

The “Managing Provider Data” How To provides instructions on:

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- Step 8: Contract Details..... 15
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- Step 16/17: Submit for Review22



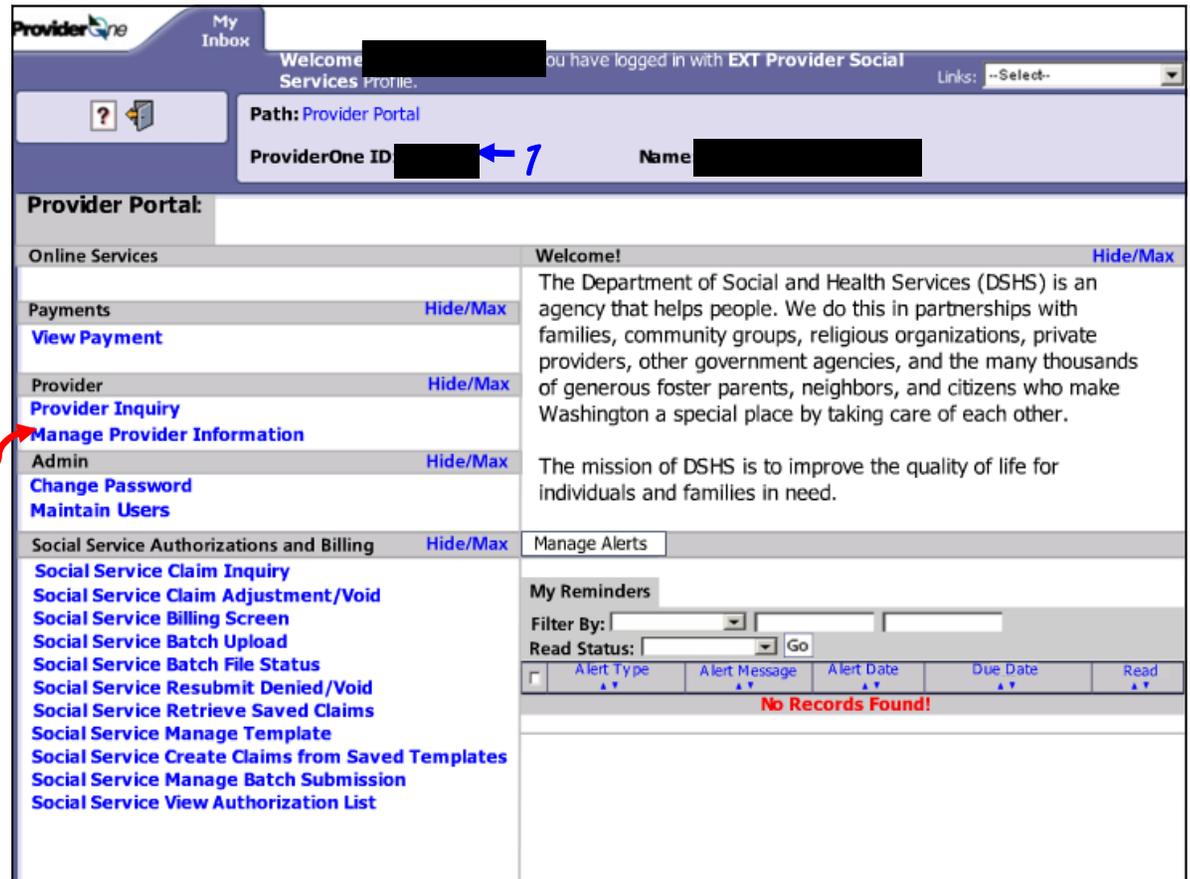
The screenshot shows a video player interface for a tutorial. The main content area has a blue background with the text "ProviderOne Essentials: Managing Provider Data" in white. Below this text is a white button that says "CLICK TO BEGIN". At the bottom of the video player, there is a progress bar and a "NEXT >" button. On the right side of the interface, there is a sidebar with the Washington State Department of Social & Health Services logo and the ProviderOne logo. The sidebar also contains a "Notes" section with a "Menu" and "Glossary" link, and a "Welcome" section with the following text: "Hello, and welcome to our class, ProviderOne Essentials: Managing Provider Data. At the completion of this course, you will have learned how to manage your provider data within ProviderOne. This tutorial will take approximately 10 minutes to complete."

As a social service provider, your provider information is preloaded into ProviderOne based on your DSHS contract information.

1. Your lines of business are combined within a single domain, which is the 7 digit **ProviderOne ID** that you used to log in. This domain includes all the social service contracts linked to your tax identification number.
2. To view and modify your provider data, **click on** Manage Provider Information

2 Click on

Provider Portal



The screenshot shows the Provider Portal interface. At the top, there is a navigation bar with the ProviderOne logo and a 'My Inbox' link. Below this, a welcome message reads: 'Welcome [redacted] you have logged in with EXT Provider Social'. The path is 'Provider Portal' and the ProviderOne ID is [redacted] with a blue arrow pointing to it. The name is [redacted].

The main content area is divided into two columns. The left column contains a list of links under various categories:

- Online Services** (Hide/Max)
- Payments** (Hide/Max): View Payment
- Provider** (Hide/Max): Provider Inquiry, **Manage Provider Information** (highlighted with a red arrow), Admin
- Admin** (Hide/Max): Change Password, Maintain Users
- Social Service Authorizations and Billing** (Hide/Max): Social Service Claim Inquiry, Social Service Claim Adjustment/Void, Social Service Billing Screen, Social Service Batch Upload, Social Service Batch File Status, Social Service Resubmit Denied/Void, Social Service Retrieve Saved Claims, Social Service Manage Template, Social Service Create Claims from Saved Templates, Social Service Manage Batch Submission, Social Service View Authorization List

The right column contains a 'Welcome!' message from the Department of Social and Health Services (DSHS) and a 'My Reminders' section. The 'My Reminders' section has a filter by dropdown, a 'Read Status' dropdown, and a 'Go' button. Below this is a table with columns: Alert Type, Alert Message, Alert Date, Due Date, and Read. The table is empty, and a red message says 'No Records Found!'.

