

ProviderOne Provider System User Manual



Enrolling as a Billing Agent/Clearinghouse

If you need assistance choosing which provider type to enroll as, please contact:

Provider Enrollment at 800-562-3022 ext: 16137

Disclaimer:

A contract, known as the Core Provider Agreement, governs the relationship between DSHS and Medical Assistance providers. The Core Provider Agreement's terms and conditions incorporate federal laws, rules and regulations, state law, DSHS rules and regulations, and DSHS program policies, numbered memoranda, and billing instructions, including this Guide.

Providers must submit a claim in accordance with the DSHS rules, policies, numbered memoranda, and billing instructions in effect at the time they provided the service. Every effort has been made to ensure this Guide's accuracy. However, in the unlikely event of an actual or apparent conflict between this document and a department rule, the department rule controls."





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Add EDI Contact Information	
Complete Enrollment Checklist	
Submit Enrollment Application for Review	
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Enrolling as a Billing Agent / Clearinghouse

The following ProviderOne topics and tasks are covered in this section:

- Accessing the Enrollment Business Process Wizard
- Entering Provider Basic Information
- Completing the Business Process Wizard Steps
- Submitting the Enrollment Application to DSHS





Provider Enrollment Links

Start a New Provider Enrollment Application

https://www.waproviderone.org/ecams/jsp/common/pgNewPrvdrEnrollment.jsp

Resume or Track an Enrollment Application

https://www.waproviderone.org/ecams/jsp/common/pgTrackPrvdrApplctn.jsp

You will need your Application Id and either the Social Security Number (SSN) or Federal Employer Identification Number (FEIN) to login.





Accessing the Enrolment Business Process Wizard

Selecting the Enrollment Type

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Enter the following web address into your Internet Explorer Browser: "https://www.waproviderone.org/ecams/jsp/common/pgNewPrvdrEnrollment.jsp

ProviderOne displays the Enrollment Type page.

Enrollment Type:	
Select the Enrollment Applicable Form	
C Individual	
C Group Practice	
O Billing Agent/Clearinghouse	
C Fac/Agncy/Orgn/Inst	
C Tribal Health Services	
Close Submit	

Figure 1 - Enrollment Type



Select the Appropriate Enrollment form and click the Submit button.

ProviderOne displays the Basic Information page.





Step 1: Provider Basic Information

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

Successful completion of this step will result in:

- Confirmation that a duplicate enrollment does not already exist
- Assignment of an Application Id
- Storage of the basic information in the Provider Enrollment Staging Area



ProviderOne displays the Basic Information page.

🌽 Basic Information - Windo	ws Internet Explorer	
? Application I	d:	
Basic Information:		
Tax Identifier Type:	© FEIN ○ SSN	
Organization Name:	(as shown on Income Tax Return)	
Organization Business Name:	FEIN:	
First Name:	(as shown on Social Security Card) Middle Name or Middle Initial:	
Last Name:	(as shown on Social Security Card)	
Suffix:	Gender:	V
55N:	Title:	Y
Date of Birth:		
NPI:	UBI:	
Other Organizational Information:		
Enrollment Effective Date:		
		Next Cancel

Figure 2 - Basic Information Page

About the Basic Information Page

- If you select SSN as the Tax Identifier Type you must complete all required fields in the Name section.
- If you select FEIN as the Tax Identifier Type you must complete all required fields in the Organization section.
- Billing Agent/Clearninghouse Provider Enrollment Types are not required to enter an NPI.



After completing all required input and any optional fields you wish to complete, click the Next button.

ProviderOne displays the second Basic Information page.

🖉 Basic Information - Windows Internet Explorer		_ 🗆 🗙
? Application Id:		
Basic Information:		
End Date:		
Address Line 1:	* Address Line 2:	
Address Line 3:	City/Town: 💌 *	
State/Province: 📝 *	County:	
Country: 🔽 *	Zip Code: Ac	ddress
Fax Number:	Phone Number: *	
Communication Preference:	Cell Phone Number:	
	Back Finish	Cancel

Figure 3 - Basic Information – Provider Address Detail



Click the Address button and enter the required address data. After completing the remaining required input fields, click the Finish button.



