

ProviderOne for Social Services Getting Started and Billing Essentials Guide

Updated June 2025

INTRODUCTION

This publication takes effect June 2025 and supersedes earlier billing guides for Social Service Providers.

Every effort has been made to ensure this guide's accuracy. If an actual or apparent conflict between this document and a Health Care Authority (HCA) or Department of Social & Health Services (DSHS) rule arises, the rule applies.

This guide provides a step-by-step resource to help Social Service Providers and billing staff understand the processes of ensuring clients are eligible for services and to receive timely and accurate payments for covered services.

The purpose of this guide is to serve as a resource for Social Service Providers and billing staff so they can:

- **Manage provider information in ProviderOne**
 - Social Service Providers have their information preloaded into ProviderOne. In this section you will learn how to manage and update email notifications, locations, mailing and pay-to addresses, contact information, and payment details.
- **Add new users and assign profiles**
 - In this section you will learn how to add ProviderOne users and assign profiles.
- **View social service authorizations**
 - In this section you will learn how to view social service authorizations, including how to review each part of the authorization, how to navigate the authorization list, and how to read and understand authorization error status.

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GETTING STARTED

Welcome to the *ProviderOne for Social Services: Getting Started & Billing Essentials Guide*. The following section explains the basics of the ProviderOne system, including:

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ProviderOne

Domain Name

User Name

Password

Login

Note: The Domain, Username and Password fields are case sensitive.

Unlock Account and Reset Password? [Click here](#)

If you are a Client, [Click here](#)

Login Problems? [Click here](#)

Note:

Please note some screen grabs in this guide are from the Social Service Billing side and some are from the Social Service Medical Billing side of ProviderOne. The directions and information provided is applicable to both Provider types.

GENERAL TIPS

General Notes

- “OK” signifies a Yes response and “Cancel” a No Response
- Asterisk (*) denotes required fields
- “%” acts as a wildcard, returning information that corresponds with the current search
 - For example, if searching for authorizations for multiple locations you could enter your seven digit Provider ID and add % to the end in order to return all authorizations for every location under your ProviderOne domain
- Make sure your Pop-Up Blockers are turned off on your preferred browser (i.e., Chrome, Edge) you are using to access ProviderOne
 - If pop-up blockers are not turned off, it will result in errors when trying to submit claims
 - If you chose to turn pop-up blockers back on when you are not using ProviderOne, remember to turn them back off when you are using ProviderOne
 - Each specific browser has their own [instructions](#) on how to turn off pop-up blockers
- Clearing your browser history (Cache) regularly will help the overall performance of ProviderOne
 - Clearing browser history will not delete saved favorites, book marks, or passwords
- Columns can be sorted from A-Z or Z-A by using the controls below the name of each column:



Passwords

Passwords and Security Questions:

The first time you log into ProviderOne you will be required to change your temporary password and create a security question. Please note passwords and security questions are case sensitive.

When creating a password for ProviderOne they must contain the following:

- Cannot be the same as your last five passwords
- Must be at least eight characters long
- Must contain at least one letter
- Must contain at least one number
- Must contain at least one of the following special characters:
!@#\$%^&*()_+-<>

After three unsuccessful attempts to login, your domain will be locked. You can unlock and reset your password by reaching out to ProviderOne Security at: provideronesecurity@hca.wa.gov

When you update your password, you will be asked if you want to update your secret question. You can change it at this time or select No.

Note:

As an added security measure, ProviderOne passwords must be changed every 90 days.

ACRONYMS & DEFINITIONS

- **AAA** - Area Agency on Aging
- **CARS** - Collections and Accounts Receivable System. The system DSHS's Office of Financial Recovery uses to manage providers' debt (overpayments).
- **CMS** - Center for Medicare and Medicaid Services
- **COFF** - CARS Offset (lien)
- **DDE** - Direct Data Entry
- **Domain** - Also known as your ProviderOne ID.
- **DOS** - Date of Service
- **DSHS** - Department of Social and Health Services. State agency in charge of delivering a variety of social services, employment supports, safety programs, and court-ordered behavioral health care.
- **EFT** - Electronic Funds Transfer. This is when funds are deposited directly into a banking account for claims payments.
- **HCA** - Health Care Authority. HCA is WA State's Medicaid agency. HCA is in charge of managing the ProviderOne system.
- **HCLA** - Home and Community Living Administration. HCLA is a newly formed administration within DSHS effective May 1, 2025. This administration focuses on coordinating home and community-based services to support clients in their own environments. It was formed by merging key functions from the Developmental Disabilities Administration (DDA) and the Aging and Long-Term Support Administration (AL TSA).
- **HIPAA** - Health Insurance Portability & Accountability Act
- **MOS** - Month of Service
- **NOC** - Non-Offset to CARS
- **NPI** - National Provider Identifier. Most social service vendors are not required to have one.
- **OFIN** - Oracle Financial System
- **OFR** - Office of Financial Recovery
- **PPSU** - Payment Policy & Systems Unit. Housed within DSHS/HCLA, this unit manages the ProviderOne for Social Services webpage, P1 for Social Services billing guides & P1 for Social Services monthly newsletter. PPSU is also in charge of ProviderOne configuration for social service claims and post payment reviews/adjustments.
- **P1OFF** - ProviderOne Offset (claim adjustment)
- **PHI** - Protected Health Information
- **ProviderOne or P1** - ProviderOne is the Medicaid management information system (MMIS) utilized by WA State.
- **ProviderOne ID**. A 7-digit ID assigned to each provider's ProviderOne account. Also known as the Provider Domain ID or Domain Name.
- **RA** - Remittance Advice. RAs provides details about paid, denied, adjusted and in-process claims submitted in ProviderOne.
- **TCN** - Transaction Control Number. A unique tracking number assigned to each claim (also known as the claim number).
- **Warrant** – A paper check issued for claim payments

CONTACT INFORMATION

I need help with ...	Contact ...
<ul style="list-style-type: none"> • There is no active authorization • The authorization is 'in error' status • The dates, units, or rates on the authorization are wrong 	<p>The client's Case Manager</p>
<ul style="list-style-type: none"> • Signing up to receive electronic payments (EFT) • Updating information in ProviderOne (location addresses, email addresses, communication preferences) • Social Service Medical providers only: <ul style="list-style-type: none"> ○ Updating business license, taxonomy, NPI, or Dept. of Health license in ProviderOne 	<p>Health Care Authority--Provider Enrollment Phone: 1-800-562-3022 ext. 16137 Phones are open: Tuesdays and Thursdays from 7:30 a.m. to 4:30 p.m. (Closed from noon to 1 p.m.) Email: ProviderEnrollment@hca.wa.gov When emailing Provider Enrollment, you will get you a ticket/incident number. Save this ticket/incident # for future reference as needed.</p>
<ul style="list-style-type: none"> • Direct Data Entry (DDE) basic billing and claims assistance • Creating claim templates/template batch billing • Payment issues (lost checks) • Basic ProviderOne navigation & questions 	<p>Health Care Authority--Medical Assistance Customer Service Center (MACSC) Phone: 1-800-562-3022, choose "provider services" Online: HCA Secure form</p>
<ul style="list-style-type: none"> • Accessing ProviderOne • Login issues (i.e., password reset, locked out) • Setting up additional users, profiles, or system administrators 	<p>Health Care Authority--ProviderOne Security Email: ProviderOneSecurity@hca.wa.gov Online: HCA Secure form</p>

CONTACT INFORMATION *continued*

I need help with ...

Contact ...

- .dat file claim submissions/adjustments

Health Care Authority--HIPAA Help Desk

Email: hipaa-help@hca.wa.gov

In the subject line type: "Social Service .dat Batch Upload".
In the body of the email include your:

- Name
- ProviderOne ID/domain
- Name of the batch file you are referencing ("SOC.xxxxxxx.20150131xxxxxx.SAMPLE_BATCH.dat")
- Description of your issue or what you need help with
- Your telephone number if you request a return call

- Overpayment questions

DSHS--Office of Financial Recovery (OFR)

Phone: 360-664-5700, option 3, 1-800-562-6114, or TTY
WA 1-800-833-6388

- Urgent payment issues

Note: You should only contact the 6E: E
Bdh[VWA`WbSk_ WfV\$ _eSxVdkag ZShW
fd[V d/a h] Y kagd[egWfZdagYZ fZW
SbbcbdcSfWUZS` We/VWUseW_ S SYWd
Ua` fcdUf ebVUS[ef ad: 53f3@6 U[Vf eWh[UW
SdV_ bSUWz

DSHS--ALTSA or DDA ProviderOne Payment Teams

DSHS ALTSA providers/clients

Email: P1_escalation@dshs.wa.gov

DSHS DDA Providers/clients

Contact the DDA resource developer or contractor who will escalate to the regional payment specialist as needed.

When emailing DSHS, please include your:

- Name (first and last)
- Name of your organization
- ProviderOne ID (also known as your P1 domain)
- The date you emailed HCA and the corresponding HCA Ticket #
- 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

PAY PERIODS

With ProviderOne, you can determine when and how often you are paid based on when you submit claims. You can enter claims at any time.

Claims submitted by **5pm Pacific time on Tuesdays** will usually pay as follows:

- If you have EFT (Electronic Funds Transfer/ Direct Deposit) your payment transfer should be initiated on **Friday** of the same week.
- If you are paid by warrant (check), it should be put in the mail on **Friday**.
- Holidays & ProviderOne maintenance may impact the claim submission deadline and pay date.

Note:

Claims successfully entered after the weekly deadline of 5pm on Tuesday will pay on Friday of the next week.

If the claims deadline is changed due to a holiday, an alert will be viewable in ProviderOne in your alert list and communicated via email. Sign up for P1 for Social Services email notices [here](#).

Holidays may delay receipt of paper warrants dependent on mailing schedules. Check with your local post office for more information about holiday mailing schedules.

Weekly Pay Schedule						
Sun	Mon	Tue	Wed	Thu	Fri	Sat
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	



Deadline is 5 p.m. each Tuesday to submit claims and receive payment the following Friday.

Possible paydays. Refer to your method of payment description for more details.

To see a list of your paid claims, view your Remittance Advice (RA). New RAs are available in ProviderOne each **Friday**. See the [Viewing Claim Status & Payments Guide](#) for more information on viewing your RAs.

WHAT IS 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.

As a Social Services Provider, you will receive payment for authorized services by submitting claims in ProviderOne.

One of the first things you must do as a new provider is ensure you have access to your ProviderOne account (also known as your domain). The next few pages explain how to access and log into your ProviderOne account.

Note:

It is important that your pop-up blockers are turned off when using ProviderOne.

For information on turning off pop-up Blockers review the [How to Turn of Pop-Up Blockers](#) Resource Guide.

ACCESSING PROVIDERONE

Once your DSHS contract is in signed status, information to create your ProviderOne Domain is sent to the Washington State Health Care Authority (HCA).

You must establish a ProviderOne System Administrator by completing the ProviderOne User Access Request form and submitting it to HCA.* Your System Administrator will manage user access for your business.

If you are a new employee who needs access to review authorizations and submit claims, work with your System Administrator.

- *HCA will mail you a Welcome Letter and the ProviderOne User Access Request form after your ProviderOne account is active.
- A link to the form is also available on HCA's ProviderOneSecurity [webpage](#).

If your business needs to change System Administrators, you must submit the ProviderOne User Access Request form along with a letter on official letterhead. See the ProviderOne Security [webpage](#) for more information.



State of Washington

ProviderOne User Access Request

IMMEDIATE ACTION REQUIRED

Domain/ProviderOne ID:

In order to gain access to ProviderOne, you must complete and return this form. This form will be used to establish the System Administrator for your assigned Domain (ProviderOne ID) in the ProviderOne system.

The System Administrator is responsible for maintaining access to ProviderOne for your staff; which includes setting up user accounts, assigning profiles to user accounts, resetting user passwords and deactivating user accounts.

After you have completed the form, return to ProviderOne Security and your user account will be created. You will receive two separate emails, to email address provided, with your username and a temporary password.

ProviderOne System Administrator Information

THIS COLUMN IS FOR THE INDIVIDUAL	THIS COLUMN IS FOR THE BUSINESS
Name of System Administrator (First, Last, Middle Initial):	Physical Address (Street): (City): (State): (Zip):
System Administrator's Date of Birth:	Business Name:
System Administrator's Individual Email Address: <input type="checkbox"/> Check here to verify that you are the only one with access to this email.	National Provider Identifier (NPI if applicable):
System Administrator's Phone Number:	Federal Tax ID (FEIN/SSN):

Each domain user must have their own account

With the system administrator login information, ProviderOne Security we will send instructions regarding how to create additional user accounts for your Domain and how to add profiles to user accounts. To better understand the different types of user profiles, please see the Security Profiles and Descriptions page on our website: <https://www.hca.wa.gov/p1-profiles>

To review or update provider information:

You may edit information in your provider file at any time by using the EXT Provider File Maintenance or EXT Provider Super User profile. As soon as you receive your login information, we encourage you to verify all the data in your provider file including:

- Address Information
- Payment Detail
- Electronic Data Interchange Information if you plan on submitting HIPAA batch files

If updates are made in the Provider File Business Process Wizard, please make sure you go to the last step and *submit* your modification request for review and approval.

Return this completed form by either:

Emailing to: provideronesecurity@hca.wa.gov

Faxing to: 360-507-9019

Mailing to: HCA IT Security, PO Box 42711, Olympia, WA 98504-2711

Sign up for email broadcast messages regarding updates to ProviderOne at: <https://public.govdelivery.com/accounts/WAHCA/subscriber/new>

LOG-IN

ProviderOne System Administrators: After you submit the ProviderOne User Access Form to HCA, you will receive your ProviderOne login credentials via secure email.

Additional users: Your ProviderOne System Administrator will add you as a ProviderOne user and will provide you with your login credentials.

Once you have your login information, navigate to the ProviderOne login page located at <https://www.waproviderone.org>.

Enter your login information into the corresponding fields (as shown in the picture to the right). **Username & password are case sensitive.**

The password provided to you from ProviderOne Security is temporary and you will be prompted to establish a new password upon initial login.

See details about passwords in *General Tips* on page 2. More information about passwords can also be found on the [ProviderOne Security](#) webpage.

Note:

Your 'Domain Name' is your seven digit Medicaid Provider ID provided to you by HCA in your Welcome Letter.

The screenshot shows the ProviderOne login interface. At the top is the ProviderOne logo. Below it are three input fields: 'Domain Name' with a key icon, 'User Name' with a person icon, and 'Password' with a lock icon. A 'Login' button with a right-pointing arrow is positioned to the right of the password field. Below the input fields, there is a note: 'Note: The Domain, Username and Password fields are case sensitive.' Underneath the note are three links: 'Unlock Account and Reset Password? Click here', 'If you are a Client, Click here', and 'Login Problems? Click here'.

PROFILES

Profiles allow a user to access specific parts of ProviderOne. Profiles are assigned by ProviderOne Security or your System Administrator.

Most social service providers will see two or three profiles:

EXT Provider System Administrator

Used to manage access to ProviderOne within your business. This profile is not used for billing or authorization activities.

