

Welcome!
The webinar will begin momentarily.



Your microphone will be muted while presenters are speaking.



Use the chat throughout the presentation to ask questions. We will get to them during the Q&A.



Please keep your video off during the presentation to avoid distractions.



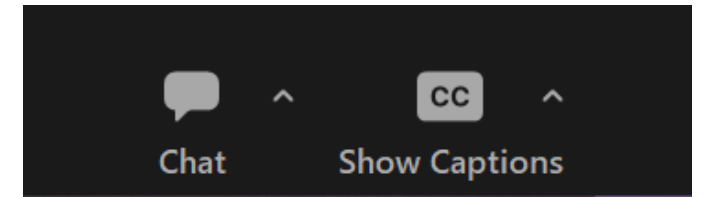
The webinar is being recorded and will be posted on the HCA website within a week.

Provider Enrollment: *Associating servicing providers to a billing provider*

July 9, 2025

Welcome

- ▶ We're recording this webinar and have muted all attendees.
 - ▶ Turn on live captioning with the "Show Captions" button.
- ▶ There will be time at the end for Q&A.
 - ▶ Submit comments through the "Chat" function.
 - ▶ We will hold all questions until the Q&A portion.
- ▶ HCA does not permit Artificial Intelligence (AI) note taking apps.
- ▶ Slide deck and webinar recording will be available at:
 - ▶ <https://www.hca.wa.gov/about-hca/programs-and-initiatives/medicaid-transformation-project-mtp/reentry-carceral-setting>



Webinar Objectives



Provider enrollment definitions and background information



Step-by-step process for associating servicing providers to a billing provider



Q&A and discussion (20 mins)

Definitions

▶ **Billing provider**

- ▶ Correctional facility, clinic, or group practice that wishes to bill Apple Health (Medicaid) for Reentry Initiative benefit services

▶ **Servicing provider**

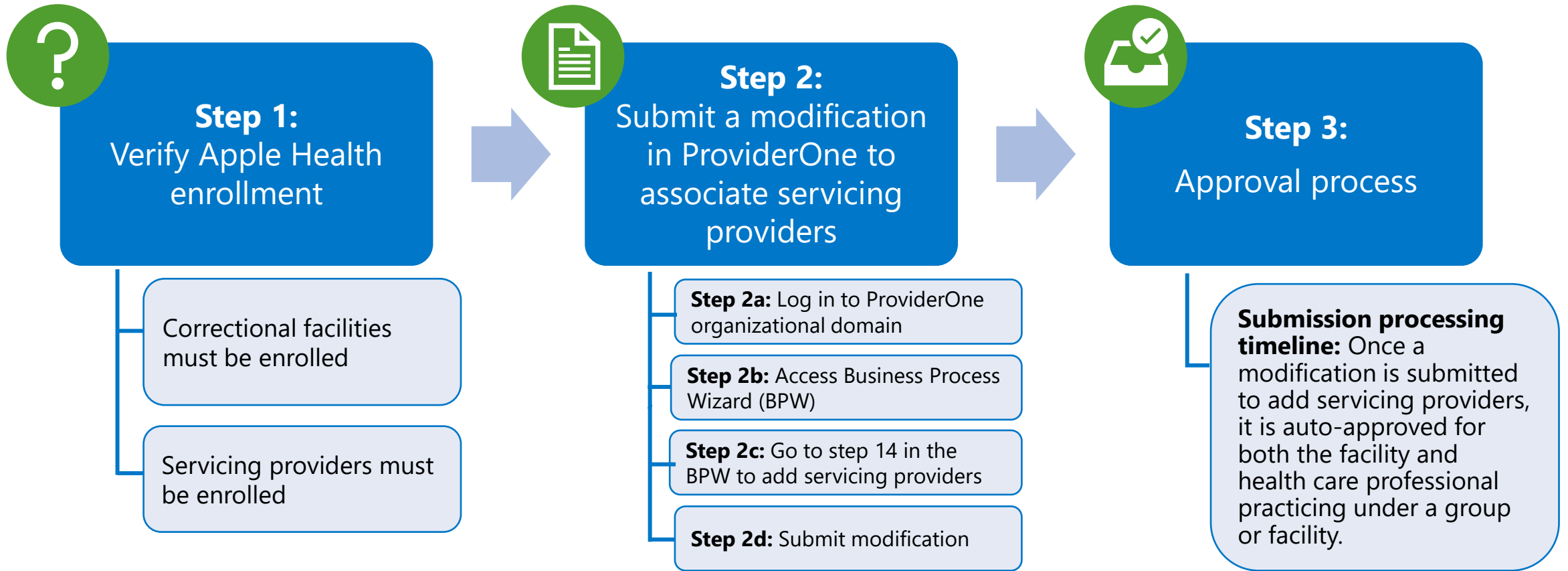
- ▶ Facility-based and community-based providers practicing under a correctional facility, clinic, or group practice. They provide the Reentry Initiative benefit services under a billing provider.

