



Washington State Department of
Labor & Industries

Provider ne



Enrolling as a facility, agency, organization, or institution (FAOI) 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

Enrolling as an FAOI provider	1
Select the right guide	1
Other guides.....	2
Step 1: Basic information.....	3
Selecting the enrollment type	3
Basic information	3
Application ID	5
Business Process Wizard (BPW).....	5
Step 2: Add locations	7
Add provider Location form	7
Add locations.....	7
Add physical location information	7
Add address information	8
L&I specific information	9
Add mailing address information.....	10
Add pay-to address information	10
Add facility details.....	10
Add pharmacy details	11
Regional support network details.....	11
Add servicing locations	11
Delete a location.....	12
Step 3: Add specializations.....	13
Adding specializations	13
Deleting specializations.....	14
Step 4: Add ownership details	15
Individual owner	15
Organization owner.....	16
Delete ownership information	17
Step 5: Add licenses and certifications.....	18
Check required credentials.....	18
Add licenses/certifications	18
Delete licenses/certifications	19
Step 6: Add training and education	20
Check required credentials.....	20
Add training/education type.....	20
Step 7: Add identifiers.....	22
Check required credentials.....	22
Add an identifier	22
Step 8: Add contract details.....	24
Step 9: Add federal tax details	25
Add federal tax details	25
Steps 10-13: Not applicable to L&I providers	26

Step 14: Add servicing provider information	27
Step 15: Add payment and remittance details	28
Adding payment and remittance details	28
Electronic funds transfer (direct deposit)	28
Paper check	29
Electronic remittance advice.....	29
Submission information.....	29
Step 16: Complete enrollment checklist	30
Step 17: Final enrollment instructions	31

Enrolling as an FAOI provider

An FAOI provider is a facility, agency, organization, or institution that doesn't have servicing providers. 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.

Ambulance	Laboratory Facility
Ambulatory Surgery Center	Lodging
Book Store	Nursing Home
DME Supplier	Adult Family Home
DME Home Infusion Therapy	Skilled Nursing Facility
Drug/Alcohol Treatment Facility	Boarding Home
Free Standing Emergency Room	Pharmacy
Home Health Agency	Private Transportation (Taxi, Bus, Airline)
Home Modifications	Public Transportation
Hospitals	Radiologists
Independent Diagnostic Testing Facility	Brain/Head Injury Program (Rehabilitation)
Investigative Services	Schools (Retraining Services) – visit Becoming a Training Provider
Job Mod/Pre Job Supplier/Pre Job Consultant	Vehicle Modification

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.

OTHER GUIDES

Find your provider type below and use the corresponding guide.

Go to the < Group Guide > for these provider types:	Go to the < Individual Guide > for these provider types:
Chiropractic Clinic	Audiologist, Certified
Clinic	Chiropractor
Occupational Therapist Clinic	Dentist
Pain Clinic – Dolorology	East Asian Medicine
Physical Therapy Clinic	Hearing Aid Fitter/Dispenser
Vocational Firm – Visit Become a Vocational Provider .	Licensed Massage Therapist
	Master Level Therapist
	Naturopath
	Nurse
	Occupational Therapist
	Optician
	Optometrist
	Osteopathic Physician
	Physical Therapist
	Physician
	Physician Assistant, Certified
	Podiatrist
	Prosthetist/Orthotist
	Psychologist
	Respiratory Therapist
	Speech Therapist

Step 1: Basic information

SELECTING THE ENROLLMENT TYPE

- Select **Fac/Agency/Orgn/Inst**
- 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 (which is selected and highlighted with a red box), Special Considerations, Tribal Health Services, and Managed Care Organization.

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 double right arrows between them. Below are several input fields: "Provider Name(Organization Name):" (required), "Organization Business Name:" (required), "Federal Employer Identification Number(FEIN):" (required), "All medical Providers are federally mandated to have a NPI. Is this Provider required to have a NPI?" (dropdown), "National Provider Identifier(NPI):" (input), "W-9 Entity Type:" (dropdown), "Other Organizational Information:" (dropdown), "Enrollment Effective Date:" (calendar), "UBI:" (input), "W-9 Entity Type (If Other):" (input), and "Email Address:" (input). 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.

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, MGA, L&I

Selected Agencies:

Agency: []

■ 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)**.

Tax Identifier Type: FEIN
 SSN

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

Organization Business Name: [] 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.

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

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

National Provider Identifier (NPI): []

W-9 Entity Type: [---SELECT---]

W-9 Entity Type (if Other): []

UBI: []

Other Organizational Information: [---SELECT---]

Email Address: []

Enrollment Effective Date: []

Next Cancel

- **Don't** enter a UBI or enrollment effective date in this step.
- 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.

The screenshot shows a form with the following fields: Application Id: 20220629694630, Name: LNI Test Individual, and Enrollment Type: Individual. Below these fields is a section titled "Basic Information" with a warning message: "Please make note of this application number before moving on to the next step...". The message continues: "You have been assigned an application number. Please make note of this application number. Click Next to go into the Business Process Wizard. You will need to complete all the required steps before submitting your application for State review. This number will be emailed to you."

