Washington State Health Care Authority

Instructions to Enroll Individual Servicing Only Providers

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Servicing Only providers are individuals who perform services under a Group, Facility, Agency, Organization, or Institution. This includes individual network providers of Managed Care Entities and Behavioral Health Organizations.

Federal regulations require all individual providers who perform services to Washington State Medicaid clients be enrolled with the Washington State Health Care Authority (HCA).

This document provides guidance on completing the enrollment of the individual providers.

If you need additional assistance, please contact Provider Enrollment at:

Phone: 1-800-562-3022 ext. 16137, or Email: providerenrollment@hca.wa.gov

If you are a practitioner asked to enroll yourself, follow this process:

- 1. Go to **www.hca.wa.gov/provider-enrollment** to begin your application.
- 2. For instructions on completing your application, scroll down to page 2 on this document and follow the section titled, "Instructions on completing the individual servicing only application"

Already Enrolled with HCA as a Group, Facility, Agency, Organization, or Institution:

1. Log into your ProviderOne portal at **www.waproviderone.org** using your domain number, username, and password.

For assistance with your username and/or password, please contact ProviderOne Security at **provideronesecurity@hca.wa.gov**

- **2.** After logging into your ProviderOne portal, you will be asked to select a Profile to use. Please select either "EXT Provider File Maintenance" or "EXT Provider Super User" for the profile.
- 3. Next, click on "Initiate New Enrollment"



4. For instructions on completing the individual servicing only application, scroll down to page 2 on this document and follow the section titled, "Instructions on completing the individual servicing only application"





- 1. The Group, Facility, Agency, Organization, or Institution must be enrolled with HCA.
- 2. For Enrollment Instructions:
 - Go to https://www.hca.wa.gov/enroll-as-a-provider
 - Scroll down and click on the blue-hyperlink titled "Billing provider" This will take you to the enrollment instructions for billing providers
- 3. After reading the enrollment instructions and compiling all requirements listed in the instructions, go to **www.hca.wa.gov/provider-enrollment** to begin your online application. The online application has up to 18-steps that must be completed.

Instructions on completing the individual servicing only application:

After accessing the ProviderOne Enrollment Portal, follow the below instructions for completing the individual servicing only application.

1. On the Enrollment Type list, select "Individual" and then hit the "Submit" button.



- 2. On the Basic Information Screen, complete the following sections:
 - Select "HCA" as the Agency. To do this:
 - Step 1: Click on the appropriate agency (clicking on the agency will highlight the agency)

| Basic Information | on | | |
|-------------------|--------------------|--------------|-------|
| | Available Agencies | Selected Age | ncies |
| | DOC DSHS | | |
| Agonovi | HCA | > | * |
| Agency. | | « | |

• Step 2: With the agency still highlighted, click on the arrows pointing to the right. This will move the agency over into the 'Selected Agencies' field.



2

• In the 'HCA Billing Type' dropdown, select 'NB-Non-billing"



- Select "SSN" *For Individual Servicing Only providers, SSN must be selected
- Complete the following *required fields:
 - o First Name, Last Name,
 - o Gender, SSN, Date of Birth,
 - Select "Servicing Only" for the Servicing Type dropdown,
 - Enter the Individual's National Provider Identifier (NPI),
 - Select "Other" for the W-9 Entity Type,
 - Type in "Servicing Only" in the W-9 Entity Type (If Other) field,
 - o In the Other Organizational Information dropdown make the applicable selection,
 - Enter the Email Address.

Please also enter Middle Name, Suffix, and Title (if applicable)

• After entering required data, hit the 'Next' button.

| III Basic Information | | | | | ^ |
|--------------------------------------|----------------|--|------------------------------|-------------|--------|
| | If you don't l | have NPI and if you are Atypical provider then please co | ntact DSHS worker to enroll. | | |
| Tax Identifier Type: | OFEIN ●SSN | | | | |
| Provider Name(Organization Name): | | (as shown on Income Tax Return) | | | |
| Organization Business Name: | | Federal Employer Identification Number(FEIN): | | | |
| Provider Name: (First Name) | | (Middle Name) | | (Last Name) | |
| Suffix: | | Gender: | | | |
| SSN: | | Title: | | | |
| Date of Birth: | | Servicing Type: | Servicing Only | | |
| 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 |

- 3. The next screen will provide your Application # which is a 14-digit number. Write your application # down in case you must return to the application at a later time. Then, click the 'Next' button.
- 4. This will take you to the Business Process Wizard (BPW) where all of the following required steps must be completed: Step 1, Step 3, Step 5, Step 14, Step 16, and Step 17 🛛

Step 1 (Provider Basic Information): This step will already show a status of Complete as this is the data you entered on the Basic Information screen you just completed.