3. The View/Update Provider Data page appears
4. As a social service provider, you will need to check the data in the following steps:
 - Step 1: Basic Information
 - Step 2: Locations
 - Step 8: Contact Details
 - Step 15: Payment and Remittance Details
 - Step 16/17: Submit Modifications for Review
5. The first time you view this page the status of all the steps is complete
6. If you made a modification but would like to cancel it, click on Undo Update prior to Step 16 submitting the changes.

3 View/Update Provider Data Page

Close Required Credentials Undo Update ← 6 Click on

Important - Step 11: EDI Submission Method is REQUIRED if FTP/Web Batch Submitter or Retrieving 835s.

View/Update Provider Data

Business Process Wizard - Provider Data Modification (Facility/Agency/Organization/Institution). In order to finalize submission of your requested changes, you must complete the Step - Submit Modification Request for Review.

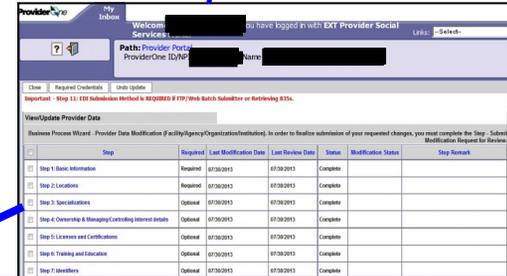
Step	Required	Last Modification Date	Last Review Date	Status	Modification Status	Step Remark
Step 1: Basic Information	Required	07/30/2013	07/30/2013	Complete		
Step 2: Locations	Required	07/30/2013	07/30/2013	Complete		
Step 3: Specializations	Optional	07/30/2013	07/30/2013	Complete		
Step 4: Ownership & Managing/Controlling Interest details	Optional	07/30/2013	07/30/2013	Complete		
Step 5: Licenses and Certifications	Optional	07/30/2013	07/30/2013	Complete		
Step 6: Training and Education	Optional	07/30/2013	07/30/2013	Complete		
Step 7: Identifiers	Optional	07/30/2013	07/30/2013	Complete		
Step 8: Contract Details	Optional	07/30/2013	07/30/2013	Complete		
Step 9: Federal Tax Details	Optional	07/30/2013	07/30/2013	Complete		
Step 10: EDI Submission Method	Optional	07/30/2013	07/30/2013	Complete		
Step 11: EDI Billing Software Details	Optional	07/30/2013	07/30/2013	Complete		
Step 12: EDI Submitter Details	Optional	07/30/2013	07/30/2013	Complete		
Step 14: EDI Contact Information	Optional	07/30/2013	07/30/2013	Complete		
Step 14: Servicing Provider Information	Optional	07/30/2013	07/30/2013	Complete		
Step 15: Payment and Remittance Details	Required	07/30/2013	07/30/2013	Complete		
Step 16: Submit Modification for Review	Required	07/30/2013	07/30/2013	Complete		

Viewing Page 1 of 1 Page Count SaveToXLS

Note: Viewing or modifying steps 3-7 and 9-14 is not recommended and could result in changes to the status of the step and payment difficulties.

1. From the [View/Update Provider Data](#) page
2. **Click on** Step 1: Basic Information
3. The Provider Details Pop-up **appears**
4. Tax Numbers
 - a. Federal Employer Tax Number
 - b. Corporate Tax Number

