Completing the Core Provider Agreement

For services provided by ALFs, AFHs, and ESF

Purpose

- This slide deck provides resources and helpful information for providers that are new to contracting/billing Managed Care Organizations.

- This information is specifically compiled for Adult Family Homes, Assisted Living Facilities, and Enhanced Service Facilities who will be providing Supportive Supervision and Intensive Behavioral Supportive Supervision.

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Content

The slide deck contains information on the following topics:

- Information needed to complete your enrollment application
- Initiate new enrollment in ProviderOne
- Steps to complete your enrollment application
- Resources

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Information and Documentation Needed to Complete Your Enrollment Application

Information and documentation

The information and documents you will need to complete your ProviderOne enrollment application. You will need to upload all pages of your Core Provider Agreement and Debarment Statement, including instruction pages.

Information	Documents
▶ Federal Employer Identification Number ▶ UBI (Unified Business Identifier) ▶ Business license (dates, license #) ▶ Banking information (routing number & account number) for direct deposit	▶ Core Provider Agreement* ▶ Debarment Statement* ▶ W-9 form ▶ Business License (if you do not have your UBI)

*You will need to upload **all pages** of your Core Provider Agreement & Debarment Statement including the instruction pages.*

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A note before getting started

For providers with multiple locations there are two options.

- Complete one application:
  - ▶ If payment for all locations is sent to the same bank account (for direct deposit) or mailed to the same address (for paper checks).

- Complete separate applications for each location:
  - ▶ If you want payment to be made to different bank accounts (for direct deposit) or mailed to different addresses (for paper checks).

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Initiating New Enrollment in ProviderOne

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Getting started

Your current domain is loaded for social services. To provide supportive supervision, you need to initiate enrollment in another area for ProviderOne.

- Your current ProviderOne domain does not allow you to initiate a new enrollment.

- To initiate new enrollment, use the link to log in to ProviderOne:
  https://www.waproviderone.org/ecams/jsp/common/pgNewPrvdrEnrollment.jsp

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Can't finish your application all at once?

- If you exit your application before submission, you will use this link to return to the steps:
  https://www.waproviderone.org/ecams/jsp/common/pgTrackPrvdrApplctn.jsp

- You will need the application number (starts with 2024) and FEIN to return to your application.
  - ▶ You will receive the application number via email after you complete the first step.

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Completing the Application Steps

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Step 1: Provider Basic Information

- Enrollment Type: select the enrollment type that matches the enrollment type in your current ProviderOne domain.
  - ► Most residential settings will be FAC/AGNCY/ORGN/INST (FAOI)
  - ► An example of when an entity may select "individual" is if a provider registered their AFH under their name.
- Click on the submit button.

Step 1: Provider Basic Information

- The next screen you will see will list various agencies.
  - ▶ Select HCA from "available agencies" on the left.
  - ▶ Look between the two boxes. Click the button with two arrows pointing to the right and HCA should appear in the "selected agencies" on the right.
- The HCA Billing Type will automatically populate with the correct information.

Step 1: Provider Basic Information - FAOI

- Below the box where you selected agency, providers that enrolled as FAC/AGNCY/ORGN/INST, will complete the steps below:
  - ► Enter your Provider Name.
    - > This name should match your current provider name in ProviderOne.
  - ► Enter the Organization Business Name.
  - ► Enter your FEIN.
    - > Do not include dashes.

Provider Name(Organization Name):	_____ *	(as shown on Income Tax Return)
Organization Business Name:	_____ *	Federal Employer Identification Number(FEIN): _____ *

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Step 1: Provider Basic Information - Individual

- For providers enrolled as an "individual", you will complete the steps below:
  - ► Select SSN as your "tax identifier type."
  - ► Enter the Provider First Name, Middle Name, and Last Name
    - › This should match what you have in ProviderOne today.
  - ► Enter your Social Security Number (SSN) and Date of Birth
    - › Do not include dashes.
  - ► Select the regular provider as your "servicing type."

