

## Frequently Asked Questions: ProviderOne Setup and Payment Information for New Social Services Providers

### Q-1: Who should view this resource?

This resource is for Social Services Providers who have recently become contracted with the WA State Department of Social & Health Services (DSHS) or a local Area Agency on Aging (AAA). Social Services Providers can receive Medicaid payments for providing home and community-based and long-term care & support services to Medicaid-eligible clients. Examples of Social Services Providers include Adult Family Homes, Assisted Living Facilities, Home Care Agencies, Group Homes, Home Delivered Meals, Adult Day Health Centers, Durable Medical Equipment vendors, Private Duty Nurses, etc. If this describes you or your company, this resource is for you!

**Note:** This resource does not apply to Individual Providers (IPs). If you are an IP providing in-home care services and are registered with Consumer Direct Care Network Washington (CDWA) or a Home Care Agency, contact either CDWA or the Home Care Agency for questions about receiving payment for services.

### Q-2: How do I receive payments for services I provide to my Medicaid clients?

Contracted providers receive payment for authorized services by submitting claims in **ProviderOne**. ProviderOne is the payment system for most Medicaid-funded medical and social services in Washington State. Washington's Medicaid agency, the Health Care Authority (HCA), oversees the ProviderOne system. After submitting claims in ProviderOne, you will receive payment in the form of a warrant (paper check) or via electronic funds transfer (EFT).

**Important!** To be paid for services, you must:

- Have an active contract with DSHS or the local AAA (excluding DME providers)
- Have an active ProviderOne account and be able to login to the account
- Ensure authorizations for your Medicaid clients are in "approved" and "no error" status. Authorization lists are viewable in ProviderOne. If an authorization is in "error" status for current or past dates of service, DSHS cannot guarantee payment, and you must contact the client's case manager as soon as possible before delivering or billing for services.

**Note:** If you are a Social Services Provider who also plans to provide and bill for medical services (e.g., private duty nursing), there are additional steps you must take to be able to bill for and receive payment for medical services. [See Q-7: Why am I receiving an error message when I try to submit claims for medical services \(e.g., private duty nursing\)?](#) for more information.

### Q-3: How do I get a ProviderOne account?

Once your DSHS contract is signed & executed, your ProviderOne account will be created. You will receive a welcome letter from HCA via U.S. Mail informing you that your ProviderOne account is active. The welcome letter contains your seven-digit ProviderOne ID (also referred to as your Medicaid Provider Number, Provider ID, or Domain ID).



## Q-4: How do I access my ProviderOne account?

To gain access to your ProviderOne account/domain, you must complete the online ProviderOne User Access Request Form at <https://fortress.wa.gov/hca/p1contactus/home/socialservice>.

- Under “Topic”, choose “ProviderOne Access Request Form”.
- Fill out the form with your information. **Note:** Under “NPI”, enter “n/a”. Under “Domain ID”, enter the 7-digit Medicaid Provider Number found on your Welcome Letter.
- Click “Submit Request”.

After you submit the online form, HCA’s Office of ProviderOne Security will send you two separate emails with your ProviderOne username, and a temporary password sent to the email address you provided on the form. If you have not received your login credentials within 72 hours after submitting the request form, contact ProviderOne Security (see [Contact information](#)).

**Note:** HCA emails your login credentials via WA’s Secure Access Washington (SAW) portal. You will be required to login to SAW to view the email containing your ProviderOne login credentials. For assistance logging into SAW, providers must contact the SAW Help Desk (HCA and DSHS cannot assist with logging into SAW). More information on accessing your ProviderOne account can be found on [HCA’s website](#).

## Q-5: I received my ProviderOne login credentials, now what do I do?

View the [Getting Started with ProviderOne guide](#) for step-by-step directions on how to turn off pop-up blockers and how to login to ProviderOne. The first time you login to ProviderOne, you will need to click on “Manage Provider Information” (located on the left-hand side of the screen) and **review any step that is marked as “Required” and make changes as needed:**

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.

