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

ProviderOne User Guide

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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/Agncy/Orgn/Inst**
- Click **Submit**

Note: Fields marked with an asterisk are required.

BASIC INFORMATION

- ProviderOne displays the **Step 1: Basic information** page.

- 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.

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

- For the remaining fields:
  - o 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:

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

Application Id: 20220629694630	Name: LNI Test Individual	Enrollment Type: Individual

Basic Information

You have been assigned ap...

Please make note of this application number before moving on to the next step...

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.

Enroll Provider - Facility/Agency/Organization/Institution

Business Process Wizard-Provider Enrollment (Facility/Agency/Organization/Institution). Click on the Step # under the Step Column

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**.
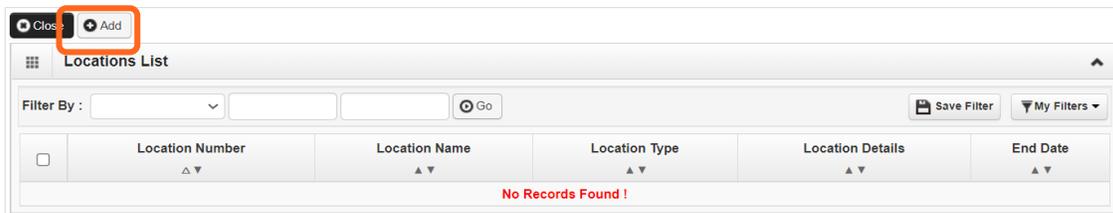
ADD PHYSICAL LOCATION INFORMATION

- 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.
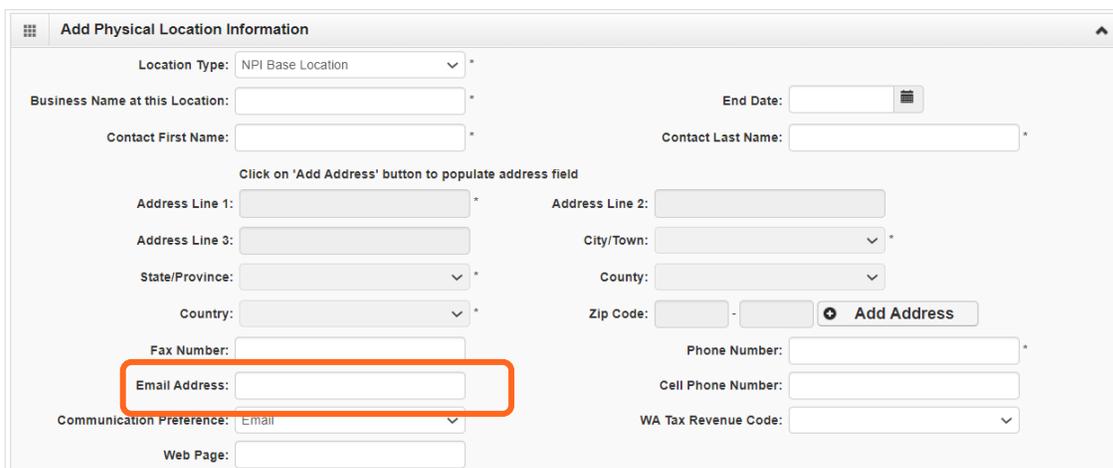
Note: An email address must be entered if choosing Electronic Funds Transfer with Email Notification in Step 15. The **Communications Preference** is not used by L&I to auto-send messages.

ADD ADDRESS INFORMATION

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

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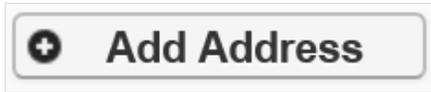
- Complete **Address Line 1** and **Zip Code** fields.
- Click **Validate Address**.

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

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

- Either:
  - o Correct the address and click **Validate Address** again.
  - o Or, click OK to continue. The following pop-up window will be displayed.
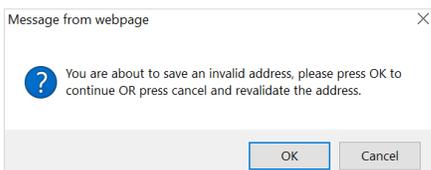
  - o Click **OK** to save or **Cancel** to revalidate the address using the steps above.