EXT Provider Social Services

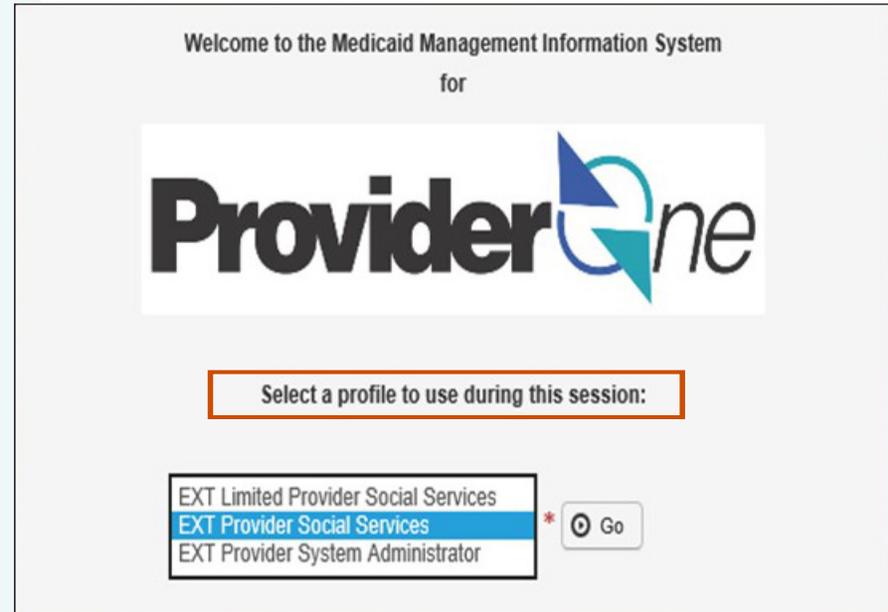
Used to bill and manage Social Service claims, view authorizations, create claim templates, submit claims, and manage provider information for your business.

EXT Provider Social Service Medical

Used to bill and manage Social Service Medical claims (also known as Professional Claims), view authorizations, create claim templates, submit claims and manage provider information for your business.

Note:

Some other profiles may be available in ProviderOne. Check with your P1 System Administrator to see if these profiles will be applicable to your duties.



When logging in, select the profile that corresponds to the activities you wish to perform.

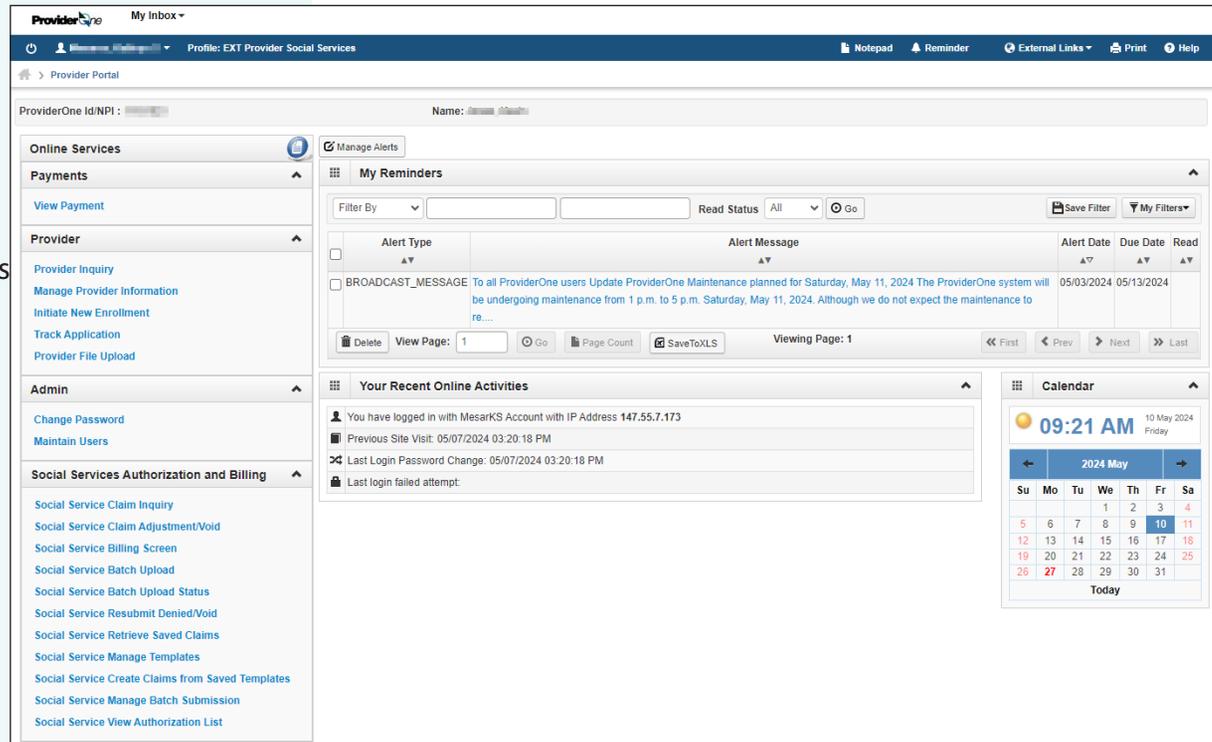
PROVIDER PORTAL

The Provider Portal is the first screen you see after logging into ProviderOne.

The Provider Portal allows you to perform activities related to billing and claims as well as managing your ProviderOne account information.

In the portal you can:

- **View ProviderOne Alerts**
- **View Payment History**
- **Manage Provider Data**
- **Change Passwords (System Admins only)**
- **Maintain Users (System Admins only)**
- **Look up Claim Information**
- **Adjust Claims**
- **Submit/Resubmit Claims**
- **Retrieve Saved Claims**
- **Manage Claim Templates**
- **View Social Service Authorizations**

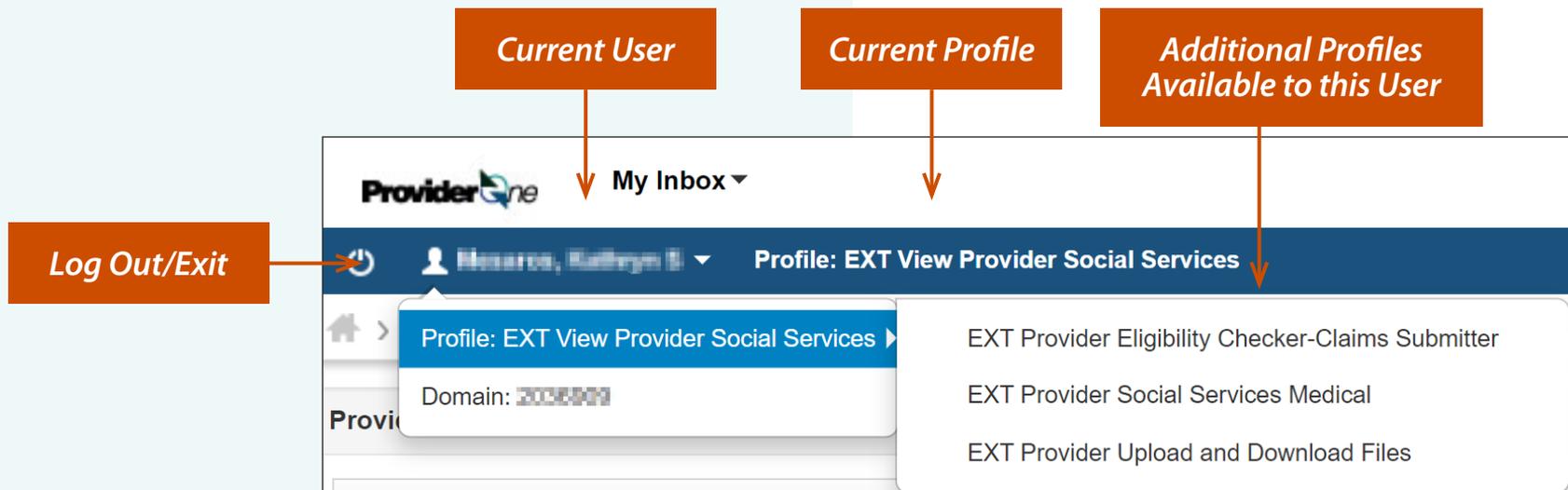


PROVIDER PORTAL *continued*

From the Provider Portal page we see information on the current user, the profile that user is signed in with, and any additional profiles the user has available.

Note:

Users can select between profiles using the dropdown option next to their name or by using the dropdown option in the **My Inbox** field. From there you can choose to change passwords or toggle between profiles.

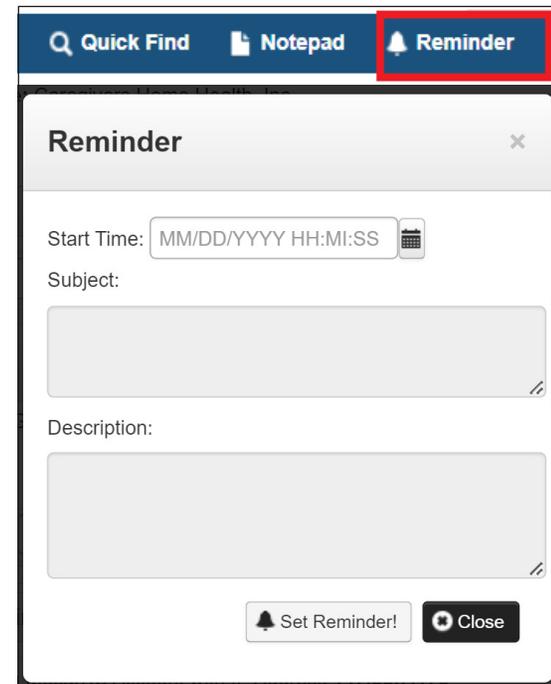
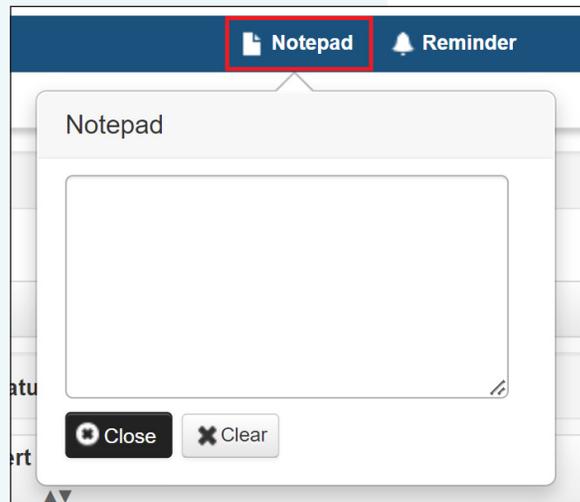


PROVIDER PORTAL *continued*

Some features available to users of ProviderOne are the abilities to store information into a **Notepad**. This is useful when navigating between screens such as authorizations and claims. Users also have the ability to set **Reminders**, print pages and get help.

Note:

The Notepad stores information until the current session is completed; either by the user logging out, or the system timing out due to inactivity.



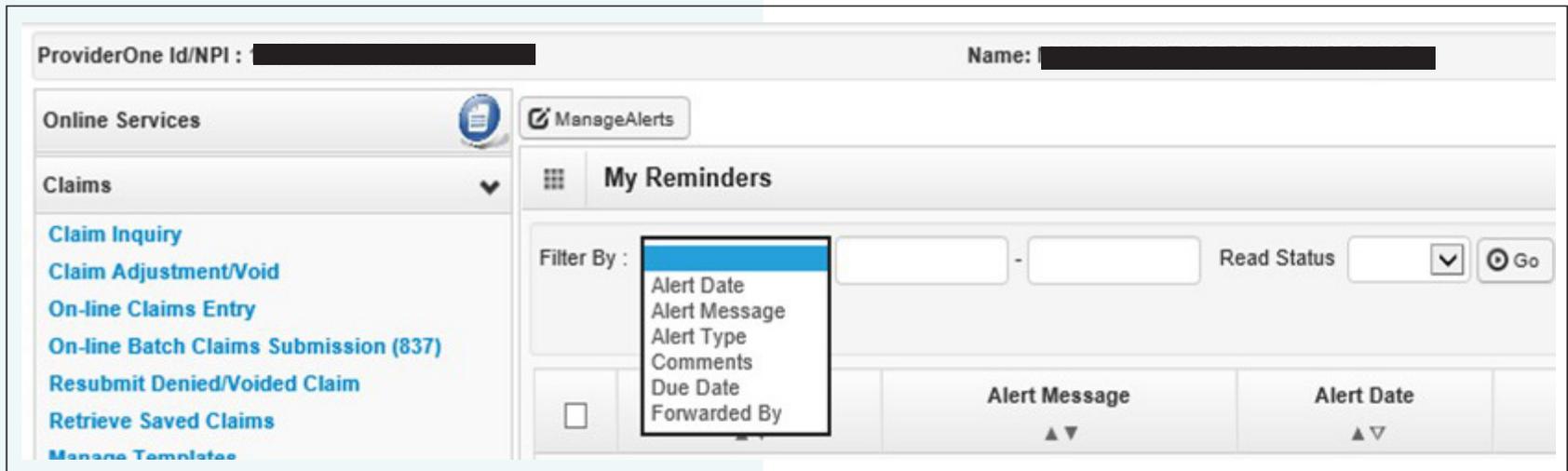
PROVIDER PORTAL *continued*

Next, we see information about the **Provider ID/NPI**, the Provider Name (this is the name the provider does business as) and the **Manage Alerts and Reminders** area.

If **ProviderOne Notice** is set as the communication preference (see pg.25), information such as authorization updates will be listed here, as well as any communications about ProviderOne availability.

Note:
National Provider Identifier (NPI) is a unique ID number for health care providers. Social Service Providers only need an NPI if they provide Social Service Medical Services. Contact your DSHS contract specialist for more information.

Note:
Search criteria for alerts and reminders can be set using filters to help providers navigate between older and newer messages.



PROVIDER PORTAL *continued*

Your **Recent Online Activities** are available to show which account you are logged in as, and from which IP Address. Previous site visits, failed login attempts and password changes are shown here as well.

ProviderOne also has a calendar for your use. The calendar is helpful for remembering dates and also tracking when payments should be expected. The calendar will also alert you to upcoming holidays.

As seen below, Memorial Day is bolded in **red**.

The screenshot displays two side-by-side widgets. The left widget, titled 'Your Recent Online Activities', lists several events: a login with account and IP address, a previous site visit on 05/07/2024 at 03:25:42 PM, a last login password change on the same date and time, and a last login failed attempt. The right widget is a 'Calendar' for May 2024, showing the current time as 09:40 AM on Friday, May 10, 2024. The calendar grid shows dates from 1 to 31. The date 27 is highlighted in red and bolded, indicating Memorial Day. An orange arrow points from the text above to this date.

PROVIDER PORTAL *continued*

Path

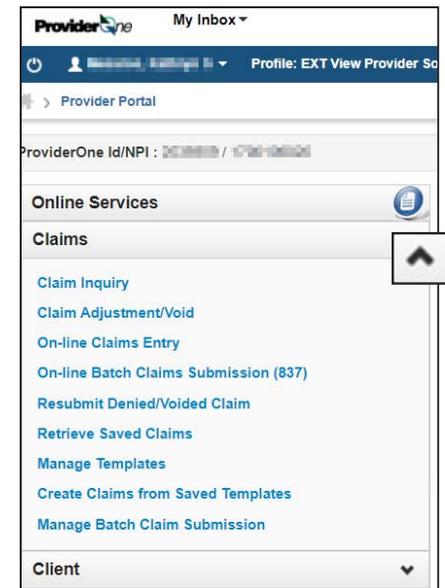
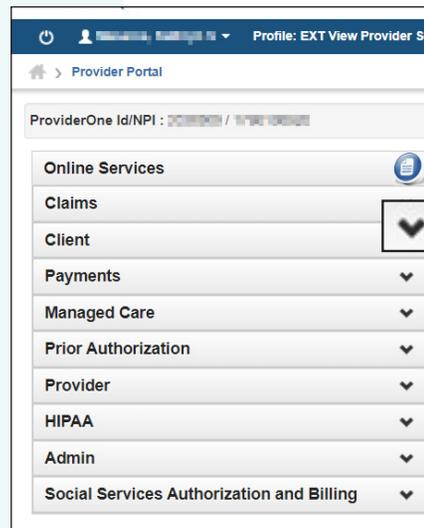
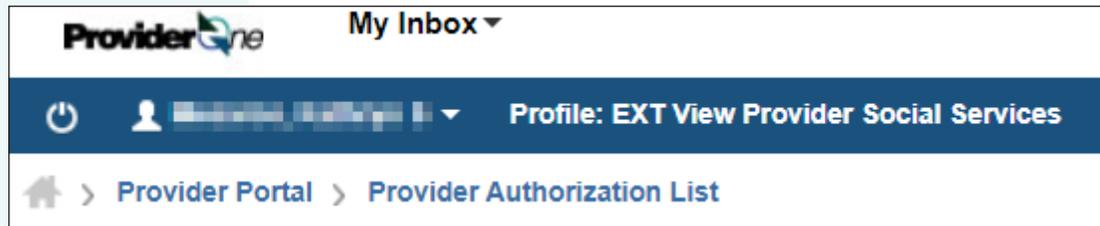
The **path** at the top part of the provider portal, shows a history of the pages you have visited.