Step 1: Provider Basic Information

As you continue to scroll down the webpage, FAOI and individual provider types will complete the following fields:

- Is this provider required to have an NPI?
  - ▶ Yes: enter your NPI in the NPI field
  - ▶ **No: an assigned API will appear in the NPI field.**
- Select your W-9 Entity Type
  - ▶ This should match your selection in Line 3 of your W-9 form
- Select your Other Organizational Information
- Enrollment Effective Date: optional
- Enter your UBI
  - ▶ Do not include dashes
- Enter the contact email address

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:	🗓			

Important: The Atypical Provider Identifier or API will start with "555." It is important to write this number down or take a photo. You will need to provide the API to MCOs before you start the MCO contracting process.

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Step 1: Provider Basic Information – Last Step

- At the bottom right of the screen, click "next" once you have finished filling out the basic information screen.

- If there are no errors, you will receive an application ID that starts with "2024."

  ► You will receive an email with this application ID.

  ► The application ID is used if you are not able to finish your application in one session or if you have issues with completing the application.

  ► Click "next" on the right hand side.

- You have just completed step 1 of enrollment!

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Who to call If you encounter an error

- Call Provider Enrollment, if you receive a domain error or another error in red.
  - ▶ Until this issue is resolved, you will not be able to complete your application.

- Provider Enrollment Office Hours
  - ▶ Tuesdays & Thursdays from 7:30a – 12:00p and 1:00p – 4:30p
    - ❯ Call 1-800-562-3022
    - ❯ Select "1" for an extension
    - ❯ Enter extension #16137
    - ❯ Select "2" for social services provider
    - ❯ Enter your ProviderOne domain

- Once the error is corrected, providers will need to begin the steps outlined on the previous slides.

> Throughout the steps you may encounter an "SQL Query" error in red. Close out of your ProviderOne window and use the link in slide 9 to finish your application, the error will go away.

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Completing additional steps

- Upon completing step 1, you will be taken to a screen with a list of steps like the example shown on the right.
  - ► The number of steps will depend on whether you enrolled as an "individual" or an "FAOI" type.
- You must complete all steps that are required.
- You must also complete one optional step: add "licenses & certifications."

Step	Required	Start Date	End Date	Status
Step 1: Provider Basic Information	Required	12/15/2023	12/15/2023	Complete
Step 2: Add Locations	Required			Incomplete
Step 3: Add Specializations	Required			Incomplete
Step 4: Ownership & Managing/Controlling Interest 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 EDI Submission Method	Optional			Incomplete
Step 11: Add EDI Billing Software Details	Optional			Incomplete
Step 12: Add EDI Submitter Details	Optional			Incomplete
Step 13: Add EDI Contact Information	Optional			Incomplete
Step 14: Add Servicing Provider Information	Optional			Incomplete
Step 15: Add Payment and Remittance Details	Required			Incomplete
Step 16: Complete Enrollment Checklist	Required			Incomplete
Step 17: Final Enrollment Instructions	Required			Incomplete

Columns indicate when you

- ► Start a section
- ► Complete the section, and
- ► Status

Completing additional steps (cont.)

- Whenever you click into a step, it will bring you to a new screen.
  - ▶ In the top left corner of that screen will show an "add" button.

- To add detail to each step, you will click the "add" button.

- When you finish adding your information, you will click the "close" button and you will be taken back to the list of steps.

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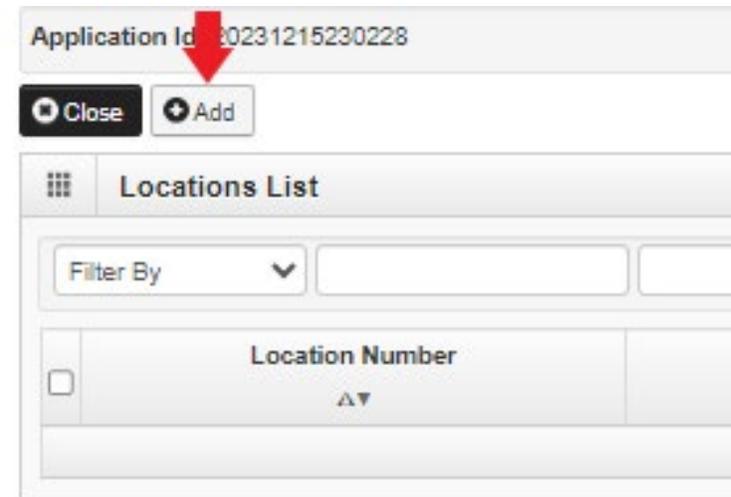
Instructions to Add Location(s) to your Application (1 of 7)

- When you complete the "add location" step, the first location you enter will be considered your "pay-to" location for your entire profile.

