

**ProviderOne provider user manual**

# **Enrolling as a servicing provider**

**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 as a servicing provider

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A servicing provider is a provider who provides services through a group or organization. The following ProviderOne topics and tasks are covered in this section:

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

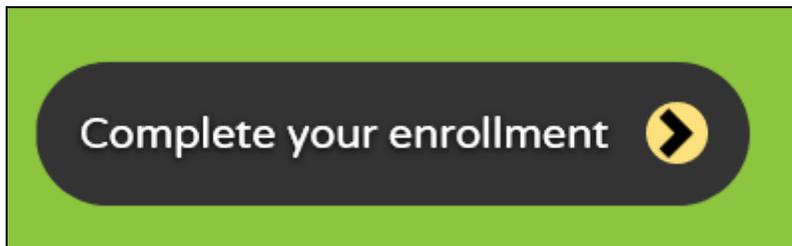
## Provider enrollment links

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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 **individual** 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 DSHS, DOC or L&I if you are contracted with those agencies.
- In the tax identifier type, choose the **SSN** 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.
- In the Servicing Type dropdown, choose **Servicing Only**.

Basic Information
⌵

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

**Available Agencies**

DOC  
DSHS  
L&I

»

«

**Selected Agencies**

HCA

HCA Billing Type: NB-Non-billing ▼

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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) PRU

(Middle Name)

(Last Name) TEST

Suffix:  ▼

Gender: Male ▼

SSN: 111222333

Title:  ▼

Date of Birth: 01/01/1990

Servicing Type: Servicing Only ▼

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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:  ▼

Other Organizational Information:  ▼

Enrollment Effective Date:

UBI:

W-9 Entity Type (If Other):

Email Address:

▶ Next

- In the bottom portion of the Basic Information screen, complete the following:
  - Answer **Yes** using the dropdown for the question **All medical providers are federally mandated to have an NPI. Is this provider required to have an NPI?**
  - Enter the provider's **NPI** in the National Provider Identifier (NPI) field.
  - The UBI is not required.
  - Choose **Other** from the W-9 Entity Type dropdown.
    - Type **Servicing Only** in the W-9 Entity Type (if Other) field.
  - 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 Basic Information – Application ID page.
- Print this page or copy the application ID and store it in a safe place. If you exit the enrollment process prior to completion and want to return, you will need this number.
  - **Please note.** An application will be purged from the system if not completed within 180 days from the date the application was started.
- Click **Next**.

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

Step	Required	Start Date	End Date	Status	Step Remark
Step 1: Provider Basic Information	Required	01/19/2022	01/19/2022	Complete	
Step 2: Add Locations	Not Required			Incomplete	
Step 3: Provider Additional Information	Optional			Incomplete	
Step 4: Add Specializations	Required			Incomplete	
Step 5: Ownership & Managing/Controlling Interest details	Not Required			Incomplete	
Step 6: Add Licenses and Certifications	Optional			Incomplete	
Step 7: Add Training and Education	Optional			Incomplete	
Step 8: Add Identifiers	Optional			Incomplete	
Step 9: Add Contract Details	Not Required			Incomplete	
Step 10: Add Federal Tax Details	Optional			Incomplete	
Step 11: Add EDI Submission Method	Optional			Incomplete	
Step 12: Add EDI Billing Software Details	Optional			Incomplete	
Step 13: Add EDI Submitter Details	Optional			Incomplete	
Step 14: Add EDI Contact Information	Optional			Incomplete	
Step 15: Add Billing Provider Details	Required			Incomplete	
Step 16: Add Servicing Provider Information	Not Required			Incomplete	
Step 17: Add Payment and Remittance Details	Optional			Incomplete	
Step 18: Complete Enrollment Checklist	Required			Incomplete	
Step 19: Final Enrollment Instructions	Required			Incomplete	

- 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	01/19/2022	01/19/2022	Complete
Not Required			Incomplete

## Add locations

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This step is optional and is not needed for servicing provider enrollment.

## Provider Additional Information

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This step is optional and is not needed for servicing provider enrollment.

## Add specializations

### Accessing the specialty/subspecialty List

From the BPW:

- Click the **Add Specializations** link.

