



Enrolling a pharmacist as a rendering provider

2022

Accessing ProviderOne

- Before logging into ProviderOne:
- Make sure you are using one of the following and your popup blockers are turned **OFF**:

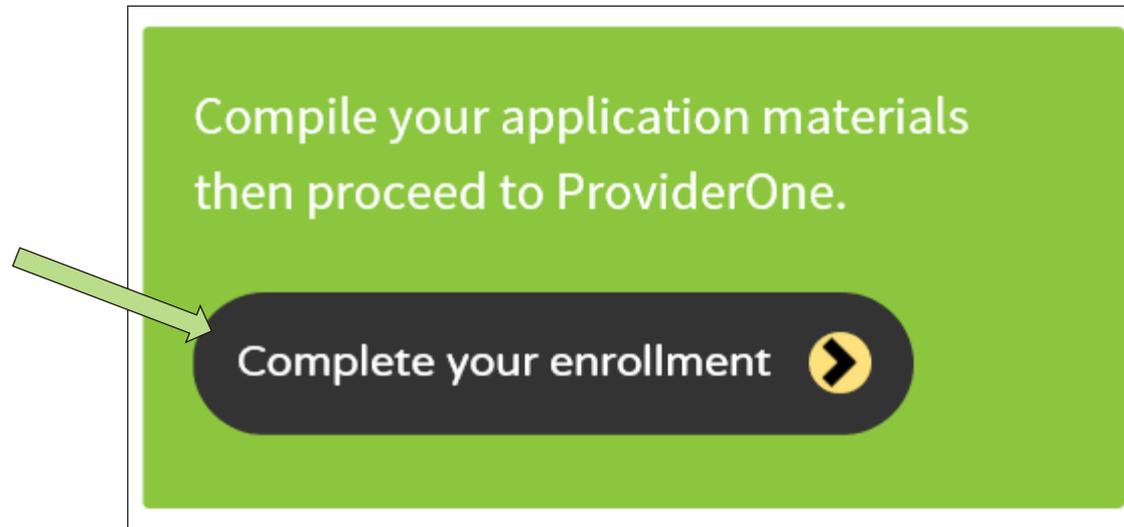
Computer operating systems	Internet browsers
Windows <ul style="list-style-type: none"> • 10 • 11 	Edge <ul style="list-style-type: none"> • 101.0.1210.39
Macintosh <ul style="list-style-type: none"> • OS 11 Big Sur • OS 12 Monterey 	Google Chrome <ul style="list-style-type: none"> • 101.0.4951.64 • 55.0.2883
	Firefox <ul style="list-style-type: none"> • 100.0
	Safari <ul style="list-style-type: none"> • 15.4 • 12.0.1

Enrolling a Pharmacist

- There are two ways to enroll a pharmacist:
 - The pharmacist can self enroll; or
 - The pharmacy business office may enroll the pharmacist.
- Each enrollment option has a different starting point, but the enrollment screens and data are the same.

Self Enrollment

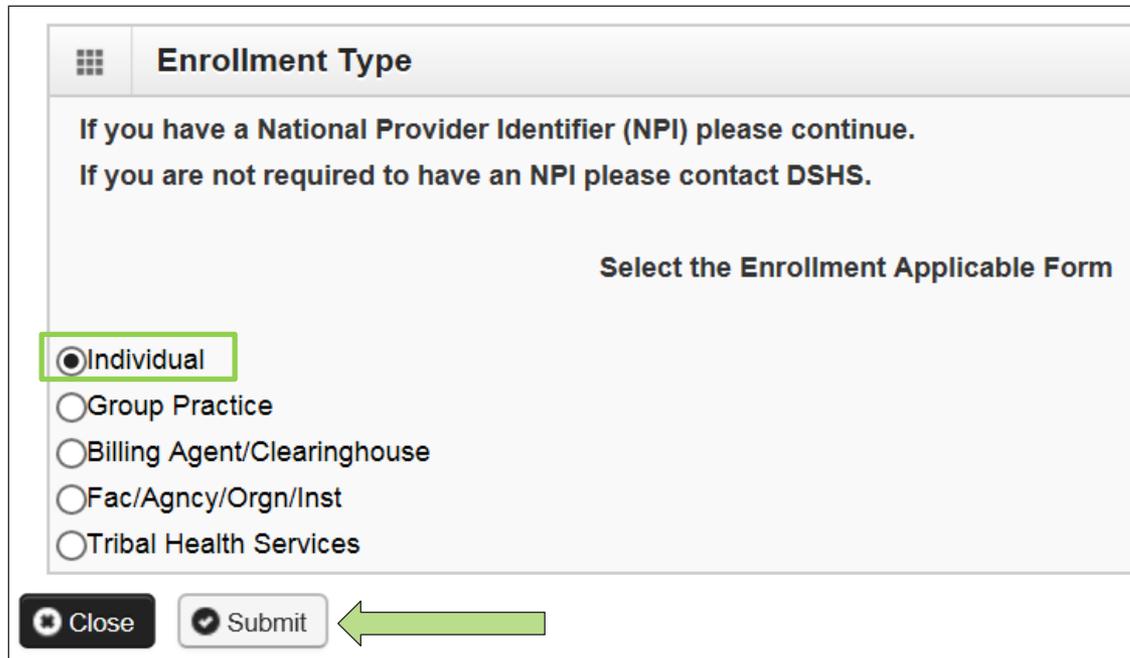
- Go to the [Provider Enrollment](#) webpage.



