

ProviderOne provider user manual

Enrolling a billing agency or clearinghouse

2022



Disclaimer

A contract known as the Core Provider Agreement (CPA), governs the relationship between HCA and Washington Apple Health providers. The CPA terms and conditions incorporate federal laws, rules and regulations, state law, HCA rules and regulations, and HCA program policies and billing instructions, including this user manual.

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



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About enrolling a billing agent or clearinghouse (BACH)

A billing agent or clearinghouse submits and receives HIPAA transactions on behalf of a payable provider entity. The following ProviderOne topics and tasks are covered in this manual:

- Accessing the enrollment business process wizard
- Entering provider basic information
- Completing the business process wizard steps
- Submitting the enrollment application to ProviderOne



Provider enrollment links

Start a new provider enrollment application by accessing:

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

Or click on this button if you are currently on the enrollment webpages at the Health Care Authority website:



Resume or track an enrollment application by accessing: https://www.waproviderone.org/ecams/jsp/common/pgTrackPrvdrApplctn.jsp

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



Accessing the enrollment Business Process Wizard (BPW)

Selecting the enrollment type

Once you have accessed the provider enrollment application, the Enrollment Type window is displayed.

• Select the **Billing Agent/Clearinghouse** enrollment form (provider enrollment type) and click the **Submit** button.

	Enrollment Type	^
Ple	lease enter a National Provider Identifier (NPI) if you are eligible for one via the National Plan and Provider Enumeration System (NPPES).	
	Select the Enrollment Applicable Form	
Oinc	ndividual	
⊖Gr	3roup Practice	
●Bil	IIIIng Agent/Clearinghouse	
⊖Fa	ac/Agncy/Orgn/Inst	
⊖Tri	ribal Health Services	
O Cia	loce O Submit	

• ProviderOne displays the Basic Information page.

Basic Information						^
	lf you don'	't have NPI and if you are Atypical provider th	hen please contact DSHS worker to enroll.			
	Available Agencies	Selected Agencies				
	DOC HCA					
	L&I	>>				
Agency:		"	*			
Tax Identifier Type:	FEIN					
	Osan					
Provider Name(Organization		(as shown on Income Tex Deturn)				
Name):		(as shown on income fax return)				
Organization Business Name:		Federal Employer Identification Nu	mber(FEIN):			
Provider Name: (First Name)) (1	Middle Name)	(Last Name)		
Suffix:			Gender:			
600						
55N:			Title:			
Date of Birth:						
All medical Providers are federally mandated to have a NPI						
Is this Provider required to have a	SELECT V *					
NPI?						
National Provider Identifier(NPI):			UBI:			
Other Organizational Information:	SELECT X	Em	ail Address			
outer organizational information.		Ellis				
Enrollment Effective Date:						
					Next	O Cancel
					- Hent	_ ouncer



Provider basic information

Entering your basic information is the first step in the enrollment process. Successful completion of this step will result in:

- · Confirmation that a duplicate enrollment does not already exist
- Assignment of an application ID
- Storage of the basic information in the provider enrollment staging area
- The first time this page displays, the application ID in the header will be blank. The information collected on this screen will vary based on the type of provider.
- Choose the Agency by highlighting the agency and moving it to the right using the double arrows.
 - Only choose DOC or L&I if you are contracted with those agencies.
- In the tax identifier type, choose either the **SSN** or **FEIN** radio button.
- Enter the provider name in the Provider Name field.
 - The Suffix and Title are not required.
 - o The Gender, SSN, and Date of Birth fields are required entries.

Basic Information				*
	lf you dor	't have NPI and if you are Atypical provider then	please contact DSHS worker to enroll.	
	Available Agencies	Selected Agencies		
Agency:	DOC	HCA (4)	HCA Billing Type: BL-1	Silling V
Tax Identifier Type:	●FEIN ○SSN			
Provider Name(Organization Name):	PRU TEST BACH	(as shown on Income Tax Return)		
Organization Business Name:	PRU TEST BACH	Federal Employer Identification Numb	er(FEIN): 111222333	
Provider Name: (First Name)		(Mid	dle Name)	(Last Name)
Suffix:			Gender:	
SSN:			Title:	
Date of Birth:				
All medical Providers are				
federally mandated to have a NPI.	No.			
Is this Provider required to have a NPI?				
National Provider Identifier(NPI):			UBI:	
Other Organizational Information:	For Profit 💌 *	Email	Address:	
Enrollment Effective Date:	#			
1				> Next O Cancel



