



Washington State Department of  
Labor & Industries

**Provider** ne



# Enrolling as an individual billing provider

## *ProviderOne User Guide*

Updated November 2022

*Disclaimer: Every effort was made to ensure this manual's accuracy. However, in the unlikely event of an actual or apparent conflict between this document and department rule, the department rule controls.*

# Table of Contents

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<b>Enrolling as an individual billing provider .....</b>	<b>1</b>
Select the right guide .....	1
Other guides.....	2
Provider enrollment links.....	3
<b>Step 1: Basic information.....</b>	<b>4</b>
Selecting the enrollment type .....	4
Basic Information.....	4
Application ID .....	6
Business Process Wizard (BPW).....	6
<b>Step 2: Add locations .....</b>	<b>8</b>
Add provider Location form .....	8
Add locations.....	8
Add physical location information .....	9
Add address information .....	9
L&I specific information .....	10
Add servicing locations .....	11
Delete a location.....	11
<b>Step 3: Provider additional information .....</b>	<b>12</b>
Correspondence address .....	12
<b>Step 4: Add specializations.....</b>	<b>14</b>
Adding specializations .....	14
Deleting specializations.....	15
<b>Step 5: Add ownership details .....</b>	<b>16</b>
Delete ownership information .....	17
<b>Step 6: Add licenses and certifications.....</b>	<b>18</b>
Check required credentials.....	18
Add licenses/certifications .....	18
Delete licenses/certifications .....	19
<b>Step 7: Add training and education .....</b>	<b>20</b>
Check required credentials.....	20
Add training/education type.....	20
<b>Step 8: Add identifiers.....</b>	<b>22</b>
Check required credentials.....	22
Add malpractice insurance .....	22

<b>Step 9: Add contract details</b>	<b>24</b>
<b>Step 10: Add federal tax details</b>	<b>25</b>
Add federal tax details	25
<b>Steps 11-14: Not applicable to L&amp;I providers</b>	<b>26</b>
<b>Step 15: Add billing provider information</b>	<b>27</b>
<b>Step 16: Add servicing provider information</b>	<b>28</b>
<b>Step 17: Add payment and remittance details</b>	<b>29</b>
Adding payment and remittance details	29
Electronic Funds Transfer (Direct Deposit)	29
Paper check	30
Electronic Remittance Advice	30
Submission information	30
<b>Step 18: Complete enrollment checklist</b>	<b>31</b>
<b>Step 19: Final enrollment instructions</b>	<b>32</b>
Upload information	32
Submit the enrollment application	34

# Enrolling as an individual billing provider

There are two types of individual providers, billing and servicing. An individual *billing* provider works for themselves and submits their own bills. An individual *servicing* provider works for someone else who bills on their behalf. For more information, go to [Enrolling a servicing provider guide](#).

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

- Starting the application.
- Entering basic provider information.
- Finishing application steps.
- Submitting the application to ProviderOne.

## SELECT THE RIGHT GUIDE

If you are one of the following providers go to Step 1. If not, go to [Other Guides](#) to determine which guide to use.

Audiologist, Certified	Optometrist
Chiropractor	Osteopathic Physician
Dentist	Physical Therapist
East Asian Medicine	Physician
Hearing Aid Fitter/Dispenser	Physician Assistant, Certified
Licensed Massage Therapist	Podiatrist
Master Level Therapist	Prosthetist/Orthotist
Naturopath	Psychologist
Nurse	Respiratory Therapist
Occupational Therapist	Speech Therapist
Optician	Vocational individual providers – Visit <a href="#">Become a Vocational Provider</a> .

## OTHER GUIDES

Find your provider type below and use the corresponding guide.

Go to the <a href="#">&lt;Group Guide&gt;</a> for these provider types:	Go to the <a href="#">&lt;FAOI Guide&gt;</a> for these provider types:
Chiropractic Clinic	Ambulance
Clinic	Ambulatory Surgery Center
Occupational Therapist Clinic	Book Store
Pain Clinic – Dolorology	DME Supplier
Physical Therapy Clinic	DME Home Infusion Therapy
Vocational Firm – Visit <a href="#">Become a Vocational Provider</a> .	Drug/Alcohol Treatment Facility
	Free Standing Emergency Room
	Home Health Agency
	Home Modifications
	Hospitals
	Independent Diagnostic Testing Facility
	Investigative Services
	Job Mod/Pre Job Supplier/Pre Job Consultant
	Laboratory Facility
	Lodging
	Nursing Home
	Adult Family Home
	Skilled Nursing Facility
	Boarding Home
	Pharmacy
	Private Transportation (Taxi, Bus, Airline)
	Public Transportation
	Radiologists
	Rehabilitation (Brain/Head Injury Program)

Go to the < <a href="#">Group Guide</a> > for these provider types:	Go to the < <a href="#">FAOI Guide</a> > for these provider types:
	Schools (Retraining Services) – Visit <a href="#">Become a Training Provider</a> .
	Vehicle Modification

## PROVIDER ENROLLMENT LINKS

Start a new provider enrollment application by going to:

<https://www.waproviderone.org/ecams/jsp/common/pgNewPrvdrEnrollment.jsp>

Resume or track an enrollment application by going to:

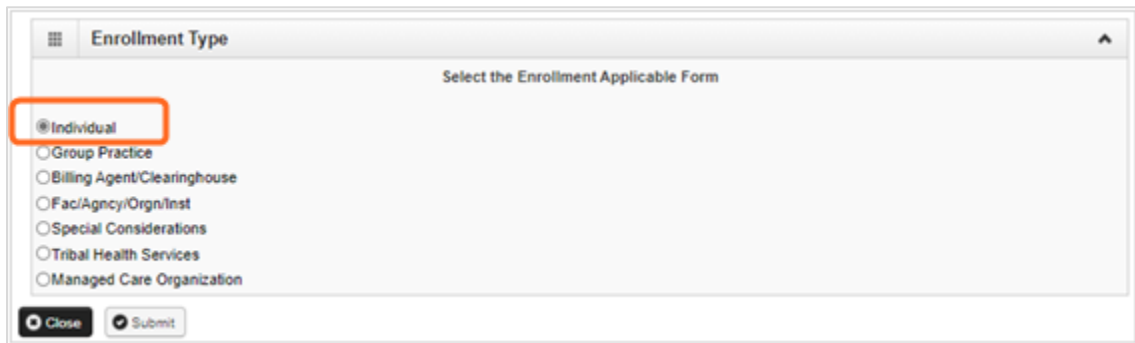
<https://www.waproviderone.org/ecams/jsp/common/pgTrackPrvdrApplctn.jsp>

You'll need your application ID and the Social Security Number or Federal Employer Identification Number associated with the account to log in.