Step 4: Add Specializations

- ProviderOne displays the Specialty/Subspecialty List.
- The first time this list displays it will be blank. This list displays all specializations by location.

### Add specializations

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

- ProviderOne displays the Add Specialty/Subspecialty form.

- Choose the **Administration** from the dropdown.
- Then choose both the **Provider Type** (the first two digits of the taxonomy code) and the **Specialty** (digits three and four of the taxonomy code).
- The End Date is not a required field.

- This will open the Available Taxonomy Codes loaded in ProviderOne.
- Use the arrows to move the taxonomy code from the **Available Taxonomy Codes** box to the **Associated Taxonomy Codes** box.
- Click the **Ok** button to save the information and close the window or **Cancel** to close the window without saving.

- ProviderOne validates the information entered, saves, and returns to the Specialty/Subspecialty List.

Provider Type	Specialty/Subspecialty	Administration	End Date
20-Allopathic & Osteopathic Physicians	7Q-Family Medicine/00000-Family Medicine	HRSA	12/31/2999

## Modifying a specialty/subspecialty record

From the Specialty/Subspecialty List:

- Check the box next to the specialty you wish to modify and click the **Update** button.

Note: Provider Type and Specialty/Subspecialty are your Taxonomy Codes. You must choose an admin for each agency(s) selected in Step 1.

Specialty/Subspecialty List

Filter By: [dropdown] [input] [Go]

Provider Type	Specialty/Subspecialty	Administration	End Date
<input checked="" type="checkbox"/> 20-Allopathic & Osteopathic Physicians	7Q-Family Medicine/00000-Family Medicine	HRSA	12/31/2999

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

- ProviderOne displays the Manage Specialty/Subspecialty list.
- Only the end date can be modified. After making your changes, click the **Ok** button to save, or the **Cancel** button to close the window without saving.

Note: Provider Type and Specialty/Subspecialty are your Taxonomy Codes. You must choose an admin for each agency(s) selected in Step 1.

Manage Specialty/Subspecialty

Provider Type	Specialty/Subspecialty	Administration	End Date
20-Allopathic & Osteopathic Physicians	7Q-Family Medicine/00000-Family Medicine	HRSA	12/31/2999

Buttons: View Page: 1, Go, Page Count, SaveToXLS, Viewing Page: 1, First, Prev, Next, Last, OK, Cancel

## Deleting a specialty/subspecialty

Specialties and Subspecialties can only be deleted during the enrollment process.

- From the Specialty/Subspecialty List, check the box next to the record you want to delete and click the **Delete** button.
- From the Specialty/Subspecialty list, click the **Close** button and proceed to the next step in the BPW.

Note: Provider Type and Specialty/Subspecialty are your Taxonomy Codes. You must choose an admin for each agency(s) selected in Step 1.

Specialty/Subspecialty List

Filter By: [dropdown] [input] [Go]

Provider Type	Specialty/Subspecialty	Administration	End Date
<input checked="" type="checkbox"/> 20-Allopathic & Osteopathic Physicians	7Q-Family Medicine/00000-Family Medicine	HRSA	12/31/2999

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

- ProviderOne displays the BPW with the status set to complete.

Step 4: Add Specializations	Required	01/19/2022	01/19/2022	Complete
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## Ownership & managing/controlling interest details

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This step is optional and is not needed for servicing provider enrollment.

## View required credentials for specializations

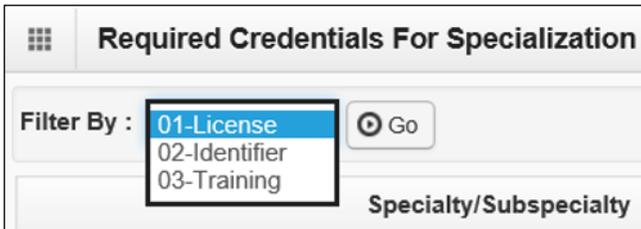
### Accessing the required credentials for specialization list

From the BPW:

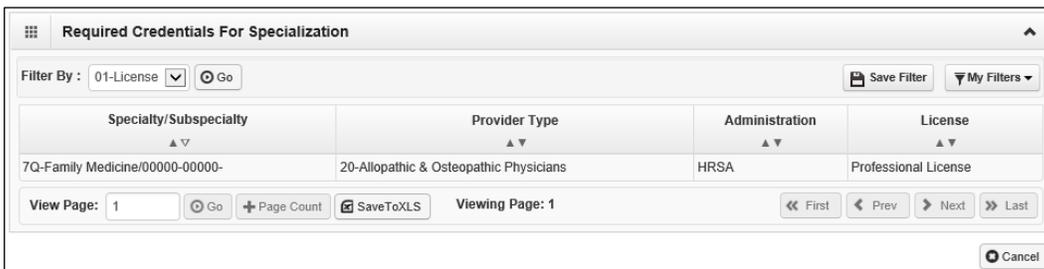
- Click the **Required Credentials** button.



- ProviderOne displays the Required Credentials for Specializations list.
- To view the License, Identifier, and Training requirements, use the Filter By drop down.



- When finished, click the **Cancel** button to close the window.



## Add licenses and certifications

### Accessing the license/certification list

From the BPW:

- Click the **Add Licenses and Certifications** link.

Step 6: Add Licenses and Certifications

- ProviderOne displays the License/Certification list.
- The first time this list displays it will be blank. This list displays all licenses and certifications by location.

### Adding a license/certification

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

License/Certification #	License/Certification Type	State of Licensure	Effective Date	End Date
No Records Found!				

- ProviderOne displays the Add License/Certification form.
- Using the dropdowns, select the **License/Certification Type**, the **License/Certification #**, **State of Licensure**, and enter the **Effective Date** and the **End Date**.
- Click the **Ok** button to save the information and close the window or **Cancel** to close the window without saving.

- ProviderOne validates the information entered and saves and returns to the License/Certification List.

License/Certification #	License/Certification Type	State of Licensure	Effective Date	End Date
111222333	Professional License	WA - Washington	01/01/2020	12/31/2021

## Modifying a license/certification record

From the License/Certification List:

- Click the blue hyperlink in the License/Certification # column.

<input type="checkbox"/>	License/Certification # ▲ ▼	License/Certification Type ▲ ▼
<input type="checkbox"/>	<a href="#">111222333</a>	Professional License

- ProviderOne displays the Manage License/Certification form.
- After making your changes, click the **Save** button to save or the **Close** button to close the window without saving.

Close
Save

**Manage License/Certification**

State of Licensure: WA - Washington ▼

License/Certification Type: Professional License ▼

Effective Date: 01/01/2020 📅

License/Certification #: 111222333

End Date: 12/31/2021 📅

## Deleting a license/certification

Licenses and certifications can only be deleted during the enrollment process.

From the License/Certification List:

- Check the box next to the record you want to delete and click the **Delete** button.
- From the License/Certification List, click the **Close** button.

Close
Add

**License/Certification List**

Filter By: [ ] [ ] [ ] [Go]

Save Filter My Filters

<input type="checkbox"/>	License/Certification # ▲ ▼	License/Certification Type ▲ ▼	State of Licensure ▲ ▼	Effective Date ▲ ▼	End Date ▲ ▼
<input checked="" type="checkbox"/>	<a href="#">111222333</a>	Professional License	WA - Washington	01/01/2020	12/31/2021

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

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

<a href="#">Step 6: Add Licenses and Certifications</a>	Required	01/19/2022	01/19/2022	Complete
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## **Add training and education**

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This step is optional and is not needed for servicing provider enrollment.

## Add identifiers

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This step is optional and is not needed for servicing provider enrollment.

## Add Federal tax details

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This step is optional and is not needed for servicing provider enrollment.

## Add billing provider information

### Accessing the Billing Provider Details screen

From the BPW:

- Click on Step 15, Add Billing Provider Details.

Step 15: Add Billing Provider Details

- ProviderOne displays the Billing Provider List.
- Click the **Add** button above Billing Provider List.