- The first location you enter will be recognized in our system as location "0001."

- Any additional locations you enter will be assigned a number (e.g. 0002, 0003, etc.)

- Remember, you will only add additional locations to this application if you want payment to be made to the same bank account (for direct deposit) or mailed to the same address (for paper checks).

Tip: if you have a numbering system for your own locations – you will want to enter your locations in that order.

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Step: Add Locations(s) (2 of 7)

- You will enter information in the following fields:
  - Location Type will automatically populate for you.
  - Business Name at this Location
    - Multiple locations: you may add 01, 02 after the business name.
  - Contact First & Last Name
    - This person will be known as the authorized individual & the contact for issues with this application or this profile.

- To add the address. click on the ⊕ Add Address button after the zip code.
- This will take you to another screen to enter the address.

(We know this is not user friendly.)

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Step: Add Location(s) (4 of 7)

- Add ONLY address line 1 and the zip code
- Click the "validate address" button
  - ▶ This will automatically fill in the other fields.
  - ▶ Please check to see your city is correct. If not, click the city and select the correct city.
  - ▶ If the correct city is not listed, select "other" and type in the city.
- Click "ok" to go back to the main location screen.

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Step: Add Location(s) (5 of 7)

- This will take you back to the first screen where you will complete the following fields.
  - ▶ Phone number
  - ▶ Email address
- All other fields are optional.

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Step: Add Location(s) (6 of 7)

- Scroll down below the "Add Physical Location Information" section. You will find "Mailing Location" and "Pay-to Location."

- If these addresses are the same as the physical location, you can check the box that says, "same as the location address."
  - ▶ It will automatically populate the address for you.

- If the mailing or pay-to address is different than the location address, you will follow the same steps in slides (slides 22-23) for the mailing address and pay-to address sections.

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- Scroll down to the Facility Details section, you will enter the following information:
  - ▶ Fiscal Year End Date = 12/31/2999
  - ▶ No. Of Licensed Beds = 0
  - ▶ Select "ok"

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Step: Add Location(s) – Multiple Locations

- If you have multiple locations, you will complete slides 22-26 to enter your physical and mailing addresses for the additional sites.

- You will also complete the Facility Details section.
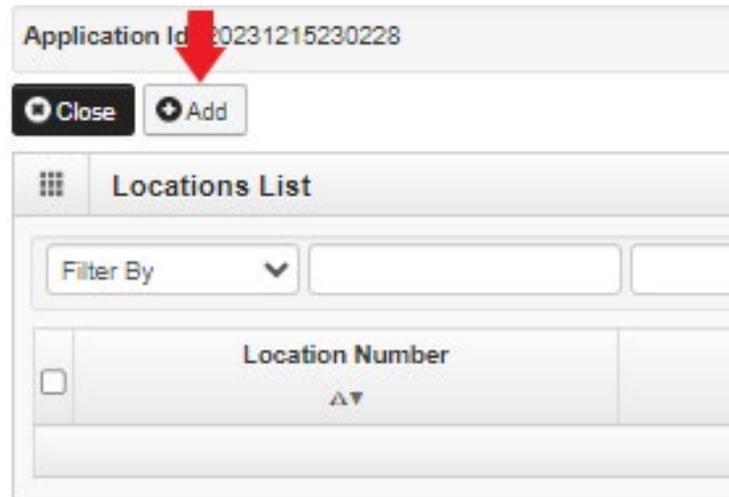
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Reminder After Completing Each Step

- After completing facility details on your last location and click "ok," you will be brought to the main location screen.