ProviderOne displays the Basic Information – Application ID page.

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

Figure 4 - Basic Information – Application ID



About the Basic Information – Application ID Page:

Print this page or copy the Application ID 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 along with your tax id (SSN or FEIN).



Click Ok.

ProviderOne displays the Provider Enrollment Business Process Wizard. The Provider Basic Information status is now set to Complete.

Close	Required Credentials					
	vider -Billing Agent/Clea siness Process Wizard-P				gent/Clear	inghouse/Su
	Step	Required	Start Date	End Date	Status	Step Remark
Step 1: Pro	vider Basic Information	Required	02/06/2008	02/06/2008	Complete	
Step 2: Add	l Identifiers	Optional			Incomplete	
Step 3: Add	I EDI Submission Method	Required			Incomplete	
Step 4: Add	I EDI Billing Software Details	Required			Incomplete	
Step 5: Add	I EDI Contact Information	Required			Incomplete	
Step 6: Cor	nplete Enrollment Checklist	Required			Incomplete	
Step 7: Sub for	mit Enrollment Application Review	Required			Incomplete	

Figure 5 - Enrollment Business Process Wizard

About the Business Process Wizard

 All steps marked as Required must have a status of Complete before the application can be submitted for review.

Required	Start Date	End Date	Status
Required	02/06/2008	02/06/2008	Complete
1			1





Step 2: Add Identifiers

Accessing the Provider Identifiers List



From the Business Process Wizard, click the Add Identifiers link.





ProviderOne displays the Provider Identifiers List.

ilter	By :			Go		
	Identifier Type	Identifier Value	Location Number	Location Name	Start Date	End Date
	Provider Medicare Number	7021561	00001	Casey Critical Care	02/01/2004	12/31/2999

Figure 6 - Provider Identifiers List

About the Provider Identifiers List

- The first time this list displays it will be blank.
- Each row displays a specific identifier for a location.
- Locations may have more than one identifier.





Adding an Identifier



To add a new record, click the Add button.

ProviderOne displays the Add New Identifier form.

Location:	· ·	
lentifier Type:	Identifier Value:	
Start Date:	End Date:	

Figure 7 - Add New Identifier

About the Add New Identifier Form

- The Location drop-down will display all current Provider locations.
- To apply the Identifier to All locations, click the All option from the Location dropdown list.



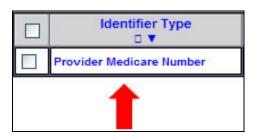
Click the OK button to save the information and close the window, or Cancel to close the window without saving.



Modifying a Provider Identifier Record

1			67	1
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From the ProviderOne Provider Identifiers list, click the link in the Identifier Type column.





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ProviderOne displays the Manage Identifier page.

Close Save					
Manage Identifier :					
Location :	00001-NPI Base 💉 *				
Identifier Type :	Adult Family Home Number	× •	Identifier Value :	asd	•
Start Date :	04/02/2007 *		End Date :	12/31/2999	

Figure 8 - Manage Identifier

After making your changes, click the Save button. Click the Close button to close the Manage Identifier page.



Deleting a Provider Identifier Record

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From the Provider Identifiers list, check the box next to the record you want to delete and click the Delete button.

	ldentifier Type □ ▼		
	Provider Medicare Number		
Dele	ete <pre><s 1_<="" page="" pre="" prev="" viewing=""></s></pre>		

What happens next:



From the Provider Identifiers list, click the Close button and proceed to the next step in the Business Process Wizard.

ProviderOne displays the Business Process Wizard. The status is now set to Complete.

