



Washington State Department of
Labor & Industries

Providerne



Modifying your Group or Facility/Agency/Organization/ Institution (FAOI) ProviderOne account

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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Modify your group or FAOI provider account

A group provider is an organization of individual providers who offer services. An FAOI provider is a facility, agency, organization, or institution that doesn't have servicing providers.

For more information, see the corresponding enrollment guides:

- **Group**
- **FAOI**

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

- Starting your modification

Tip! Start with the step you want to update. Depending on your change, additional steps may be required before submitting your modification.

- Submitting the modification to ProviderOne

PROVIDER ENROLLMENT LINKS

Start a new provider enrollment application by going to:

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

Resume or track an enrollment application by going to:

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

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

Step 1: Modify basic information

ADDING AND CHANGING BASIC INFORMATION

In this step you can add additional agencies (if you want to add L&I go to [Add L&I to Existing Account Guide](#)), and you can change:

- Provider Name
- Organization Name
- Email
- W-9 entity type
- Other organizational information

Note: Disabled fields are grayed out.

The screenshot shows a 'Provider Details' form with the following sections:

- Available Agencies:** A list box containing 'DOC', 'DSHS', and 'HCA'. Below it is a label 'Agency:'.
- Selected Agencies:** A list box containing 'L&I'.
- Provider Name(Organization Name):** A text field with 'A Test Provider' and a note '(as shown on Income Tax Return)'.
- Organization Business Name:** A text field with 'A Test Provider'.
- Federal Employer Identification Number(FEIN):** A text field with '999999999'.
- All medical Providers are federally mandated to have a NPI. Is this:** A dropdown menu with 'Yes' selected.
- Provider required to have a NPI?** A label.
- National Provider Identifier(NPI):** A text field with '1111111111'.
- W-9 Entity Type:** A dropdown menu with 'Other' selected.
- W-9 Entity Type (If Other):** A text field.
- Other Organizational Information:** A dropdown menu with 'For Profit' selected.
- Email Address:** A text field.
- Enrollment Effective Date:** A date field with '02/16/1993' and a calendar icon.
- Status:** A label with 'Approved'.
- UBI:** A text field.

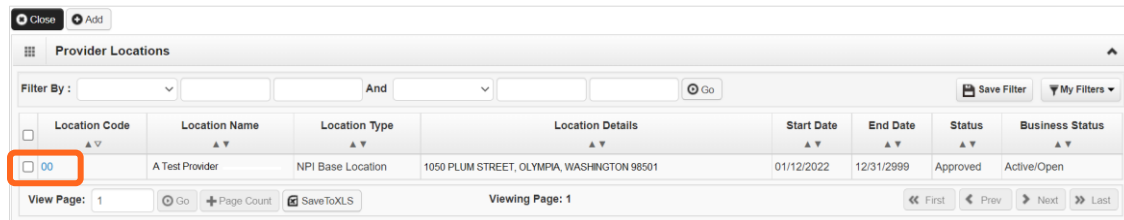
At the bottom right, there are 'OK' and 'Cancel' buttons.

- After you make your changes, click **OK**.

Step 2: Modify locations

MODIFY LOCATIONS

- Click the link of the Location you want to modify.

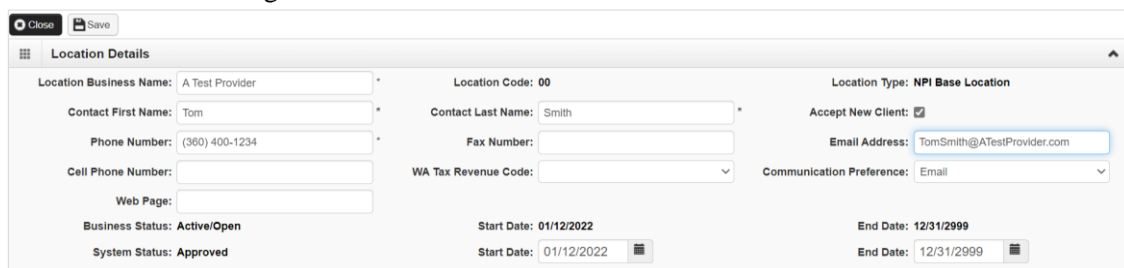


The screenshot shows a web application interface for managing provider locations. At the top, there are buttons for 'Close' and 'Add'. Below is a 'Provider Locations' header with a filter bar containing 'Filter By:', 'And', and a 'Go' button. A 'Save Filter' button and a 'My Filters' dropdown are also present. The main area is a table with columns: Location Code, Location Name, Location Type, Location Details, Start Date, End Date, Status, and Business Status. The first row is selected, with a red box around the '00' in the Location Code column. The data for this row is: Location Code: 00, Location Name: A Test Provider, Location Type: NPI Base Location, Location Details: 1050 PLUM STREET, OLYMPIA, WASHINGTON 98501, Start Date: 01/12/2022, End Date: 12/31/2999, Status: Approved, Business Status: Active/Open. At the bottom, there are buttons for 'View Page: 1', 'Go', 'Page Count', 'Save To XLS', and 'Viewing Page: 1'. Navigation buttons for 'First', 'Prev', 'Next', and 'Last' are also visible.

- This step has multiple sections:
 - Location Details contains the contact information and start/end date for this location.
 - L&I Specific Information provides the data for the L&I Find a Doctor directory.
 - Address List: Each location contains a list with three address types:
 - Location** (physical address of primary location)
- Important!** Include the phone number you want patients to call for each location.
- Mailing** (the place where you receive mail),
 - Pay-To** (the place where a paper check and remittance advice is sent).
- FAOI accounts also contain:
 - Facility Details** – No. of Licensed Beds and Accreditation.
 - Pharmacy Details** – Pharmacy Type, Pharmacy Volume, Unit Dose Pharmacy.

