

**School-Based Health Care Services (SBHS) Program:**

# **Enrolling Servicing Providers in ProviderOne**

## Disclaimer

This instruction manual is intended only for school districts, educational service districts (ESDs), charter schools and tribal schools participating in the Health Care Authority's School-Based Health Care Services (SBHS) program. The SBHS program provides fee-for-service reimbursement for health care related services included in a Medicaid-eligible student's individualized education program (IEP) or individualized family service plan (IFSP). More information about the SBHS program can be found on the SBHS webpage at <https://www.hca.wa.gov/sbhs>.

Questions about the SBHS program and/or which providers are eligible to participate in the SBHS program should be directed to the SBHS program manager at [shanna.muirhead@hca.wa.gov](mailto:shanna.muirhead@hca.wa.gov).

For assistance with enrolling school-based providers and/or other providers in ProviderOne, please contact HCA's Office of Provider Enrollment at 1-800-562-3022 ext. 16137 or [ProviderEnrollment@hca.wa.gov](mailto:ProviderEnrollment@hca.wa.gov).

For all other providers, instructions on how to enroll providers in ProviderOne outside of the SBHS program can be found on HCA's Provider Enrollment [webpage](#).

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## Which school-based providers must be enrolled in ProviderOne?

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In order for your school district or ESD to receive Medicaid reimbursement through the [School-Based Health Care Services \(SBHS\) program](#), each licensed provider, licensed assistant, compact license holder, and interim permit holder who participates in the SBHS program must be enrolled as a servicing provider under the school district's ProviderOne account. A list of SBHS-eligible providers can be found in the [SBHS Billing Guide](#) and in [WAC 182-537-0350](#).

- A servicing provider who provides services at multiple school districts must be enrolled under each school district's ProviderOne account. The SBHS coordinator at each district must enroll the provider under their district's account.
- Non-licensed school staff providing services under the supervision of a licensed provider do not need to be enrolled in ProviderOne.

## Gathering provider information

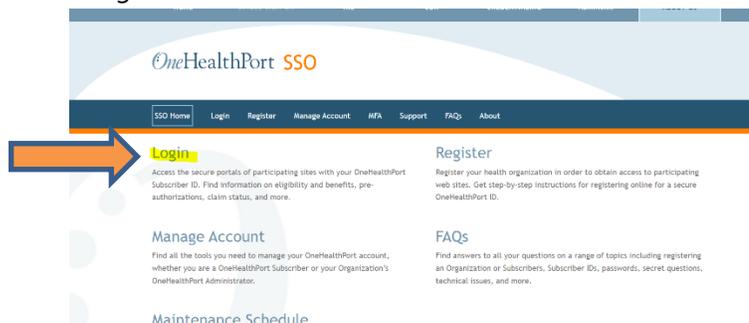
Before enrolling a provider in ProviderOne, you will need to collect the following information:

- Provider's full name
- Date of birth
- Social Security #
- Provider's National Provider Identifier (NPI)
  - Look up a provider's NPI on the [NPI registry](#)
  - Providers who do not have an NPI can apply for one through the [NPPES website](#)
  - Non-licensed school staff do not need an NPI since they are not enrolled in ProviderOne
- Department of Health (DOH) license number, license first issue date, and license expiration date
  - Look up a provider's license number, issue date, and expiration date on the [DOH website](#)

## Logging into ProviderOne

### Option 1: District is registered with OneHealthPort

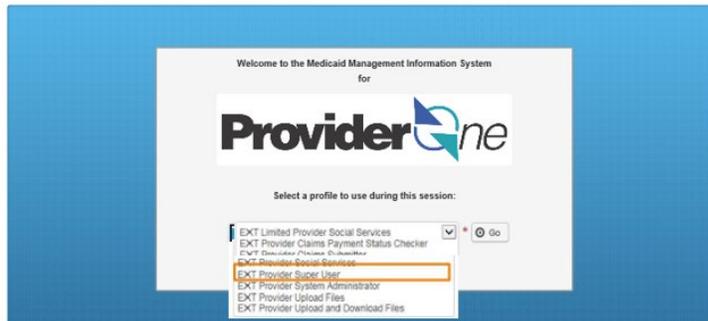
- Go to the OneHealthPort website at [www.onehealthport.com/sso-overview](http://www.onehealthport.com/sso-overview)
- Click on "Login":



- Click on the "ProviderOne" logo:



- Log in using your OneHealthPort credentials.
- Choose your school district's Domain/ProviderOne ID from the dropdown menu.
- Choose the *EXT Provider Super User* profile:



- You should now be logged into ProviderOne and can jump to page 7 of these instructions to continue enrolling providers.

#### Option 2: District not registered with OneHealthPort\*

- Log into your school district's [ProviderOne](http://www.providerone.wa.gov) account at [www.providerone.wa.gov](http://www.providerone.wa.gov) and enter the district's Domain/ProviderOne ID and your ProviderOne username and password.
- Choose the *EXT Provider Super User* profile to enroll providers:



- Contact HCA's [SBHS program manager](#) if you are having trouble accessing ProviderOne.

\*All school districts must register with OneHealthPort by the end of 2023. Logging into ProviderOne as outlined in Option 2 will no longer be available after 2023.