- Scroll down to the green box and click on the black button entitled **Complete your enrollment**.

Self Enrollment

- You will now be at the beginning point of the self enrollment screen as a guest user.



Enrollment Type

If you have a National Provider Identifier (NPI) please continue.
If you are not required to have an NPI please contact DSHS.

Select the Enrollment Applicable Form

Individual

Group Practice

Billing Agent/Clearinghouse

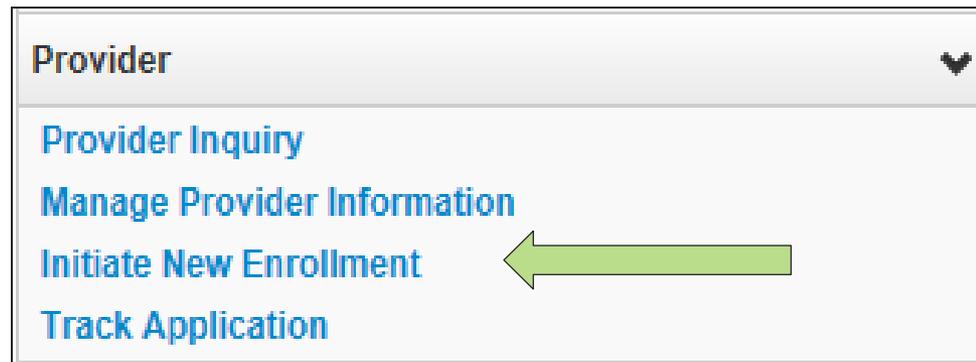
Fac/Agency/Orgn/Inst

Tribal Health Services

- Click on **Individual** and then click **Submit** to begin the enrollment.

Business Office Initiates Enrollment

- Business Office Staff log into ProviderOne using the **Provider File Maintenance** or **Super User** profile.



- Under the Provider section, click on the hyperlink **Initiate New Enrollment**.

Enrolling a Pharmacist

- Click on **Individual** to add the rendering or servicing provider to your Domain. Click the **Submit** button to access the enrollment form.

The screenshot shows a web form titled "Enrollment Type". At the top, there is a grid icon and the title. Below the title, there are two lines of text: "If you have a National Provider Identifier (NPI) please continue." and "If you are not required to have an NPI please contact DSHS." Below this text, it says "Select the Enrollment Applicable Form". There are five radio button options: "Individual", "Group Practice", "Billing Agent/Clearinghouse", "Fac/Agency/Orgn/Inst", and "Tribal Health Services". The "Individual" option is selected and highlighted with a green box. At the bottom of the form, there are two buttons: "Close" and "Submit". A green arrow points to the "Submit" button.

