

How to access the Health Care Authority (HCA) support portal

Through Secure Access Washington (SAW)

Table of contents

How to access the Health Care Authority (HCA) support portal	. 1
Table of contents	, 1
Step 1: Go to the HCA support portal	, 2
Step 2: Register for a SAW account	. 3
Step 3: Log into your SAW account	, 6
Having trouble setting up your SAW account?	. 7
Navigating to Provider Enrollment	. 8

Step 1: Go to the HCA support portal

1. Visit <u>support.hca.wa.gov</u> and select the **Public** login link.

welcome to the washington state he	ealth Care Authority support portal.
Please select the option belo	ow that best describes you.
	m
	<u></u>
Public	State Government
	Please select the option belo

2. You will be redirected to the SAW portal to login.

THE STATE OF MASHING	WELCOME to your login for Washington state.	
B SecureAccess Washington	SIGN UPI GET HELP TIF	PS ON
LOGIN USERNAME PASSWORD SUBMIT Eorgot your username? Eorgot your pass	Tweets by @exervice:::NA Image: SecureAccess Vashington @exervice:::NA Due to scheduled maintenance on SecureAccess Washington, users may not be able to log in between 5:30-6:15 a.m. on Tuesday, April 19. Image: SecureAccess Washington Image: Secure A	 O ✓ 22h ✓

If you already have a SAW account <u>skip to step 3</u>.

If you do not have a SAW account, proceed to step 2.



Step 2: Register for a SAW account.

1. Click the **SIGN UP!** button.



2. Fill out the required fields and click the **Create my account** button.

Username and Pa	assword
Username	
jonnybapplese	eed
Password	
	•
Confirm Password	
	•
I'm not a robot	redATCHA haay tama
Privacy Policy Create my ac	ccount

3. If your account was successfully created, you will see a message prompting you to check your email:





- 4. Open your email and click the link to activate your account. You will be taken to the SAW login portal.
- 5. Enter your credentials and click the **SUBMIT** button. You will now be asked to set up multifactor authentication (MFA).

SecureAccess	
LOGIN	
USERNAME jonnybappleseed	
PASSWORD	
SUBMIT	
Forgot your username? Forgot your password?	

6. Select Add An Authenticator.



7. Select your email as shown:



A unique code will be sent to the email address you used to sign up.



8. Copy the code from the email and paste it into the SAW website as shown:



9. Click the **Submit** button.

Once you are logged in you may be presented with a screen to set up Google Authenticator. This is an optional step. Click cancel if you do not want to set up a third-party authenticator app.

Step 3: Log into your SAW account.

1. Enter your SAW credentials.

LOGIN	
USERNAME	
PASSWORD	
SUBMIT	
Forgot your username? Forgot your password?	

2. Select your Multi-Factor Authentication (MFA) method.





3. Enter the code you receive into the code field.

1 Choose Method	2 Enter Code	3 Remember Device	4 Access Service
Multi-F	actor Aut	thenticatio	n (MFA)
Enter Coo	de		
Enter Coo	de sent to ***els@bc	a wa dov	
Please enter the c	de sent to ***els@bc 9306-220799	sa wa qoy Submit	>
Please enter the c	de ode sent to ***els@bc 9306-220799	sa wa qoy Submit	>

4. Click the **Submit** button. Once you have successfully authenticated you will be redirected to the support portal.

Washington State Health Care Authority				Make a request	My requests	Tours ●
	This is a secure locatio	Sky n to submit	your requests			
	How can we help?		٩			
Get help with your HCA quest	ons or concerns	:	My requests View your HCA support requests			
My open requests No records found		My clo No reco	sed requests rds found			

Having trouble setting up your SAW account?

If you are having difficulties creating or logging in to your SAW account, please use the Get Help button at <u>secureaccess.wa.gov</u>.