#### **NOTE**

**Follow directions on pages 7-10 of this instruction manual to enroll a provider who is new to your district but is already in ProviderOne (under another school district or billing provider).**

**Follow directions on pages 11-28 of this instruction manual to enroll a provider who is new to your district and who is not already in ProviderOne (provider is newly licensed and brand new to Medicaid billing).**

## Enrolling an existing servicing provider\*

\*A provider that is already in ProviderOne but needs to be added to your district's ProviderOne account (e.g., someone changing school districts, someone who works at multiple districts, or a provider who has billed Medicaid before). If you are unsure if the provider is already in ProviderOne, follow directions for "Enrolling an Existing Servicing Provider." If the provider is not already in ProviderOne, you will get an error message and can then proceed to enroll the provider as a new servicing provider.

- After you have logged into ProviderOne, under "Provider", click on **Manage Provider Information**:



- Click on **Step 14: Servicing Provider Information**:

<input type="checkbox"/>	Step 13: EDI Contact Information	Optional	07/01/2008
<input type="checkbox"/>	Step 14: Servicing Provider Information	Required	09/14/2009
<input type="checkbox"/>	Step 15: Payment and Remittance Details	Required	07/01/2008

- When the Servicing Provider list opens, click the **Add** button:

- At the Add screen:
  - In the **ProviderOne ID/NPI** field, enter the provider’s National Provider Identifier (NPI)
  - In the **Start Date** field, you may enter *either*:
    - **September 1 of the current school year**
      - **Example:** It is the beginning of the 2022-23 school year and you are enrolling a newly hired SLP under your district’s ProviderOne account. You will enter 09/01/2022 as the provider’s start date.  
---OR---
    - **The provider’s start date with the district**
      - **Example:** It is mid-way through the 2022-23 school year and the district hired a new SLP in February 2023. You don’t know the provider’s exact start date with the district. You will enter 2/1/2023 as the provider’s start date.
  - Leave the **End Date** field blank.
  - Click on the **Confirm Provider** button:

- After you click **Confirm Provider**, one of two things will happen:
  - If the provider is already enrolled under another district’s ProviderOne account, the name of the provider will populate. Continue with the steps found on pages 9-10 of this instruction manual to continue adding this provider to your district’s ProviderOne account.
  - If the provider is not enrolled under another ProviderOne account, you will receive an error message stating the provider cannot be found. Click on “OK” and follow instructions on pages 11-27 of this instruction manual for “Enrolling a New Servicing Provider”.

- If the provider's name populates on the screen, complete the **Agency**, **Servicing Provider Taxonomy**, and **Billing Provider Location** sections by moving all the applicable options in the boxes on the bottom of the screen from the left box to the right box:

- **Click OK** to add the provider to your school district's list of servicing providers.

**If you have additional "existing" providers to add, enroll them at this time following these same steps for "existing providers" or the steps on pages 11-26 for "new" providers.**

- After adding all existing providers who are new to the district, click **Close**. This will return you to the list of steps for the school district.
- **\*\*Only hit **Submit Modification for Review** if you do not have additional providers to enroll\*\***
- Click **Submit Modification for Review**:

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

<input type="checkbox"/>	Step	Required	Last Modification Date	Last Review Date	Status
<input type="checkbox"/>	Step 1: Basic Information	Required	02/20/2019	02/25/2019	Complete
<input type="checkbox"/>	Step 2: Locations	Required	11/05/2020	11/05/2020	Complete
<input type="checkbox"/>	Step 3: Specializations	Required	07/01/2008	07/01/2008	Complete
<input type="checkbox"/>	Step 4: Ownership & Managing/Controlling Interest details	Required	05/03/2019	05/03/2019	Complete
<input type="checkbox"/>	Step 5: Licenses and Certifications	Required	10/14/2009	10/30/2009	Complete
<input type="checkbox"/>	Step 6: Training and Education	Optional	07/01/2008	07/01/2008	Complete
<input type="checkbox"/>	Step 7: Identifiers	Optional	07/01/2008	07/01/2008	Complete
<input type="checkbox"/>	Step 8: Contract Details	Optional	07/01/2008	07/01/2008	Complete
<input type="checkbox"/>	Step 9: Federal Tax Details	Required	10/14/2009	10/30/2009	Complete
<input type="checkbox"/>	Step 10: EDI Submission Method	Optional	10/30/2009	10/30/2009	Complete
<input type="checkbox"/>	Step 11: EDI Billing Software Details	Optional	10/14/2009	10/30/2009	Complete
<input type="checkbox"/>	Step 12: EDI Submitter Details	Required	09/25/2014	09/26/2014	Complete
<input type="checkbox"/>	Step 13: EDI Contact Information	Optional	10/14/2009	10/30/2009	Complete
<input type="checkbox"/>	Step 14: Servicing Provider Information	Optional	02/17/2022	02/22/2022	Complete
<input type="checkbox"/>	Step 15: Payment and Remittance Details	Required	10/30/2009	10/30/2009	Complete
<input type="checkbox"/>	Step 16: Submit Modification for Review	Required	07/01/2008	07/01/2008	Complete

- You should get a response that the modification to the file has been submitted to HCA with the application #.
- Be sure to print this page or write down the application #.
- Your modification request will be reviewed and worked within **30-90 days**.
- To check on the status of an application, for assistance with enrolling providers, or to request that the application be expedited, please contact Provider Enrollment at:
  - [ProviderEnrollment@hca.wa.gov](mailto:ProviderEnrollment@hca.wa.gov)
  - 1-800-562-3022 ext. 16137

