



Washington State Department of  
Labor & Industries

**Provider** ne



# Adding L&I to an existing provider domain

*ProviderOne User Guide*

Updated March 2025

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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# Adding L&I to an existing provider domain

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

- Modifying the domain.
- Finishing application steps.
- Submitting the application to ProviderOne.

## SELECTING THE RIGHT ENROLLMENT TYPE

This guide includes different instructions based on your enrollment type. Use the table below to identify which enrollment type applies to you. Click on the corresponding link for instructions.

An <b>individual billing provider</b> works for themselves and submits their own bills.	An <b>individual servicing provider</b> works for someone else who bills on their behalf.
A <b>group provider</b> is an organization of individual providers who offer services.	An <b>FAOI provider</b> is a facility, agency, organization, institution of other service vendors.

# Individual billing provider

An individual billing provider works for themselves and submits their own bills. To add L&I to your agency list, follow instructions below to finish required steps.

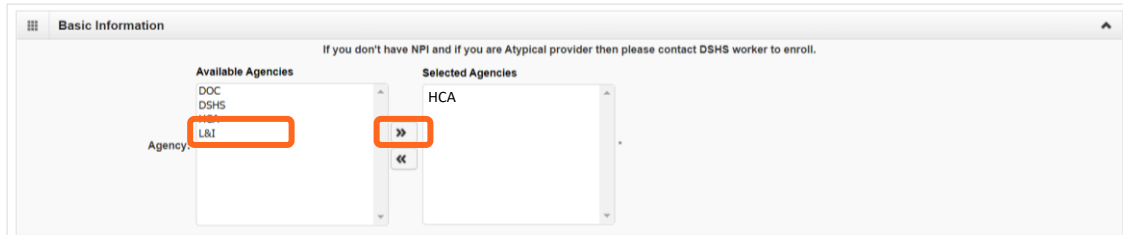
The **Step Remark** column will display instructions for required steps.

View/Update Provider Data - Individual								
Step	Required	Last Modification Date	Last Review Date	Status	Modification Status	Decision By	Step Remark	
<input type="checkbox"/> Step 1: Basic Information	Required	03/12/2020	03/12/2020	Complete				
<input type="checkbox"/> Step 2: Locations	Required	03/12/2020	03/12/2020	Complete				
<input type="checkbox"/> Step 3: Provider Additional Information	Optional	01/11/2022	01/11/2022	Incomplete				
<input type="checkbox"/> Step 4: Specializations	Required	03/12/2020	03/12/2020	Complete				
<input type="checkbox"/> Step 5: Ownership & Managing/Controlling Interest details	Required	03/12/2020	03/12/2020	Complete				
<input type="checkbox"/> Step 6: Licenses and Certifications	Required	03/12/2020	03/12/2020	Complete				
<input type="checkbox"/> Step 7: Training and Education	Optional	03/12/2020	03/12/2020	Complete				
<input type="checkbox"/> Step 8: Identifiers	Optional	03/12/2020	03/12/2020	Complete				
<input type="checkbox"/> Step 9: Contract Details	Optional	03/12/2020	03/12/2020	Complete				
<input type="checkbox"/> Step 10: Federal Tax Details	Required	03/12/2020	03/12/2020	Complete				
<input type="checkbox"/> Step 11: EDI Submission Method	Optional	03/12/2020	03/12/2020	Complete				
<input type="checkbox"/> Step 12: EDI Billing Software Details	Optional	03/12/2020	03/12/2020	Complete				
<input type="checkbox"/> Step 13: EDI Submitter Details	Optional	03/12/2020	03/12/2020	Complete				
<input type="checkbox"/> Step 14: EDI Contact Information	Optional	03/12/2020	03/12/2020	Complete				
<input type="checkbox"/> Step 15: Billing Provider Details	Optional	03/12/2020	03/12/2020	Complete				
<input type="checkbox"/> Step 16: Servicing Provider Information	Not Required	03/12/2020	03/12/2020	Complete				
<input type="checkbox"/> Step 17: Payment and Remittance Details	Required	03/12/2020	03/12/2020	Complete				
<input type="checkbox"/> Step 18: View Union Information	Required	03/12/2020	03/12/2020	Complete				
<input type="checkbox"/> Step 19: Submit Modification for Review	Required	03/12/2020	03/12/2020	Complete				

# Individual billing provider – Step 1: Basic information


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Click **L&I** in the **Available Agencies** box, then click the double right arrows.