MODIFY LOCATION DETAILS

- Enter the new or changed information.



The screenshot shows the 'Location Details' form in a web application. At the top, there are buttons for 'Close' and 'Save'. The form is divided into several sections. The 'Location Business Name' is 'A Test Provider'. The 'Location Code' is '00'. The 'Location Type' is 'NPI Base Location'. The 'Contact First Name' is 'Tom' and the 'Contact Last Name' is 'Smith'. The 'Phone Number' is '(360) 400-1234'. The 'Fax Number' is empty. The 'Email Address' is 'TomSmith@ATestProvider.com'. The 'Cell Phone Number' is empty. The 'WA Tax Revenue Code' is empty. The 'Communication Preference' is 'Email'. The 'Business Status' is 'Active/Open'. The 'System Status' is 'Approved'. The 'Start Date' is '01/12/2022' and the 'End Date' is '12/31/2999'. There are also buttons for 'Accept New Client' (checked) and 'Communication Preference' (dropdown menu).

- Only change the end date if this location is closing.
- Click **Save**.

L&I SPECIFIC INFORMATION

This section allows you to choose if this group or FAOI location appears in the [Find a Doctor](#) directory on www.Lni.wa.gov.

- Select **Yes** to have this location appear in the L&I Find a Doctor directory. The remaining fields in this section are required.

The screenshot shows the 'L&I Specific Information' form. The 'Publish in Provider Directory' dropdown is set to 'Yes'. Other fields include 'Age Restrictions' (No), 'Accept New Patients' (Yes), 'Handicapped Accessible' (Yes), and 'Office Hours' (Monday: Closed, Tuesday: Closed, Wednesday: Closed, Thursday: Open 8:30 AM - 4:30 PM, Friday: Closed, Saturday: Closed, Sunday: Closed). The 'Languages Spoken' section shows 'Available Languages' and 'Selected Languages' (ENG-English).

- 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 remaining fields are disabled, including 'Age Restrictions', 'Accept New Patients', 'Handicapped Accessible', 'Office Hours', and 'Languages Spoken'.

- Click **Save** when finished.

ADDRESS LIST

- Click the link of the **Address Type** you want to modify.

The screenshot shows the 'Address List' table. The 'Location' link is highlighted. The table has columns for 'Address Type', 'Address', 'Start Date', 'End Date', and 'Status'. There are three rows of data, all with 'APPROVED' status.

Address Type	Address	Start Date	End Date	Status
Location	1050 PLUM STREET, OLYMPIA, WASHINGTON 98501	01/12/2022	12/31/2999	APPROVED
Mailing	PO BOX 500, OLYMPIA WA 98504	01/12/2022	12/31/2999	APPROVED
Pay-To	PO BOX 500, OLYMPIA WA 98504	01/12/2022	12/31/2999	APPROVED

- Make your changes
- Click **Validate Address** to verify.
- Click **OK** and **Save**.

Note: If you **Close**, changes will not be saved.

Modifying a Group or FAOI provider account

ADD ADDRESS INFORMATION

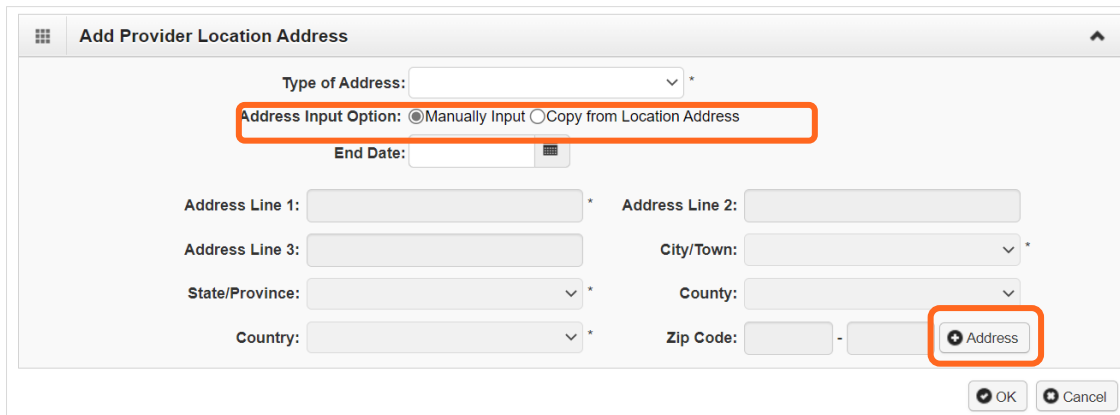
To add a Mailing or Pay-To Address:

- Click **Add Address**.



A screenshot of a software interface showing a button labeled '+ Add Address' with a plus icon, which is highlighted by an orange rectangle. Below the button is a tab labeled 'Address List' with a grid icon.

- Choose **Type of Address** from the drop-down, either Location, Mailing, Pay-To.
- Select the type of input option:
 - Choose **Manually Input**. Click **Address** and add location address.
 - Or, choose **Copy from Location Address** to copy a previously entered location.
 - Click **OK** to save or **Cancel** to close without saving.
 - Click **Close** on the three open windows to return to the BPW.