# Step 1: Basic information

## SELECTING THE ENROLLMENT TYPE

- Select **Individual**
- Click **Submit**

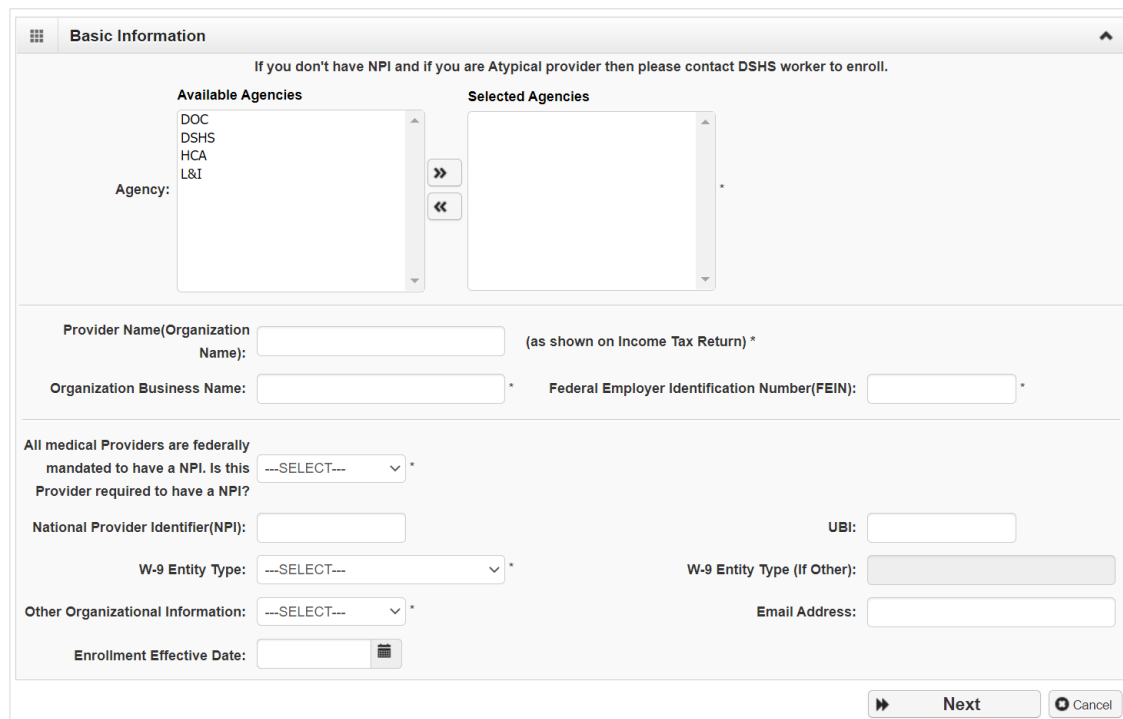


The screenshot shows a dialog box titled "Enrollment Type" with the instruction "Select the Enrollment Applicable Form". It contains a list of radio button options:  Individual,  Group Practice,  Billing Agent/Clearinghouse,  Fac/Agency/Orgn/Inst,  Special Considerations,  Tribal Health Services, and  Managed Care Organization. The "Individual" option is selected and highlighted with a red rectangle. At the bottom, there are "Close" and "Submit" buttons.

**Note:** Fields marked with an asterisk are required.

## BASIC INFORMATION

ProviderOne displays the **Step 1: Basic Information** page.



The screenshot shows the "Basic Information" form. At the top, it says "If you don't have NPI and if you are Atypical provider then please contact DSHS worker to enroll." Below this are two columns: "Available Agencies" (DOC, DSHS, HCA, L&I) and "Selected Agencies" (empty). There are "Agency:" labels and arrows between the columns. The form contains several required fields marked with an asterisk: "Provider Name(Organization Name):" (as shown on Income Tax Return) \*, "Organization Business Name:" \*, "Federal Employer Identification Number(FEIN):" \*, "All medical Providers are federally mandated to have a NPI. Is this Provider required to have a NPI?" (dropdown menu) \*, "National Provider Identifier(NPI):" (text box), "W-9 Entity Type:" (dropdown menu) \*, "Other Organizational Information:" (dropdown menu) \*, and "Enrollment Effective Date:" (calendar icon). There are also "UBI:" (text box) and "W-9 Entity Type (If Other):" (text box) fields. At the bottom right, there are "Next" and "Cancel" buttons.

- In the **Agency** box, click **L&I**, then click the double right arrows.

**Note:** The note at the top of the screen doesn't apply to L&I.

Basic Information

If you don't have NPI and if you are Atypical provider then please contact DSHS worker to enroll.

Available Agencies: DOC, DSHS, L&I

Selected Agencies:

Agency: L&I

- If you select **Federal Employer Identification Number (FEIN):**
  - In the **Provider Name (Organization Name)** field, enter the legal name registered with the Internal Revenue Service (IRS).
  - In the **Organization Business Name** field, enter the “doing business as” (DBA) name.

Tax Identifier Type:  FEIN  
 SSN

Provider Name(Organization Name):  (as shown on Income Tax Return)

Organization Business Name:  Federal Employer Identification Number(FEIN):

- If you select **Social Security Number (SSN):**
  - Enter the requested information.
  - For **Servicing Type** drop-down menu:
    - Choose **Regular Provider** if you're the billing provider.
    - If you're a servicing provider, go to [L&I Enrollment Guide for Servicing Providers](#).

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

Suffix:  Gender:

SSN:  Title:

Date of Birth:  Servicing Type:

- For the remaining fields:
  - Use the dropdown to indicate if you're federally mandated to have an NPI number.
    - If **Yes**, enter NPI.
    - If **No**, a generic NPI will automatically generate.

**Note:** If you're unsure, go to [L&I's website](#) to learn more.

All medical Providers are federally mandated to have a NPI. Is this Provider required to have a NPI?

National Provider Identifier(NPI):

W-9 Entity Type:

Other Organizational Information:

Enrollment Effective Date:

UBI:

W-9 Entity Type (if Other):

Email Address:

Next Cancel



- **Don't** enter a UBI or enrollment effective date.
- Enter business **Email Address**. We'll email your application ID for future reference.

**Note:** We'll use this email address if there are questions about your application.

- Click **Next** to see your Application ID.

## APPLICATION ID

The Application ID will be sent to the email address you provided.

Keep your Application ID available. You'll need the ID to:

- Continue your application (if you exit before submitting).
- Check your application status.
- Update or add additional information, if requested.

If you don't submit the application within 180 days from the start date, it will be deleted from the system.

## BUSINESS PROCESS WIZARD (BPW)

The Business Process Wizard, referred to as BPW, will guide you through the necessary steps to finish your application.

Enroll Provider - Individual						
Business Process Wizard-Provider Enrollment (Individual). Click on the Step # under the Step Column						
Step	Required	Start Date	End Date	Status	Step Remark	
Step 1: Provider Basic Information	Required	09/30/2022	09/30/2022	Complete		
Step 2: Add Locations	Required			Incomplete		
Step 3: Provider Additional Information	Required			Incomplete		
Step 4: Add Specializations	Required			Incomplete		
Step 5: Ownership & Managing/Controlling Interest details	Required			Incomplete		
Step 6: Add Licenses and Certifications	Optional			Incomplete		
Step 7: Add Training and Education	Optional			Incomplete		
Step 8: Add Identifiers	Optional			Incomplete		
Step 9: Add Contract Details	Optional			Incomplete		
Step 10: Add Federal Tax Details	Required			Incomplete		
Step 11: Add EDI Submission Method	Optional			Incomplete		
Step 12: Add EDI Billing Software Details	Optional			Incomplete		
Step 13: Add EDI Submitter Details	Optional			Incomplete		
Step 14: Add EDI Contact Information	Optional			Incomplete		
Step 15: Add Billing Provider Details	Optional			Incomplete		
Step 16: Add Servicing Provider Information	Optional			Incomplete		
Step 17: Add Payment and Remittance Details	Required			Incomplete		
Step 18: Complete Enrollment Checklist	Required			Incomplete		
Step 19: Final Enrollment Instructions	Required			Incomplete		

All steps marked **Required** must have a **Complete** status before you can submit the application.

