



Washington State Department of
Labor & Industries

Provider ne



Enrolling as a group 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.

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Enrolling as a group provider

A group provider is an organization of individual providers who offer services. You'll need to link at least one servicing provider when creating your group account.

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.

Chiropractic Clinic
Clinic
Occupational Therapist Clinic
Pain Clinic – Dolorology
Physical Therapy Clinic
Vocational Firm – Visit Become a Vocational Provider

OTHER GUIDES

Find your provider type below and use the corresponding guide.

Go to the <Individual Guide> for these provider types:	Go to the <FAOI Guide> for these provider types:
Audiologist, Certified	Ambulance
Chiropractor	Ambulatory Surgery Center
Dentist	Book Store
East Asian Medicine	DME Supplier
Hearing Aid Fitter/Dispenser	DME Home Infusion Therapy
Licensed Massage Therapist	Drug/Alcohol Treatment Facility

Go to the <Individual Guide> for these provider types:	Go to the <FAOI Guide> for these provider types:
Master Level Therapist	Free Standing Emergency Room
Naturopath	Home Health Agency
Nurse	Home Modifications
Occupational Therapist	Hospitals
Optician	Independent Diagnostic Testing Facility
Optometrist	Investigative Services
Osteopathic Physician	Job Mod/Pre Job Supplier/Pre job consultant
Physical Therapist	Laboratory Facility
Physician	Lodging
Physician Assistant, Certified	Nursing Home
Podiatrist	Adult Family Home
Prosthetist/Orthotist	Skilled Nursing Facility
Psychologist	Boarding Home
Respiratory Therapist	Pharmacy
Speech Therapist	Private Transportation (Taxi, Bus, Airline)
Vocational individual providers – Visit Become a Vocational Provider .	Public Transportation
	Radiologists
	Schools (Retraining Services) – Visit Become a Training Provider .
	Vehicle Modification

Step 1: Basic information

SELECTING THE ENROLLMENT TYPE

- Select **Group Practice**
- Click **Submit**

The screenshot shows a dialog box titled "Enrollment Type" with a close button and a submit button. The main heading is "Select the Enrollment Applicable Form". There are seven radio button options: Individual, Group Practice, Billing Agent/Clearinghouse, Fac/Agency/Orgn/Inst, Special Considerations, Tribal Health Services, and Managed Care Organization. The "Group Practice" option is selected and highlighted with a red rectangle.

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 right and left arrow buttons between the columns. Below the agency lists are several required fields: "Provider Name(Organization Name):" (with "(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):", "W-9 Entity Type:" (dropdown menu, *), "Other Organizational Information:" (dropdown menu, *), "Enrollment Effective Date:" (calendar icon), "UBI:", "W-9 Entity Type (If Other):", and "Email Address:". At the bottom right 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.

The screenshot shows a window titled "Basic Information" with a sub-header "If you don't have NPI and if you are Atypical provider then please contact DSHS worker to enroll." Below this, there are two columns: "Available Agencies" and "Selected Agencies". In the "Available Agencies" list, "L&I" is selected and highlighted with an orange box. To the right of the lists is a double right arrow button, also highlighted with an orange box. The "Selected Agencies" list is currently empty.

- Select **FEIN** for the **Tax Identifier Type**:

- In the **Provider Name (Organization Name)** field, enter the legal name that's registered with the Internal Revenue Service (IRS).
- In the **Organization Business Name** field, enter the "doing business as" (DBA) name.
- Enter your Federal Employer Identification Number (FEIN).

The screenshot shows the "Tax Identifier Type" section. There are two radio buttons: "FEIN" (which is selected) and "SSN". Below this are three input fields: "Provider Name (Organization Name)" with a note "(as shown on Income Tax Return)", "Organization Business Name", and "Federal Employer Identification Number (FEIN)".

- 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.

The screenshot shows the "NPI" section. A dropdown menu is highlighted with an orange box, containing the text "All medical Providers are federally mandated to have a NPI. Is this Provider required to have a NPI?". Below this are several input fields: "National Provider Identifier (NPI)", "W-9 Entry Type", "W-9 Entry Type (If Other)", "UBI", "Email Address", and "Enrollment Effective Date". At the bottom right, there are "Next" and "Cancel" buttons.

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

- **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.

The screenshot shows a user interface for an application. At the top, there are three fields: "Application Id: 20220629694630", "Name: LNI Test Individual", and "Enrollment Type: Individual". Below this is a section titled "Basic Information" with a collapse icon. The text in this section reads: "You have been assigned application # 20220629694630. Please make note of this application number before moving on to the next step... Click Next to go into the Business Process Wizard. The Business Process Wizard will be emailed to you." A red box highlights the Application ID, and a red arrow points from it to a larger red box containing the instruction: "Please make note of this application number before moving on to the next step..."

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.

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

Close → Required Credentials Purge

Enroll Provider - Group Practice

Business Process Wizard-Provider Enrollment (Group Practice). Click on the Step # under the Step Column

Step	Required	Start Date	End Date	Status	Step Remark
Step 1: Provider Basic Information	Required	10/19/2022	10/19/2022	Complete	
Step 2: Add Locations	Required			Incomplete	
Step 3: Add Specializations	Required			Incomplete	
Step 4: Ownership & Managing/Controlling Interest details	Required			Incomplete	
Step 5: Add Licenses and Certifications	Optional			Incomplete	
Step 6: Add Training and Education	Optional			Incomplete	
Step 7: Add Identifiers	Optional			Incomplete	
Step 8: Add Contract Details	Optional			Incomplete	
Step 9: Add Federal Tax Details	Required			Incomplete	
Step 10: Add EDI Submission Method	Optional			Incomplete	
Step 11: Add EDI Billing Software Details	Optional			Incomplete	
Step 12: Add EDI Submitter Details	Optional			Incomplete	
Step 13: Add EDI Contact Information	Optional			Incomplete	
Step 14: Add Servicing Provider Information	Required			Incomplete	
Step 15: Add Payment and Remittance Details	Required			Incomplete	
Step 16: Complete Enrollment Checklist	Required			Incomplete	
Step 17: 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

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) directory.

ADD LOCATIONS

- Click **Add**.

The screenshot shows a web interface for managing locations. At the top left, there are 'Close' and 'Add' buttons. The 'Add' button is highlighted with an orange box. Below the buttons is a 'Locations List' table with columns for Location Number, Location Name, Location Type, Location Details, and End Date. A red message 'No Records Found!' is displayed below the table.

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.

The screenshot shows a form titled 'Add Physical Location Information'. It contains various input fields for location details. The 'Email Address' field is highlighted with an orange box. Other fields include Location Type (NPI Base Location), Business Name at this Location, Contact First Name, Contact Last Name, Address Line 1, Address Line 2, Address Line 3, City/Town, State/Province, County, Zip Code, Fax Number, Phone Number, Cell Phone Number, Communication Preference (Email), and Web Page. There is also an 'Add Address' button.

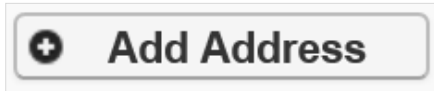
Important! Include the phone number you want patients to call for each location.

Note: An email address must be entered if choosing Electronic Funds Transfer with Email Notification in Step 15. 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**.

A screenshot of the "Address details" form. The "Address Line 1" field is empty and highlighted with an orange box. The "Zip Code" field is also empty and highlighted with an orange box. The "Validate Address" button is highlighted with an orange box. Other fields include "Address Line 2", "Address Line 3", "City/Town", "State/Province", "County", and "Country".