A screenshot of a form titled 'Add Provider Location Address'. The form contains several fields: 'Type of Address:' with a dropdown menu, 'Address Input Option:' with radio buttons for 'Manually Input' (selected) and 'Copy from Location Address', 'End Date:' with a date picker, 'Address Line 1:', 'Address Line 2:', 'Address Line 3:', 'City/Town:', 'State/Province:', 'County:', 'Country:', and 'Zip Code:'. The 'Address' button at the bottom right is highlighted with an orange rectangle. At the bottom of the form are 'OK' and 'Cancel' buttons.

NEXT

- Make additional changes or go to Step 16: Submit Modification for Review.

Step 3: Modify specializations

This information is important for your L&I billing. You can modify the end date or add your new taxonomy, specialty, and subspecialty.

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

MODIFYING SPECIALIZATIONS

Note: Modifying an end date can cause issues with payment. We don't recommend changing the date from 12/31/2999 unless the specialty will no longer be used.

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.
 - At least one specialty must be selected and added to **each** provider location.
- Choose **L&I** from the **Administration** drop-down menu.

Add Specialty/Subspecialty

Location: All *

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

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

Add Specialty/Subspecialty

Location: All *

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

Provider Type: 24-Technologists, Technicians & Ot *

Specialty: 71-Radiologic Technologist *

End Date: [Calendar Icon]

- 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.

Add Specialty/Subspecialty

Location: All *

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

Provider Type: 22-Respiratory, Developmental, Re *

Specialty: 5X-Occupational Therapist *

Start Date: [Calendar Icon] *

End Date: [Calendar Icon]

Add Taxonomy Code

Available Taxonomy Codes

- 225X0000X-Occupational Therapist
- 225XE1200X-Ergonomics
- 225XH1200X-Hand
- 225XH1300X-Human Factors
- 225XN1300X-Neurorehabilitation
- 225XR0403X-Driving and Community Mobility

Associated Taxonomy Codes *

OK Cancel

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

DELETING SPECIALIZATIONS

Specialties and sub-specialties can only be deleted during the enrollment process. You can end-date your specialty/subspecialty through the modification step above.

NEXT

Complete additional changes or go to Step 19: Submit modification for review.

VIEW SUBMITTED ITEMS

See your changes:

- Click **Step 4: Specializations**.

Note: The screen will show only “Approved” entries.

Specialty/Subspecialty List										
Filter By : <input type="text"/>			And <input type="text"/>		And Operational Status: Active		Go			
							Save Filter			
							My Filters			
<input type="checkbox"/>	Contract Number	Provider Type	Specialty/Subspecialty	Administration	Start Date	End Date	Operational Status	Status	Inactivation Date	End Reason
<input type="checkbox"/>		36-Physician Assistants & Advanced Practice Nursing Providers	3L-Nurse Practitioner/P0808-Psychiatric/Mental Health	HRSA	05/15/2017	12/31/2999	Active	Approved		
<input type="checkbox"/>		36-Physician Assistants & Advanced Practice Nursing Providers	3L-Nurse Practitioner/00000-Nurse Practitioner	HRSA	05/15/2017	12/31/2999	Active	Approved		
View Page: 1			Go		Page Count		SaveToXLS			
							Viewing Page: 1			
							First Prev Next Last			

- In the drop-down next to **Filter By**, select **Status**.
- In the next field, enter **IN%**. Any entries with an “In Review” status will be displayed.

Filter By : Status	in %	And		And Operational Status: Active	Go
Save Filter My Filters					

Note: Enter % to see all entries.

- Click **Go**.

<input type="checkbox"/>	License/Certification Type	License Type DOH Prefix	License/Certification #	State of Licensure	Effective Date	End Date	Status
<input type="checkbox"/>	BUSINESS LICENSE		12345678	WA - Washington	09/01/2021	09/01/2024	IN REVIEW

Step 4: Modify ownership details

MODIFY OWNERSHIP INFORMATION

You can modify your “Doing Business As” name, address, and other ownership information.

- Click the blue link in the **Owner/ME/BOD ID** column.

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

- Enter the new or changed information.
 - Click **Address** to enter new address information.

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: Individual

SSN/FEIN: 111222333 *

Doing Business As: PRU TEST INDIVIDUAL

Minority/Women Owned Business Enterprise(MWOBE): ☐

Organization Name:

First Name: PRU TEST INDIVIDUAL

Last Name: PRU TEST INDIVIDUAL

Suffix:

Date of Birth: 01/01/1970

Disclosure Start Date: 01/01/2020 *

Disclosure End Date: 12/31/2999

Address Line 1: 1234 MAIN STREET *

Address Line 2:

Address Line 3:

City/Town: OLYMPIA *

State/Province: WASHINGTON *

County: THURSTON *

Zip Code: 98504 - 0001

Ownership Percentage: 100

Address

- Click **Save** or **Close** to close without saving.

ADD INDIVIDUAL OWNER

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

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: Individual *

SSN/FEIN: *

- 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**. If you have more than one owner, the total percentage of all owners must equal 100. The organization owner percentage isn't included in this total.