1 View/Update Provider Data

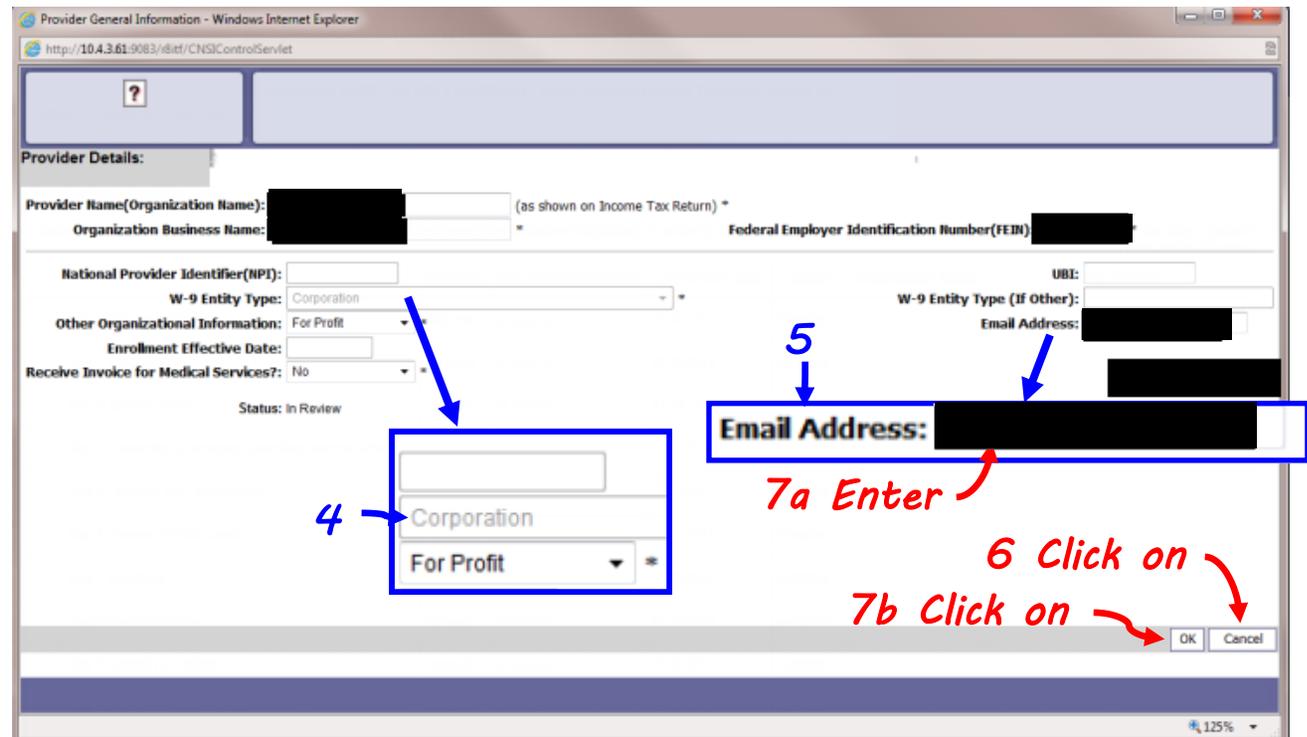


Step	Required	Last Modification Date	Last Review Date	Status
Step 1: Basic Information	Required	07/30/2013	07/30/2013	Complete
Step 2: Locations	Required	07/30/2013	07/30/2013	Complete
Step 3: Specializations	Optional	07/30/2013	07/30/2013	Complete

3 Provider Details

5. Check your domain's primary email address
6. If the email is correct, click on cancel to return to the last page
7. If the email is not correct,
 - a. Enter new email address
 - b. Click on OK

Provider Details



To ensure that you receive ProviderOne electronic communications, it is important to keep your primary domain email address up to date.

8. The View/Update Provider Data appears
9. If you did not modify any data and used Cancel to close the pop-up, the **Modification Status** will be blank
10. If you modified data and used OK to close the pop-up, the **Update** will appear in the Modification Status

8 View/Update Provider Data Page

Important - Step 11: EDI Submission Method is REQUIRED if FTP/Web Batch Submitter or Retrieving 835s.

View/Update Provider Data

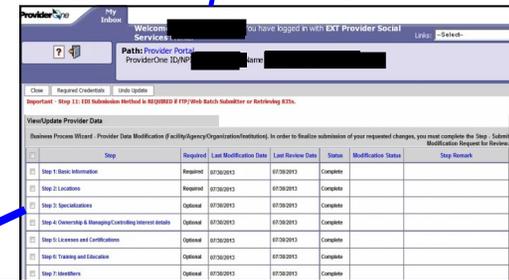
Business Process Wizard - Provider Data Modification (Facility/Agency/Organization/Institution). In order to finalize submission of your requested changes, you must complete the Step - Submit Modification Request for Review.

Step	Required	Last Modification Date	Last Review Date	Status	Modification Status	Step Remark
Step 1: Basic Information	Required	07/30/2013	07/30/2013	Complete		
Step 2: Locations	Required	07/30/2013	07/30/2013	Complete		
Step 3: Specializations	Optional	07/30/2013	07/30/2013	Complete		
Step 4: Ownership & Managing/Controlling Interest details	Optional	07/30/2013	07/30/2013	Complete		
Step 5: Licenses and Certifications	Optional	07/30/2013	07/30/2013	Complete		
Step 6: Training and Education	Optional	07/30/2013	07/30/2013	Complete		
Step 7: Identifiers	Optional	07/30/2013	07/30/2013	Complete		
Step 8: Contract Details	Optional	07/30/2013	07/30/2013	Complete		
Step 9: Federal Tax Details	Optional	07/30/2013	07/30/2013	Complete		
Step 10: EDI Submission Method	Optional	07/30/2013	07/30/2013	Complete		
Step 11: EDI Billing Software Details	Optional	07/30/2013	07/30/2013	Complete		
Step 12: EDI Submitter Details	Optional	07/30/2013	07/30/2013	Complete		
Step 14: EDI Contact Information	Optional	07/30/2013	07/30/2013	Complete		
Step 14: Servicing Provider Information	Optional	07/30/2013	07/30/2013	Complete		
Step 15: Payment and Remittance Details	Required	07/30/2013	07/30/2013	Complete		
Step 16: Submit Modification for Review	Required	07/30/2013	07/30/2013	Complete	Updated	

Locations are the physical locations or addresses where you currently provide social services.

1. From the [View/Update Provider Data](#) page
2. **Click on** Step 2: Locations
3. The Provider Locations Page **appears** showing all the locations within your domain

1 View/Update Provider Data



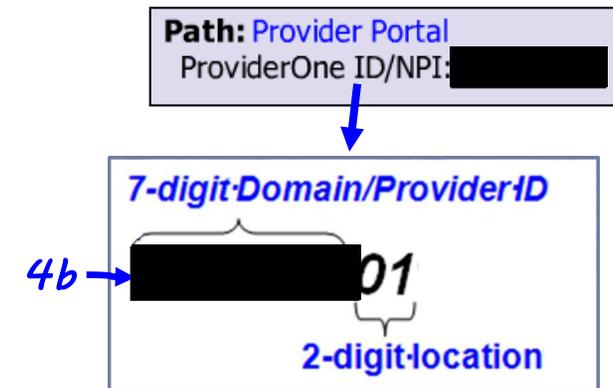
Step	Required	Last Modification Date	Last Review Date	Status
Step 1: Basic Information	Required	07/30/2013	07/30/2013	Complete
Step 2: Locations	Required	07/30/2013	07/30/2013	Complete
Step 3: Specializations	Optional	07/30/2013	07/30/2013	Complete

3 Provider Information Page

Location Code	Location Name	Location Type	Location Details	Start Date	End Date	Status	Business Status
03	[Redacted]	Social Service Location	[Redacted]	04/01/2011	12/31/2999	Approved	Active/Open
02	[Redacted]	Social Service Location	[Redacted]	03/10/2011	12/31/2999	Approved	Active/Open
01	[Redacted]	Social Service Location	[Redacted]	03/10/2011	01/10/2999	Approved	Active/Open

4. The **Location Code (4a)** is a 2 digit number that is added to your domain or Provider ID. This creates a **9 digit Provider ID (4b)** that is used for your authorizations. All authorizations are linked to a single location.