- 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.
    o Make the remaining selections:

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

- 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**.

ADD PAY-TO ADDRESS INFORMATION

- Follow the mailing address instructions.

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.

ADD PHARMACY DETAILS

Pharmacies only:

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

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**.

- 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**.

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 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**.

- 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.
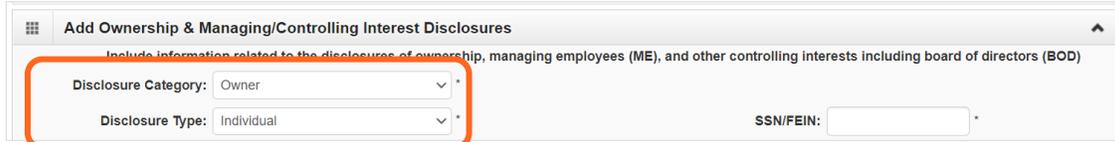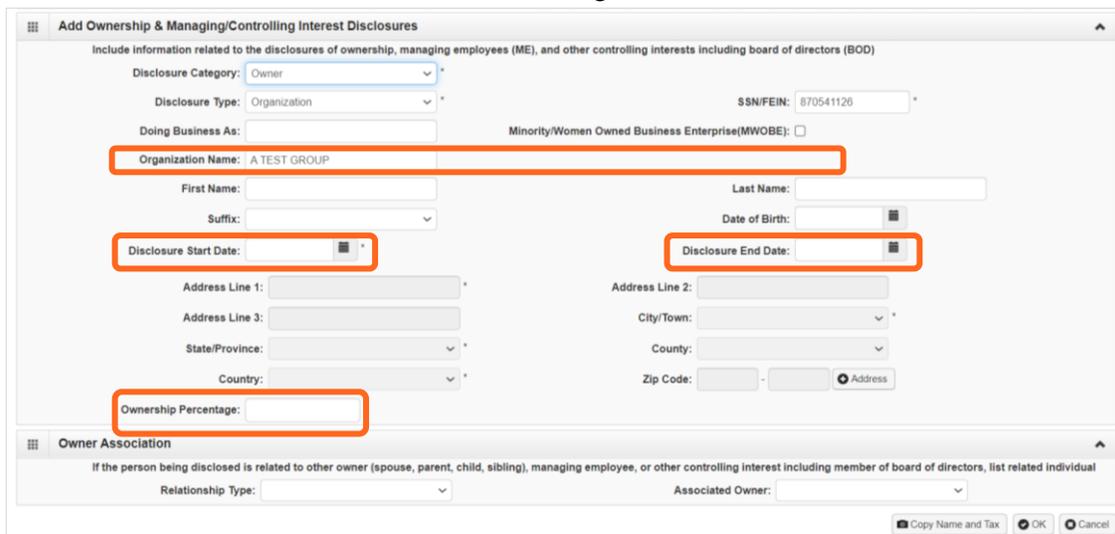
- Click **Add**.
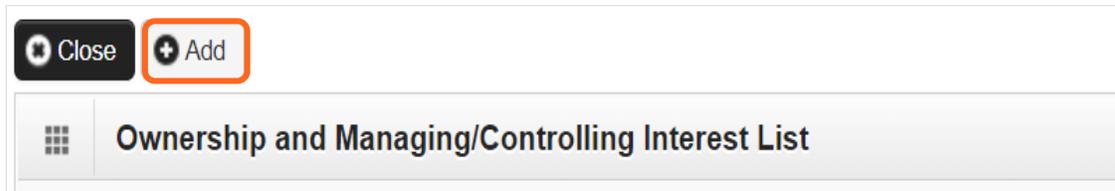
INDIVIDUAL OWNER

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**.

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

- Complete the remaining required fields:
  - o 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.
  - o Click +**Address** and complete the steps.
  - o Enter an **Ownership Percentage**.

- 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.