Enrolling a Pharmacist

- At the **Basic Information** page for the rendering provider enrollment:

Basic Information
⌵

* If you don't have NPI and SSN

Tax Identifier Type: FEIN SSN

Provider Name(Organization Name):

Organization Business Name:

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

Suffix: ▼

SSN:

Date of Birth: 📅

National Provider Identifier(NPI):

W-9 Entity Type: ---SELECT--- ▼ *

Other Organizational Information: ---SELECT--- ▼ *

Enrollment Effective Date: 📅

Receive Invoice for Medical Services?: No ▼ *

- Click the **SSN** radio button.
- Complete the rest of the data fields.
- Select **Servicing Only** as the Servicing Type.
- For the **W-9 Entity Type**, choose **Other**.
- In the **W-9 Entity Type (If Other)** box enter **Servicing Only**.
- Once complete, click **Finish**.

Gender: ▼

Title: ▼

Servicing Type: Servicing Only ▼

UBI:

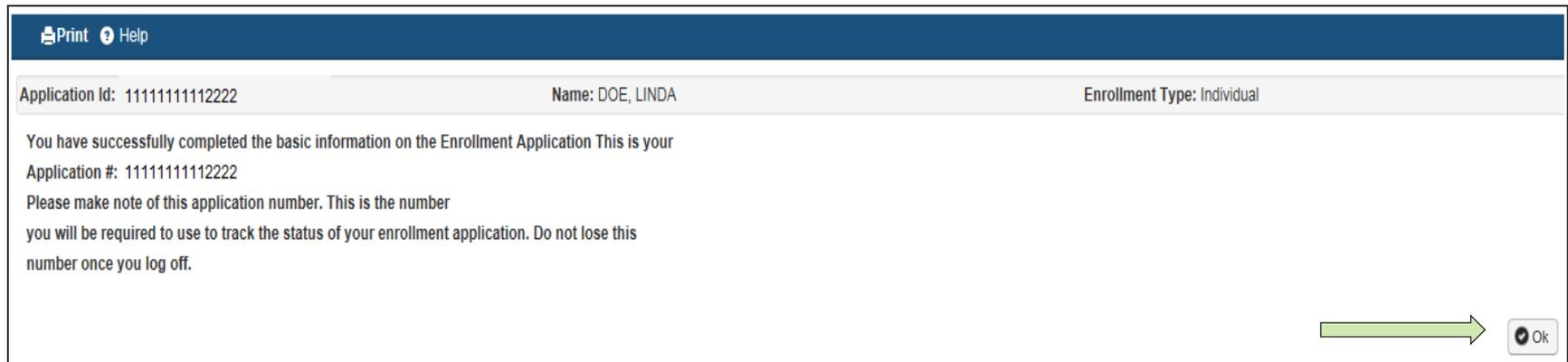
W-9 Entity Type (If Other):

Email Address:

Finish 🔄 Cancel

Enrolling a Pharmacist

- After clicking Finish, the enrollment application is submitted into ProviderOne which generates an application number.
- Be sure to record this number for use in tracking the status of the enrollment application.



The screenshot shows a web application interface with a dark blue header bar containing 'Print' and 'Help' icons. Below the header is a light gray bar with three fields: 'Application Id: 1111111112222', 'Name: DOE, LINDA', and 'Enrollment Type: Individual'. The main content area has a white background with the following text: 'You have successfully completed the basic information on the Enrollment Application This is your Application #: 1111111112222 Please make note of this application number. This is the number you will be required to use to track the status of your enrollment application. Do not lose this number once you log off.' At the bottom right, there is a green arrow pointing to an 'Ok' button.

- Click **Ok** to exit this screen.

Enrolling a Pharmacist

- The **Business Process Wizard** – Step 1 shows as complete:
 - The steps with the arrows need to be completed.

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	01/06/2016	01/06/2016	Complete	
Step 2: Add Locations	Not Required			Incomplete	
Step 3: Add Specializations	Required			Incomplete	
Step 4: Ownership & Managing/Controlling Interest details	Not Required				
Step 5: Add Licenses and Certifications	Optional				
Step 6: Add Training and Education	Optional				
Step 7: Add Identifiers	Optional			Incomplete	
Step 8: Add Contract Details	Not Required			Incomplete	
Step 9: Add Federal Tax Details	Optional			Incomplete	
Step 10: Add EDI Submission Method	Not Required			Incomplete	
Step 11: Add EDI Billing Software Details	Not Required			Incomplete	
Step 12: Add EDI Submitter Details	Not Required			Incomplete	
Step 13: Add EDI Contact Information	Not Required			Incomplete	
Step 14: Add Billing Provider Details	Optional			Incomplete	
Step 15: Add Payment and Remittance Details	Not Required			Incomplete	
Step 16: Complete Enrollment Checklist	Required			Incomplete	
Step 17: Submit Enrollment Application for Review	Required			Incomplete	

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The following slide describes these steps.