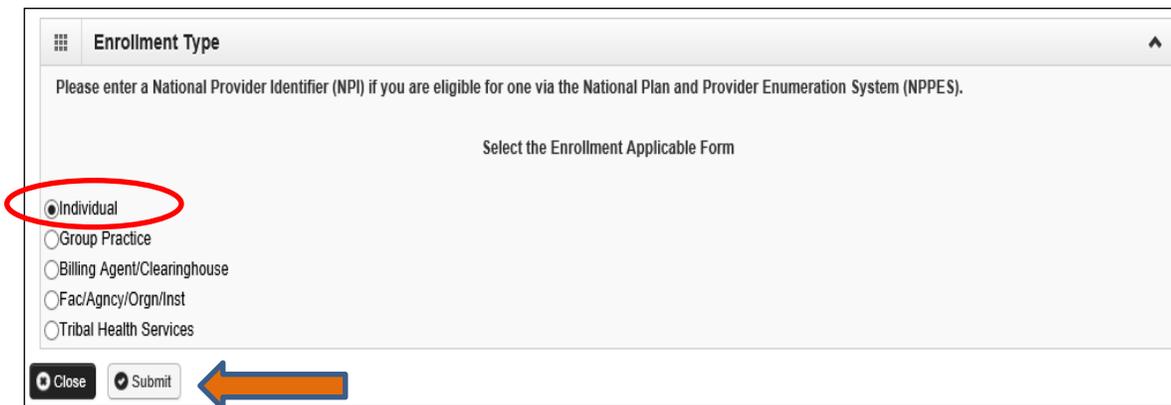
## Enrolling a new servicing provider\*

\*A new provider who is not currently enrolled in ProviderOne (e.g., a newly licensed provider who has never billed Medicaid).

- After logging into ProviderOne, click **Initiate New Enrollment**:



- Click **Individual**, then click the **Submit** button:



A screenshot of the "Enrollment Type" selection screen. The title bar says "Enrollment Type" with a grid icon on the left and an upward arrow on the right. Below the title bar, there is a text prompt: "Please enter a National Provider Identifier (NPI) if you are eligible for one via the National Plan and Provider Enumeration System (NPPES)." followed by the instruction "Select the Enrollment Applicable Form". There are five radio button options: "Individual" (which is circled in red), "Group Practice", "Billing Agent/Clearinghouse", "Fac/Agency/Orgn/Inst", and "Tribal Health Services". At the bottom left, there are two buttons: "Close" and "Submit". An orange arrow points to the "Submit" button.

- ProviderOne displays the provider’s Basic Information page where you will add information for the provider (see pages 13-14 of this instruction manual for directions on how to complete each field).

☰ Basic Information
▲

If you don't have NPI and if you are Atypical provider then please contact DSHS worker to enroll.

<p style="font-size: x-small;">Available Agencies</p> <p>Agency: <input type="text" value="DOC"/>  <input type="text" value="DSHS"/>  <input type="text" value="HCA"/>  <input type="text" value="L&amp;I"/></p>	<input type="button" value="»"/> <input type="button" value="«"/>	<p style="font-size: x-small;">Selected Agencies</p> <input type="text" value=""/>
--	--	--

Tax Identifier Type:  FEIN  
 SSN

Provider Name(Organization Name): <input type="text"/>	(as shown on Income Tax Return)
Organization Business Name: <input type="text"/>	Federal Employer Identification Number(FEIN): <input type="text"/>

Provider Name: (First Name) <input type="text"/>	(Middle Name) <input type="text"/>	(Last Name) <input type="text"/>
Suffix: <input type="text" value=""/>	Gender: <input type="text" value=""/>	Title: <input type="text" value=""/>
SSN: <input type="text" value=""/>	Servicing Type: <input type="text" value=""/>	
Date of Birth: <input type="text" value=""/>		

All medical Providers are federally mandated to have a NPI.

Is this Provider required to have a NPI?  \*

National Provider Identifier(NPI): <input type="text"/>	UBI: <input type="text"/>
W-9 Entity Type: <input type="text" value="--SELECT--"/> *	W-9 Entity Type (If Other): <input type="text"/>
Other Organizational Information: <input type="text" value="--SELECT--"/> *	Email Address: <input type="text"/>
Enrollment Effective Date: <input type="text" value=""/>	

## Provider basic information

Entering the provider's basic information is the first step in the enrollment process. Successful completion of this step will result in:

- 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.
- For **Available Agencies**, choose **HCA** and then click on the right double arrows to move it from Available Agencies to **Selected Agencies**.
- In the **HCA Billing Type** dropdown, choose **NB-Non-billing**.
- For the **Tax Identifier Type**, choose the **SSN** radio button.
- Enter the servicing provider's name in the **Provider Name** fields.
  - The Suffix and Title are not required.
- Enter the provider's **Gender**, **SSN**, and **Date of Birth**.
- In the **Servicing Type** dropdown, choose **Servicing Only**.

Basic Information
⌵

If you don't have NPI and if you are Atypical provider then please contact DSHS worker to enroll.

**Available Agencies**

Agency: DOC  
DSHS  
L&I

>>

<<

**Selected Agencies**

HCA

HCA Billing Type: NB-Non-billing ▾ \*

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Tax Identifier Type:  FEIN  SSN

---

Provider Name(Organization Name): \_\_\_\_\_ (as shown on Income Tax Return)

Organization Business Name: \_\_\_\_\_ Federal Employer Identification Number(FEIN): \_\_\_\_\_

---

Provider Name: (First Name) PRU (Middle Name) \_\_\_\_\_ (Last Name) TEST

Suffix: ▾ Gender: Male ▾

SSN: 111222333 Title: ▾

Date of Birth: 01/01/1990 Servicing Type: Servicing Only ▾

---

All medical Providers are federally mandated to have a NPI. Is this Provider required to have a NPI? ---SELECT--- ▾ \*