Required	Start Date	End Date	Status
Required	06/29/2022	06/29/2022	Complete
Required			Incomplete

## Step 2: Add locations

**Note:** This step isn't required for Servicing Providers.

### ADD PROVIDER LOCATION FORM

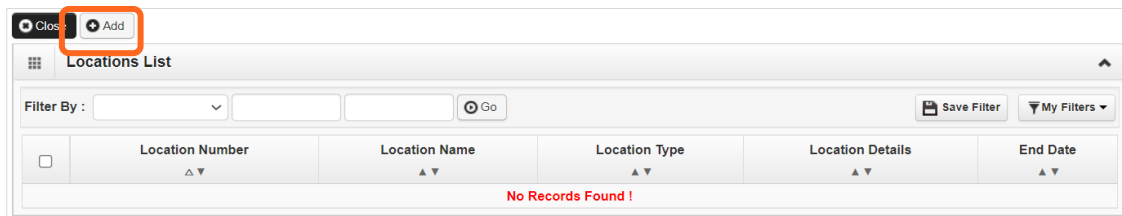
Every provider enrolling will have a Base Location requiring three addresses:

- **Location** (physical address of primary location)
- **Mailing** (the place where you receive mail)
- **Pay-To** (the place where a paper check and remittance advice is sent)

The first location you add will be your NPI Base Location where you bill for services. If you have more than one location, repeat the steps below. Each location will receive its own L&I provider number for billing and may appear in L&I's Find a Doctor (FAD) provider directory.

### ADD LOCATIONS

- Click **Add**.



The screenshot shows a web interface titled "Locations List". At the top left, there are "Close" and "Add" buttons. The "Add" button is highlighted with a red rectangular box. Below the title bar, there is a "Filter By:" section with a dropdown menu, a search input field, and a "Go" button. To the right of the search field are "Save Filter" and "My Filters" buttons. Below the filter section is a table with the following columns: "Location Number", "Location Name", "Location Type", "Location Details", and "End Date". Each column has a small triangle icon indicating it can be sorted. The table is currently empty, and a red message "No Records Found!" is displayed at the bottom of the table area.

## ADD PHYSICAL LOCATION INFORMATION

- Enter the required fields.
- **Don't enter** a date in the End Date field for any of these addresses. The end date will auto-populate to 12/31/2999.

**Important!** Include the phone number you want patients to call for each location.

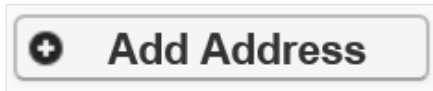
The screenshot shows a form titled "Add Physical Location Information". It contains several input fields and dropdown menus. The "Email Address" field is highlighted with a red rectangular box. Other fields include "Location Type" (set to "NPI Base Location"), "Business Name at this Location", "Contact First Name", "Contact Last Name", "End Date", "Address Line 1", "Address Line 2", "Address Line 3", "City/Town", "County", "State/Province", "Country", "Zip Code", "Fax Number", "Phone Number", "Cell Phone Number", "WA Tax Revenue Code", "Communication Preference" (set to "Email"), and "Web Page". There is an "Add Address" button next to the Zip Code field.

**Note:** An email address must be entered if choosing Electronic Funds Transfer with Email Notification in Step 17. The **Communications Preference** is not used by L&I to auto-send messages.

## ADD ADDRESS INFORMATION

To add a Location, Mailing, and Pay-To Address:

- Click **Add Address**.



- Complete **Address Line 1** and **Zip Code** fields.
- Click **Validate Address**.

The screenshot shows a form titled "Address details". It contains several input fields and dropdown menus. The "Address Line 1" and "Zip Code" fields are highlighted with red rectangular boxes. The "Validate Address" button is also highlighted with a red rectangular box. Other fields include "Address Line 2", "Address Line 3", "City/Town", "State/Province", "County", and "Country". There are "OK" and "Cancel" buttons at the bottom right.

- If the address entered is valid, the following message will appear at the top of the page.

- If the address entered is not located, the following message will appear at the top of the page.

- Either:

- Correct the address and click **Validate Address** again.
- Or, click **OK** to continue. The following pop-up window will be displayed.

- Click **OK** to save or **Cancel** to revalidate the address using the steps above.

- Click **OK** and **Close** to return.

**Note:** Make sure you can receive mail at the location address. If your address isn't valid, it may delay payment and correspondence.

## L&I SPECIFIC INFORMATION

This section allows you to choose if this location appears in the **Find a Doctor** directory on [www.Lni.wa.gov](http://www.Lni.wa.gov).

- Select **Yes** to have this location appear in the “Find a Doctor” directory on L&I’s website. The fields in this section are required.
  - Make the remaining selections:

- Selecting **No** disables the remaining fields in this section.

- Click **Save** when done.

## ADD SERVICING LOCATIONS

If your organization provides services at more than one location, you can add them here. To add a Servicing Location, you must provide a Location and Mailing Address.

- Above the **Locations List**, click **Add**.

Location Number	Location Name	Location Type	Location Details	End Date
No Records Found!				

- Repeat steps from **Add Address Information** section (page 8), then click **OK** to save or **Cancel** to close without saving.

## DELETE A LOCATION

You can only delete a location during enrollment.

- Check the box next to the record you want to delete and click **Delete**.

Location Number	Location Name	Location Type	Location Details	End Date	
<input checked="" type="checkbox"/>	0001	PRU TEST INDIVIDUAL	NPI Base Location	1234 MAIN STREET, OLYMPIA, WASHINGTON 98504	12/31/2999

**Note:** When a location is deleted, all step details associated with that location, including Address, Specialties, and Licenses/Certifications will be deleted.

# Step 3: Provider additional information

## CORRESPONDENCE ADDRESS

L&I sends any requests or documentation about the care of an injured worker to this address. The Mailing Address in Step 2 will auto-populate. You can enter a new address following these steps:

- Click **Add Address**.

Close Save

Correspondence Address

Click the "Add Address" button to Add a new Address or update/modify an existing Address

Start Date: 04/21/2021 Status: In Review

Address Line 1: 789 Second Ave NW Address Line 2:

Address Line 3: City/Town: Olympia

State/Province: County: Thurston

Country: UNITED STATES Zip Code: 98501

Add Address

- Complete **Address Line 1** and **Zip Code**.
- Click **Validate Address**.
- If the address entered is valid, the following message will appear at the top of the page.

Address details

Address validation successful

Address Line 1: 123 State Ave Address Line 2:

(Enter Street Address or PO Box Only)

Address Line 3: City/Town: LACEY

State/Province: Washington County: Thurston

Country: United States Zip Code: 98513 - 6856

Validate Address

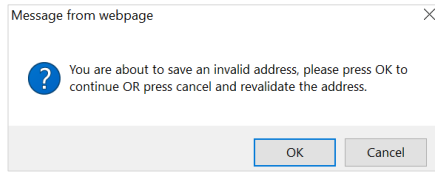
OK Cancel

- Click **OK**.
- If the address entered is not located, the following message will appear at the top of the page.

Address details

Address not found with Street Address and Zip Code Combination

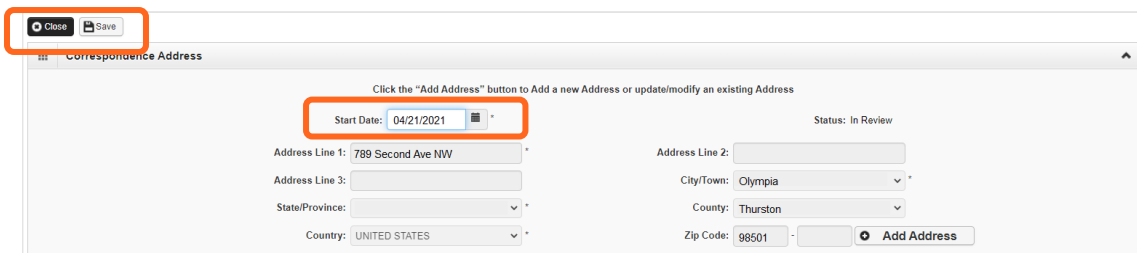
- Either:
  - Correct the address and click **Validate Address** again.
  - Or, click **OK** to continue. The following pop-up will be displayed.