- In the bottom portion of the Basic Information screen, complete the following:
 - Answer No using the dropdown for the question All medical providers are federally mandated to have an NPI. Is this provider required to have an NPI?
 - After clicking No, ProviderOne assigns an atypical NPI (auto generated) and grays out that field for any changes.
 - The UBI is not required.
 - Using the Other Organizational Information dropdown, choose the appropriate entry.
 - Enter the email address for the provider in the Email Address field.
 - The Enrollment Effective Date is not a required field and should not be entered. This will be completed during the approval process.
- Click the **Next** button.

All medical Providers are				
federally mandated to have a NPI.	No. w			
Is this Provider required to have a				
NPI?				
National Provider Identifier(NPI):	5552236077 UBI:			
Other Organizational Information:	SELECT V Email Address:			
Enrollment Effective Date:				
		*	Next	O Cancel

- ProviderOne displays the second basic information screen, Provider Address Detail.
- Click the Add Address button.

 Provider Address Detail							^
End Date:							
c	lick on 'Add Address' button to popu	late address field					
Address Line 1:		* Address Line 2:					
Address Line 3:		City/Town:	× *				
State/Province:	*	* County:	~				
Country:	*	Zip Code:	- Add Add	dress			
Fax Number:		Phone Number	r: •				
Communication Preference:	Email	Cell Phone Number	r:				
				H Back	*	Next	O Cancel

• ProviderOne displays the Provider Address Details form.



- Complete the following fields:
 - o Address Line 1
 - o Address Line 2
 - o Zip Code
- Click on the Validate Address button.
- If the address information is verified with United States Postal Service (USPS), you will receive **Address validation successful** noted in blue in the upper right corner of this screen.

III Address	details			^
Address validation	successful			
Address Line 1:	1234 Main Street	* Address Line 2:		
	(Enter Street Address or PO Box Only)			
Address Line 3:		City/Town:	OLYMPIA 🗸	*
State/Province:	Washington 🗸	* County:	Thurston	
Country:	United States	* Zip Code:	98504 - 0001 • Validate	Address
				O OK Cancel

- ProviderOne returns to the Provider Address Details page.
- Enter the required **Phone Number**.
- Choose your **Communication Preference** from the dropdown.
- The dropdown will default to Email. Other options are ProviderOne Notice or Standard Mail.

Provider Address Detail											^
End Date:	(III)										
Ci	lick on 'Add Address' button to popu	ulate address field									
Address Line 1: 12	234 Main Street	•	Address Line 2:								
Address Line 3:			City/Town:	OLYMPIA		~ *					
State/Province: Vi	Vashington 🗸		County:	Thurston		~					
Country: U	inited States 🗸 🗸	•	Zip Code:	98504	- 0001	O Add Add	ress				
Fax Number:			Phone Number	(800) 56	2-3022	•					
Communication Preference:	Standard Mail	v	Cell Phone Number								
								4 Back	*	Next	O Cancel

- Click Next.
- ProviderOne displays the Basic Information Application ID page.

Appli	ation Id: 20220727528656 Name: Billing Agent/Clearinghouse		
	Basic Information		^
You I Pleas Click	ave been assigned application #: 20220727526656. e make note of this application number before moving on to the next step of the application process. Next to go into the Business Process Wizard. You will need to complete all the required steps before submitting your application for State review.		
		₩	Next

- Print this page or copy the Application ID and store it in a safe place. If you exit the enrollment process prior to completion and want to return, you will need this number.
- Click Next.



- ProviderOne displays the provider enrollment BPW.
- The Provider Basic Information status is now set to Complete.

ck on the Step # under	the Step Column			
Required	Start Date	End Date	Status	Step Remark
Required	07/27/2022	07/27/2022	Complete	
Optional			Incomplete	
Required			Incomplete	
	ck on the Slep # under Required Optional Required Required Required Required Required	k on the Step # under the Step Column Required 514772022 Optional Required 6 Reqn 8 Required 6 Required 6 Required 6 Required 6 Required 6 Requ	Required Start Date End Date Required 07/27/2022 07/27/2022 Optional 07/27/2022 07/27/2022 Required 0 0 Required 0 0	Ak on the Step # under the Step Column Required Start Date End Date Status Required 07/27/2022 07/27/2022 Complete Acquired Complete Required Complete Required Complete Required Complete Required Complete Required Complete Required Complete Required Complete Complete

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

Required	Start Date	End Date	Status
Required	07/27/2022	07/27/2022	Complete
Optional			Incomplete





This step is optional and is not needed for enrollment.