Navigating to Provider Enrollment

1. Once you have successfully logged into SAW, click **Make a request**.

	Make a request My requests Tours ●
Hi Michelle This is a secure location to submit your requests	
How can we help?	a a
Make a request Get help with your HCA questions or concerns	uests Isupport requests

2. You'll see a catalog view of support portal offerings. Click the **General support** tile.

				Make a request	My requests	Tours
Home > Support > All Categories	5	Sear	ch Q			
Categories	All Categories					
□ All Categories	Accommodation request	Apple Health Policy	Benefits administrator			
For public and school employees	Use this form to submit a request	For eligibility policy questions	inquiry			
For public and school retirees/continuation coverage	for accommodation		administrator general questions.			
For continuation coverage	View Details	View Details	View Details			
For providers	Benefits appeal request	Casualty Subrogation and Special Needs Trust	Civil Commitment Bed Program (90 or 180 day)			
For public and school benefits administrators only	proceedings (BAP)	To be used by attorneys, trustees and insurance providers.	Admission/Demographic, Extension Request, or Notice of Discharge			
Data requests	View Details	View Details	View Details			
	DPT entity registration Register a Drug Price Transparency business entity.	External data request Use this form to request data from HCA	FADS help request Request for FADS IT assistance			
	View Details	View Details	View Details			
	General support Use this form for general support inquiries with Washington State Health Care Authority.	HCA-contracted Long- term Civil Commitment Bed Availability Please complete this survey Tuesdavs and Fridavs no later than	Master Person Index Support For Master Person Index support and requests			
	View Details	View Details	View Details			

3. Select **Provider Enrollment** from the **Request category** dropdown menu.

kone Support All Categories Ceneral support Ceneral support inquiries with Washington State Health Care Authority. • Please fill out this form as completely as possible • Vour answers help guide your request to the appropriate team • Attachments may be added using the attachment icon at the bottom of this form • Request category • None - Below Fill • None - Betor Full PEBS/SEB Protein Fundament Protein Fundament Funda Affairs Protein Fundament Content Content Content <p< th=""><th></th><th></th><th></th><th>Make a request</th><th>Ay requests</th></p<>				Make a request	Ay requests
Substitution Please fill out this form as completely as possible • Your answers help guide your request to the appropriate team • Fields with a red asterisk (*) are required • Attachments may be added using the attachment icon at the bottom of this form • Request category • None - Represented by Sobtance Use Disorder If yatem help Provider Encolument • Registing Apple Healthy Logical Apple Healthy Logica	Home > Support > All Categories > General support	Search	٩		
 Please fill out this form as completely as possible Your answers help guide your request to the appropriate team Fields with a red asterisk (*) are required Attachments may be added using the attachment icon at the bottom of this form Request category None - None - Rehvired Health/Substance Use Disorder If system help Provider Encolument Tystem help FBB/SEBB Provider Encolument Thiad Affairs Washington Apple Health/Substance Use Disorder Trade Affairs 	General support Use this form for general support inquiries with Washington State Health Care Authority.		Submit		
Request category None Rehavioral Health/Substance Use Disorder IT system help PEBB/SEBB Provider Enrollment Tribal Affairs Washington Apple Health	 Please fill out this form as completely as possible Your answers help guide your request to the appropriate team Fields with a red asterisk (¹) are required Attachments may be added using the attachment icon at the bottom of the attachment icon at the attachment icon at the bottom of the attachment icon at the bottom of the attachment icon at the attachment icon	his form	Required information Request category Please describe the reason for your support request Are you confecting us on behalf of someone disc?		
- None - Rehavioral Health/Substance Use Disorder IT system help PEBR/SEBB Provider Enrollment Tribal Affairs Washington Apple Health	* Request category				
- None Behavioral Health/Substance Use Disorder IT system help PEBB/SEB8 Provider Enrollment Tribal Affairs Washington Apple Health	None	<u>^</u>			
Behavioral Health/Substance Use Disorder IT system help PEBR/SEB8 Provider Enrollment. Trobal Afairs Washington Apple Health	None				
IT system help PEBB/SEBB Provider Enrollment. Tribal Affairs Washington Apple Health	Behavioral Health/Substance Use Disorder				
PEBR/SEB8 Provides Enrollment Tribal Affairs Washington Apple Health	IT system help				
Volume Endoment	PEBB/SEBB				
Washington Apple Health	Tribal Affairs				
	Washington Apple Health				
		P			
		Add attachments			
Add attachments					

4. The form will update to show the fields for Provider Enrollment inquiries. Choose an option from the **Select the Provider Enrollment category that best fits your request** dropdown. Each selection may reveal additional fields.