Most providers will have just 1 location: "01". If you provide social service medical, you will have an "00" location. You cannot add a location through ProviderOne.



5. Click on 01 to check the first location
6. The Location Details Page appears
7. View and correct data as needed. Each location can have a unique contact, or share the same contact as the domain. Verify the email address for this location.
8. Email is the default communications preference. Each location can have a different notification method. Select the notification method.

View/Update Provider Data

Location Code	Location Name	Location Type	Start Date	End Date	Status	Business Status
03	[REDACTED]	Social Service Location	04/01/2011	12/31/2999	Approved	Active/Open
02	[REDACTED]	Social Service Location	03/10/2011	12/31/2999	Approved	Active/Open
01	[REDACTED]	Social Service Location	03/10/2011	01/10/2999	Approved	Active/Open

5 Click on → 01

6 Location Details Page

Location Details:

Location Business Name: [REDACTED] Location Code: 01 Location Type: Social Service Location

Contact First Name: [REDACTED] Contact Last Name: [REDACTED] Accept New Client:

Phone Number: [REDACTED] Fax Number: [REDACTED] Email Address: [REDACTED]

Cell Phone Number: [REDACTED] WA Tax Revenue Code: [REDACTED] Communication Preference: Email

Web Page: [REDACTED]

Business Status: Active/Open Start Date: 03/12/2013 End Date: 12/31/2999

System Status: Approved Start Date: 03/12/2013 End Date: 12/31/2999

Facility Details:

State Facility Id: [REDACTED] No. Of Licensed Beds: 12 Fiscal Year End Date: 12/31/2999

Location Details:

Location Business Name: [REDACTED] * Location Code: 04 Location Type: Social Service Location

Contact First Name: [REDACTED] * Contact Last Name: [REDACTED] * Accept New Client:

Phone Number: [REDACTED] * Fax Number: [REDACTED] Email Address: [REDACTED]

Cell Phone Number: [REDACTED] WA Tax Revenue Code: [REDACTED] Communication Preference: Email

Web Page: [REDACTED] 7, 7

Business Status: Active/Open Start Date: 03/12/2013 End Date: 12/31/2999

System Status: Approved Start Date: 03/12/2013 End Date: 12/31/2999

8 Select ↗

Authorizations are linked to locations. When there is a new authorization, a change in an authorization, or a change in responsibility, ProviderOne will post a notice within the Alerts Section of the Portal page and send a message using the location's contact information. All authorization information is available within ProviderOne on the Authorization List Page.

9. **Scroll** down to view the location's addresses

9 Scroll 

Add Address

Address List:

Filter By: Go

<input type="checkbox"/>	Address Type ▲ ▼	Address ▲ ▼	Start Date ▲ ▼	End Date ▲ ▼	Status ▲ ▼
<input type="checkbox"/>	Location ← 10a	[REDACTED]	01/01/2012	12/31/2999	APPROVED
<input type="checkbox"/>	Mailing ← 10b	[REDACTED]	01/01/2012	12/31/2999	APPROVED
<input type="checkbox"/>	Pay-To ← 10c	[REDACTED]	01/01/2012	12/31/2999	APPROVED

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11 Click on 

10. There are 3 addresses for each location:

- a. **Location** is the physical address of the business. If you provide a service that requires a license that is connected to a specific physical location, such as an Adult Family Home, Group Home, or Companion Home, ProviderOne will not approve changes to your location address. To update this address contact DSHS.
- b. **Mailing** is the address where ProviderOne will send you mail.
- c. **Pay To** is the address where ProviderOne will mail your payments. Please note: if you have electronic fund transfer (EFT), this address is used as a back-up.

11. **Click on** an address to view and modify

9. The Manage Provider Location page appears

9 Manage Provider Locations Page

10. Click on Address to edit or change address

11. The Address Details page appears showing the current address

12. Enter new address

13. Enter zip code

14. Click on Validate Address

11 Address Details Page

15. Validation populates the address information

16. Check the information. If correct, click on OK.

If the Validate Address button results in an invalid address. You can still enter the address you want to use, the Validate Address button simply checks to see if it matches Post Office records and does not prohibit non-matches.

Address Details Page

17 Manage Provider Address Page

20 Click on →

17. The Manage Provider Location Address page appears

18. Enter Start Date

19. Click on Save

20. Click on Close

21. The Location Details page appears

22. Scroll down to view new address

23. To view new address:

- Select Status from the drop down menu
- Enter “%” in search field
- Click on Go

21 Location Details Page

23a Select

23b Enter

23c Click on

Address Type	Address	Start Date	End Date	Status
Location	[REDACTED]	01/01/2012	12/31/2999	APPROVED
Pay-To	[REDACTED]	01/01/2012	12/31/2999	APPROVED

24. New Address appears with status of In Review

25. Click on Save

26. Click on Close

24

Address Type	Address	Start Date	End Date	Status
Location	[REDACTED]	01/01/2012	12/31/2999	APPROVED
Mailing	[REDACTED]	01/01/2012	12/31/2999	IN REVIEW
Pay-To	[REDACTED]	01/01/2012	12/31/2999	APPROVED

27. The Provider Locations page appears

27 Provider Locations Page

Close Add

Provider Locations:

Filter By: Status % And Go

Location Code	Location Name	Location Type	Location Details	Start Date	End Date	Status	Business Status
03	[REDACTED]	Social Service Location	[REDACTED]	04/01/2011	12/31/2999	Approved	Active/Open
02	[REDACTED]	Social Service Location	[REDACTED]	03/10/2011	12/31/2999	Approved	Active/Open

<< Prev Viewing Page 1 Next >> 1 Go Page Count SaveToXLS

28. To view location modifications:

- Select Status from the drop down menu
- Enter “%” in search field
- Click on Go

Close Add

Provider Locations:

Filter By: And Go

Location Code	Location Name	Location Type	Location Details	Start Date	End Date	Status	Business Status
03	[REDACTED]	Social Service Location	[REDACTED]	04/01/2011	12/31/2999	Approved	Active/Open
02	[REDACTED]	Social Service Location	[REDACTED]	03/10/2011	12/31/2999	Approved	Active/Open
01	[REDACTED]	Social Service Location	[REDACTED]	03/10/2011	01/10/2999	In Review	Active/Open

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29. New Address appears with status of In Review

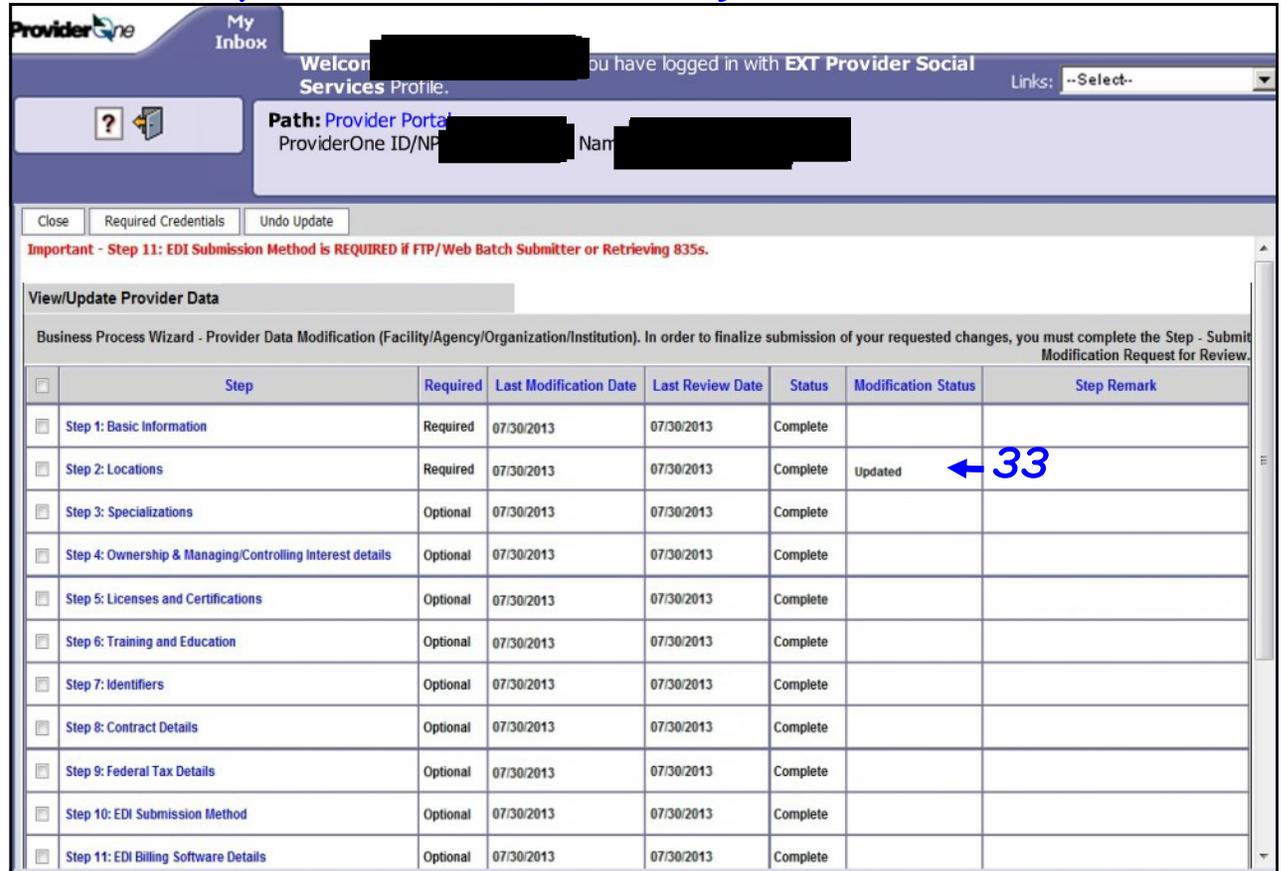
30. Repeat review process for each location

31. After completing process for each location click on Close

32. The View/Update Provider Data page appears

33. Step 2 Modification Status is now Updated

32 View/Update Provider Data Page



Close Required Credentials Undo Update

Important - Step 11: EDI Submission Method is REQUIRED if FTP/Web Batch Submitter or Retrieving 835s.

View/Update Provider Data

Business Process Wizard - Provider Data Modification (Facility/Agency/Organization/Institution). In order to finalize submission of your requested changes, you must complete the Step - Submit Modification Request for Review.

<input type="checkbox"/>	Step	Required	Last Modification Date	Last Review Date	Status	Modification Status	Step Remark
<input type="checkbox"/>	Step 1: Basic Information	Required	07/30/2013	07/30/2013	Complete		
<input type="checkbox"/>	Step 2: Locations	Required	07/30/2013	07/30/2013	Complete	Updated ← 33	
<input type="checkbox"/>	Step 3: Specializations	Optional	07/30/2013	07/30/2013	Complete		
<input type="checkbox"/>	Step 4: Ownership & Managing/Controlling Interest details	Optional	07/30/2013	07/30/2013	Complete		
<input type="checkbox"/>	Step 5: Licenses and Certifications	Optional	07/30/2013	07/30/2013	Complete		
<input type="checkbox"/>	Step 6: Training and Education	Optional	07/30/2013	07/30/2013	Complete		
<input type="checkbox"/>	Step 7: Identifiers	Optional	07/30/2013	07/30/2013	Complete		
<input type="checkbox"/>	Step 8: Contract Details	Optional	07/30/2013	07/30/2013	Complete		
<input type="checkbox"/>	Step 9: Federal Tax Details	Optional	07/30/2013	07/30/2013	Complete		
<input type="checkbox"/>	Step 10: EDI Submission Method	Optional	07/30/2013	07/30/2013	Complete		
<input type="checkbox"/>	Step 11: EDI Billing Software Details	Optional	07/30/2013	07/30/2013	Complete		