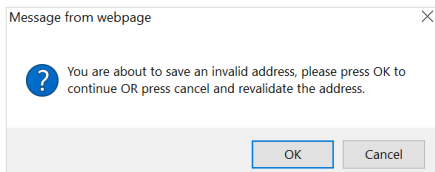
- If the address entered is valid, the following message will appear at the top of the page.

A screenshot of the "Address details" form showing a successful validation. A blue box highlights the message "Address validation successful" at the top. The "Address Line 1" field contains "123 State Ave". The "City/Town" dropdown is set to "LACEY", "State/Province" is "Washington", and "Country" is "United States". The "Zip Code" field contains "98513 - 6856".

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

A screenshot of the "Address details" form showing an error message. A red box highlights the message "Address not found with Street Address and Zip Code Combination" at the top.

- 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 group location appears in the Find a Doctor directory on 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 MAILING ADDRESS INFORMATION

You can list the same address as the physical location or enter a new address.

- Click **Same as Location Address** to copy the physical location address.
- Or, follow the instructions on the previous pages to **Add Address**.

Mailing Address

Same as Location Address End Date:

Click on 'Add Address' button to populate address field

Address Line 1: Address Line 2:

Address Line 3: City/Town:

State/Province: County:

Country: Zip Code: -

ADD PAY-TO ADDRESS INFORMATION

Follow the mailing address instructions above.

- Click **OK** to save or **Cancel** to close without saving.
- Click **Close** or return to the BPW to add servicing location.

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**.

Close Add

Locations List

Filter By:

<input type="checkbox"/>	Location Number	Location Name	Location Type	Location Details	End Date
No Records Found !					

- Repeat steps from **Add Physical Location Information** section (page 8) and continue through each section.

- The **Location Type** field will change to **NPI Servicing Location** (see highlighted below).
- 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.

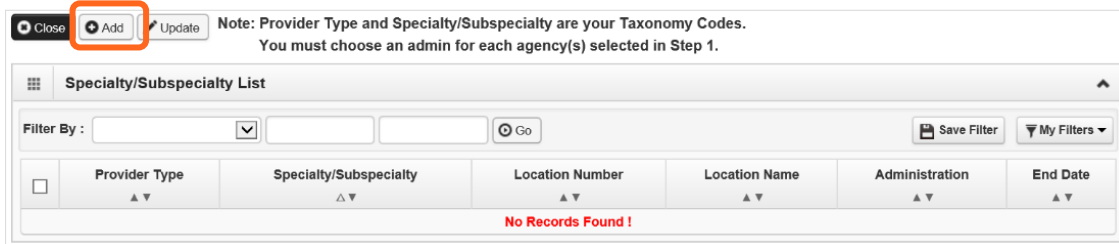
Step 3: Add specializations

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.

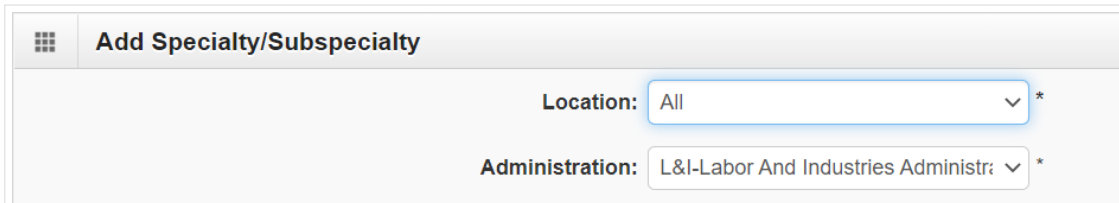
ADDING SPECIALIZATIONS

- Click **Add**.

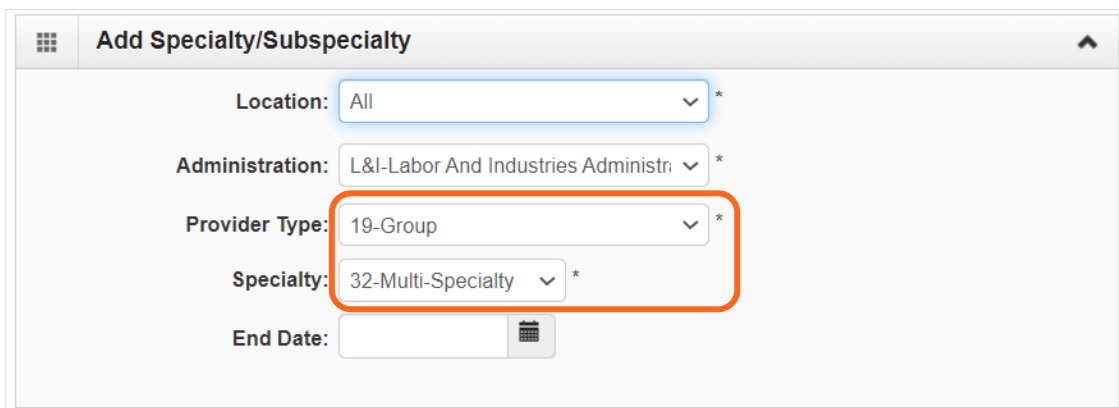


Note: If you'd like to bill for multiple specialties, you'll need to repeat this step to add each specialty.

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

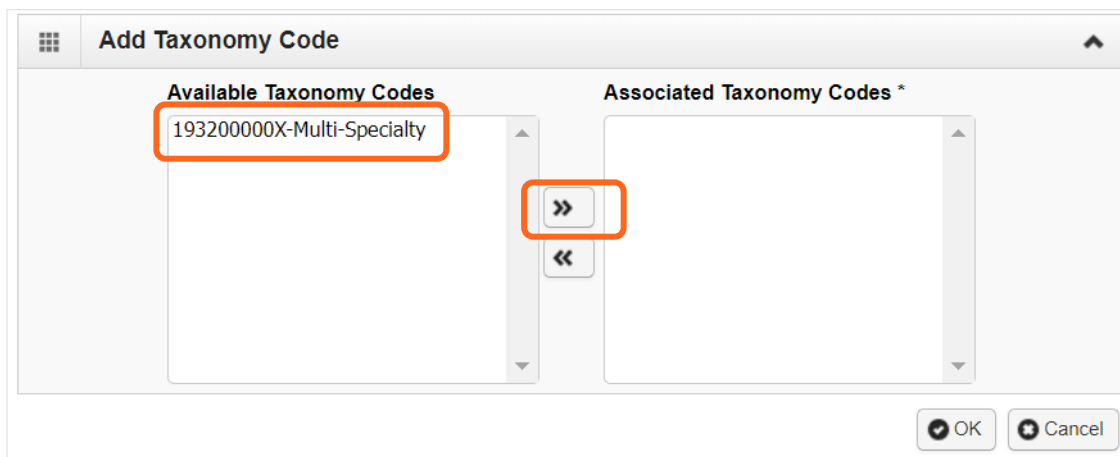


- Choose the **Provider Type** and **Specialty**.



- Don't enter an **End Date**. ProviderOne will auto-populate to 12/31/2999.