- Click **OK** to save or **Cancel** to revalidate the address using the steps above.

**Note:** Make sure you can receive mail at the location address. If your address isn't valid, it may delay payment and correspondence.

- Enter the **Start Date** and click **Save**.



- Click **Close** to return.



# Step 4: Add specializations

The information you provide in this step allows you to bill for each specialty you select.

**Note:** There may be specific requirements for licensure or training for each specialty/taxonomy listed.

## ADDING SPECIALIZATIONS

- Click **Add**.

Close Add Update Note: Provider Type and Specialty/Subspecialty are your Taxonomy Codes. You must choose an admin for each agency(s) selected in Step 1.

Specialty/Subspecialty List

Filter By : [ ] [ ] [ ] Go Save Filter My Filters

Provider Type	Specialty/Subspecialty	Location Number	Location Name	Administration	End Date
No Records Found !					

**Note:** If you'd like to bill for multiple specialties, you'll need to repeat this step to add each specialty.

- Select the appropriate location, or **All**, from the **Location** drop-down menu.
- Choose **L&I** from the **Administration** drop-down menu.

Add Specialty/Subspecialty

Location: All \*

Administration: L&I-Labor And Industries Administr: \*

- Choose the **Provider Type** and **Specialty**.
- Don't enter an **End Date**. ProviderOne will auto-populate to 12/31/2999.

Add Specialty/Subspecialty

Location: All \*

Administration: L&I-Labor And Industries Administr: \*

Provider Type: 24-Technologists, Technicians & Ot \*

Specialty: 71-Radiologic Technologist \*

End Date: [ ] [ ]

- The Provider Type selection will populate the options for Specialty, which displays the available taxonomy codes.
  - Use the double arrows to move taxonomy code from the **Available Taxonomy Codes** box to the **Associated Taxonomy Codes** box.
  - Select all applicable taxonomies for each license you hold to allow for accurate billing.

- Click **OK** to save or **Cancel** to close without saving.

## DELETING SPECIALIZATIONS

Specialties and sub-specialties can only be deleted during the enrollment process.

- Check the box next to the record you want to delete and click **Delete**.

Provider Type	Specialty/Subspecialty	Location Number	Location Name	Administration	End Date
<input checked="" type="checkbox"/> 19-Group	32-Multi-Specialty/00000-Multi-Specialty	00001	A Clinic for All	L&I	12/31/2999

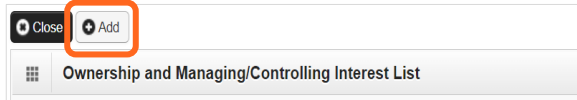
- Click **Close** and go to the next step.

# Step 5: Add ownership details

This step is required to create your provider account. If also applying for HCA, see their **Enroll as a Provider Website** for instructions to complete this step.

Identifying an individual Owner or Managing Employee is required. An Organizational Owner or Board of Directors may be added, as well. Use one or more of the options below to finish this step.

- Click **Add**.



- To auto-populate data, click **Copy Name and Tax** at the bottom on the screen.

A screenshot of a web form titled "Add Ownership & Managing/Controlling Interest Disclosures". The form contains several sections: "Include information related to the disclosures of ownership, managing employees (ME), and other controlling interests including board of directors (BOD)", "Owner Association", and "Relationship Type". The "Owner Association" section includes a dropdown for "Relationship Type" and a dropdown for "Associated Owner". At the bottom right of the form, a button labeled "Copy Name and Tax" is highlighted with a red rectangular box. Other buttons at the bottom include "OK" and "Cancel".

- Finish the remaining required fields.
  - Enter the first day of ownership as the **Disclosure Start Date**. Don't enter the **Disclosure End Date**, the end date will auto-populate to 12/31/2999.
  - Enter an **Ownership Percentage**.

- Click **OK** to save or **Cancel** to close without saving.
- Repeat these steps as needed for additional owners.

## DELETE OWNERSHIP INFORMATION

Ownership information can only be deleted during the enrollment process.

- Check the box next to the record you want to delete and click **Delete**, then click **Save** to close.

Owner/ME/BOD Id	Owner/ME/BOD Name	Disclosure Type	Disclosure Category	Start Date	End Date
<input checked="" type="checkbox"/> 111-22-2333	PRU TEST INDIVIDUAL, PRU TEST INDIVIDUAL	Individual	Owner	01/01/2020	12/31/2999

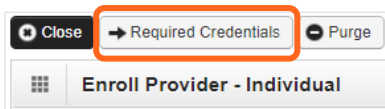
## Step 6: Add licenses and certifications

Before clicking into Step 6, review **Required Credentials**. The **Required Credentials** tool helps identify what type of license and certification information you need to provide to continue with enrollment.

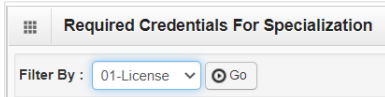
**Tip:** Make note of all requirements. You may use the Required Credentials tool for multiple steps.

### CHECK REQUIRED CREDENTIALS

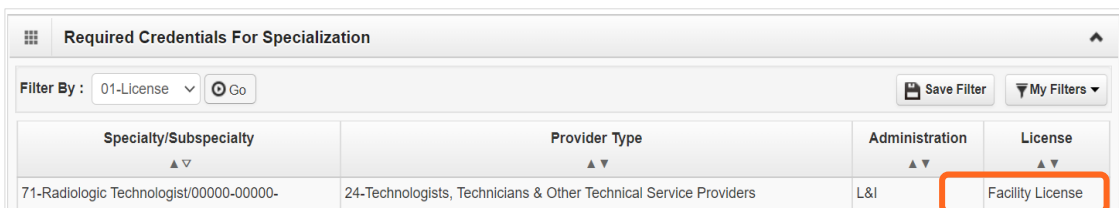
- Click **Required Credentials** from the BPW.



- To view the License Requirements, use the **Filter By** drop-down to select **01-License** and click **Go**.



- Required license(s) will be displayed, if required (see highlighted below).



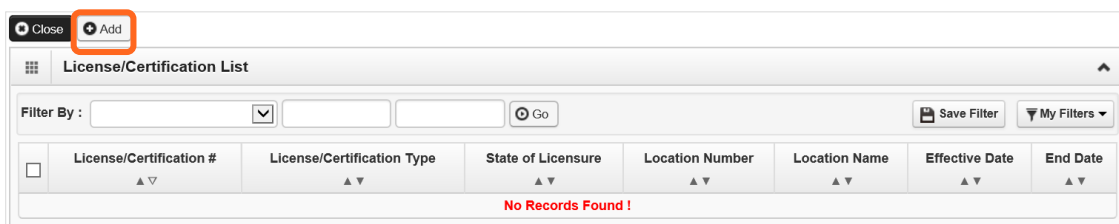
A screenshot of a table titled 'Required Credentials For Specialization'. The table has four columns: 'Specialty/Subspecialty', 'Provider Type', 'Administration', and 'License'. The 'License' column for the first row is highlighted with a red box.

Specialty/Subspecialty	Provider Type	Administration	License
71-Radiologic Technologist/00000-00000-	24-Technologists, Technicians & Other Technical Service Providers	L&I	Facility License

- Make a note of your required license as you'll need it to complete Step 6.
- When finished, click **Cancel** to close.

### ADD LICENSES/CERTIFICATIONS

- Licenses/Certifications may be required for each location with an added specialization. If you have a **DEA number**, you can enter it in this step.
- Click **Add**.