Why do I need to associate a servicing provider?

▶ Answer: To submit claims and receive payment

- ▶ The servicing provider performs the medical service.
- ▶ The billing provider submits the claim.
- ▶ In order to receive payment, the two need to be associated in the system to properly submit a claim.

Snapshot of steps



Step 1: Verify Apple Health enrollment

Step 1: Verify provider is enrolled in Apple Health

- ▶ Correctional facilities must be enrolled in Apple Health.
- ▶ Correctional facilities that plan to leverage facility-based providers or community-based providers should confirm they are already enrolled in Apple Health.
- ▶ Facility-based or community-based providers who are already enrolled in Apple Health do not need to take further action.

To check whether a provider is already enrolled:

Contact HCA at 1-800-562-3022 (ext. 16137)

Tuesday and Thursdays

7:30 a.m.–noon

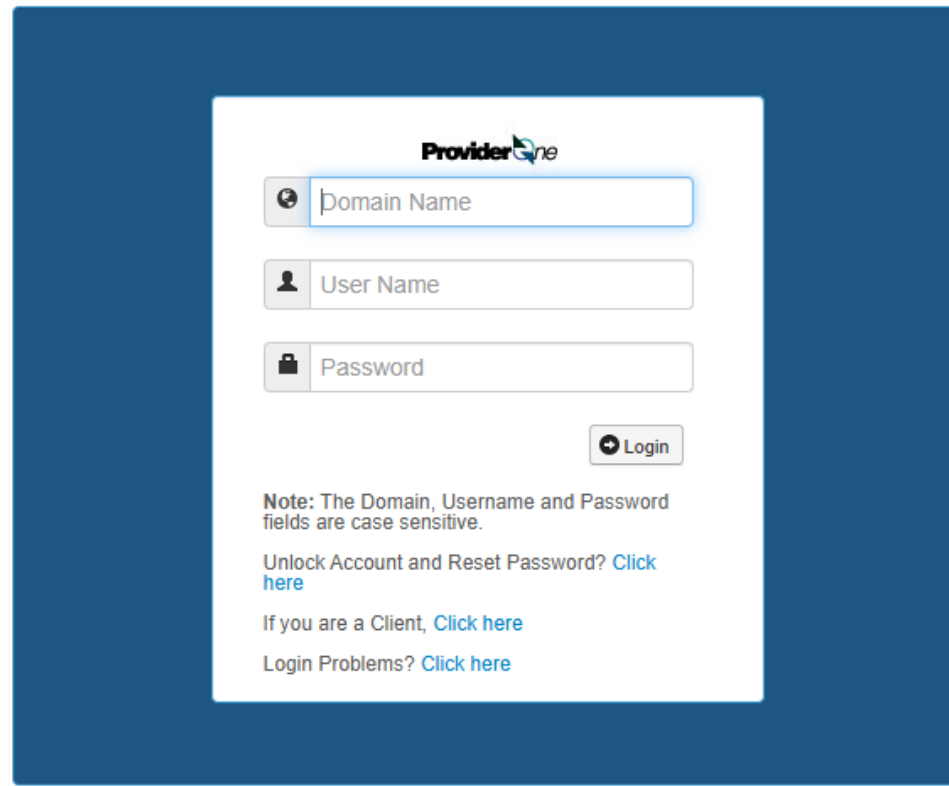
1:00–4:30 p.m.