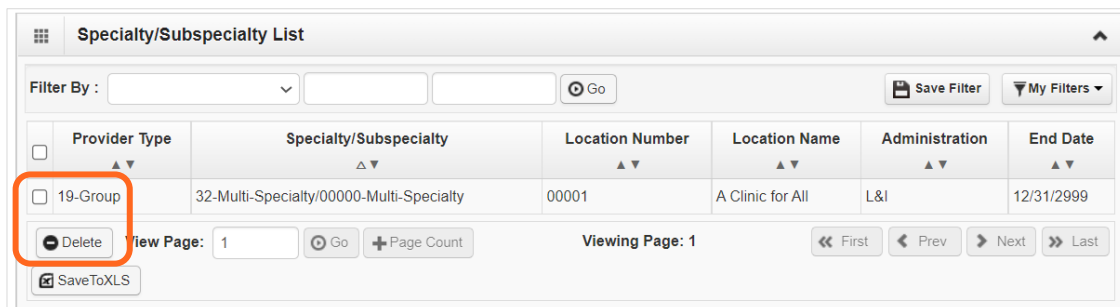
- The Provider Type selection will populate the options for Specialty, which displays the available taxonomy codes.
 - Use the double arrows to move taxonomy code from the **Available Taxonomy Codes** box to the **Associated Taxonomy Codes** box.
 - Select all applicable taxonomies for each license you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



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

Step 4: Add ownership details

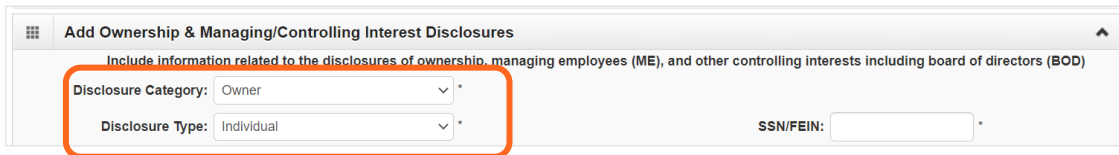
This step is required to create your provider account. If also applying for HCA, see their **Enroll as a Provider Website** for instructions to complete this step.

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.

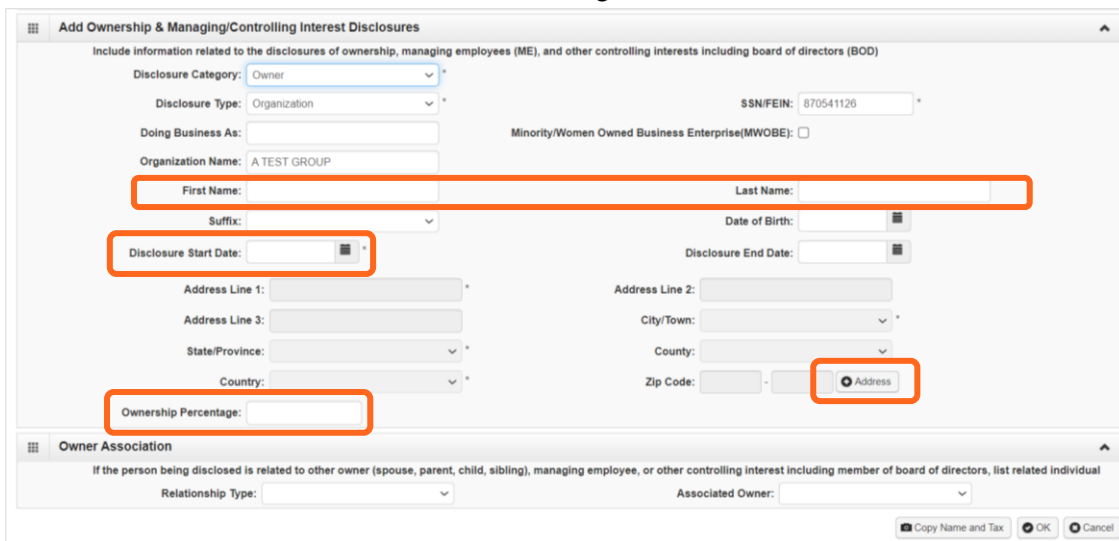
INDIVIDUAL OWNER

Note: You must add an “**Individual Owner**” to complete this step.

- Select **Disclosure Category** Owner or Managing Employee.
- Select **Disclosure Type** Individual.
- Enter the individual’s SSN.



- 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.

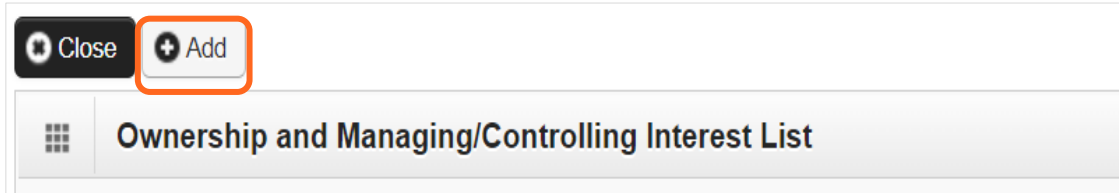


- Repeat these steps as needed for additional owners.

ORGANIZATION OWNER

Note: You're not required to provide an "Organization Owner" to complete this step.

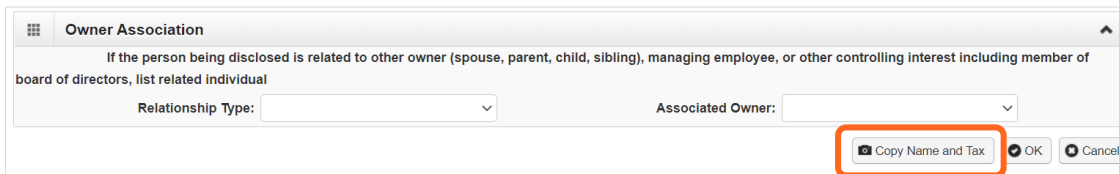
- Click **Add**.



Close Add

Ownership and Managing/Controlling Interest List

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



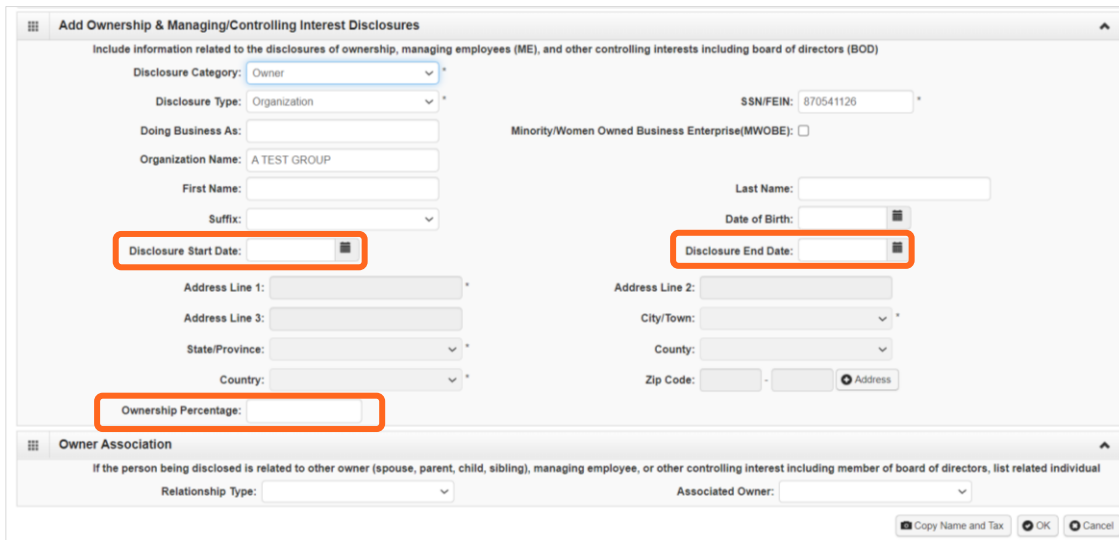
Owner Association

If the person being disclosed is related to other owner (spouse, parent, child, sibling), managing employee, or other controlling interest including member of board of directors, list related individual

Relationship Type: Associated Owner:

Copy Name and Tax OK Cancel

- Complete the remaining required fields:
 - Enter the first day of ownership from your **Individual Disclosure Type** as the **Disclosure Start Date**. Don't enter the Disclosure End Date, the end date will auto-populate to 12/31/2999.
 - Click **Address** and complete the steps.
 - Enter an **Ownership Percentage**.