Add EDI submission method

Accessing the EDI submission details page

From the BPW:

• Click the **Add EDI Submission Method** hyperlink to access the EDI Submission Details page.

Step 3: Add EDI Submission Method

- ProviderOne displays the EDI Submission Details page.
- Select the box next to the EDI submission method you will use and click the **Ok** button.

	You may check multiple Mode	es of Submission. NPI is required for all	selections.
EDI :	Submission Details		^
lf Web Batch	h and/or FTP Secured Batch are selected, you must complete and mail	a new ProviderOne Trading Partner Agr	eement.
	Mode of Submission: Web Batch	□FTP Secured Batch	Web Interactive
N	Aethod	When to Use	
v	Veb Batch	For upload/download of file	s in ProviderOne
E	3illing Agent/Clearinghouse	For providers who use a 3rd	d party to bill
F	TP Batch	For submitting files via an S	SFTP site
v	Neb Interactive	For entering (keying) claims	s directly in ProviderOne
	 Your EDI submission method is "Web Batch" if you currently up who submit their own HIPAA batch transactions. It allows a may 	pload and download batch files using W kimum file size of 50 MB.	aMedWeb. This method is often used by providers
	 Your EDI submission method is "FTP Secured Batch" if you sut designed with clearinghouses and billing agents in mind. It allo 	omit and retrieve batches at a secure we ws a maximum file size of 100 MB.	eb folder assigned to you by DSHS. This method was
			O OK Can

• ProviderOne displays the BPW with the step marked complete.

Step 3: Add EDI Submission Method	Required	07/27/2022	07/27/2022	Complete



Add EDI billing software details

Accessing the EDI billing software information page

From the BPW:

• Click the EDI Billing Software Details hyperlink.

Step 4: Add EDI Billing Software Details

- ProviderOne displays the EDI Billing Software Information list.
- The first time this list displays it will be blank.

Adding an EDI Billing Software Record

• To add a new record, click the **Add** button.

Clo	se 🖸 Add											
	III EDI Billing Software Information											
Filter	Ву:	•		O Go		Save Filter	▼ My Filters ▼					
	Software Name	Software Version	Software Vendor Name	Vendor Contact Title	Vendor Contact Name	Vendor Contact Phone Number	End Date					
		¥ ¥	▲ ▼	A 7	A V	A T	A 7					
				No Records Found !								

• ProviderOne displays the Add EDI Billing Software Information page.

	Add EDI Billing Sof	tware Informa	tion								^
	Software Vendor C	ompany Name:			*						
	Software	Product Name:			*	Software Versi	ion:			*	
	Soft	ware Protocol:	Web Batch		* <see 1<="" td=""><td>the note at the bottor</td><td>n of the page.</td><td></td><td></td><td></td><td></td></see>	the note at the bottor	n of the page.				
	Eler Segr Sub-Eler	nent Delimiter: nent Delimiter: nent Delimiter:	Asterisk-* v Defa Tilde-~ v Default colon-: v Default	ult Delimiter * (asteris Delimiter ~ (tilde) Delimiter : (colon)	;k)						
	Software Vendor Co	ontact Informa	ation								^
	Contact Title:			*							
	Contact First Name:			*		Contact Last Name:				*	
	Phone Number:			*		Fax Number:					
	Email Address:					End Date:		iii			
	Address Line 1:			Addres	ss Line 2:						
	Address Line 3:			с	ity/Town:		~				
	State/Province:		~		County:		~				
	Country:		~	ž	Zip Code:		• Address				
Note	 If Web Batch wa If "FTP Secured If both were cho 	s chosen in St Batch" was ch sen, indicate "	ep - Add EDI Subn osen in Step - Add Web Batch, FTP''	nission Method, i I EDI Submissior n the software pi	ndicate "We 1 Method, in rotocol field	eb Batch" in the Soft ndicate "FTP Secured I.	ware Protocol I Batch" in So	field. ftware F	rotocol field		
										Оок	Cancel



• Complete the required fields for EDI Billing Software Information in the top half of the screen.

