

ProviderOne Provider System User Manual



Managing Facility, Agency,
Organization Provider
Information

Disclaimer:

A contract, known as the Core Provider Agreement, governs the relationship between DSHS and Medical Assistance providers. The Core Provider Agreement's terms and conditions incorporate federal laws, rules and regulations, state law, DSHS rules and regulations, and DSHS program policies, numbered memoranda, and billing instructions, including this Guide.

Providers must submit a claim in accordance with the DSHS rules, policies, numbered memoranda, and billing instructions in effect at the time they provided the service. Every effort has been made to ensure this Guide's accuracy. However, in the unlikely event of an actual or apparent conflict between this document and a department rule, the department rule controls."



ProviderOne Provider System User Manual

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ProviderOne Provider System User Manual

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Managing Facility, Agency, Organization Provider Information

The following ProviderOne topics and tasks are covered in this section:

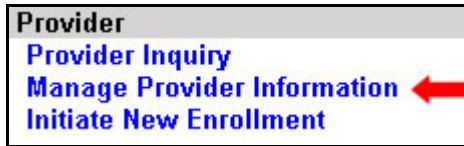
- [Accessing the Provider Business Process Wizard](#)
- [Modifying Provider Information](#)
- [Submitting the Modification Application to DSHS](#)

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Accessing the File Maintenance Business Process Wizard



From the Provider Portal, select the Manage Provider Information link.



ProviderOne displays the View/Update Business Process Wizard

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

Business Process Wizard - Provider Data Modification (Facility/Agency/Organization/Institution). In order to fi

<input type="checkbox"/>	Step	Required	Last Modification Date	Last Review Date	Status	Modification Status	Step Remark
<input type="checkbox"/>	Step 1: Basic Information	Required	07/02/2008	07/02/2008	Complete		
<input type="checkbox"/>	Step 2: Locations	Required	07/02/2008	07/02/2008	Complete		
<input type="checkbox"/>	Step 3: Specializations	Required	07/02/2008	07/02/2008	Complete		
<input type="checkbox"/>	Step 4: Ownership Details	Required	07/02/2008	07/02/2008	Complete		
<input type="checkbox"/>	Step 5: Licenses and Certifications	Optional	07/02/2008	07/02/2008	Complete		
<input type="checkbox"/>	Step 6: Training and Education	Optional	07/02/2008	07/02/2008	Complete		
<input type="checkbox"/>	Step 7: Identifiers	Optional	07/02/2008	07/02/2008	Complete		
<input type="checkbox"/>	Step 8: Contract Details	Optional	07/02/2008	07/02/2008	Complete		
<input type="checkbox"/>	Step 9: Federal Tax Details	Required	07/02/2008	07/02/2008	Complete		
<input type="checkbox"/>	Step 10: Invoice Details	Optional	07/02/2008	07/02/2008	Complete		
<input type="checkbox"/>	Step 11: EDI Submission Method	Optional	07/02/2008	07/02/2008	Complete		
<input type="checkbox"/>	Step 12: EDI Billing Software Details	Optional	07/02/2008	07/02/2008	Complete		
<input type="checkbox"/>	Step 13: EDI Submitter Details	Optional	07/02/2008	07/02/2008	Complete		
<input type="checkbox"/>	Step 14: EDI Contact Information	Optional	07/02/2008	07/02/2008	Complete		
<input type="checkbox"/>	Step 15: Servicing Provider Information	Optional	07/02/2008	07/02/2008	Complete		
<input type="checkbox"/>	Step 16: Payment Details	Required	07/02/2008	07/02/2008	Complete		
<input type="checkbox"/>	Step 17: Submit Modification for Review	Required	07/02/2008	07/02/2008	Complete		

Figure 1 - View/Update Business Process Wizard



Click the Step hyperlink to access the Provider Information



ProviderOne displays the appropriate information pages.

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View/Update Basic Information

Accessing the Provider Details Page



From the Business Process Wizard, click the Basic Information link.

Step # : Basic Information



ProviderOne displays the Provider Details page.



The screenshot shows a web form titled "Provider Details:". The form contains the following fields and values:

- Organization Name: Mario Health Center (as shown on Income Tax Return)
- Organization Business Name: Mario Health Center
- FED#: 993877755
- NPI: 5522336671
- UBI: (empty)
- W-9 Entity Type: Corporation
- W-9 Entity Type (If Other): (empty)
- Other Organizational Information: For Profit
- Email Address: info@mhc.com
- Enrollment Effective Date: (empty)
- Status: Approved

At the bottom right of the form are "OK" and "Cancel" buttons.

Figure 2 - Provider Details



After completing your modifications, click the OK button to save.

This page is intentionally blank.

View/Update Locations

Accessing the Locations List

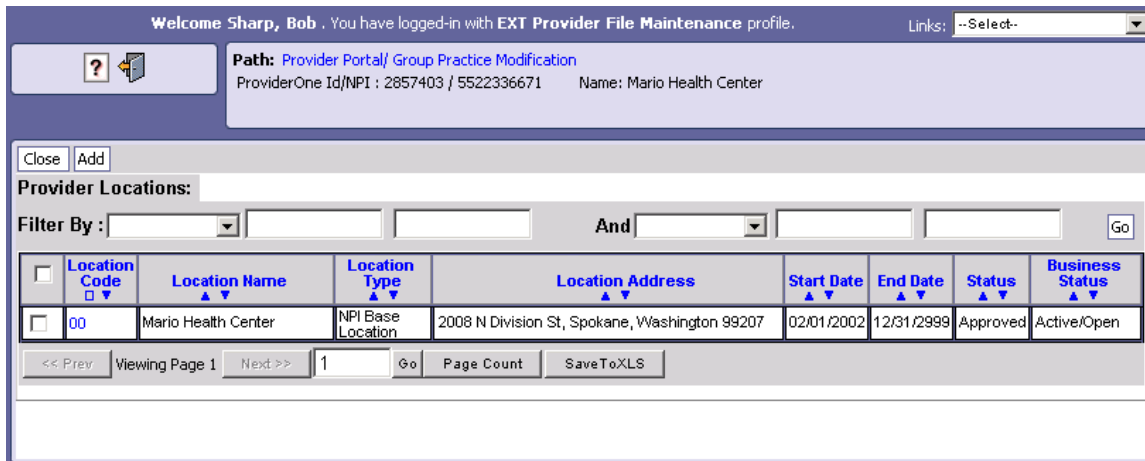


From the Business Process Wizard, click the Locations link.

Step # : Locations



ProviderOne displays the Locations List.



Welcome Sharp, Bob . You have logged-in with EXT Provider File Maintenance profile. Links: --Select--

Path: Provider Portal/ Group Practice Modification
ProviderOne Id/NPI : 2857403 / 5522336671 Name: Mario Health Center

Close Add

Provider Locations:

Filter By : [] And [] Go

<input type="checkbox"/>	Location Code	Location Name	Location Type	Location Address	Start Date	End Date	Status	Business Status
<input type="checkbox"/>	00	Mario Health Center	NPI Base Location	2008 N Division St, Spokane, Washington 99207	02/01/2002	12/31/2999	Approved	Active/Open

<< Prev Viewing Page 1 Next >> 1 Go Page Count Save To XLS

Figure 3 - Provider Locations

About the Locations List

- The Locations List displays all locations associated with the Provider.

Adding a Location



To add a new record, click the Add button.



ProviderOne displays the Add Provider Location form.

Add Provider Location

Please remember to enter both Pay-To and Mailing addresses for NPI Base Location and Social Services Location, and Mailing address only for NPI Servicing Location. On Approval of the Application, start date of location will be set to approval date.

<p>Location Type: <input type="text" value=""/> *</p> <p>Business Name at this Location: <input type="text"/></p> <p>Contact First Name: <input type="text"/> *</p> <p>Address Line 1: <input type="text"/></p> <p>Line 3: <input type="text"/></p> <p>State/Province: <input type="text"/></p> <p>Country: <input type="text"/></p> <p>Fax Number: <input type="text"/></p> <p>Email Address: <input type="text"/></p> <p>Communication Preference: <input type="text" value="Email"/> *</p> <p>Web Page: <input type="text"/></p>	<p>End Date: <input type="text"/></p> <p>Contact Last Name: <input type="text"/> *</p> <p>Line 2: <input type="text"/></p> <p>City/Town: <input type="text"/> *</p> <p>County: <input type="text"/></p> <p>Zip: <input type="text"/> - <input type="text"/> <input type="text" value="Address"/></p> <p>Phone Number: <input type="text"/> *</p> <p>Cell Phone Number: <input type="text"/></p> <p>WA Tax Revenue Code: <input type="text" value=""/></p>
--	--

Facility Details:

<p>State Facility Id: <input type="text"/></p> <p>Distinct Part Unit: <input type="text" value="None"/> *</p>	<p>Accreditation: <input type="text" value="No"/> *</p> <p>No.Of Licensed Beds: <input type="text"/> *</p> <p>Fiscal Year End Date: <input type="text"/> *</p>
---	---

Pharmacy Details:

<p>Pharmacy Store Number: <input type="text"/></p> <p>340B: <input type="text" value="No"/> *</p> <p>Pharmacy Volume: <input type="text" value="High"/> *</p>	<p>National Association of Board of Pharmacy Number: <input type="text"/></p> <p>Pharmacy Type: <input type="text" value="Mail Order"/> *</p> <p>Unit Dose Pharmacy: <input type="text" value="No"/> *</p>
--	---

Regional Support Network Details:

R. U. ID:

Figure 4 - Add Provider Location

About the Add Provider Location Form

- Every Provider enrolling with an NPI must have an NPI Base Location. The NPI Base Location is used to anchor all of the Provider's NPI-related specializations and related details.

- For NPI Base Location, Managed Care Location, and for Social Services Locations, three addresses are required:
 - A “Location” address
 - A “Pay-To” address
 - A “Mailing” address
- For an NPI Servicing Location, two addresses are required:
 - A “Location” address
 - A “Mailing” address
- Mailing and pay-to addresses are subordinate to the location address.



Click the OK button to save the information and close the window, or Cancel to close the window without saving.

Modifying a Location Record



From the Locations List, click the link in the Location Code column.

<input type="checkbox"/>	Location Code ▲ □
<input type="checkbox"/>	00 ←



ProviderOne displays the Location Details screen.

This page is intentionally blank.

Close
Save

Location Details:

Location Business Name: *

Contact First Name: *

Phone Number: *

Cell Phone Number:

Web Page:

Location Code: 00

Contact Last Name:

Fax Number:

WA Tax Revenue Code:

Location Type: NPI Base Location

Accept New Client:

Email Address:

Communication Preference:

Business Status: Active/Open **Start Date:** 07/02/2008 **End Date:** 12/31/2999

System Status: Approved **Start Date:** **End Date:**

Facility Details:

State Facility Id:

Accreditation:

No. Of Licensed Beds: *

Distinct Part Unit: *

Fiscal Year End Date: *

Pharmacy Details:

Pharmacy Store Number:

340B:

Pharmacy Volume:

National Association of Board of Pharmacy Number:

Pharmacy Type:

Unit Dose Pharmacy:

Regional Support Network Details:

R. U. ID:

Add Address

Address List:

Filter By:

	Address Type	Address	Start Date	End Date	Status
<input type="checkbox"/>	Location	2008 N Division St, Spokane, Washington	07/02/2008	12/31/2999	APPROVED
<input type="checkbox"/>	Mailing	2008 N Division St, Spokane, Washington	07/02/2008	12/31/2999	APPROVED
<input type="checkbox"/>	Pay-To	2008 N Division St, Spokane, Washington	07/02/2008	12/31/2999	APPROVED

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SaveToXLS

Figure 5 - Location Details – Facility/Pharmacy/RSN

About the Location Details Screen

- Use the Address List to add and edit location addresses.