The screenshot shows a window titled "Basic Information" with a sub-header: "If you don't have NPI and if you are Atypical provider then please contact DSHS worker to enroll." Below this, there are two columns: "Available Agencies" and "Selected Agencies". In the "Available Agencies" column, the items are "DOC", "DSHS", "L&I", and "Agency:". The "L&I" item is highlighted with an orange box. In the "Selected Agencies" column, the item is "HCA". A double right arrow button (») is highlighted with an orange box, indicating the action to move "L&I" to the selected agencies.

Verify or add an **email address**.



The screenshot shows a form with two input fields. The first field is labeled "W-9 Entity Type (If Other):" and is empty. The second field is labeled "Email Address:" and is highlighted with an orange box, indicating where the user should enter their email address.

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

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

# Individual billing provider – Step 3: Provider additional information

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Enter **Start Date**.

Verify address or **Add Address** to update.

Close Save

Correspondence Address

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

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

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

Address Line 3: City/Town: Olympia

State/Province: County: Thurston

Country: UNITED STATES Zip Code: 98501

Add Address

Click **Save** and **Close**.

# Step 4: Specializations

**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:** Only select the provider's Primary specialty/taxonomy.

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: 19-Group \*

Specialty: 32-Multi-Specialty \*

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 primary taxonomy to allow for accurate billing.

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

## VIEW SUBMITTED ITEMS

See your changes:

Click **Step 4: Specializations**.

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

Contract Number	Provider Type	Specialty/Subspecialty	Administration	Start Date	End Date	Operational Status	Status	Inactivation Date	End Reason
	36-Physician Assistants & Advanced Practice Nursing Providers	3L-Nurse Practitioner/P0808-Psychiatric/Mental Health	HRSA	05/15/2017	12/31/2999	Active	Approved		
	36-Physician Assistants & Advanced Practice Nursing Providers	3L-Nurse Practitioner/00000-Nurse Practitioner	HRSA	05/15/2017	12/31/2999	Active	Approved		

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.

Click **Go**.

License/Certification Type	License Type DOH Prefix	License/Certification #	State of Licensure	Effective Date	End Date	Status
BUSINESS LICENSE		12345678	WA - Washington	09/01/2021	09/01/2022	IN REVIEW

**Note:** Enter **%** to see all entries.

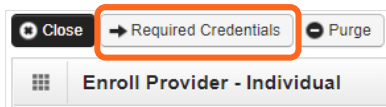
## Step 6: Licenses and certifications

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

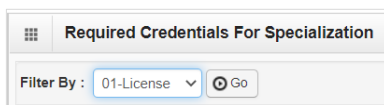
**Tip:** Make note of all requirements. You may use the Required Credentials tool for multiple steps.

### CHECK REQUIRED CREDENTIALS

Click **Required Credentials** from the BPW.



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



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



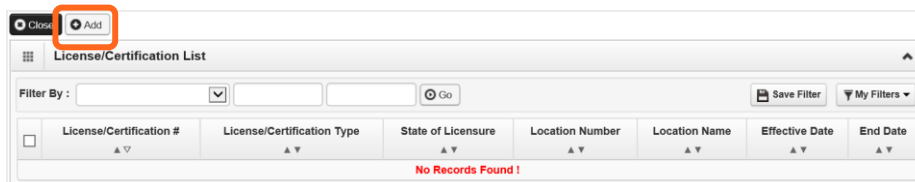
Make a note of your required license as you'll need it to complete Step 6.

When finished, click **Cancel** to close.

### ADD LICENSES/CERTIFICATIONS

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

Click **Add**.



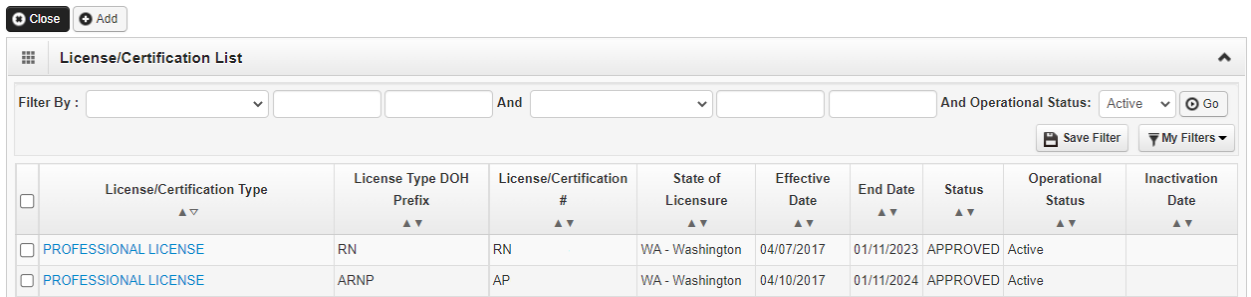
Use the **Location** drop-down to add a license or certification to a specific provider location.