Add Ownership & Managing/Controlling Interest Disclosures

Include information related to the disclosures of ownership, managing employees (ME), and other controlling interests including board of directors (BOD)

Disclosure Category: Owner
Disclosure Type: Organization
Doing Business As:
Organization Name: A TEST GROUP
First Name:
Suffix:
SSN/FEIN: 870541126
Minority/Women Owned Business Enterprise(MWOBE):
Last Name:
Date of Birth:
Address Line 1:
Address Line 2:
Address Line 3:
City/Town:
State/Province:
County:
Country:
Zip Code:
Address

Disclosure Start Date:
Disclosure End Date:
Ownership Percentage:

Owner Association

If the person being disclosed is related to other owner (spouse, parent, child, sibling), managing employee, or other controlling interest including member of board of directors, list related individual

Relationship Type: Associated Owner:

Copy Name and Tax OK Cancel

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

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**, and 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

Buttons:

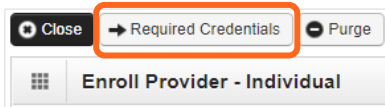
Step 5: Add licenses and certifications

Before clicking into Step 5, review **Required Credentials**. The **Required Credentials** tool helps identify what type of license and certification information you need to provide to continue with enrollment.

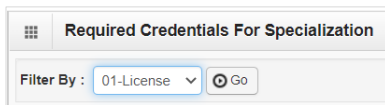
Tip: Make note of all requirements. You may use the Required Credentials tool for multiple steps.

CHECK REQUIRED CREDENTIALS

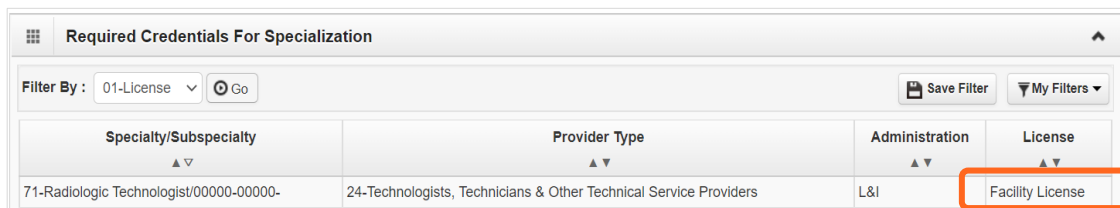
- Click **Required Credentials** from the BPW.



- 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).



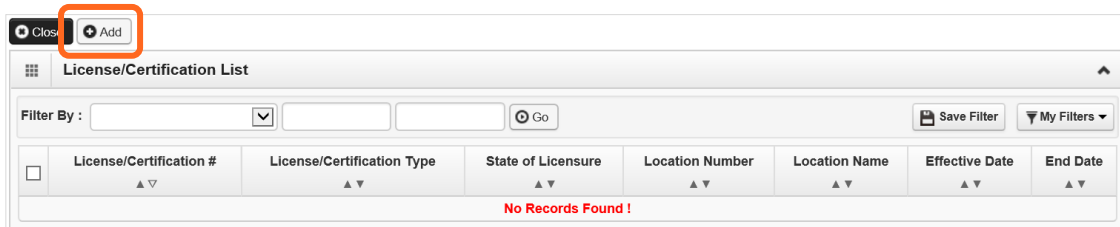
Specialty/Subspecialty	Provider Type	Administration	License
71-Radiologic Technologist/00000-00000-	24-Technologists, Technicians & Other Technical Service Providers	L&I	Facility License

Note: Clinics must add the facility license as described in the **Add Licenses/Certifications** section.

- Make a note of your required license as you'll need it to complete Step 5.
- 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.

If you are a clinic:

- Enter **N/A** as the **License/Certification #**.
- Select your state in the **State of Licensure**.
- Enter **today's date** as the **Effective Date**. Enter **12/31/2999** as the **End Date**.

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

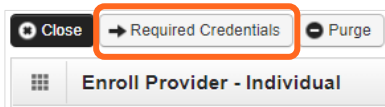
Step 6: Add training and education

This step doesn't apply to all L&I providers. Follow the instructions below if the BPW step is **Required**. Before clicking into Step 6, review **Required Credentials**. The **Required Credentials** tool helps identify what type of training and education information you need to provide to continue with enrollment.

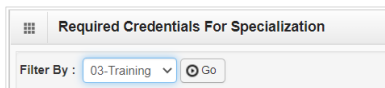
Tip: Make note of all requirements. You may use the Required Credentials tool for multiple steps.

CHECK REQUIRED CREDENTIALS

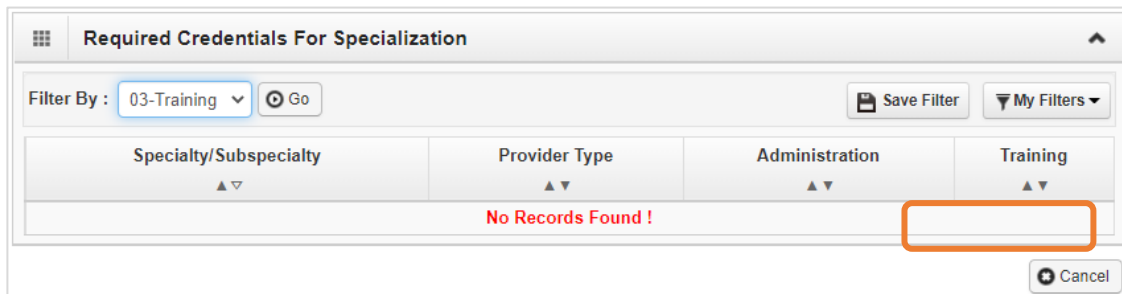
- Click **Required Credentials** from the BPW.



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



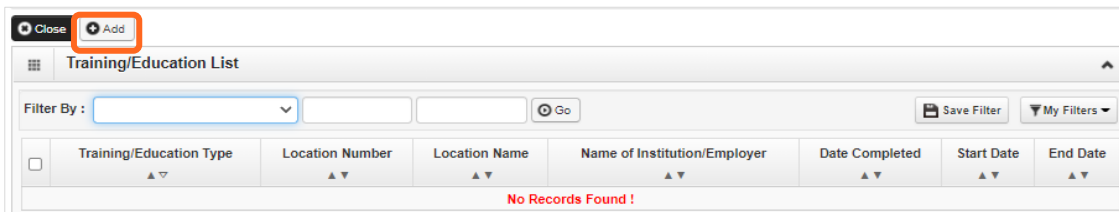
- Required training will be displayed, if required (see highlighted below).



- Make a note of your required training as you'll need it to complete Step 6.
- 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 web form titled "Add Training/Education". The form contains several input fields and dropdown menus. The "Training/Education Type" dropdown menu is highlighted with an orange border and shows "Bachelors" selected. Other fields include "Location" (set to "All"), "Name of Institution/Employer", "Date Completed", "Unit Type", "Place Completed", "Start Date", "End Date", and "Unit Value". There are "OK" and "Cancel" buttons at the bottom right.