By clicking the name of a page, you return to that page.

The path and ProviderOne control buttons are used for navigation. Using the browser controls can cause errors later in your session.

Hiding Sections

ProviderOne gives you the option to close/hide sections of the Online Services Menu (see picture examples).



PROVIDER PORTAL *continued*

Submitting claims/billing

Social Service Medical providers will complete billing activities in the Online Services section **Claims**, located towards the top left of the provider portal. (Fig. A)

All other social service providers will complete billing activities in the section **Social Services Authorization and Billing**, located towards the bottom left of the provider portal. (Fig. B)

Note:

Those using the EXT Provider Social Services profile will not see the **Claims** section listed under **Online Services**.

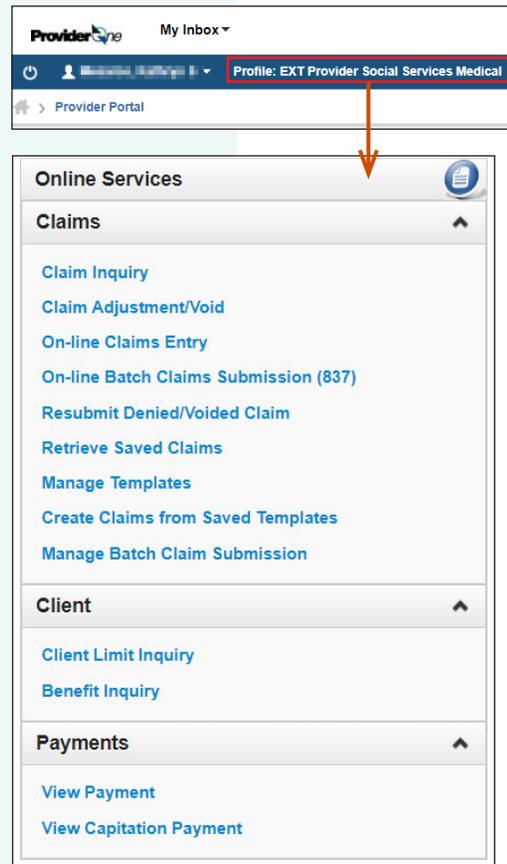


Fig. A
ProviderOne Provider Portal / Claim Portal
Social Service Medical Providers

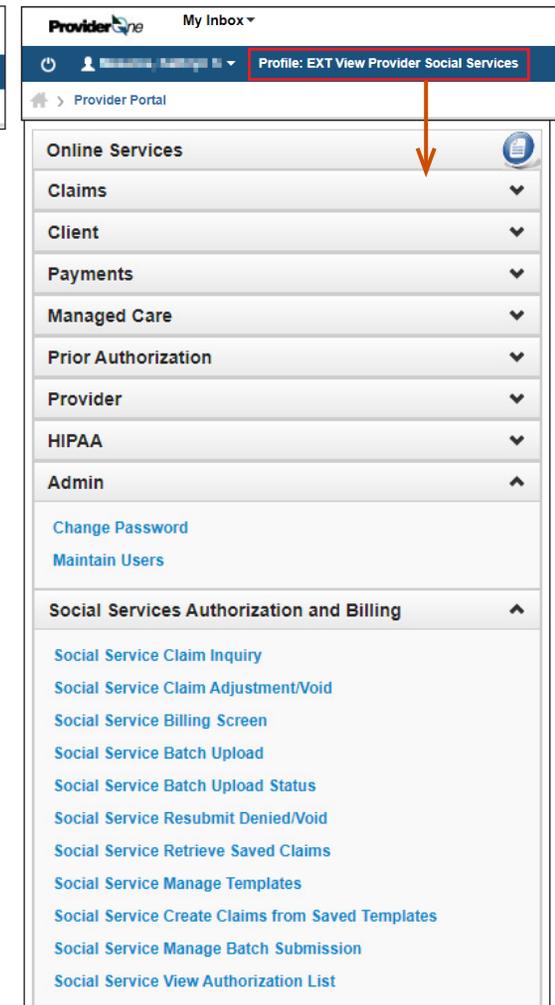


Fig. B
ProviderOne Provider Portal / Claim Portal
Social Service Providers (non-medical)

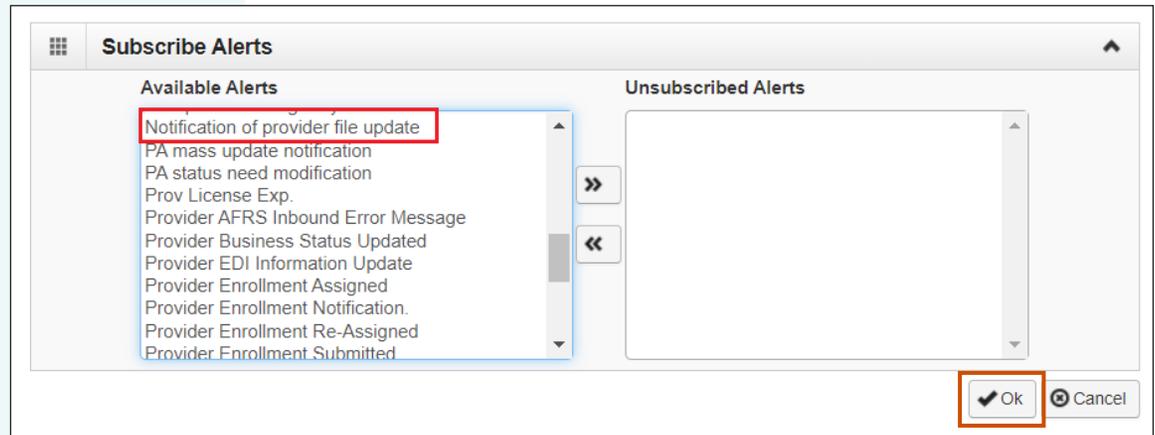
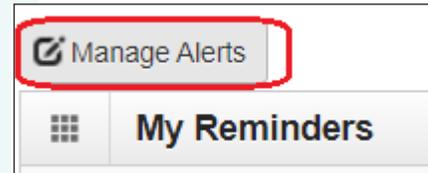
MANAGING ALERTS

You can subscribe or unsubscribe from alerts from the 'My Reminders' list. To do so:

- Click on **Manage Alerts**
- **Subscribe Alerts** pop-up appears
- Select desired **Alert** message
- Click on



- Your selection will move between subscription options
- When you are done with your changes click on **OK**



MANAGING PROVIDER INFORMATION

Instructions will be provided on:

- Managing Provider Information.....20
- Basic Information.....22
- Locations.....24
- Contract Details.....31
- Servicing Provider Information.....32
- Payment Details.....33
- Final Steps (Submitting your changes).....36

This section will review Managing Provider Information for Social Service and Social Service Medical Providers, including reviewing and updating basic information, updating locations, viewing contract details, payment and remittance details and submitting modifications for review.

The first time you log in to ProviderOne, you will need to check the your pre-loaded account information and make updates as needed. After that, it is recommended you check this information on an annual basis to make sure it is up-to-date.

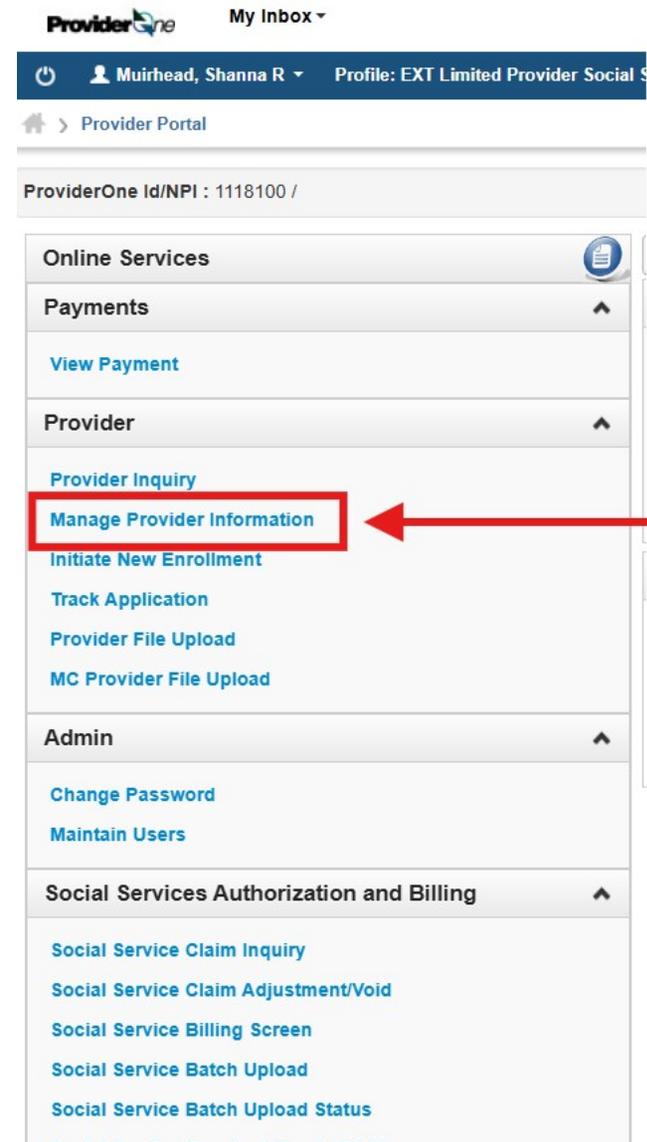
MANAGING PROVIDER INFORMATION, *continued*

As a social service provider, your provider information is preloaded into ProviderOne based on your DSHS contract information.

- To view and modify your provider info, from the Provider Portal, click on **Manage Provider Information**.

Note:

The EXT Provider System Administrator profile does not have the ability to make changes to provider info. Please use **EXT Provider Social Services** or **EXT Provider Social Services Medical** to make and save changes.



MANAGING PROVIDER INFO, *continued*

After you click **Manage Provider Information**, the **View/Update Provider Data** page appears. This page is also called the “Business Process Wizard.”

- You will need to check the data in any step that is marked as "Required" (see pages 22-37 for more information).
- Update information as needed.
 - Note: You cannot make changes to the *Specializations* step or the *Contract Details* step but you should review to confirm the information is correct. If updates are needed, contact your DSHS Contract Specialist.
 - Note: If you make changes to your Physical Location address in *Step 2: Locations*, please inform your DSHS Contract Specialist of these changes.
- If a previous 'Required' step has a status of incomplete, you must complete that step before moving on to the next step. For assistance, contact HCA Provider Enrollment (see pages 4-5).
- **IMPORTANT!** After you make changes, you must click on the last step titled '**Final Steps**' to submit the changes to HCA for review.
 - After you submit the modification, you will not be able to make additional changes to your account until HCA approves the changes.

Step	Required	Last Modified
<input type="checkbox"/> Step 1: Basic Information	Required	09/10/2020
<input type="checkbox"/> Step 2: Locations	Required	08/26/2020
<input type="checkbox"/> Step 3: Specializations	Required	08/26/2020
<input type="checkbox"/> Step 4: Ownership & Managing/Controlling Interest details	Required	08/26/2020
<input type="checkbox"/> Step 5: Licenses and Certifications	Optional	08/26/2020
<input type="checkbox"/> Step 6: Training and Education	Optional	08/26/2020
<input type="checkbox"/> Step 7: Identifiers	Optional	08/26/2020
<input type="checkbox"/> Step 8: Contract Details	Optional	08/26/2020
<input type="checkbox"/> Step 9: Federal Tax Details	Required	08/26/2020
<input type="checkbox"/> Step 10: EDI Submission Method	Optional	08/26/2020
<input type="checkbox"/> Step 11: EDI Billing Software Details	Optional	08/26/2020
<input type="checkbox"/> Step 12: EDI Submitter Details	Optional	08/26/2020
<input type="checkbox"/> Step 13: EDI Contact Information	Optional	08/26/2020
<input type="checkbox"/> Step 14: Servicing Provider Information	Optional	08/26/2020
<input type="checkbox"/> Step 15: Payment and Remittance Details	Required	08/27/2024
<input type="checkbox"/> Step 16: Complete Enrollment Checklist	Required	10/25/2023
<input type="checkbox"/> Step 17: Final Steps	Required	08/26/2020

Note:

Based on your provider type, the step numbers you see on your screen may be different than the step numbers seen here.

BASIC INFORMATION

Click on **Step 1: Basic Information**. The **Provider Details** pop-up will appear. From here you can see:

- Provider/Organization Name
- Organization Business Name
- W-9 Entity Type
- Federal Employer Identification Number
- Organizational Information
- UBI

<input type="checkbox"/>	Step	Required	Last Modification Date	Last Review Date	Status
<input checked="" type="checkbox"/>	Step 1: Basic Information	Required	08/28/2014	08/28/2014	Complete
<input type="checkbox"/>	Step 2: Locations	Required	05/10/2024	08/28/2014	Complete
<input type="checkbox"/>	Step 3: Provider Additional Information	Optional	02/04/2022	02/04/2022	Incomplete

Note:

The primary email address shown here is where communication from ProviderOne will be sent. While you can indicate your communication preference on Step 2: Locations screen, updating the email address here will change where emails are sent.

Provider Name(Organization Name): (as shown on Income Tax Return) *
 Organization Business Name: * Federal Employer Identification Number(FEIN): *
 All medical Providers are federally mandated to have a NPI. Is this Provider required to have a NPI? *
 National Provider Identifier(NPI):
 W-9 Entity Type: * UBI:
 Other Organizational Information: * W-9 Entity Type (If Other):
 Enrollment Effective Date: **→** Email Address:
 Status: Approved

BASIC INFORMATION *continued*

Make any changes you need to on this page, and then click **OK** in the lower right corner to save them. If you didn't make any changes, or don't want to save them, click **Cancel** instead. Either way, this will take you back to the Business Process Wizard.

The screenshot shows a web form for managing provider information. The form is titled "Managing Provider Info" and contains several input fields and dropdown menus. The fields are arranged in a grid-like fashion. At the bottom right, there are two buttons: "OK" and "Cancel", which are highlighted with a red rectangular box. The form is set against a light blue background.