- Use the **Location** drop-down to add a license or certification to a specific provider location.

- Select All only if the license pertains to every location.

- Complete the **License #** and **State** fields.
- The **Effective Date** is when the license was first issued.
- In the **End Date** field, enter the expiration date.
- Click **OK** to save or **Cancel** to close without saving.

## DELETE LICENSES/CERTIFICATIONS

Licenses and certifications can only be deleted during the enrollment process.

- Check the box next to the record you want to delete and click **Delete**, then click **Close** to exit.

License/Certification #	License/Certification Type	State of Licensure	Location Number	Location Name	Effective Date	End Date
<input checked="" type="checkbox"/> 4321	Professional License	WA - Washington	00001	PRU TEST INDIVIDUAL	01/01/2020	01/01/2022
<input type="checkbox"/> 1234	Business License	WA - Washington	00001	PRU TEST INDIVIDUAL	01/01/2020	12/31/2999

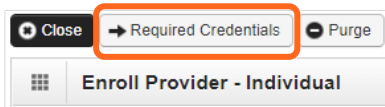
# Step 7: Add training and education

This step doesn't apply to all L&I providers. Follow the instructions below if the BPW step is **Required**. Before clicking into Step 7, review **Required Credentials**. The **Required Credentials** tool helps identify what type of training and education information you need to provide to continue with enrollment.

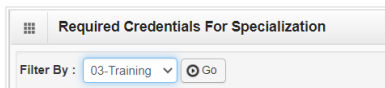
**Tip:** Make note of all requirements. You may use the Required Credentials tool for multiple steps.

## CHECK REQUIRED CREDENTIALS

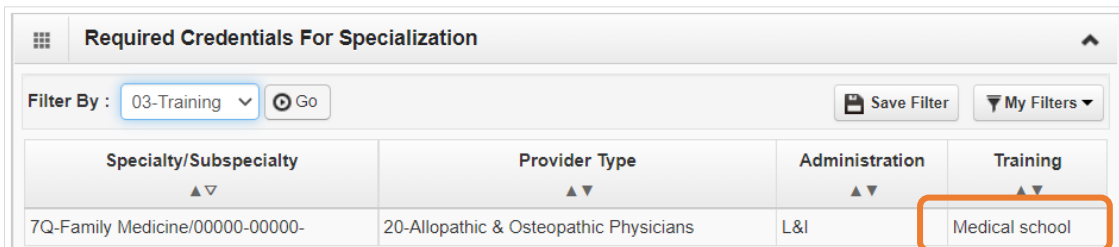
- Click **Required Credentials** from the BPW.



- To view the Training requirements, use the **Filter By** drop-down menu to select **03-Training** and click **Go**.



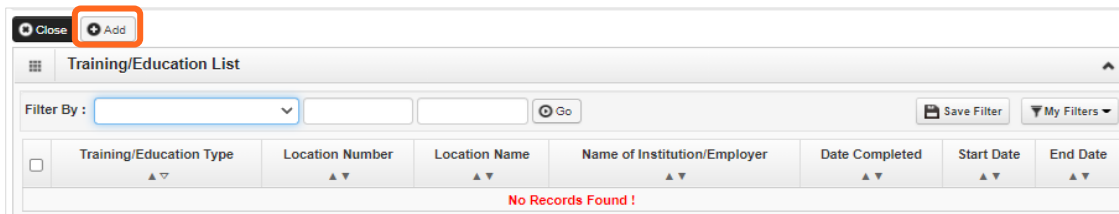
- Required training will be displayed, if required (see highlighted below).



- Make a note of your required training as you'll need it to complete Step 7.
- When finished, click **Cancel** to close.

## ADD TRAINING/EDUCATION TYPE

- Click **Add**.



- Use the **Location** drop-down menu to select **All**, or the applicable location.
- Select the required **Training/Education Type** from the drop-down menu. If you're not sure which applies to you, return to the main BPW page and check **Required Credentials**.

- Finish required fields.

The screenshot shows a window titled "Add Training/Education". It contains the following fields and controls:

- Location:** A dropdown menu with "All" selected.
- Training/Education Type:** A dropdown menu with "Bachelors" selected.
- Name of Institution/Employer:** A text input field.
- Date Completed:** A text input field with a calendar icon.
- Unit Type:** A dropdown menu.
- Place Completed:** A text input field.
- Start Date:** A text input field with a calendar icon.
- End Date:** A text input field with a calendar icon.
- Unit Value:** A text input field.

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

- The **Start Date** is when the training/education started.
- The **Date Completed** is when it was done, e.g. graduation date.

**Important!** In the **End Date** field, enter 12/31/2999. You must complete this field to continue enrollment.

- You don't need to finish the **Unit Type** or **Unit Value** field.
- Click **OK** and **Close**.



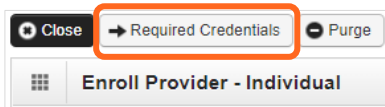
## Step 8: Add identifiers

This step doesn't apply to all L&I providers. Follow the instructions below if the BPW step is **Required**. Before clicking into Step 8, review **Required Credentials**. The **Required Credentials** tool helps identify what type of identifier information you need to provide to continue with enrollment.

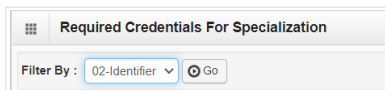
**Tip:** Make note of all requirements. You may use the Required Credentials tool for multiple steps.

### CHECK REQUIRED CREDENTIALS

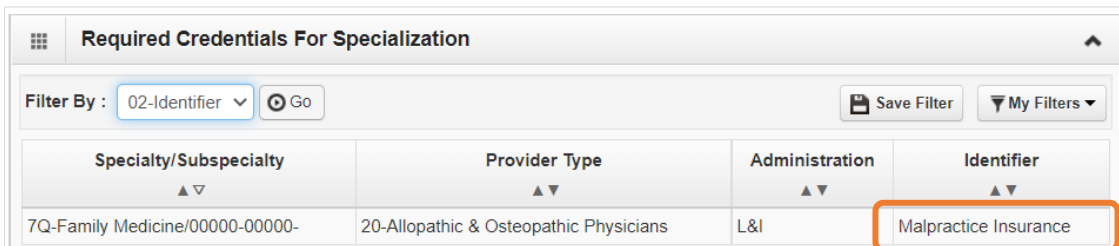
- Click **Required Credentials** from the BPW.



- To view the Identifier requirements, use the **Filter By** drop-down menu to select **02-Identifier** and click **Go**.



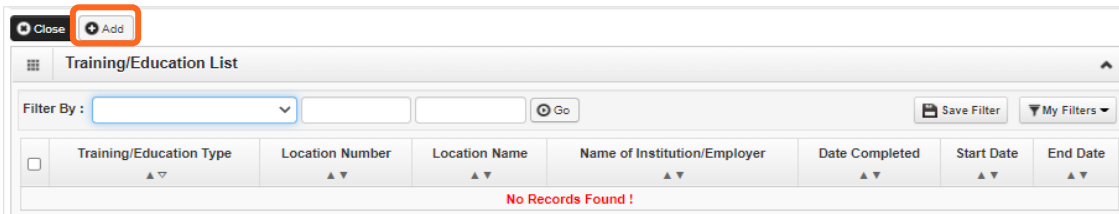
- Required identifier(s) will be displayed, if required (see highlighted below).



- Make a note of your required identifier(s) as you'll need it to complete Step 8.
- When finished, click **Cancel** to close.

### ADD MALPRACTICE INSURANCE

- Click **Add**.



- Use the **Location** drop-down menu to select **All**, or the applicable location.
- Use the **Identifier Type** drop-down to select **Malpractice Insurance**.
- In the **Identifier Value** field, enter your malpractice insurance policy number.