<input type="checkbox"/>	Step	Required	Last Modification Date	Last Review Date	Status	Modification Status	Decision By	Step Remark
<input type="checkbox"/>	Step 1: Basic Information	Required	10/28/2024	10/28/2024	Complete			
<input type="checkbox"/>	Step 2: Locations	Required	10/28/2024					
<input type="checkbox"/>	Step 3: Specializations	Required						
<input type="checkbox"/>	Step 4: Ownership & Managing/Controlling Interest details	Required	10/28/2024					
<input type="checkbox"/>	Step 5: Licenses and Certifications	Optional	10/28/2024					
<input type="checkbox"/>	Step 6: Training and Education	Optional	10/28/2024					
<input type="checkbox"/>	Step 7: Identifiers	Optional	10/28/2024					
<input type="checkbox"/>	Step 8: Contract Details	Optional	10/28/2024	10/28/2024	Complete			
<input type="checkbox"/>	Step 9: Federal Tax Details	Required	10/28/2024	10/28/2024	Complete			
<input type="checkbox"/>	Step 10: EDI Submission Method	Not Required	10/28/2024	10/28/2024	Incomplete			
<input type="checkbox"/>	Step 11: EDI Billing Software Details	Not Required	10/28/2024	10/28/2024	Incomplete			
<input type="checkbox"/>	Step 12: EDI Submitter Details	Not Required	10/28/2024	10/28/2024	Incomplete			
<input type="checkbox"/>	Step 13: EDI Contact Information	Not Required	10/28/2024	10/28/2024	Incomplete			
<input type="checkbox"/>	Step 14: Servicing Provider Information	Optional	10/28/2024	10/28/2024	Incomplete			
<input type="checkbox"/>	Step 15: Payment and Remittance Details	Required	10/28/2024	10/28/2024	Complete			
<input type="checkbox"/>	Step 16: Complete Enrollment Checklist	Required	10/28/2024	10/28/2024	Complete			
<input type="checkbox"/>	Step 17: Submit Modification for Review	Required	10/28/2024	10/28/2024	Incomplete			

“Step 3: Specializations” is auto populated based on your contract. Do not make any updates to this step. If you think the specializations assigned to you are incorrect, contact your contract specialist.

**Note:** Providers are automatically signed up to receive payments via paper check. To ensure you receive payment, you must confirm your “Pay-To” address is correct under “Step 2: Locations”. The Pay-To address is where DSHS mails check payments and tax documents. If your organization has multiple locations, you must confirm the “Pay-To” address for each location is correct. You must also confirm the Physical & Mailing address for each location is correct. If you prefer to receive electronic payments, you can do this by entering your banking information under “Step 15: Payment and Remittance Details”. If you have multiple locations and you want to receive electronic payments for each location, you must sign up for EFT for each location. Directions on how to view and update this information can be found in the [Manage Provider Data](#) guide.

Once you have reviewed each “Required” step, be sure to click on “Step 17: Submit Modification for Review”. It can take anywhere from 1-2 business days and up to 6 weeks for your modification to be reviewed and approved by HCA. To check on the status of your modification, contact HCA’s Office of Provider Enrollment (see [Contact information](#)).

## Q-6: How do I submit claims for payment?

**Before you can submit claims for payment, you must ensure your clients' authorizations are loaded in ProviderOne.** Directions on how to view authorizations can be found in the [Viewing Authorization List](#) guide. If no authorizations are loaded in ProviderOne or if your authorizations are in "error" status, you must contact your client's case manager prior to providing services or submitting claims. If your authorizations are in "approved" and "no error" status, you are ready to provide services and then submit claims for payment.

Directions on how to submit claims, as well as how to void or adjust claims, can be found on HCA's [ProviderOne for Social Services webpage](#). If you need assistance with submitting claims, contact HCA's Medical Assistance Customer Service Center (see [Contact information](#)).

## Q-7: Why am I receiving an error message when I try to submit claims for medical services (e.g., private duty nursing)?

If you are a Social Services Provider contracted with DSHS to provide medical services, you must choose the "EXT Provider Social Services Medical" profile when logging in to ProviderOne to bill for medical services. If you do not have this profile, you will not be able to receive payment for medical services until you complete additional paperwork with HCA. Your DSHS Contract Specialist will provide you with the necessary HCA paperwork. After you complete the forms, your DSHS Contract Specialist will forward to HCA on your behalf. **It may take up to eight (8) months for HCA to process your paperwork.**

**Note:** You will not be able to receive payment for services until your paperwork has been approved by HCA. **You should not accept new Medicaid referrals or provide medical services until your HCA paperwork is approved and your ProviderOne "Ext Provider Social Services Medical" profile is available on the ProviderOne login screen.** If client services are impacted, please contact your DSHS Contract Specialist to request your HCA paperwork be expedited.

