



Adding the Drug Enforcement Agency (DEA) Number

Provider Relations Unit
June 2017

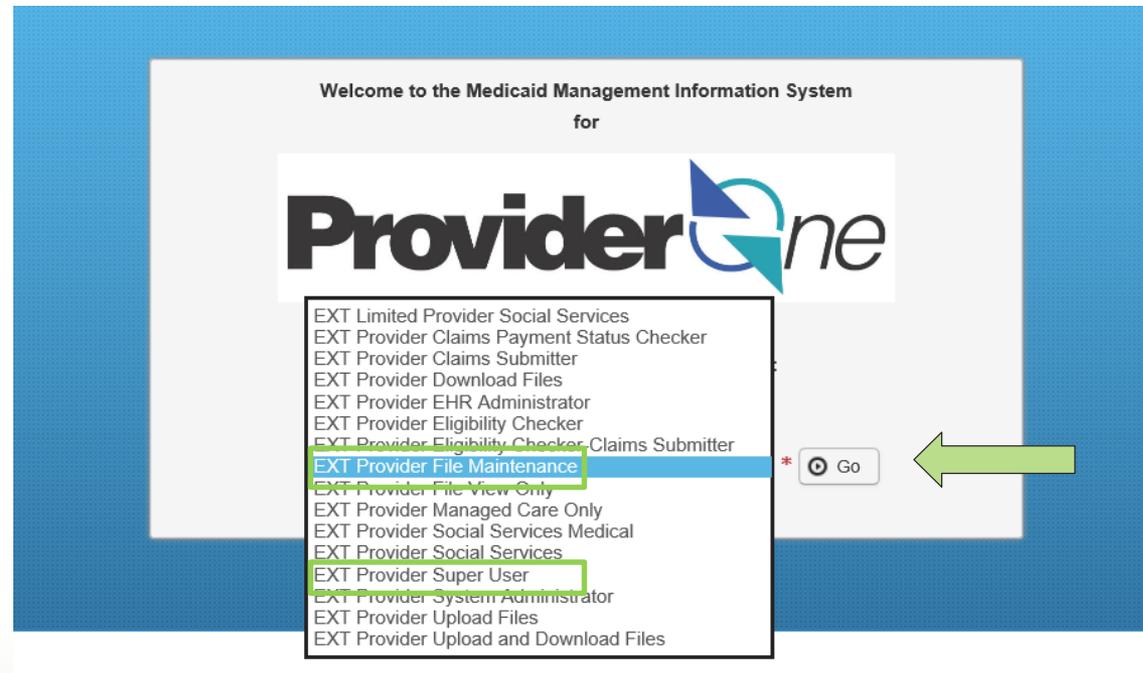
After this training you can:

- Successfully log into ProviderOne with the correct profile to complete file maintenance.
- Successfully add in a provider's Drug Enforcement Agency (DEA) number.
- Successfully submit changes to your provider file for approval by the agency.



Logging into ProviderOne

- Once logged in under the correct domain, user name, and password, choose one of the following ProviderOne profiles and click **Go**:
 - ✓ EXT Provider Super User
 - ✓ EXT Provider File Maintenance



Provider Portal

Online Services

Claims

- [Claim Inquiry](#)
- [Claim Adjustment/Void](#)
- [On-line Claims Entry](#)
- [On-line Batch Claims Submission \(837\)](#)
- [Resubmit Denied/Voided Claim](#)
- [Retrieve Saved Claims](#)
- [Manage Templates](#)
- [Create Claims from Saved Templates](#)
- [Manage Batch Claim Submission](#)

Client

- [Client Limit Inquiry](#)
- [Benefit Inquiry](#)

Payments

- [View Payment](#)
- [View Capitation Payment](#)

Managed Care

- [View Enrollment Roster](#)
- [View ETRR](#)

Prior Authorization

- [On-line Prior Authorization Submission](#)
- [Prior Authorization Inquiry](#)
- [Prior Authorization Adjustment](#)

Provider

- [Provider Inquiry](#)
- [Manage Provider Information](#)
- [Initiate New Enrollment](#)
- [Track Application](#)

ManageAlerts

My Reminders

Filter By: - Read Status

<input type="checkbox"/>	Alert Type	Alert Message	Alert Date	Due Date	Read
<input type="checkbox"/>	BROADCAST_MESSAGE	Due to the fiscal year end, the BHO July 834 Audit and 820 Payment cycles will be delayed. The July BHO 834 Audit file will be generated on Saturday, July 1st and the corresponding 820 Payment will be generated on Friday, July 7th. Please....	06/08/2017	07/09/2017	
<input type="checkbox"/>	BROADCAST_MESSAGE	Managed Care Organizations and Tribal Clinic PCCMs Due to the State fiscal biennium end for 2017, delivery of the HIPAA 820 transactions and associated July payments to Managed Care Organizations and PCCMs will occur on Friday, July	06/07/2017	07/09/2017	