- Enter the **Start Date** and **End Date**, and click **OK** to close.
  - The **Start Date** is when your policy was first issued.
  - The **End Date** is the policy's expiration date.

**Add New Identifier**

Please Add/Update DEA Number in License & Certification Step/Screen

Location: All \*

Identifier Type: Malpractice Insurance \*

Identifier Value: \*

Start Date: \*

End Date: \*

OK Cancel

## Step 9: Add contract details

---

This step doesn't apply to L&I. L&I and Health Care Authority providers shouldn't enter contract information in this section.

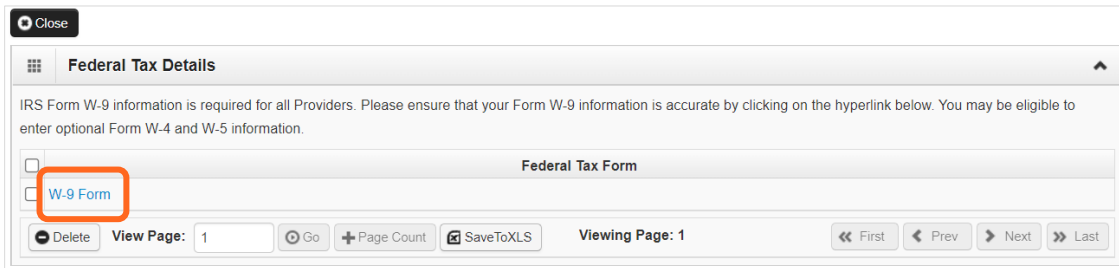
# Step 10: Add federal tax details

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

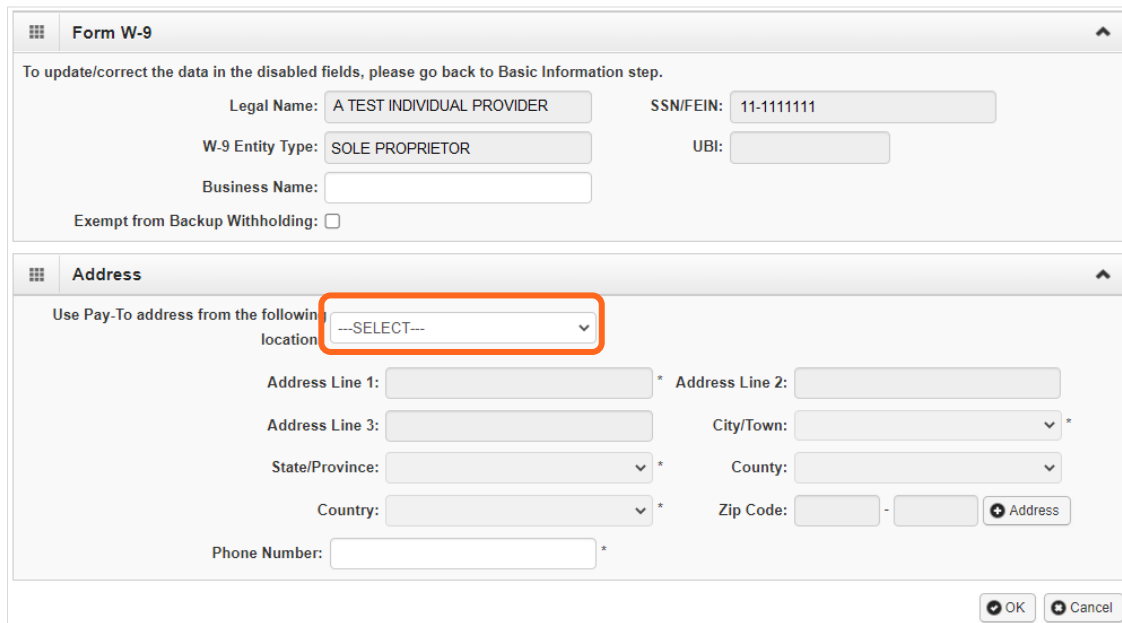
**Note:** The information on this screen must match the W-9 form you'll upload in the last step of the BPW.

## ADD FEDERAL TAX DETAILS

- Click the **W-9** link.



- Complete the form.
- Use the **Address** drop-down menu to select the base location. The Pay-To address will auto-populate the address fields. The Pay-To address should match your Federal Tax data.



- Click **OK** to save or **Cancel** to close without saving.

**Note:** Adding federal tax details is required for all providers. ProviderOne doesn't allow you to delete this form. You can click the W-9 link to modify the information in this step.

## Steps 11-14: Not applicable to L&I providers

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This information is applicable if you're applying for the Health Care Authority. Instructions can be found at the Enroll as a Provider website:

<https://www.hca.wa.gov/billers-providers-partners/become-apple-health-provider/enroll-provider>

## Step 15: Add billing provider information

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This step doesn't apply to all L&I providers. If you're a billing provider, this step is optional. If you're a servicing provider, go to [Enrollment for Individual Servicing Provider](#).

## **Step 16: Add servicing provider information**

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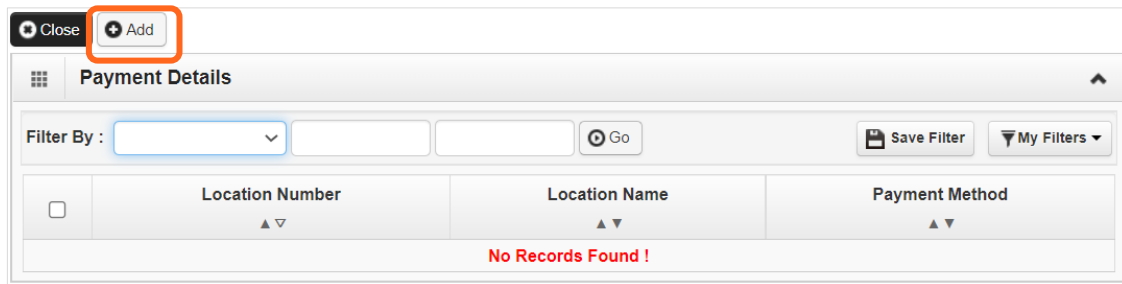
This step is optional and not needed for enrollment.

# Step 17: Add payment and remittance details

Payment information applies to all locations.

## ADDING PAYMENT AND REMITTANCE DETAILS

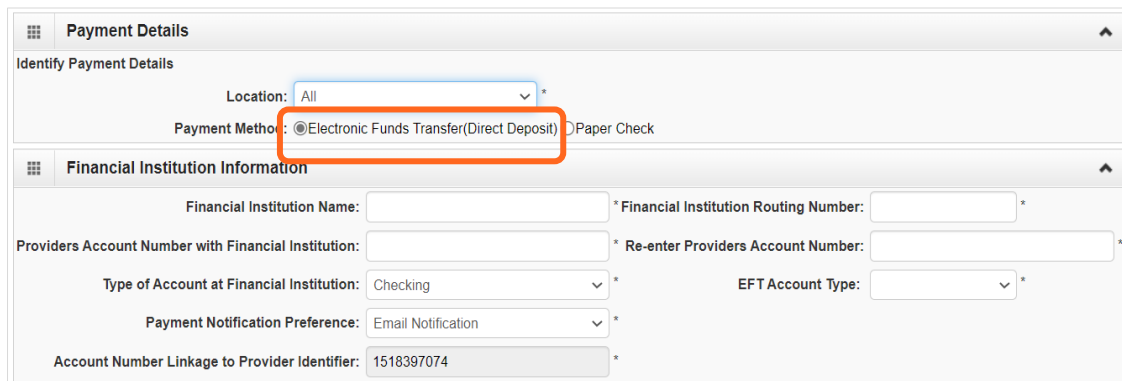
- Click **Add**.