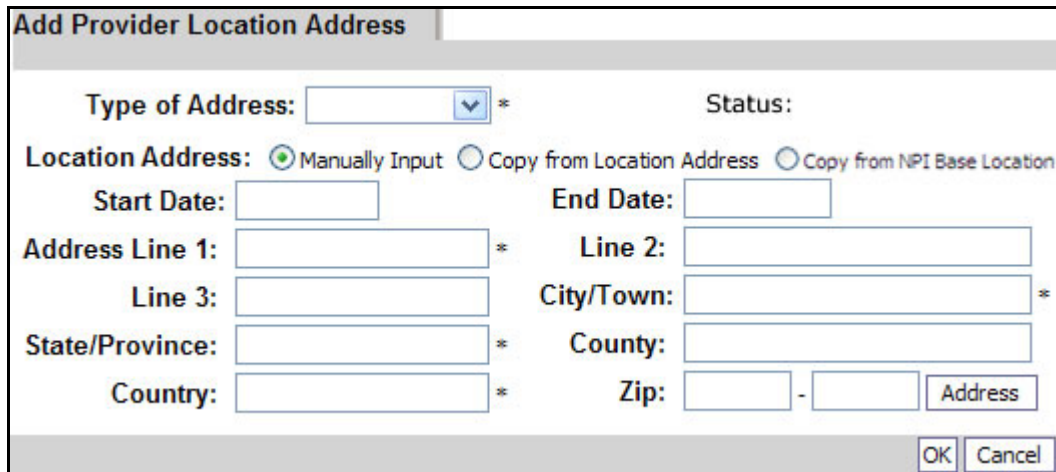
After making your changes, click the OK button to save, or the Cancel button to close the window without saving.

Add an Address to a Location



From the Location Details screen, click the Add Address button.

ProviderOne displays the Add Provider Location Address form.



The screenshot shows a web form titled "Add Provider Location Address". The form includes the following fields and options:

- Type of Address:** A dropdown menu with a downward arrow and an asterisk (*).
- Status:** A text field.
- Location Address:** Three radio button options: "Manually Input" (selected), "Copy from Location Address", and "Copy from NPI Base Location".
- Start Date:** A text input field.
- End Date:** A text input field.
- Address Line 1:** A text input field with an asterisk (*).
- Line 2:** A text input field.
- Line 3:** A text input field.
- City/Town:** A text input field with an asterisk (*).
- State/Province:** A text input field with an asterisk (*).
- County:** A text input field.
- Country:** A text input field with an asterisk (*).
- Zip:** A text input field followed by a hyphen (-) and another text input field, with an "Address" button to the right.
- Buttons:** "OK" and "Cancel" buttons at the bottom right.

Figure 6 - Add Provider Location Address

About the Add Provider Location Address Form

- Selecting Same As Location Address or Same As NPI Base Location, copies the details of those locations to this form.



After completing the form, click the OK button to Save and return to the Location Details Screen or Click the Cancel button to close without saving.

Edit a Location Address



From the Location Details screen, click the link in the Address Type column.

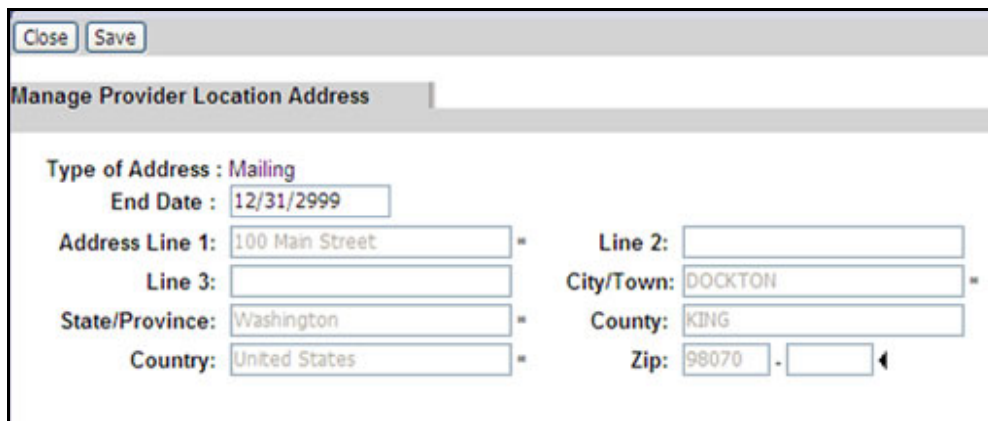


Address List:

Address Type
Location



ProviderOne displays the Manage Provider Location Address form.



Close Save

Manage Provider Location Address

Type of Address : Mailing

End Date : 12/31/2999

Address Line 1: 100 Main Street = Line 2: =

Line 3: = City/Town: DOCKTON =

State/Province: Washington = County: KING

Country: United States = Zip: 98070 - =

Figure 7 - Manage Provider Location Address



After completing the form, click the Save button to save and return to the Location Details screen or click the Close button to close without saving.

View/Add Specializations

Accessing the Specialty/Subspecialty List



From the Business Process Wizard, click the Specializations link.

Step # : Specializations



ProviderOne displays the Specialty/Subspecialty List.

Provider Type	Specialty/Subspecialty	Administration	Start Date	End Date	Operational Status	Status	Inactivation Date	End Reason
20-Allopathic & Osteopathic Physicians	7Q-Family Practice/50015-Sports Medicine	HRSA	06/05/2000	12/31/2999	Active	Approved		
20-Allopathic & Osteopathic Physicians	7Q-Family Practice/00300-Geriatric Medicine	HRSA	06/05/2000	12/31/2999	Active	Approved		
20-Allopathic & Osteopathic Physicians	7Q-Family Practice/A0505-Adult Medicine	HRSA	06/05/2000	12/31/2999	Active	Approved		
20-Allopathic & Osteopathic Physicians	7Q-Family Practice/A0401-Addiction Medicine	HRSA	06/05/2000	12/31/2999	Active	Approved		
20-Allopathic & Osteopathic Physicians	7Q-Family Practice/A0000-Adolescent Medicine	HRSA	06/05/2000	12/31/2999	Active	Approved		
20-Allopathic & Osteopathic Physicians	7Q-Family Practice/00000-Family Practice	HRSA	06/05/2000	12/31/2999	Active	Approved		

Figure 8 - Specialty/Subspecialty List

About the Specialty/Subspecialty List for Enrollment

- This list displays all specializations by location.

This page is intentionally blank.

Adding a Specialization



To add a new record, click the Add button.

ProviderOne displays the Add Specialty/Subspecialty form.

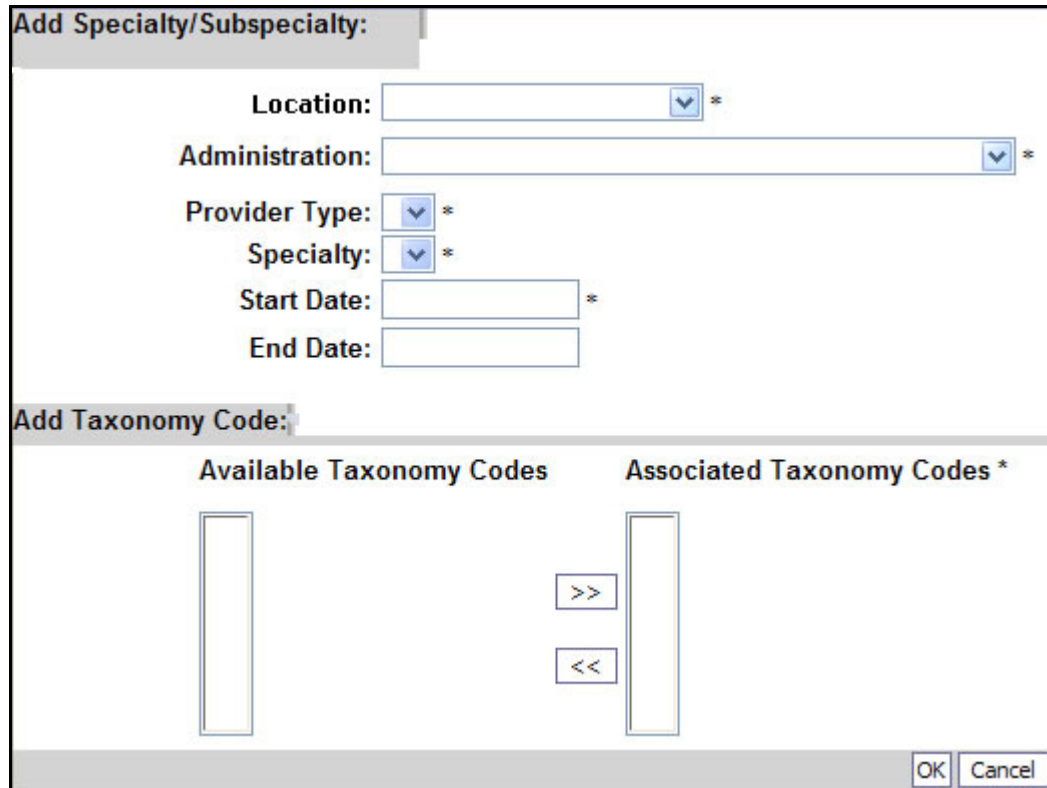


Figure 9 - Add Specialty/Subspecialty

About the Add Specialty/Subspecialty Form

- To add a Specialty to all Provider Locations, select All from the Location drop-down.



Click the OK button to save the information and close the window, or Cancel to close the window without saving.



ProviderOne displays the Specialty/Subspecialty List.

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.



Close Add Update

Note: Provider Type and Specialty/Subspecialty are your Tax

Specialty/Subspecialty List:

Filter By :

<input type="checkbox"/>	Provider Type ▲ ▼	Specialty/Subspecialty □ ▼
<input checked="" type="checkbox"/>	22-Respiratory, Developmental, Rehabilitative and	78-Respiratory Therapist- Certified/C020 Care



ProviderOne displays the Manage Specialty/Subspecialty list.

Manage Specialty:

Provider Type	Specialty/Subspecialty	Location Code	Location Name	Administration	Start Date	End Date	Status	End Reason
20-Allopathic & Osteopathic Physicians	70-Family Practice/50010-Sports Medicine	00	Coxy Critical Care	HRSA	06/05/2000	12/31/2009	Approved	▼

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Ok Cancel

Figure 10 - Manage Specialty/Subspecialty

About the Manage Specialty/Subspecialty List

- The Start Date, End Date, and End Reason fields can be edited.



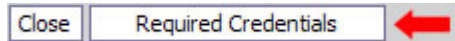
After making your changes, click the OK button to save, or the Cancel button to close the window without saving.

View Required Credentials for Specializations

Accessing the Required Credentials For Specialization List



From the Business Process Wizard, click the Required Credentials button.



ProviderOne displays the Required Credentials For Specializations list.

Required Credentials For Specialization:			
Filter By : 01-License <input type="button" value="Go"/>			
Specialty/Subspecialty ▲ □	Provider Type ▲ ▼	Administration ▲ ▼	License ▲ ▼
84-Psychiatry & Neurology/N 0400-Neurology	20-Allopathic & Osteopathic Physicians	MHD	Graduation of Residency of Psychiatric Program Certificatio
84-Psychiatry & Neurology/N 0400-Neurology	20-Allopathic & Osteopathic Physicians	MHD	Professional License
84-Psychiatry & Neurology/N 0401-Addiction Medicine	20-Allopathic & Osteopathic Physicians	MHD	Graduation of Residency of Psychiatric Program Certificatio
84-Psychiatry & Neurology/N 0401-Addiction Medicine	20-Allopathic & Osteopathic Physicians	MHD	Professional License

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Figure 11 - Required Credentials For Specialization



To view License, Identifier and Training requirements, use the Filter By drop-down.