Enrolling a Pharmacist

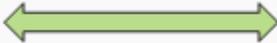
Description of Required/Optional steps:

- Step 3: Specializations
 - Add 183500000X Taxonomy here – taxonomy listed must be supported by DOH licensure.
- Step 5: Licenses and Certifications
 - Enter license/certification issued by the Department of Health.
 - Add DEA number, if applicable.
- Step 14: Billing Provider Details
 - Add the NPI and the name of the pharmacy.
- Step 16: Complete Enrollment Checklist
 - Answer questions displayed; and click **Save** and then **Close**.
- Step 17: Submit Enrollment Application for Review

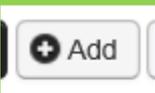
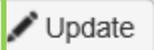
Enrolling a Pharmacist

➤ Step 3 of Business Process Wizard

- Click on hyperlink **Step 3: Add Specializations** (required). This is where you will add your taxonomy that represents your Provider Type, Specialty and Subspecialties.

<input type="checkbox"/> Step 3: Specializations		Required		Incomplete
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- Click on the **Add** button

 Close			Note: Provider Type and Specialty/Subspecialty are your Taxonomy Codes.	
Specialty/Subspecialty List				
Filter By :	<input type="text"/>	<input type="text"/>	And	<input type="text"/>

Enrolling a Pharmacist

- The **Business Process Wizard** takes you to the **Add Specialty/Subspecialty** screen. This screen utilizes several drop-down lists to help identify your information.

- Administration is **HRSA**
- Provider Type is **18-Pharmacy Service Providers**
- Specialty is **35-Pharmacist**
- No end date needed
- Click double arrow pointing to the **Associated Taxonomy Codes** box to add.

Add Specialty/Subspecialty

Administration: HRSA-Health and Recovery Servic *

Provider Type: 18-Pharmacy Service Providers *

Specialty: 35-Pharmacist *

End Date:

Add Taxonomy Code

Available Taxonomy Codes		Associated Taxonomy Codes *
<ul style="list-style-type: none"> 1835G0303X-Geriatric 1835N0905X-Nuclear 1835N1003X-Nutrition Support 1835P1200X-Pharmacotherapy 1835P1300X-Psychiatric 1835X0200X-Oncology <li style="background-color: #0070C0; color: white;">183500000X-Pharmacist 	<input type="button" value="»"/> <input type="button" value="«"/>	<div style="border: 1px solid gray; height: 100px;"></div>

Enrolling a Pharmacist

- Once the taxonomy has been added to the Associated Taxonomy Codes box, click the **Ok** button.

Add Taxonomy Code

Available Taxonomy Codes

- 1835G0303X-Geriatric
- 1835N0905X-Nuclear
- 1835N1003X-Nutrition Support
- 1835P1200X-Pharmacotherapy
- 1835P1300X-Psychiatric
- 1835X0200X-Oncology

Associated Taxonomy Codes *

- 183500000X-Pharmacist

OK **Cancel**

Enrolling a Pharmacist

- The **Business Process Wizard** returns to the **Specialty/Subspecialty List** screen and displays the added taxonomy with an end date of 12/31/2999 (open-ended date).
- Click the **Close** button to return to the enrollment screen.

Close Add Update Note: Provider Type and Specialty/Subspecialty are your Taxonomy Codes.

Specialty/Subspecialty List

Filter By : Go Save Filter My Filters

<input type="checkbox"/>	Provider Type ▲▼	Specialty/Subspecialty ▲▼	Administration ▲▼	End Date ▲▼
<input type="checkbox"/>	18-Pharmacy Service Providers	35-Pharmacist/00000-Pharmacist	HRSA	12/31/2999

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Enrolling a Pharmacist

- Click on the **Step 5: Add Licenses and Certifications** hyperlink (Required). The blank **License/Certification List** opens.

Step 5: Add Licenses and Certifications	Required			Incomplete
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- Click on the **Add** button to add license/certification details.