Step 3 (Add Specializations): Add the individual provider's taxonomy to this step by doing the following:

- a. Click on the blue-link titled Step 3: Add Specializations
- b. Click on the 'Add' button



- c. For the Administration dropdown, select "HRSA"
- d. For the Provider Type dropdown, select the individual's provider type
- e. For the Specialty dropdown, select the individual's specialty
- f. After making those selections, a list of Available Taxonomy Codes will appear in the 'Available Taxonomy Codes' section select the applicable taxonomy(s) for the individual provider being enrolled.

To select a taxonomy, click on the taxonomy just once which will highlight the taxonomy in blue. Then, click the arrow >> to move the taxonomy to the 'Associated Taxonomy Codes' field

g. After all applicable taxonomies have been added to the 'Associated Taxonomy Codes' field, click the OK button.

| Add Specialty/Subspecialty | | | |
|----------------------------|--------------------|-----------------------------|------------|
| Administration | : | * | |
| Provider Type | * | | |
| Specialty | * | | |
| End Date | : | | |
| | | | |
| Add Taxonomy Code | | | |
| Availa | ble Taxonomy Codes | Associated Taxonomy Codes * | |
| | | | |
| | | » | |
| | | « | |
| | | | |
| | | | |
| | | | O OK O Car |

Step 5 (Add Licenses and Certifications):

- a. Click on the blue-link titled Step 5: Add Licenses and Certifications
- b. Click on the 'Add' button





c. The following screen will appear:

| Add License/Certification | | | | | ^ |
|-----------------------------|--------------------|---|--------------------------|---|------------|
| License/Certification Type: | ABCD Certification | * | License/Certification #: | | * |
| Effective Date: | * | | End Date: | * | |
| | | | | | O OK Cance |

- d. In the License/Certification Type dropdown, select "Professional License"
- e. In the License/Certification # field, enter the individual provider's professional license #.

Note: For Washington State licensed providers, the professional license begins with 2-letters and is followed by 8-digits (no spaces, no dashes). Example: AA00000000

- f. In the Effective Date field, enter the original start-date of the license
- g. In the End Date field, enter the end-date as currently shown on your license
- h. Then, click the OK button
 - Note: If the individual provider has a DEA #, the DEA # can also be added in Step 5. To do this select "Drug Enforcement (DEA) Number" from the dropdown, enter the DEA # into the License/Certification # field, enter the original start-date of the DEA #, and the end-date as currently shown on the DEA license.

Step 14 (Add Billing Provider Details):

- a. Click on the blue-link titled Step 14: Add Billing Provider Details
- b. Click on the 'Add' button



- c. In the field titled "ProviderOne ID / NPI" enter either the ProviderOne ID or the NPI of the Group, Facility, Agency, Organization, or Institution that the individual provider is performing services under.
- d. Click the "Confirm Provider" button to confirm the provider exists in ProviderOne If the provider exists in ProviderOne, the Provider Name will appear in the "Provider Name" section
- e. If the provider was confirmed as an existing provider, click the OK button

If the provider was not confirmed as an existing provider, then you will not be able to complete the servicing only application. At this point, please follow the instructions above on page 2 titled "Not enrolled with HCA as a Group, Facility, Agency, Organization, or Institution"

Step 16 (Complete Enrollment Checklist):

- a. Click on the blue-link titled Step 16: Complete Enrollment Checklist
- b. The Provider Checklist page will appear. All questions on this page must be answered by selecting either "Yes" or "No" in each of the Answer dropdowns.

If you mark "Yes" to any answer, you must also enter a comment in the Comments box to the right of the "Yes."

c. After answering all questions, click the Save button (located toward the upper-left-hand portion of the screen)

Step 17 (Final Enrollment Instructions):

- a. Click on the blue-link titled Step 17: Final Enrollment Instructions
- b. Click the "Submit Enrollment" button



c. A pop-up message will appear that states, "Your application has been sent to the state for processing" – This indicates that you have successfully submitted the online application.

Important: Applications are worked on in the order they were received.



Are both the individual practitioner and the Group, Facility, Agency, Organization, or Institution already enrolled with HCA:

1. The Group, Facility, Agency, Organization, or Institution must log into their ProviderOne portal at **www.waproviderone.org** using their domain number, username, and password.

For assistance with your username and/or password, please contact ProviderOne Security at **provideronesecurity@hca.wa.gov**

- **2.** After logging into your ProviderOne portal, you will be asked to select a Profile to use. Please select either "EXT Provider File Maintenance" or "EXT Provider Super User" for the profile.
- 3. Next, click on "Manage Provider Information"



4. Now on the Business Process Wizard (BPW), scroll down and click on the blue-link titled "Step 14: Servicing Provider Information"

| | View/Update Provider Data - Group Practice | |
|-----|---|----------------|
| Bus | iness Process Wizard Provider Data Modification (Group Practice). In order to final | ize submission |
| | Step | Required |
| | Step 1: Basic Information | Required |
| | Step 2: Locations | Required |
| | Step 3: Specializations | Required |
| | Step 4: Ownership & Managing/Controlling Interest details | Required |
| | Step 5: Licenses and Certifications | Required |
| | Step 6: Training and Education | Optional |
| | Step 7: Identifiers | Optional |
| | Step 8: Contract Details | Optional |
| | Step 9: Federal Tax Details | Required |
| | Step 10: EDI Submission Method | Optional |
| | Step 11: EDI Billing Software Details | Required |
| | Step 12: EDI Submitter Details | Optional |
| | Step 13: EDI Contact Information | Required |
| | Step 14: Servicing Provider Information Click on this link | Required |
| | Step 15: Payment and Remittance Details | Required |
| | Step 16: Submit Modification for Review | Required |