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: * Last Name: *

Suffix: *

SSN/FEIN: 870541126 *

Minority/Women Owned Business Enterprise(MWOBE): ☐

Disclosure Start Date: * Disclosure End Date: *

Address Line 1: * Address Line 2: *

Address Line 3: * City/Town: *

State/Province: * County: *

Country: * Zip Code: * Address

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

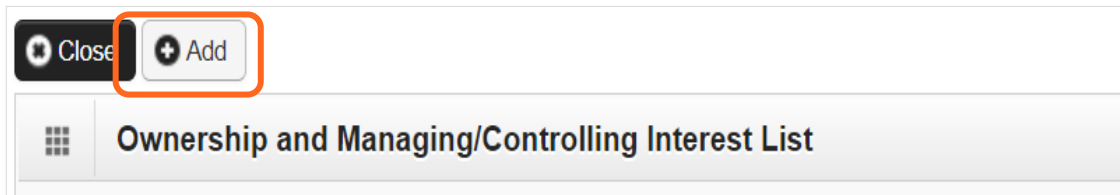
Relationship Type: * Associated Owner: *

Copy Name and Tax OK Cancel

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

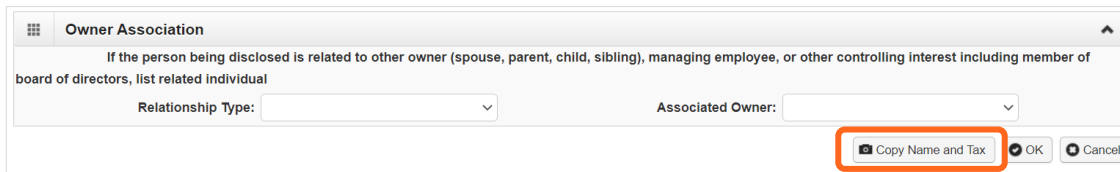
ADD ORGANIZATION OWNER

- Click **Add**.



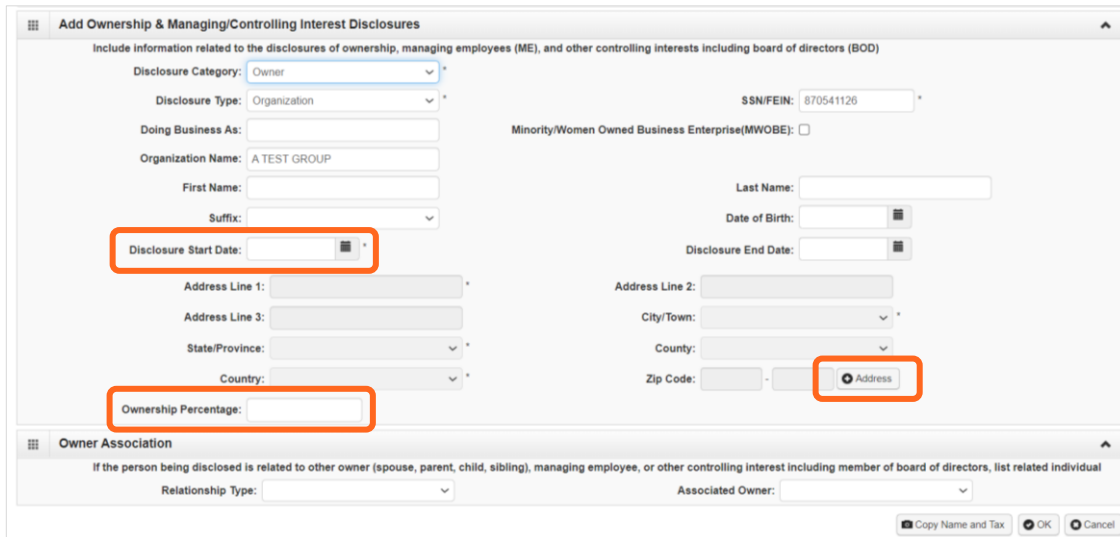
The screenshot shows the top of a web application window. At the top left, there are two buttons: 'Close' and 'Add'. The 'Add' button, which has a plus icon, is highlighted with an orange rectangle. Below these buttons is a header bar with a grid icon and the text 'Ownership and Managing/Controlling 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' (with a document icon), 'OK', and 'Cancel'. The 'Copy Name and Tax' button is highlighted with an orange rectangle.

- Complete 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.
- Click **+Address** to add the owner's address.
- Enter an **Ownership Percentage**, e.g. 100.



The screenshot shows a complex form titled 'Add Ownership & Managing/Controlling Interest Disclosures'. It includes fields for 'Disclosure Category' (set to 'Owner'), 'Disclosure Type' (set to 'Organization'), 'Organization Name' (set to 'A TEST GROUP'), 'First Name', 'Last Name', 'Date of Birth', 'Disclosure Start Date', 'Disclosure End Date', 'Address Line 1', 'Address Line 2', 'City/Town', 'County', 'State/Province', 'Country', 'Zip Code', 'Ownership Percentage', and 'SSN/FEIN'. Several fields are highlighted with orange rectangles: 'Disclosure Start Date', 'Ownership Percentage', and the '+Address' button. At the bottom, there is an 'Owner Association' section with 'Relationship Type' and 'Associated Owner' dropdowns, and 'Copy Name and Tax', 'OK', and 'Cancel' buttons.

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

DELETE OWNERSHIP INFORMATION

Ownership and Managing/Controlling Interest can only be deleted during enrollment. You can end date your owner record if you use the *modify* step above.

NEXT

Complete additional changes or go to Step 19: Submit modification for review.
Modifying a Group or FAOI provider account

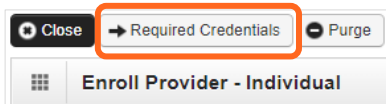
Step 5: Modify licenses and certifications

Before clicking into Step 5, review **Required Credentials**.

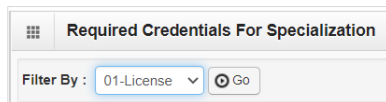
Tip: Make note of all requirements. You may use the Required Credentials tool for multiple steps.

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**.



- License(s) will be displayed, if required.
- When finished, click **Cancel** to close.