The screenshot shows the 'Payment Details' form. At the top left, there are 'Close' and 'Add' buttons. The 'Add' button is highlighted with an orange box. Below the buttons is a filter section with a 'Filter By' dropdown, a 'Go' button, and 'Save Filter' and 'My Filters' buttons. The main table has columns for 'Location Number', 'Location Name', and 'Payment Method'. The table is currently empty, with a red message 'No Records Found!' at the bottom.

## ELECTRONIC FUNDS TRANSFER (DIRECT DEPOSIT)

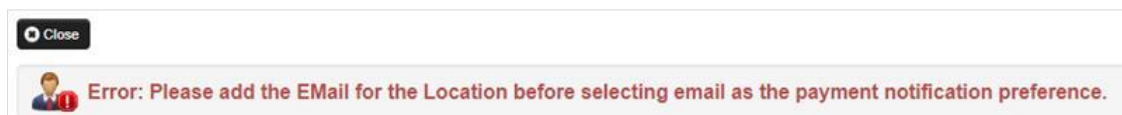
- Click **Electronic Funds Transfer (Direct Deposit)**.



The screenshot shows the 'Payment Details' form with the 'Electronic Funds Transfer (Direct Deposit)' option selected. The 'Location' dropdown is set to 'All'. The 'Payment Method' section has 'Electronic Funds Transfer(Direct Deposit)' selected. Below this is the 'Financial Institution Information' section with various fields for name, routing number, account number, and notification preference.

- Enter the required information for **Electronic Funds Transfer (direct deposit)**, the fastest payment method. No other forms are required.
- The **Payment Notification Preference** default is **Email Notification**. This requires an email entry in Step 2: Locations.
  - If the error message below appears, you didn't provide an email in Step 2.

**Note:** If you don't want to provide an email, change the **Payment Notification Preference** to **Letter Notification**.



The screenshot shows an error message in a red box: 'Error: Please add the EMail for the Location before selecting email as the payment notification preference.' There is a 'Close' button in the top left corner of the error message box.

- Click **Close** to close the error message.
- Click **Cancel** to go back to the BPW and **complete Step 2** to continue with EFT enrollment.



- The bank will verify your data in approximately 7-10 days.
- When verified, there will be a status of Successful. If not verified, there will be a status Failed and payments will continue by paper check.

## PAPER CHECK

- Click **Paper Check**. The check (warrant) will be mailed to the **Pay-To** address.

The screenshot shows a form titled "Payment Details" with a sub-section "Identify Payment Details". It contains a "Location:" dropdown menu set to "All" and a "Payment Method:" section with two radio buttons: "Electronic Funds Transfer(Direct Deposit)" and "Paper Check". The "Paper Check" radio button is selected and highlighted with an orange box.

## ELECTRONIC REMITTANCE ADVICE

**Skip this section.** Don't edit this for your L&I application. You'll continue to receive your remittance advice as you do today. If you're also applying with Health Care Authority, go to the **Enroll as a Provider website** for instructions.

## SUBMISSION INFORMATION

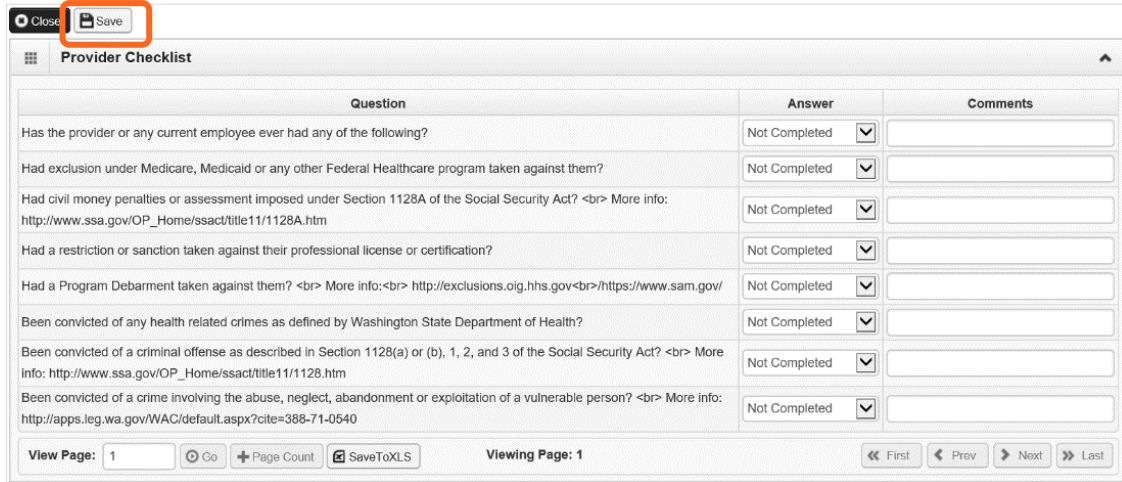
- Use the drop-down menu to select **New Enrollment** and enter the name of the person authorized to provide the payment choice.

The screenshot shows a form titled "Submission Information". It features a "Reason for Submission: (Payment and Remittance Only)" dropdown menu with "New Enrollment" selected, highlighted by an orange box. To the right is an "Authorized Signature:" text input field. Below the signature field is the text "(Signature only required when inputting new or changing EF T/835 information)". At the bottom right are "OK" and "Cancel" buttons.

- Click **OK** to save or **Cancel** to close without saving.

# Step 18: Complete enrollment checklist

- No or Yes is required for each question. Any “Yes” answer must have comments.
- Click **Save**, then **Close**.



The screenshot shows a web application window titled "Provider Checklist". At the top left, there are two buttons: "Close" and "Save". The "Save" button is highlighted with a red rectangle. Below the buttons is a table with three columns: "Question", "Answer", and "Comments". The table contains eight rows of questions, each with a "Not Completed" answer and a dropdown arrow. At the bottom of the form, there is a "View Page: 1" field, a "Go" button, a "Page Count" button, a "SaveToXLS" button, and a "Viewing Page: 1" field. On the far right, there are navigation buttons: "First", "Prev", "Next", and "Last".

Question	Answer	Comments
Has the provider or any current employee ever had any of the following?	Not Completed	
Had exclusion under Medicare, Medicaid or any other Federal Healthcare program taken against them?	Not Completed	
Had civil money penalties or assessment imposed under Section 1128A of the Social Security Act?   More info: <a href="http://www.ssa.gov/OP_Home/ssact/title11/1128A.htm">http://www.ssa.gov/OP_Home/ssact/title11/1128A.htm</a>	Not Completed	
Had a restriction or sanction taken against their professional license or certification?	Not Completed	
Had a Program Debarment taken against them?   More info:  <a href="http://exclusions.oig.hhs.gov">http://exclusions.oig.hhs.gov</a> <a href="https://www.sam.gov">https://www.sam.gov</a>	Not Completed	
Been convicted of any health related crimes as defined by Washington State Department of Health?	Not Completed	
Been convicted of a criminal offense as described in Section 1128(a) or (b), 1, 2, and 3 of the Social Security Act?   More info: <a href="http://www.ssa.gov/OP_Home/ssact/title11/1128.htm">http://www.ssa.gov/OP_Home/ssact/title11/1128.htm</a>	Not Completed	
Been convicted of a crime involving the abuse, neglect, abandonment or exploitation of a vulnerable person?   More info: <a href="http://apps.leg.wa.gov/WAC/default.aspx?cite=388-71-0540">http://apps.leg.wa.gov/WAC/default.aspx?cite=388-71-0540</a>	Not Completed	

View Page: 1   Go   Page Count   SaveToXLS   Viewing Page: 1   First   Prev   Next   Last

# Step 19: Final enrollment instructions

**Note:** Use the links in the **Application Document Checklist** to complete and upload forms.

The screenshot shows a web interface with two main sections. The top section, titled "Final Submission", contains the following text: "Application #: 20220629694630", "Enrollment Type: Individual", "The information submitted for enrollment shall be verified and reviewed by the agency(s) you have selected. During this time, any changes to the information shall not be accepted.", "By clicking on the button 'Submit Enrollment', I agree that the information submitted as a part of the application is correct.", and "Please ensure all required documents are uploaded using the 'upload attachments' at the top of the page prior to submitting your application." The bottom section, titled "Application Document Checklist", is a table with columns for "Forms/Documents", "Special Instructions", "Agency", and "Link".