- 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.

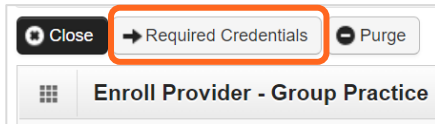
- You don't need to finish the **Unit Type** or **Unit Value** field.
- Click **OK** and **Close**.

Step 7: Add identifiers

This step doesn't apply to all L&I group providers.

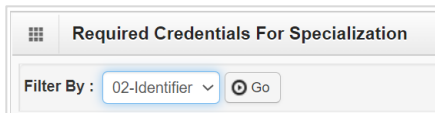
CHECK REQUIRED CREDENTIALS

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



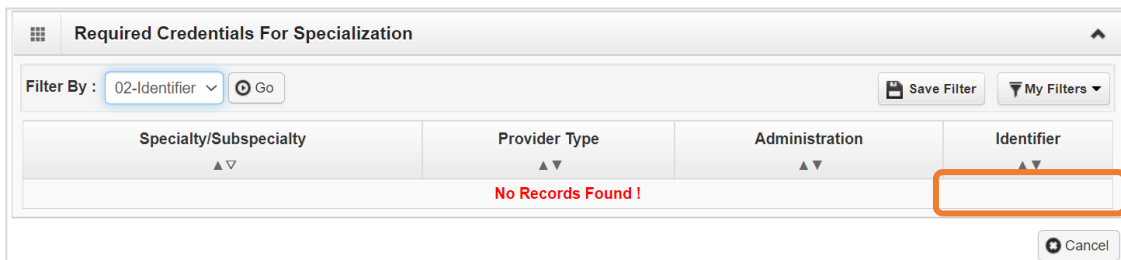
A screenshot of a software interface showing a menu with three items: 'Close', 'Required Credentials', and 'Purge'. The 'Required Credentials' item is highlighted with an orange box. Below the menu is a button labeled 'Enroll Provider - Group Practice'.

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



A screenshot of a dialog box titled 'Required Credentials For Specialization'. It features a 'Filter By' dropdown menu set to '02-Identifier' and a 'Go' button next to it.

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

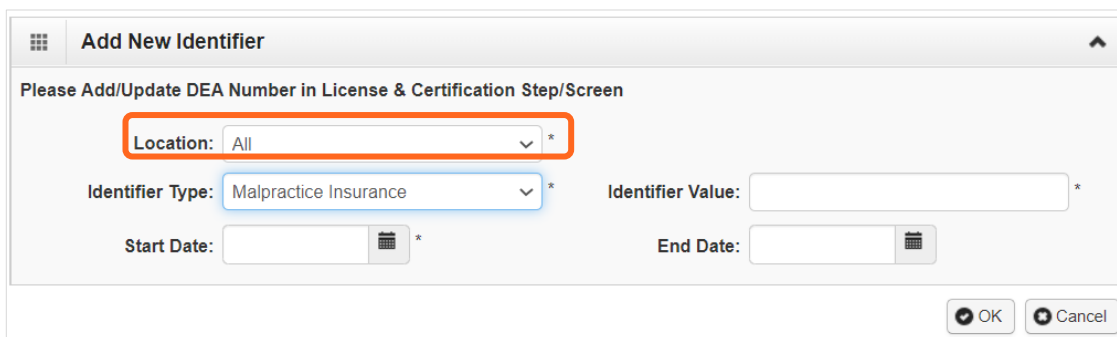


A screenshot of the 'Required Credentials For Specialization' dialog. It shows a table with columns for 'Specialty/Subspecialty', 'Provider Type', 'Administration', and 'Identifier'. The 'Identifier' column is highlighted with an orange box. The table contains the text 'No Records Found!' in red. There are 'Save Filter', 'My Filters', and 'Cancel' buttons.

- Make a note of your required identifiers 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.



A screenshot of a dialog box titled 'Add New Identifier'. It contains the instruction 'Please Add/Update DEA Number in License & Certification Step/Screen'. The 'Location' dropdown menu is set to 'All' and is highlighted with an orange box. Other fields include 'Identifier Type' (set to 'Malpractice Insurance'), 'Identifier Value', 'Start Date', and 'End Date'. There are 'OK' and 'Cancel' buttons at the bottom.

- Select the required **Identifier 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.

Step 8: 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.

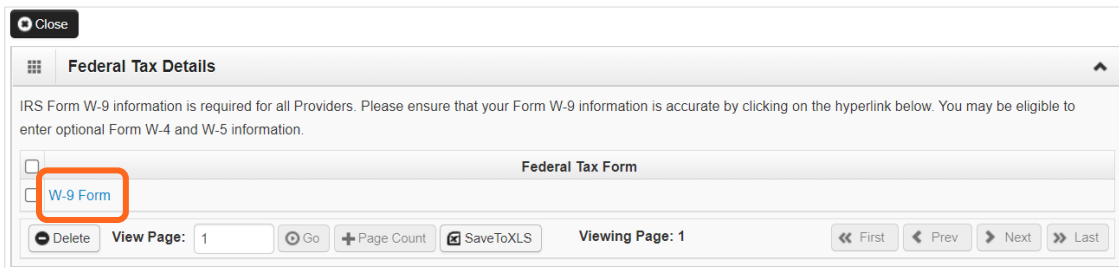
Step 9: Add federal tax details

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

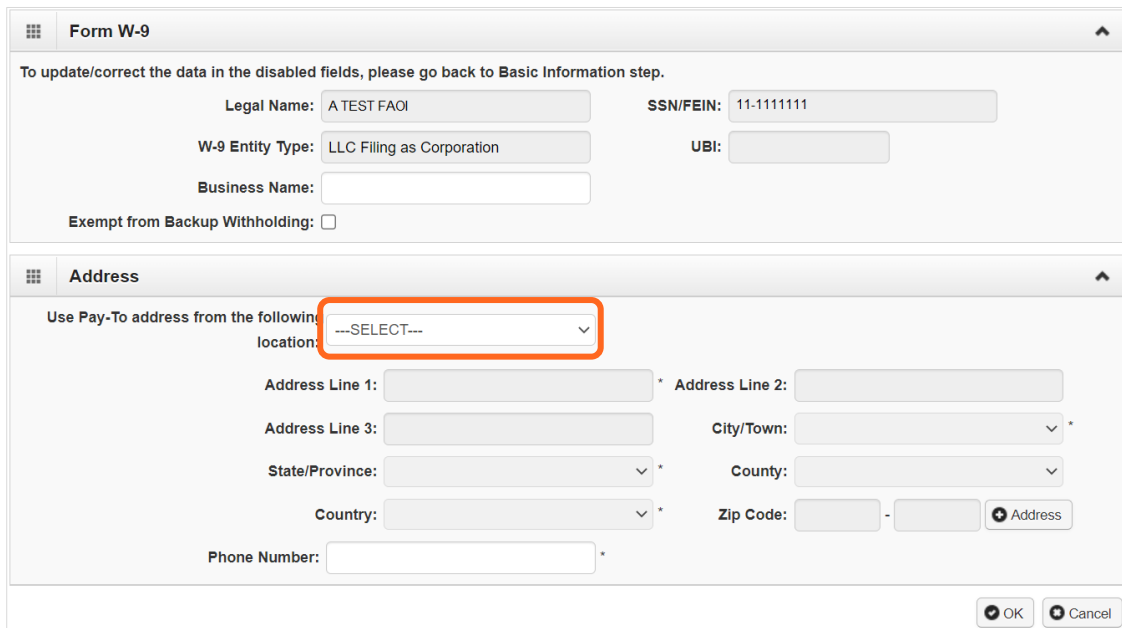
Note: The information on this screen must match the W-9 form you'll upload in the last step of the BPW.