Required Credentials For Specialization:	
Filter By :	<div style="border: 1px solid black; padding: 2px;"> 01-License ▼ 02-Identifier 03-Training </div> <input type="button" value=" Go"/>



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

This page is intentionally blank.

View/Update Ownership Details

Accessing the Owners List



From the Business Process Wizard, click the Ownership Details link.

Step # : Ownership Details



ProviderOne displays the Owners list.

Close		Add				
Owners List:						
Filter By :		<input type="text"/>	<input type="text"/>	And	<input type="text"/>	
		<input type="text"/>				Go
<input type="checkbox"/>	Owner Id ▲ □	Owner Name ▲ ▼	Owner Type ▲ ▼	Start Date ▲ ▼	End Date ▲ ▼	Status ▲ ▼
<input type="checkbox"/>	99-3877755	Mario Health Center	Organization	07/02/2008	12/31/2999	Approved
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				SaveToXLS		

Figure 12 - Owners List

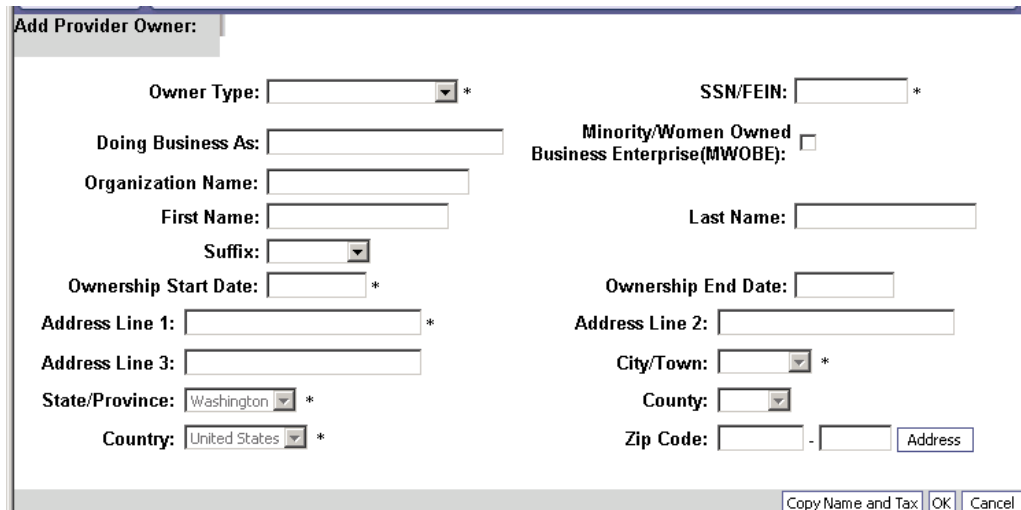
This page is intentionally blank.

Adding an Owner



To add a new record, click the Add button.

ProviderOne displays the Add Provider Owner form.



Add Provider Owner:

Owner Type: *

SSN/FEIN: *

Doing Business As:

Minority/Women Owned Business Enterprise(MWOBE):

Organization Name:

First Name:

Last Name:

Suffix:

Ownership Start Date: *

Ownership End Date:

Address Line 1: *

Address Line 2:

Address Line 3:

City/Town: *

State/Province: Washington *

County:

Country: United States *

Zip Code: -

Figure 13 - Add Provider Owner

About the Add Provider Owner Form

- If Owner Type is Organization, use FEIN.
- If Owner Type is Individual, use SSN (do not use dashes).
- The Start Date is the first day of ownership.
- To copy the First Name, Last Name, and SSN/FEIN fields from the Basic Information page to this page, click the Copy Name and Tax button.



Click the OK button to save the information and close the window, or Cancel to close the window without saving.

Modifying an Owner Record



From the ProviderOne Owners list, click the link in the Owner Id column.

<input type="checkbox"/>	Owner Id	Owner Name
<input type="checkbox"/>	99-3877755	Mario Health Center

↑



ProviderOne displays the Provider Owner Details form.

Close Save View History Copy Name and Tax

Provider Owner Details:

Owner Type: Organization **SSN/FEIN:** 99-99999999 *
Doing Business As: Mario Health Center **Minority/Women Owned Business Enterprise(MWOBE):**
Organization Name: Mario Health Center **Ownership End Date:** 12/31/2999
Ownership Start Date: 07/01/2008 *

Address Line 1: 2008 N Division St * **Address Line 2:**
Address Line 3: **City/Town:** SPOKANE *
State/Province: Washington * **County:** SPOKANE
Country: United States * **Zip Code:** 99207 - Address

Status: Approved

Associated Providers:

Provider Id	Provider Name	Start Date	End Date
No Records Found !			

Figure 14 - Provider Owner Details

About the Provider Owner Details Form

- To change the address, click the Address button.
- To copy the First Name, Last Name, and SSN/FEIN fields from the Basic Information page to this page, click the Copy Name and Tax button.



After making your changes, click the Save button to save, or the Close button to close the window without saving.

View/Update Licenses and Certifications

Accessing the License/Certification List



From the Business Process Wizard, click the Licenses and Certifications link.

Step # : Licenses and Certifications



ProviderOne displays the License/Certification List.

<input type="checkbox"/>	License/Certification Type ▲ ▾	License/Certification # ▲ ▼	Effective Date ▲ ▼	End Date ▲ ▼	Status ▲ ▼
<input type="checkbox"/>	NURSING HOME LICENSE	44778866	06/06/2006	12/31/2999	APPROVED
<input type="checkbox"/>	MEDICARE CERTIFICATION	445555888877	02/12/2001	12/31/2999	APPROVED
<input type="checkbox"/>	BUSINESS LICENSE	778822333333	12/10/2000	12/31/2999	APPROVED

License/Certification List:
 Filter By: And

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Figure 15 - License/Certification List

About the License/Certification List for Enrollment

- This list displays all Licenses/Certifications by location.

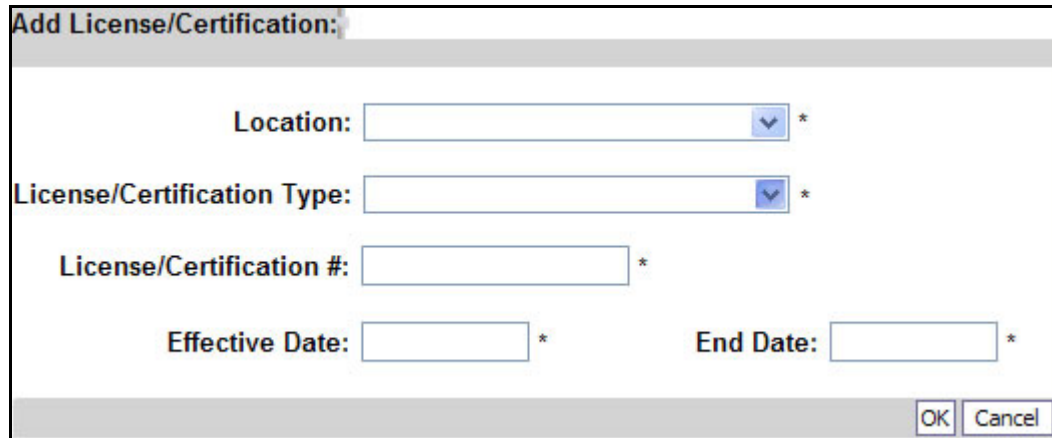
This page is intentionally blank.

Adding a License/Certification



To add a new record, click the Add button.

ProviderOne displays the Add License/Certification form.



Add License/Certification:

Location: *

License/Certification Type: *

License/Certification #: *

Effective Date: * End Date: *

OK Cancel

Figure 16 - Add License/Certification

About the Add License/Certification Form

- To add a License/Certification to all Provider Locations, select All from the Location drop-down.



Click the OK button to save the information and close the window, or Cancel to close the window without saving.

Modifying a License/Certification Record



From the License/Certification List, click the hyperlink in the License/Certification# column.

<input type="checkbox"/>	License/Certification # ▲ □	License/Certification Type ▲ ▼
<input type="checkbox"/>	258930413 ←	Professional License



ProviderOne displays the Manage License/Certification form.

Manage License/Certification :

Location: ▼ *

License/Certification Type: ▼ *

License/Certification #: *

Effective Date: * End Date: *

Figure 17 - Manage License/Certification



After making your changes, click the OK button to save, or the Cancel button to close the window without saving.

View/Update Training and Education

Accessing the Training/Education List

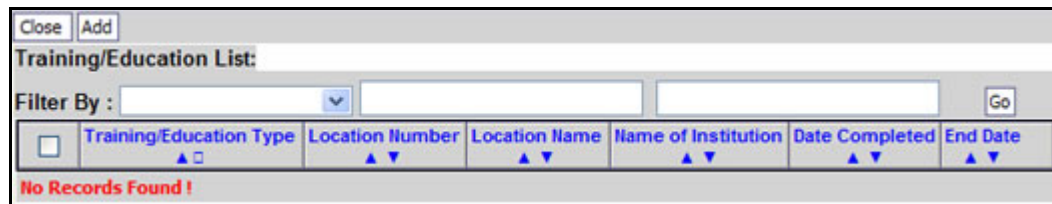


From the Business Process Wizard, click the Training and Education link.

Step # : Training and Education



ProviderOne displays the Training/Education List.



The screenshot shows a web interface for the Training/Education List. At the top, there are 'Close' and 'Add' buttons. Below them is the title 'Training/Education List:'. A 'Filter By:' section contains a dropdown menu, two text input fields, and a 'Go' button. Below the filter section is a table with the following columns: a checkbox, 'Training/Education Type', 'Location Number', 'Location Name', 'Name of Institution', 'Date Completed', and 'End Date'. Each column has a small triangle icon indicating it is sortable. At the bottom of the table, a red message reads 'No Records Found!'.

Figure 18 - Training/Education List

This page is intentionally blank.

Adding a Training/Education Record



To add a new record, click the Add button.

ProviderOne displays the Add Training/Education form.

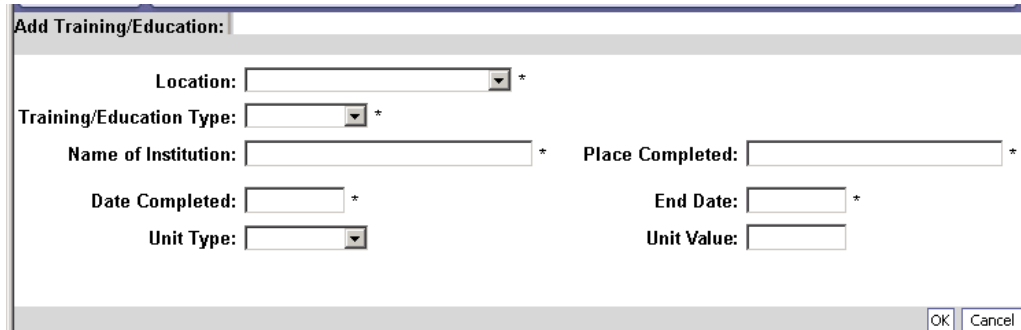


Figure 19 - Add Training/Education

About the Add Training/Education Form

- To add a Training/Education to all Provider Locations, select All from the Location drop-down.



Click the OK button to save the information and close the window, or Cancel to close the window without saving.

Modifying a Training/Education Record



From the Training/Education List, click the hyperlink in the Training/Education Type column.