Provider Name(Organization Name):	<input type="text" value="Counselor Services Center, Inc."/>	(as shown on Income Tax Return) *
Organization Business Name:	<input type="text" value="Counselor Services Center, Inc."/>	* Federal Employer Identification Number(FEIN): <input type="text" value=""/>
All medical Providers are federally mandated to have a NPI. Is this Provider required to have a NPI?		
	<input type="text" value="No"/> *	
National Provider Identifier(NPI):	<input type="text" value=""/>	UBI: <input type="text" value=""/>
W-9 Entity Type:	<input type="text" value="Corporation"/> *	W-9 Entity Type (If Other): <input type="text" value=""/>
Other Organizational Information:	<input type="text" value="For Profit"/> *	Email Address: <input type="text" value=""/>
Enrollment Effective Date:	<input type="text" value=""/>	
Status: Approved		
		<input type="button" value="OK"/> <input type="button" value="Cancel"/>

LOCATIONS

Step 2: Locations shows your Location Codes and the addresses associated to each location. If you have multiple locations associated to your business, you will have multiple location codes.

To view and modify information:

- Click on **Step 2: Locations**.
- The **Provider Locations** page will appear showing all the locations within your domain.
- Click on each blue location code to view the addresses associated with each location.

The screenshot shows a navigation menu with four steps: Step 1: Basic Information, Step 2: Locations (highlighted with a red box), and Step 3: Provider Additional Information. Below the menu is a table titled 'Provider Locations' with columns for Location Code, Location Name, Location Type, Location Details, Start Date, End Date, Status, and Business Status. The table contains four rows of data for 'SLT-HOME CARE' locations. A 'Location Code' dropdown menu is shown in the foreground, displaying the code '01'.

Location Code	Location Name	Location Type	Location Details	Start Date	End Date	Status	Business Status
01	SLT-HOME CARE	Social Services Location	8718 16TH AVENUE, REDMOND, WASHINGTON 98073	04/17/2007	12/10/2014	Approved	Active/Open
01	SLT-HOME CARE	Social Services Location	8718 16TH AVENUE, REDMOND, WASHINGTON 98073	12/11/2014	06/26/2017	Approved	Active/Open
01	SLT-HOME CARE	Social Services Location	8718 16TH AVENUE, REDMOND, WASHINGTON 98073	06/27/2017	06/18/2018	Approved	Active/Open
01	SLT-HOME CARE	Social Services Location	8718 16TH AVENUE, REDMOND, WASHINGTON 98073	06/19/2018	12/31/2999	Approved	Active/Open

Note:
 The **Location Code** is a two-digit number that is added to the end of your seven-digit Provider ID. This nine-digit ID is used for your authorizations.

LOCATIONS *continued*

- View and correct data as needed.
- Each location can have a unique contact, or share the same contact as the domain. Verify the email address for each location.

Email is the default **Communication Preference**, but you can choose to receive notifications only through the ProviderOne Portal or through standard mail instead. Each location can have a different notification method.

Note:

A Location ID of -00 indicates a Medical provider type; Social Service location IDs start at -01.

Location Type: Social Service Location

Accept New Client:

Email Address:

Communication Preference:

Close Save

Location Details

Location Business Name: *

Contact First Name: *

Phone Number: *

Cell Phone Number:

Web Page:

Business Status: Active/Open

System Status: Approved

Location Code: 01

Contact Last Name: *

Fax Number:

WA Tax Revenue Code:

Opt-In for Electronic RA:

Start Date: 04/17/2007

Start Date:

Location Type: Social Service Location

Accept New Client:

Email Address:

Communication Preference:

Opt-In for Download Authorization:

End Date: 12/31/2999

End Date:

LOCATIONS *continued*

Next, scroll down and view the location’s addresses. There will be three distinct addresses for each location.

- Location** is the physical address of the location that you are managing. This address **cannot** be a P.O. Box.
 - If you make changes to your physical address in ProviderOne, please alert your DSHS Contract Specialist.
 - In addition, if you provide a service that requires a license that is connected to specific physical location (such as an Adult Family Home, Group Home or Companion Home) and your facility is moving to a new physical address, please alert your DSHS Contract Specialist. If moving locations, you will need to sign a new contract and receive a new ProviderOne Location ID.
- Mailing** is the address where ProviderOne sends mail for this location. This may include notifications about authorization changes, contract updates, etc. Payments are NOT mailed to this location
- Pay-To** is the address where ProviderOne mails your check (warrant) payments.
 - If you have EFT set up, this address is used as a backup in case the direct deposit fails.
 - Your tax documents are also mailed to this address.

Note:

Previous addresses will be listed here as well.
Current addresses have an *End Date* of 12/31/2999.

Address List					
+ Add Address					
Filter By		Go	Save Filter	My Filters	
Address Type	Address	Start Date	End Date	Status	
<input type="checkbox"/> Pay-To	1400 N. 17th St, Ste. 100, Bellevue, Washington 98007	04/17/2007	12/31/2999	APPROVED	
<input type="checkbox"/> Location	1700 N. 17th St, Ste. 100, Bellevue, Washington 98007	12/14/2021	12/31/2999	APPROVED	
<input type="checkbox"/> Mailing	1400 N. 17th St, Ste. 100, Bellevue, Washington 98007	04/17/2007	12/31/2999	APPROVED	
<input type="checkbox"/> Location	1400 N. 17th St, Ste. 100, Bellevue, Washington 98007	12/12/2014	12/13/2021	APPROVED	
<input type="checkbox"/> Location	1400 N. 17th St, Ste. 100, Bellevue, Washington 98007	12/11/2014	12/11/2014	APPROVED	
<input type="checkbox"/> Location	1400 N. 17th St, Ste. 100, Bellevue, Washington 98007	04/17/2007	12/10/2014	APPROVED	

View Page: 1 Go Page Count Viewing Page: 1 << First < Prev Next > >> Last

SaveToXLS

LOCATIONS *continued*

Click on one of the blue hyperlinks to manage that address information. Once you do, the **Manage Provider Locations** page appears.

This page shows the dates that the address is active, and all of the address information associated with the address type. You will notice that the address information is greyed out and cannot be edited. In order to make changes to the address, click the + **Add Address** button in the lower right.

Address Type	Address	Start Date	End Date	Status
<input type="checkbox"/> Location	REDMOND, WASHINGTON 98052	12/14/2021	12/31/2999	APPROVED
<input type="checkbox"/> Pay-To	BELLEVUE, Washington 98007	04/17/2007	12/31/2999	APPROVED
<input type="checkbox"/> Mailing	BELLEVUE, Washington 98007	04/17/2007	12/31/2999	APPROVED

ProviderOne Id/NPI : [redacted] / Name: PERS LLC

Add Provider Location Address

Type of Address: [dropdown] *

Address Input Option: Manually Input Copy from Location Address

End Date: [calendar icon]

Address Line 1: [text] * (Enter Street Address or PO Box Only)

Address Line 2: [text]

Address Line 3: [text]

City/Town: OTHER [dropdown] *

State/Province: OTHER [dropdown] *

County: OTHER [dropdown]

Country: [dropdown] *

Zip Code: [text] * - [text]

[Validate Address]

[Ok] [Cancel]

LOCATIONS *continued*

This will open the **Address Details** pop-up where information can be entered. Make any changes or corrections that are needed and then click **Validate Address**. This validates the address information provided against data from the United States Postal Service.

- If it is successful, you will see a message in **blue** that says **Address validation successful**.
- If the address validation is not successful, you will see a message in red that says **Address not found with Street Address and Zip Code Combination**.
- After that, click **OK** to accept the changes and close the pop-up.



Note:

If the Validate Address button results in an invalid address you can still use the address entered. It simply checks to see if it matches postal records and does not prohibit non-matches.

Note:

*If you are modifying your **Location** address, please also notify the local office that holds your contract and your DSHS contract manager.*

LOCATIONS *continued*

Back on the **Manage Provider Location Address**, click **Save** and then **Close** to save your changes and go back to the previous screen.

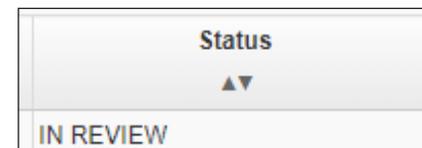
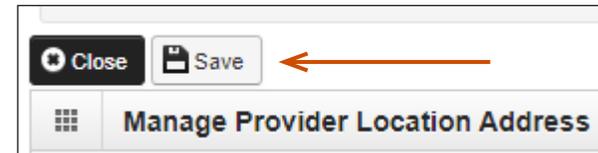
If you scroll back down to the **Address List**, by default you won't see the new address listed while it is in **In Review** status, so do the following:

- Select **Status** from the **Filter By** dropdown,
- Enter **%** into the search field,
- Click **Go**.

The new address will be shown as **In Review**.

You can change as many of the addresses you need to in this way. Once you have made all the necessary changes to these addresses, click **Save** and then **Close** at the top of this screen to return to the **Provider Locations** page and the list of all your locations.

Make any changes to the other locations that you might need to, then close out of the **Provider Locations** screen to return to the Business Process Wizard. **Don't forget to click on the step titled Final Steps to submit the changes to HCA!**



LOCATIONS *continued*

If you have made any changes and used **OK** to save them then the **Modification Status** field will say **Updated**.

If you did not modify any data and used **Cancel** to close the pop-up, this field will be blank.

Note:

An updated Modification Status does not mean that the changes have been submitted to ProviderOne for review. This will be covered in Final Steps. (page 36)

The screenshot shows the 'Individual Modification' page in the ProviderOne system. It features a table with columns for Step, Required, and Completion status. A callout box highlights the 'Status' and 'Modification Status' columns, showing 'Complete' and 'Updated' values.

Step	Required	Status	Modification Status
Step 1: Basic Information	Required	Complete	
Step 2: Locations	Required	Complete	Updated
Step 3: Provider Additional Information	Optional	Incomplete	
Step 4: Specializations	Required	Complete	
Step 5: Ownership & Managing/Controlling Interest details	Required	Complete	
Step 6: Licenses and Certifications	Optional	Incomplete	
Step 7: Training and Education	Optional	Incomplete	
Step 8: Identifiers	Optional	Complete	
Step 9: Contract Details	Optional	Complete	
Step 10: Federal Tax Details	Required	Complete	
Step 11: EDI Submission Method	Optional	Incomplete	
Step 12: EDI Billing Software Details	Optional	Incomplete	
Step 13: EDI Submitter Details	Optional	Incomplete	
Step 14: EDI Contact Information	Optional	Incomplete	
Step 15: Billing Provider Details	Not Required	Incomplete	
Step 16: Servicing Provider Information	Optional	Complete	
Step 17: Payment and Remittance Details	Required	Complete	
Step 18: View Union Information	Optional	Incomplete	
Step 19: Complete Enrollment Checklist	Required	Complete	
Step 20: Submit Modification for Review	Required	Complete	

CONTRACT DETAILS

- Your ProviderOne account/domain includes all Social Service contracts linked to your tax ID number.
- To view your contracts, click on **Contract Details** to be taken to your Contracts List page.
- You cannot make any changes to your contracts in ProviderOne, but you can review to make sure the information is correct. If any changes are required, please contact your DSHS Contract Specialist.

Note:

If your contract is within 2 months of expiration, or has expired, you will need to contact your Contract Manager. You may see errors on your authorizations until the contract has been updated.

- Step 7: Identifiers
- Step 8: Contract Details
- Step 9: Federal Tax Details

Contracts List									
Filter By : <input type="text"/> <input type="text"/> And <input type="text"/> <input type="text"/> And Operational Status: <input type="text"/>									
<input type="button" value="Go"/> <input type="button" value="Save Filter"/>									
<input type="checkbox"/>	Contract Number	Location Code	Location Name	Contract Code	Contract Subcode	Start Date	End Date	Status	Operational Status
<input type="checkbox"/>	1019-01-001	01	Alameda Superior Court-01	1019		07/01/2018	06/30/2019	APPROVED	Active
<input type="checkbox"/>	1019-01-002	01	Alameda Municipal Court-01	1019		07/01/2018	12/31/2019	APPROVED	Active
<input type="checkbox"/>	1019-01-003	01	Alameda Superior Court-01	1019		05/03/2018	06/30/2019	APPROVED	Active

You can check the **End Date** and **Status** of your contract here, to make sure it is still approved.

SERVICING PROVIDER INFORMATION

This section is specific to In-Home Personal Care Services and Respite Care Services. If you do not provide these services, you can go to page 33.

- Step 12: EDI Submitter Details
- Step 13: EDI Contact Information
- Step 14: Servicing Provider Information
- Step 15: Payment and Remittance Details
- Step 16: Complete Enrollment Checklist

Click on **Servicing Provider Information** to bring up the **Servicing Provider Details** page.

- Caregiving employees rostered to the agency's billing ID appear in this section.

Click the link below for instructions to obtain a report of caregiving employees rostered to your Billing ID as Social Service Servicing Only Providers (SSSOP).

- [Instructions to Retrieve Servicing Provider IDs in ProviderOne](#)
- This report includes SSSOP IDs, Start Date, and Location code for each domain.

Screenshot of the "Social Service Servicing Only Provider" interface showing a list of providers with columns for ID, Name, NPI, Dates, Status, and Billing Information.

ProviderOne ID	SS Serv Only Provider Name	SS Servicing Only Provider NPI	Start Date	End Date	Status	Operational Status	Inactivation Date	SS Billing Location Code	SS Billing Location Name	SS Servicing Location Code	SS Servicing Location Name
027062	ST. JOHN'S, CHRISTIAN		01/10/2024	12/31/2999	Approved	Active		01	CAREGIVERS HOMEHEALTH INC - 01	00	ST. JOHN'S, CHRISTIAN
027061	HOMER, CHRISTIAN		01/10/2024	12/31/2999	Approved	Active		01	CAREGIVERS HOMEHEALTH INC - 01	00	HOMER, CHRISTIAN
027040	WELSH, JEROME		11/15/2023	12/31/2999	Approved	Active		01	CAREGIVERS HOMEHEALTH INC - 01	01	WELSH, JEROME
027081	FRACKFORD, ALLYSONA		05/19/2023	12/31/2999	Approved	Active		01	CAREGIVERS HOMEHEALTH INC - 01	01	FRACKFORD, ALLYSONA

PAYMENT DETAILS

In the **Payment and Remittance Details** step you can review and update your payment information (i.e., sign up for direct deposit). From the Business Process Wizard, click on **Payment and Remittance Details** to open the **Payment Details** screen.

- Step 14: Servicing Provider Information
- Step 15: Payment and Remittance Details
- Step 16: Complete Enrollment Checklist
- Step 17: Submit Modification for Review

Here you will see an entry for each of your locations. Each of these location codes has their own payment details that need to be reviewed, but they can all be the same if you want all payments coming to the same place. Click on the blue hyperlinked **Location Code** to open information for that location.

Payment Details							
Filter By :			And			And Operational Status:	Active
<input type="button" value="Go"/>				<input type="button" value="Save Filter"/>		<input type="button" value="My Filters"/>	
Location Code	Location Name	Payment Method	Start Date	End Date	Status	Operational Status	Inactivation Date
01		Electronic Funds Transfer(Direct Deposit)	12/23/2016	12/31/2999	APPROVED	Active	

View Page: 1 Viewing Page: 1

PAYMENT DETAILS

continued

- Once you have chosen a location, the **Provider Information** pop-up appears.
- ProviderOne is defaulted to send out paper checks (warrants).
 - If you want to receive electronic payments, change the **Payment Method** radio button to **Electronic Funds Transfer (Direct Deposit)** instead of Paper Check.
 - Under Financial Institution Information, add your banking information for the direct deposits.
- Receiving payments directly to your bank account is fast, safe and reduces the occurrences of lost or late payments.
- If you prefer warrants, they will be sent to the 'Pay-To' address for each location from the locations section.
 - Be sure your 'Pay-To' addresses are correct! See pages 24-30.