## Q-8: How often will I receive payments and how can I track payments?

ProviderOne makes weekly payments every Monday. Claim submission cutoff in ProviderOne is Tuesday at 5 p.m. Pacific Time to make payment the following Monday (some providers may receive payments as early as the Friday after the Tuesday submission deadline).

Providers can view paid, denied, adjusted and in process claims on their weekly remittance advice. Remittance advices are available in ProviderOne each Friday. **It is very important for providers to review their weekly remittance advices to ensure claims paid correctly.** Providers are required to adjust, void, and resubmit any claims that were processed incorrectly. Directions on how to read the remittance advice can be found in the [Claim status inquiry and viewing remittance advice \(RA\)](#) guide.

**Note:** Per [WAC 388-05-0010](#), providers must submit claims no later than 12 months from the date of service.

## Q-9: Where can I find more information and how do I sign up to receive email notifications?

More information for Social Services Providers is available on HCA's ProviderOne for Social Services [webpage](#). DSHS and HCA provide a monthly ProviderOne e-newsletter to contracted providers. Providers can sign up to receive the newsletter by clicking the link below. Providers are also encouraged to sign up for additional HCA and DSHS email alerts that may impact their business:

- [ProviderOne Monthly Newsletter for DSHS Social Service Providers](#)
- [DSHS ALISA alerts](#)
- [DSHS DDA alerts](#)
- [HCA alerts](#)

## Important websites

- [ProviderOne for Social Services webpage](#)
- [ProviderOne login](#)
- [Title 388 WAC](#): Department of Social & Health Services (state rules regarding long-term support services)
- [Title 182 WAC](#): Health Care Authority (state rules regarding WA State Medicaid)
- DSHS Aging & Long-Term Support Administration (AL TSA):
  - [Information for ALTSA Long-Term Care Professionals & Providers](#)
  - [Long-Term Care Manual](#)
  - [Management Bulletins](#)
  - [Provider Letters](#)
- DSHS Developmental Disabilities Administration (DDA):
  - [Information for DDA Providers](#)
  - [DDA Management Bulletins](#)

## Contact information

As a social services provider, you may need to contact the Health Care Authority (HCA), the Department of Social and Health Services (DSHS), and/or an Area Agency on Aging (AAA) depending on your question. Answers to most questions can be found in the numerous resources and billing guides on the [ProviderOne for Social Services webpage](#) but if you need additional assistance, see below.

I need help with ...	Contact ...
<ul style="list-style-type: none"> <li>• My clients' authorizations:               <ul style="list-style-type: none"> <li>○ There is no authorization listed in ProviderOne</li> <li>○ Dates, units, or rates authorized are incorrect</li> <li>○ Authorization is in "error" status</li> </ul> </li> </ul>	<p><b>The client's DSHS (DDA or HCS) or AAA Case Manager*</b></p> <p>*Case manager information is viewable on your ProviderOne <a href="#">authorization lists</a></p>
<ul style="list-style-type: none"> <li>• Signing up to receive electronic payments (EFT)</li> <li>• Updating information in ProviderOne (location addresses, email addresses, communication preferences)</li> <li>• Social Service Medical providers only:               <ul style="list-style-type: none"> <li>○ Updating business license, taxonomies, or Dept. of Health license in ProviderOne</li> </ul> </li> </ul>	<p><b>Health Care Authority--Provider Enrollment</b>  <b>Phone:</b> 1-800-562-3022 ext. 16137  <b>Phones are open:</b> Tuesdays and Thursdays from 7:30 a.m. to 4:30 p.m. (Closed from noon to 1 p.m.)  <b>Email:</b> <a href="mailto:ProviderEnrollment@hca.wa.gov">ProviderEnrollment@hca.wa.gov</a>            When emailing Provider Enrollment, you will get you a ticket/incident number. Save this ticket/incident # for future escalation if needed.  <b>Note:</b> If an issue is taking more than 3 weeks to resolve, please contact:</p> <ul style="list-style-type: none"> <li>• DSHS ALTSA providers/clients: <a href="mailto:P1_escalation@dshs.wa.gov">P1_escalation@dshs.wa.gov</a> and provide the ticket/incident # and a description of the issue.</li> <li>• DSHS DDA providers/clients: Contact the DDA Resource Developer or Contractor who will escalate to the Regional Payment Specialist as needed.</li> </ul>
<ul style="list-style-type: none"> <li>• Navigating ProviderOne</li> <li>• Submitting, adjusting, or voiding claims in ProviderOne</li> <li>• Setting up claim templates</li> <li>• Looking up claims</li> <li>• Claim errors</li> <li>• Technical issues with ProviderOne</li> <li>• Payment issues (lost checks)</li> </ul>	<p><b>Health Care Authority--Medical Assistance Customer Service Center (MACSC)</b>  <b>Phone:</b> 1-800-562-3022</p> <ul style="list-style-type: none"> <li>• When prompted, select language preference</li> <li>• When prompted, choose "4" for healthcare or social services provider</li> <li>• Next, choose "1" for social services</li> <li>• You will then be asked to enter your ProviderOne ID/domain. Enter your 7-digit ProviderOne ID. DO NOT enter your 10-digit NPI.</li> </ul> <p><b>Online:</b> <a href="#">HCA Secure form</a></p> <ul style="list-style-type: none"> <li>• <b>Important!</b> If you need assistance on a claim close to the one-year timely filing deadline, please type "Urgent, timely issue." in the <b>Other Comments</b> box on HCA's <a href="#">secure form</a>.</li> </ul>