Be sure to have the provider's NPI number when calling.

If a provider is not enrolled, please refer to the [Reentry Initiative Provider Enrollment Webinar](#) for more information

Step 2: Submit a modification in ProviderOne to associate servicing providers

Login to your organization's ProviderOne domain at www.waproviderone.org



The screenshot shows the ProviderOne login interface. It features a dark blue background with a white login box in the center. The box contains the ProviderOne logo at the top, followed by three input fields: 'Domain Name' (with a globe icon), 'User Name' (with a person icon), and 'Password' (with a lock icon). Below these fields is a 'Login' button with a right-pointing arrow. At the bottom of the box, there is a note about case sensitivity and three links for account recovery and client access.

ProviderOne

[Login](#)

Note: The Domain, Username and Password fields are case sensitive.

Unlock Account and Reset Password? [Click here](#)

If you are a Client, [Click here](#)

Login Problems? [Click here](#)

Once logged in, click on the “Manage Provider Information” link.

The screenshot displays the ProviderOne web application interface. At the top, the user is logged in as 'Aasve, Anna' with the profile 'EXT Provider Social Services'. The main header includes navigation links for Notepad, Reminder, External Links, Print, and Help. The left sidebar contains several sections: 'Online Services' (with a sub-section 'Payments' and a 'View Payment' link), 'Provider' (with links for 'Provider Inquiry', 'Manage Provider Information' (highlighted with a red box), 'Initiate New Enrollment', 'Track Application', 'Provider File Upload', and 'MC Provider File Upload'), 'Admin' (with links for 'Change Password' and 'Maintain Users'), and 'Social Services Authorization and Billing' (with multiple links for claim inquiries, adjustments, billing, and uploads). The main content area is divided into three sections: 'My Reminders' (with a table of reminders), 'Your Recent Online Activities' (with a list of recent actions), and a 'Calendar' widget showing the current date as Wednesday, April 2, 2025, at 08:33 AM. The footer contains technical information: Page ID: pgProviderPortal(Provider), Environment: UAT, ID: app02_8050, and Server Time: 04/02/2025 08:32:43 PDT.

ProviderOne My Inbox

Aasve, Anna Profile: EXT Provider Social Services

Notepad Reminder External Links Print Help

Provider Portal

ProviderOne Id/NPI : 1234567 / 1234567890 Name: Adult Family Center LLC

Online Services

Payments

View Payment

Provider

Provider Inquiry

Manage Provider Information

Initiate New Enrollment

Track Application

Provider File Upload

MC Provider File Upload

Admin

Change Password

Maintain Users

Social Services Authorization and Billing

Social Service Claim Inquiry

Social Service Claim Adjustment/Void

Social Service Billing Screen

Social Service Batch Upload

Social Service Batch Upload Status

Social Service Resubmit Denied/Void

Social Service Retrieve Saved Claims

Manage Alerts

My Reminders

Filter By

Read Status All Go

Save Filter My Filters

Alert Type

Alert Message

Alert Date Due Date Read

3/18/2025 04/17/2025 Y

Delete View Page: 1 Go Page Count SaveToXLS Viewing Page: 1

Your Recent Online Activities

You have logged in with AasveA Account with IP Address 198.239.147.6

Previous Site Visit: 04/02/2025 07:15:53 AM

Last Login Password Change: 03/06/2025 06:28:57 AM

Last login failed attempt: 03/03/2025 02:58:20 PM

Calendar

08:33 AM 2 April 2025 Wednesday

2025 April

Su Mo Tu We Th Fr Sa

6 7 8 9 10 11 12

13 14 15 16 17 18 19

20 21 22 23 24 25 26

27 28 29 30

Today

Page ID: pgProviderPortal(Provider) Environment: UAT ID: app02_8050 Server Time: 04/02/2025 08:32:43 PDT

This will take you to the Business Process Wizard (BPW). In the BPW, click on Step 14: Servicing Provider Information.

