

# ProviderOne Application for ODHH Contractors

## Frequently asked Questions

This document will be updated by the HCA as additional questions are brought to the HCA's attention.

### How do I submit my application?

Please submit your application to  
[interpretersvcs@hca.wa.gov](mailto:interpretersvcs@hca.wa.gov)

### Need a copy of the application?

Email the Interpreter Services Team at  
[interpretersvcs@hca.wa.gov](mailto:interpretersvcs@hca.wa.gov).

### How do I ask questions about completing my application?

Please contact the HCA's Interpreter Services team if need have any questions, or require assistant completing your ProviderOne Application:

Email: [interpretersvcs@hca.wa.gov](mailto:interpretersvcs@hca.wa.gov)

### What boxes are optional to fill in on the ProviderOne Application?

The following boxes are optional. If you do not have the information the box is requesting, leave it empty.

- National Provider Identifier (NPI)

### What boxes do not need to be filled in on the ProviderOne Application?

The boxes listed below can be left blank:

- NCPDP (NABP) Number
- Medicare Number
- Facility License
- Specialty
- Drug Enforcement Agency (DEA)

### What type of practice am i?

- Type of Practice: ASL Interpreter Services

In Addition, please reference the HCA's sign language interpreter contract transition webpage: <https://www.hca.wa.gov/about-hca/apple-health-medicaid/sign-language-interpreter-contract-transition>