The screenshot displays two stacked tables. The top table is titled "Billing Provider List" and has columns: ProviderOne ID / Application #, Billing Provider NPI, Billing Provider Name, Agency, Billing Location Code, and Billing Location Name. The bottom table is titled "Social Service Billing Provider List" and has columns: ProviderOne ID / Application #, SS Billing Provider Name, SS Billing Location Code, SS Billing Location Name, SS Servicing Location Code, and SS Servicing Location Name. Both tables show a red message "No Records Found!" below the header row. Each table includes a "Filter By:" section with input fields and a "Go" button, and a "Save Filter" button.

- ProviderOne displays the Add Billing Provider screen.
- Enter the ProviderOne ID or NPI number.
- Click the **Confirm Provider** button. ProviderOne will display the name of the billing provider and populate the Available Agencies box.
- Click the available agency (or agencies) and use the double right arrow button to move it to the Selected Agencies box.
- An error message will post if the agency chosen does not match the agency noted for the billing provider. To proceed, the agencies must match.

**Add Billing Provider**

Please enter Billing Provider ID Details, either ProviderOne ID / NPI or Application ID

ProviderOne ID / NPI: 1234567890

Application ID:

Provider Name: PRU TEST

**Agency**

Available Agencies: HCA

Selected Agencies:

**Servicing Provider Taxonomy**

Available Taxonomies:

Selected Taxonomies:

**Billing Provider Location**

Available Locations:

Selected Locations:

Selecting multiple locations will associate all the above selected Taxonomies to the Locations.

- Once the agency is selected, the Available Taxonomies will display for this provider.
- Use the double right arrow to move the taxonomy or taxonomies to the Selected Taxonomies box.

The screenshot displays a web form titled "Add Billing Provider" with the following sections:

- Add Billing Provider:** A header section with a close button (upward arrow) and a prompt: "Please enter Billing Provider ID Details, either ProviderOne ID / NPI or Application ID". It contains three input fields: "ProviderOne ID / NPI" (with the value "1234567890"), "Application ID", and "Provider Name" (with the value "PRU TEST"). A "Confirm Provider" button is located below these fields.
- Agency:** A section with two columns: "Available Agencies" (empty) and "Selected Agencies" (containing "HCA"). Between the columns are two arrow buttons: a double right arrow (») and a double left arrow («).
- Servicing Provider Taxonomy:** A section with two columns: "Available Taxonomies" (containing "HCA-207Q00000X-Family Medicine") and "Selected Taxonomies" (empty). Between the columns are two arrow buttons: a double right arrow (») and a double left arrow («).
- Billing Provider Location:** A section with two columns: "Available Locations" (empty) and "Selected Locations" (empty). Between the columns are two arrow buttons: a double right arrow (») and a double left arrow («). To the right of the "Selected Locations" column, there is a note: "Selecting multiple locations will associate all the above selected Taxonomies to the Locations." At the bottom right of this section are "OK" and "Cancel" buttons.

- Once the taxonomy is selected, the Billing Provider Location will display.
- Use the double right arrow to move the location or locations to the Selected Locations box.

The screenshot displays a multi-section form titled "Add Billing Provider". The top section, "Add Billing Provider", contains input fields for "ProviderOne ID / NPI" (with value 1234567890), "Application ID", and "Provider Name" (with value PRU TEST), along with a "Confirm Provider" button. Below this are three sections for selection: "Agency" (with "Available Agencies" and "Selected Agencies" boxes, where "HCA" is selected), "Servicing Provider Taxonomy" (with "Available Taxonomies" and "Selected Taxonomies" boxes, where "HCA-207Q00000X-Family Medicine" is selected), and "Billing Provider Location" (with "Available Locations" and "Selected Locations" boxes, where "00 - Pru Test 626 8th Ave SE, Olympia, Washington 98504" is selected). A note states: "Selecting multiple locations will associate all the above selected Taxonomies to the Locations." The form concludes with "OK" and "Cancel" buttons.

- ProviderOne returns with the agencies, taxonomies, and locations selected.
- Click the **Ok** button.

- ProviderOne returns to the Billing Provider List with the billing provider added.
- Click the **Add** button to add another billing provider, or **Close** to return to the BPW.