Step #:Add Identifiers	Required	02/06/2008	02/06/2008	Complete





EDI Submission Method

Accessing the EDI Submission Details Page

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From the Business Process Wizard, click the Add EDI Submission Method link.

Step # : Add EDI Submission Method



ProviderOne displays the EDI Submission Details page.

EDI Submission Details:	Submission Details: You may check multiple Modes of Submission. NPI is required for all se			red for all selections.
		d/or FTP Secured Batch a ail a new ProviderOne Trac		
Mode of Submission:	🗌 Web Batch	Billing Agent/Clearinghouse	FTP Secured Batch	Web Interactive
Status:	In Review			
Method		When to Use		
Web Batch Billing Agent/Clearnin FTP Batch Web Interactive	ghouse	For upload/download For providers who use For submitting files vi For entering (keying)	e a 3rd party to bill ia an SFTP site	
method is often used by pro - Your EDI submission metho	viders who submit t d is "FTP Secured	you currently upload and down their own HIPAA batch transac Batch" if you submit and retrie ith clearinghouses and billing a	tions. It allows a maxir ve batches at a secure	num file size of 50MB. web folder assigned
				OK Cancel

Figure 9 - EDI Submission Details

Selecting EDI Submission Method(s)

Place a check in the box $\boxed{}$ next to the EDI Submission Method(s) you will use and click the OK button.



What Happens Next:



ProviderOne displays the Business Process Wizard. The status is now set to Complete.

Step #: Add EDI Submission Method	Optional	02/06/2008	02/06/2008	Complete
				1



Add EDI Billing Software Details

Accessing the EDI Billing Software Information List



From the Business Process Wizard, click the Add EDI Billing Software Details link.

Step #: Add EDI Billing Software Details



ProviderOne displays the EDI Billing Software Information list.

Close	Add						
EDI B	illing Sof	ftware Infe	ormation:				
Filter	By :		~			Go	
	Software Name □ ▼	Software Version	Software Vendor Name	Vendor Contact Title	Vendor Contact Name	Vendor Contact Phone Number	End Date
					No Records Found	d !	

Figure 10 - EDI Billing Software Information for Enrollment

About the EDI Billing Software Information for Enrollment List

• The first time this list displays it will be blank.





Adding an EDI Billing Software Record



To add a new record, click the Add button.

ProviderOne displays the Add EDI Billing Software Information page.

Add EDI Billing Software Information:	
Software Vendor Company Name:	*
Software Product Name:	* Software Version: *
Software Protocol:	* <see at="" bottom="" note="" of="" page.<="" th="" the=""></see>
Element Delimiter: 🛛 Asterisk-* 💌 Defau	lt Delimiter * (asterisk)
	Delimiter ~ (tilde)
Sub-Element Delimiter: 🔽 Default D	elimiter : (colon)
Start Date: *	End Date:
Status:	
Software Vendor Contact Information:	
Contact Title: *	
Contact First Name: *	Contact Last Name: *
Phone Number: *	Fax Number:
Email Address:	
Address Line 1:	Address Line 2:
Address Line 3:	City/Town: 🔽
State/Province: 🔝	County: 🗾
Country: 🔝	Zip Code: Address
Note: If Web Batch was chosen in step 11, indicat If "FTP Secured Batch" was chosen in step 1 If both were chosen, indicate "Web Batch, F	1, indicate "FTP Secured Batch" in the Software Protocol field. TP" in the software protocol field.
	OK Cancel

Figure 11 - Add EDI Billing Software Information for Enrollment

About the Add EDI Billing Software Information for Enrollment Page

• To add an Address, click the Address button. The Add Address form will display.

After completing the form, click the OK button to save the information and close
the window, or Cancel to close the window without saving





Modifying an EDI Billing Software Record

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From the EDI Billing Software Information for Enrollment List, click the hyperlink in the Software Name column.

	a constant and a second second	are Information
	Software Name	Software Version
	EZClaim 🔶	7.0
Dele	ate 📃 IIII << Prev	Viewing Page 1_



ProviderOne displays the Manage EDI Billing Software Information page.