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.

Step	Required	Start Date	End Date	Status	Step Remark
Step 1: Provider Basic Information	Required	07/12/2022	07/12/2022	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	Optional			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

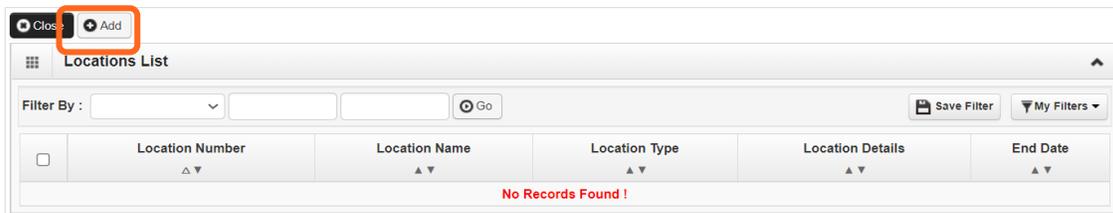
Every provider enrolling will have a Base Location requiring three addresses:

- **Location** (physical address of primary location)
- **Mailing** (the place where you get mail)
- **Pay-to** (the place where a paper check or 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

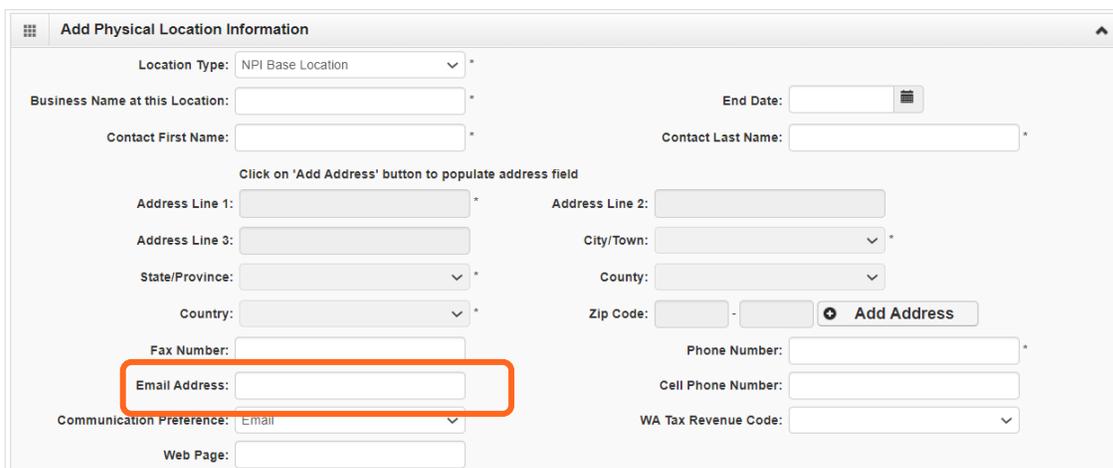
- Click **Add**.



The screenshot shows a 'Locations List' window with a table. The 'Add' button is highlighted with an orange box. The table has columns for Location Number, Location Name, Location Type, Location Details, and End Date. A red message 'No Records Found!' is displayed in the center of 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.



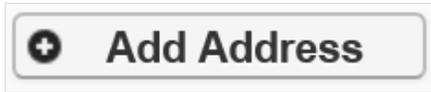
The screenshot shows the 'Add Physical Location Information' form. The 'Email Address' field is highlighted with an orange box. The form includes fields for Location Type, Business Name, Contact First/Last Name, End Date, Address Line 1-3, City/Town, County, Zip Code, Fax Number, Phone Number, Cell Phone Number, Communication Preference, and Web Page.

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 a web form titled "Address details". The form contains several input fields: "Address Line 1" (with a red box around it), "Address Line 2", "Address Line 3", "City/Town", "State/Province", "County", "Country", and "Zip Code". A "Validate Address" button with a plus icon is highlighted with a red box. At the bottom right, there are "OK" and "Cancel" buttons.

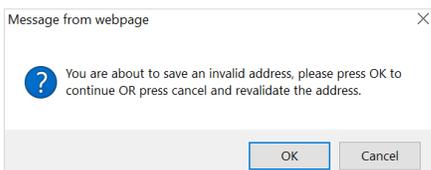
- If the address entered is valid, the following message will appear at the top of the page.

A screenshot of the "Address details" form showing a successful validation. A blue box highlights the message "Address validation successful" at the top left. The "Address Line 1" field contains "123 State Ave", "City/Town" is "LACEY", "State/Province" is "Washington", "County" is "Thurston", and "Zip Code" is "98513 - 6856". The "Validate Address" button is still visible.

- 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 of the form.