1. From the [View/Update Provider Data](#) page
2. **Click on** Step 8: Contracts Details
3. The Contracts List page **appears**
4. **Check** the End Date and Status of your contract

1 View/Update Provider Data

Step	Required	Last Modification Date	Last Review Date	Status	Modification Status	Step Remark
Step 1: Basic Information	Required	07/30/2013	07/30/2013	Complete		
Step 2: Locations	Required	07/30/2013	07/30/2013	Complete	Updated	
Step 3: Specializations	Optional	07/30/2013	07/30/2013	Complete		
Step 4: Ownership & Managing/Controlling Interest details	Optional	07/30/2013	07/30/2013	Complete		
Step 5: Licenses and Certifications	Optional	07/30/2013	07/30/2013	Complete		
<input type="checkbox"/> Step 7: Identifiers	Optional	07/30/2013	07/30/2013	Complete		
<input type="checkbox"/> Step 8: Contract Details	Optional	07/30/2013	07/30/2013	Complete		
<input type="checkbox"/> Step 9: Federal Tax Details	Optional	07/30/2013	07/30/2013	Complete		

If your contract is within 2 months of expiration or has expired, contact the DSHS contact listed on page 1 of your contract.

5. **Click on** Close

3 Contracts List Page

5 **Click on**

Contract Number	Location Code	Location Name	Contract Code	Contract Subcode	Start Date	End Date	Status	Operational Status	Inactivation Date
[Redacted]	01	[Redacted]	1226		01/01/2013	12/31/2014	APPROVED	Active	

Start Date	End Date	Status	Operational Status
01/01/2013	12/31/2014	APPROVED	Active

4

1. From the [View/Update Provider Data](#) page
2. **Scroll** down
3. **Click on** Step 15: Payment & Remittance Details
4. The Payment Details page **appears**
5. Each location can have the same, or different payment options and details. **View** and/or **change** the payable information for each of your locations.
6. **Click** on a location

1 View/Update Provider Data

Step	Required	Last Modification Date	Last Review Date	Status	Modification Status	Step Remark
Step 1: Basic Information	Required	07/30/2013	07/30/2013	Complete		
Step 2: Locations	Required	07/30/2013	07/30/2013	Complete	Unsaved	
Step 3: Specializations	Optional	07/30/2013	07/30/2013	Complete		
Step 4: Ownership & Managing/Controlling Interest details	Optional	07/30/2013	07/30/2013	Complete		
Step 5: Licenses and Certifications	Optional	07/30/2013	07/30/2013	Complete		
<input type="checkbox"/> Step 14: Servicing Provider Information	Optional	07/30/2013	07/30/2013	Complete		
<input type="checkbox"/> Step 15: Payment and Remittance Details	Required	07/30/2013	07/30/2013	Complete		
<input type="checkbox"/> Step 16: Submit Modification for Review	Required	07/30/2013	07/30/2013	Complete		