Close Save	
Manage EDI Billing Software Information:	
Software Vendor Company Name: EZClaim Medica	
Software Product Name: EZClaim Advan	ced * Software Version: 7.0 *
Software Protocol: SFTP	* <see at="" bottom="" note="" of="" p="" page.<="" the=""></see>
Element Delimiter: Asterisk-* 💌 🛛)efault Delimiter * (asterisk)
Segment Delimiter: Tilde-~ 💌 Def.	ault Delimiter ~ (tilde)
Sub-Element Delimiter: 🔽 Defa	ault Delimiter : (colon)
Start Date: 05/01/2009 *	End Date: 12/31/2999
Status: In Review	
Software Vendor Contact Information:	
Contact Title: Mr. *	
Contact First Name: Jonathan *	Contact Last Name: Sharp *
Phone Number: (877) 650-0001 *	Fax Number:
Email Address:	
Address Line 1:	Address Line 2:
Address Line 3:	City/Town:
State/Province:	County:
Country: 🔽	Zip Code: Address
Note: • If Web Batch was chosen in step 11, ind	icate "Web Batch" in the Software Protocol field. ep 11, indicate "FTP Secured Batch" in the Software Protocol field. h, FTP" in the software protocol field.

Figure 12 - Manage EDI Billing Software Information



ProviderOne Provider System User Manual



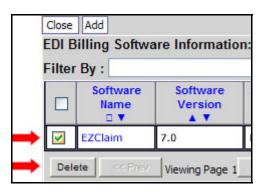
After making your changes, click the Save button to save your changes and then click the Close button to exit the screen.



Deleting a Billing Software Record

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From the EDI Billing Software Information for Enrollment List check the box next to the record you want to delete and click the Delete button.



What Happens Next:



From the EDI Billing Software Information for Enrollment List, click the Close button and proceed to the next step in the Business Process Wizard.



ProviderOne displays the Business Process Wizard. The status is now set to Complete.







Add EDI Contact Information

Accessing the EDI Contact List



From the Business Process Wizard, click the Add EDI Contact Information link.

Step #: Add EDI Contact Information



ProviderOne displays the EDI Contact Information List.

Close EDI C	Add ontact Inform	nation List:				
Filter	By :	~	•			Go
	Electronic Transaction	Contact Title	Contact Name	Contact Phone Number	Contact Email	End Date
			No Records	Found !		



About the EDI Contact Information List

• The first time this list displays it will be blank.





Add an EDI Contact

C			1
C		4	2
-			
6	P	~	1

To add a new record, click the Add button.

ProviderOne displays the Add EDI Contact Information page.

Add EDI Contact Information:	
Contact Title : * <	Please enter your organizational contact information here.
Contact First Name : *	Contact Last Name : *
Phone Number : *	Fax Number :
Email Address :	Start Date : * End Date :
Address Line 1:	* Address Line 2:
Address Line 3:	City/Town: 📃 *
State/Province:*	County:
Country: *	Zip Code: Address
Electronic Transactions:	
	riate HIPAA transactions you will be using. Associated Transactions *
Available Transactions 270-Eligibility Enquiry 271-Eligibility Response 276-Claim Status Inquiry 277-Claim Status Response 277U-Unsolicited Claims Status R 278-Prior Authorization Request 278-Prior Authorization Response 820-Premium Payment 834-Benefit Enrollment 835-Healthcare Claim Payment A	
	OK Cancel

Figure 14 - Add EDI Contact Information

About the Add EDI Contact Information Page

■ Identify a Contact and assign Transactions.



After creating the Contact and assigning transactions, click the OK button to save.





Modifying an EDI Contact

-	0
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From the EDI Contact Information List, click the hyperlink in the Contact Name column.