- 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. 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:

The screenshot shows the 'L&I Specific Information' form. The 'Publish in Provider Directory' dropdown is highlighted with a red box and set to 'Yes'. Other fields include 'Age Restrictions' (No), 'Accept New Patients' (Yes), and 'Handicapped Accessible' (Yes). The 'Languages Spoken' section shows a list of available languages and 'ENG-English' selected in the 'Selected Languages' list. The 'Office Hours' section shows a grid for days of the week with times: Monday (Closed), Tuesday (Closed), Wednesday (Closed), Thursday (Open 8:30 AM - 4:30 PM), Friday (Closed), Saturday (Closed), and Sunday (Closed).

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

The screenshot shows the 'L&I Specific Information' form with 'Publish in Provider Directory' set to 'No'. The 'Age Restrictions', 'Accept New Patients', and 'Handicapped Accessible' fields are disabled (greyed out). The 'Languages Spoken' section is also disabled. The 'Selected Languages' list still shows 'ENG-English'. The 'Office Hours' section is also disabled.

- Click **Save** when done.

ADD MAILING ADDRESS INFORMATION

You can indicate 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.

Pay-To 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 FACILITY DETAILS

L&I requires you to complete two fields in this section.

- In the **No. of Licensed Beds** field:
 - If you're a facility with licensed beds, enter the total number of beds.
 - If not, enter "0".
- In **Fiscal Year End Date**, enter 12/31/2999 to satisfy the required field.

Facility Details

State Facility Id: Accreditation: No

Distinct Part Unit: None * No. Of Licensed Beds: *

Fiscal Year End Date: *

ADD PHARMACY DETAILS

Pharmacies only:

- Complete as appropriate. The NABP number is in Step 7.

The screenshot shows a form titled "Pharmacy Details". It contains several input fields and dropdown menus: "Pharmacy Store Number" (text box), "National Association of Board of Pharmacy Number" (text box), "340B" (dropdown menu with "No" selected), "Pharmacy Type" (dropdown menu with "Retail" selected), "Pharmacy Volume" (dropdown menu with "High" selected), and "Unit Dose Pharmacy" (dropdown menu with "No" selected).

REGIONAL SUPPORT NETWORK DETAILS

Leave this field blank.

- Click **OK** to save or **Cancel** to close without saving. You'll return to the **Locations List**.
- From the **Locations List**, click **Close** to return to the BPW or **Add** to enter a 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**.

The screenshot shows the "Locations List" interface. 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 area is a table with columns: "Location Number", "Location Name", "Location Type", "Location Details", and "End Date". Below the table, it says "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).

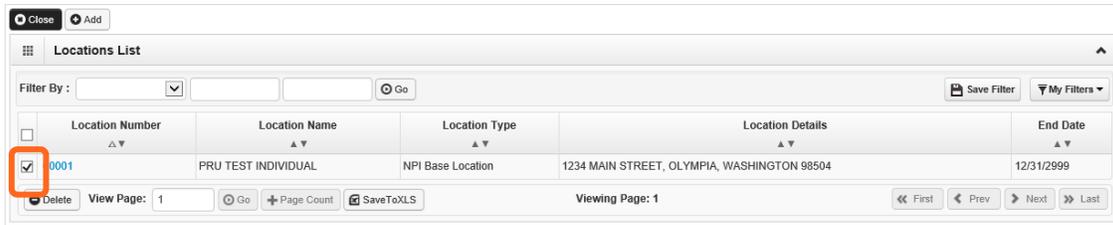
The screenshot shows the "Add Physical Location Information" form. The "Location Type" dropdown menu is highlighted with a blue box and shows "NPI Servicing Location". Other fields include: "Business Name at this Location", "Contact First Name", "Contact Last Name", "End Date", "Address Line 1", "Address Line 2", "Address Line 3", "City/Town", "State/Province", "County", "Country", "Zip Code", "Fax Number", "Phone Number", "Cell Phone Number", "Communication Preference", "Web Page", and "WA Tax Revenue Code". There is an "Add Address" button next to the Zip Code field.

- 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**.



The screenshot shows a web application interface for managing locations. At the top, there are 'Close' and 'Add' buttons. Below that is a 'Locations List' header with a search icon. A 'Filter By:' section contains three input fields and a 'Go' button. To the right of the filter section are 'Save Filter' and 'My Filters' buttons. The main area is a table with the following columns: 'Location Number', 'Location Name', 'Location Type', 'Location Details', and 'End Date'. The first row of data is highlighted, and a red box is drawn around the checkbox in the first column, which is checked. Below the table, there are 'Delete', 'View Page: 1', 'Go', 'Page Count', 'SaveToXLS', 'Viewing Page: 1', and navigation buttons for 'First', 'Prev', 'Next', and 'Last'.

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**.

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**.