3 Click on

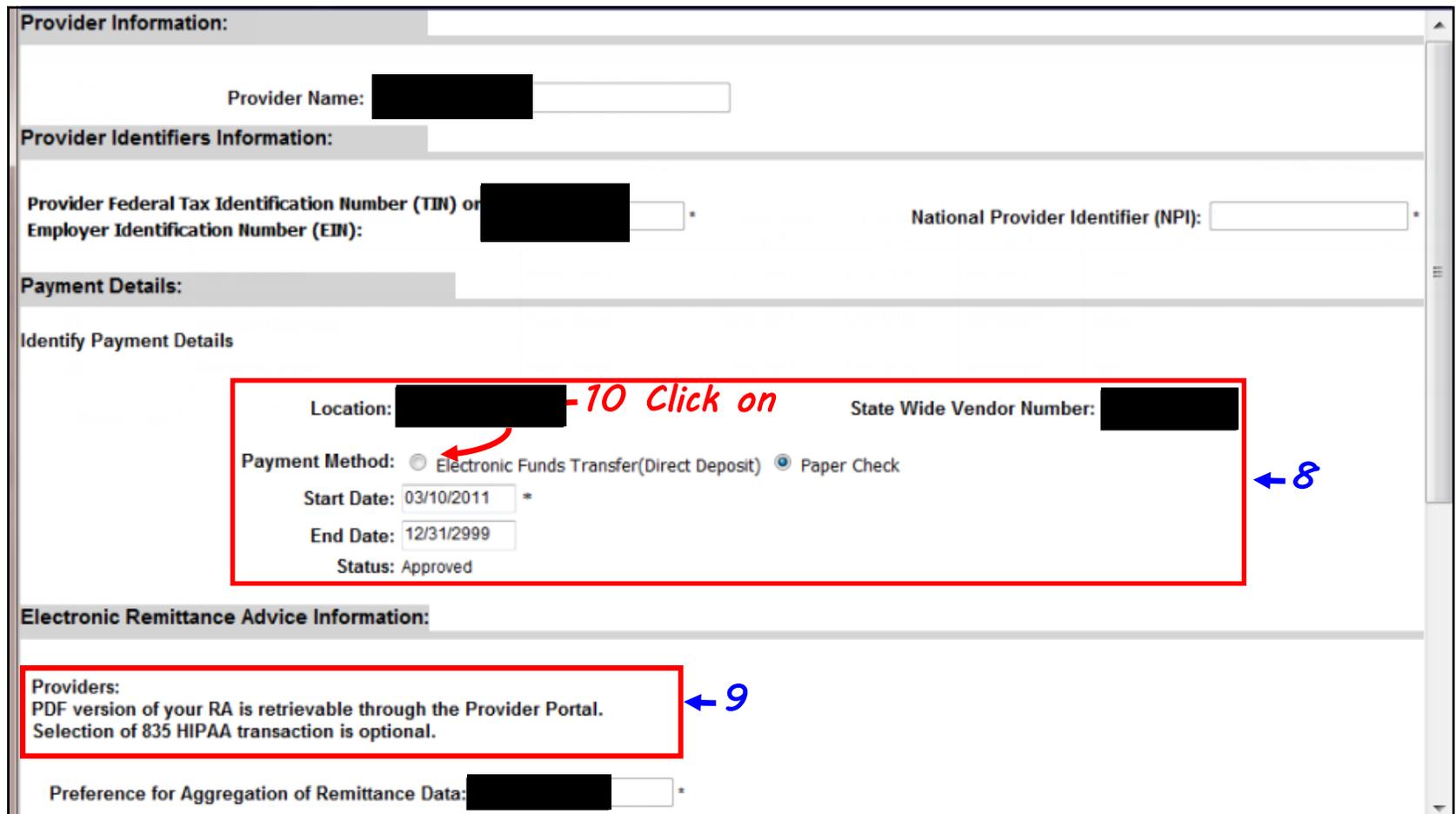
4 Payment Details Page

Location Code	Location Name	Payment Method	Start Date	End Date	Status	Operational Status	Inactivation Date
<input type="checkbox"/> 03	[REDACTED]	Paper Check	03/10/2011	12/31/2999	APPROVED	Active	
<input type="checkbox"/> 02	[REDACTED]	Paper Check	03/10/2011	12/31/2999	APPROVED	Active	
<input type="checkbox"/> 01	[REDACTED]	Paper Check	03/10/2011	12/31/2999	APPROVED	Active	

Remittance Advice (RA) is linked to a location and so will include only the payment details for a single location. Each location will have its own RA.

7. The Provider Information pop-up appears

7 Provider Information Pop-Up



Provider Information:

Provider Name: [Redacted]

Provider Identifiers Information:

Provider Federal Tax Identification Number (TIN) or Employer Identification Number (EIN): [Redacted] * National Provider Identifier (NPI): [Redacted] *

Payment Details:

Identify Payment Details

Location: [Redacted] -10 Click on State Wide Vendor Number: [Redacted]

Payment Method: Electronic Funds Transfer(Direct Deposit) Paper Check ← 8

Start Date: 03/10/2011 *

End Date: 12/31/2999

Status: Approved

Electronic Remittance Advice Information:

Providers: PDF version of your RA is retrievable through the Provider Portal. Selection of 835 HIPAA transaction is optional. ← 9

Preference for Aggregation of Remittance Data: [Redacted] *

8. Review payment details

9. Note that RA's are retrievable through the Provider Portal

10. To change payment to Electronic Funds Transfer (EFT, Direct Deposit), click on Electronic Fund Transfer

11. The Financial Institution Information **appears** with (if available) the saved financial information pre-populated. Verify the information.

11 Financial Institution Information

Financial Institution Information:

12a Enter

12b Enter

11 → Financial Institution Name: * Financial Institution Routing Number: *

← 12c Enter

Providers Account Number with Financial Institution: *****0228 * Type of Account at Financial Institution: *

↓ 12d Enter

Payment Notification Preference: * ← 13 Verify EFT Test Status:

12. If there is an error or no data was populated., enter the required data:
 - a. **Enter** Financial Institution Name
 - b. **Enter** Financial Institution Routing Number
 - c. **Enter** Provider's Account Number with Financial Institution
 - d. **Enter** Type of Account at Financial Institution

13. **Verify** Email as the Payment Notification Preference

Submission Information:

Reason for Submission: (Payment and Remittance Only) * *15 Verify*

Authorized Signature: * *16 Enter*

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

17 Click on

14 Scroll

14. Scroll down
15. Verify Reason for Submission is Change Enrollment
16. Enter name which represents an Authorized Signature
17. Click on OK
18. If you did not make any changes to the page, Click on cancel

18 Click on

19 Payment Details Page

20c Click on

20a Select

20b Enter

Location Code	Location Name	Payment Method	Start Date	End Date	Status	Operational Status	Inactivation Date
03	[REDACTED]	Paper Check	03/10/2011	12/31/2999	APPROVED	Active	
02	[REDACTED]	Paper Check	03/10/2011	12/31/2999	APPROVED	Active	
01	[REDACTED]	Paper Check	03/10/2011	12/31/2999	APPROVED	Active	

19. The Payment Details page appears
20. To view new address:
 - a. Select Status from the drop down menu
 - b. Enter “%” in search field
 - c. Click on Go

23 Click on

22 Review

22 Review

21

Close		Add		Payment Details:				
Filter By :		And		And Operational Status:				
Active		Go						
<input type="checkbox"/>	Location Code	Location Name	Payment Method	Start Date	End Date	Status	Operational Status	Inactivation Date
<input type="checkbox"/>	03	[REDACTED]	Paper Check	03/10/2011	12/31/2999	APPROVED	Active	
<input type="checkbox"/>	02	[REDACTED]	Paper Check	03/10/2011	12/31/2999	APPROVED	Active	
<input type="checkbox"/>	01	[REDACTED]	Paper Check	03/10/2011	12/31/2999	APPROVED	Active	
<input type="checkbox"/>	01	[REDACTED]	Electronic Funds Transfer (Direct Deposit)	03/10/2011	12/31/2999	IN REVIEW	Active	

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21. The modification details appears with the status In Review
22. Repeat review process for each location
23. After completing process for each location, Click on Close

Note: You must submit an EFT Form 12-002 to the Health Care Authority as part of activating any changes to your EFT. The form is found on HCA's web page under HCA forms.

There is a ten day delay before modifications may take effect. During this period, payments will be issued to the "Pay To" address for the location.