- You must click the "close" button to take you back to the list of steps.
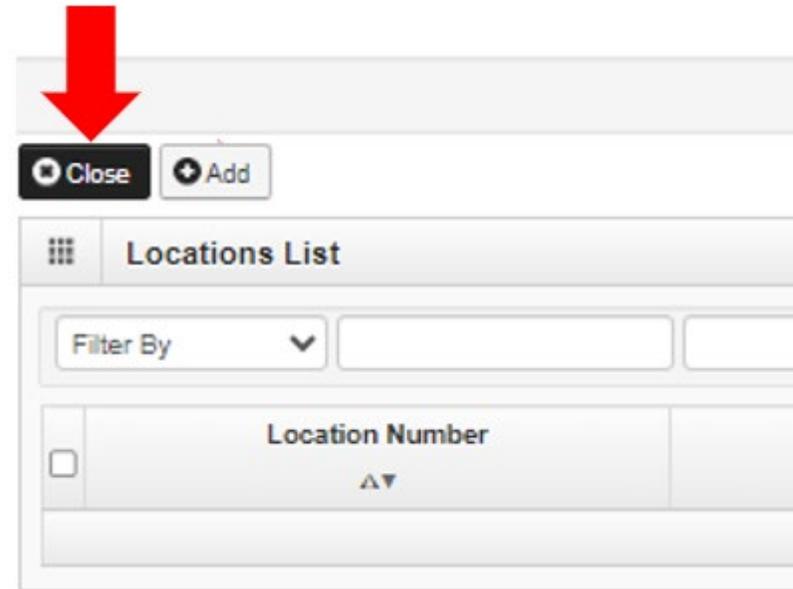
Step: Add Specializations

- Location: select specific locations or "All"
  Administration: HCA

- Provider Type = 31: Nursing & Custodial Care Facilities

- Specialty
  - ▶ 04: Assisted Living Facility or
  - ▶ 1Z: Custodial Care Facility (for AFHs)

- Select the appropriate federal taxonomy from the box on the left. Refer to the text in blue for translation to WA license types.

- Select the two arrows facing to the right to move the taxonomy to the box on the right.

- Click on the "ok" button.

- Click "close" when all information has been entered.

Add Specialty/Subspecialty

Administration: HCA- Health Care Authority ⌄ *
Provider Type: 31-Nursing & Custodial Care Facil ⌄ *
Specialty: 1Z-Custodial Care Facility ⌄ *
End Date:

Add Taxonomy Code

Available Taxonomy Codes

Associated Taxonomy Codes *
311ZA0620X-Adult Care Home

» «

✔ Ok   ✗ Cancel

Taxonomy Codes

- ▶ 311ZA0620X: Adult Care Home (AFH)
- ▶ 310400000X: Assisted Living Facility (ALF)
- ▶ 3104A0625X: Assisted Living, Mental Illness (ESF)

For profiles with multiple sites, there are choices for assigning taxonomies:
Click either a specific location or "all." If you have different types of facilities, you will need to complete this step for each location separately.

Step: Ownership & Managing/Controlling Interest Details (1 of 3)

- In this section, you will complete information that identifies the authorized individual who will be able to complete and sign any required documents for the enrollment.
  - Personal information for the authorized individual is required to complete this section.
  - **You must complete this step for each person who has more than 5% ownership in your organization.**

- Additionally, you will need to select one "disclosure category" to describe the role of the authorized individual:
  - Owner
  - Managing employee
  - Board of Directors

Step: Ownership & Managing/Controlling Interest Details (2 of 3)

▶ For an "organization" disclosure type

    ▶ List the FEIN (no dashes) & organization name

    ▶ Add an address

        ▶ Click on **+ Address** button

        ▶ Enter the Address Line 1 & zip code

        ▶ Click validate address

        ▶ Verify the city is correct

        ▶ Click "ok"

▶ Disclosure start date

▶ For an "individual" disclosure type

    ▶ List the first and last name, date of birth, and social security number

        ▶ Do not include dashes in the SSN field.

    ▶ Add an address

        ▶ Click on **+ Address** button

        ▶ Enter the Address Line 1 & zip code

        ▶ Click validate address

        ▶ Verify the city is correct

        ▶ Click "ok"

▶ Disclosure start date

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Step: Ownership & Managing/Controlling Interest Details (3 of 3)

- The last field to enter is for Ownership Percentage
  - ▶ This is the percent of ownership the person or organization listed has in the organization.