National Provider Identifier(NPI): \_\_\_\_\_ UBI: \_\_\_\_\_

W-9 Entity Type: ---SELECT--- ▾ \* W-9 Entity Type (If Other): \_\_\_\_\_

Other Organizational Information: ---SELECT--- ▾ \* Email Address: \_\_\_\_\_

Enrollment Effective Date: \_\_\_\_\_

▶▶ Next ⊗ Cancel

- In the bottom portion of the Basic Information screen, complete the following:
  - For **All medical providers are federally mandated to have an NPI. Is this provider required to have an NPI?**, choose **Yes**.
  - For the **National Provider Identifier (NPI)**, enter the provider's NPI.
  - **UBI**: This field is not required. Leave blank.
  - In the **W-9 Entity Type** dropdown, choose **Other**.
    - Type '**Servicing Only**' in the **W-9 Entity Type (if Other)** field.
  - In the **Other Organizational Information** dropdown, choose **Non-Profit** or **Government**
  - For the **Email Address**, enter *your* email address.
    - HCA's Provider Enrollment Office will email this email address if there are any questions about the provider's application.
  - For the **Enrollment Effective Date**, enter either:
    - **September 1 of the current school year**
      - **Example:** It is the beginning of the 2022-23 school year and you are enrolling a newly hired SLP under your district's ProviderOne account. You will enter 09/01/2022 as the provider's start date.  
---OR---
      - **The provider's start date with the district** (if the provider started after September 1)
        - **Example:** It is mid-way through the 2022-23 school year and the district hired a new SLP in February 2023. You don't know the provider's exact start date with the district. You will enter 2/1/2023 as the provider's start date.
- Click the **Next** button.

The person completing the application must enter their email address here.

The screenshot shows a form with the following fields:
 

- Is this Provider required to have an NPI? (Yes selected)
- National Provider Identifier (NPI): (empty)
- W-9 Entity Type: (Other selected)
- W-9 Entity Type (if Other): (Servicing Only)
- Other Organizational Information: (--SELECT--)
- Enrollment Effective Date: (calendar icon)
- UBI: (empty)
- Email Address: (empty)

 The 'Next' button is circled in red. A blue callout box points to the Email Address field.

- ProviderOne displays the Basic Information – Application ID page.
- Print this page or copy the **application #** 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**.

The screenshot shows the Application ID page with the following information:
 

- Application Id: 20201208718846
- Name: PRU TEST INDIVIDUAL
- Enrollment Type: Individual
- Basic Information section: You have been assigned application #: 20201208718846. 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.

 A blue arrow points to the application number. The 'Next' button is circled in red.

- You will now be at the Business Process Wizard (BPW) for this provider.
- Step 1 on this provider's BPW now shows as "Complete":

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	03/24/2022	03/24/2022	Complete	
Step 2: Add Locations	Not Required			Incomplete	
Step 3: Provider Additional Information	Optional			Incomplete	
Step 4: Add Specializations	Required			Incomplete	
Step 5: Ownership & Managing/Controlling Interest details	Not Required			Incomplete	
Step 6: Add Licenses and Certifications	Required			Incomplete	
Step 7: Add Training and Education	Optional			Incomplete	
Step 8: Add Identifiers	Optional			Incomplete	
Step 9: Add Contract Details	Not Required			Incomplete	
Step 10: Add Federal Tax 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 Billing Provider Details	Required			Incomplete	
Step 16: Add Servicing Provider Information	Not Required			Incomplete	
Step 17: Add Payment and Remittance Details	Optional			Incomplete	
Step 18: Complete Enrollment Checklist	Required			Incomplete	
Step 19: Final Enrollment Instructions	Required			Incomplete	

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- **Continue completing all "Required" steps**
  - All steps marked as "required" must have a status of **Complete** before the application can be submitted for review.
  - Steps 1, 4, 6, 15, 18, and 19 are required for servicing providers.
  - Directions on how to complete Steps 4, 6, 15, 18 and 19 can be found on Pages 16-27 of this instruction manual.

## Add specializations

### Accessing the specialty/subspecialty List

After completing Step 1: Basic Information for the provider, you can now complete **Step 4: Add Specializations**.

- From the provider's BPW, click the **Add Specializations** link.

#### Step 4: Add Specializations

- ProviderOne displays the Specialty/Subspecialty List.
- To enter the provider's specialty (taxonomy code), 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: [ ] [ ] [ ] [Go] Save Filter My Filters

Provider Type	Specialty/Subspecialty	Administration	End Date

No Records Found!

- ProviderOne displays the **Add Specialty/Subspecialty** form:

Add Specialty/Subspecialty

Administration: [ ] \*

Provider Type: [ ] \*

Specialty: [ ] \*

End Date: [ ]

Add Taxonomy Code

Available Taxonomy Codes

Associated Taxonomy Codes \*

»

«

OK Cancel

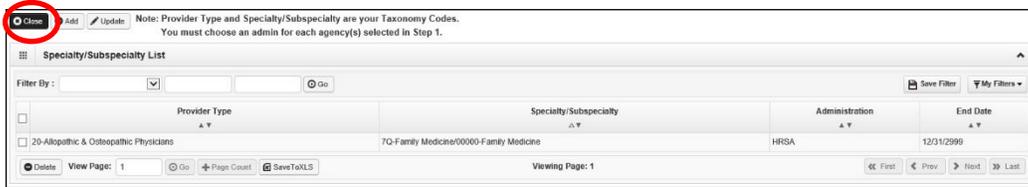
- From the **Administration** dropdown, choose **HCA-Health Care Authority**.
- Then choose both the **Provider Type** (the first two digits of the taxonomy code) and the **Specialty** (digits three and four of the taxonomy code).
- See directions and table below for directions on how to complete this step.