 Add EDI Billing Software Informa	tion					^
Software Vendor Company Name:	PRU TEST BACH	*				
Software Product Name:	PRU TEST BACH)*	Software Version:	1.0	•	
Software Protocol:	Web Batch	*	<see at="" bottom="" note="" of<="" th="" the=""><th>the page.</th><th></th><th></th></see>	the page.		
Element Delimiter:	Asterisk-* 🗸 Default Delimiter * (asteris	sk)				
Segment Delimiter:	Tilde-~ 🗸 Default Delimiter ~ (tilde)					
Sub-Element Delimiter:	colon-: 🗸 Default Delimiter : (colon)					

- Next, complete the Software Vendor Contact Information on the bottom half of the screen.
 - To add an address, click the Address button. Refer to page 8 of this manual for assistance on adding addresses.

	Software Vendor Co	ntact Information					^
	Contact Title:	PRU TEST BACH	*				
	Contact First Name:	PRU	•	Contact Last Name:	TEST		*
	Phone Number:	(800) 562-3022	*	Fax Number:			
	Email Address:			End Date:			
	Address Line 1:		Address Line 2:				
	Address Line 3:		City/Town:		~		
	State/Province:	*	County:		*		
	Country:	~	Zip Code:	-	O Address		
Note:	 If Web Batch was If "FTP Secured I If both were chose 	s chosen in Step - Add EDI Subm Batch" was chosen in Step - Add sen, indicate "Web Batch, FTP" i	nission Method, indicate " I EDI Submission Method, n the software protocol fie	Neb Batch" in the Sof indicate "FTP Secure Id.	ftware Protocol field ed Batch" in Softwar	e Protocol field	• OK Cancel

- ProviderOne returns to the Add EDI Billing Software Information page.
- After completing the form, click the **OK** button to save the information and close the window, or **Cancel** to close the window without saving.

Modifying an EDI Billing Software Record

From the EDI Billing Software Information for Enrollment List:

• Click the hyperlink in the Software Name column.

C Clo	se 🖸 Add						
	EDI Billing Soft	ware Information					^
Filte	r By :	~		O Go		Save Filter	▼ My Filters ▼
	Software Name	Software Version	Software Vendor Name	Vendor Contact Title	Vendor Contact Name	Vendor Contact Phone Number	End Date
	PRU TEST BACH	1.0	PRU TEST BACH	PRU TEST BACH	TEST, PRU	(800) 562-3022	12/31/2999
0	Delete View Page:	1 O Go	+ Page Count SaveToXLS	Viewing	Page: 1	K First Prev	Next 🔉 Last



• ProviderOne displays the Manage EDI Billing Software Information page.

O Clo	se Save													
	Manage EDI Billing Softwa	re Information												^
	Software Vende	or Company Name:	PRU TEST BACH)•									
	Softw	are Product Name:	PRU TEST BACH]•		Softwa	are Versio	n: 1.0			•		
		Software Protocol:	Web Batch		* <see note<="" th="" the=""><th>at the botte</th><th>om of the pag</th><th>ge.</th><th></th><th></th><th></th><th></th><th></th><th></th></see>	at the botte	om of the pag	ge.						
	Sub-	Element Delimiter: Segment Delimiter: Element Delimiter:	Asterisk-* v Def Tilde-~ v Defau colon-: v Defau	fault Delimiter = (asteri It Delimiter ~ (tiide) It Delimiter : (coicn)	sk)									
	Software Vendor Contact I	nformation												^
	Contact Title:	PRU TEST BACH		•										
	Contact First Name:	PRU		•		C	Contact Last N	lame: TE	ST		*			
	Phone Number:	(800) 562-3022]•			Fax Nun	nber:						
	Email Address:						End	Date: 12	/31/2999					
	Address Line 1:				Address Line 2:									
	Address Line 3:				City/Town:			~						
	State/Province:		~		County:			~						
	Country:		~		Zip Code:			O Addres	s					
N	 If Web Batch was cho If "FTP Secured Batch If both were chosen, in 	sen in Step - Add E " was chosen in Si ndicate "Web Batcl	DI Submission tep - Add EDI Su h, FTP" in the so	Method, indicate " Ibmission Method, oftware protocol fie	Web Batch" in the indicate "FTP Sec eld.	Software Pro	otocol field. ' in Software F	Protocol	field.					

