funds Transfer(Direct Deposit) Paper Check

Requested EFT Start Date: 03/01/2020 **Remove the start date already listed and enter today's date**

End Date: 12/31/2999 **End date should be 12/31/2999**

Status: Approved

Financial Institution Information

Financial Institution Name:

Providers Account Number with Financial Institution:

Type of Account at Financial Institution: Checking Savings Other Debit Card

Payment Notification Preference: Email Notification Paper

Account Number Linkage to Provider Identifier:

Financial Institution Routing Number:

Re-enter Providers Account Number:

EFT Account Type:

EFT Test Status:

Electronic Remittance Advice Information

~~This section does not need to be completed to sign-up for Direct Deposit~~

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:

835-Healthcare Claim Payment Advice Authorized: NO YES

Choose ProviderOne Id:

Start Date:

End Date:

OR

Method of Retrieval: Paper EDI/835(Delivered Directly to Provider)

Submission Information

Reason for Submission: (Payment and Remittance Only) **Select 'Change Enrollment'**

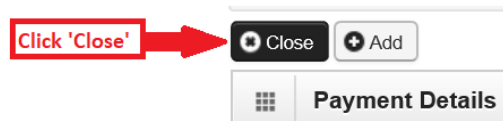
Authorized Signature: **Enter the Authorized Name of the individual who signed the EFT form.**

(Signature only required when inputting new or changing EFT/835 information)

Click OK OK Cancel

* Make sure to click on "OK" to save changes.

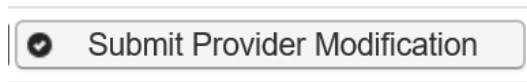
6. On the next screen, click "Close". This will take you back to the BPW.



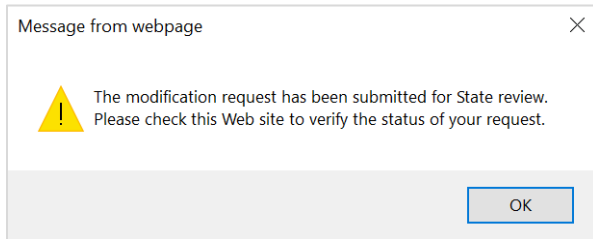
7. Click on the blue-hyperlink titled “Step 16: Submit Modification for Review”

Step 15: Payment and Remittance Details	Required	04/24/2020	03/31/2020	Complete	Updated
Step 16: Submit Modification for Review	Required	03/31/2020	03/31/2020	Incomplete	

8. Click the “Submit Provider Modification” button to finalize your changes. This will forward your request to HCA for approval.



9. The following message will appear. You are now done submitting your modification.



10. If you have any issues or questions on submitting a modification to update payment details, please contact Provider Enrollment.

Email: providerenrollment@hca.wa.gov

Phone: 1-800-562-3022 ext 16137

(Tue and Thu from 730am-430pm)