ProviderOne Id/NPI : 1234567 / 1234567890 Name: Westwood Pharmacy Clinical Services Modification Request Number: 501389582

[Close](#) [Required Credentials](#) [Undo Update](#) [Communication History](#)

View/Update Provider Data - Facility/Agency/Organization/Institution

Business Process Wizard - Provider Data Modification (Facility/Agency/Organization/Institution). In order to finalize submission of your requested changes, you must complete the FINAL Step - Submit Modification Request for Review.

<input type="checkbox"/>	Step	Required	Last Modification Date	Last Review Date	Status	Modification Status	Decision By	Step Remark
<input type="checkbox"/>	Step 1: Basic Information	Required	06/18/2025	06/18/2025	Complete			
<input type="checkbox"/>	Step 2: Locations	Required	06/18/2025	06/18/2025	Complete			
<input type="checkbox"/>	Step 3: Specializations	Required	06/18/2025	06/18/2025	Complete			
<input type="checkbox"/>	Step 4: Ownership & Managing/Controlling Interest details	Required	06/18/2025	06/18/2025	Complete			
<input type="checkbox"/>	Step 5: Licenses and Certifications	Required	06/18/2025	06/18/2025	Complete			
<input type="checkbox"/>	Step 6: Training and Education	Optional	06/18/2025	06/18/2025	Complete			
<input type="checkbox"/>	Step 7: Identifiers	Required	06/18/2025	06/18/2025	Complete			
<input type="checkbox"/>	Step 8: Contract Details	Optional	06/18/2025	06/18/2025	Complete			
<input type="checkbox"/>	Step 9: Federal Tax Details	Required	06/18/2025	06/18/2025	Complete			
<input type="checkbox"/>	Step 10: EDI Submission Method	Optional	06/18/2025	06/18/2025	Complete			
<input type="checkbox"/>	Step 11: EDI Billing Software Details	Optional	06/18/2025	06/18/2025	Complete			
<input type="checkbox"/>	Step 12: EDI Submitter Details	Optional	06/18/2025	06/18/2025	Complete			
<input type="checkbox"/>	Step 13: EDI Contact Information	Optional	06/18/2025	06/18/2025	Complete			
<input type="checkbox"/>	Step 14: Servicing Provider Information	Optional	06/20/2025	06/18/2025	Complete			
<input type="checkbox"/>	Step 15: Payment and Remittance Details	Required	06/18/2025	06/18/2025	Complete			
<input type="checkbox"/>	Step 16: Complete Enrollment Checklist	Required	06/18/2025	06/18/2025	Complete			
<input type="checkbox"/>	Step 17: Final Steps	Required	06/18/2025	06/18/2025	Complete			

View Page: [Go](#) [Page Count](#) [SaveToXLS](#) Viewing Page: 1 [First](#) [Prev](#) [Next](#) [Last](#)

Inside this step, you will see the Servicing Provider list, showing the Servicing Providers associated with your organization. To associate a Servicing Provider to your organization, click on the “Add” button.

ProviderOne Id/NPI : 1234567 / 1234567890

Name: Westwood Pharmacy Clinical Services

Modification Request Number: 501389582

Close

Servicing Provider List

+ Add

Filter By

And

Filter By

And Operational Status:

Active

+ Add Dynamic Filter

Go

Save Filter

My Filters

	ProviderOne ID	Servicing Provider Name	Agency	Servicing Provider NPI	Billing Location Code	Billing Location Name	Start Date	End Date	Status	Operational Status	Inactivation Date
<input type="checkbox"/>											

No Records Found !