Close
+ Add

☰ License/Certification List

Filter By :Go

	License/Certification #	License/Certification Type	Effective Date
<input type="checkbox"/>	▲▼	▲▼	▲▼

Enrolling a Pharmacist

- Click on the down arrow to display all the **License/Certification** options and click on your choice to highlight.

Add License/Certification

License/Certification Type:  *

Effective Date:  *

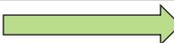
- Business License
- CARF/CORF Certification
- CHAP Certification
- CLIA Certification
- CNOR Certification
- COLA Certification
- Completion of Oral Surgery Residency Certification
- Conscious Sedation Permit
- DHHS/BDS License
- Drug Enforcement Agency (DEA) Number
- General Anesthesia Permit
- Graduation of Residency of Psychiatric Program Certification
- HRSA Certification
- Home Health Agency License
- Hospice License
- Hospital License
- JCAHO Certification
- Letter of Registration
- Medicare Certification
- NCQA Certification
- Nursing Home License
- PROF. BD certification
- Pharmacy License
- Polysomnograph Technologist Registration
- Professional License
- RNFA Certification
- Radiology Technologist Certification
- Residential Treatment Facility License
- Sleep Lab Accreditation by the American Academy of Sleep Medicine
- X-Ray Technologist Registration

- Now enter the **License/Certification number**.
- Enter the **Effective Date** of the License/Certification; then
- Add the **End Date** or expiration date for the License/Certification.
- If the License/Certification does not expire use the date 12/31/2999 in this field.
- Click **Ok** when done.

Add License/Certification

License/Certification Type: Professional License  * License/Certification #: PH00000XXX *

Effective Date: 06/01/2017  * End Date: 12/31/2999  *



Enrolling a Pharmacist

- Your chosen License should now be displayed.

The screenshot shows a web application interface for managing licenses. At the top left, there are 'Close' and '+ Add' buttons. Below them is a 'License/Certification List' section. This section includes a 'Filter By' area with dropdown menus and a 'Go' button, along with 'Save Filter' and 'My Filters' options. The main part of the interface is a table with the following columns: License/Certification #, License/Certification Type, Effective Date, and End Date. A single row is displayed with the following data: License/Certification # PH00000XXX, License/Certification Type Professional License, Effective Date 06/01/2017, and End Date 12/31/2999. At the bottom of the interface, there are navigation controls including 'Delete', 'View Page: 1', 'Go', '+ Page Count', 'SaveToXLS', 'Viewing Page: 1', and 'First', 'Prev', 'Next', 'Last' buttons.

License/Certification #	License/Certification Type	Effective Date	End Date
PH00000XXX	Professional License	06/01/2017	12/31/2999

- Click the **Close** button to go to the next step.

Enrolling a Pharmacist

- Click on **Step 14: Add Billing Provider Details**. While this hyperlink is listed as optional, you must report what Group or Pharmacy Provider they work under.

Step 14: Add Billing Provider Details	Optional			Incomplete
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- From the blank Billing Provider List screen click the **Add** button.

The screenshot shows the 'Billing Provider List' interface. At the top left, there are 'Close' and 'Add' buttons. A green arrow points to the 'Add' button. Below the buttons is a search filter section with a 'Filter By' dropdown, two input fields, and a 'Go' button. To the right of the filter section are 'Save Filter' and 'My Filters' buttons. The main area is a table with three columns: 'ProviderOne ID', 'Billing Provider NPI', and 'Billing Provider Name'. Each column has a small triangle icon below its header. At the bottom of the table, a red message reads 'No Records Found!'.

Enrolling a Pharmacist

- Enter the **NPI** number of the Primary Pharmacy then click the **Confirm Provider** button.

Add Billing Provider

Provide Billing Provider ID Details.

ProviderOne ID / NPI : *

Provider Name :

Confirm Provider OK Cancel

- ProviderOne finds the Pharmacy and displays the name.

Add Billing Provider

Provide Billing Provider ID Details.

ProviderOne ID / NPI : *

Provider Name : Safeway Pharmacy

Confirm Provider OK Cancel

- Click on the **Ok** button to finish, then close; or
- Additional Pharmacies can be added using this process.