MODIFY LICENSES/CERTIFICATIONS

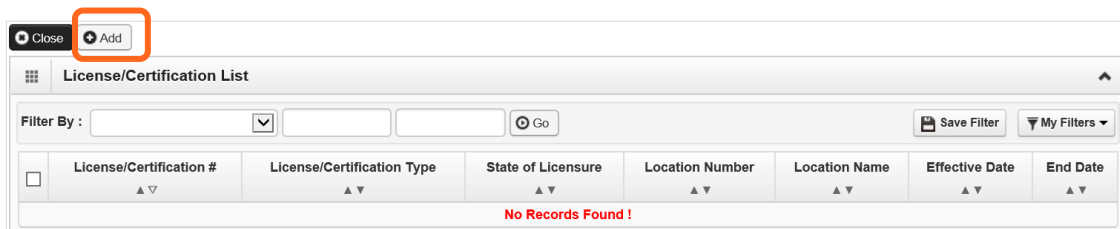
- Click the blue hyperlink in the **License/Certification #** column.
- Enter new or changed information.

License/Certification #	License/Certification Type	State of Licensure	Location Number	Location Name	Effective Date	End Date
4321	Professional License	WA - Washington	00001	PRU TEST INDIVIDUAL	01/01/2020	01/01/2022
1234	Business License	WA - Washington	00001	PRU TEST INDIVIDUAL	01/01/2020	12/31/2999

The screenshot shows a table titled 'License/Certification List'. It has columns for License/Certification #, License/Certification Type, State of Licensure, Location Number, Location Name, Effective Date, and End Date. Two records are shown, each with a blue hyperlink in the License/Certification # column. Below the table are buttons for 'Delete', 'View Page: 1', 'Go', 'Page Count', 'SaveToXLS', and 'Viewing Page: 1'. There are also navigation buttons: 'First', 'Prev', 'Next', and 'Last'.

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 required fields and click **OK** to save or **Cancel** to close without saving.

DELETE LICENSES/CERTIFICATIONS

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

NEXT

Complete additional changes or go to Step 19: Submit modification for review.

VIEW SUBMITTED ITEMS

See your changes:

- Click **Step 5: Licenses and Certifications**.

Note: The screen will show only “Approved” entries.

	License/Certification Type	License Type DOH Prefix	License/Certification #	State of Licensure	Effective Date	End Date	Status	Operational Status	Inactivation Date
<input type="checkbox"/>	PROFESSIONAL LICENSE	RN	RN	WA - Washington	04/07/2017	01/11/2023	APPROVED	Active	
<input type="checkbox"/>	PROFESSIONAL LICENSE	ARNP	AP	WA - Washington	04/10/2017	01/11/2024	APPROVED	Active	

- In the drop-down next to **Filter By**, select **Status**.
- In the next field, enter **IN%**. Any entries with an “In Review” status will be displayed.

Note: Enter % to see all entries.

- Click **Go**.

	License/Certification Type	License Type DOH Prefix	License/Certification #	State of Licensure	Effective Date	End Date	Status
<input type="checkbox"/>	BUSINESS LICENSE		12345678	WA - Washington	09/01/2021	09/01/2024	IN REVIEW

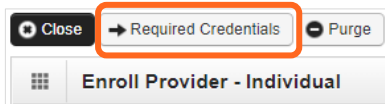
Step 6: Modify training and education

Before clicking into Step 6, review **Required Credentials**.

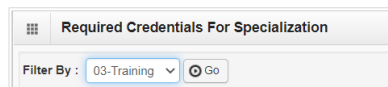
Tip: Make note of all requirements. You may use the Required Credentials tool for multiple steps.

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**.



- Training(s) will be displayed, if required.
- When finished, click **Cancel** to close.

MODIFY TRAINING/EDUCATION TYPE

- Click the blue hyperlink in the **Training/Education #** column.
- Enter new or changed information.

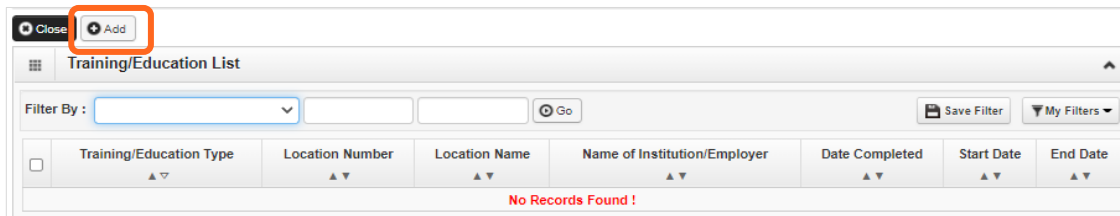
Note: Enter 12/31/2999 in the **End Date** field.

<input type="checkbox"/>	Training/Education Type ▲▼	Name of Institution/Employer ▲▼	Date Completed ▲▼	Start Date ▲▼	End Date ▲▼	Status ▲▼	Operational Status ▲▼	Inactivation Date ▲▼	Location Code ▲▼	Location Name ▲▼
<input type="checkbox"/>	Medical school	University	12/31/2021	10/01/2017	12/31/2999	Approved	Active		00	

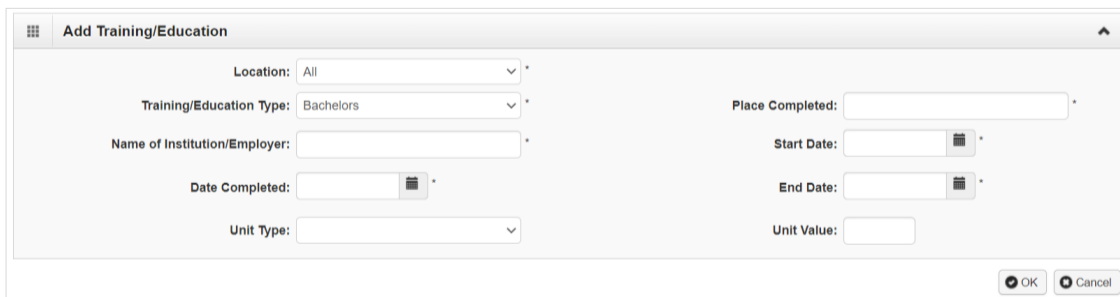
- Click **Save** to save changes or **Close** to close without saving.