<input type="checkbox"/>	Training/Education Type ▲ □	Location Number ▲ ▼
<input type="checkbox"/>	SSPS Training ←	00001



ProviderOne displays the Manage Training/Education form.

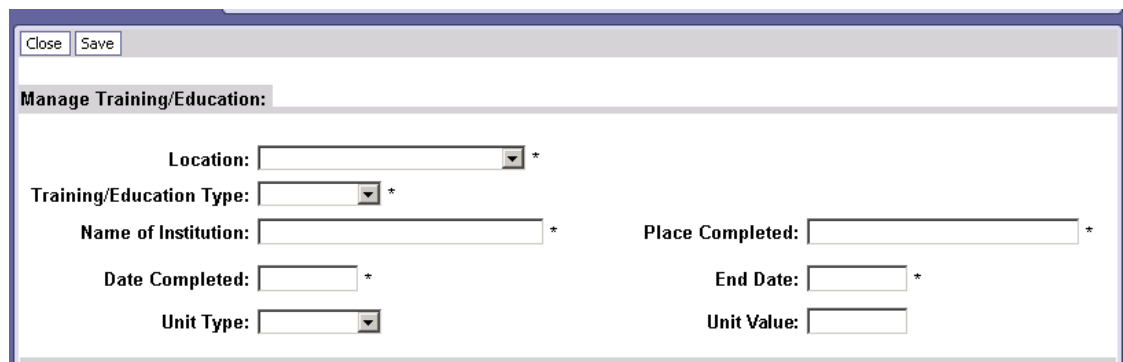


Figure 20 - Manage Training/Education



After making your changes, click the Save button to save, or the Close button to close the window without saving.

This page is intentionally blank.

View/Update Provider Identifiers

Accessing the Provider Identifiers List

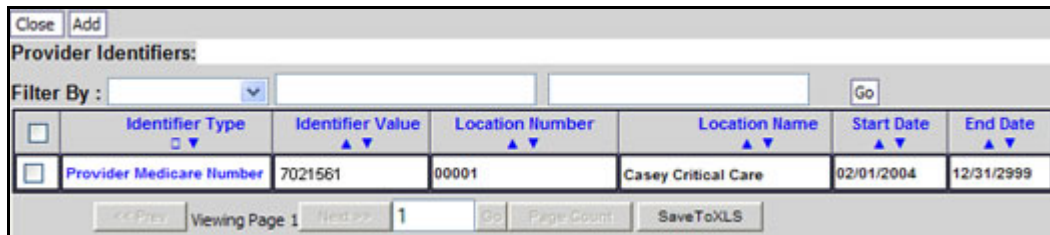


From the Business Process Wizard, click the Identifiers link.

Step # : Identifiers



ProviderOne displays the Provider Identifiers List.



Identifier Type	Identifier Value	Location Number	Location Name	Start Date	End Date
Provider Medicare Number	7021561	00001	Casey Critical Care	02/01/2004	12/31/2999

Figure 21 - Provider Identifiers List

About the Provider Identifiers List

- Each row displays a specific identifier for a location.
- Locations may have more than one identifier.

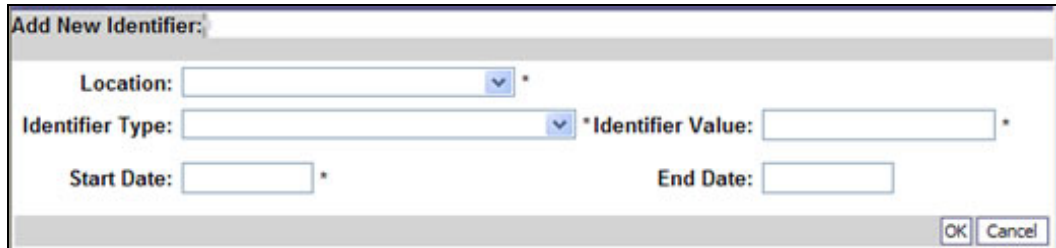
This page is intentionally blank.

Adding an Identifier



To add a new record, click the Add button.

ProviderOne displays the Add New Identifier form.



The screenshot shows a window titled "Add New Identifier:". It contains the following fields:

- Location:** A drop-down menu with a downward arrow and an asterisk.
- Identifier Type:** A drop-down menu with a downward arrow, followed by an asterisk.
- Identifier Value:** A text input field with an asterisk.
- Start Date:** A date input field with an asterisk.
- End Date:** A date input field.

At the bottom right of the window are two buttons: "OK" and "Cancel".

Figure 22 - Add New Identifier

About the Add New Identifier Form

- The Location drop-down will display all current Provider locations.
- To apply the Identifier to All locations, click the All option from the Location drop-down list.




Click the OK button to save the information and close the window, or Cancel to close the window without saving.

Modifying a Provider Identifier Record

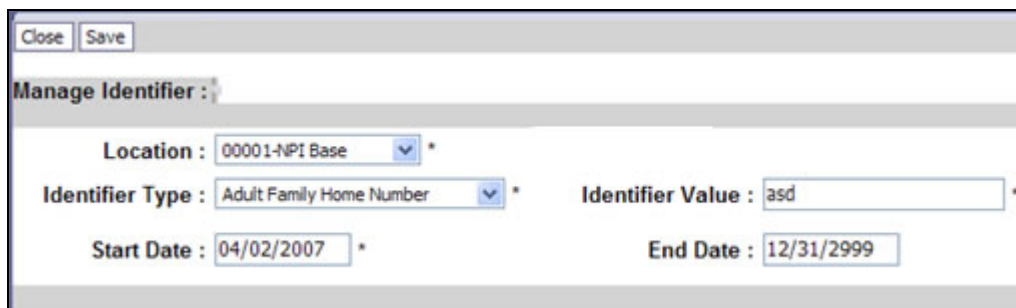


From the ProviderOne Provider Identifiers list, click the link in the Identifier Type column.

<input type="checkbox"/>	Identifier Type ▾
<input type="checkbox"/>	Provider Medicare Number



ProviderOne displays the Manage Identifier page.



The screenshot shows a web form titled "Manage Identifier :". At the top left are "Close" and "Save" buttons. The form contains the following fields:

- Location : 00001-NPI Base ▾ *
- Identifier Type : Adult Family Home Number ▾ *
- Identifier Value : asd *
- Start Date : 04/02/2007 *
- End Date : 12/31/2999

Figure 23 - Manage Identifier



After making your changes, click the Save button to save, or the Close button to close the window without saving.

View/Update Contract Details

Accessing the Contracts List



From the Business Process Wizard, click the Contract Details link.

Step # : Contract Details



ProviderOne displays the Contracts List.

Close		Add	
Contracts List:			
Filter By :	<input type="text"/>	<input type="text"/>	Go
<input type="checkbox"/>	Contract Number □ ▼	Location Number ▲ ▼	Location Name ▲ ▼
<input type="checkbox"/>	4145-90511	00001	Casey Critical Care
<< Prev		Viewing Page 1	Next >>
		1	Go
		Page Count	SaveToXLS

Figure 24 - Contracts List

About the Contracts List

- Provider Contracts are listed by location.

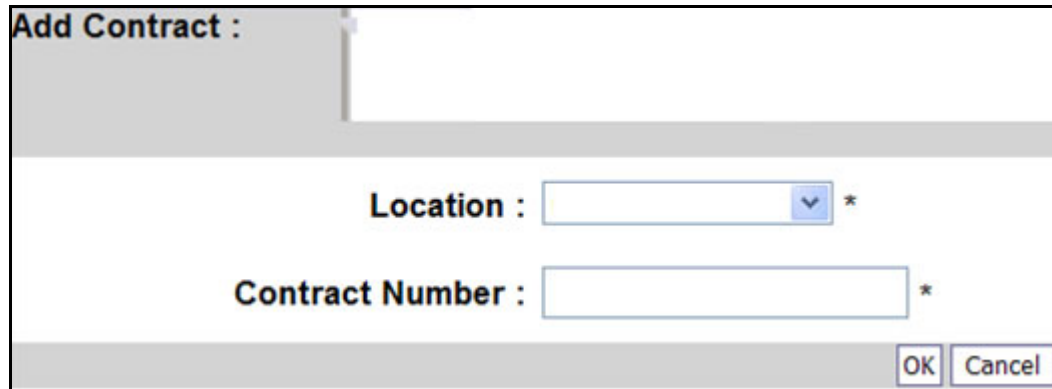
This page is intentionally blank.

Adding a Contract



To add a new record, click the Add button.

ProviderOne displays the Add Contract form.



Add Contract :

Location : *

Contract Number : *

Figure 25 - Add Contract

About the Add Contract Form

- Duplicate numbers are not allowed within a location.
- To apply the contract to all locations, click the All option from the Location drop-down.



Click the OK button to save the information and close the window, or Cancel to close the window without saving.

Modifying a Contract Record

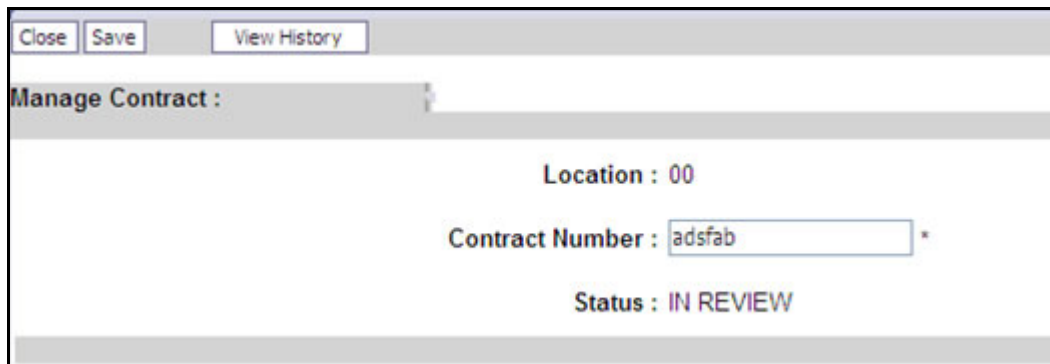


From the Contracts List, click the link in the Contract Number column.

<input type="checkbox"/>	Contract Number
<input type="checkbox"/>	4145-90511



ProviderOne displays the Manage Contract form.



The screenshot shows a web form titled "Manage Contract :". At the top, there are three buttons: "Close", "Save", and "View History". Below the title bar, the form displays the following information:

- Location : 00
- Contract Number : *
- Status : IN REVIEW

Figure 26 - Manage Contract

About the Manage Contract Form

- Duplicate contract numbers are not allowed within a location.



After making your changes, click the Save button to save, or the Close button to close the window without saving.

View/Update Federal Tax Details

W-9 information is required and is collected for all Providers.

W-4 information is collected for Providers who have the appropriate Specializations.

W-5 information is optionally collected for Providers who complete a W-4 form.

Accessing the Federal Tax Details Page

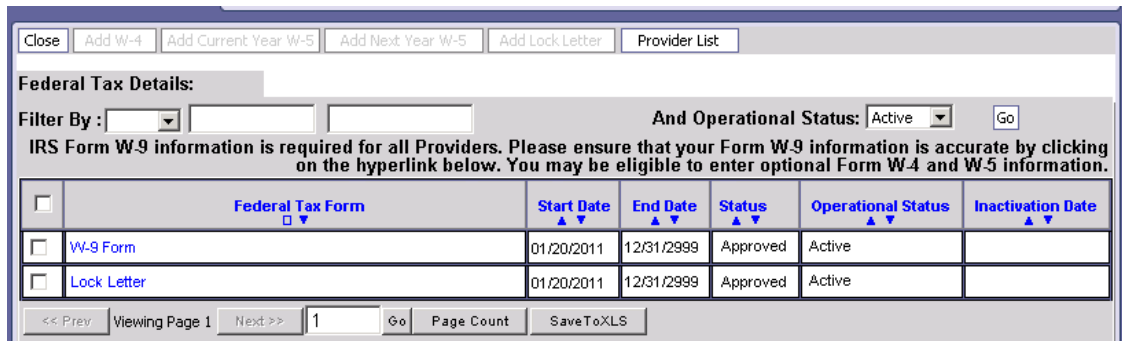


From the Business Process Wizard, click the Federal Tax Details link.