Your Recent Online Activities

- You have logged in with PRU Account with IP Address 147.55.197.171
- Previous Site Visit: 06/08/2017 04:32:54 PM
- Last Login Password Change: 03/16/2017 10:30:26 AM
- Last login failed attempt: 05/18/2017 01:05:29 PM

Calendar

11:44 AM 9 June 2017 Friday

2017 June

Su	Mo	Tu	We	Th	Fr	Sa
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	

Today

- Under the heading of **Provider**, click on **Manage Provider Information**.

Adding the DEA Number

- From the business process wizard, click on the hyperlink titled **Step 7: Add Identifiers**.

Close Required Credentials Purge

Enroll Provider -Individual

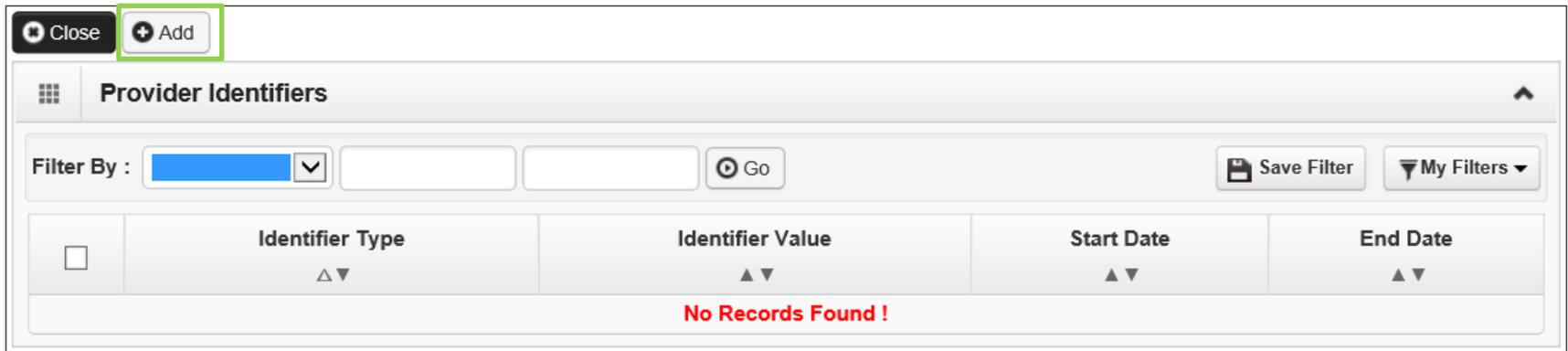
Business Process Wizard-Provider Enrollment (Individual). Click on the Step # under the Step Column

Step	Required	Start Date	End Date	Status	Step Remark
Step 1: Provider Basic Information	Required	01/06/2016	01/06/2016	Complete	
Step 2: Add Locations	Not Required			Incomplete	
Step 3: Add Specializations	Required			Incomplete	
Step 4: Ownership & Managing/Controlling Interest details	Not Required			Incomplete	
Step 5: Add Licenses and Certifications	Optional			Incomplete	
Step 6: Add Training and Education	Optional			Incomplete	
Step 7: Add Identifiers	Optional			Incomplete	
Step 8: Add Contract Details	Not Required			Incomplete	
Step 9: Add Federal Tax Details	Optional			Incomplete	
Step 10: Add EDI Submission Method	Not Required			Incomplete	
Step 11: Add EDI Billing Software Details	Not Required			Incomplete	
Step 12: Add EDI Submitter Details	Not Required			Incomplete	
Step 13: Add EDI Contact Information	Not Required			Incomplete	
Step 14: Add Billing Provider Details	Optional			Incomplete	
Step 15: Add Payment and Remittance Details	Not Required			Incomplete	
Step 16: Complete Enrollment Checklist	Required			Incomplete	
Step 17: Submit Enrollment Application for Review	Required			Incomplete	

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

Adding the DEA Number

- Click on the **Add** button in the upper left corner of the screen.



The screenshot shows a web interface for "Provider Identifiers". At the top left, there are two buttons: "Close" and "Add". The "Add" button is highlighted with a green box. Below the buttons is a search bar with "Filter By:" followed by a dropdown menu, two input fields, and a "Go" button. To the right of the search bar are "Save Filter" and "My Filters" buttons. Below the search bar is a table with four columns: "Identifier Type", "Identifier Value", "Start Date", and "End Date". Each column has a dropdown arrow. Below the table, the text "No Records Found!" is displayed in red.