- **Example:** Your district just hired a new physical therapist and you are enrolling this physical therapist in ProviderOne. Using the table below, we see the taxonomy for a physical therapist is 225100000X. To add this taxonomy for this provider, you would choose “22” from the **Provider Type** dropdown and “51” from the **Specialty** dropdown.
  - A list of taxonomies that begin with “2251”, including taxonomy 225100000X, should then populate in the **Available Taxonomy Codes** box.
  - Use the arrows to move the appropriate taxonomy code from the **Available Taxonomy Codes** box to the **Associated Taxonomy Codes** box.
- Click **OK**.

**For the SBHS program, the following taxonomies must be used, depending on the type of provider you are enrolling:**

Service provider types	Service provider taxonomy codes
Advanced registered nurse practitioner	363LS0200X
Audiologist (including audiology interim permit holder)	231H00000X
Licensed practical nurse	164W00000X
Licensed mental health counselor	101YS0200X
Licensed mental health counselor associate	101YS0200X
Occupational therapist	225X00000X
Occupational therapist assistant	224Z00000X
Physical therapist (including PT compact holder)	225100000X
Physical therapist assistant (including PTA compact holder)	225200000X
Psychologist	103TS0200X
Registered nurse	163WS0200X
Social worker	1041S0200X
Speech language pathologist (including SLP interim permit holder)	235Z00000X
Speech language pathologist assistant	2355S0801X

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



- Step 4 on this provider's BPW should now show as "Complete":

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	03/24/2022	03/24/2022	Complete	
Step 2: Add Locations	Not Required			Incomplete	
Step 3: Provider Additional Information	Optional			Incomplete	
Step 4: Add Specializations	Required			Complete	
Step 5: Ownership & Managing/Controlling Interest details	Not Required			Incomplete	
Step 6: Add Licenses and Certifications	Required			Incomplete	
Step 7: Add Training and Education	Optional			Incomplete	
Step 8: Add Identifiers	Optional			Incomplete	
Step 9: Add Contract Details	Not Required			Incomplete	
Step 10: Add Federal Tax 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 Billing Provider Details	Required			Incomplete	
Step 16: Add Servicing Provider Information	Not Required			Incomplete	
Step 17: Add Payment and Remittance Details	Optional			Incomplete	
Step 18: Complete Enrollment Checklist	Required			Incomplete	
Step 19: Final Enrollment Instructions	Required			Incomplete	

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## Add licenses and certifications

### Adding a license/certification

After completing Step 4 for the provider, you can now complete **Step 6: Licenses and Certifications**.

- From the provider's BPW, click the **Licenses and Certifications** link.

#### Step 6: Licenses and Certifications

- ProviderOne displays the License/Certification list.
- Click **Add**:

The screenshot shows a window titled 'License/Certification List'. At the top left, there are 'Go' and 'Add' buttons, with 'Add' circled in red. Below the title bar is a filter section with a 'Filter By:' dropdown and a 'Go' button. To the right are 'Save Filter' and 'My Filters' buttons. The main area is a table with columns: License/Certification #, License/Certification Type, State of Licensure, Effective Date, and End Date. The table is currently empty, and a red message 'No Records Found!' is displayed at the bottom.

- ProviderOne displays the Add License/Certification form.
- From the **License/Certification Type** dropdown, choose **Professional License** (*DO NOT choose DOH certification*):

The screenshot shows the 'Add License/Certification' form. The 'License/Certification Type' dropdown is set to 'Professional License' and is circled in red. Other fields include 'License/Certification #', 'State of Licensure' (set to '--SELECT--'), 'Effective Date', and 'End Date'. There are 'OK' and 'Cancel' buttons at the bottom right.

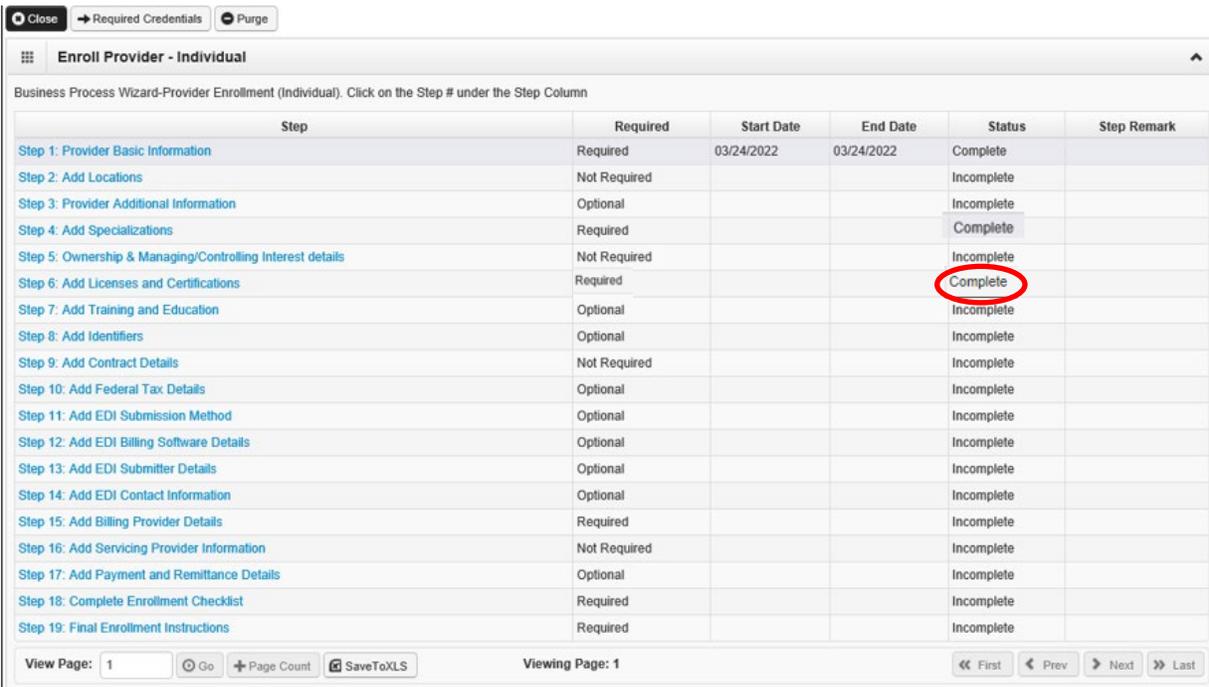
- For the **License/Certification #**, enter the provider's WA State Department of Health (DOH) license or certification #
- From the **State of Licensure** dropdown, choose WA
- For the **Effective Date**, enter the provider's DOH license "First Issue Date"
- For the **End Date**, enter the provider's DOH license expiration date
- Click the **OK** button to save the information and close the window.