EDI Contact Information List:					
Filter By :					
	Electronic Transaction	Contact Title □ ▼	Contact Name		
	270,271,278	Mr. 🗪	Card, Kent		



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ProviderOne displays the Manage EDI Contact Information page.

Close Save						
Manage EDI Contact Info	rmation:					
Contact Title :	Mr.	* < F	^o lease enter y	our organizational co	ontact infor	mation here.
Contact First Name :	Kent	*		Contact Last Name :	Card	*
Phone Number :	(360) 887-2244	*		Fax Number :		
Email Address :				End Date :		
Start Date :	05/01/2009 *					
Status :	In Review					
Address Line 1:	215 West Street		*	Address Line 2:		
Address Line 3:]	City/Town:	Spokane 💌	*
State/Province:	Washington 🔽 \star			County:	Spokane 💌	
Country:	United States 💌 ∗			Zip Code:	99207	- Address
Electronic Transactions:						
	Note: P	lease se	elect all appropria	ate HIPAA transactions	you will be u	sing.
	Available Tran	saction	s	Associated Transactio	ons *	
277-Claim 277U-Unso 820-Premi 834-Benef 835-Healt 837D-Den 837D-Den 837I-Instit	Status Inquiry Status Response olicited Claims Status Re um Payment fit Enrollment ncare Claim Payment Ar tal Claim utional Claim essional Claim		>>	270-Eligibility Inquiry 271-Eligibility Response 278-Prior Authorization F 278-Prior Authorization F		

Figure 15 - Manage EDI Contact Information

After making your changes, click the Save button to save and then click the Close button to exit the screen.

Every effort has been made to ensure this Guide's accuracy. However, in the unlikely event of an actual or apparent conflict between this document and a department rule, the department rule controls.





Deleting an EDI Contact Record

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From the EDI Contact Information List, check the box next to the record you want to delete and click the Delete button.

ilter	By :	~	8
	Electronic Transaction	Contact Title	Contact Name
	270,271,278	Mr.	Card, Kent

What Happens Next:



From the EDI Contact Information List, click the Close button and proceed to the next step in the Business Process Wizard.

ProviderOne displays the Business Process Wizard. The status is now set to Complete.

Step #: Add EDI Contact Information	Optional	02/06/2008	02/06/2008	Complete
				1





Complete Enrollment Checklist

Accessing the Enrollment Checklist



From the Business Process Wizard, click the Complete Enrollment Checklist link.

Step #: Complete Enrollment Checklist



ProviderOne displays the Provider Checklist.

Close Save				
Provider Checklist:				
Question	Answer	Comments		
Have you or any employee ever had an Assessment taken against you ?	Not Completed 🐱			
Have you or any employee ever had an Administrative Sanction taken against you ?	Not Completed 💌			
Have you or any employee ever had a Suspension of Payment taken against you?	Not Completed 💌			
Have you or any employee ever had a Restitution Order taken against you ?	Not Completed 💌			
Have you or any employee ever had a Program Exclusion taken against you ?	Not Completed 💌			
Have you or any employee ever had a Program Debarment taken against you ?	Not Completed 💌			
Have you or any employee ever had a Pending Criminal Judgment taken against you ?	Not Completed 🔽			
Have you or any employee ever had a Pending Civil Judgment taken against you ?	Not Completed 💌			
Have you or any employee had a Judgement Pending Under False Claims Act taken against you ?	Not Completed 💌	[
Have you or any employee ever had a Criminal Fine taken against you ?	Not Completed 💌			
Have you or any employee ever had a Civil Monetary Penalty taken against you ?	Not Completed 💌			
Has Applicant, or employees, ever been convicted or any health related crimes ?	Not Completed 💌			
Has Applicant, or employees, ever been convicted of a crime involving the abuse of a child or an elderly adult ?	Not Completed 💌			

Figure 16 - Provider Checklist

About the Provider Checklist

- Every question must be answered with Yes or No.
- All Yes questions must have a corresponding comment.