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 10-13: Not applicable to L&I providers

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

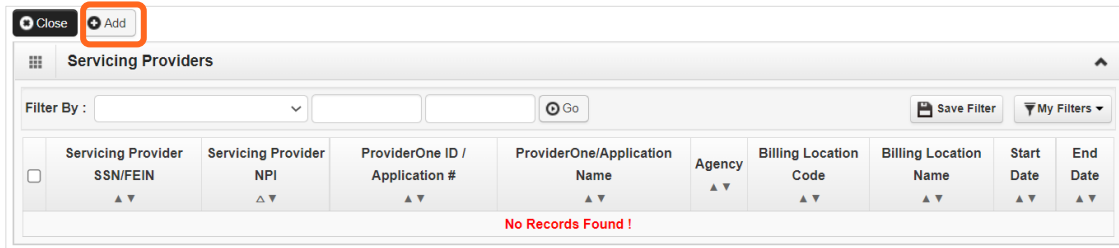
<https://www.hca.wa.gov/billers-providers-partners/become-apple-health-provider/enroll-provider>

Step 14: Add servicing provider information

This application type requires at least one servicing provider. In ProviderOne, a servicing provider renders billable services for your organization.

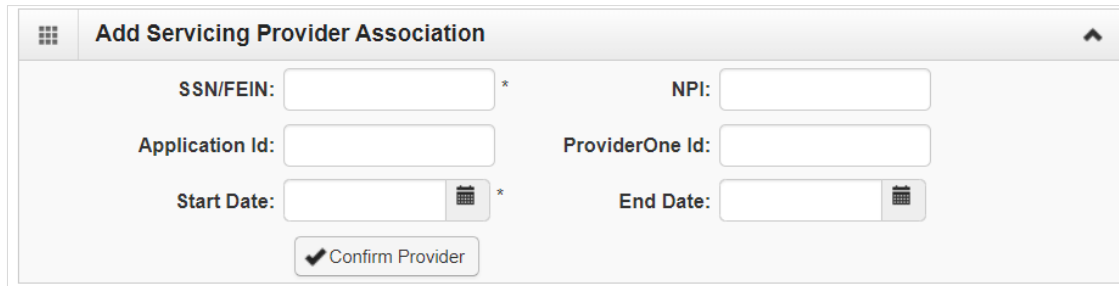
ADD SERVICING PROVIDER INFORMATION

- Click **Add**.



Service Provider	Service Provider	ProviderOne ID /	ProviderOne/Application	Agency	Billing Location	Billing Location	Start	End
SSN/FEIN	NPI	Application #	Name		Code	Name	Date	Date
No Records Found !								

- Enter the **SSN/FEIN** of the servicing provider, and one of the following: **NPI, Application #or ProviderOne ID**.
- Enter the **Start Date**. The End Date will auto-populate as 12/31/2999.



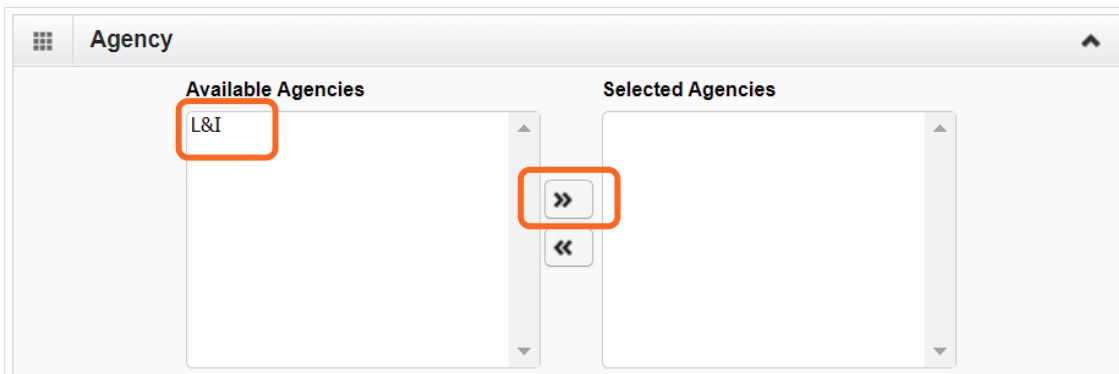
SSN/FEIN: * NPI:

Application Id: ProviderOne Id:

Start Date: * End Date:

Confirm Provider

- Click **Confirm Provider**.
 - If the provider is not found, go to **Provider does not exist in the database**.
 - If the provider is found, L&I will display in the Available Agencies box.



Agency

Available Agencies: L&I

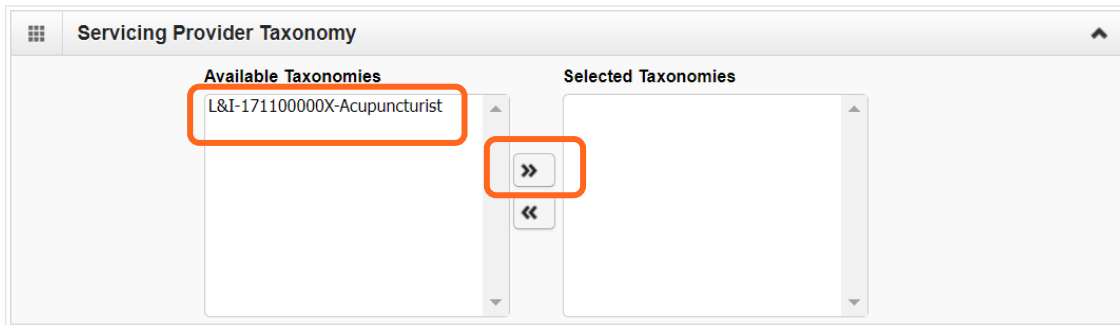
Selected Agencies:

»

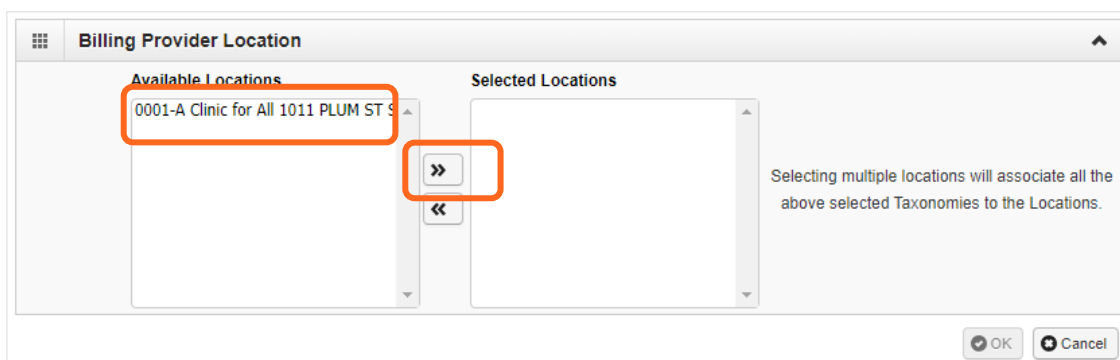
«

- Click **L&I** and use the double right arrows to move it to the **Selected Agencies** box.

- In **Available Taxonomies**, click all applicable taxonomies and use the double right arrow to move it to the **Selected Taxonomies** box.



