



How to Enroll as a Billing Provider (Setting up a ProviderOne Account)

School-Based Health Care Services Program
March 2020

NOTE: This training is intended for school districts who are interested in participating in the School-Based Health Care Services (SBHS) program. A SBHS contract must be executed prior to enrolling as a billing provider in ProviderOne.

Contact the SBHS program manager at shanna.muirhead@hca.wa.gov for additional information.

Who Can Enroll as a Billing Provider?

In order to receive Medicaid reimbursement through the SBHS program, the following entities must enroll as a billing provider in ProviderOne (P1):

- School districts
- Educational service districts
- Charter schools
- Tribal schools

What should I know before I start my application?

- You must send all required documentation noted on Slide 4 with signatures, if required. At the end of the application process, you will be given instructions on how to upload the necessary documents.
- Once you have completed step one (basic information) of the application you will be given a 16-digit application ID number. Write this number down in case you need to save and [access your application at a later time](#). The online application has up to 18 steps. If you do not have time to complete it now you will need your application number to regain access.
- **Important!** This is not the end of the online application. There are additional steps that must be completed. Click OK in the bottom right corner of the screen once you receive your application ID number to continue and complete your application. **If you do not complete the application it will be dropped from the system with no record.**

Gather Appropriate Documents

- [Core Provider Agreement](#)
- [Debarment Statement](#)
- Copy of [Internal Revenue Services \(IRS\) Form W-9](#)
- Copy of liability insurance and business license
- [Electronic Funds Transfer form](#) and [instructions](#)
- School District National Provider Identifier (NPI)
 - If your district does not have an NPI, apply [here](#).
- Federal Employer Identification Number (FEIN)
- Name, DOB, and Social Security # of managing employee (i.e. business manager, superintendent, special education director)
- Names, DOBs, SS#s, license information, and NPIs for all servicing employees
- Billing agent's ProviderOne ID (if your district contracts with a billing agent)

Visit HCA's Provider Enrollment Website

<https://www.hca.wa.gov/billers-providers-partners/apple-health-medicaid-providers/enroll-billing-provider>

- **NOTE: Open the Provider Enrollment website in a separate window and continue to follow the directions in this training to complete your enrollment!**

Starting a New Enrollment Application

- First, click “Enroll as a billing provider”.
- Next, click “Complete your enrollment”.

Enroll as a provider

Eligible provider types and requirements

Enroll as a billing provider

Enroll as a health care professional practicing under a group or facility

Enroll as a non-billing individual provider

Enroll as a billing agent/clearinghouse

Next steps for new Medicaid providers

Enroll as a billing provider

Instructions on how to enroll as a billing provider for Washington Apple Health (Medicaid).

On this page

- [Do I need to submit an enrollment application fee?](#)
- [What documents do I need to submit?](#)
- [What should I know before I start my application?](#)
- [How can I get back into my application?](#)
- [What do I do after I submit my application?](#)

Do I need to submit an enrollment application fee?

Yes. An application fee may be required to complete your enrollment.

Effective June 1, 2016, Washington Apple Health (Medicaid) is implementing an application fee for institutional provider

Compile your application materials then proceed to ProviderOne.

Complete your enrollment

Choose Provider Type

- Choose “Fac/Agency/Orgn/Inst” as provider type.

Enrollment Type:

Select the Enrollment Applicable Form

- Individual
- Group Practice
- Billing Agent/Clearinghouse
-  Fac/Agency/Orgn/Inst
- Tribal Health Services

Close

Submit

Provider Basic Information

Entering your Provider Basic Information is the first step in the enrollment process.

The screenshot shows a web form titled "Basic Information:" with the following fields:

- Organization Name: (as shown on Income Tax Return) *
- Organization Business Name: *
- FEIN: *
- NPI:
- W-9 Entity Type: *
- W-9 Entity Type (If Other):
- Other Organizational Information: *
- Enrollment Effective Date:
- UBI:
- Email Address:

At the bottom right of the form are "Finish" and "Cancel" buttons. Two blue arrows point from callout boxes to the "W-9 Entity Type" and "Other Organizational Information" dropdown menus.

Choose
"Corporation"
for W-9 Entity
Type

Choose
"Government"
for Other
Organizational
Information

Provider Basic Information, cont.

- On the basic information, you must also choose your “**Billing Type**” and your “**Available Agency**”.
 - For “**Billing Type**” you will choose: Billing Provider (BL-Billing)

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

- For “**Available Agencies**” you will choose: HCA

Basic Information

Agency: DOC
DSHS
HCA >> << *



Basic Information

Agency: DOC
DSHS >> << HCA *

Provider Basic Information, cont.