The screenshot shows a web form with several sections:

- Provider Information:** Includes a field for Provider Name.
- Provider Identifiers Information:** Includes fields for Provider Federal Tax Identification Number (TIN) or Employer Identification Number (EIN) and National Provider Identifier (NPI).
- Payment Details:**
 - Identify Payment Details section.
 - Location: [dropdown]
 - State Wide Vendor Number: [dropdown]
 - Payment Method: Electronic Funds Transfer(Direct Deposit) Paper Check
 - Requested EFT Start Date: 12/23/2016
 - End Date: 12/31/2999
 - Status: Approved
- Financial Institution Information:**
 - Financial Institution Name: [dropdown]
 - Financial Institution Routing Number: [dropdown]
 - Providers Account Number with Financial Institution: [dropdown]
 - Re-enter Providers Account Number: [dropdown]
 - Type of Account at Financial Institution: [dropdown] (set to Checking)
 - EFT Account Type: [dropdown]
 - Payment Notification Preference: [dropdown] (set to Email Notification)
 - EFT Test Status: [dropdown] (set to Successful)
 - Account Number Linkage to Provider Identifier: [dropdown]

PAYMENT DETAILS *continued*

Whenever you add or change EFT information, make sure that you do the following in order to correctly save the information:

- Under **Submission Information**, verify that the **Reason for Submission** is 'Change Enrollment'
- Enter the name which represents an **Authorized Signature**
- Click on '**OK**'
 - ▶ If you didn't make changes or don't want to keep the changes you made, click **Cancel** instead
- Repeat this process for each of your locations, then return to the main Business Process Wizard page by clicking the **Close** button.

Note:
Providers can sign up for Electronic Funds Transfer (EFT) so payments go directly to their bank account. After you update your payment preferences, be sure to click "Final Steps". After you submit the modification, Health Care Authority (HCA) will review the changes and will contact you if more information is needed. Please allow 4-6 weeks processing time. For assistance with setting up EFT or to check on the status of your modification, providers can contact Provider Enrollment via phone on Tuesdays and Thursdays at 1-800-562-3022 ext. 16137.

The screenshot shows a form titled "Submission Information". On the left, there is a dropdown menu for "Reason for Submission (Payment and Remittance Only):" with "Change Enrollment" selected. A red box highlights this dropdown, and an arrow points down to it from the text above. On the right, there is a text input field for "Authorized Signature:". A red box highlights this field, and an arrow points down to it from the text above. Below the signature field, there is a note: "(Signature only required when inputting new or changing EFT/835 information)". At the bottom right of the form, there are "Ok" and "Cancel" buttons.

FINAL STEPS

Finally, you are ready to submit your changes and have them reviewed and approved by HCA. Make sure that all of your changes have been made as you won't be able to make further changes until the review is completed.

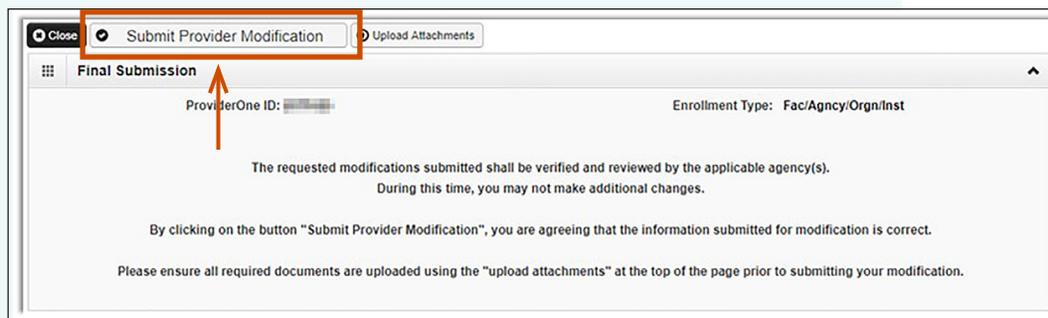
To submit your changes:

- Click on the last step titled **'Final Steps'** to bring up the Final submission page.
- Click on **Submit Provider Modification**.
- The button will turn gray, then click **Close**.



Note: You must click on "Final Steps" in order for your changes to be processed. Please remember to click this step any time you make changes to your account!

If you need assistance or if the system won't let you submit your changes, contact Provider Enrollment at 1-800-562-3022 ext. 16137.



FINAL STEPS *continued*

Once you have submitted the modifications, you will be returned to the main Business Process Wizard screen.

Here you will see any modifications you made with a **Modification Status** of **In Review**.

Depending on the update and current volume of requests submitted to HCA, it can take several business days for the changes to be reviewed and completed.

Note:

If you have any questions or concerns, please reach out to Provider Enrollment. You can find their information on pages 4-5.

ProviderOne My Inbox

Profile: EXT Provider Social Services

ProviderOne Id/NPI: / Name: PERS LLC 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	Decision By	Step Remark
Step 1: Basic Information	Required	03/02/2018	03/13/2018	Complete			
Step 2: Locations	Required	05/10/2024	12/03/2019	Complete	In Review		
Step 3: Specializations	Required	08/28/2014	08/28/2014	Complete			
Step 4: Ownership & Managing/Controlling Interest details	Required	08/28/2014	08/28/2014	Complete			
Step 5: Licenses and Certifications	Optional	08/28/2014	08/28/2014	Complete			
Step 6: Training and Education	Optional	08/28/2014	08/28/2014	Complete			
Step 7: Identifiers	Optional	08/28/2014	08/28/2014	Complete			
Step 8: Contract Details	Optional	08/28/2014	08/28/2014	Complete			
Step 9: Federal Tax Details	Required	08/28/2014	08/28/2014	Complete			
Step 10: EDI Submission Method	Optional	08/28/2014	08/28/2014	Complete			
Step 11: EDI Billing Software Details	Optional	08/28/2014	08/28/2014	Complete			
Step 12: EDI Submitter Details	Optional	08/28/2014	08/28/2014	Complete			
Step 13: EDI Contact Information	Optional	08/28/2014	08/28/2014	Complete			
Step 14: Servicing Provider Information	Optional	08/28/2014	08/28/2014	Incomplete			
Step 15: Payment and Remittance Details	Required	09/07/2018	09/17/2018	Complete			
Step 16: Complete Enrollment Checklist	Required	10/25/2023	10/25/2023	Complete			
Step 17: Final Steps	Required	08/28/2014	08/28/2014	Complete			

Status	Modification Status
Complete	
Complete	In Review

ADDING NEW USERS AND ASSIGNING PROFILES

- Profile Overview.....39
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- Assigning Profiles45
- Locking, Unlocking, and Ending Users..... 52

In this section you will learn how to add additional users to your domain and to set up and manage their profiles.

PROFILE OVERVIEW

A **Profile** allows a user to access specific parts of ProviderOne. Profiles are assigned by ProviderOne or your System Administrator.

Most social service providers will see two or three profiles:

EXT Provider System Administrator

Used to manage access to ProviderOne within your business. This profile is not used for billing or authorization activities.

EXT Provider Social Services

Used to view authorizations, create claim templates, submit claims, manage claims and manage provider information for your business.

EXT Provider Social Service Medical

Used to bill and manage medical claims, view authorizations, create claim templates, submit claims and manage provider information for your business.

Note:

Other profiles may be available in ProviderOne. Check with your administrator to see if these profiles will be applicable to your duties.

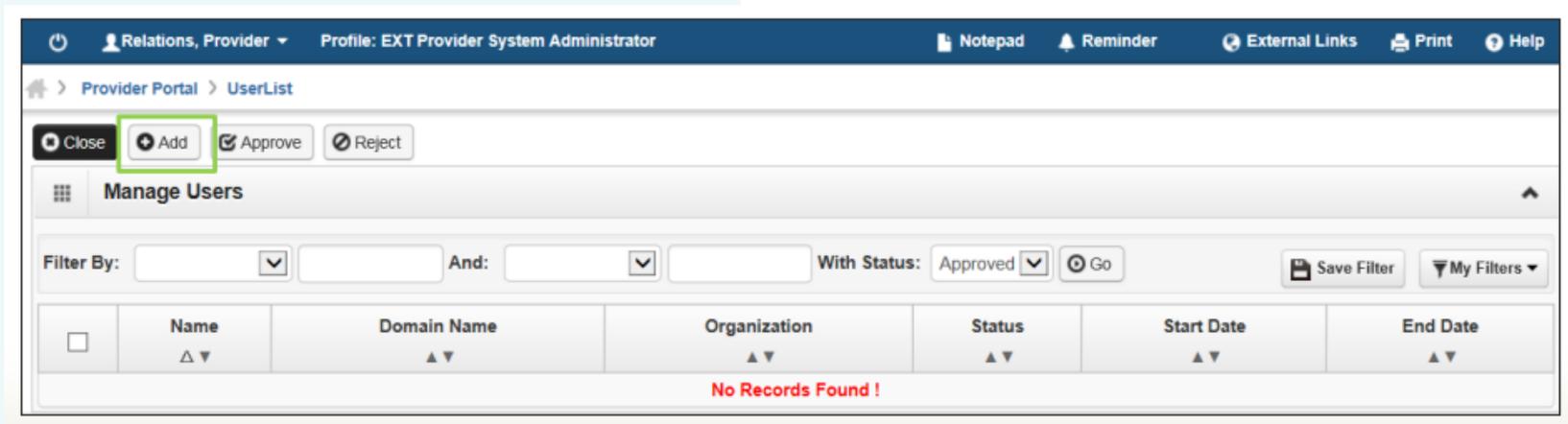
ADDING A USER

To add a user in ProviderOne, do the following:

- Log in with the **EXT Provider System Administrator** Profile.
- In the **Provider Portal**, click on **Maintain Users**. (Located under the **Admin** section):



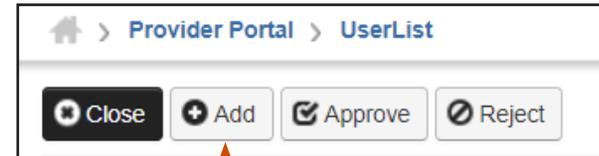
- The **Manage Users** screen appears.
- Click the **Add** button:



ADDING A USER, *continued*

Once you have selected Add from the Maintain Users screen, the **Add User** screen appears.

- Fill in all required boxes that have an asterisk *.
 - **User Type** auto-populates to 'Batch User'.
 - **User Login ID** auto-populates after the user's first and last name are entered.
 - For the **EID**, you can enter any #. EID stands for Employee Identification. You must enter a different # for each user.
 - The **Start Date** auto-populates to the date the user is added.
 - The **Expiration Date** auto-populates to 12/31/2999. If you want user access to end on a specific date, you can change the expiration date.
- Click the **Next** button.



A screenshot of the 'Add User' form. The title 'Add User' is in a red box at the top left. The form contains the following fields:

- First Name: *
- Middle Name:
- Last Name: *
- User Type: *
- User Login ID: *
- EID: *
- Date of Birth: [calendar icon] *
- Expiration Date: [calendar icon] *
- Domain Name: 2036909
- Start Date: [calendar icon] *
- Status: [dropdown arrow]
- Comments:

 At the bottom right, there are two buttons: 'Next' (with a right arrow) and 'Cancel' (with a close icon). The 'Next' button is highlighted with a red box.

Note:

The status for new users has a default of 'In Review'. The profile will remain 'In Review' status until approved by the System Administrator.

You must complete additional steps for the user to have access to P1. See page 43 for directions on how to 'Approve' user access.

ADDING A USER, *continued*

Complete the remaining required fields:

- Password.
 - Password established will be temporary. The user will be prompted to change their password upon initial login.
- Email.
 - For security reasons, please use an unshared email address.
- Phone number.
- Click **Finish** when done.

Add User:

Please enter the following information:

User Login ID: NameP

Password: *

Email: *

Phone Number: *

Mobile Number:

Address Line 1: Address Line 2:

(Enter Street Address or PO Box Only)

Address Line 3: City/Town:

State/Province: County:

Country: Zip Code: -

- Must be at least eight characters long
- Must contain a letter
- Must contain a number
- Must contain at least one of the following special characters: , . ! @ \$ % ^ & * () _ + - < >

ADDING A USER, *continued*

You will be returned to the **Manage User** page. To display the new user:

- In the **With Status** drop-down, select **In Review** and click **Go**
- The user's name is displayed with an **In Review** status
- Next, select the user you want to approve. Find or locate them on the list and **check** the box next to their name.
- Once checked, click the **Approve** button.

The screenshot shows the 'Manage Users' interface. At the top, there are buttons for 'Close', 'Add', 'Approve', and 'Reject'. The 'Approve' button is highlighted with a green box. Below this is a 'Filter By' section with dropdown menus for 'Filter By' and 'And'. The 'With Status' dropdown is set to 'In Review' and is also highlighted with a green box. A green arrow points to the 'Go' button next to the 'With Status' dropdown. Below the filter section is a table with columns: Name, Domain Name, Organization, Status, Start Date, and End Date. The table contains one row with a checked checkbox next to the name 'Name, Pretend'. The status for this user is 'In Review'. At the bottom, there is a 'View Page: 1' section with a 'Go' button, a '+ Page Count' button, and a 'SaveToXLS' button. The 'Viewing Page: 1' section is also visible, along with navigation buttons for 'First', 'Prev', 'Next', and 'Last'.

Name	Domain Name	Organization	Status	Start Date	End Date
<input checked="" type="checkbox"/> Name, Pretend	9999999	Test FAOI	In Review	11/30/2015	12/31/2999

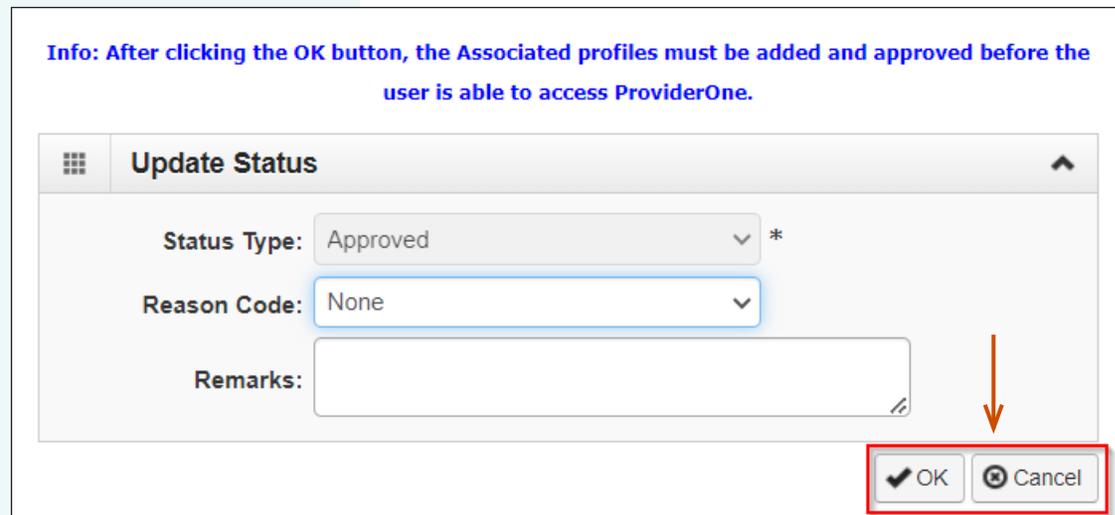
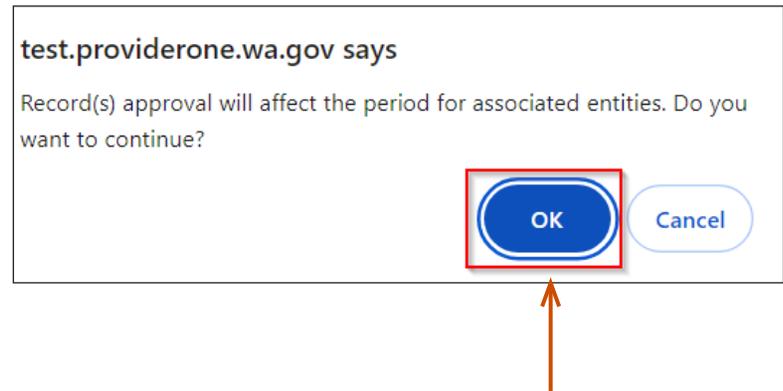
ADDING A USER, *continued*

Once the new user has been approved, a dialogue box will appear. Read the message and click **Ok**.