Step # : Federal Tax Details



ProviderOne displays the Federal Tax Details page.



Close Add W-4 Add Current Year W-5 Add Next Year W-5 Add Lock Letter Provider List

Federal Tax Details:

Filter By : [] [] [] And Operational Status: Active [] Go

IRS Form W-9 information is required for all Providers. Please ensure that your Form W-9 information is accurate by clicking on the hyperlink below. You may be eligible to enter optional Form W-4 and W-5 information.

<input type="checkbox"/>	Federal Tax Form	Start Date	End Date	Status	Operational Status	Inactivation Date
<input type="checkbox"/>	W-9 Form	01/20/2011	12/31/2999	Approved	Active	
<input type="checkbox"/>	Lock Letter	01/20/2011	12/31/2999	Approved	Active	

<< Prev Viewing Page 1 Next >> 1 Go Page Count SaveToXLS

Figure 27 - Federal Tax Details Page

About the Federal Tax Details Page

- The W-9 Form is required for all Providers.
- If you are eligible for W-4 or W-5, the buttons will be active.
- If you are not eligible for W-4 or W-5, the buttons will be inactive.

This page is intentionally blank.

Adding Form W-9 Information



To access the W-9 Form, click the W-9 hyperlink.

<input type="checkbox"/>	Federal Tax Form
<input type="checkbox"/>	W-9 Form 



ProviderOne displays the Form W-9 page.

Form W-9: To update/correct the data in the disabled fields, please go back to Basic Information step.

Legal Name: <input type="text" value="Casey, Benjamin"/>	SSN/FEIN: <input type="text" value="555-55-5555"/>
W-9 Entity Type: <input type="text" value="Individual/Sole Proprietor"/>	UBI: <input type="text" value="8988773342"/>
Business Name: <input type="text"/>	
Exempt from Backup Withholding: <input type="checkbox"/>	
Address: <input type="text"/>	
Use Pay-To address from the following location: <input type="text" value="---SELECT---"/>	
Address Line 1: <input type="text"/> *	Line 2: <input type="text"/>
Line 3: <input type="text"/>	City/Town: <input type="text"/> *
State/Province: <input type="text"/> *	County: <input type="text"/>
Country: <input type="text"/> *	Zip: <input type="text"/> - <input type="text"/> <input type="button" value="Address"/>
Phone Number: <input type="text"/> *	
<input type="button" value="OK"/> <input type="button" value="Cancel"/>	

Figure 28 - Form W-9



Complete the form and click the OK button to save the information.



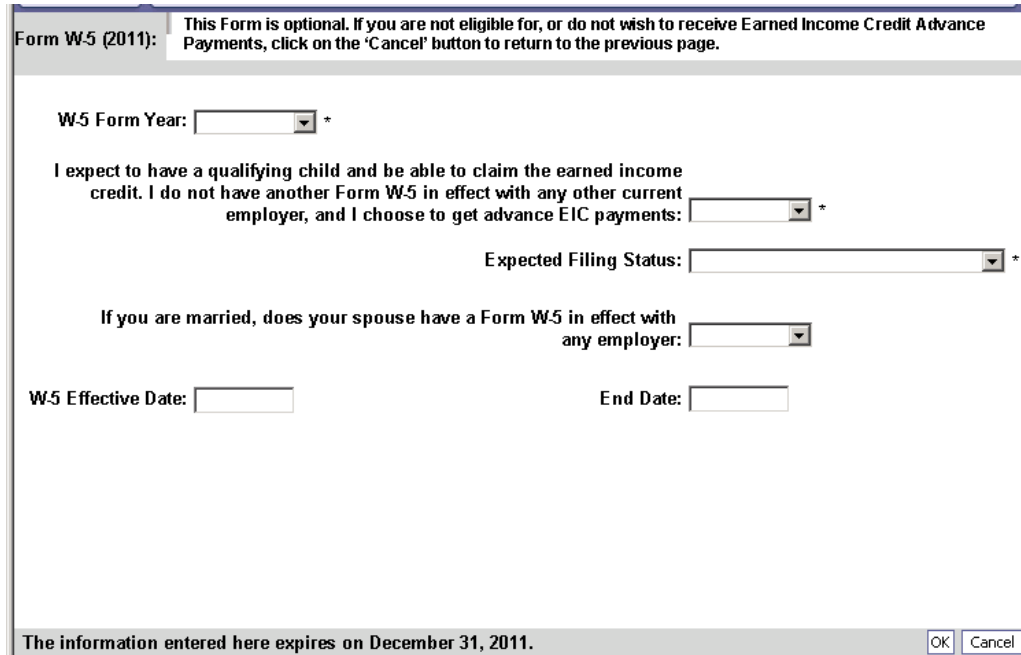
ProviderOne displays the Federal Tax Details page.

Adding Form W-5 Information (if eligible)



Click the Add Current Year W-5 or Add Next Year W-5 button.

ProviderOne displays the Form W-5 page.



Form W-5 (2011): This Form is optional. If you are not eligible for, or do not wish to receive Earned Income Credit Advance Payments, click on the 'Cancel' button to return to the previous page.

W-5 Form Year: *

I expect to have a qualifying child and be able to claim the earned income credit. I do not have another Form W-5 in effect with any other current employer, and I choose to get advance EIC payments: *

Expected Filing Status: *

If you are married, does your spouse have a Form W-5 in effect with any employer:

W-5 Effective Date: End Date:

The information entered here expires on December 31, 2011.

Figure 29 - Form W-5



Complete the form and click the OK button to save the information.

ProviderOne displays the Federal Tax Details page, a W5 Form record is added.

Adding Form W-4 Information (if eligible)



Click the Add W-4 button.

ProviderOne displays the Form W-4 page.

Form W-4: **Federal Withholding (W4) will only to certain services covered under Collective Bargaining Agreement. This form is optional. If you do not wish to have any Federal Income Tax Withheld, click on the 'Cancel' button to return to the previous page. Instructions on how to complete this page are on the IRS W-4 Form. you must turn in a complete, unaltered, signed W-4 for the changes to occur.**

Home Address:

Address Line 1: <input type="text"/> *	Address Line 2: <input type="text"/>
Address Line 3: <input type="text"/>	City/Town: <input type="text"/> *
State/Province: <input type="text"/> *	County: <input type="text"/>
Country: <input type="text"/> *	Zip Code: <input type="text"/> - <input type="text"/> <input type="button" value="Address"/>

Tax Form Year: <input type="text"/> *	(If married, but legally seperated, or spouse is a nonresident alien, select "Single")
Filing Status: <input type="text"/> *	
Number of Allowances: <input type="text"/> *	Additional Amount Withheld: <input type="text"/> *
I Claim Exemption from Withholding: <input type="checkbox"/>	
Tax Form Year Effective Date: <input type="text"/>	Tax Form Year End Date: <input type="text"/> *
IRS Lock Letter Exists: <input type="checkbox"/>	IRS Lock Letter Effective Date: <input type="text"/>
Request cancellation of Withholding in Writing: <input type="checkbox"/>	Request cancellation of Withholding in Writing Date: <input type="text"/>

Figure 30 - Form W-4



Complete the form and click the OK button to save the information.

ProviderOne displays the Federal Tax Details page, a W4 Form record is added.

Modifying a Tax Form Record



From the Federal Tax Details list, click the link in the hyperlink of the form you wish to modify.

<input type="checkbox"/>	Federal Tax Form
<input type="checkbox"/>	W-9 Form ←
<input type="checkbox"/>	W-4 Form ←
<input type="checkbox"/>	W-5 Form ←



ProviderOne displays the appropriate Tax Form page.



After making your changes, click the OK button to save, or the Cancel button to close the window without saving.

View/Update Invoice Details

Accessing the Invoice Preferences List

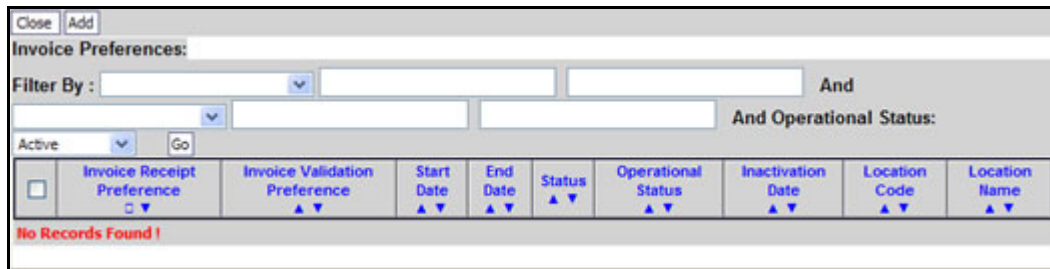


From the Business Process Wizard, click the Invoice Details link.

Step # : Invoice Details



ProviderOne displays the Invoices Preferences list.



	Invoice Receipt Preference	Invoice Validation Preference	Start Date	End Date	Status	Operational Status	Inactivation Date	Location Code	Location Name
No Records Found!									

Figure 31 - Invoice Preferences List

About the Invoice Preference List

- Invoice preferences apply to Provider locations.
- Each row of the Invoice Preferences list refers to a single Provider location.
- Each Provider location can have one, and only one, Invoice Preference record.

This page is intentionally blank.

Adding an Invoice Preference



To add a new record, click the Add button.

ProviderOne displays the Invoice Preferences Enrollment form.

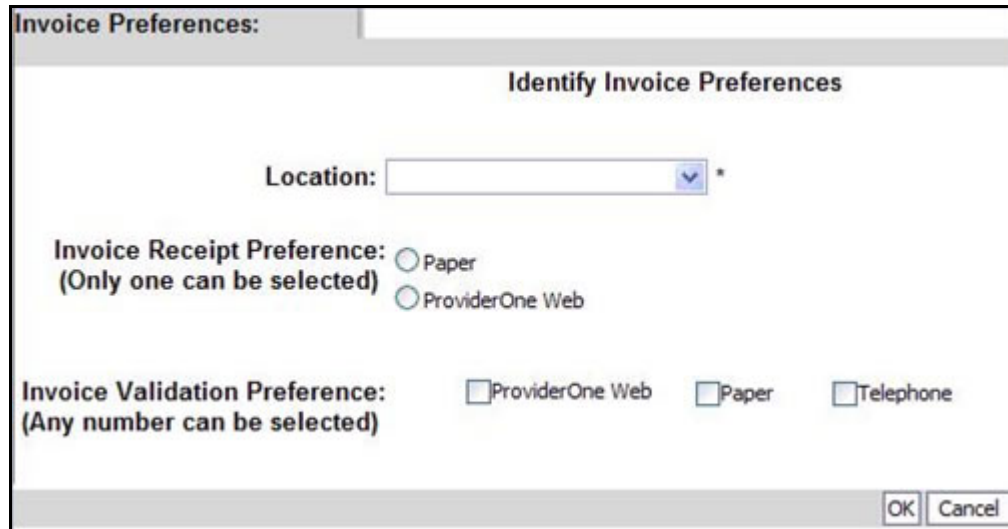


Figure 32 - Add Invoice Preferences

About the Add Invoice Preference Form

- To apply the invoice preferences to all locations, select All from the Location dropdown. ProviderOne will automatically create a separate record for each location.