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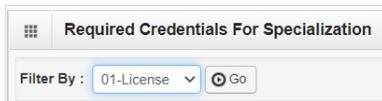
Tip: Make note of all requirements. You may use the Required Credentials tool for multiple steps.

CHECK REQUIRED CREDENTIALS

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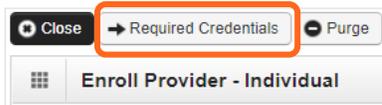
- To view the License Requirements, use the **Filter By** drop-down to select **01-License** and click **Go**.

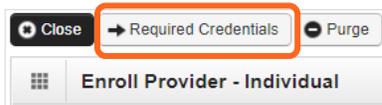- Required license(s) will be displayed, if required (see highlighted below).

- 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**.
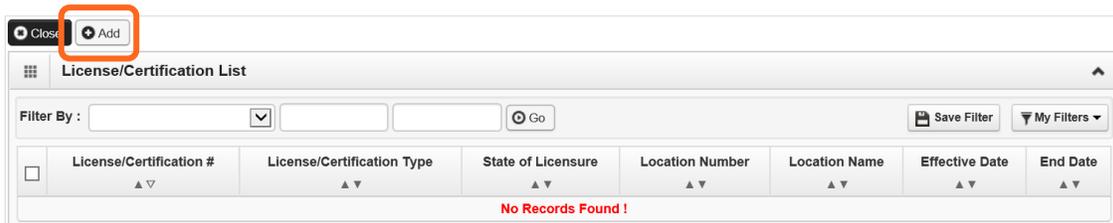
- Use the **Location** drop-down to add a license or certification to a specific provider location.
- Select **All** only if the license pertains to every location.

- 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

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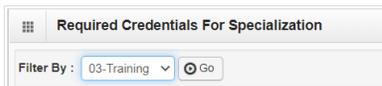
Tip: Make note of all requirements. You may use the Required Credentials tool for multiple steps.
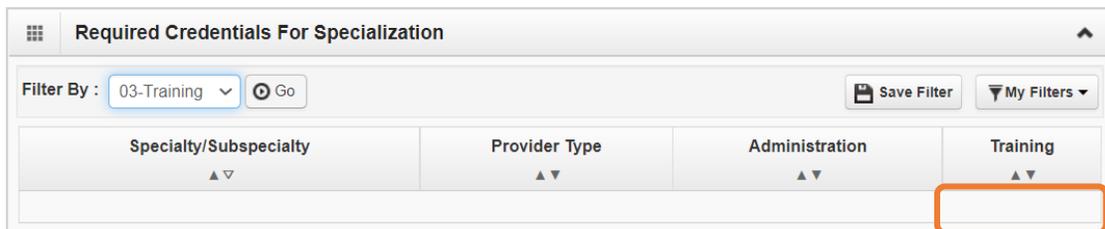
CHECK REQUIRED CREDENTIALS

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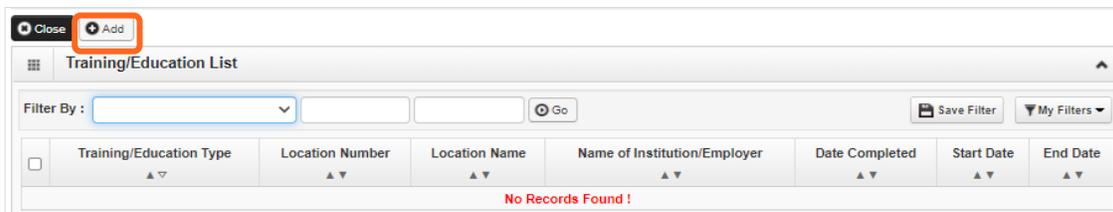
- Use the **Location** drop-down menu to select **All**, or the applicable location.
- Select the required **Training/Education Type** from the drop-down menu. If you're not sure which applies to you, return to the main BPW page and check **Required Credentials.**

- Finish required fields.

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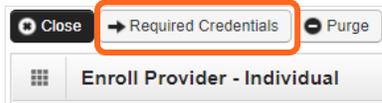
- You don't need to finish the **Unit Type** or **Unit Value** field.
- Click **OK** and **Close**.