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**.

DELETE TRAINING/EDUCATION INFORMATION

Training and education can only be deleted during enrollment.

NEXT

Complete additional changes or go to Step 19: Submit modification for review.

VIEW SUBMITTED ITEMS

See your changes:

- Click **Step 6: Training and Education**.

Note: The screen will show only “Approved” entries.

- In the drop-down next to **Filter By**, select **Status**.

Close Add

Training/Education List

Filter By: [dropdown] And [dropdown] And Operational Status: Active [Go] Save Filter My Filters

<input type="checkbox"/>	Training/Education Type	Name of Institution/Employer	Date Completed	Start Date	End Date	Status	Operational Status	Inactivation Date
No Records Found !								

- In the next field, enter **IN%**. Any entries with an “In Review” status will be displayed.

Filter By: Status In % And [dropdown] And Operational Status: Active [Go] Save Filter My Filters

Note: Enter % to see all entries.

- Click **Go**.

<input type="checkbox"/>	License/Certification Type	License Type DOH Prefix	License/Certification #	State of Licensure	Effective Date	End Date	Status
<input type="checkbox"/>	BUSINESS LICENSE		12345678	WA - Washington	09/01/2021	09/01/2024	IN REVIEW

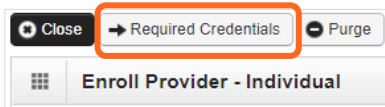
Step 7: Modify identifiers

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 **Required Credentials**.

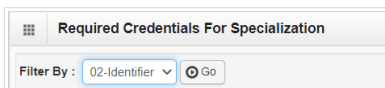
Tip: Make note of all requirements. You may use the Required Credentials tool for multiple steps.

CHECK REQUIRED CREDENTIALS

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



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



- Identifier(s) will be displayed, if required.
- When finished, click **Cancel** to close.

MODIFY IDENTIFIER

- Click the blue hyperlink in the **Identifier #** column.
- Enter new or changed information.

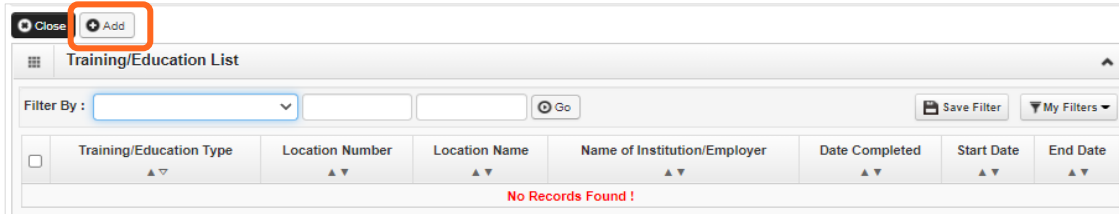
Note: For the End Date field, the date must be in the future (e.g. malpractice policy expiration date). If the identifier is required for an active specialization and you change the End Date to a past date, you can't finish this step.

	Identifier Type	Identifier Value	Start Date	End Date	Status	Operational Status
<input type="checkbox"/>	▲ ▼	▲ ▼	▲ ▼	▲ ▼	▲ ▼	▲ ▼
<input type="checkbox"/>	Malpractice Insurance	MAL0012345	01/13/2020	01/13/2022	APPROVED	Active

- Click **Save** to save changes or **Close** to close without saving.

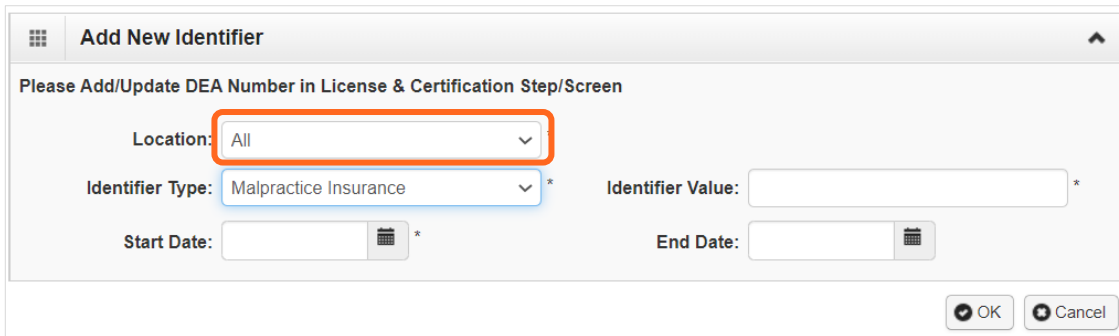
ADD AN IDENTIFIER

- Click **Add**.



Training/Education Type	Location Number	Location Name	Name of Institution/Employer	Date Completed	Start Date	End Date
No Records Found !						

- 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.