After completing the Provider Checklist, click the Save button.

ProviderOne displays the Business Process Wizard. The status is now set to Complete.

Step #: Complete Enrollment Checklist	Required	02/06/2008	02/06/2008	Complete
	and and	200. OK	5246 - 62	1



Submit Enrollment Application for Review

Accessing the Final Submission Page

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From the Business Process Wizard, click the Submit Enrollment Application for Review link.

Step #: Submit Enrollment Application for Review



ProviderOne displays the Final Submission page.

Close Submit Enr	ollment				
Final Submission					
Application #	t: 20080206964480	Enrollment Type: In	dividual		
	on submitted for enrollment shall be) this time, any changes to the inforn				
1	agree that the information submitte application is correct (Privacy and C				
Please	use the Application # in all the docu	mentation sent to the DSI	HS.		
Instructions for submitting documentation: 1. Please click on this link to display the documentation cover sheet. 2. Print the cover sheet. 3. Write the Application number in the 'Application #' field of the cover sheet. 4. Include the cover sheet, with the Application number, when mailing or faxing documentation to the DSHS. Application Document Checklist:					
Forms/Documents	Special Instructions	Source	Required		
Training and Education	Please provide a copy of all required Training and Documentation.		NO		
Tax Documents	Please provide a copy of all required Tax Documents.	http://www.irs.gov	YES		
Licenses and Certifications	Please provide a copy of all required Licenses and Certifications.	https://fortress.wa.gov/	NO		
EDI Required Documentations	Please provide a copy of all require Trading Partner documents.		NO		
Contracts and Agreements	Please provide a copy of Contracts, Agreements and current Core Provider.		YES		
Business License	Please provide a copy of business license.	http://dor.wa.gov/content /home/brd/default.aspx	NO		

Figure 17 - Final Submission

Every effort has been made to ensure this Guide's accuracy. However, in the unlikely event of an actual or apparent conflict between this document and a department rule, the department rule controls.

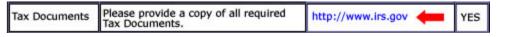




Obtaining Documentation Source Documents



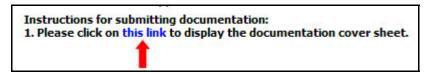
To download source documents, click the hyperlink in the Source column.



Printing the Documentation Cover Sheet



Click the this link hyperlink to display the documentation cover sheet.





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ProviderOne displays a PDF version of the cover sheet.

	ProviderOne Provider Enrollment Document Submission Cover Sheet	
Application #	Provider Enrollment Document Submission Cover Sneet	
	Print Cover Sheet Clear Fields	

Figure 18 - Enrollment Document Cover Sheet

Enter the Application# and print the cover sheet. Include this cover sheet with the documentation listed in the Application Document Checklist.



Re-printing the Documentation Cover Sheet

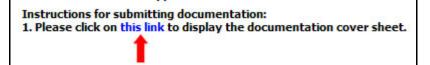
14	0		0	
		M	2	1
1	N		Z	

From the Business Process Wizard, click the Submit Enrollment Application for Review link.

Step #: Submit Enrollment Application for Review

<u>.</u>

Click the this link hyperlink to display the documentation cover sheet. Follow the steps on the previous page.





Submitting the Enrollment Application



From the Final Submission page, click the Submit Enrollment Button.

ProviderOne displays the following Internet Explorer message.

Win	dows Internet Explorer 🛛 🔀
Plea	The application # 20080206964480 has been submitted for State review. Please check this Web site to verify the status of your application. ase ensure that all paper forms and applications sent by mail use the application #. OK
	Click OK to close the message and then click the Close button. ProviderOne displays the Business Process Wizard. The status is now set to Complete.

Step #: Submit Enrollment Application for Review	Required	02/06/2008	02/06/2008	Complete
			89	1





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