Forms/Documents	Special Instructions	Agency	Link
Provider Agreement		L&I	<a href="https://www.lni.wa.gov/forms-publications/F245-397-000.pdf">https://www.lni.wa.gov/forms-publications/F245-397-000.pdf</a>
W9		L&I	<a href="#">Form W-9 (Rev. October 2018) (irs.gov)</a>

Below the table are navigation controls: "View Page: 1", "Go", "Page Count", "Viewing Page: 1", "First", "Prev", "Next", "Last", and a "SaveToXLS" button.

- When completing the W-9 form, **print** the form and add the **wet signature** (required by Washington State).

**Note:** Your W-9 form must match the information provided in Step 10: Add Tax Details.

- Make sure to sign and date every form.

## UPLOAD INFORMATION

- Click **Upload Attachments**.

This screenshot shows the top navigation bar of the application. It contains three buttons: "Close", "Submit Enrollment", and "Upload Attachments". The "Upload Attachments" button is highlighted with an orange rectangular box.

- Click **Add Attachments**.

This screenshot shows a section titled "Provider Supporting Documents:". Below the title is the text "Please click 'Add Attachment' button, to attach the documents." and a button labeled "Add Attachment". The "Add Attachment" button is highlighted with an orange rectangular box.

- Use the **Attachment Type** drop-down menu to select the appropriate type.
- Click **Choose File**.

Please complete all Required Fields \*

Attachment Type: Provider Agreement \*      Request Type: Enrollment Application \*

Agency: L&I \*

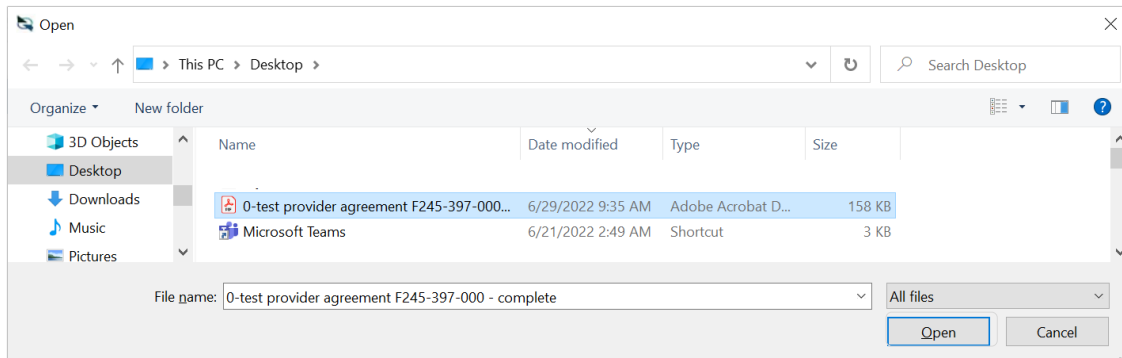
Comment:

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Please attach the File(s). The File Format must be .xls, .xlsx, .doc, .docx, .gif, .gzip, .htm, .html, .jpeg, .jpg, .ppt, .rtf, .tif, .tiff, .tst, .txt, .bmp, .pdf, .zip-

Filename: Choose File No file chosen \*

- Select your saved document and click Open, or the equivalent for your system.



- The name of the file will appear next to the **Choose File** button. Click **OK**.

Please attach the File(s). The File Format must be .xls, .xlsx, .doc, .docx, .gif, .gzip, .htm, .html, .jpeg, .jpg, .ppt, .rtf, .tif, .tiff, .tst, .txt, .bmp, .pdf, .zip-

Filename: Choose File 0-test provi...complete.pdf \*

OK Cancel

- The document is now uploaded and will display in the **Attachment List**. If the wrong document is selected, click the blue X in the delete column.

- After uploading required attachments, click **Cancel**. A pop-up will appear (see below). Click **OK** to return.

The screenshot shows the ProviderOne application interface. At the top, there is a header with 'Print' and 'Help' icons, and a title bar that reads 'test.providerone.wa.gov says'. Below the header, there is a section for 'Provider Supporting Documents' with an 'Add Attachment' button. The main area is titled 'Attachment List' and contains a table with the following data:

File Name	Attachment Type	Agency	Request Type	Comment	File Size	Delete	Uploaded On
Test_Provider_Agreement.pdf	CPA	L&I	EA		914kb	X	10/04/2022
Test_W_9.pdf	W9	L&I	EA		881kb	X	10/04/2022

At the bottom right of the interface, there is a 'Cancel' button highlighted with a red box. A pop-up window is also visible, containing the text 'Please click Submit Enrollment button.' and an 'OK' button highlighted with a red box.

## SUBMIT THE ENROLLMENT APPLICATION

- Click **Submit Enrollment**.

The screenshot shows the ProviderOne application interface during the submission process. At the top, there are buttons for 'Close', 'Submit Enrollment' (highlighted with a red box), and 'Upload Attachments'. The main area is titled 'Final Submission' and contains the following information:

Application #: 20220629694630      Enrollment Type: Individual

The information submitted for enrollment shall be verified and reviewed by the agency(s) you have selected. During this time, any changes to the information shall not be accepted.

By clicking on the button "Submit Enrollment", I agree that the information submitted as a part of the application is correct.

Please ensure all required documents are uploaded using the "upload attachments" at the top of the page prior to submitting your application.

Below this, there is an 'Application Document Checklist' section with the following table:

Forms/Documents	Special Instructions	Agency	Link
Provider Agreement		L&I	<a href="https://www.lni.wa.gov/forms-publications/F245-397-000.pdf">https://www.lni.wa.gov/forms-publications/F245-397-000.pdf</a>
W9		L&I	Form W-9 (Rev. October 2018) (irs.gov)

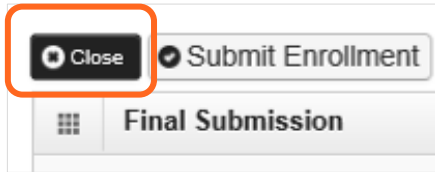
- ProviderOne displays a confirmation pop up message. Click **OK** to close the message.

The screenshot shows a confirmation pop-up message from ProviderOne. The message text is:

**!** The application # 20210623416792 has been submitted for State review. Please check this Web site to verify the status of your application. Please ensure that all paper forms and applications sent by mail use the application #.

At the bottom right of the pop-up, there is an 'OK' button highlighted with a red box.

- Make a note of your Application ID. You will need your ID and either the SSN or FEIN to check application status at:
  - <https://www.waproviderone.org/ecams/jsp/common/pgTrackPrvdrApplctn.jsp>
- Click **Close** on the Final Submission page.



*Upon request, foreign language support and formats for persons with disabilities are available. Call 1-800-547-8367. TDD users, call 711. L&I is an equal opportunity employer.*

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