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

Location: All

Identifier Type: Malpractice Insurance

Identifier Value: *

Start Date: *

End Date: *

OK Cancel

DELETE IDENTIFIER INFORMATION

Identifiers can only be deleted during enrollment. You can change your end date if you use the *modify* step above.

NEXT

Complete additional changes or go to Step 19: Submit modification for review.

VIEW SUBMITTED ITEMS

See your changes:

- Click **Step 7: Identifiers**.

Note: The screen will show only “Approved” entries.

Provider Identifiers							
Filter By : <input type="text"/> <input type="text"/> And <input type="text"/> <input type="text"/> And <input type="text"/> <input type="text"/>							
Operational Status: <input type="text"/> Active <input type="button" value="Go"/> <input type="button" value="Save Filter"/> <input type="button" value="My Filters"/>							
<input type="checkbox"/>	Identifier Type ▲▼	Identifier Value ▲▼	Start Date ▲▼	End Date ▲▼	Status ▲▼	Operational Status ▲▼	Inactivation Date ▲▼
<input type="checkbox"/>	Provider Application ID		10/28/2022	12/31/2999	APPROVED	Active	

- In the next field, enter **IN%**. Any entries with an “In Review” status will be displayed.

Filter By : <input type="text"/> Status <input type="text"/> In % <input type="text"/> And <input type="text"/> <input type="text"/> And <input type="text"/> <input type="text"/> Operational Status: <input type="text"/> Active <input type="button" value="Go"/> <input type="button" value="Save Filter"/> <input type="button" value="My Filters"/>							
---	--	--	--	--	--	--	--

Note: Enter % to see all entries.

- Click **Go**.

<input type="checkbox"/>	License/Certification Type ▲▼	License Type DOH Prefix ▲▼	License/Certification # ▲▼	State of Licensure ▲▼	Effective Date ▲▼	End Date ▲▼	Status ▲▼
<input type="checkbox"/>	BUSINESS LICENSE		12345678	WA - Washington	09/01/2021	09/01/2024	IN REVIEW

Step 8: Modify 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: Modify federal tax details

MODIFY FEDERAL TAX DETAILS

From the **Federal Tax Details** list:

- Click the link of the form you wish to modify.

Note: To make changes to your Legal Name or W-9 Entity Type, go to Step 1: Basic Information.

The screenshot shows a web interface for 'Federal Tax Details'. At the top, there's a 'Close' button. Below it, a header bar contains a grid icon, the title 'Federal Tax Details', and an expand/collapse arrow. The main content area contains a message: 'IRS Form W-9 information is required for all Providers. Please ensure that your Form W-9 information is accurate by clicking on the hyperlink below. You may be eligible to enter optional Form W-4 and W-5 information.' Below this message are two checkboxes: 'Federal Tax Form' (checked) and 'W-9 Form' (unchecked). At the bottom, there's a navigation bar with buttons: 'Delete', 'View Page: 1', 'Go', '+ Page Count', 'SaveToXLS', 'Viewing Page: 1', and navigation arrows for 'First', 'Prev', 'Next', and 'Last'.

- Enter new or changed information.
- Click **OK** to save or **Cancel** to close without saving.
- Complete additional changes or go to Step 19: Submit modification for review.

The screenshot shows two stacked form sections. The top section is titled 'Form W-9' and contains a message: 'To update/correct the data in the disabled fields, please go back to Basic Information step.' Below this are several input fields: 'Legal Name' (A TEST FAOI), 'SSN/FEIN' (11-1111111), 'W-9 Entity Type' (LLC Filing as Corporation), 'UBI' (empty), 'Business Name' (empty), and 'Exempt from Backup Withholding' (unchecked). The bottom section is titled 'Address' and contains a dropdown for 'Use Pay-To address from the following location: ---SELECT---'. Below this are several input fields: 'Address Line 1', 'Address Line 2', 'Address Line 3', 'City/Town', 'State/Province', 'County', 'Country', 'Zip Code', and 'Phone Number'. There are also 'OK' and 'Cancel' buttons at the bottom right.

DELETE FEDERAL TAX DETAILS

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: Modify servicing provider information

This step doesn't apply to L&I FAOI providers. In ProviderOne, a servicing provider renders billable services for your organization.

MODIFY SERVICING PROVIDER INFORMATION

- Click on the blue hyperlink in the **ProviderOne ID** column.

	ProviderOne ID	Billing Provider NPI	Billing Provider Name	Agency	Billing Location Code	Billing Location Name	Start Date	End Date	Status
<input type="checkbox"/>	1234567	1111111111	Test, Bill	L&I	00	Test, Bill	07/25/2022	12/31/2999	Approved

- Enter new or changed information.
- Click **Save** to save changes or **Close** to close without saving.

ADD SERVICING PROVIDER INFORMATION

- Click **Add**.

CloseAdd

Servicing Providers

Filter By :

Go

Save Filter

My Filters

	Servicing Provider SSN/FEIN	Servicing Provider NPI	ProviderOne ID / Application #	ProviderOne/Application Name	Agency	Billing Location Code	Billing Location Name	Start Date	End Date
<input type="checkbox"/>									

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 to 12/31/2999.

Add Servicing Provider Association

SSN/FEIN: * NPI:

Application Id: ProviderOne Id:

Start Date: * End Date:

- 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 **Selected Agencies**

L&I

»

«

- 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.

Servicing Provider Taxonomy

Available Taxonomies **Selected Taxonomies**

L&I-17110000X-Acupuncturist

»

«

- 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 THE 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 process is started, copy the application ID that's generated 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 group, you may add the remaining servicing providers after your group application is approved. A roster upload process is available, as well.