The screenshot shows the 'Add License/Certification' form with the following fields filled in yellow: 'License/Certification #', 'State of Licensure', 'Effective Date', and 'End Date'. The 'License/Certification Type' is still 'Professional License'. The 'OK' button is circled in red.

- ProviderOne validates the information entered and saves and returns to the License/Certification List. Click the **Close** button to return to the Provider's BPW.



- Step 6 on the provider's BPW should now show as "Complete":



## Add billing provider information

After completing Step 6, you can now complete **Step 15: Add Billing Provider Details**.

- From the provider's BPW, click the **Add Billing Provider Details**.

### Step 15: Add Billing Provider Details

- ProviderOne displays the Billing Provider List.
- Click **Add**:

- Enter the **ProviderOne ID** or **NPI** of the **School District, ESD, Charter School or Tribal School**.
- Click the **Confirm Provider** button. ProviderOne will display the name of the school district, ESD, charter school or tribal school and populates the available agencies box.

- For the **Available Agency**, click on **HCA** and use the double right arrow to move it to the **Selected Agencies** box.

- Once the agency is selected, the **Available Taxonomies** will display for this provider.
- Use the double right arrow to move the taxonomy for this provider to the **Selected Taxonomies** box:

The screenshot shows the 'Add Billing Provider' form with the following sections:

- Add Billing Provider:** Fields for ProviderOne ID / NPI (1234567890), Application ID, and Provider Name (PRU TEST). A 'Confirm Provider' button is present.
- Agency:** 'Available Agencies' is empty; 'Selected Agencies' contains 'HCA'.
- Servicing Provider Taxonomy:** 'Available Taxonomies' contains 'HCA-207Q00000X-Family Medicine' (circled in red). The double right arrow button is circled in red. 'Selected Taxonomies' is empty.
- Billing Provider Location:** 'Available Locations' and 'Selected Locations' are empty. A note states: 'Selecting multiple locations will associate all the above selected Taxonomies to the Locations.'

- Once the taxonomy is selected, the **Billing Provider Location** will display.
- Use the double right arrow to move the location or locations to the **Selected Locations** box:

The screenshot shows the 'Add Billing Provider' form with the following sections:

- Add Billing Provider:** Fields for ProviderOne ID / NPI (1234567890), Application ID, and Provider Name (PRU TEST). A 'Confirm Provider' button is present.
- Agency:** 'Available Agencies' is empty; 'Selected Agencies' contains 'HCA'.
- Servicing Provider Taxonomy:** 'Available Taxonomies' is empty; 'Selected Taxonomies' contains 'HCA-207Q00000X-Family Medicine'.
- Billing Provider Location:** 'Available Locations' contains 'PRU Test 626 6th Ave SE, Olympia, Washington 98505' (circled in red). The double right arrow button is circled in red. 'Selected Locations' is empty.

- After completing all steps on this page, click **OK**:

**Add Billing Provider**

Please enter Billing Provider ID Details, either ProviderOne ID / NPI or Application ID

ProviderOne ID / NPI : 1234567890

Application ID :

Provider Name : PRU TEST

Confirm Provider

---

**Agency**

Available Agencies:

Selected Agencies: HCA

---

**Servicing Provider Taxonomy**

Available Taxonomies:

Selected Taxonomies: HCA-207Q0000X-Family Medicine

---

**Billing Provider Location**

Available Locations:

Selected Locations: 00 - Pru Test 626 8th Ave SE, Olympia, Washington 98504

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

**OK** Cancel

- Step 15 on the provider's BPW should now show as "Complete":

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	03/24/2022	03/24/2022	Complete	
Step 2: Add Locations	Not Required			Incomplete	
Step 3: Provider Additional Information	Optional			Incomplete	
Step 4: Add Specializations	Required			Complete	
Step 5: Ownership & Managing/Controlling Interest details	Not Required			Incomplete	
Step 6: Add Licenses and Certifications	Required			Complete	
Step 7: Add Training and Education	Optional			Incomplete	
Step 8: Add Identifiers	Optional			Incomplete	
Step 9: Add Contract Details	Not Required			Incomplete	
Step 10: Add Federal Tax 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 Billing Provider Details	Required			Complete	
Step 16: Add Servicing Provider Information	Not Required			Incomplete	
Step 17: Add Payment and Remittance Details	Optional			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

## Complete enrollment checklist

After completing Step 15, you can now complete **Step 18: Complete Enrollment Checklist**

- From the provider's BPW, click on the **Complete Enrollment Checklist** link.