Add Specialty/Subspecialty

Location: All *

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

Provider Type: 24-Technologists, Technicians & Ot *

Specialty: 71-Radiologic Technologist *

End Date: []

- 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 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 type="checkbox"/> 19-Group	32-Multi-Specialty/00000-Multi-Specialty	00001	A Clinic for All	L&I	12/31/2999

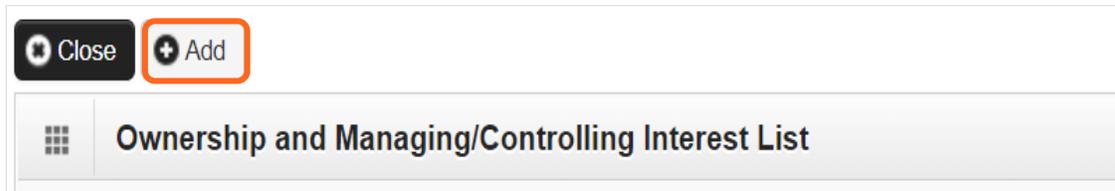
- Click **Close** and go to the next step.

Step 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.

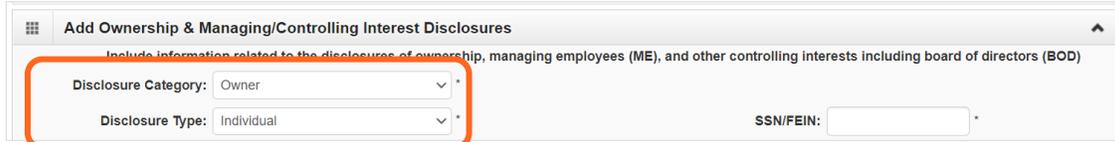
- Click **Add**.



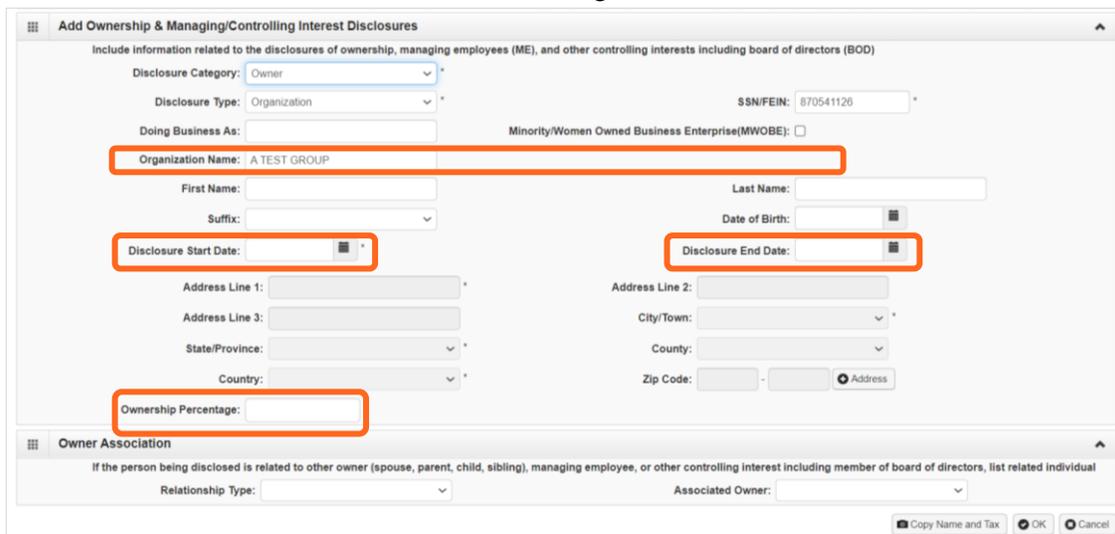
INDIVIDUAL OWNER

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**.

The screenshot shows the top of a window titled "Ownership and Managing/Controlling Interest List". At the top left, there are two buttons: "Close" and "Add". The "Add" button is highlighted with an orange rectangular box. Below the buttons is a header bar with a grid icon and the title "Ownership and Managing/Controlling Interest List".

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

The screenshot shows a form titled "Owner Association". It contains a dropdown for "Relationship Type" and another for "Associated Owner". At the bottom right, there are three buttons: "Copy Name and Tax", "OK", and "Cancel". The "Copy Name and Tax" button is highlighted with an orange rectangular box.

- 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**.

The screenshot shows a form titled "Add Ownership & Managing/Controlling Interest Disclosures". It contains several fields: "Disclosure Category" (Owner), "Disclosure Type" (Organization), "Doing Business As", "Organization Name" (A TEST GROUP), "First Name", "Last Name", "Date of Birth", "Disclosure End Date", "Address Line 1", "Address Line 2", "City/Town", "County", "Zip Code", "State/Province", and "Country". There are also "Disclosure Start Date" and "Ownership Percentage" fields. The "Disclosure Start Date", "Ownership Percentage", and a "+Address" button are highlighted with orange rectangular boxes. At the bottom, there are "Copy Name and Tax", "OK", and "Cancel" buttons.

- 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**, then click **Save** to close.