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**.
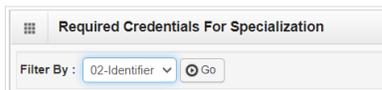
- Required identifier(s) will be displayed, if required (see highlighted below).
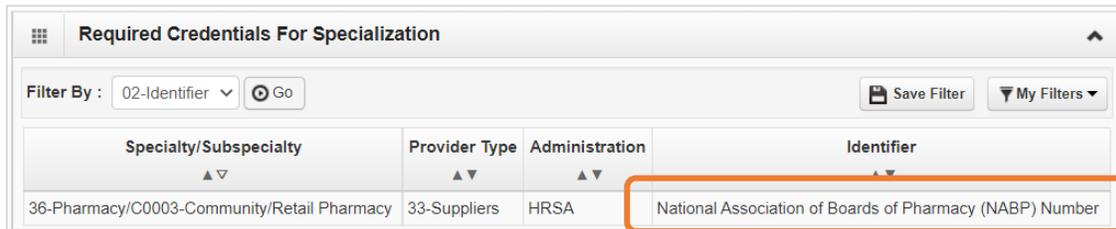
- Make note of your required identifier(s) as you'll need it to complete Step 7.
- When finished, click **Cancel** to close.

ADD AN IDENTIFIER

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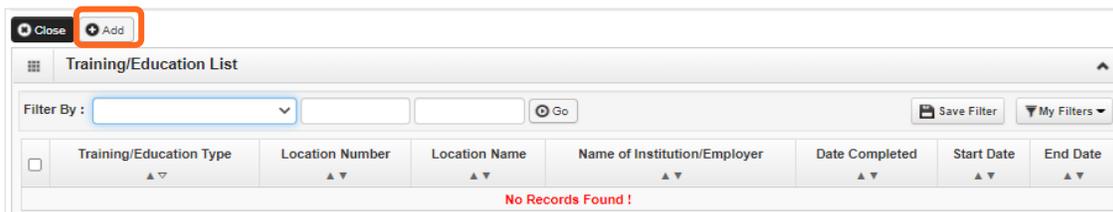
- Use the **Location** drop-down menu to select **All**, or the applicable location.
- Use the **Identifier Type** drop-down to select the required identifier.
- In the **Identifier Value** field, enter your information.
- Enter the **Start Date** and **End Date**, and click **OK** to close.

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 <u>must</u> 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.
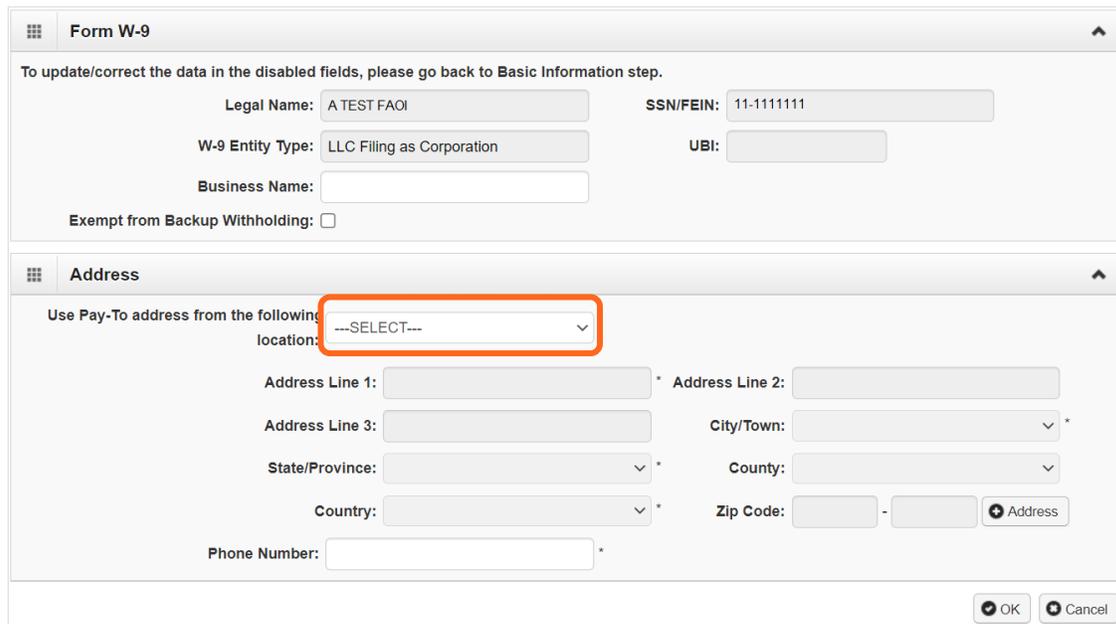
- Click **OK** to save or **Cancel** to close without saving.