Next, another pop-up will appear with the following warning:

WARNING:
Associated profiles must be added and approved before the user is able to access ProviderOne.

Click **Ok** to continue or **Cancel** to return to previous screen.



ASSIGNING PROFILES

The user is now in **Approved** status. Next, select the blue **hyperlinked user name** to access the user account and choose the profiles the user will have assigned to them in ProviderOne.

The screenshot shows the 'Manage Users' interface. At the top, there are buttons for 'Close', 'Add', 'Approve', and 'Reject'. Below these is a 'Manage Users' header. The main area contains a filter section with 'Filter By:' and 'And:' dropdowns, a 'With Status:' dropdown set to 'Approved', and a 'Go' button. Below the filter is a table with columns: Name, Domain Name, Organization, Status, Start Date, End Date, LastName, and FirstName. The first row of data shows 'Name, Pretend' in the Name column, '9999999' in Domain Name, 'Test FAOI' in Organization, 'Approved' in Status, '11/30/2015' in Start Date, '12/31/2999' in End Date, 'Name' in LastName, and 'Pretend' in FirstName. Below the table are 'View Page: 1', 'Go', '+ Page Count', 'SaveToXLS', 'Viewing Page: 1', and navigation buttons for 'First', 'Prev', 'Next', and 'Last'. Two orange arrows point to the 'With Status: Approved' dropdown and the 'Name, Pretend' link in the table.

Name	Domain Name	Organization	Status	Start Date	End Date	LastName	FirstName
Name, Pretend	9999999	Test FAOI	Approved	11/30/2015	12/31/2999	Name	Pretend

ASSIGNING PROFILES *continued*

Once you have selected the user's name, you will be directed to the **User Details** page. From the **Show** menu (located top right corner of page) select **Associated Profiles**. This will bring up the **Mange User Profiles** page.

User Login Id: [redacted] Name: [redacted]

Close Save

User Details

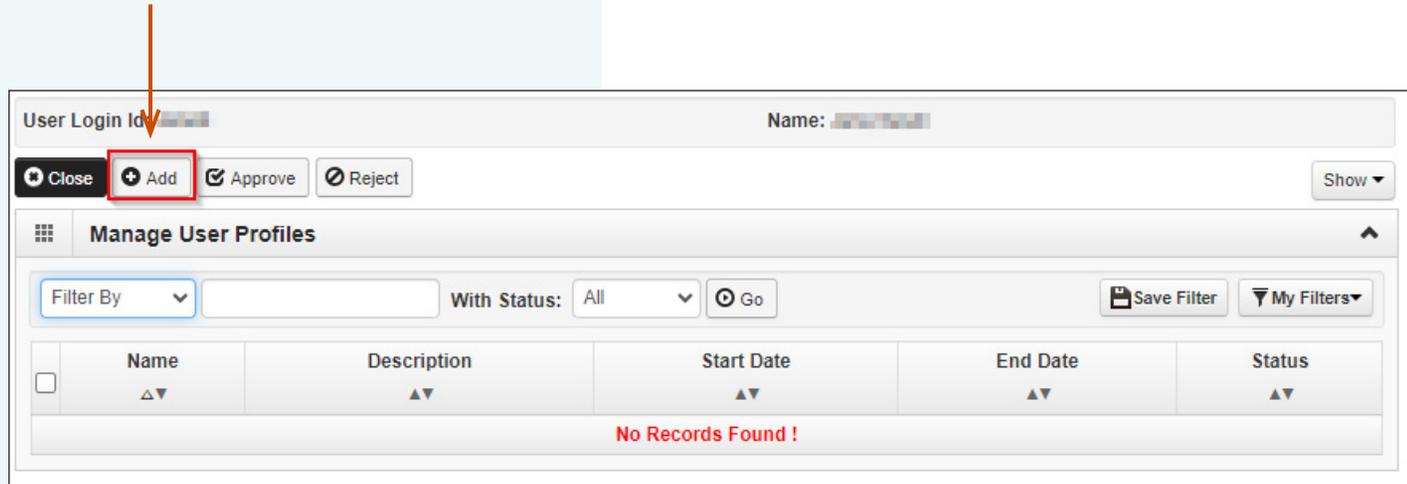
First Name: [redacted] *	Middle Name: [redacted]
Last Name: [redacted] *	Lock User: <input type="checkbox"/>
Date of Birth: [redacted] *	Domain Name: [redacted]
EID: 0000000000 *	User Type: Batch User *
User Name: [redacted] *	Confirm Password: [redacted]
Password: [redacted]	Address Line 2: [redacted]
Address Line 1: [redacted]	City/Town: OTHER
(Enter Street Address or PO Box Only)	County: OTHER
Address Line 3: [redacted]	Zip Code: [redacted] - [redacted] Validate Address
State/Province: OTHER	Expiration Date: 12/31/2999 *
Country: [redacted]	
Start Date: 05/22/2024 *	
Status: Approved	

Show

- Associated Profiles
- Check List

ASSIGNING PROFILES *continued*

On the **Manage User Profiles** page, select **Add**.



The screenshot shows the 'Manage User Profiles' interface. At the top, there are input fields for 'User Login Id' and 'Name'. Below these are action buttons: 'Close', 'Add', 'Approve', and 'Reject'. The 'Add' button is highlighted with a red box, and an orange arrow points to it from the text above. To the right of these buttons is a 'Show' dropdown menu. Below the buttons is a section titled 'Manage User Profiles' with a grid icon and an upward arrow. This section contains a 'Filter By' dropdown, a search input field, a 'With Status:' dropdown set to 'All', and a 'Go' button. There are also 'Save Filter' and 'My Filters' buttons. Below the filters is a table with columns: 'Name', 'Description', 'Start Date', 'End Date', and 'Status'. Each column has a small triangle icon below its header. The table is currently empty, and a red message 'No Records Found!' is displayed at the bottom of the table area.

ASSIGNING PROFILES *continued*

You are now directed to the **Add New Profiles to User** page. Here you will select all the desired profiles for the chosen user. To assign profiles, do the following:

- Highlight desired **Available Profiles**, then
- Click the  to move the chosen profile to the **Associated Profiles** box and then click **Ok**.

Users will have a default end date of 12/31/2999.

To restrict a user, the System Administrator can remove profiles or select a different end date in the near future.

Removal of profiles is the reverse of assignment.

Add New Profiles to User

User Name: Name,Pretend

Start Date: * 12/15/2015 End Date: * 12/31/2999

Available Profiles

- EXT Provider EHR Administrator
- EXT Provider Eligibility Checker
- EXT Provider Eligibility Checker-Claims Submitter
- EXT Provider File Maintenance
- EXT Provider File View Only
- EXT Provider Managed Care Only
- EXT Provider Social Services Medical
- EXT Provider Social Services
- EXT Provider Upload Files
- EXT Provider Upload and Download Files

Associated Profiles

- EXT Provider System Administrator
- EXT Provider Super User

OK Cancel

ASSIGNING PROFILES *continued*

Back on the **Manage User Profiles** page, you will see the new profiles with an **In Review** status. If you do not see the profiles you have just selected, change the **With Status** dropdown to **All** and select **Go**.

Check the box next to the profile name and then click the **Approve** button.

The screenshot shows the 'Manage User Profiles' interface. At the top, there are buttons for 'Close', 'Add', 'Approve', and 'Reject'. The 'Approve' button is highlighted with an orange box. Below this is a filter section with a 'Filter By' dropdown, a search input, and a 'With Status' dropdown set to 'All', with a 'Go' button next to it. The 'With Status' dropdown and 'Go' button are also highlighted with an orange box. Below the filter section is a table with columns: Name, Description, Start Date, End Date, and Status. The 'Status' column is highlighted with an orange box. Two rows are visible in the table, both with 'In Review' status. The first row is 'EXT Provider Super User' and the second is 'EXT Provider System Administrator'. Both rows have a checked checkbox in the first column, and this area is highlighted with an orange box. An orange arrow points from the 'Approve' button to the first row. At the bottom, there are navigation controls including 'View Page: 1', 'Go', 'Page Count', 'SaveToXLS', 'Viewing Page: 1', and 'First', 'Prev', 'Next', 'Last' buttons.

	Name	Description	Start Date	End Date	Status
<input checked="" type="checkbox"/>	EXT Provider Super User	EXT Provider Super User	12/15/2015	12/31/2999	In Review
<input checked="" type="checkbox"/>	EXT Provider System Administrator	EXT Provider System Administra....	12/15/2015	12/31/2999	In Review

ASSIGNING PROFILES *continued*

A pop-up screen titled **Update Status**, showing the **Status Type** of **Approved** will appear. Click **Ok**.

The screenshot shows a modal window titled "Update Status". It contains the following elements:

- Status Type:** A dropdown menu with "Approved" selected. This field is highlighted with a red border.
- Reason Code:** A dropdown menu with "None" selected.
- Remarks:** A large empty text input field.
- Buttons:** "OK" and "Cancel" buttons at the bottom right. The "OK" button is highlighted with a red border, and an orange arrow points to it from below.

ASSIGNING PROFILES *continued*

Returning to the **Manage User Profiles** page, the status of the profile(s) is now **Approved**. Select **Close** to return to the **User Details** page.

The screenshot shows the 'Manage User Profiles' interface. At the top, there are buttons for 'Close', 'Add', 'Approve', and 'Reject'. The 'Close' button is highlighted with an orange box and an arrow. Below the buttons is a filter section with 'Filter By' and 'With Status' dropdowns. The main part of the interface is a table with the following columns: Name, Description, Start Date, End Date, and Status. The 'Status' column is highlighted with an orange box. The table contains two rows of data:

	Name	Description	Start Date	End Date	Status
<input type="checkbox"/>	EXT Provider Super User	EXT Provider Super User	12/15/2015	12/31/2999	Approved
<input type="checkbox"/>	EXT Provider System Administrator	EXT Provider System Administra....	12/15/2015	12/31/2999	Approved

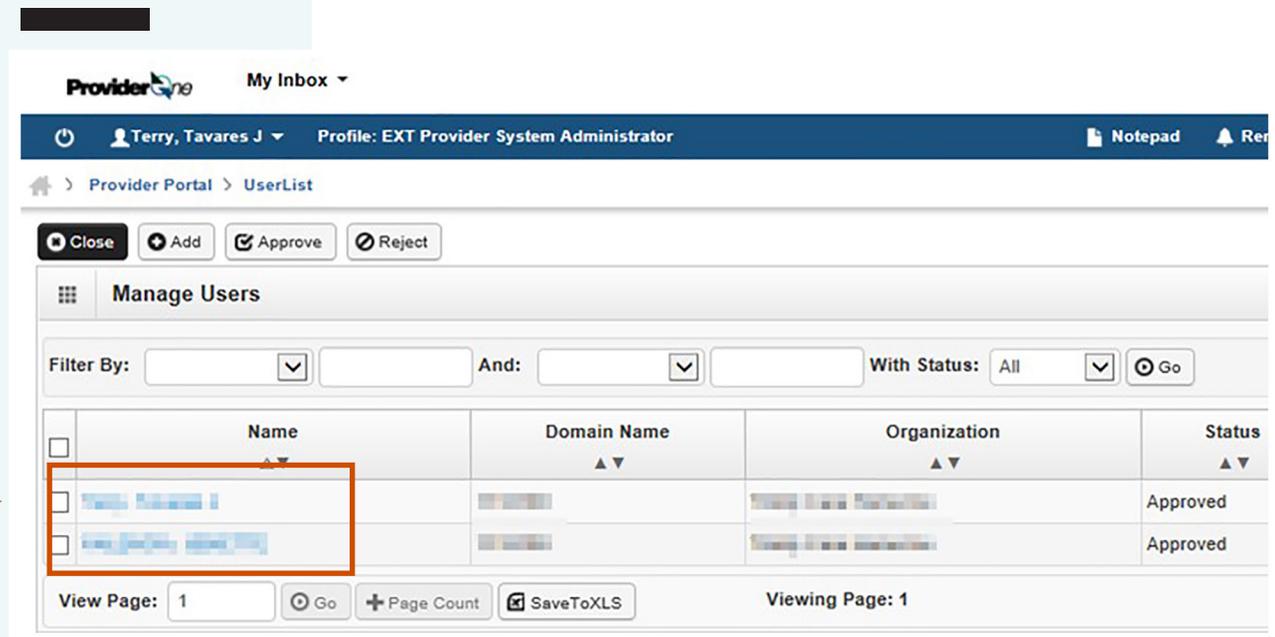
At the bottom of the interface, there are navigation controls including 'View Page: 1', 'Go', 'Page Count', 'SaveToXLS', 'Viewing Page: 1', and 'First', 'Prev', 'Next', 'Last' buttons.

LOCKING, UNLOCKING, & ENDING USERS

- Managing users can be done by logging in with the EXT Provider System Administrator profile and selecting **Maintain Users** from the Provider Portal.:



- Next, select the blue hyperlinked user name you need to manage:



LOCKING, UNLOCKING & ENDING USERS, *continued*

ProviderOne System Administrators have the ability to lock/unlock or end date user profiles.

- If you are a P1 user and you are locked out of your P1 account, contact your P1 System Administrator.

To lock a user:

- Click the box next to **Lock User**.

To unlock a user:

- Remove the check mark from box next to **Lock User**.

Users can also be end dated (ex. person no longer works for the organization).

To end date a user:

- Change the **Expiration Date** to a date in the near future.

When all changes are complete, click Save.

The screenshot shows the 'User Details' form with the following fields and values:

- Close** and **Save** buttons are highlighted in the top left.
- First Name:** Pretend
- Last Name:** Name
- Date of Birth:** 01/01/1999
- EID:** 1
- User Name:** NameP
- Password:** (empty)
- Address Line 1:** (empty)
- Address Line 2:** (empty)
- Address Line 3:** (empty)
- State/Province:** (empty)
- Country:** (empty)
- Start Date:** 11/30/2015
- Status:** Approved
- Middle Name:** (empty)
- Lock User:** (highlighted with a red box and arrow)
- Domain Name:** 9999999
- User Type:** Batch User
- Confirm Password:** (empty)
- Address Line 1:** (empty)
- Address Line 2:** (empty)
- City/Town:** (empty)
- County:** (empty)
- Zip Code:** (empty)
- Expiration Date:** 12/31/2999 (highlighted with a red box and arrow)

VIEWING AUTHORIZATION LIST

- **Authorization Overview**..... 55
- **Authorization List** 56
- **Navigating the Authorization List**..... 66
- **View Errors** 70

In this section you will learn how to view social service authorizations, including:

- How to review each part of the authorization
- How to navigate the authorization list
- How to read and understand authorization error status

AUTHORIZATION OVERVIEW

The Social Service Authorization List provides authorization information for each client. The authorization list shows the authorization #, authorized service code(s), authorized units, authorized dates of service, the amount of client responsibility, and the name of the client's case manager.

Providers use information found in the authorization list to enter claims in ProviderOne.

In addition, it is important for providers to review and understand their authorization list so they can more easily identify when there may be an issue that could affect client services or the provider's payments.