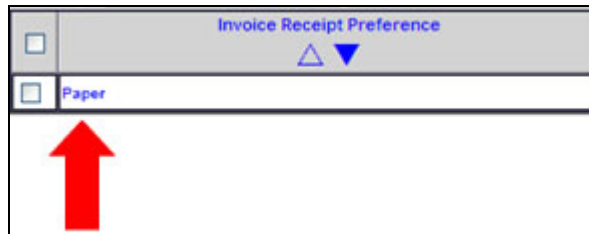


Click the OK button to save the information and close the window, or Cancel to close the window without saving.

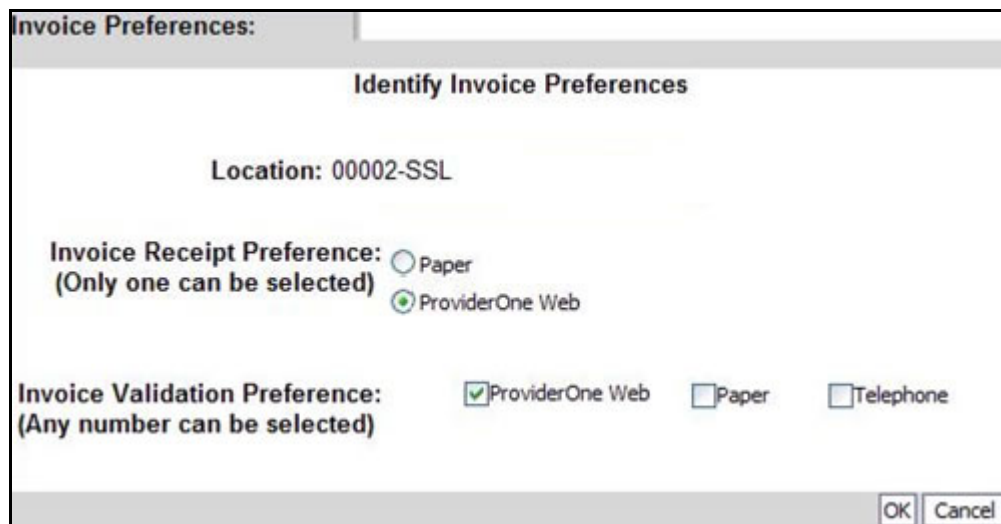
Modifying an Invoice Preference Record



From the ProviderOne Invoice Preferences list, click the link in the Invoice Receipt Preference column.



ProviderOne displays the Update Invoice Preferences form.



Invoice Preferences:

Identify Invoice Preferences

Location: 00002-SSL

Invoice Receipt Preference: (Only one can be selected)

Paper

ProviderOne Web

Invoice Validation Preference: (Any number can be selected)

ProviderOne Web Paper Telephone

OK Cancel

Figure 33 - Update Invoice Preferences

About the Update Invoice Preference Form

- Once a record is created, the location value cannot be changed.



After making your changes, click the OK button to save, or the Cancel button to close the window without saving.

View/Update EDI Submission Method

Accessing the EDI Submission Details Page




From the Business Process Wizard, click the EDI Submission Method link.

Step # : EDI Submission Method



ProviderOne displays the EDI Submission Method list.



EDI Submission Method	Start Date	End Date	Status	Operational Status	Inactivation Date
No Records Found!					

Figure 34 - EDI Submission Method

Adding a Submission Method



From the EDI Submission Method list, click the Add button.



ProviderOne displays the EDI Submission Details page.

EDI Submission Details: You may check multiple Modes of Submission. NPI is required for all selections.

If Web Batch and/or FTP Secured Batch are selected, you must complete and mail a new ProviderOne Trading Partner Agreement.

Mode of Submission: Web Batch Billing Agent/Clearinghouse FTP Secured Batch Web Interactive

Status: In Review

Method	When to Use
Web Batch	For upload/download of files in ProviderOne
Billing Agent/Clearinghouse	For providers who use a 3rd party to bill
FTP Batch	For submitting files via an SFTP site
Web Interactive	For entering (keying) claims directly into ProviderOne

- Your EDI submission method is "Web Batch" if you currently upload and download batch files using WaMedWeb. This method is often used by providers who submit their own HIPAA batch transactions. It allows a maximum file size of 50MB.
 - Your EDI submission method is "FTP Secured Batch" if you submit and retrieve batches at a secure web folder assigned to you by DSHS. This method was designed with clearinghouses and billing agents in mind. It allows a maximum file size of 100 MB.

Figure 35 - EDI Submission Details



Place a check in the box next to the EDI Submission Method(s) you will use and click the OK button.

Modifying an EDI Submission Method



From the EDI Submission Method list, click the hyperlink in the EDI Submission Method column.



ProviderOne displays the EDI Submission Details page.

EDI Submission Details: You may check multiple Modes of Submission. NPI is required for all selections.

If Web Batch and/or FTP Secured Batch are selected, you must complete and mail a new ProviderOne Trading Partner Agreement.

Mode of Submission: Web Batch Billing Agent/Clearinghouse FTP Secured Batch Web Interactive

Status: In Review

Method	When to Use
Web Batch	For upload/download of files in ProviderOne
Billing Agent/Clearinghouse	For providers who use a 3rd party to bill
FTP Batch	For submitting files via an SFTP site
Web Interactive	For entering (keying) claims directly into ProviderOne

- Your EDI submission method is "Web Batch" if you currently upload and download batch files using WaMedWeb. This method is often used by providers who submit their own HIPAA batch transactions. It allows a maximum file size of 50MB.

- Your EDI submission method is "FTP Secured Batch" if you submit and retrieve batches at a secure web folder assigned to you by DSHS. This method was designed with clearinghouses and billing agents in mind. It allows a maximum file size of 100 MB.

OK Cancel

Figure 36 - EDI Submission Details



After completing your modifications, click the OK button to save the changes and close the window.

This page is intentionally blank.

View/Update EDI Billing Software Details

Accessing the EDI Billing Software Information List



From the Business Process Wizard, click the EDI Billing Software Details link.

Step # : EDI Billing Software Details



ProviderOne displays the EDI Billing Software Information list.

<input type="checkbox"/>	Software Name	Software Version	Software Vendor Name	Vendor Contact Title	Vendor Contact Name	Vendor Contact Phone Number	End Date
No Records Found !							

Figure 37 - EDI Billing Software Information

This page is intentionally blank.

Adding an EDI Billing Software Record



To add a new record, click the Add button.

ProviderOne displays the Add EDI Billing Software Information page.

Add EDI Billing Software Information:

Software Vendor Company Name: *

Software Product Name: * Software Version: *

Software Protocol: * <--See the note at the bottom of the page.

Element Delimiter: Default Delimiter * (asterisk)

Segment Delimiter: Default Delimiter ~ (tilde)

Sub-Element Delimiter: Default Delimiter : (colon)

Start Date: * End Date:

Status:

Software Vendor Contact Information:

Contact Title: *

Contact First Name: * Contact Last Name: *

Phone Number: * Fax Number:

Email Address:

Address Line 1: Address Line 2:

Address Line 3:

State/Province: City/Town:

Country: County:

Zip Code: - Address

Note:

- If Web Batch was chosen in step 11, indicate "Web Batch" in the Software Protocol field.
- If "FTP Secured Batch" was chosen in step 11, indicate "FTP Secured Batch" in the Software Protocol field.
- If both were chosen, indicate "Web Batch, FTP" in the software protocol field.

Figure 38 - Add EDI Billing Software Information

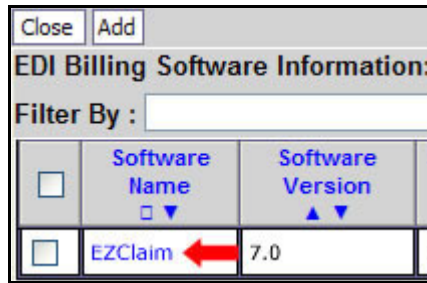


After completing the form, click the OK button to save the information and close the window, or Cancel to close the window without saving.

Modifying an EDI Billing Software Record



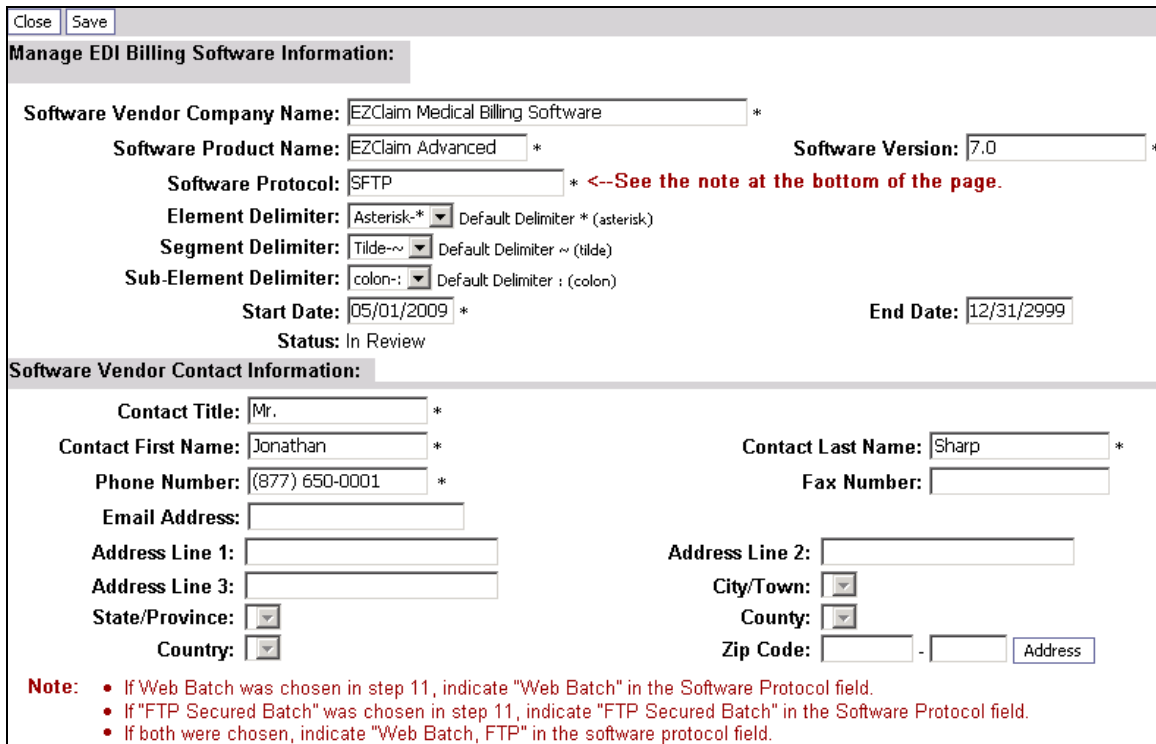
From the EDI Billing Software Information List, click the hyperlink in the Software Name column.



<input type="checkbox"/>	Software Name	Software Version
<input type="checkbox"/>	EZClaim	7.0



ProviderOne displays the Manage EDI Billing Software Information page.



Manage EDI Billing Software Information:

Software Vendor Company Name: *

Software Product Name: * Software Version: *

Software Protocol: * **<--See the note at the bottom of the page.**

Element Delimiter: Default Delimiter * (asterisk)

Segment Delimiter: Default Delimiter ~ (tilde)

Sub-Element Delimiter: Default Delimiter : (colon)

Start Date: * End Date:

Status: In Review

Software Vendor Contact Information:

Contact Title: *

Contact First Name: * Contact Last Name: *

Phone Number: * Fax Number:

Email Address:

Address Line 1: Address Line 2:

Address Line 3: City/Town:

State/Province: County:

Country: Zip Code: -

Note:

- If Web Batch was chosen in step 11, indicate "Web Batch" in the Software Protocol field.
- If "FTP Secured Batch" was chosen in step 11, indicate "FTP Secured Batch" in the Software Protocol field.
- If both were chosen, indicate "Web Batch, FTP" in the software protocol field.

