

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:

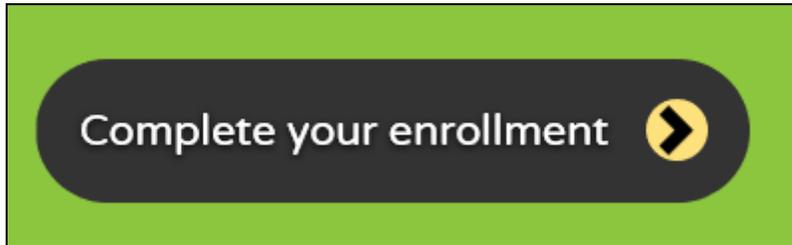
- Accessing the enrollment business process wizard
- Entering provider basic information
- Completing the business process wizard steps
- Submitting the enrollment application to ProviderOne

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.

- ProviderOne displays the Basic Information page.

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.
 - The Gender, SSN, and Date of Birth fields are required entries.

Basic Information ^

If you don't have NPI and if you are Atypical provider then please contact DSHS worker to enroll.

<p>Available Agencies</p> <p>DOC L&I</p> <p>Agency: <input type="text"/></p>	>> <<	<p>Selected Agencies</p> <p>HCA</p>	<p>HCA Billing Type: <input type="text" value="BL-Billing"/></p>
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Tax Identifier Type: FEIN SSN

Provider Name(Organization Name): (as shown on Income Tax Return)

Organization Business Name: Federal Employer Identification Number(FEIN):

Provider Name: (First Name) (Middle Name) (Last Name)

Suffix: Gender:

SSN: Title:

Date of Birth:

All medical Providers are federally mandated to have a NPI. Is this Provider required to have a NPI?

National Provider Identifier(NPI): UBI:

Other Organizational Information: Email Address:

Enrollment Effective Date:

- 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.

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

- ProviderOne displays the Provider Address Details form.

- Complete the following fields:
 - Address Line 1
 - Address Line 2
 - 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.

The screenshot shows a window titled "Address details" with a blue notification at the top: "Address validation successful". The form contains the following fields and values:

- Address Line 1: 1234 Main Street *
- Address Line 2: (empty)
- Address Line 3: (empty)
- City/Town: OLYMPIA *
- State/Province: Washington *
- County: Thurston *
- Country: United States *
- Zip Code: 98504 - 0001
- Buttons: "Validate Address", "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.

The screenshot shows a window titled "Provider Address Detail" with the following fields and values:

- End Date: (empty)
- Address Line 1: 1234 Main Street *
- Address Line 2: (empty)
- Address Line 3: (empty)
- City/Town: OLYMPIA *
- State/Province: Washington *
- County: Thurston *
- Country: United States *
- Zip Code: 98504 - 0001
- Phone Number: (000) 562-3622 *
- Cell Phone Number: (empty)
- Fax Number: (empty)
- Communication Preference: Standard Mail
- Buttons: "Add Address", "Back", "Next", "Cancel"

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

The screenshot shows a window titled "Basic Information" with the following text and a button:

- Application Id: 20220727528656
- Name: Billing Agent/Clearinghouse
- You have been assigned application #: 20220727528656.
- Please make note of this application number before moving on to the next step of the application process.
- Click Next to go into the Business Process Wizard. You will need to complete all the required steps before submitting your application for State review.
- Button: "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.

Application Id: 20220727528656 Name: PRU TEST BACH Enrollment Type: Billing Agent/Clearinghouse

Close Purge

Enroll Provider - Billing Agent/Clearinghouse/Submitter

Business Process Wizard-Provider Enrollment (Billing Agent/Clearinghouse/Submitter). Click on the 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	
Step 2: Add Identifiers	Optional			Incomplete	
Step 3: Add EDI Submission Method	Required			Incomplete	
Step 4: Add EDI Billing Software Details	Required			Incomplete	
Step 5: Add EDI Contact Information	Required			Incomplete	
Step 6: Complete Enrollment Checklist	Required			Incomplete	
Step 7: Final Enrollment Instructions	Required			Incomplete	

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- 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

Add identifiers

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 Modes of Submission. NPI is required for all selections.