Please note: if you are using a cell phone to complete your application, turn the phone to landscape to click on the "okay" button to complete this screen.

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Step: Licenses & Certifications (1 of 2)

- Select "add"
- Location:
  - ▶ Select all if your business license covers all locations
  - ▶ Select each individual address and complete these steps (starting with the "add" step).
- License/Certification Type = business license
- License/Certification # = enter your business license number
- State of Licensure = Washington (is at the very top of the list of states)
- Effective Date = date on your business license
- End Date = 12/31/2999
- Hit the close button on the bottom right.
- Click on the close button the top left.

See the screen view on the next slide.

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Step: Licenses & Certifications (2 of 2)

Step: Add Federal Tax Details (1 of 2)

- The information entered on this step must match the information you have listed on your signed W-9 form.

- Some of the fields will auto populate (like the address) you entered in the first step.

- The address listed here must match the address listed on your W-9 form.

- You will begin this step by clicking on W-9 form in blue.
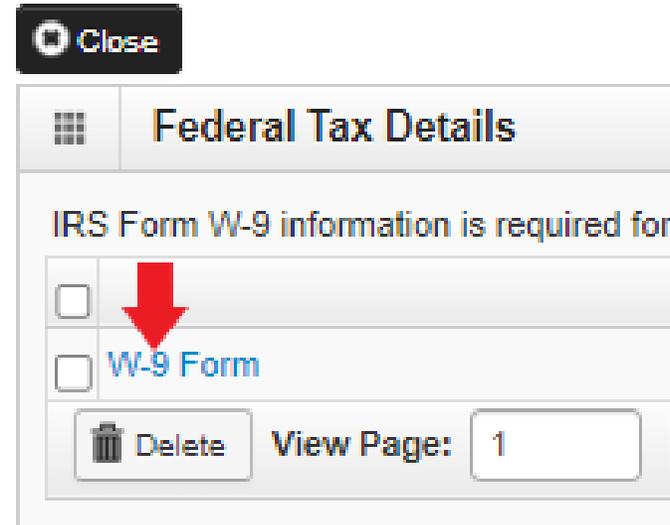
See the screen view on the next slide.

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Step: Add Federal Tax Details (2 of 2)

Step: Add Payment & Remittance Details

- Select your location
- Select the payment method
  - ▶ EFT (direct deposit) or
    - ❯ Enter the Financial institution name
    - ❯ Enter your routing number
    - ❯ Enter your account number (twice to verify)
    - ❯ Select checking or saving for account type
    - ❯ Select corporate or personal for EFT type
  - ▶ Paper check
- Enter the "authorized signature"
  - ▶ This is the person who is authorized to make changes to payment information on your profile.
- Click "ok"

Payment Details

Identify Payment Details

Location: All *

Payment Method: ○ Electronic Funds Transfer(Direct Deposit) ● Paper Check

Authorized Signature: Example Name *

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

❯ Ok ❯ Cancel

Please note: if you are using a cell phone to complete your application, turn the phone to landscape to click on the "okay" button to complete this screen.

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Step: Complete Enrollment Checklist

- For this step, you will answer the questions.

- The first questions will be "no" if you answer "no" to all other questions.

- The first question will be "yes" if you answer "yes" to any of the questions below.

- Select "save" in the top left corner.

- Select "close" to take you back to the list of steps.

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- The final step is to upload
  - ▶ Core Provider Agreement
  - ▶ Debarment Statement
  - ▶ W-9 form
  - ▶ Business license (if you did not enter your UBI)
- To upload your attachment, select "upload attachments"
- You will move to another screen
- You can only upload one document at a time.
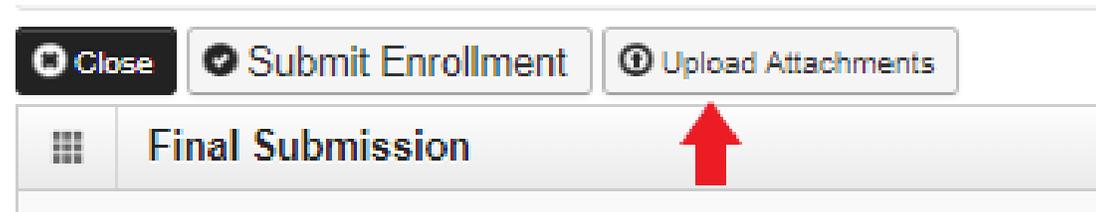
Step: Final Enrollment Instructions (2 of 4)

- Select "add attachment" in the top right corner to go to the page to upload your documents and follow the instructions on the next slide.