ProviderOne ID / Application #	Billing Provider NPI	Billing Provider Name	Agency	Billing Location Code	Billing Location Name
9999999	1234567890	PRU TEST	HCA	00	PRU TEST

ProviderOne ID / Application #	SS Billing Provider Name	SS Billing Location Code	SS Billing Location Name	SS Servicing Location Code	SS Servicing Location Name
No Records Found!					

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

<a href="#">Step 15: Add Billing Provider Details</a>	Required	01/19/2022	01/19/2022	Complete
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## **Add servicing provider information**

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This step is optional and is not needed for servicing provider enrollment.

## **Add payment and remittance details**

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This step is optional and is not needed for servicing provider enrollment.

## Complete enrollment checklist

### Accessing the enrollment checklist

From the BPW:

- Click the **Complete Enrollment Checklist** link.

Step 18: 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	
Had exclusion under Medicare, Medicaid or any other Federal Healthcare program taken against them?	Not Completed	
Had civil money penalties or assessment imposed under Section 1128A of the Social Security Act? -br- More info: <a href="http://www.ssa.gov/OP_Home/ssact/title11/1128A.htm">http://www.ssa.gov/OP_Home/ssact/title11/1128A.htm</a>	Not Completed	
Had a restriction or sanction taken against their professional license or certification?	Not Completed	
Had a Program Debarment taken against them? -br- More info -br- <a href="http://exclusions.oig.hhs.gov">http://exclusions.oig.hhs.gov</a> -br- <a href="https://www.sam.gov">https://www.sam.gov</a>	Not Completed	
Been convicted of any health related crimes as defined by Washington State Department of Health?	Not Completed	
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: <a href="http://www.ssa.gov/OP_Home/ssact/title11/1128.htm">http://www.ssa.gov/OP_Home/ssact/title11/1128.htm</a>	Not Completed	
Been convicted of a crime involving the abuse, neglect, abandonment or exploitation of a vulnerable person? -br- More info: <a href="http://apps.leg.wa.gov/WAC/default.aspx?cite=388-71-0540">http://apps.leg.wa.gov/WAC/default.aspx?cite=388-71-0540</a>	Not Completed	

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

<a href="#">Step 18: Complete Enrollment Checklist</a>	Required	01/19/2022	01/19/2022	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 19: 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.