EDI Submission Details

If Web Batch and/or FTP Secured Batch are selected, you must complete and mail a new ProviderOne Trading Partner Agreement.

Mode of Submission: Web Batch FTP Secured Batch Web Interactive

Method	When to Use
Web Batch	For upload/download of files in ProviderOne
Billing Agent/Clearinghouse	For providers who use a 3rd party to bill
FTP Batch	For submitting files via an SFTP site
Web Interactive	For entering (keying) claims directly in ProviderOne

- Your EDI submission method is "Web Batch" if you currently upload and download batch files using WaMedWeb. This method is often used by providers who submit their own HIPAA batch transactions. It allows a maximum file size of 50 MB.

- Your EDI submission method is "FTP Secured Batch" if you submit and retrieve batches at a secure web folder assigned to you by DSHS. This method was designed with clearinghouses and billing agents in mind. It allows a maximum file size of 100 MB.

OK Cancel

- ProviderOne displays the BPW with the step marked complete.

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

- ProviderOne displays the Add EDI Billing Software Information page.

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

Add EDI Billing Software Information

Software Vendor Company Name: PRU TEST BACH

Software Product Name: PRU TEST BACH

Software Version: 1.0

Software Protocol: Web Batch **<--See the note at the bottom of the page.**

Element Delimiter: Asterisk-* Default Delimiter * (asterisk)

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 Contact 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: - Address

Note:

- If Web Batch was chosen in Step - Add EDI Submission Method, indicate "Web Batch" in the Software Protocol field.
- If "FTP Secured Batch" was chosen in Step - Add EDI Submission Method, indicate "FTP Secured Batch" in Software Protocol field.
- If both were chosen, indicate "Web Batch, FTP" in the software 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.

EDI Billing Software Information

Filter By: [] [] [] [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

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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.

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

- Click the **Address** button.

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

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

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

Add EDI Contact Information

Contact Title : PRU TEST BACH * <-- Please enter your organizational contact information here.

Contact First Name : PRU * Contact Last Name : TEST *

Phone Number : (800) 562-3022 * Fax Number :

Email Address : End Date :

Address Line 1: 1234 Main Street * Address Line 2:

Address Line 3: City/Town: OLYMPIA *

State/Province: Washington * County: Thurston *

Country: United States * Zip Code: 98504 - 0001 Address

Electronic Transactions

Note: Please select all appropriate HIPAA transactions you will be using.

<p>Available Transactions</p> <ul style="list-style-type: none"> 276-Claim Status Inquiry 277-Claim Status Response 277U-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 837I-Institutional Claim 	<p>>></p> <p><<</p>	<p>Associated Transactions *</p> <ul style="list-style-type: none"> 271-Eligibility Response
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OK Cancel

- ProviderOne returns to the EDI Contact Information List.

Close Add

EDI Contact Information List

Filter By : Save Filter My Filters

Contact Title	Electronic Transaction	Contact Name	Contact Phone Number	Contact Email	End Date
<input type="checkbox"/> PRU TEST BACH	271	TEST, PRU	(800) 562-3022		12/31/2999

Delete View Page: 1 Page Count SaveToXLS Viewing Page: 1 First Prev Next Last

Modifying an EDI Contact

From the EDI Contact Information List:

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

Contact Title	Electronic 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.

Manage EDI Contact Information

Contact Title: PRU TEST BACH * <-- Please enter your organizational contact information here.