 After completing the form, click Save and then Close to save the information and return to the EDI Billing Software Information List.

Deleting a Billing Software Record

From the EDI Billing Software Information List:

- Click the box next to the record you wish to delete.
- Click the **Delete** button to remove the record.
- Click the **Close** button to return to the BPW.

00	lose 🛛 🔂 Add										
	III EDI Billing Software Information										
Filt	ter By :	~		O Go		Save Filter	▼ My Filters ▼				
	Software Name	Software Version	Software Vendor Name ▲ ▼	Vendor Contact Title	Vendor Contact Name	Vendor Contact Phone Number	End Date				
	PRU TEST BACH	1.0	PRU TEST BACH	PRU TEST BACH	TEST, PRU	(800) 562-3022	12/31/2999				
•	Oblete View Page: 1 O Go + Page Count G SaveToXLS Viewing Page: 1 (K First K Prev > Next >> Last										

• ProviderOne displays the BPW with the step marked complete.

Step 4: Add EDI Billing Software Details Required	07/28/2022	07/28/2022	Complete
---	------------	------------	----------



Add EDI contact information

Accessing the EDI Contact List

From the Business Process Wizard:

• Click the Add EDI Contact Information link.

Step 5: Add EDI Contact Information

- ProviderOne displays the EDI Contact Information List.
- The first time this list displays it will be blank.

Add an EDI Contact

• To add a new record, click the **Add** button.

O Close	D Add									
III ED	III EDI Contact Information List									
Filter By :	~	0 Go			🖹 Save Fi	iter 🔻 My Filters 🕶				
	Contact Title	Electronic Transaction	Contact Name	Contact Phone Number	Contact Email	End Date				
	∆ ▼	A T	A T	A 7	A ¥	A 7				
	No Records Found !									

- ProviderOne displays the Add EDI Contact Information page.
- Complete all required fields.

Contact Litie :		* <	Please enter your org	janizational contact infor	mation here.
ontact First Name :		*Cont	act Last Name :		*
Phone Number :		*	Fax Number :		
Email Address :			End Date :	iii	
Address Line	1:		* Address Line 2:		
Address Line	3:		City/Town:		*
State/Province	e:	~	* County:		*
Countr	y:	~	* Zip Code:	-	• Address
Electronic Trans	actions	all appropria	te HIPAA transactions	s you will be using.	
	Note: Please select	an appropria			
	Available Transactions	апаррторпа	Associated T	ransactions *	



• Click the **Address** button.

Add EDI Contact Information		^
Contact Title :	* < Please enter your organizational contact information here.	
Contact First Name :	* Contact Last Name : *	
Phone Number :	* Fax Number :	
Email Address :	End Date :	
Address Line 1:	* Address Line 2:	
Address Line 3:	City/Town: 🗸 *	
State/Province:	✓ * County: ✓	
Country:	V * Zip Code: - O Address	

• Complete the address details fields as shown above on pages 8 and 9.

III Address det	tails			^
Address Line 1:		*Address Line 2:		
(Ente	er Street Address or PO Box Only)			
Address Line 3:		City/Town:	~	*
State/Province:	~	* County:	~	
Country:	~	* Zip Code:	- O Validate	Address
				O OK Cancel

• Highlight a transaction in the **Available Transactions** window and click the arrow to move them to the **Associated Transactions** window.

 Electronic Transactions			^
Note: Please select all appropriate HIPAA transactions you will be using. Available Transactions Associated Transactions *			
271-Eligibility Response 276-Claim Status Requiry 277-Claim Status Response 2770-Unsolicited Claims Status Response 278-Prior Authorization Request 278-Prior Authorization Response 820-Premium Payment 834-Benefit Enrollment 835-Healthcare Claim Payment Advice 837D-Dental Claim	•		
		Ок	Cancel



• Once the transactions are assigned, click the **Ok** button to save the information.