Another pop-up window will appear. In this window, type the NPI number of the servicing provider and select a Start Date, then click the “Confirm Provider” button.

ProviderOne Id/NPI : 2332634 / 1215068531 Name: Westwood Pharmacy Clinical Services Modification Request Number: 501389582

Add Servicing Provider

Provide Servicing Provider ID Details.

ProviderOne ID / NPI: *

Provider Name:

Start Date: * End Date:

Agency

Available Agencies: Selected Agencies:

If the Servicing Provider is enrolled with HCA, the “Available Agencies” list box will populate. Highlight the “HCA” option and click the “>>” arrow button to bring it over to the Selected Agencies list box.

ProviderOne Id/NPI : 2332634 / 1215068531 Name: Westwood Pharmacy Clinical Services Modification Request Number: 501389582

Add Servicing Provider

Provide Servicing Provider ID Details.

ProviderOne ID / NPI: *

Provider Name: SMITH, JOHN

Start Date: * End Date: *

Agency

Available Agencies

HCA

>>

<<

Selected Agencies

Servicing Provider Taxonomy

Available Taxonomies

Selected Taxonomies

Once the agency is selected and brought over, the Taxonomies list box will then populate. Select the appropriate taxonomy or taxonomies, then click the “>>” arrow button to bring them over to the Selected Taxonomies list box:

The screenshot shows a window titled "Servicing Provider Taxonomy". Inside, there are two list boxes. The left list box, labeled "Available Taxonomies", contains two items: "HCA-207RH0003X-Hematology & Oncology" and "HCA-207RX0202X-Medical Oncology". A red arrow points to the first item in this list. To the right of the "Available Taxonomies" list is a "Selected Taxonomies" list box, which is currently empty. Between the two list boxes are two arrow buttons: a right-pointing double arrow (">>") and a left-pointing double arrow ("<<"). The right-pointing arrow button is highlighted with a red square, indicating it should be clicked to move the selected taxonomy to the "Selected Taxonomies" list.

After the taxonomies are selected and brought over, the Available Locations list box will populate. Select the location(s) and then click the ">>" arrow button to bring the selection(s) over. Then click the "Ok" button at the bottom-right of the popup window.

Billing Provider Location

Available Locations

00-Westwood Pharmacy Clinical Services 8905 Three Chopt Rd, Henrico, VIRGINIA 23229

Selected Locations

>>

<<

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

Ok Cancel

This will close the “Add” window, and you’ll be taken back to the Servicing Provider List. If you are finished adding Servicing Providers, proceed to the next step. If you need to add additional Servicing Providers, repeat this step.

Please note that the newly added Servicing Provider(s) will not show here until the modification has been approved by HCA.

Click the “Close” button on this screen.

ProviderOne Id/NPI : 1234567 / 1234567890

Name: Westwood Pharmacy Clinical Services

Modification Request Number: 501389582

Close

Servicing Provider List

+ Add

Filter By

And

Filter By

And Operational Status:

Active

+ Add Dynamic Filter

Go

Save Filter

My Filters

	ProviderOne ID	Servicing Provider Name	Agency	Servicing Provider NPI	Billing Location Code	Billing Location Name	Start Date	End Date	Status	Operational Status	Inactivation Date

No Records Found !

You will now see that this step has been updated.

ProviderOne Id/NPI : 1234567 / 1234567890 Name: Westwood Pharmacy Clinical Services Review Status: HCA - In Process Modification Request Number: 501389582

[Close](#) [→ Required Credentials](#) [← Undo Update](#) [📄 Communication History](#)

View/Update Provider Data - Facility/Agency/Organization/Institution

Business Process Wizard - Provider Data Modification (Facility/Agency/Organization/Institution). In order to finalize submission of your requested changes, you must complete the FINAL Step - Submit Modification Request for Review.