DELETE A SERVICING PROVIDER

- 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 doesn't delete the record from ProviderOne.

- Click **Close**.

VIEW SUBMITTED ITEMS

See your changes:

- Click **Step 14: Servicing Provider Information**.

Note: The screen will show only “Approved” entries.

Servicing Provider List										
Filter By :			And			And				
Operational Status:		Active	Go		Save Filter		My Filters			
	ProviderOne ID	Servicing Provider Name	Agency	Servicing Provider NPI	Billing Location Code	Billing Location Name	Start Date	End Date	Status	Operational Status
<input type="checkbox"/>	2222222	New, Servicing	HCA	222222222	00	A New Clinic	02/01/2022	12/31/2999	Approved	Active

- In the next field, enter **IN%**. Any entries with an “In Review” status will be displayed.

Note: Enter % to see all entries.

- Click **Go**.

	License/Certification Type	License Type DOH Prefix	License/Certification #	State of Licensure	Effective Date	End Date	Status
<input type="checkbox"/>	BUSINESS LICENSE		12345678	WA - Washington	09/01/2021	09/01/2024	IN REVIEW

Step 15: Modify payment and remittance details

Payment information applies to all locations.

MODIFYING PAYMENT AND REMITTANCE DETAILS

- Click the location you want to modify in the Location Number column.

<input type="checkbox"/>	Location Code ▲▼	Location Name ▲▼	Payment Method ▲▼	Start Date ▲▼	End Date ▲▼	Status ▲▼
<input type="checkbox"/>	00	Test, Bill	Paper Check	07/25/2022	12/31/2999	APPROVED

- Enter new or changed information.
- Click **Save** to save changes or **Close** to close without saving.

ADDING PAYMENT AND REMITTANCE DETAILS

- Click **Add**.

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

ELECTRONIC FUNDS TRANSFER (DIRECT DEPOSIT)

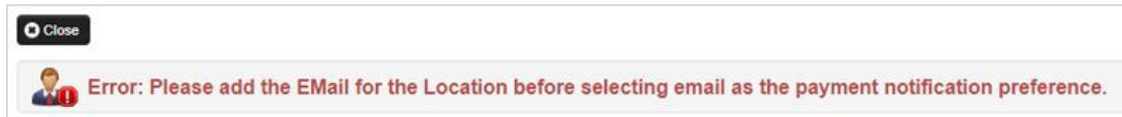
- Click **Electronic Funds Transfer (Direct Deposit)**.

The screenshot shows the 'Payment Details' form. The 'Identify Payment Details' section has a 'Location' dropdown menu set to 'All' and a 'Payment Method' section where 'Electronic Funds Transfer(Direct Deposit)' is selected and highlighted with an orange box. Below this is the 'Financial Institution Information' section, which contains several 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.

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.

PAPER CHECK

- If changing from EFT to paper check, the EFT detail area will collapse and any existing EFT information will be removed.
- Click **Paper Check**. The check (warrant) will be mailed to the **Pay-to** address.

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 **Change Enrollment** and enter the name of the person authorized to provide the payment choice.

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

DELETE PAYMENT AND REMITTANCE DETAILS

You can modify these details, but you can't delete.

NEXT

Complete additional changes or go to Step 19: Submit modification for review.

Step 16: Not applicable to L&I providers

Step 17: Submit modification for review

Note: Before submitting your change(s), remember to upload required attachments.

Forms/Documents	Special Instructions	Agency	Link
Provider Agreement		L&I	https://www.lni.wa.gov/forms-publications/F245-397-000.pdf
W9		L&I	http://www.lni.wa.gov/Forms/pdf/F248-036-000.pdf

- Upload a W-9 for **business legal name changes** and **address changes**.
 - When completing the W-9 form, **print** the form and add the **wet signature** (required by Washington State).

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

- Make sure to sign and date every form.
- After uploading your attachments, click **Submit Provider Modification**.
- A pop-up will appear with your modification request number.

The modification request has been submitted for State review. Please check this Web site to verify the status of your request.

OK

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

UPLOAD INFORMATION

- Click **Upload Attachments**.

- Click **Add Attachments**.

- 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 *

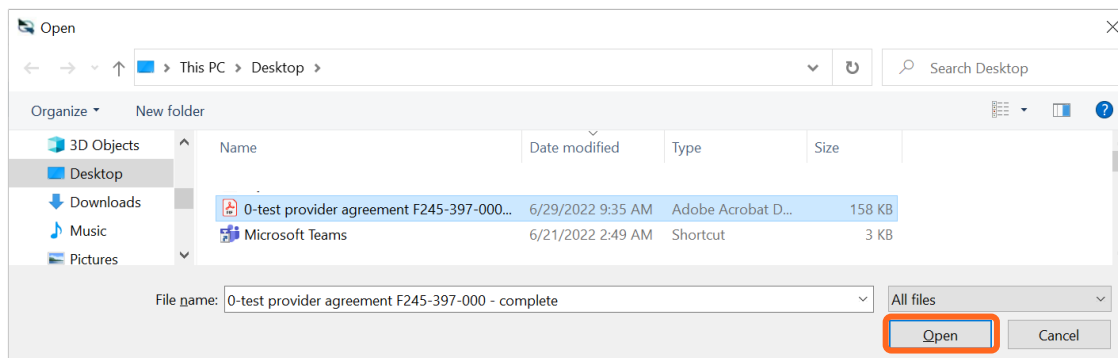
Agency: L&I *

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**.
- 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.