III Add EDI Cor	ntact	Information					^
Contact Title :	PRU	TEST BACH	* <-	- Please enter you	r organizational	contact in	formation here.
Contact First Name :	PRU		*Con	tact Last Name :	TEST		*
Phone Number :	(800)	562-3022	*	Fax Number :			
Email Address :				End Date :			
Address Li	ine 1:	1234 Main Street		* Address Line 2:			
Address Li	ine 3:			City/Town:	OLYMPIA		*
State/Prov	ince:	Washington	~	* County:	Thurston		*
Cou	intry:	United States	~	* Zip Code:	98504 -	0001	O Address
Electronic T	ransa	ctions					^
		Note: Please select all ap	opropriate H	PAA transactions	you will be usin	g.	
	Availat	ble Transactions		Associated Tra	ansactions *		
	276-Cl 277-Cl 277U-U 278-Pr 278-Pr 820-Pr 834-Be 835-He 835-He 837D-[837I-II	aim Status Inquiry aim Status Response Jnsolicited Claims Status Re ior Authorization Request ior Authorization Response emitum Payment enefit Enrollment ealthcare Claim Payment Ad Dental Claim nstitutional Claim	esponse	271-Eligibility F	Response	*	
						(OK Cancel

• ProviderOne returns to the EDI Contact Information List.

EDI Contact I	nformation List					
ilter By :	~		O Go		🗎 Save F	ilter 🛛 🐺 My Filters -
Contact T	itle E	lectronic Transaction	Contact Name	Contact Phone Number	Contact Email	End Date
PRU TEST BACH	271		TEST, PRU	(800) 562-3022		12/31/2999



Modifying an EDI Contact

From the EDI Contact Information List:

• Click on the blue hyperlink in the Contact Title column.

EDI Contact	Information List					
ter By :	~		O G0		💾 Save F	ilter Y My Filters
Contact 1	itle E	lectronic Transaction	Contact Name	Contact Phone Number	Contact Email	End Date
∆ ▼			▲ ▼	▲ ▼	▲ ▼	▲ ▼
PRU TEST BACH	271		TEST, PRU	(800) 562-3022		12/31/2999

- ProviderOne displays the Manage EDI Contact Information page.
- After making the needed changes, click the **Save** button to save or the **Close** button to exit the screen.

C Clo	ose 🖹 Save									
	Manage EDI Cont	act I	nformation							^
	Contact Title :	PRI	J TEST BACH	* <-	Please enter your org	anizational cor	ntact information h	iere.		
	Contact First Name :	PRI	J	*	Contact Last Name :	TEST		•		
	Phone Number :	(80	0) 562-3022	*	Fax Number :					
	Email Address :				End Date :	12/31/2999				
	Address Lin	e 1:	1234 MAIN STREET		* Ac	Idress Line 2:				
	Address Lin	e 3:				City/Town:	OLYMPIA		*	
	State/Provin	ice:	WASHINGTON	~	*	County:	THURSTON		*	
	Coun	try:	UNITED STATES	~	*	Zip Code:	98504 - 00	01	O Address	
	Electronic Transa	ctio	ns							^
			Note: Ple	ease s	select all appropriate HIF	AA transaction	ns you will be usi	ng.		
			Available Transa	oction	IS	Associated	Transactions *	-		
			270-Eligbility En 276-Claim Status 277-Claim Status 2770-Unsolicited 278-Prior Author 278-Prior Author 820-Premium Pa 834-Benefit Enro 835-Healthcare (835-Healthcare (quiry Inqu Resp Clain izatior izatior yment Ilmen Claim m	Iry ionse is Status Response it t Payment Advice	271-Eligibili	ty Response		× v	

Deleting an EDI Contact Record

From the EDI Contact Information List:

- Check the box next to the record you wish to delete and click the **Delete** button.
- From the EDI Contact Information List, click the **Close** button and proceed to the next step in the BPW.



Clo:	se 🖸 Add					
	EDI Contact Informa	ation List				^
Filter	r By :	•	O Go		🖺 Save F	ilter ▼ My Filters ▼
	Contact Title △▼	Electronic Transaction	Contact Name	Contact Phone Number	Contact Email ▲ ▼	End Date
🖬 F	PRU TEST BACH	271	TEST, PRU	(800) 562-3022		12/31/2999
0	Delete View Page: 1	⊙ Go + Page Count	SaveToXLS	ewing Page: 1	K First Y Prev	> Next >> Last

• ProviderOne displays the BPW. The status is no set to complete.