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**.
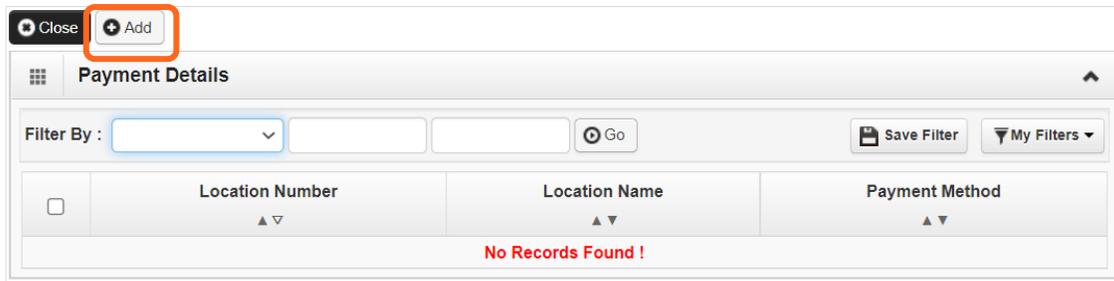
ELECTRONIC FUNDS TRANSFER (DIRECT DEPOSIT)

- Click **Electronic Funds Transfer (Direct Deposit).**
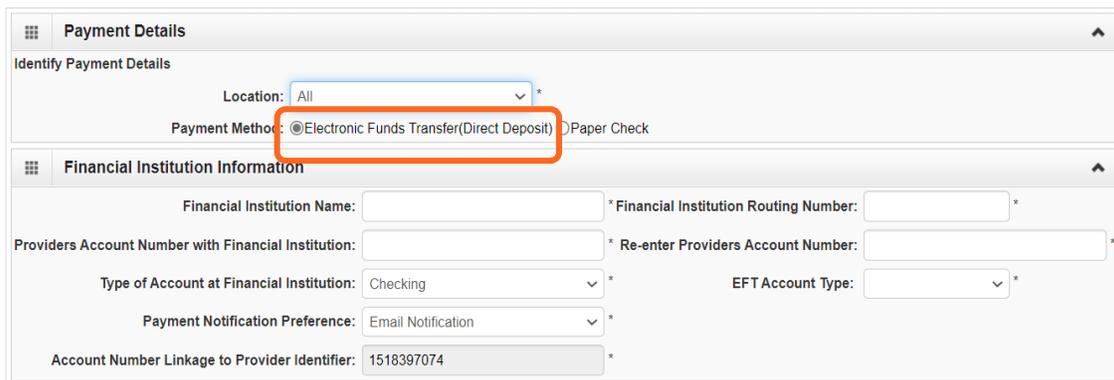
- Enter the required information for **Electronic Funds Transfer (direct deposit)**, the fastest payment method. No other forms are required.
- The **Payment Notification Preference** default is **Email Notification**. This requires an email entry in Step 2: Locations.
  - If the error message below 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**.
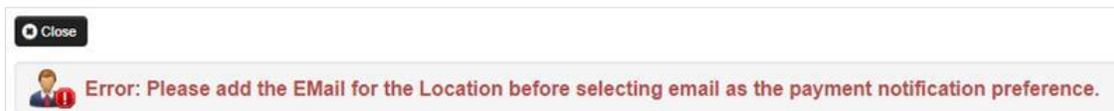
  - Click **Close** to close the error message.
  - Click **Cancel** to go back to the BPW and complete **Step 2** to continue with EFT enrollment.
- The bank will verify your data in approximately 7-10 days.