The screenshot shows a web interface titled "Ownership and Managing/Controlling Interest List". At the top, there are "Close" and "Add" buttons. Below the title is a "Filter By:" section with input fields and a "Go" button. To the right of the filter section are "Save Filter" and "My Filters" buttons. The main area contains a table with the following columns: "Owner/ME/BOD Id", "Owner/ME/BOD Name", "Disclosure Type", "Disclosure Category", "Start Date", and "End Date". A single row is visible with the following data: "111-22-2333", "PRU TEST INDIVIDUAL, PRU TEST INDIVIDUAL", "Individual", "Owner", "01/01/2020", and "12/31/2999". Below the table, there is a "Delete" button (highlighted with a red box), a "View Page: 1" field, a "Go" button, a "Page Count" button, a "SaveToXLS" button, and a "Viewing Page: 1" label. At the bottom right, there are navigation buttons: "First", "Prev", "Next", and "Last".

Owner/ME/BOD Id	Owner/ME/BOD Name	Disclosure Type	Disclosure Category	Start Date	End Date
111-22-2333	PRU TEST INDIVIDUAL, PRU TEST INDIVIDUAL	Individual	Owner	01/01/2020	12/31/2999

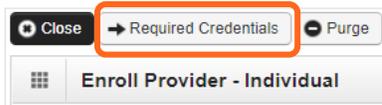
Step 5: Add licenses and certifications

This step doesn't apply to all L&I providers. Follow the instructions below if the BPW step is **Required**. 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.

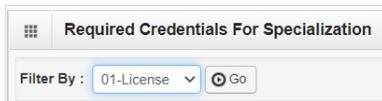
Tip: Make note of all requirements. You may use the Required Credentials tool for multiple steps.

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).



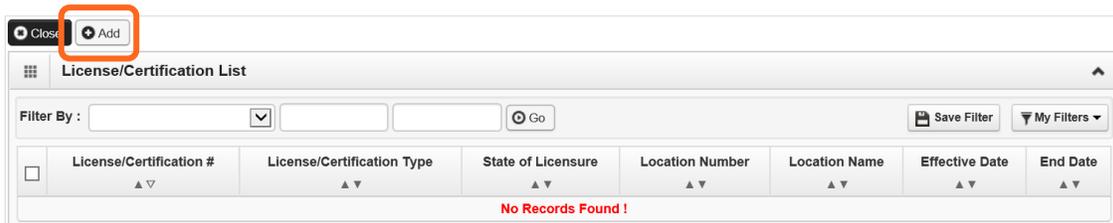
- Make a note of your required license as you'll need it to complete Step 5.

Note: Radiology or brain injury rehabilitation providers, add the Facility license as described in the **Add Licenses/Certifications** section.

- 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 radiology or brain injury rehabilitation provider, Enter **NA** 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

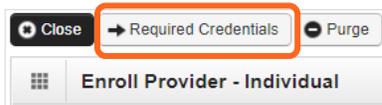
Step 6: Add training and education

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.

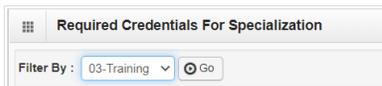
Tip: Make note of all requirements. You may use the Required Credentials tool for multiple steps.

CHECK REQUIRED CREDENTIALS

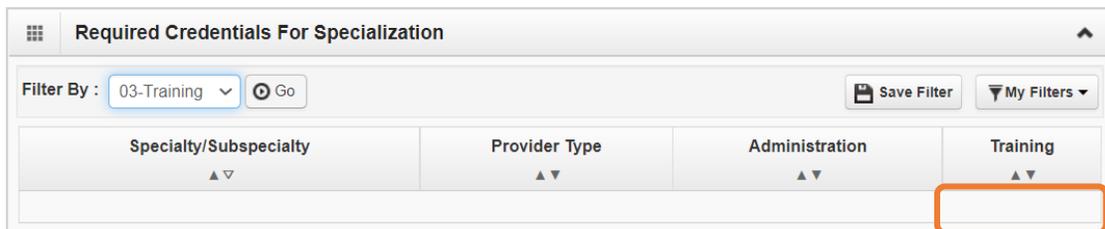
- Click **Required Credentials** from the BPW.



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



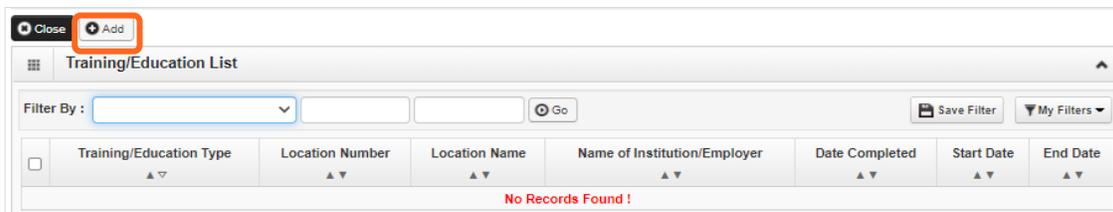
- Required training will be displayed, if required (see highlighted below).



- 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 form titled "Add Training/Education". The form has 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 form, 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.

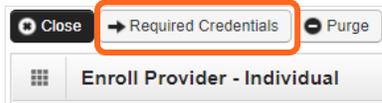
- You don't need to finish the **Unit Type** or **Unit Value** field.
- Click **OK** and **Close**.