Note: If there is no other identifier currently listed on the provider file, this screen will show **"No Records Found!"**

Adding the DEA Number

- Using the Identifier Type dropdown, choose the **Identifier Type - Drug Enforcement Agency (DEA) Number**.

Add New Identifier

Identifier Type: Adult Family Home Number ▼ ← Identifier Value:

Start Date: * End Date:

- Adult Family Home Number
- Agency Number
- Case Management System Number
- DSHS Administration Program Identifier
- Drug Enforcement Agency (DEA) Number**
- Foster Care Home Number
- Health Plan Association Number
- Legacy MMIS Provider ID
- Legacy Trading Partner Identification Number
- Other ProviderOne Provider ID
- Provider Medicare Number
- SSN
- Social Service Payment System (SSPS) Number

- Enter the **Identifier Type**, **Identifier Value (DEA #)** and a **Start** and **End date** and click **Ok**.

Add New Identifier

Identifier Type: Drug Enforcement Agency (DEA) N ▼ * Identifier Value: DEA0000000 *

Start Date: 06/01/2017 * End Date: 06/01/2020 x

OK

Adding the DEA Number

- The Business Process Wizard returns you to the Provider Identifiers list with your added DEA number.



The screenshot shows a web application interface for "Provider Identifiers". At the top left, there are two buttons: "Close" (highlighted with a green box) and "Add". Below the title bar, there is a filter section with a "Filter By:" dropdown menu, two input fields, and a "Go" button. To the right of the filter section are "Save Filter" and "My Filters" buttons. The main content area is a table with the following columns: "Identifier Type", "Identifier Value", "Start Date", and "End Date". The table contains one row with the following data:

Identifier Type	Identifier Value	Start Date	End Date
<input type="checkbox"/> Drug Enforcement Agency (DEA) Number	DEA0000000	06/01/2017	06/01/2020

At the bottom of the interface, there is a "Delete" button, a "View Page: 1" dropdown, a "Go" button, a "Page Count" button, and "Viewing Page: 1" text. To the right are navigation buttons: "First", "Prev", "Next", and "Last". At the bottom left, there is a "SaveToXLS" button.

- Click **Close** to return to the main enrollment screen.

Adding the DEA Number

- Back on the business process wizard, Step 7 now shows as complete.

<input type="checkbox"/>	Step 7: Identifiers	Optional	12/17/2009	12/17/2009	Complete
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- Now the update on the provider file must be sent in for review by Provider Enrollment staff.

Submit the File Update for Agency Review

- Click on the hyperlink for **Step: 17 Submit Enrollment Application for Review.**

Step 17: Submit Enrollment Application for Review	Required		Incomplete
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Close
Submit Enrollment

Final Submission

Application #: 20170519157551 Enrollment Type: Individual

The information submitted for enrollment shall be verified and reviewed by the DSHS.
During this time, any changes to the information shall not be accepted.

I agree that the information submitted as a part of the application is correct (Privacy and Confidentiality).

Please use the Application # in all the documentation sent to the DSHS.

Instructions for submitting documentation:

1. Please click on [this link](#) to display the documentation cover sheet.
2. Print the cover sheet.
3. Write the Application number in the 'Application #' field of the cover sheet.
4. Include the cover sheet, with the Application number, when mailing or faxing documentation to the DSHS.

Application Document Checklist

Forms/Documents	Special Instructions	Source	Required
Training and Education	Please provide a copy of all required Training and Documentation.		NO
Tax Documents	Please provide a copy of all required Tax Documents.	http://www.irs.gov/	YES
Licenses and Certifications	Please provide a copy of all required Licenses and Certifications.	http://www.doh.wa.gov	YES
EDI Required Documentations	Please provide a copy of all required Trading Partner documents.		NO
Contracts and Agreements	Please provide a copy of all required Contracts and Agreements. Include a copy of the current Core Provider Agreement.		YES
Business License	Please provide a copy of business license.	http://www.dor.wa.gov	YES

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

- Click the **Submit Enrollment** button to submit the update to the agency.

Resources

- Problems? Contact Provider Enrollment at 800-562-3022 ext. 16137 or by email at: providerenrollment@hca.wa.gov.
- Provider Enrollment's webpage: <https://www.hca.wa.gov/billers-providers/apple-health-medicaid-providers/enroll-provider>
- ProviderOne Billing and Resource Guide: <https://www.hca.wa.gov/billers-providers/providerone/providerone-billing-and-resource-guide>
- For other training webinars and fact sheets, see the ProviderOne Resources webpage: <https://www.hca.wa.gov/billers-providers/providerone-resources>