Figure 39 - Manage EDI Billing Software Information



After making your changes, click the Save button to save and the Close button to exit the screen.

View/Update EDI Submitter Details

Accessing the Billing Agent/Clearinghouse/Submitter List

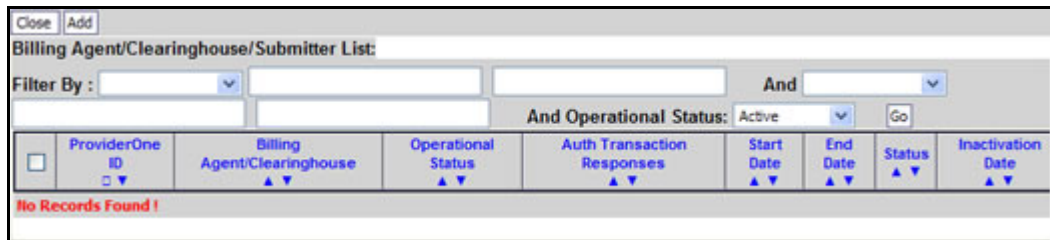


From the Business Process Wizard, click the EDI Submitter Details link.

Step # : EDI Submitter Details



ProviderOne displays the Billing Agent/Clearinghouse/Submitter List.



The screenshot shows a web application interface for managing Billing Agent/Clearinghouse/Submitter Lists. At the top, there are 'Close' and 'Add' buttons. Below them is a search bar labeled 'Billing Agent/Clearinghouse/Submitter List:'. A 'Filter By:' section contains several dropdown menus and text input fields. To the right, there is an 'And Operational Status:' dropdown menu set to 'Active' and a 'Go' button. Below the search area is a table with the following columns: ProviderOne ID, Billing Agent/Clearinghouse, Operational Status, Auth Transaction Responses, Start Date, End Date, Status, and Inactivation Date. Each column header has a small square icon and a dropdown arrow. The table currently displays 'No Records Found!' in red text.

Figure 40 - Billing Agent/Clearinghouse/Submitter List

This page is intentionally blank.

Associate a Billing Agent/Clearinghouse



To add a new record, click the Add button.

ProviderOne displays the Associate Billing Agent/Clearinghouse page.

Associate Billing Agent/Clearinghouse:

Billing Agent/Clearinghouse ProviderOne Id: *

Start Date: * End Date:

Status:

Note: In the "Authorized Transaction Responses" section, please select 'yes' for any outbound HIPAA transactions that your clearinghouse acquires on your behalf.

Authorized Transaction Responses:

Transaction Response	Authorized	Start Date	End Date
271-Eligibility Response	No <input type="button" value="v"/>	<input type="text"/>	<input type="text"/>
277-Claim Status Response	No <input type="button" value="v"/>	<input type="text"/>	<input type="text"/>
277U-Unsolicited Claims Status Response	No <input type="button" value="v"/>	<input type="text"/>	<input type="text"/>
278-Prior Authorization Response	No <input type="button" value="v"/>	<input type="text"/>	<input type="text"/>
820-Premium Payment	No <input type="button" value="v"/>	<input type="text"/>	<input type="text"/>
834-Benefit Enrollment	No <input type="button" value="v"/>	<input type="text"/>	<input type="text"/>
835-Healthcare Claim Payment Advice	No <input type="button" value="v"/>	<input type="text"/>	<input type="text"/>

Figure 41 - Associate Billing Agent/Clearinghouse

About the Associate Billing Agent/Clearinghouse Page

- A Transaction Response type can be assigned to only one Submitter.



After entering a Billing Agent/Clearinghouse ProviderOne Id, change the Authorized column to Yes for each transaction you wish to assign to the Submitter. Enter a Start Date and an End Date. When you are finished, click the OK button to save.

Modifying an EDI Billing Agent/Clearinghouse Submitter Record



From the EDI Billing Agent/Clearinghouse/Submitter List, click the hyperlink in the ProviderOne ID column.

Billing Agent/Clearinghouse/Submitter List:

Filter By :

<input type="checkbox"/>	ProviderOne ID	Billing Agent/Clearinghouse
<input type="checkbox"/>	794089WAO	EZBilling Agent



ProviderOne displays the Manage Billing Agent/Clearinghouse page.

Close Save

Manage Billing Agent/Clearinghouse Association:

Billing Agent/Clearinghouse ProviderOne Id: 7940894WAO
 Start Date: 05/01/2009 * End Date: 12/31/2999

Status: In Review

Note: In the "Authorized Transaction Responses" section, please select 'yes' for any outbound HIPAA transactions that your clearinghouse acquires on your behalf.

Authorized Transaction Responses:

Transaction Responses	Authorized	Start Date	End Date
271-Eligibility Response	Yes	05/01/2999	12/31/2999
277-Claim Status Response	Yes	05/01/2999	12/31/2999
277U-Unsolicited Claims Status Response			
278-Prior Authorization Response			
820-Premium Payment			
834-Benefit Enrollment			
835-Healthcare Claim Payment Advice			

<< Prev Viewing Page 1 Next >> 1 Go Page Count SaveToXLS

Figure 42 - Manage Billing Agent/Clearinghouse Association



After making your changes, click the Save button to save and the Close button to exit the screen.

View/Update EDI Contact Information

Accessing the EDI Contact List

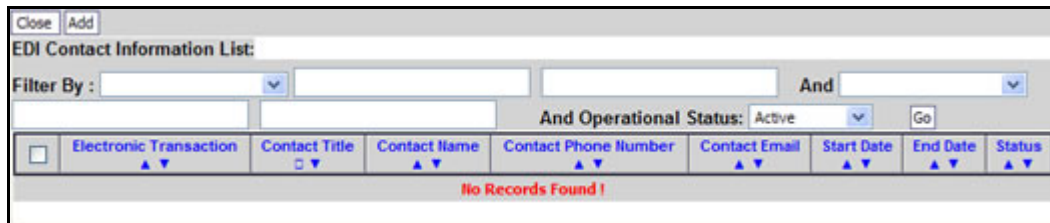


From the Business Process Wizard, click the EDI Contact Information link.

Step # : EDI Contact Information



ProviderOne displays the EDI Contact Information List.



Electronic Transaction	Contact Title	Contact Name	Contact Phone Number	Contact Email	Start Date	End Date	Status
No Records Found!							

Figure 43 - EDI Contact Information List

This page is intentionally blank.

Add an EDI Contact



To add a new record, click the Add button.

ProviderOne displays the Add EDI Contact Information page.

Add EDI Contact Information:

Contact Title : * <-- Please enter your organizational contact information here.

Contact First Name : * **Contact Last Name :** *

Phone Number : * **Fax Number :**

Email Address : **Start Date :** * **End Date :**

Address Line 1 : * **Address Line 2 :**

Address Line 3 :

State/Province : * **City/Town :** *

Country : * **County :**

Zip Code : -

Electronic Transactions:

Note: Please select all appropriate HIPAA transactions you will be using.

Available Transactions	>>	<<	Associated Transactions *
270-Eligibility Enquiry 271-Eligibility Response 276-Claim Status Inquiry 277-Claim Status Response 277U-Unsolicited Claims Status Response 278-Prior Authorization Request 278-Prior Authorization Response 820-Premium Payment 834-Benefit Enrollment 835-Healthcare Claim Payment Advice	>>	<<	

Figure 44 - Add EDI Contact Information



After creating the Contact and assigning transactions, click the OK button to save.

This page is intentionally blank.

Modifying an EDI Contact



From the EDI Contact Information List, click the hyperlink in the Contact Name column.

EDI Contact Information List:			
Filter By : <input type="text"/> <input type="text"/>			
<input type="checkbox"/>	Electronic Transaction ▲ ▼	Contact Title □ ▼	Contact Name ▲ ▼
<input type="checkbox"/>	270,271,278	Mr. 	Card, Kent



ProviderOne displays the Manage EDI Contact Information page.

Close
Save

Manage EDI Contact Information:

Contact Title : * <-- Please enter your organizational contact information here.

Contact First Name : * **Contact Last Name :** *

Phone Number : * **Fax Number :**

Email Address : **End Date :**

Start Date : *

Status : In Review

Address Line 1 : * **Address Line 2 :**

Address Line 3 :

State/Province : * **City/Town :** *

Country : * **County :** *

Zip Code : -

Electronic Transactions:

Note: Please select all appropriate HIPAA transactions you will be using.

Available Transactions		Associated Transactions *
276-Claim Status Inquiry 277-Claim Status Response 277U-Unsolicited Claims Status Response 820-Premium Payment 834-Benefit Enrollment 835-Healthcare Claim Payment Advice 837D-Dental Claim 837I-Institutional Claim 837P-Professional Claim	<input type="button" value=" >>"/> <input type="button" value=" <<"/>	270-Eligibility Inquiry 271-Eligibility Response 278-Prior Authorization Request 278-Prior Authorization Response

Figure 45 - Manage EDI Contact Information



After making your changes, click the Save button to save and the Close button to exit the screen.

The page is intentionally blank.

View/Update Servicing Provider Information

A Servicing Provider relationship may only be established between a Group Provider and a Servicing Provider when both have NPIs.

Accessing the Servicing Providers List



From the Business Process Wizard, click the Servicing Provider Information link.

Step # : Servicing Provider Information



ProviderOne displays the Servicing Providers List.

ProviderOne ID	Servicing Provider Name	Servicing Provider NPI	Start Date	End Date	Status	Operational Status	Inactivation Date
3050186	Mario, Robert	5522447783	07/02/2008	12/31/2999	Approved	Active	
2370635	Sorenson, Herman	3334445558	07/11/2008	12/31/2999	Approved	Active	

Figure 46 - Servicing Provider List

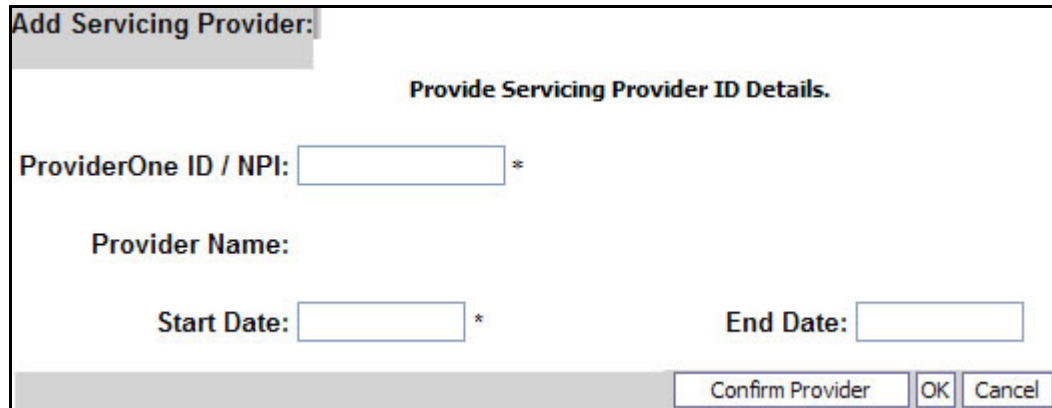
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Adding a Servicing Provider Association



To add a new record, click the Add button.

ProviderOne displays the Add Servicing Provider page.