Step 7: Add identifiers

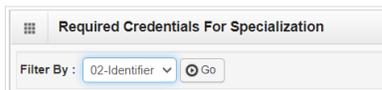
This step doesn't apply to all L&I providers. Follow the instructions below if the BPW step is **Required**. Before clicking into Step 7, review all **Required Credentials**.

CHECK REQUIRED CREDENTIALS

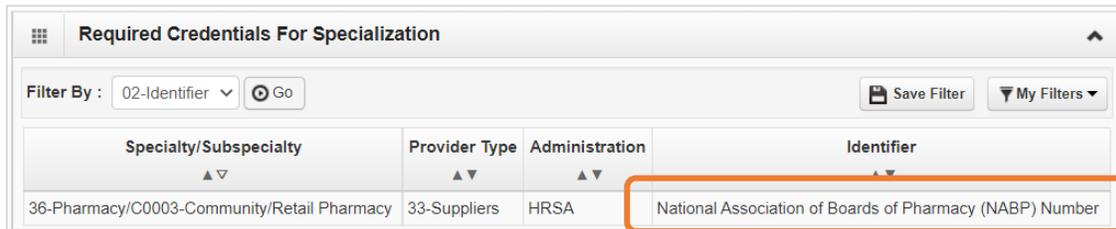
- Click **Required Credentials** from the BPW.



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



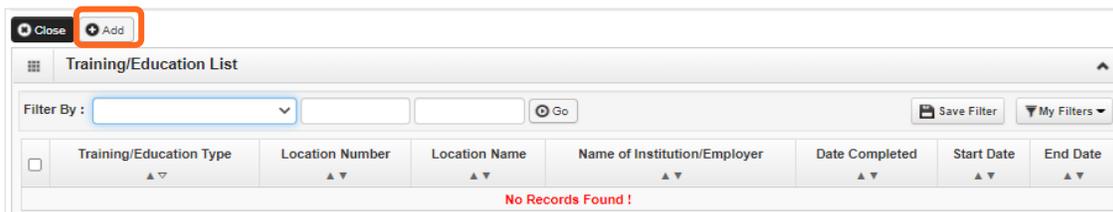
- Required identifier(s) will be displayed, if required (see highlighted below).



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

ADD AN IDENTIFIER

- Click **Add**.



- Use the **Location** drop-down menu to select **All**, or the applicable location.
- Use the **Identifier Type** drop-down to select the required identifier.
- In the **Identifier Value** field, enter your information.
- Enter the **Start Date** and **End Date**, and click **OK** to close.

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 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.

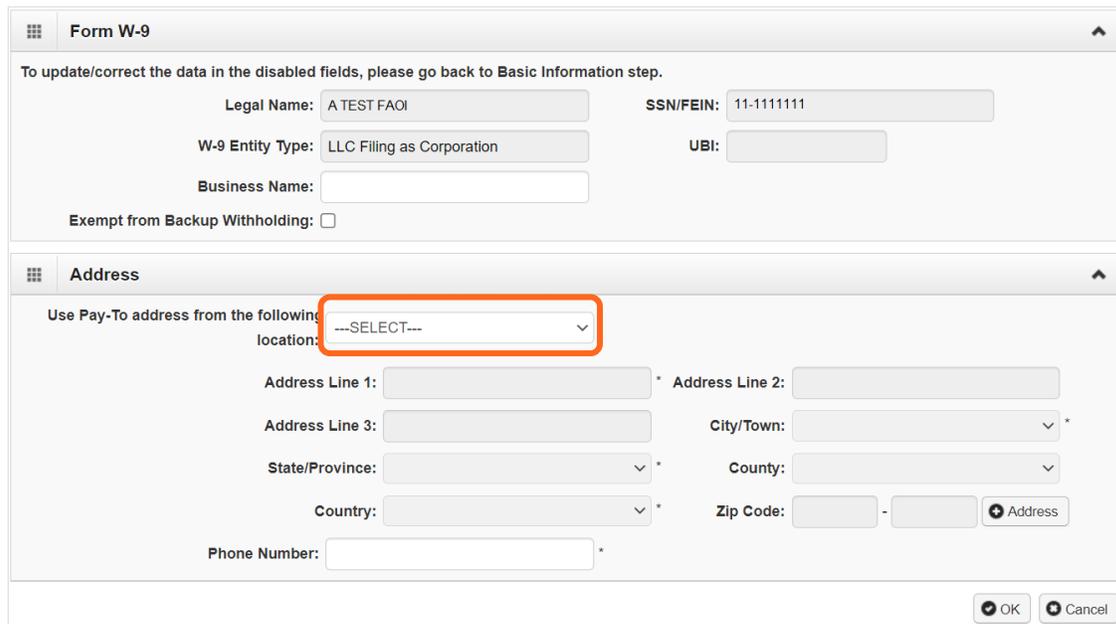
Note: The information on this screen must match the W-9 form you'll upload in the last step of the BPW.