				Make a request	My requests	То
Home > Support > All Categories > General support	Search		Q			
General support Use this form for general support inquiries with Washington State Health Care Authority.		Submit				
 Please fill out this form as completely as possible Your answers help guide your request to the appropriate team Fields with a red asterisk (*) are required Attachments may be added using the attachment icon at the bottom of this form 		Required information Select the Provider Conditional Conference of the Provider control of the C	at best fits your requ t request	est		
* Request category Provider Enrollment	Ŧ					
* Select the Provider Enrollment category that best fits your request						
None	*					
	٩					
- None -						
Provider application questions						
Provider revalidation						
Modification questions						
Unier						
* EIN or SSN						
Please describe the reason for your support request						
* Preferred method of contact						
Email	*					

5. Use the **Upload** button for inquiries that require an attachment. Use the paperclip **Add attachments** button at the bottom of the form for multiple attachments.

			Make a request	My requests	Tours
Home > Support > All Categories > General support	Search	٩			
* Select the Provider Enrollment category that best fits your request					
Provider revalidation	¥	Submit			
* Provider revalidation		Cubinit			
Submit provider revalidation documents	·				
NPI		Required information Provider name EIN or SSN Altachment			
		Please describe the reason for your support request			
ProviderOne ID					
Provider name					
*EIN or SSN					
Attachment P If you have additional documents please attach them using the paperclip at the bottom of the form. X Overland					
* Please describe the reason for your support request					
* Preferred method of contact					
Email	*				
🖉 Add attach	hments	2			



6. Click the **Submit** button once all required fields are complete.

			make a request my requests rours
Home > Support > All Categories > General support	Search	٩	
Use this form for general support inquiries with Washington State Health Care Authority.			
* Request category		Submit	
Provider Enrollment	*		
* Select the Provider Enrollment category that best fits your request		12	
Provider revalidation	*		
* Provider revalidation			
Submit provider revalidation documents	*		
NPI			
ProviderOne ID			
* Provider name			
Provider name goes here			
* EIN or SSN			
1234			
*Attachment 😧			
If you have additional documents please attach them using the paperclip at the bottom of the form. 🗙			
TEST Document.docx			
Upload			
* Please describe the reason for your support request			
This is where I add details about my reason for creating this request.			
* Preferred method of contact			
Linen	· · · · ·		
	Add attachments		

7. You will receive confirmation of your new request. Click the **Got it** button to view the details of your request, send a secure message to HCA, attach additional documentation, or close your request.

_	Confirmation	×	
quest			
			Actions
System	Your request has been received and is being routed to the appropriate team.		
	You will receive a confirmation email of your request within the next few minutes. If this confirmation email is not sent to your inbox, please check your spam folder.		
	After you close this confirmation, you will be directed to your request where you can provide additional information, interact with and see the status.		Reques
	Got it		Numl HCA0
		\mathbf{Z}	Short
		7	This i
00			Ladd

			Make a request My requests Tours
	Home > Ticket Form for Request	Search	Q
The rich text field is fo communicating with th Provider Enrollment team.	B I U System Font ∨ E E E E E E ↔	Send Actions Cose Case Request details Request details Request details Request details Request details Request details Short details description This is where about my request. Cor details about my request. Cor detai	e Inf the request is no longer needed you can 'Close Case'.
	Request Details		Additional files can be added to the request.
	* Request category Provide Enrollment	*	·'
	Select the Provider Enrollment category that best fits your request		
	Provider revalidation	· · ·	

How to access Secure Access Washington (SAW)



- 8. Your request is now complete. You will receive notification via the email address associated with your SAW account.
- 9. See your submitted requests by clicking **My requests** on the page header. If you have questions about the status of a request, submit an update to your ticket rather than starting a new request.

				Make a request	My requests	Tours 🔵
This How can we help?	Hi Michelle	sts Q			→	
Get help with your HCA questions or concerns	Wy re View your P	quests KCA support requests				
 Home > Requests				Make a request	My requests	Tours
My Requests	View Open requests y	Search open requests	Q			
Request This is where I add details about my reason for creating this request. Number: HC0000528 Council of 870005 MM201	State	Updated O 05/28/2025 14:42:22				
Openet: 05/20/20/214-46/21 State: New Request category: Provider Enrollment		A /				

10. To view closed requests, select **Closed requests** from the **View** drop down menu on the **My requests** screen.