Enrolling a Pharmacist

- Back on the Business Process Wizard screen, Step 14 shows as “Complete.”

Step 14: Add Billing Provider Details	Optional	05/22/2017	05/22/2017	Complete
Step 15: Add Payment and Remittance Details	Not Required			Incomplete
Step 16: Complete Enrollment Checklist	Required			Incomplete
Step 17: Submit Enrollment Application for Review	Required			Incomplete

- Click the hyperlink for the next required step - **Step 16: Complete Enrollment Checklist.**

Step 16: Complete Enrollment Checklist	Required			Incomplete
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Enrolling a Pharmacist

- For Step 16, complete this section by selecting **Yes** or **No** for each question. The agency's Provider Enrollment office does a complete background check and will notify you if necessary.

Close Save

Provider Checklist

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? 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? More info: http://exclusions.oig.hhs.gov 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? 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? More info: http://apps.leg.wa.gov/WAC/default.aspx?cite=388-71-0540	Not Completed <input type="checkbox"/>	

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SaveToXLS

- Click the **Save** button then click **Close**.

Enrolling a Pharmacist

- The final step is to click on the hyperlink for **Step: 17 Submit Enrollment Application for Review.**

Step 17: Submit Enrollment Application for Review	Required		Incomplete
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Close
Submit Enrollment

Final Submission

Application #: 20170519157551 Enrollment Type: Individual

The information submitted for enrollment shall be verified and reviewed by the DSHS.
During this time, any changes to the information shall not be accepted.

I agree that the information submitted as a part of the application is correct (Privacy and Confidentiality).

Please use the Application # in all the documentation sent to the DSHS.

Instructions for submitting documentation:

1. Please click on [this link](#) to display the documentation cover sheet.
2. Print the cover sheet.
3. Write the Application number in the 'Application #' field of the cover sheet.
4. Include the cover sheet, with the Application number, when mailing or faxing documentation to the DSHS.

Application Document Checklist

Forms/Documents	Special Instructions	Source	Required
Training and Education	Please provide a copy of all required Training and Documentation.		NO
Tax Documents	Please provide a copy of all required Tax Documents.	http://www.irs.gov/	YES
Licenses and Certifications	Please provide a copy of all required Licenses and Certifications.	http://www.doh.wa.gov	YES
EDI Required Documentations	Please provide a copy of all required Trading Partner documents.		NO
Contracts and Agreements	Please provide a copy of all required Contracts and Agreements. Include a copy of the current Core Provider Agreement.		YES
Business License	Please provide a copy of business license.	http://www.dor.wa.gov	YES

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- Click the blue “[this link](#)” hyperlink to print out a documentation submission cover sheet for submitting backup information.

Enrolling a Pharmacist

- Use the dropdown to choose the **Application ID** as the **Provider Identifier Type**.

The screenshot shows a web form titled "ProviderOne" with the subtitle "Provider Enrollment Supporting Document Submission Cover Sheet". The form has a header area with three blacked-out lines. Below the header, the text "ProviderOne" is centered. Underneath, the subtitle "Provider Enrollment Supporting Document Submission Cover Sheet" is displayed. The form contains two main input fields: "Provider Identifier Type" and "Provider ID". The "Provider Identifier Type" field is a dropdown menu currently showing "Application ID (14 Digits)". Below it is the instruction "(Select Identifier type)". The "Provider ID" field is a text box containing the numeric value "20170519157551", which is highlighted with a red border. Below it is the instruction "(Please enter numeric value. Length based on Identifier type .)". A barcode is generated below the Provider ID field. At the bottom of the form, there are two buttons: "Print Cover Sheet" and "Clear Fields". Below the buttons, the text "Instructions will not appear on the printed coversheet" is displayed. A vertical black bar is visible on the right side of the form area.

- Enter in the **Application number** in the ID field and hit Enter or click off the field.
- The Bar Code expands appropriately.
- Print the Cover Sheet using the **Print Cover Sheet** button and **x** out of this screen.

Enrolling a Pharmacist

- Back on the **Final Submission** screen, click the **Submit Enrollment** button to send your application to the agency for approval.
- Submit the documents listed if required.