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:

Step 14: Add servicing provider information

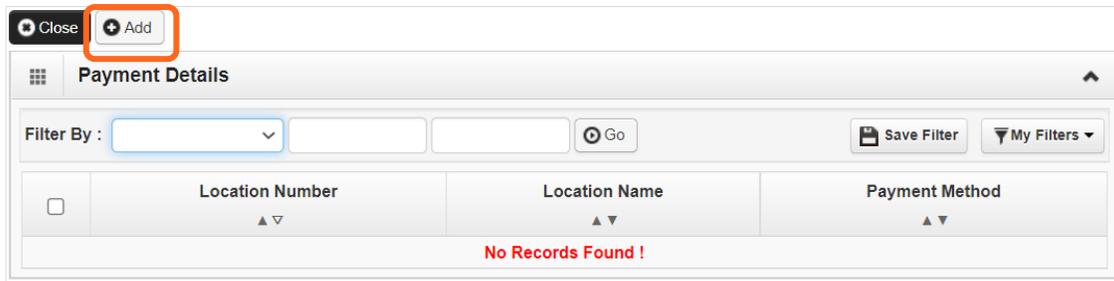
This step doesn't apply to L&I FAOI providers.

Step 15: Add payment and remittance details

Payment information applies to all locations.

ADDING PAYMENT AND REMITTANCE DETAILS

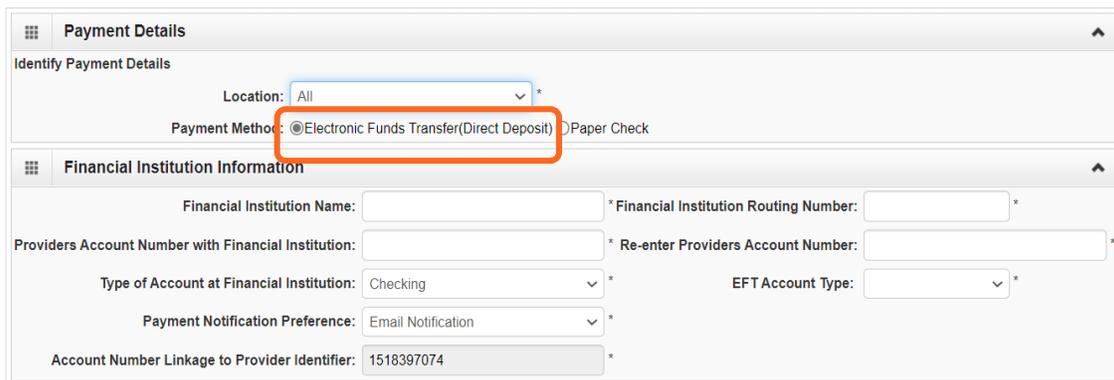
- Click **Add**.



The screenshot shows a web interface for adding payment details. At the top left, there are 'Close' and 'Add' buttons. The 'Add' button is highlighted with a red box. Below the buttons is a 'Payment Details' section with a filter bar and a table. The table has columns for 'Location Number', 'Location Name', and 'Payment Method'. The table is currently empty, and a red message 'No Records Found!' is displayed at the bottom.

ELECTRONIC FUNDS TRANSFER (DIRECT DEPOSIT)

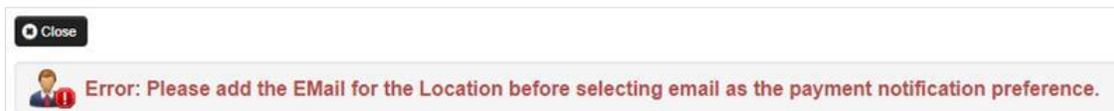
- Click **Electronic Funds Transfer (Direct Deposit)**.



The screenshot shows the 'Payment Details' form with the 'Electronic Funds Transfer (Direct Deposit)' option selected and highlighted with a red box. The form includes fields for 'Location', 'Payment Method', 'Financial Institution Name', 'Financial Institution Routing Number', 'Providers Account Number with Financial Institution', 'Re-enter Providers Account Number', 'Type of Account at Financial Institution', 'EFT Account Type', 'Payment Notification Preference', and 'Account Number Linkage to Provider Identifier'.

- 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**.



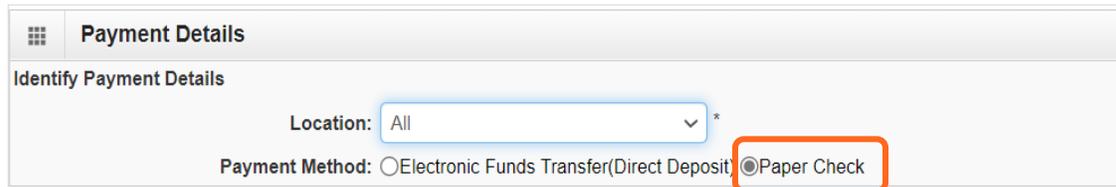
The screenshot shows an error message in a red box: 'Error: Please add the EMail for the Location before selecting email as the payment notification preference.' There is a 'Close' button in the top left corner of the error message box.