- Click the **Available Locations** and use the double right arrows to move it to the **Selected Locations** box. More than one may be selected.

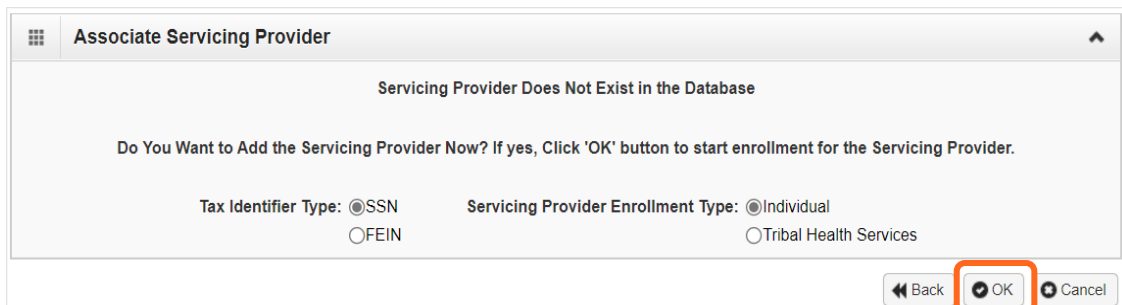


- Click **OK** to save or **Cancel** to close without saving.
- Ignore the **Social Service Servicing Only Provider List**. L&I doesn't use this.

PROVIDER DOESN'T EXIST IN DATABASE

If the provider doesn't exist in the database after searching with the SSN/FEIN and NPI, you'll be prompted to add the servicing provider. See the **Enrollment guide for individual servicing providers** for more information.

- Click **OK** to start the enrollment process, **Back** to return to the previous page, or **Cancel** to return to the Servicing Provider List.



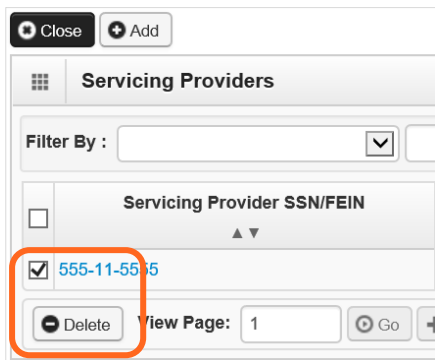
Note: If a new enrollment is started, copy the Application ID for the servicing provider. You'll need that ID to:

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

Note: If you have more than one servicing provider in your organization, you may add the remaining servicing providers after your group application is approved. A roster upload process is available, as well.

DELETE SERVICING PROVIDERS

- Check the box next to the record you want to delete and click **Delete**.
 - This will delete the association between the servicing provider and your group, but does not delete their record from ProviderOne.
- Click **Close**.

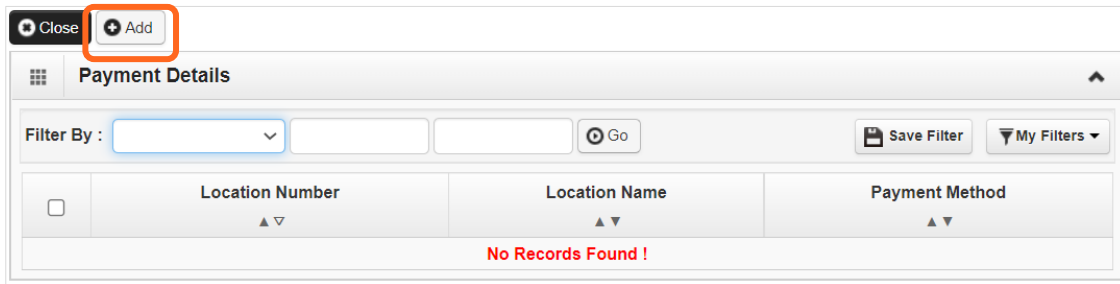


Step 15: Add payment and remittance details

Payment information applies to all locations.

ADDING PAYMENT AND REMITTANCE DETAILS

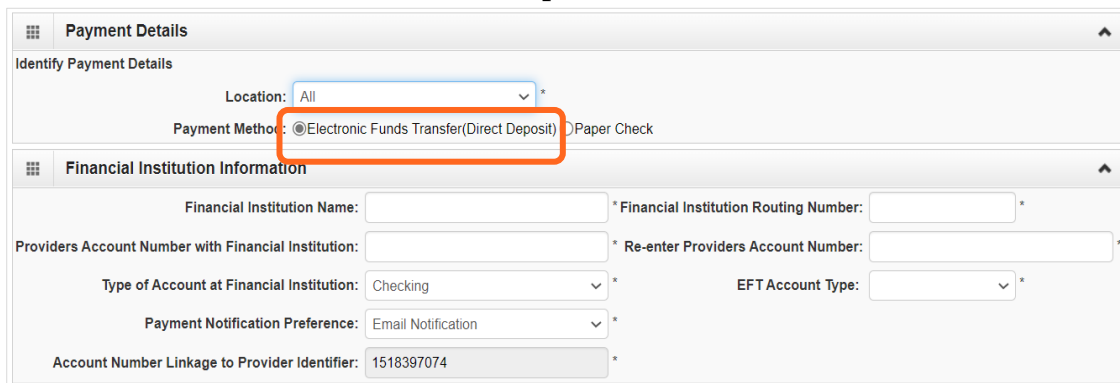
- Click **Add**.



The screenshot shows the 'Payment Details' form. At the top left, there are 'Close' and 'Add' buttons. The 'Add' button is highlighted with a red box. Below the buttons is a 'Filter By' section with a dropdown menu and a 'Go' button. To the right are '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!' displayed below it.

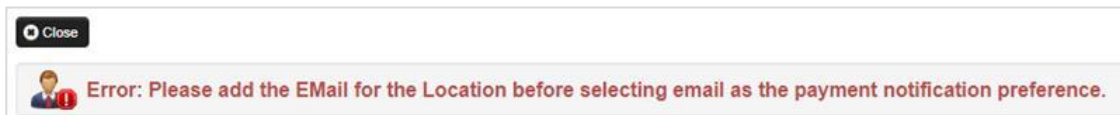
ELECTRONIC FUNDS TRANSFER (DIRECT DEPOSIT)

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



The screenshot shows the 'Payment Details' form. The 'Identify Payment Details' section has a 'Location' dropdown set to 'All' and a 'Payment Method' section where 'Electronic Funds Transfer(Direct Deposit)' is selected and highlighted with a red box. Below this is the 'Financial Institution Information' section with various input fields: 'Financial Institution Name', 'Financial Institution Routing Number', 'Providers Account Number with Financial Institution', 'Re-enter Providers Account Number', 'Type of Account at Financial Institution' (set to 'Checking'), 'EFT Account Type', 'Payment Notification Preference' (set to 'Email Notification'), and 'Account Number Linkage to Provider Identifier' (set to '1518397074').

- 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.



The screenshot shows an error message box with a 'Close' button at the top left. The message text reads: 'Error: Please add the EMAIL for the Location before selecting email as the payment notification preference.'