Contact First Name: PRU * Contact Last Name: TEST *

Phone Number: (800) 562-3022 * Fax Number: *

Email Address: * End Date: 12/31/2999

Address Line 1: 1234 MAIN STREET * Address Line 2: *

Address Line 3: * City/Town: OLYMPIA *

State/Province: WASHINGTON * County: THURSTON *

Country: UNITED STATES * Zip Code: 98504 - 0001 Address

Electronic Transactions

Note: Please select all appropriate HIPAA transactions you will be using.

Available Transactions	Associated Transactions *
<ul style="list-style-type: none"> 270-Eligibility Enquiry 276-Claim Status Inquiry 277-Claim Status Response 277U-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 	<ul style="list-style-type: none"> 271-Eligibility Response

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.

Contact Title	Electronic Transaction	Contact Name	Contact Phone Number	Contact Email	End Date
<input checked="" type="checkbox"/> PRU TEST BACH	271	TEST, PRU	(800) 562-3022		12/31/2999

- 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
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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.

Question	Answer	Comments
Has the provider or any current employee ever had any of the following?	Not Completed <input type="checkbox"/>	
Had exclusion under Medicare, Medicaid or any other Federal Healthcare program taken against them?	Not Completed <input type="checkbox"/>	
Had civil money penalties or assessment imposed under Section 1128A of the Social Security Act? -br- More info: http://www.ssa.gov/OP_Home/ssact/title11/1128A.htm	Not Completed <input type="checkbox"/>	
Had a restriction or sanction taken against their professional license or certification?	Not Completed <input type="checkbox"/>	
Had a Program Debarment taken against them? -br- More info -br- http://exclusions.oig.hhs.gov -br- https://www.sam.gov/	Not Completed <input type="checkbox"/>	
Been convicted of any health related crimes as defined by Washington State Department of Health?	Not Completed <input type="checkbox"/>	
Been convicted of a criminal offense as described in Section 1128(a) or (b), 1, 2, and 3 of the Social Security Act? -br- More info: http://www.ssa.gov/OP_Home/ssact/title11/1128.htm	Not Completed <input type="checkbox"/>	
Been convicted of a crime involving the abuse, neglect, abandonment or exploitation of a vulnerable person? -br- More info: http://apps.leg.wa.gov/WAC/default.aspx?cite=388-71-0540	Not Completed <input type="checkbox"/>	

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

Step 6: Complete Enrollment Checklist	Required	07/28/2022	07/28/2022	Complete
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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 Upload Attachments

Final Submission

Application #: 20220727528656 Enrollment Type: Billing Agent/Clearinghouse

The information submitted for enrollment shall be verified and reviewed by the agency(s) you have selected.
During this time, any changes to the information shall not be accepted.

By clicking on the button "Submit Enrollment", I agree that the information submitted as a part of the application is correct.

Please ensure all required documents are uploaded using the "upload attachments" at the top of the page 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.

test.providerone.wa.gov says

The application # 20220727528656 has been submitted for State review. Please check this Web site to verify the status of your application. Please ensure that all paper forms and applications sent by mail use the application #.

OK

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

Application Id: 20220727528656

Final Submission

Application #: 20220727528656

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

Step 7: Final Enrollment Instructions	Required	07/28/2022	07/28/2022	Complete
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- ProviderOne returns to the Business Process Wizard (BPW) enrollment page with all required steps marked complete.

Enroll Provider - Billing Agent/Clearinghouse/Submitter

Business Process Wizard-Provider Enrollment (Billing Agent/Clearinghouse/Submitter). Click on the 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	
Step 2: Add Identifiers	Optional	07/27/2022	07/27/2022	Complete	
Step 3: Add EDI Submission Method	Required	07/27/2022	07/28/2022	Complete	
Step 4: Add EDI Billing Software Details	Required	07/28/2022	07/28/2022	Complete	
Step 5: Add EDI Contact Information	Required	07/28/2022	07/28/2022	Complete	
Step 6: Complete Enrollment Checklist	Required	07/28/2022	07/28/2022	Complete	
Step 7: Final Enrollment Instructions	Required	07/28/2022	07/28/2022	Complete	

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