Final Submission

Application #: 20210428537037 Enrollment Type: Individual

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

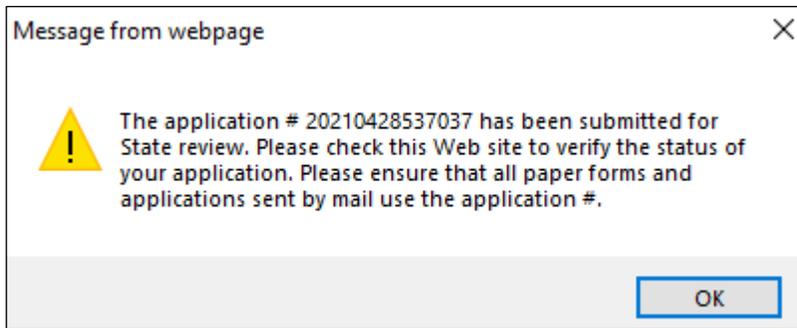
Forms/Documents	Special Instructions	Agency	Link
Core Provider Agreement	Complete and sign for all applications	HCA	<a href="http://www.hca.wa.gov/core-provider-agreement">http://www.hca.wa.gov/core-provider-agreement</a>
Debarment Statement	Complete and sign for all applications	HCA	<a href="http://www.hca.wa.gov/debarment-statement">http://www.hca.wa.gov/debarment-statement</a>
Tax Documents(W-9)	Please complete and submit a W-9 form for all applications.	HCA	<a href="https://www.irs.gov/pub/irs-pdf/fw9.pdf">https://www.irs.gov/pub/irs-pdf/fw9.pdf</a>
Electronic Funds Transfer(EFT)	Complete and sign for direct deposits	HCA	<a href="https://www.hca.wa.gov/assets/billers-and-providers/electronic-funds-transfer-form_1_doc">https://www.hca.wa.gov/assets/billers-and-providers/electronic-funds-transfer-form_1_doc</a>
Instructions for Electronic Funds Transfer(EFT) form	Please follow the instructions for the electronic funds transfer form to eliminate delays	HCA	<a href="https://www.hca.wa.gov/assets/electronic-funds-transfer-form-instructions.pdf">https://www.hca.wa.gov/assets/electronic-funds-transfer-form-instructions.pdf</a>
Provider types and requirements	Please check this website for any additional documents or licensure that may be required for your provider type.	HCA	<a href="https://www.hca.wa.gov/billers-providers/apple-health-medicaid-providers/eligible-provider-types-and-requirements#required-materials">https://www.hca.wa.gov/billers-providers/apple-health-medicaid-providers/eligible-provider-types-and-requirements#required-materials</a>
EDI requirements documentations	If you have checked the 835 box in the payment details please complete.	HCA	<a href="https://www.hca.wa.gov/assets/billers-and-providers/trading-partner-agreement.pdf">https://www.hca.wa.gov/assets/billers-and-providers/trading-partner-agreement.pdf</a>
HCA HIPAA Electronic Data Interchange (EDI)	If you have checked the 835 box in the payment details please complete.	HCA	<a href="https://www.hca.wa.gov/billers-providers-partners/prior-authorization-claims-and-billing/hipaa-electronic-data-interchange-edi">https://www.hca.wa.gov/billers-providers-partners/prior-authorization-claims-and-billing/hipaa-electronic-data-interchange-edi</a>
Trading Partner Agreement	Complete and sign for all applications	HCA	<a href="https://www.hca.wa.gov/assets/billers-and-providers/18-0009-trading-partner-agreement.docx">https://www.hca.wa.gov/assets/billers-and-providers/18-0009-trading-partner-agreement.docx</a>

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

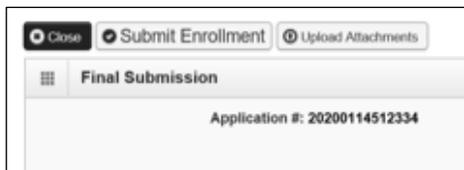
## Submitting the enrollment application

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.

<a href="#">Step 19: Final Enrollment Instructions</a>	Required	01/19/2022	01/19/2022	Complete
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- ProviderOne returns to the Business Process Wizard (BPW) enrollment page with all required steps marked complete.

Close Required Credentials Purge

**Enroll Provider - Individual**

Business Process Wizard-Provider Enrollment (Individual). Click on the Step # under the Step Column

Step	Required	Start Date	End Date	Status	Step Remark
Step 1: Provider Basic Information	Required	01/19/2022	01/19/2022	Complete	
Step 2: Add Locations	Not Required			Incomplete	
Step 3: Provider Additional Information	Optional	01/19/2022	01/19/2022	Complete	
Step 4: Add Specializations	Required	01/19/2022	01/19/2022	Complete	
Step 5: Ownership & Managing/Controlling Interest details	Not Required			Incomplete	
Step 6: Add Licenses and Certifications	Required	01/19/2022	01/19/2022	Complete	
Step 7: Add Training and Education	Optional			Incomplete	
Step 8: Add Identifiers	Optional			Incomplete	
Step 9: Add Contract Details	Not Required			Incomplete	
Step 10: Add Federal Tax Details	Optional			Incomplete	
Step 11: Add EDI Submission Method	Optional			Incomplete	
Step 12: Add EDI Billing Software Details	Optional			Incomplete	
Step 13: Add EDI Submitter Details	Optional			Incomplete	
Step 14: Add EDI Contact Information	Optional			Incomplete	
Step 15: Add Billing Provider Details	Required	01/19/2022	01/19/2022	Complete	
Step 16: Add Servicing Provider Information	Not Required			Incomplete	
Step 17: Add Payment and Remittance Details	Optional			Incomplete	
Step 18: Complete Enrollment Checklist	Required	01/19/2022	01/19/2022	Complete	
Step 19: Final Enrollment Instructions	Required	01/19/2022	01/19/2022	Complete	

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