### Step 18: Complete Enrollment Checklist

- ProviderOne displays the Provider Checklist.
- Answer **Yes** or **No** for each question.
- Please note:** All questions answered Yes must also have a corresponding comment.
- After completing the Provider Checklist, click the **Save** button.

The screenshot shows a web application window titled "Provider Checklist". At the top left, there are buttons for "Close" and "Save", with the "Save" button circled in red. Below the title bar is a table with three columns: "Question", "Answer", and "Comments". The table contains several rows of questions, each with a "Not Completed" answer and a dropdown arrow. The questions include: "Has the provider or any current employee ever had any of the following?", "Had exclusion under Medicare, Medicaid or any other Federal Healthcare program taken against them?", "Had civil money penalties or assessment imposed under Section 1128A of the Social Security Act?", "Had a restriction or sanction taken against their professional license or certification?", "Had a Program Debarment taken against them?", "Been convicted of any health related crimes as defined by Washington State Department of Health?", "Been convicted of a criminal offense as described in Section 1128(a) or (b), 1, 2, and 3 of the Social Security Act?", and "Been convicted of a crime involving the abuse, neglect, abandonment or exploitation of a vulnerable person?". At the bottom of the form, there are navigation controls including "View Page: 1", "Go", "Page Count", "SaveToXLS", "Viewing Page: 1", and "First", "Prev", "Next", "Last" buttons.

- Click **Close** to return to the provider's BPW.

This screenshot is identical to the one above, showing the "Provider Checklist" form. In this version, the "Close" button at the top left is circled in red, indicating the next step in the process.

- Step 18 on the provider's BPW should now show as "Complete":

Step 18: Complete Enrollment Checklist	Required	03/24/2022	03/24/2022	Complete
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## Final enrollment instructions

After completing Step 18, you can now complete **Step 19: Final Enrollment Instructions**

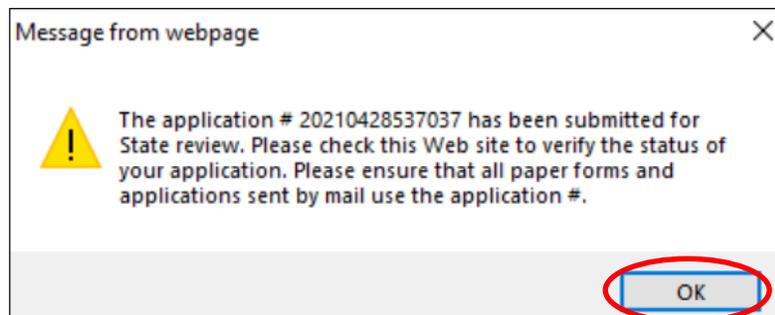
- From the provider's BPW, click on the **Final Enrollment Instructions** link

### Step 19: Final Enrollment Instructions

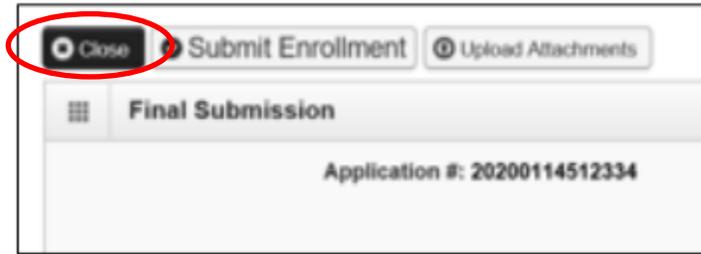
- ProviderOne displays the Final Submission page and Application Document Checklist:

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

- Click the **Submit Enrollment** button.
  - Note:** You do not need to upload any documents.
- ProviderOne displays a confirmation pop up message. Be sure to write down the application #.
- Click **Ok** to close the message.



- Click **Close** to return to the provider's BPW.



- Step 19 on the provider's BPW should now show as complete.

Step 19: Final Enrollment Instructions	Required	01/19/2022	01/19/2022	Complete
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- All required steps on the provider's BPW should now show as complete.

Step	Required	Start Date	End Date	Status	Step Remark
Step 1: Provider Basic Information	Required	03/24/2022	03/24/2022	Complete	
Step 2: Add Locations	Not Required			Incomplete	
Step 3: Provider Additional Information	Optional			Incomplete	
Step 4: Add Specializations	Required			Complete	
Step 5: Ownership & Managing/Controlling Interest details	Not Required			Incomplete	
Step 6: Add Licenses and Certifications	Required			Complete	
Step 7: Add Training and Education	Optional			Incomplete	
Step 8: Add Identifiers	Optional			Incomplete	
Step 9: Add Contract Details	Not Required			Incomplete	
Step 10: Add Federal Tax 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 Billing Provider Details	Required			Complete	
Step 16: Add Servicing Provider Information	Not Required			Incomplete	
Step 17: Add Payment and Remittance Details	Optional			Incomplete	
Step 18: Complete Enrollment Checklist	Required			Complete	
Step 19: Final Enrollment Instructions	Required			Complete	

- Click the Close button to return to the district's BPW.
- **If you have additional providers to enroll, complete additional applications at this time.**
- After completing applications for all new providers, you must **Submit the applications for review**. See page 27 for more information.

## Submit application(s) for review

- After completing applications for all new providers, return to the district's business process wizard screen.
  - You will know you are at the district's main screen because the district's ProviderOne ID, NPI, and name will be showing at the top of the screen.