- After completing the required information, click the Finish button.
- ProviderOne displays the Basic Information-Application ID page:

Basic Information:

You have successfully completed the basic information on the Enrollment Application This is your Application #: 20080206964480
Please make note of this application number. This number will be emailed to you. This is the number you will be required to use to track the status of your enrollment application. Do not lose this number once you log off.

Ok

- Write down your Application ID for future reference!
- Click OK

Complete Additional Steps

- Complete additional steps in the online application

Required steps for a school district include steps 1, 2, 3, 4, 9, 10, 14, 16, 17 & 18

If your district has a billing agent, you will also complete steps 12 & 15

After completing required steps, submit application by choosing **Step 18: Submit Enrollment Application for Review**

Close Required Credentials

Enroll Provider -Facility/Agency/Organization:

Business Process Wizard-Provider Enrollment (Facility/Agency/Organization)

Step	Required	Start Date	End Date	Status	Step Remark
Step 1: Provider Basic Information	Required	02/06/2008	02/06/2008	Complete	
Step 2: Add Locations	Required			Incomplete	
Step 3: Add Specializations	Required			Incomplete	
Step 4: Add Ownership 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 Invoice Details	Optional			Incomplete	
Step 11: Add EDI Submission Method	Optional			Incomplete	
Step 12: Add EDI Billing Software Details	Optional			Incomplete	
Step 13: Add EDI Submitter Details	Optional			Incomplete	
Step 14: Add EDI Contact Information	Optional			Incomplete	
Step 15: Add Servicing Provider Information	Optional			Incomplete	
Step 16: Add Payment Details	Required			Incomplete	
Step 17: Complete Enrollment Checklist	Required			Incomplete	
Step 18: Submit Enrollment Application for Review	Required			Incomplete	

Complete Additional Steps, cont.

- **Step 2: Add Locations**

- Enter the address for the school district

- **Step 3: Add Specializations**

- Administration: HRSA
- Provider Type: 25-Agencies
- Specialty: 13-LEA
- Subspecialty: 00000X-LEA
- Indicators: None
- Taxable Provider Type: No

- **Step 4: Add Ownership Details**

- Enter information for managing employee
- It is at each district's discretion who should be listed as the "managing employee". Most districts enter the superintendent or business manager as their "managing employee".

Complete Additional steps, cont.

- **Step 9: Add federal tax ID details for the school district**
 - Enter information from the school district's most recent W-9 form
- **Step 10: EDI submission method**
 - If your district contracts with a billing agent (example: Leader Services, PCG, Embrace), choose "Billing Agent/Clearinghouse"
 - If your district self bills, choose "Web Interactive"
- **Step 12: EDI submitter details**
 - If your district contracts with a billing agent, enter the billing agent's ProviderOne ID (district must obtain this from the billing agent)
 - Choose "yes" for all "authorized transaction responses"
 - If your district self-bills, you can skip this step

Complete Additional Steps, cont.

- **Step 14: Servicing provider information**
 - Districts can enter servicing provider information at this step **OR** districts can skip this step and enroll providers after their ProviderOne account is approved.
 - If your district chooses to enroll the providers now, you must:
 - Gather the names, DOBs, SS#s, license numbers, and NPIs for all servicing providers who will participate in the SBHS program
 - Enter servicing provider information under Step 14
- **Step 15: Payment and remittance details**
 - If your district contracts with a billing agent, enter their ProviderOne ID Under 835 Electronic Remittance Advice Information
 - If your district self-bills, you can skip this step

Submit Application for Review and Upload Documentation

- After you have completed all steps, you must upload the documents referenced on Slide 4.
- Download instructions for [how to upload attachments in ProviderOne](#) for assistance with uploading your documents.
- After you upload your documents, you must submit the Application by hitting the “submit enrollment” button.
- You are done!

Wait Patiently!

- HCA will process your application in the order it was received.
- Applications submitted online may take up to 30 days to process.
- HCA's Provider Enrollment Team will contact you if additional information is required.
- If your application is approved, you will be mailed a welcome letter with next steps on how to access your account.

Questions?

➤ **HCA Provider Enrollment**

1-800-562-3022 ext. 16137

providerenrollment@hca.wa.gov

Provider Enrollment Hours:

- Mon, Tues, Thurs, Fri 7:30-12:00/1:00-4:20
- Closed on Wednesdays

-OR-

➤ **Shanna Muirhead, SBHS Program Manager**

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