Note:

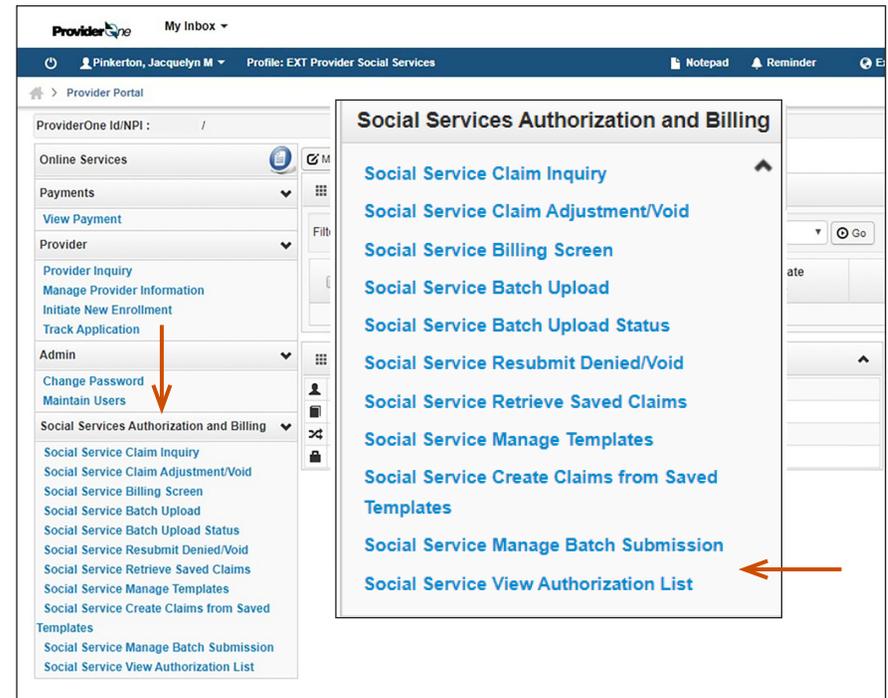
The Department of Social and Health Services (DSHS) is the payer of last resort. Other funding sources are to be billed prior to consideration of payment from DSHS. The other sources include, but are not limited to: Long-Term Care Insurance, Private Health Insurance, Medicare, Managed Care, and/or Apple Health (Medicaid). If the client has Client Responsibility (CR), ProviderOne will automatically deduct applied CR from paid claims. A social service authorization does not supersede the requirement to seek payment from other payer sources prior to submitting a claim for DSHS funded services. For questions, contact your client's case manager or public benefit specialist.

AUTHORIZATION LIST

To view social service authorizations, first log in to ProviderOne using the **EXT Provider Social Services** or **EXT Provider Social Services Medical** profile.

In the provider portal, navigate to the **Social Service Authorization and Billing** section located at the very bottom of the online services list on the left.

Next, select **Social Service View Authorization List**. From here you will be able to see social service authorization information for each of your clients.



AUTHORIZATION LIST *continued*

After clicking **Social Service View Authorization List**, the **Provider Authorization List** appears.

The default view shows only the active authorizations for the current month. To view your authorizations for other months or for specific criteria, such as client or service code, you may use the **Filter By** options available to customize your results.

Authorization #	Line #	Suffix #	Client ID	Client Name	Provider ID	Service Code	Service Code Description	Modifier	Start Date	End Date	Rate	Units	Unit Type	Billing Type	Client Responsibility	Last Updated	Business Status	Error Status	First Error Date	Partial Month Error (Yes/No)	Case Manager Name	Case Manager Email
	1	1				H2014	Skills train and dev, 15 min	U5	11/09/2023	05/31/2024	\$12.86	36	1/4 Hour	Monthly Recurring	\$0.00	03/31/2024	Approved	No Error		No		
	1	1				H2014	Skills train and dev, 15 min	U5	11/06/2023	10/31/2024	\$12.86	32	1/4 Hour	Monthly Recurring	\$0.00	03/31/2024	Approved	No Error		No		
	1	1				H2014	Skills train and dev, 15 min	U5	11/01/2023	10/31/2024	\$12.86	32	1/4 Hour	Monthly Recurring	\$0.00	03/31/2024	Approved	No Error		No		
	1	2				T1019	Personal care ser per 15 min	U6	01/01/2024	10/31/2024	\$9.97	420	1/4 Hour	Monthly Recurring	\$0.00	03/31/2024	Approved	No Error		No		
	1	2				T1019	Personal care ser per 15 min	U6	01/01/2024	09/30/2024	\$9.97	220	1/4 Hour	Monthly Recurring	\$0.00	03/31/2024	Approved	No Error		No		
	1	1				T1030	RN home care per diem		09/19/2023	05/31/2024	\$57.22	6	Day	Monthly Recurring	\$0.00	03/31/2024	Approved	No Error		No		
	1	2				T1019	Personal care ser per 15 min	U6	01/01/2024	11/30/2024	\$9.97	220	1/4 Hour	Monthly Recurring	\$0.00	03/31/2024	Approved	No Error		No		
	1	1				H2014	Skills train and dev, 15 min	U5	07/11/2023	06/30/2024	\$12.86	100	1/4 Hour	Monthly Recurring	\$0.00	03/31/2024	Approved	No Error		No		
	1	1				H2014	Skills train and dev, 15 min	U5	07/01/2023	06/30/2024	\$12.86	100	1/4 Hour	Monthly Recurring	\$0.00	03/31/2024	Approved	No Error		No		
	1	1				H2014	Skills train and dev, 15 min	U5	07/01/2023	06/30/2024	\$12.86	100	1/4 Hour	Monthly Recurring	\$0.00	03/31/2024	Approved	No Error		No		

Note:

You can view your **Provider Authorization List** in Excel by clicking the **SaveToXLS** button (at the bottom of the results table) to export the results.

AUTHORIZATION LIST *continued*

The next six pages explain the many components of the authorization list.

Authorization Number

An authorization number is a 10-digit value that uniquely identifies services for a specific client and provider pair with either ALTA or DDA. Depending on the type of service, authorizations usually span a year of service. After a client assessment, the authorization can be extended. At that time, only the end date is changed and the authorization number stays the same.

Line/Suffix Number

The line number denotes the line of service on the authorization. The service line number will have a point after called a suffix. Verify accuracy of line details (service code, dates, units, etc.) and contact the authorizing worker with any questions.

Client ID/Client Name

The Client ID is an 11 character alpha-numeric identifier used in ProviderOne. This ID will always end in WA.

Note:

If all service lines on an Authorization are canceled, the authorization number is considered canceled and services that are later re-authorized will have a new authorization number.

Note:

When submitting your claims in ProviderOne, it is important to verify that the claim details (authorization number, client ID, dates, service code and modifier, match the authorized details.)

	Authorization #	Line #	Suffix #	Client ID	Client Name
<input type="checkbox"/>					
<input type="checkbox"/>	1020940831	1	2	WA	
<input type="checkbox"/>	1020927111	1	2	WA	
<input type="checkbox"/>	1020916750	7	1	WA	

AUTHORIZATION LIST *continued*

Provider ID

The Provider ID shown on the Authorization List is your Domain + Location ID. If you have more than one location, you will have multiple Provider IDs.

- Example for a provider who has two locations:**
 Domain: 1234567 + Location ID : 01= 123456701
 Domain: 1234567 + Location ID: 02 = 123456702

Service Code/Modifier

Each service authorized will have a service code and brief description of the service. Any authorized modifiers will also be listed here. If a code is authorized with a modifier, you must be sure to enter both the service code and the modifier on the claim in order for the claim to pay.

Start/End Date

The start and end date of when authorized services can be provided.

Provider ID	Service Code	Service Code Description	Modifier	Start Date	End Date
[REDACTED]	H2014	Skills train and dev, 15 min	U5	07/01/2023	06/30/2024
[REDACTED]	H2014	Skills train and dev, 15 min	U5	07/01/2023	07/31/2024
[REDACTED]	H2014	Skills train and dev, 15 min	U5	10/01/2023	06/30/2024

Note:

Any authorized modifiers needed will be listed here. Claim modifiers for equipment or to differentiate between RN/LPN nurses will not be shown here. Refer to the applicable [HCA Billing Guides](#) for correct claim modifiers.

AUTHORIZATION LIST *continued*

Rate

This is the rate at which the vendor will be paid.

Units

The number of units authorized per service line. Refer to the Billing Type below to know what frequency the units are available.

Unit Type

The unit type shows how a service code will be billed. Unit types are 1/4 Hour, 1/2 Hour, Hour, Each, Per visit, Mile, Daily, Billing Type Monthly.

Billing Type	Description
Monthly Recurring	If the authorization is for multiple months then the units/dollars are for each month. Example, 112 units monthly recurring means a vendor can submit multiple claims up to 112 units each month the authorization is open.
Span Multiple	If the authorization is for multiple months then the units/dollars are for the entire span of the months and can be billed multiple times within that span. Example, 112 units span multiple means a vendor can claim a total of 112 units during the time-frame of the authorization but does not have to claim them all at once.
Span Single	If the authorization is for multiple months then the units are for the entire span of months and can only be billed one time (single Date of Service). Once the service is billed then all other dates within the span are automatically inactivated by ProviderOne.
One Time	If the authorization is for multiple months then the units/dollars are for the entire span of months and is only paid one time on the last date authorized on the line. One Time codes are not claimed by the provider, but paid out automatically based on the last authorized date and that authorization having an 'approved' business status.

Rate	Units	Unit Type	Billing Type	Client Responsibility	Last Updated
\$12.86	100	1/4 Hour	Monthly Recurring	\$0.00	03/31/2024
\$12.86	36	1/4 Hour	Monthly Recurring	\$0.00	03/31/2024
\$12.86	100	1/4 Hour	Monthly Recurring	\$0.00	03/31/2024

Note:

Rate shown is per **Unit Type**. Ex. A provider is reimbursed at a rate of \$12.86 for every 1/4 hour (15 minutes) of service. If the unit type is **Day** then the total rate for the day would be shown. This applies for the unit types of "Each" and "Monthly" as well.

AUTHORIZATION LIST *continued*

Client Responsibility (C/R)

Client Responsibility is the amount a client must pay to the provider each month. The C/R amount shown is the most a client may have to pay towards a specific service line. The client should not be billed more than the actual cost of services. The amount of C/R deducted from the paid claim(s) will be reflected on your Remittance Advice (RA). Even though C/R is deducted from the claim, the provider must still collect this amount from the client each month.

There are three parts to C/R:

- **Participation:** The amount a client contributes towards their cost of care.
- **Room and Board:** The amount a client contributes towards the cost of food and housing in a facility. Only applicable in Residential settings.
- **Third Party Resources:** Additional income benefits which may include Veterans Affairs benefits, L&I income, trusts, and Long-Term Care insurance.

By clicking the blue client responsibility number, you can see a monthly breakdown of how C/R has been applied for each month.

Last Updated

Shows the date the authorization was most recently updated.

Rate ▲▼	Units ▲▼	Unit Type ▲▼	Billing Type ▲▼	Client Responsibility ▲▼	Last Updated ▲▼
\$12.86	100	1/4 Hour	Monthly Recurring	\$0.00	03/31/2024
\$12.86	36	1/4 Hour	Monthly Recurring	\$0.00	03/31/2024
\$12.86	100	1/4 Hour	Monthly Recurring	\$0.00	03/31/2024

AUTHORIZATION LIST *continued*

Business Status/Error Status

- It is important that authorizations are in an **Approved/No Error** status before providing services and submitting claims. You should check authorizations each time before billing to ensure there are no errors that will impact your claims.
- If an authorization is in 'Error' status or 'Canceled', you **MUST** contact the client's case manager before providing or billing for services.

First Error Date

- This is the first date that services are in error. Any claims submitted for the date of service in error will result in a denied claim.
- Authorizations that go past the contract renewal date will show an error for **Unable to derive Taxonomy**. This error will not affect claims until the start date listed on the error.

Partial Month Error

- If an authorization has a partial month error applicable, it will be shown here.

Case Manager Name/Email

- The client's primary case manager and contact email are listed on the authorizations.
- While case managers should be your contact for authorization questions and resolving authorization errors, billing questions and additional training requests should be directed to the HCA MACSC call center. **See pages 4-5 for MACSC contact information.**

Business Status	Error Status	First Error Date	Partial Month Error (Yes/No)	Case Manager Name	Case Manager Email
Approved	No Error		No	[Redacted]	[Redacted]@dshs.wa.gov
Approved	No Error		No	[Redacted]	[Redacted]@dshs.wa.gov
Approved	No Error		No	[Redacted]	[Redacted]@dshs.wa.gov

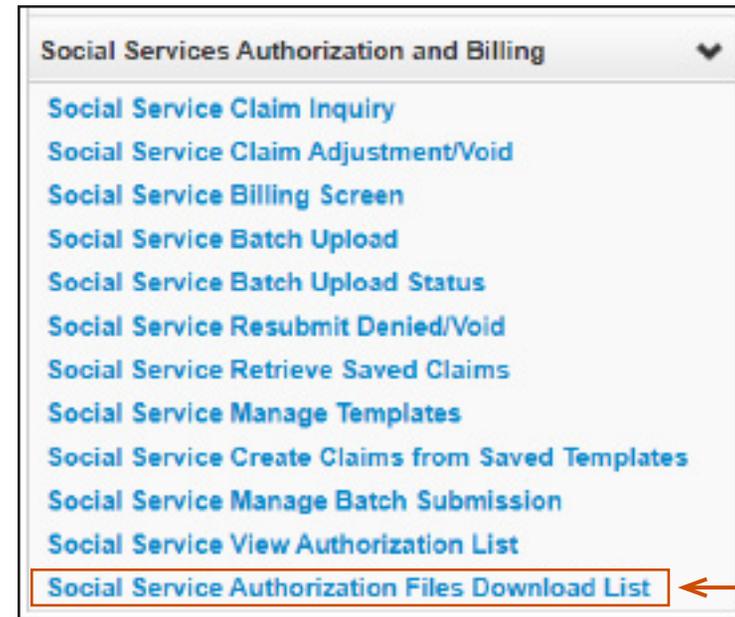
AUTHORIZATION LIST *continued*

Another way to view your authorization list is via the **Social Service Authorization Files Download List**.*

To view authorizations from the **Social Service Authorization Files Download List**, first log in to ProviderOne using the **EXT Provider Social Services** profile.

In the provider portal, navigate to the **Social Service Authorization and Billing** area located at the very bottom of the online services list on the left.

Next, select **Social Service Authorization Files Download List**. From here you will be able to see social service authorization information for each client.