- 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.



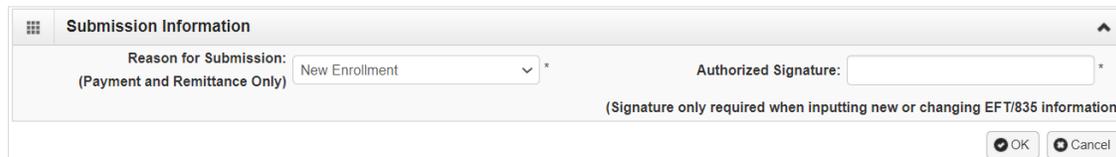
The screenshot shows a form titled "Payment Details" with a sub-section "Identify Payment Details". It contains a "Location:" dropdown menu set to "All" and a "Payment Method:" section with two radio buttons: "Electronic Funds Transfer(Direct Deposit)" and "Paper Check". The "Paper Check" radio button is selected and highlighted with 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. Below the dropdown is the text "(Payment and Remittance Only)". To the right is an "Authorized Signature:" text input field. Below the signature field is the note "(Signature only required when inputting new or changing EFT/835 information)". At the bottom right of the form 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" answer and a dropdown arrow. At the bottom of the form, there is a navigation bar with "View Page: 1", "Go", "Page Count", "SaveToXLS", "Viewing Page: 1", and navigation buttons for "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: 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	

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

Step 17: Final enrollment instructions

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

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: Add Tax Details.

- Make sure to sign and date every form.

UPLOAD INFORMATION

- Click **Upload Attachments**.

Close Submit Enrollment **Upload Attachments**

Final Submission

- Click **Add Attachments**.

Provider Supporting Documents:

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

Add Attachment

- 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 *

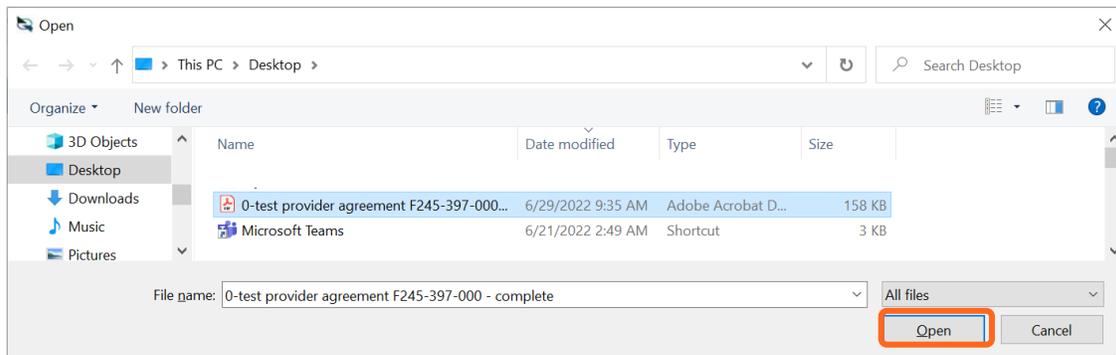
Agency: L&I *

Comment:

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.

Please click Submit Enrollment button.

OK

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	10/30/2022
Test_W_9.pdf	W9	L&I	EA		229kb	X	10/30/2022

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

First Prev Next Last

Print Print Cover Page Cancel

SUBMIT THE ENROLLMENT APPLICATION

- Click **Submit Enrollment**.

Close Submit Enrollment Upload Attachments

Final Submission

Application #: 20221027701594 Enrollment Type: Fac/Agency/Orgn/Inst

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.

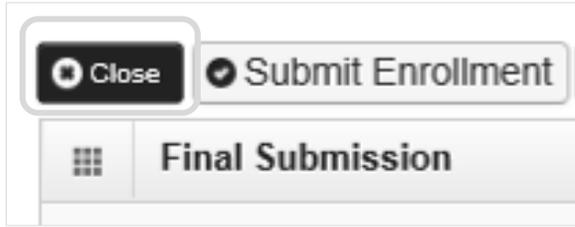
Please ensure all required documents are uploaded using the "upload attachments" at the top of the page prior to submitting your application.

Application Document Checklist

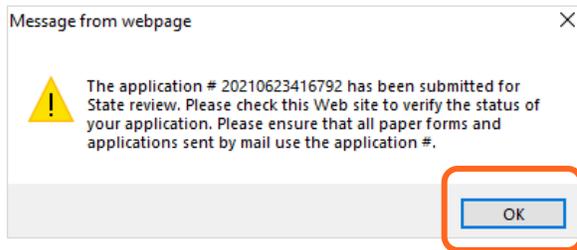
Forms/Documents	Special Instructions	Agency	Link
Provider Agreement		L&I	https://www.lni.wa.gov/forms-publications/F245-397-000.pdf
W9		L&I	https://www.irs.gov/pub/irs-pdf/fw9.pdf

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

- 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.

PUBLICATION F248-484-000 [11-2022]