ProviderOne Id/NPI Id 123456/123456789 Name: ABC School District Review Status: HCA - In Review

View/Update Provider Data - Facility/Agency/Organization/Institution

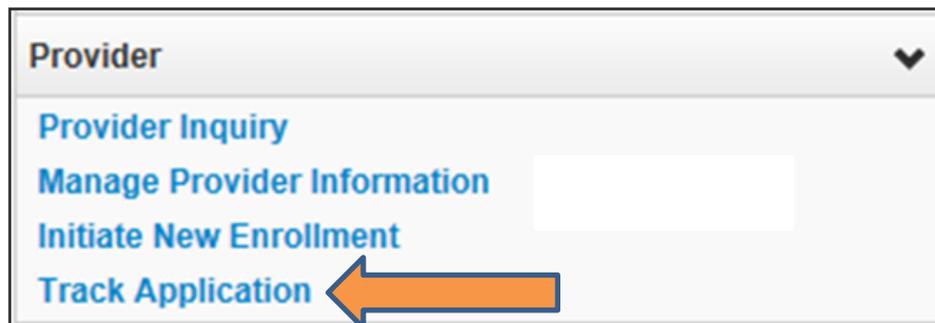
Business Process Wizard - Provider Data Modification (Facility/Agency/Organization/Institution). In order to finalize submission of your requested changes, you must complete the FINAL Step - Submit Modification Request for Review.

Step	Required	Last Modification Date	Last Review Date	Status	Modification Status
Step 1: Basic Information	Required	02/20/2019	03/13/2019	Complete	
Step 2: Locations	Required	02/20/2019	03/13/2019	Complete	
Step 3: Specializations	Required	07/01/2008	07/01/2008	Complete	
Step 4: Ownership & Managing/Controlling Interest details	Required	02/22/2019	03/13/2019	Complete	
Step 5: Licenses and Certifications	Required	11/10/2009	11/10/2009	Complete	
Step 6: Training and Education	Optional	07/01/2008	07/01/2008	Complete	
Step 7: Identifiers	Optional	07/01/2008	07/01/2008	Complete	
Step 8: Contract Details	Optional	07/01/2008	07/01/2008	Complete	
Step 9: Federal Tax Details	Required	02/22/2019	03/13/2019	Complete	
Step 10: EDI Submission Method	Optional	11/10/2009	11/10/2009	Incomplete	
Step 11: EDI Billing Software Details	Optional	07/01/2008	07/01/2008	Incomplete	
Step 12: EDI Submitter Details	Optional	05/03/2013	05/02/2013	Complete	
Step 13: EDI Contact Information	Optional	07/01/2008	07/01/2008	Incomplete	
Step 14: Servicing Provider Information	Optional	03/07/2023	10/20/2022	Complete	
Step 15: Payment and Remittance Details	Required	07/01/2008	07/01/2008	Complete	
Step 16: Submit Modification for Review	Required	07/01/2008	07/01/2008	Complete	

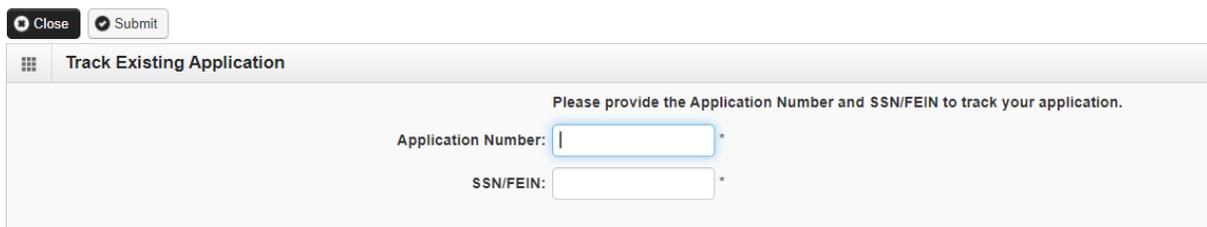
- Click the **Submit Modification for Review** button.
  - **Note:** Once you click this button, the district's ProviderOne account will become locked and you will not be able to make any other updates! Once Provider Enrollment approves the applications, your account will become unlocked.
- This will submit all of the provider applications to HCA's Office of Provider Enrollment for review.
- If you submitted everything correctly, Step 16 should show as "Complete" and it should show "In Review" at the top of the screen.

## Tracking an application, next steps & contact information

- After submitting the application(s), HCA's Office of Provider Enrollment will review and either approve or deny.
- If additional information is required, Provider Enrollment will notify the district via the email address that was entered on the application.
- Applications are processed in the order received.
- **It may take anywhere from 30-90 days for the application(s) to be approved.**
- For assistance with enrolling a servicing provider or to check on the status of an application, please contact Provider Enrollment at:
  - [ProviderEnrollment@hca.wa.gov](mailto:ProviderEnrollment@hca.wa.gov)
  - 1-800-562-3022 ext. 16137
- You can **check the status of an application(s)** by logging to ProviderOne and clicking on "Track Application" under "Provider":



- You will need the application # and the provider's SSN to look up the status of the application:

A screenshot of a web form titled "Track Existing Application". At the top left, there are two buttons: "Close" and "Submit". Below the title bar, there is a grid icon and the text "Track Existing Application". The main content area contains the instruction "Please provide the Application Number and SSN/FEIN to track your application." followed by two input fields. The first field is labeled "Application Number:" and the second is labeled "SSN/FEIN:". Both fields have an asterisk (\*) to their right, indicating they are required.

- If the application status does not populate or if you receive an error message, please contact Provider Enrollment at 1-800-562-3022 ext. 16137.