24. The View/Update Provider Data page appears showing update

24 View/Update Provider Data Page

Close Required Credentials Undo Update

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View/Update Provider Data

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Step 1: Basic Information	Required	07/30/2013	07/30/2013	Complete		
Step 2: Locations	Required	07/30/2013	07/30/2013	Complete	Updated	
Step 3: Specializations	Optional	07/30/2013	07/30/2013	Complete		
Step 4: Ownership & Managing/Controlling Interest details	Optional	07/30/2013	07/30/2013	Complete		
Step 5: Licenses and Certifications	Optional	07/30/2013	07/30/2013	Complete		
Step 6: Training and Education	Optional	07/30/2013	07/30/2013	Complete		
Step 7: Identifiers	Optional	07/30/2013	07/30/2013	Complete		
Step 8: Contract Details	Optional	07/30/2013	07/30/2013	Complete		
Step 9: Federal Tax Details	Optional	07/30/2013	07/30/2013	Complete		
Step 10: EDI Submission Method	Optional	07/30/2013	07/30/2013	Complete		
Step 11: EDI Billing Software Details	Optional	07/30/2013	07/30/2013	Complete		
Step 12: EDI Submitter Details	Optional	07/30/2013	07/30/2013	Complete		
Step 14: EDI Contact Information	Optional	07/30/2013	07/30/2013	Complete	Updated	
Step 14: Servicing Provider Information	Optional	07/30/2013	07/30/2013	Complete		
Step 15: Payment and Remittance Details	Required	07/30/2013	07/30/2013	Complete		
Step 16: Submit Modification for Review	Required	07/30/2013	07/30/2013	Complete		

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1. From the [View/Update Provider Data](#) page
2. **Scroll** down
3. **Click on** Step 16: Submit Modifications for Review
4. The Final Submission page **appears**
5. **Click on** Submit Provider Modification
6. Submit Provider Modification turns **gray**
7. **Click on** Close

1 View/Update Provider Data

Step	Required	Last Modification Date	Last Review Date	Status	Modification Status	Step Remark
Step 1: Basic Information	Required	07/30/2013	07/30/2013	Complete		
Step 2: Locations	Required	07/30/2013	07/30/2013	Complete	None	
Step 3: Specifications	Optional	07/30/2013	07/30/2013	Complete		
Step 4: Ownership & Managing/Controlling Interest details	Optional	07/30/2013	07/30/2013	Complete		
Step 5: Licenses and Certifications	Optional	07/30/2013	07/30/2013	Complete		
<input type="checkbox"/> Step 14: Servicing Provider Information	Optional	07/30/2013	07/30/2013	Complete		
<input type="checkbox"/> Step 15: Payment and Remittance Details	Required	07/30/2013	07/30/2013	Complete		
<input type="checkbox"/> Step 16: Submit Modification for Review	Required	07/30/2013	07/30/2013	Complete		

2 Scroll

3 Click on

4 Final Submission Page

Final Submission

ProviderOne ID: [Redacted] Enrollment Type: [Redacted]

The requested modifications submitted shall be verified and reviewed by the DSHS. During this time, you may not make additional changes.

By clicking on "Submit Provider Modification", you are agreeing that the information submitted for modification is correct (Privacy and Confidentiality).

Please use your NPI in all the documentation sent to DSHS. If you do not use an NPI please use your ProviderOne ID.

Instructions for submitting documentation:

1. Please click on [this link](#) to display the documentation cover sheet.
2. Print the cover sheet.
3. Write the the NPI number or ProviderOne ID number in the Provider ID field on the cover sheet.
4. Include the cover sheet, with the NPI number or ProviderOne ID 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/	NO
Licenses and Certifications	Please provide a copy of all required Licenses and Certifications.	http://www.doh.wa.gov	NO
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.		NO
Business License	Please provide a copy of business license.	http://www.dor.wa.gov	NO

7 Click on

6

8. The [View/Update Provider Data](#) page appears showing update
9. The In Review status appears
10. **Click on** Close to return to the Provider Portal

8 View/Update Provider Data Page

10 Click on

Note: After submitting your modifications, further edits will not be permitted until HCA has reviewed your information.

Close Required Credentials Undo Update

Important - Step 11: ED I Submission Method is REQUIRED IF FTP/Web Batch Submitter or Retrieving 835s.

View/Update Provider Data

Business Process Wizard - Provider Data Modification (Facility/Agency/Organization/Institution). In order to finalize submission of your requested changes, you must complete the Step - Submit Modification Request for Review.

Step	Required	Last Modification Date	Last Review Date	Status	Modification Status	Step Remark
Step 1: Basic Information	Required	07/30/2013	07/30/2013	Complete		
Step 2: Locations	Required	07/30/2013	07/30/2013	Complete	In Review	
Step 3: Specializations	Optional	07/30/2013	07/30/2013	Complete		
Step 4: Ownership & Managing/Controlling Interest details	Optional	07/30/2013	07/30/2013	Complete		
Step 5: Licenses and Certifications	Optional	07/30/2013	07/30/2013	Complete		
Step 6: Training and Education	Optional	07/30/2013	07/30/2013	Complete		
Step 7: Identifiers	Optional	07/30/2013	07/30/2013	Complete		
Step 8: Contract Details	Optional	07/30/2013	07/30/2013	Complete		
Step 9: Federal Tax Details	Optional	07/30/2013	07/30/2013	Complete		
Step 10: ED I Submission Method	Optional	07/30/2013	07/30/2013	Complete		
Step 11: ED I Billing Software Details	Optional	07/30/2013	07/30/2013	Complete		
Step 12: ED I Submitter Details	Optional	07/30/2013	07/30/2013	Complete		
Step 14: ED I Contact Information	Optional	07/30/2013	07/30/2013	Complete	In Review	
Step 14: Servicing Provider Information	Optional	07/30/2013	07/30/2013	Complete		
Step 15: Payment and Remittance Details	Required	07/30/2013	07/30/2013	Complete		
Step 16: Submit Modification for Review	Required	07/30/2013	07/30/2013	Complete		

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