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

- 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 a red rectangular 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

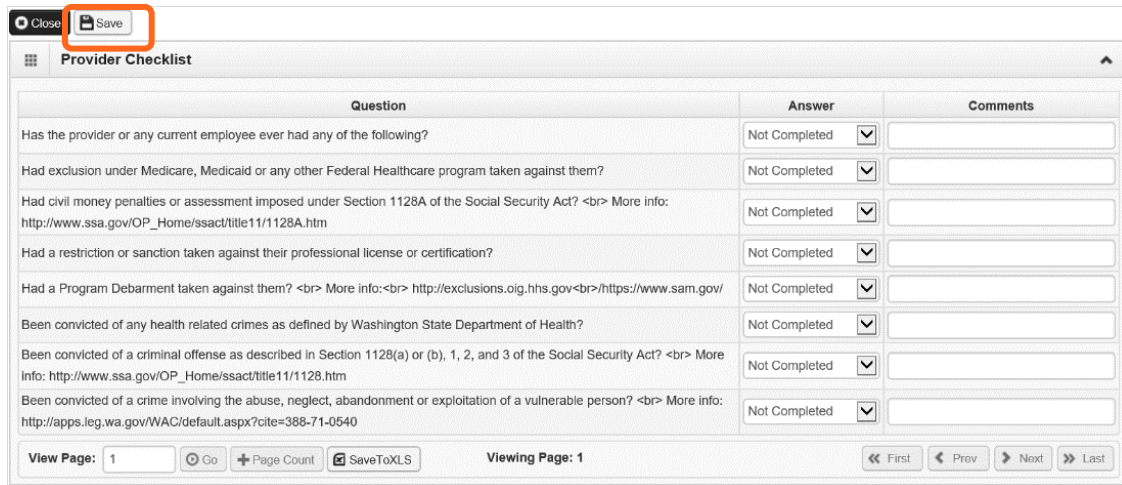
- Use the drop-down menu to select **New Enrollment** and enter the name of the person authorized to provide the payment choice.

The screenshot shows a form titled "Submission Information". It features a "Reason for Submission:" dropdown menu with "New Enrollment" selected. To the right is an "Authorized Signature:" text input field. Below these fields is a note: "(Signature only required when inputting new or changing EFT/835 information)". At the bottom right, there are "OK" and "Cancel" buttons.

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

Step 16: 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 "Close" and "Save" buttons. The "Save" button is highlighted with a red rectangle. Below the title bar is a table with three columns: "Question", "Answer", and "Comments". The table contains eight rows of questions, each with a "Not Completed" dropdown menu in the "Answer" column and an empty text box in the "Comments" column. At the bottom of the form, there are navigation controls including "View Page: 1", "Go", "Page Count", "SaveToXLS", "Viewing Page: 1", and "First", "Prev", "Next", "Last" buttons.

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: http://www.ssa.gov/OP_Home/ssact/title11/1128A.htm	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: http://exclusions.oig.hhs.gov https://www.sam.gov/	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: http://www.ssa.gov/OP_Home/ssact/title11/1128.htm	Not Completed	
Been convicted of a crime involving the abuse, neglect, abandonment or exploitation of a vulnerable person? More info: http://apps.leg.wa.gov/WAC/default.aspx?cite=388-71-0540	Not Completed	

Step 17: Final enrollment instructions

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

The screenshot shows a web interface for a final submission. At the top, there are three buttons: 'Close', 'Submit Enrollment', and 'Upload Attachments'. Below this is a section titled 'Final Submission' with the following text: 'Application #: 20220629694630', 'Enrollment Type: Individual', and a paragraph stating that information will be verified and reviewed. A second paragraph says, 'By clicking on the button "Submit Enrollment", I agree that the information submitted as a part of the application is correct.' A third paragraph asks to ensure all required documents are uploaded. Below this is an 'Application Document Checklist' table with columns for 'Forms/Documents', 'Special Instructions', 'Agency', and 'Link'. The table lists 'Provider Agreement' and 'W9' with their respective agency and links. At the bottom of the checklist, there are navigation controls for 'View Page: 1', 'Go', 'Page Count', 'Viewing Page: 1', and 'First', 'Prev', 'Next', 'Last' buttons. A 'SaveToXLS' button is also present.

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

- 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 9.

- Make sure to sign and date every form.

UPLOAD INFORMATION

- Click **Upload Attachments**.

This screenshot is similar to the previous one but highlights the 'Upload Attachments' button with a red rectangle.

- Click **Add Attachments**.

This screenshot shows a section titled 'Provider Supporting Documents:'. It contains the text 'Please click "Add Attachment" button, to attach the documents.' and a button labeled 'Add Attachment' which is highlighted with a red rectangle.

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

Please complete all Required Fields *

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

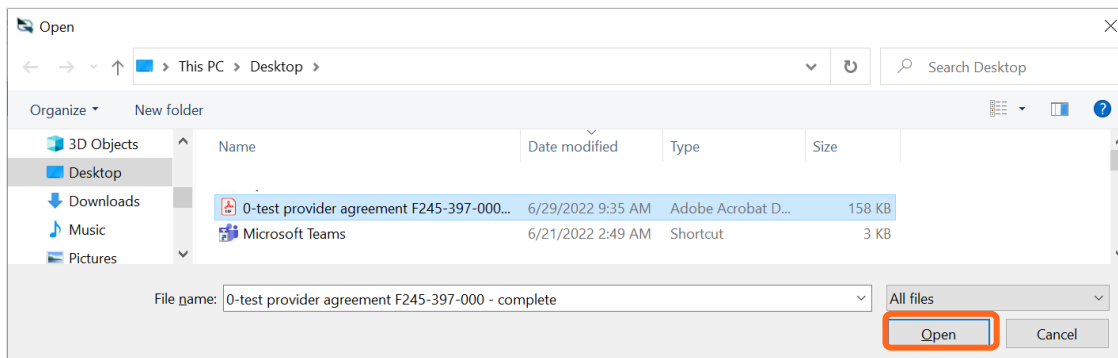
Agency: L&I *

Comment:

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 *

- Click **Choose File**.
- 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**.
- 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.

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

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

Application Id: 20221019817239

Enrollment Type: Group Practice

Please click Submit Enrollment button.

Provider Supporting Documents:

Please click "Add Attachment" button, to attach the documents.

Add Attachment

Attachment List

File Name	Attachment Type	Agency	Request Type	Comment	File Size	Delete	Uploaded On
Test_Prov_AgreementF245_397_000.pdf	CPA	L&I	EA		158kb	X	10/19/2022
Test_W_9.pdf	W9	L&I	EA		229kb	X	10/19/2022

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

Print | Print Cover Page | Cancel

SUBMITTING THE ENROLLMENT APPLICATION

- Click **Submit Enrollment**.

Application Id: 20221019817239

Name: Bright Now Dental

Enrollment Type: Group Practice

Close | Submit Enrollment | Upload Attachments

Final Submission

Application #: 20221019817239

Enrollment Type: Group Practice

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.

Application Document Checklist

Forms/Documents	Special Instructions	Agency	Link
Provider Agreement		L&I	https://www.lni.wa.gov/forms-publications/F245-397-000.pdf
W9		L&I	https://www.irs.gov/pub/irs-pdf/fw9.pdf

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

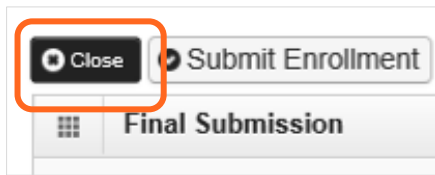
First | Prev | Next | Last

- ProviderOne displays a confirmation pop-up message.
- Make a note of your Application ID. You'll need your ID and FEIN to check your application status at: <https://www.waproviderone.org/ecams/jsp/common/pgTrackPrvdrApplctn.jsp>
- Click **OK** to close the message.

The application # 20221019817239 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 #.

OK

- Click **Close** on the Final Submission page.



You have successfully submitted your L&I application. Visit the [Become a Provider website](#) for more information.

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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