Close
Submit Enrollment

Final Submission
▲

Application #: 20170519157551 Enrollment Type: Individual

The information submitted for enrollment shall be verified and reviewed by the DSHS.
During this time, any changes to the information shall not be accepted.

I agree that the information submitted as a part of the application is correct (Privacy and Confidentiality).

Please use the Application # in all the documentation sent to the DSHS.

Instructions for submitting documentation:

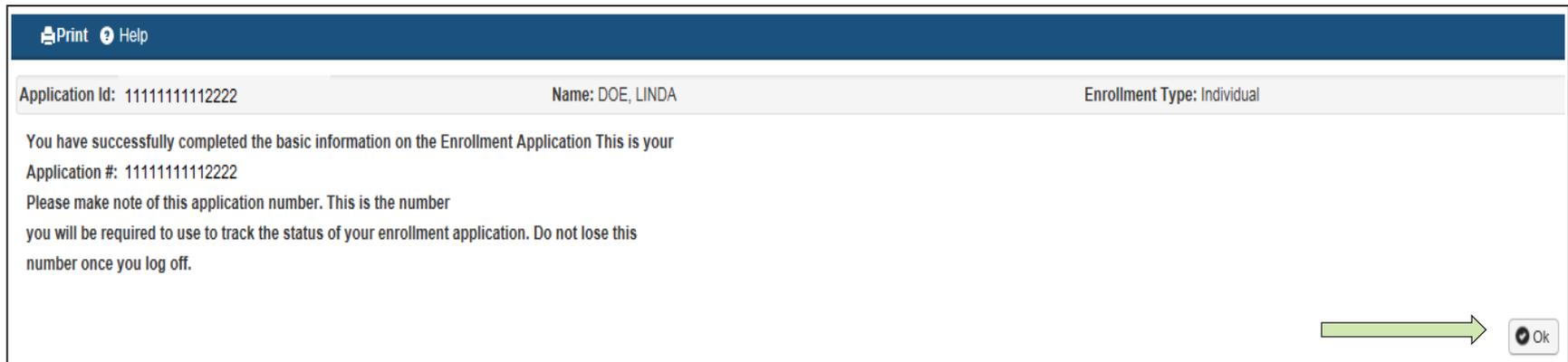
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Application Document Checklist
▲

Forms/Documents ▲ ▼	Special Instructions ▲ ▼	Source ▲ ▼	Required ▲ ▼
Training and Education	Please provide a copy of all required Training and Documentation.		NO
Tax Documents	Please provide a copy of all required Tax Documents.	http://www.irs.gov/	YES
Licenses and Certifications	Please provide a copy of all required Licenses and Certifications.	http://www.doh.wa.gov	YES
EDI Required Documentations	Please provide a copy of all required Trading Partner documents.		NO
Contracts and Agreements	Please provide a copy of all required Contracts and Agreements. Include a copy of the current Core Provider Agreement.		YES
Business License	Please provide a copy of business license.	http://www.dor.wa.gov	YES

Congratulations your application has been submitted!

➤ Click **Ok** to exit this screen.



The screenshot shows a web application interface with a dark blue header bar containing 'Print' and 'Help' icons. Below the header is a light gray bar with three columns: 'Application Id: 1111111112222', 'Name: DOE, LINDA', and 'Enrollment Type: Individual'. The main content area has a white background with the following text: 'You have successfully completed the basic information on the Enrollment Application This is your Application #: 1111111112222 Please make note of this application number. This is the number you will be required to use to track the status of your enrollment application. Do not lose this number once you log off.' In the bottom right corner, there is a green arrow pointing to an 'Ok' button.

Application Id: 1111111112222	Name: DOE, LINDA	Enrollment Type: Individual
<p>You have successfully completed the basic information on the Enrollment Application This is your Application #: 1111111112222</p> <p>Please make note of this application number. This is the number you will be required to use to track the status of your enrollment application. Do not lose this number once you log off.</p>		

Enrolling a Pharmacist

- Provider Enrollment's mailing address (make sure the cover sheet is the first page of your packet):
 - Provider Enrollment
PO Box 45562
Olympia, WA 98504-5562; or
 - FAX to 1-866-668-1214

Resources

- Provider enrollment [webpage](#)
- Any questions related to this process, please email:
ProviderEnrollment@hca.wa.gov
- Pharmacy program [webpage](#):