- Each of your documents will be listed here when you upload them.

- You will <u>only</u> click "close" when you have uploaded all your documents.

Step: Final Enrollment Instructions (3 of 4)

- Select one of the following attachment types
  - ▶ Core Provider Agreement
  - ▶ Debarment
  - ▶ W9
  - ▶ Business License
- Agency = HCA
- Then you will click on the button for "choose file" to go to the location of your documents on your computer.
- Click on "ok" to go back to the previous screen.
- You will complete steps in slide 40 and 41 for each document you want to upload.

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Step: Final Enrollment Instructions (4 of 4)

- Once you have uploaded your last attachment, you will return to the "add attachment" screen.

- You will select "close" on this screen.

- You will receive a pop-up message stating you must click on "submit enrollment" to finish your application.

- Click the "submit enrollment" button to complete your application.
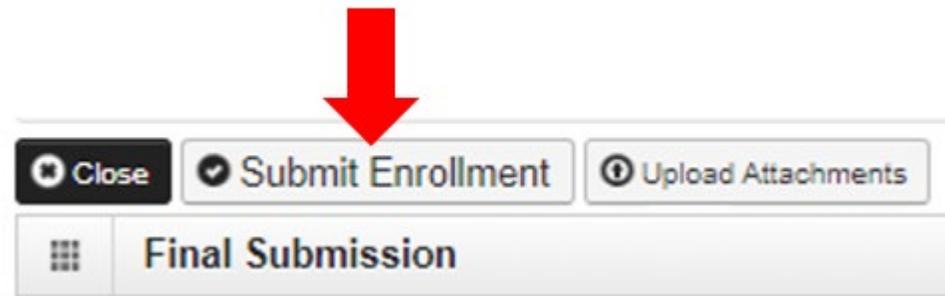
Please note: you will not be able to make any changes to your application while it is "in review" status.

Resources

Provider Enrollment Call Info

Call Provider Enrollment for errors you receive completing your application.

Office Hours: Tuesdays and Thursdays only from 7:30 a.m. - noon and 1 - 4:30 p.m.

- Call 1-800-562-3022
- Select "1" for an extension.
- Enter extension # 16137
- Select "2" for social services provider
- Enter your ProviderOne domain

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Training Resources

Office Hours – every week through at least June
- Tuesdays – 2:30p - 3:30p (click here to join)
- Thursdays – 9:00a – 10:00a (click here to join)

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Training Sessions

DATE	TIME	TRAINING SESSION	GO-TO MEETNG LINK
05/20/24	9-10	Intro to Supportive Supervision: CBHS/IBSS	Click to Join Mtg
05/20/24	10-11	Completing the HCA Core Provider Agreement	Click to Join Mtg
05/20/24	11-12	Information About Contracting with the MCOs	Click to Join Mtg
06/05/24	9-10	Intro to Supportive Supervision: CBHS/IBSS	Click to Join Mtg
06/05/24	10-11	Completing the HCA Core Provider Agreement	Click to Join Mtg
06/05/24	11-12	Information About Contracting with the MCOs	Click to Join Mtg
06/06/24	1-2	Intro to Supportive Supervision: CBHS/IBSS	Click to Join Mtg
06/06/24	2-3	Completing the HCA Core Provider Agreement	Click to Join Mtg
06/06/24	3-4	Information About Contracting with the MCOs	Click to Join Mtg

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Assistance Completing Your Application

Please reach out to the CBHS team with any questions or if you would like one-on-one help to walk through the application.

hca1915iservices@hca.wa.gov