The screenshot shows a web form titled "Add Servicing Provider:". Below the title is a sub-header "Provide Servicing Provider ID Details." The form contains the following fields and buttons:

- ProviderOne ID / NPI:** A text input field with an asterisk (*) to its right.
- Provider Name:** A text input field.
- Start Date:** A date input field with an asterisk (*) to its right.
- End Date:** A date input field.
- Buttons:** "Confirm Provider", "OK", and "Cancel" buttons are located at the bottom right of the form.

Figure 47 - Add Servicing Provider



Enter the ProviderOne Id/NPI information and click the Confirm Provider button. After ProviderOne confirms the Provider, click the OK button.

Modifying a Servicing Provider Association



From the Servicing Providers List, click the link in the ProviderOne ID column.

<input type="checkbox"/>	ProviderOne ID ▲ ▼	Servicing Provider Name ▲ ▼
<input type="checkbox"/>	3050186 ←	Mario, Robert
<input type="checkbox"/>	2370695	Sorenson, Herman



ProviderOne displays the Manage Servicing Provider page.

Close Save

Manage Servicing Provider :

ProviderOne ID / NPI : 3050186

Provider Name : Mario, Robert

Status : Approved

Start Date : * End Date :

Figure 48 - Manage Servicing Provider



After making your changes, click the Save button, or the Close button to close the window without saving.

Modifying Servicing Provider Information

This section applies to Servicing Only Individual and Tribal Health Service Providers.



From the Servicing Providers List, click the link in the Servicing Provider Name column.

<input type="checkbox"/>	ProviderOne ID ▲ ▼	Servicing Provider Name ▲ ▼
<input type="checkbox"/>	3050186	Mario, Robert ←
<input type="checkbox"/>	2370695	Sorenson, Herman



ProviderOne displays the View/Update Business Process Wizard for the Servicing Provider. See “Managing Servicing Provider Information” for details.

View/Update Provider Data - Individual:							
Business Process Wizard - Provider Data Modification (Individual). In order to finalize submission of y							
<input type="checkbox"/>	Step	Required	Last Modification Date	Last Review Date	Status	Modification Status	Step Remark
<input type="checkbox"/>	Step 1: Basic Information	Required	07/02/2008	07/02/2008	Complete		
<input type="checkbox"/>	Step 2: Locations	Not Required	07/02/2008	07/02/2008	Complete		
<input type="checkbox"/>	Step 3: Specializations	Required	07/02/2008	07/02/2008	Complete		
<input type="checkbox"/>	Step 4: Ownership Details	Not Required	07/02/2008	07/02/2008	Complete		
<input type="checkbox"/>	Step 5: Licenses and Certifications	Required	07/02/2008	07/02/2008	Complete		
<input type="checkbox"/>	Step 6: Training and Education	Optional	07/02/2008	07/02/2008	Complete		
<input type="checkbox"/>	Step 7: Identifiers	Optional	07/02/2008	07/02/2008	Complete		
<input type="checkbox"/>	Step 8: Contract Details	Not Required	07/02/2008	07/02/2008	Complete		
<input type="checkbox"/>	Step 9: Federal Tax Details	Required	07/02/2008	07/02/2008	Complete		
<input type="checkbox"/>	Step 10: Invoice Details	Not Required	07/02/2008	07/02/2008	Complete		
<input type="checkbox"/>	Step 11: EDI Submission Method	Not Required	07/02/2008	07/02/2008	Complete		
<input type="checkbox"/>	Step 12: EDI Billing Software Details	Not Required	07/02/2008	07/02/2008	Complete		
<input type="checkbox"/>	Step 13: EDI Submitter Details	Not Required	07/02/2008	07/02/2008	Complete		
<input type="checkbox"/>	Step 14: EDI Contact Information	Not Required	07/02/2008	07/02/2008	Complete		
<input type="checkbox"/>	Step 15: Billing Provider Details	Optional	07/02/2008	07/02/2008	Complete		
<input type="checkbox"/>	Step 16: Payment Details	Not Required	07/02/2008	07/02/2008	Complete		
<input type="checkbox"/>	Step 17: View Union Information	Required	07/02/2008	07/02/2008	Complete		
<input type="checkbox"/>	Step 18: Submit Modification for Review	Required	07/02/2008	07/02/2008	Complete		

Figure 49 - View/Update Business Process Wizard - Servicing Provider



After completing the modifications, click the Close button to return to the Servicing Provider List.

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View/Update Payment Details

Accessing the Payment Details List

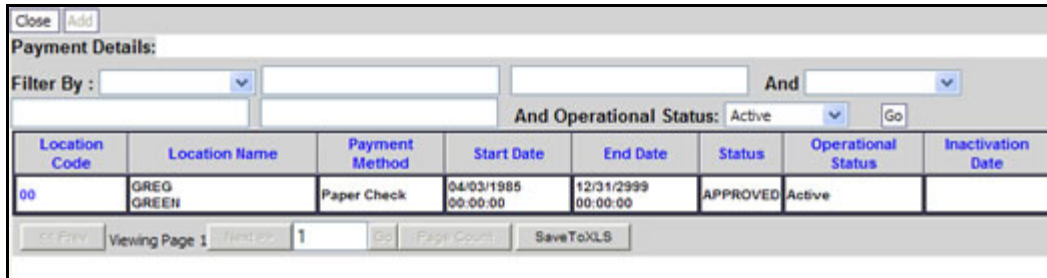


From the Business Process Wizard, click the Payment Details link.

Step # : Payment Details



ProviderOne displays the Payment Details list.



Location Code	Location Name	Payment Method	Start Date	End Date	Status	Operational Status	Inactivation Date
00	GREG GREEN	Paper Check	04/03/1985 00:00:00	12/31/2999 00:00:00	APPROVED	Active	

Viewing Page 1 of 1 | Page Count | SaveToXLS

Figure 50 - Payment Details

About the Payment Details List

- Only one payment method is allowed per location.

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Viewing and Editing a Payment Method



To view and/or edit a Payment Method, click the hyperlink in the Location Code column.



ProviderOne displays the Payment Details form.

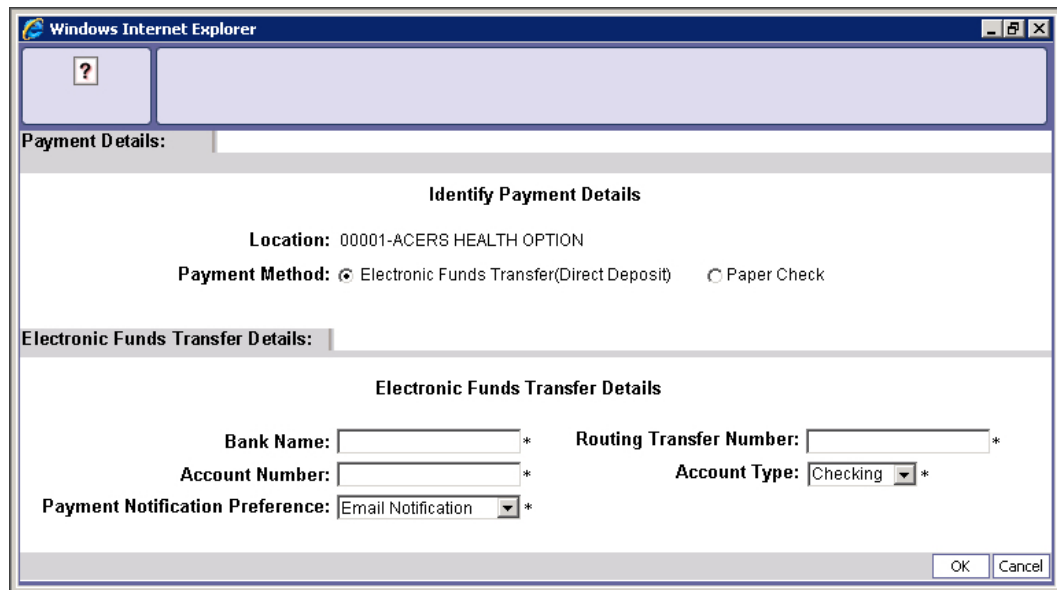


Figure 51 - Payment Details

About the Payment Details Form

- This page allows the payment method to be edited for the location listed.
- The Electronic Funds Transfer Details section will only be viewable if the Payment Method is set to Electronic Funds Transfer.
- When changing from EFT to Paper all information pertaining to the EFT for this location will be lost.



After making your changes, click the OK button to save, or the Cancel button to close the window without saving.

This page is intentionally blank.

Submit Modification for Review

Accessing the Final Submission Page



From the Business Process Wizard, click the Submit Modification for Review link.

Step # : Submit Modification for Review



ProviderOne displays the Final Submission page.

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.	https://fortress.wa.gov/	NO
EDI Required Documentations	Please provide a copy of all require Trading Partner documents.		NO
Contracts and Agreements	Please provide a copy of Contracts, Agreements and current Core Provider.		YES
Business License	Please provide a copy of business license.	http://dor.wa.gov/content/home/brd/default.aspx	NO


Figure 52 - Final Submission

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Obtaining Documentation Source Documents



To download source documents, click the hyperlink in the Source column.


Tax Documents	Please provide a copy of all required Tax Documents.	http://www.irs.gov 	YES
---------------	--	---	-----

Printing the Documentation Cover Sheet



Click the [this link](#) hyperlink to display the documentation cover sheet.

Instructions for submitting documentation:
1. Please click on [this link](#) to display the documentation cover sheet.





ProviderOne displays a PDF version of the cover sheet.

ProviderOne

Provider Modification Document Submission Cover Sheet

Provider ID

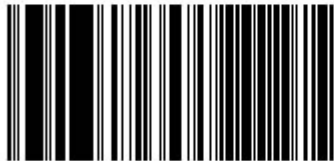


Figure 53 - Provider Modification Cover Sheet



Enter the Provider ID and print the cover sheet. Include this cover sheet with the documentation listed in the Application Document Checklist.

Re-printing the Documentation Cover Sheet



From the Business Process Wizard, click the Submit Modification for Review link.

Step # : Submit Modification for Review



Click the [this link](#) hyperlink to display the documentation cover sheet. Follow the steps on the previous page.

Instructions for submitting documentation:
1. Please click on [this link](#) to display the documentation cover sheet.



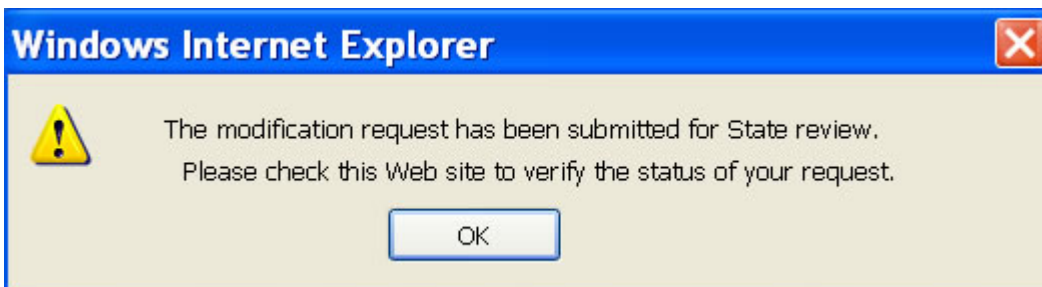
Submitting the Provider Modifications to DSHS



From the Final Submission page, click the Submit Provider Modification button.



ProviderOne displays the following Internet Explorer message.



Click OK to close the message and then click the Close button.

Undoing Provider Information Updates

The Undo Update option is only available prior to clicking the Submit Modification button.



To Undo a modification, check the Step and click the Undo Update button.

Close	Required Credentials	Undo Update
<input type="checkbox"/>	Step	
<input checked="" type="checkbox"/>	Step 1: Basic Information	

Red arrows point to the 'Undo Update' button and the 'Step 1: Basic Information' checkbox.

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