5. Now on the Servicing Provider List page, click on the "Add" button

| Close | Add | Click the "Add" button |
|----------|-------------------------|-------------------------|
| | Servicing Provider List | |
| Filter I | Зу: | |
| | ProviderOne ID | Servicing Provider Name |

- 6. On the Add Servicing Provider screen, enter the following information:
 - a) In the ProviderOne ID / NPI field, **enter the individual practitioners NPI number**. If you know the individual practitioners ProviderOne ID, you may enter that number instead of the NPI.
 - b) In the **Start Date** field, enter the date the individual practitioner will begin working for the Group, Facility, Agency, Organization, or Institution. Enter date in the following format: mm/dd/yyyy
 - c) In the **End Date** field, enter 12/31/2999. This date reflects that the individual practitioner is still working for your business.
 - d) Next, hit the "Confirm Provider" button.
 - e) If you entered the information correctly and the individual practitioner is in fact already enrolled, the individual practitioner's name will appear in the **Provider Name** field.
 - f) Once you see the correct individual practitioner's name in the Provider Name field, hit the "**OK**" button.

| Add Servicing Provider | | | | | ^ |
|------------------------|--------------------------------------|-----------|------------------|-----|----------|
| Pro | ovide Servicing Provider ID Details. | | | | |
| ProviderOne ID / NPI: | * | | | | |
| Provider Name: | | | | | |
| Start Date: | * | End Date: | | | |
| | | (| Confirm Provider | OOK | C Cancel |
| | | • | | | , |

- 7. Now back on the Servicing Provider List page, you can view the individual practitioner by doing the following:
 - a) In the 'Filter By' dropdown, select '**Status**' and in the box to the right of that enter '**i%**' Then, hit "Go"

| Servicing Provid | der List | | |
|--------------------|-------------|-----|---------------------------------------|
| Filter By : Status | v i% | And | And Operational Status: Active 🔽 💿 Go |



- - b) You should now see the provider is in a Status of "In Review"

| ilter Bu - Ctetue | | | | | |
|---------------------------------|---|--|---|-----------------------|-------------------|
| Status | N And | | | And Operational Statu | s: Active |
| ProviderOne ID | Servicing Provider Name ▲ ▼ | Servicing Provider NPI ▲ ▽ | Start Date ▲ ▼ | End Date ▲ ▼ | Status ▲ ▼ |
| ProviderOne ID will appear here | Individual Practitioner's Name will appear here | Individual Practitioner's NPI will appear here | Start Date you entered will appear here | 12/31/2999 | In Review |
| | | | | The Status shows | it is "In Review" |

8. Next, click on the "Close" button



9. Now back on the Business Process Wizard (BPW) screen, click on the blue link titled "**Step 16: Submit Modification for Review**"

| | Step | Required | |
|--------------------------------|---------------------------------------|----------|--|
| Step 1: Basic Information | | Required | |
| Step 2: Locations | | Required | |
| Step 3: Specializations | | Required | |
| Step 4: Ownership & Managir | ng/Controlling Interest details | Required | |
| Step 5: Licenses and Certifica | ations | Required | |
| Step 6: Training and Educatio | 'n | Optional | |
| Step 7: Identifiers | | Optional | |
| Step 8: Contract Details | | Optional | |
| Step 9: Federal Tax Details | Step 9: Federal Tax Details | | |
| Step 10: EDI Submission Met | Step 10: EDI Submission Method | | |
| Step 11: EDI Billing Software | Step 11: EDI Billing Software Details | | |
| Step 12: EDI Submitter Detail | S | Optional | |
| Step 13: EDI Contact Informa | Step 13: EDI Contact Information | | |
| Step 14: Servicing Provider In | formation | Required | |
| Step 15: Payment and Remitt | ance Details | Optional | |





10. Now on the Final Submission screen, click on the "Submit Provider Modification" button

| ProviderOne Id/NPI : The Group, Facility, Agency, Organization, or Institu ProviderOne ID and NPI will be listed here. | ition's The Group, Facility, Agency, Organization, or Name: Institution's Name will be listed here. |
|---|---|
| Close Submit Provider Modification Final Submission | Click on the "Submit Provider Modification" button |
| The requested modifications su During this time, | Enrollment Type: Group Practice ubmitted shall be verified and reviewed by the DSHS. you may not make additional changes. |

11. The following pop-up message should appear:



12. You have now submitted this information for review by the Health Care Authority (HCA).