<input type="checkbox"/>	Step	Required	Last Modification Date	Last Review Date	Status	Modification Status	Decision By	Step Remark
<input type="checkbox"/>	Step 1: Basic Information	Required	06/18/2025	06/18/2025	Complete			
<input type="checkbox"/>	Step 2: Locations	Required	06/18/2025	06/18/2025	Complete			
<input type="checkbox"/>	Step 3: Specializations	Required	06/18/2025	06/18/2025	Complete			
<input type="checkbox"/>	Step 4: Ownership & Managing/Controlling Interest details	Required	06/18/2025	06/18/2025	Complete			
<input type="checkbox"/>	Step 5: Licenses and Certifications	Required	06/18/2025	06/18/2025	Complete			
<input type="checkbox"/>	Step 6: Training and Education	Optional	06/18/2025	06/18/2025	Complete			
<input type="checkbox"/>	Step 7: Identifiers	Required	06/18/2025	06/18/2025	Complete			
<input type="checkbox"/>	Step 8: Contract Details	Optional	06/18/2025	06/18/2025	Complete			
<input type="checkbox"/>	Step 9: Federal Tax Details	Required	06/18/2025	06/18/2025	Complete			
<input type="checkbox"/>	Step 10: EDI Submission Method	Optional	06/18/2025	06/18/2025	Complete			
<input type="checkbox"/>	Step 11: EDI Billing Software Details	Optional	06/18/2025	06/18/2025	Complete			
<input type="checkbox"/>	Step 12: EDI Submitter Details	Optional	06/18/2025	06/18/2025	Complete			
<input type="checkbox"/>	Step 13: EDI Contact Information	Optional	06/18/2025	06/18/2025	Complete			
<input type="checkbox"/>	Step 14: Servicing Provider Information	Optional	06/20/2025	06/18/2025	Complete	Updated		
<input type="checkbox"/>	Step 15: Payment and Remittance Details	Required	06/18/2025	06/18/2025	Complete			
<input type="checkbox"/>	Step 16: Complete Enrollment Checklist	Required	06/18/2025	06/18/2025	Complete			
<input type="checkbox"/>	Step 17: Final Steps	Required	06/18/2025	06/18/2025	Incomplete			Please Submit the Modification

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Click into Step 17: Final Steps

ProviderOne Id/NPI : 1234567 / 1234567890 Name: Westwood Pharmacy Clinical Services Review Status: HCA - In Process Modification Request Number: 501389582

View/Update Provider Data - Facility/Agency/Organization/Institution

Business Process Wizard - Provider Data Modification (Facility/Agency/Organization/Institution). In order to finalize submission of your requested changes, you must complete the FINAL Step - Submit Modification Request for Review.

<input type="checkbox"/>	Step	Required	Last Modification Date	Last Review Date	Status	Modification Status	Decision By	Step Remark
<input type="checkbox"/>	Step 1: Basic Information	Required	06/18/2025	06/18/2025	Complete			
<input type="checkbox"/>	Step 2: Locations	Required	06/18/2025	06/18/2025	Complete			
<input type="checkbox"/>	Step 3: Specializations	Required	06/18/2025	06/18/2025	Complete			
<input type="checkbox"/>	Step 4: Ownership & Managing/Controlling Interest details	Required	06/18/2025	06/18/2025	Complete			
<input type="checkbox"/>	Step 5: Licenses and Certifications	Required	06/18/2025	06/18/2025	Complete			
<input type="checkbox"/>	Step 6: Training and Education	Optional	06/18/2025	06/18/2025	Complete			
<input type="checkbox"/>	Step 7: Identifiers	Required	06/18/2025	06/18/2025	Complete			
<input type="checkbox"/>	Step 8: Contract Details	Optional	06/18/2025	06/18/2025	Complete			
<input type="checkbox"/>	Step 9: Federal Tax Details	Required	06/18/2025	06/18/2025	Complete			
<input type="checkbox"/>	Step 10: EDI Submission Method	Optional	06/18/2025	06/18/2025	Complete			
<input type="checkbox"/>	Step 11: EDI Billing Software Details	Optional	06/18/2025	06/18/2025	Complete			
<input type="checkbox"/>	Step 12: EDI Submitter Details	Optional	06/18/2025	06/18/2025	Complete			
<input type="checkbox"/>	Step 13: EDI Contact Information	Optional	06/18/2025	06/18/2025	Complete			
<input type="checkbox"/>	Step 14: Servicing Provider Information	Optional	06/20/2025	06/18/2025	Complete	Updated		
<input type="checkbox"/>	Step 15: Payment and Remittance Details	Required	06/18/2025	06/18/2025	Complete			
<input type="checkbox"/>	Step 16: Complete Enrollment Checklist	Required	06/18/2025	06/18/2025	Complete			
<input type="checkbox"/>	Step 17: Final Steps	Required	06/18/2025	06/18/2025	Incomplete			Please Submit the Modification