- 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.
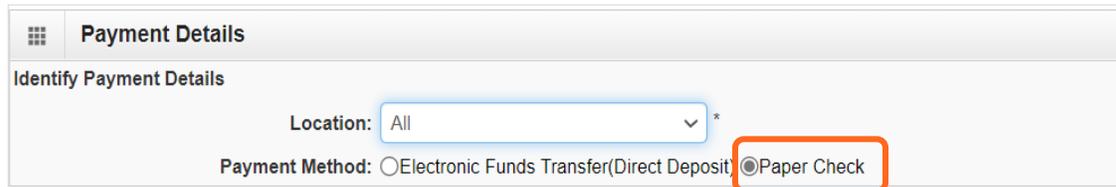
⠿	**Payment Details**
Identify Payment Details	
Location:	All ▾ *
Payment Method:	○ Electronic Funds Transfer(Direct Deposit) ⦿ Paper Check

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.
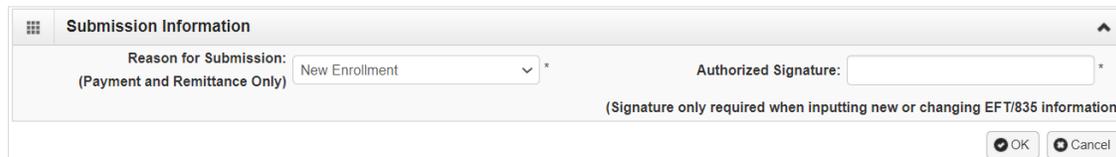
⠿	**Submission Information**		⌃
Reason for Submission: (Payment and Remittance Only)	New Enrollment ▾ *	Authorized Signature:	_____ *
		(Signature only required when inputting new or changing EFT/835 information)	
			✔ OK ✖ Cancel

- 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**.

Step 17: Final enrollment instructions

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

- 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**.

- Click **Add Attachments**.

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

- Select your saved document and click Open, or the equivalent for your system.
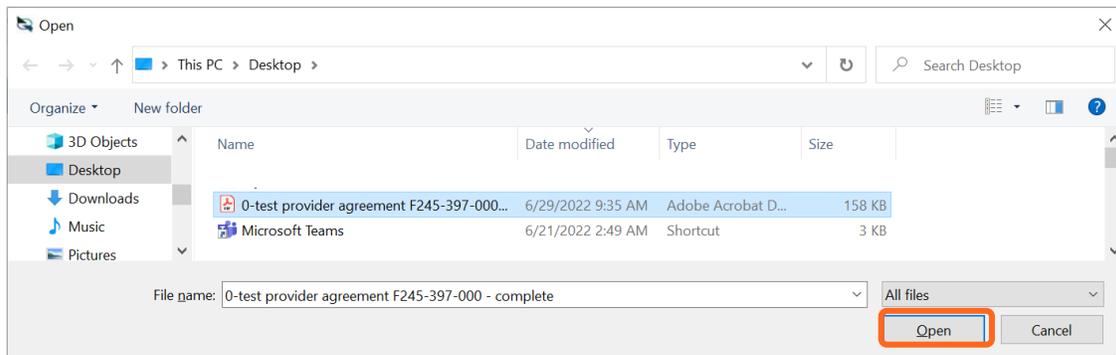
- The name of the file will appear next to the **Choose File** button. Click **OK**.

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

SUBMIT THE ENROLLMENT APPLICATION

- Click **Submit Enrollment**.

- 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.
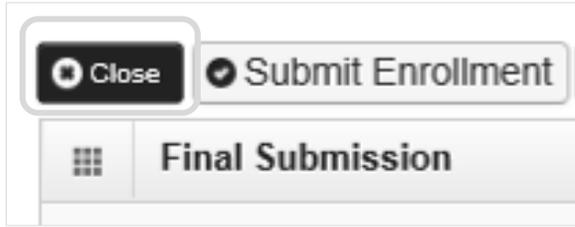
You have successfully submitted your L&I application. Visit the **Become a Provider** website for more information.