I need help with ...	Contact ...
	<ul style="list-style-type: none"> <li>When using the secure webform, you will get you a ticket/incident number. Save this ticket/incident # for future escalation if needed!</li> </ul> <p><b>Note:</b> If an issue is taking more than 2 weeks to resolve, please contact:</p> <ul style="list-style-type: none"> <li>DSHS ALTSA providers/clients: <a href="mailto:P1_escalation@dshs.wa.gov">P1_escalation@dshs.wa.gov</a> and provide the ticket/incident # and a description of the issue.</li> <li>DSHS DDA providers/clients: Contact the DDA Resource Developer or Contractor who will escalate to the Regional Payment Specialist as needed.</li> </ul>
<ul style="list-style-type: none"> <li>Submitting or adjusting .dat file claims</li> </ul>	<p><b>Health Care Authority</b>  <b>Email:</b> <a href="mailto:hipaa-help@hca.wa.gov">hipaa-help@hca.wa.gov</a></p>
<ul style="list-style-type: none"> <li>ProviderOne login assistance</li> </ul>	<p><b>Health Care Authority</b>  <b>Email:</b> <a href="mailto:ProviderOneSecurity@hca.wa.gov">ProviderOneSecurity@hca.wa.gov</a>  <b>Online:</b> <a href="#">Secure form</a></p>
<ul style="list-style-type: none"> <li>Electronic Visit Verification (Home Care Agencies &amp; CDWA only)</li> </ul>	<p><b>DSHS</b>  <b>Email:</b> <a href="#">EVV questions</a>  <b>Website:</b> <a href="#">DSHS EVV website</a></p>
<ul style="list-style-type: none"> <li>Urgent payment issues that impact client services (i.e., I can't receive payment due to ProviderOne issues)</li> </ul>	<p><b>DSHS: ALTSA or DDA ProviderOne payment teams</b></p> <p><b>Note:</b> You should only contact the DSHS ProviderOne payment teams after you have tried resolving your issue through the appropriate channels (i.e., case manager, contract specialist, or HCA) AND client services are impacted.</p> <ul style="list-style-type: none"> <li>DSHS ALTSA providers/clients: <a href="mailto:P1_escalation@dshs.wa.gov">P1_escalation@dshs.wa.gov</a></li> <li>DSHS DDA providers/clients: Contact the DDA resource developer or contractor who will escalate to the regional payment specialist as needed.</li> </ul> <p>When emailing DSHS, please include your:</p> <ul style="list-style-type: none"> <li>Name (first and last)</li> <li>Name of your organization</li> <li>ProviderOne ID (also known as your P1 domain)</li> <li>The date you emailed HCA and the corresponding HCA Ticket/Incident #</li> <li>A brief description of your issue, who you've tried to contact, and how the issue impacts client services and/or your ability to receive payment</li> </ul>