View Page:

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Inside this step, click on the “Submit Provider Modification” button to send the modification to HCA for review.

ProviderOne Id/NPI : 2332634 / 1215068531

Name: Westwood Pharmacy Clinical Services

Review Status: HCA - In Process

Modification Request Number: 501389582

Close

Submit Provider Modification

Upload Attachments

Final Submission

ProviderOne ID: 2332634

Enrollment Type: Fac/Agncy/Orgn/Inst

The requested modifications submitted shall be verified and reviewed by the applicable agency(s).

By clicking on the button "Submit Provider Modification", you are agreeing that the information submitted for modification is correct.

Please ensure all required documents are uploaded using the "upload attachments/ e-sign"

Once the modification is approved, the Servicing Providers will show in the Servicing Provider List found in Step 14: Servicing Provider Information.

Step 3: Approval process

Step 3: Approval process

- ▶ Facility-based or community-based providers added in a modification are typically auto-approved the following day.
- ▶ Modifications containing additional changes to the domain will be processed by HCA staff in the order received.
- ▶ You can check the status of a modification by logging into your domain and viewing the "My Reminders" section.

ProviderOne Id/NPI : 1234567 / 1234567890 Name: Doctor Health System

Online Services

Claims

- Claim Inquiry
- Claim Adjustment/Void
- On-line Claims Entry
- On-line Batch Claims Submission (837)
- Resubmit Denied/Voided Claim
- Retrieve Saved Claims
- Manage Templates
- Create Claims from Saved Templates
- Manage Batch Claim Submission

My Reminders

Filter By: [] [] Read Status: All [Go] Save Filter My Filters

	Alert Type	Alert Message	Alert Date	Due Date	Read
<input type="checkbox"/>	Provider Modification Review is Completed	Provider Modification (Modification Request 501338066) is approved. Please verify your data.	06/25/2025	07/15/2025	N
<input type="checkbox"/>	Provider Modification Review is Completed	Provider Modification (Modification Request 501337611) is approved. Please verify your data.	06/24/2025	07/14/2025	Y
<input type="checkbox"/>	It's time to revalidate your enrollment as an Apple Health (Medicaid) provider.	It's time to revalidate your enrollment as an Apple Health (Medicaid) provider. Federal regulations require the Washington State Health Care Authority (HCA) to revalidate the enrollment of all Medicaid providers at least every five years.	06/24/2025	09/22/2025	Y

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Q & A

Important resources

- ▶ About Provider Enrollment
- ▶ ProviderOne Enrollment Portal
- ▶ Provider Enrollment Manuals:
 - ▶ Individual billing providers
 - ▶ Group provider
 - ▶ Facility/Agency/Organization/Institution
 - ▶ Tribe
 - ▶ Attending/servicing provider
- ▶ Contact HCA:
 - ▶ Phone: 1-800-562-3022, ext. 16137
 - (Tuesday and Thursday from 7:30 a.m.–noon and 1:00 p.m.–4:30 p.m.)
 - ▶ Reentry Initiative Inbox: HCAReentryDemonstrationProject@hca.wa.gov