***Note:**

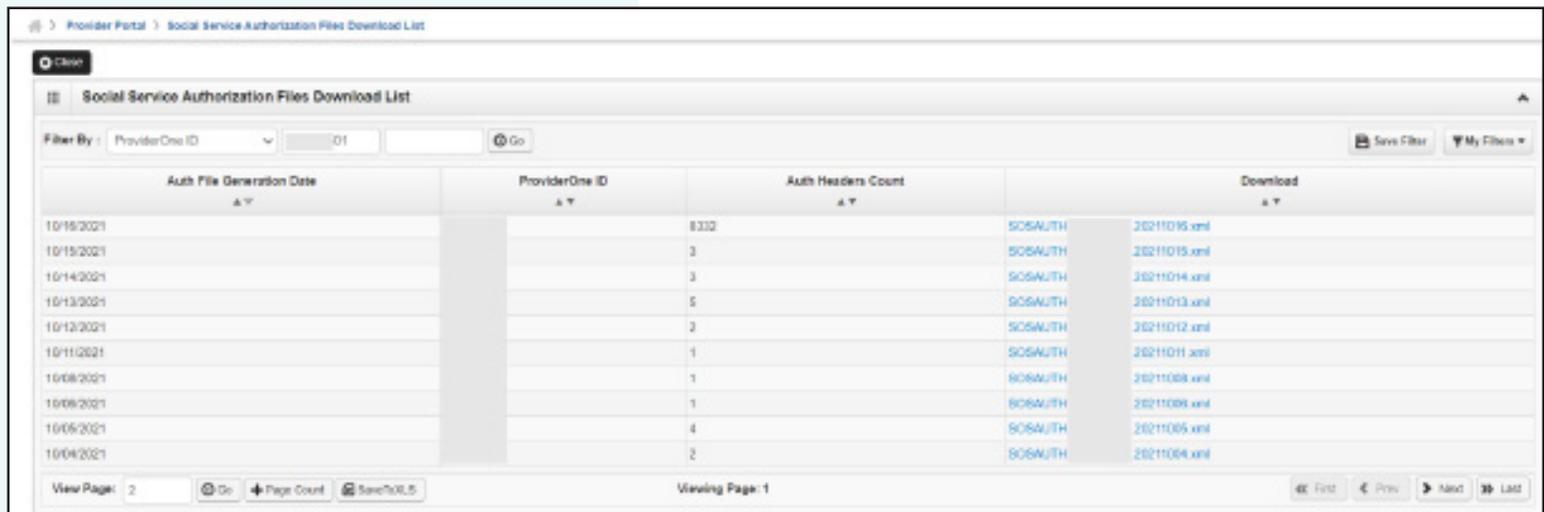
Access to this authorization file is currently approved for providers on a case-by-case basis. To sign up, check the box to 'Opt-in for Download Authorization' under Step 2: Locations (see pages 24-30). If you have any questions or need assistance signing up for this method of authorization retrieval, please reach out to HCA's Office of Provider Enrollment (see pages 4-5).

AUTHORIZATION LIST *continued*

From the **Social Service Authorization Files Download List** select **ProviderOne ID** from the Filter By menu options.



Enter your seven digit Provider ID along with your location ID for which you want to view the authorization file.



AUTHORIZATION LIST *continued*

Click on the hyperlink for the date in which you want to retrieve the authorization data.

Auth File Generation Date	ProviderOne ID	Auth Headers Count	Download
10/16/2021		8332	SCSAUTH_20211016.xml
10/15/2021		3	SCSAUTH_20211015.xml

File is formatted as XML, choose the method in which you want to open the file

NAVIGATING THE AUTHORIZATION LIST

The default view of the authorization list returns 10 authorizations per page in ProviderOne. If you need to view more authorizations, you may do so by using the page controls at the bottom of the screen.

You can also download the authorization list to an Excel file which allows you to view your entire authorization list. Click the "SaveToXLS" button to save to Excel.

- View the page number currently in view:



- Go to the next or previous page using the **Next** or **Previous** buttons.
- Go to the first or last page using the **First** or **Last** buttons.



- Jump to a specific page by entering a page number in the **View Page** field and clicking **Go**:



- See the total number of pages by clicking **Page Count**:



- Export information to an Excel file using the **SaveToXLS** button:



NAVIGATING THE AUTHORIZATION LIST *continued*



Exporting your authorization information to Excel can help with billing. You can copy data from the file and paste into the ProviderOne claim form. This helps improve accuracy and reduces the potential for typing errors.

If you use this method, be sure to export a new Excel file prior to billing for the service as authorizations may change.

The Excel file contains all the information available on the Provider Authorization List page.

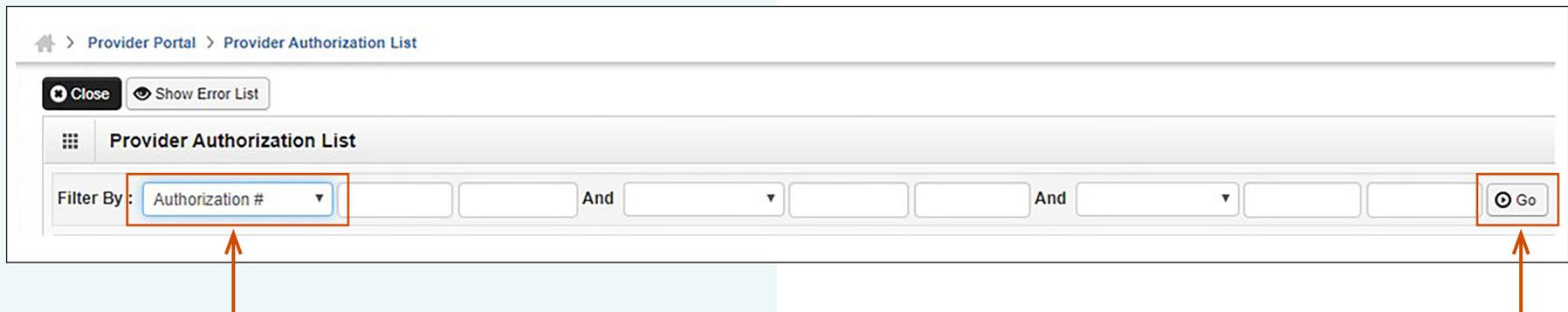
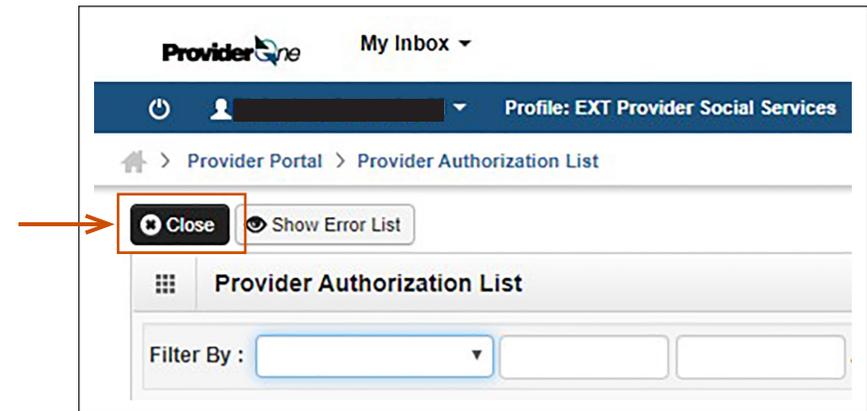
Example of authorization list saved to Excel:

Authorization #	Line #	Suffix #	Client ID	Client Name	Provider ID	Service Code	Service Code Description	Modifier	Modifier Description	Start Date	End Date	Rate	Units	Unit Type	Billing Type	Client Responsibility	Last Updated	Business Status	Error Status
1	1	3	WA		T1019	Personal care ser per 15 min				01/01/2021	01/31/2022	\$ 112	1/4 Hour	Monthly Recurring	\$0.00	07/02/2019	Approved	Error	
3	1	2	WA		T1019	Personal care ser per 15 min				07/01/2021	12/31/2021	\$ 112	1/4 Hour	Monthly Recurring	\$0.00	11/30/2019	Approved	No Error	
4	1	1	WA		T1019	Personal care ser per 15 min				01/23/2021	12/31/2021	\$ 220	1/4 Hour	Monthly Recurring	\$0.00	01/30/2019	Cancelled	No Error	
5	1	2	WA		T1019	Personal care ser per 15 min				07/01/2021	12/31/2021	\$ 76	1/4 Hour	Monthly Recurring	\$0.00	11/30/2019	Approved	No Error	
6	2	1	WA		T1019	Personal care ser per 15 min				07/01/2021	12/31/2021	\$ 508	1/4 Hour	Monthly Recurring	\$0.00	11/30/2019	Approved	No Error	
7	2	2	WA		T1019	Personal care ser per 15 min				07/01/2021	12/31/2021	\$ 76	1/4 Hour	Monthly Recurring	\$0.00	11/30/2019	Approved	No Error	
8	1	5	WA		T1019	Personal care ser per 15 min				07/01/2021	12/31/2021	\$ 296	1/4 Hour	Monthly Recurring	\$0.00	11/30/2019	Approved	No Error	
9	3	1	WA		T1019	Personal care ser per 15 min				01/01/2021	12/31/2021	\$ 308	1/4 Hour	Monthly Recurring	\$0.00	11/30/2019	Cancelled	No Error	
10	1	4	WA		T1019	Personal care ser per 15 min				01/01/2021	12/31/2021	\$ 216	1/4 Hour	Monthly Recurring	\$0.00	11/30/2019	Cancelled	No Error	
11	3	3	WA		T1019	Personal care ser per 15 min				07/01/2021	12/31/2021	\$ 472	1/4 Hour	Monthly Recurring	\$0.00	11/30/2019	Approved	No Error	
12	2	3	WA		T1019	Personal care ser per 15 min				07/01/2021	12/31/2021	\$ 276	1/4 Hour	Monthly Recurring	\$0.00	11/30/2019	Approved	No Error	
13	2	4	WA		T1019	Personal care ser per 15 min				07/01/2021	12/31/2021	\$ 460	1/4 Hour	Monthly Recurring	\$0.00	11/30/2019	Approved	No Error	
14	2	3	WA		T1019	Personal care ser per 15 min				07/01/2021	12/31/2021	\$ 580	1/4 Hour	Monthly Recurring	\$0.00	11/30/2019	Approved	No Error	
15	4	1	WA		T1019	Personal care ser per 15 min				01/01/2021	12/31/2021	\$ 460	1/4 Hour	Monthly Recurring	\$0.00	01/31/2019	Cancelled	No Error	
16	5	3	WA		T1019	Personal care ser per 15 min				01/01/2021	01/31/2022	\$ 556	1/4 Hour	Monthly Recurring	\$0.00	10/17/2019	Approved	Error	
17	5	2	WA		T1019	Personal care ser per 15 min				07/01/2021	12/31/2021	\$ 556	1/4 Hour	Monthly Recurring	\$0.00	11/30/2019	Approved	No Error	
18	2	5	WA		T1019	Personal care ser per 15 min				01/01/2021	01/31/2022	\$ 348	1/4 Hour	Monthly Recurring	\$0.00	07/02/2019	Approved	Error	
19	2	4	WA		T1019	Personal care ser per 15 min				07/01/2021	12/31/2021	\$ 348	1/4 Hour	Monthly Recurring	\$0.00	11/30/2019	Approved	No Error	
20	2	3	WA		T1019	Personal care ser per 15 min				07/01/2021	12/31/2021	\$ 176	1/4 Hour	Monthly Recurring	\$10.00	11/30/2019	Approved	No Error	

NAVIGATING THE AUTHORIZATION LIST *continued*

When changes are made to an authorization, you will not see them right away if you are already on the **Provider Authorization List** page. If you are resolving authorization issues with the case manager and are unable to see the changes in the current view, do the following:

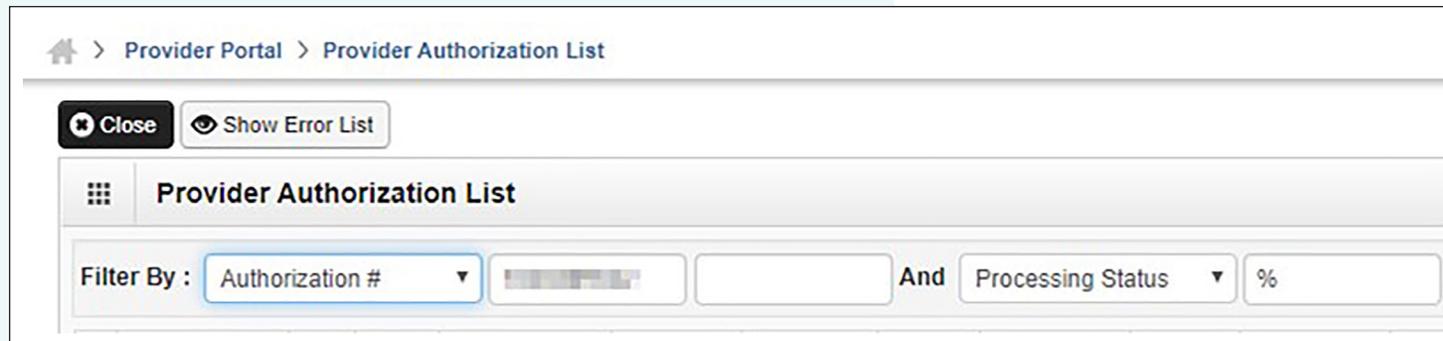
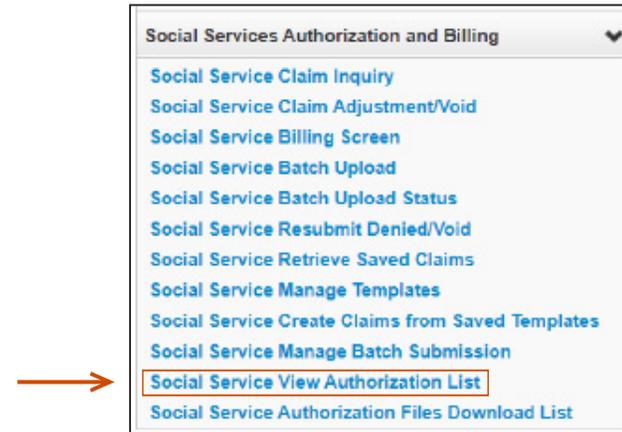
- Click the **Close** button in the upper left corner.
- This will bring you back to the main Provider Portal page.
- Next, select **Social Service View Authorization List**.
- In the **Filter By** drop-down, select the manner in which you wish to search the authorizations list, such as authorization number.
- Enter the information and click **Go** at the end of the row.
- The authorization list will now be refreshed to the most current information available.



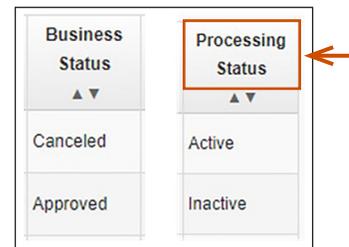
NAVIGATING THE AUTHORIZATION LIST *continued*

Occasionally there will be updates to an authorization. You will be alerted to these changes in the means which you indicated in **Step 2: Locations**. If you need to review the history of a particular authorization to see what has changed, navigate to the **Social Service View Authorization List**. Once the page appears use the **Filter By** drop-down to search for the authorization number and processing status.

- In the **Authorization #** field, enter the authorization number you are searching for. In the **Processing Status** field enter % and then click **Go** at the end of the row. (The % acts as a wildcard, showing all possible results for that filter.)



- The filtered list appears showing the Business Status as **Approved, Canceled, or In Review**.
- The list shows the **Processing Status** as **Active** or **Inactive**.



VIEW ERRORS *continued*

The affected **Line #** and **Suffix #** will be listed, as well as the **Error Code** and an **Error Description**.

This example error is active from 01/01/2020 to 01/31/2020 and affects services listed on Line 1.3 of the authorization. If this authorization is used for a Date of Service during the month of January 2020 then the claim will be denied, however, if used for a Date of Service prior to January, the claim should have no issues.

If your authorization has an error that is active for the Date of Service, you will need to contact the assigned case manager to resolve the issue before providing services and then billing.

Authorization Error List

Filter By : And And

Posted Date ▲▼	Line # ▲▼	Suffix # ▲▼	Error Code ▲▼	Error Description ▲▼	Error Start Date ▲▼	Error End Date ▲▼
07/03/2019	Line 1	3	31035	Unable to derive Taxonomy	01/01/2020	01/31/2020

View Page: Viewing Page: 1

Additional Resources

Visit the [ProviderOne for Social Services webpage](#) for more resources:

- Updates and newsletters
- Additional contact information
- Additional ProviderOne for Social Services Billing Guides:
 - Submitting and Adjusting Social Service Claims
 - Submitting and Adjusting Social Service Medical Claims
 - Viewing Claim Status & Payments

For questions, feedback, or suggested changes to this document, please email p1_escalation@dshs.wa.gov.