Step 5: Add EDI Contact Information	Required	07/28/2022	07/28/2022	Complete



Complete enrollment checklist

Accessing the enrollment checklist

From the BPW:

• Click the Complete Enrollment Checklist link.

Step 6: Complete Enrollment Checklist

- ProviderOne displays the Provider Checklist.
- Every question must be answered with Yes or No.
- **Please note**. All questions answered Yes must also have a corresponding comment.
- After completing the Provider Checklist, click the **Save** button.

Provider Checklist			
Question	Answer		Comments
s the provider or any current employee ever had any of the following?	Not Completed		
d exclusion under Medicare, Medicaid or any other Federal Healthcare program taken against them?	Not Completed	•	
d civil money penalties or assessment imposed under Section 1128A of the Social Security Act? More info: http://www.ssa.gov/OP_Home/ssact/title11/1128A.htm	Not Completed		
d a restriction or sanction taken against their professional license or certification?	Not Completed	•	
d a Program Debarment taken against them? More info: dor> http://exclusions.oig.hhs.gov /https://www.sam.gov/	Not Completed	•	
en convicted of any health related crimes as defined by Washington State Department of Health?	Not Completed	•	
en convicted of a criminal offense as described in Section 1128(a) or (b), 1, 2, and 3 of the Social Security Act? t/www.ssa.gov/OP_Home/ssac/fitte1//128.htm	Not Completed		
en convicted of a crime involving the abuse, neglect, abandonment or exploitation of a vulnerable person? 	Not Completed		

• ProviderOne displays the BPW. The status is now set to complete.

-				
Step 6: Complete Enrollment Checklist	Required	07/28/2022	07/28/2022	Complete



Submit enrollment application for review

Accessing the final enrollment instructions page

From the BPW:

• Click the Final Enrollment Instructions link.

Step 7: Final Enrollment Instructions

- ProviderOne displays the Final Submission page.
- ProviderOne displays the Final Submission page and Application Document Checklist.
- Prior to the final submission of the enrollment application, you must submit the required documentation by using the Upload Attachments button.
 - For specific requirements and instructions on uploading attachments, access How to Upload Attachments in ProviderOne resource.

Close Submit Enrollment O Upload Att	chments	
Final Submission		^
Application #: 202207275286	i6 Enrollment Type: Billing A	Agent/Clearinghouse
The inforr By clicking on the Please ensure all required o	ation submitted for enrollment shall be verified and reviewed by the agency During this time, any changes to the information shall not be accep button "Submit Enrollment", I agree that the information submitted as a par ocuments are uploaded using the "upload attachments" at the top of the pa	y(s) you have selected. xed. rt of the application is correct. age prior to submitting your application.
Application Document Checklist		^
Forms/Documents	Special Instructions	Agency Link
▲ ▼	▲ ▼	× × × ×
	No Records Found !	

Submitting the enrollment application

From the Final Submission page:

- Click the **Submit Enrollment** button.
- ProviderOne displays a confirmation pop up message.
- Click **Ok** to close the message.





• Click **Close** on the Final submission page.



• ProviderOne displays the BPW. The status is now set to Complete.



• ProviderOne returns to the Business Process Wizard (BPW) enrollment page with all required steps marked complete.

Enroll Provider - Billing Agent/Clearinghouse/	Submitter				
usiness Process Wizard-Provider Enrollment (Billing Agent/Clea	ringhouse/Submitter). Click on th	e Step # under the Step	Column		
Step	Required	Start Date	End Date	Status	Step Remark
Step 1: Provider Basic Information	Required	07/27/2022	07/27/2022	Complete	
tep 2: Add Identifiers	Optional	07/27/2022	07/27/2022	Complete	
tep 3: Add EDI Submission Method	Required	07/27/2022	07/28/2022	Complete	
tep 4: Add EDI Billing Software Details	Required	07/28/2022	07/28/2022	Complete	
tep 5: Add EDI Contact Information	Required	07/28/2022	07/28/2022	Complete	
tep 6: Complete Enrollment Checklist	Required	07/28/2022	07/28/2022	Complete	
tep 7: Final Enrollment Instructions	Required	07/28/2022	07/28/2022	Complete	