## VIEW SUBMITTED ITEMS

See your changes:

Click **Step 6: Licenses and Certifications**.

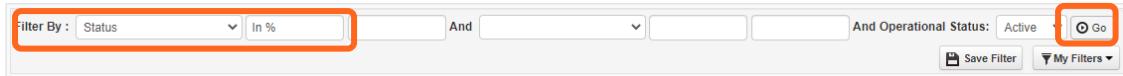
**Note:** The screen will show only “Approved” entries.



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

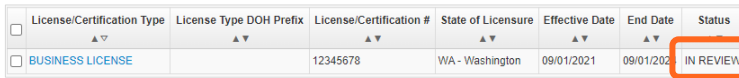
In the drop-down next to **Filter By**, select **Status**.

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



Filter By : Status In % And Operational Status: Active Go

Click **Go**.



License/Certification Type	License Type DOH Prefix	License/Certification #	State of Licensure	Effective Date	End Date	Status
BUSINESS LICENSE		12345678	WA - Washington	09/01/2021	09/01/2022	IN REVIEW

**Note:** Enter % to see all entries. The percentage symbol is a shortcut in ProviderOne.

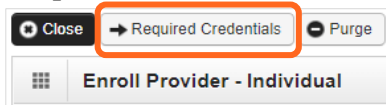
# Step 7: Training and education

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

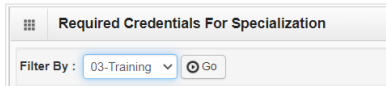
**Tip:** Make note of all requirements. You may use the Required Credentials tool for multiple steps.

## CHECK REQUIRED CREDENTIALS

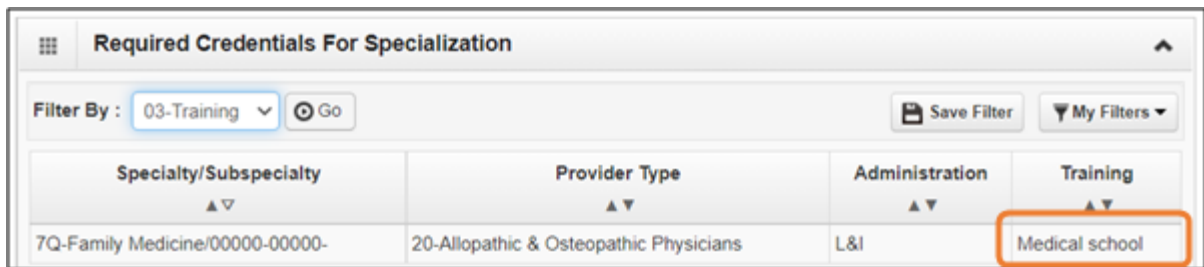
Click **Required Credentials** from the BPW.



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



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

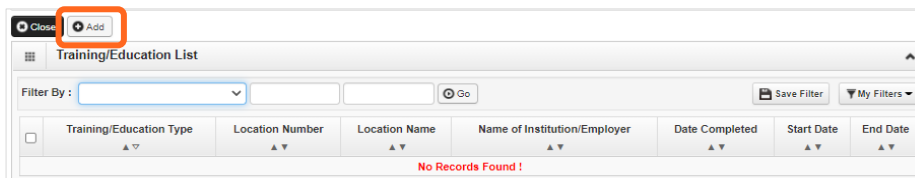


Make a note of your required training as you'll need it to complete Step 7.

When finished, click **Cancel** to close.

## ADD TRAINING/EDUCATION TYPE

Click **Add**.



Use the **Location** drop-down menu to select **All**, or the applicable location.

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

Finish required fields.

The **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.

The screenshot shows a form titled "Add Training/Education". It contains several fields: "Training/Education Type" (dropdown menu with "Medical school" selected), "Place Completed" (text field), "Name of Institution/Employer" (text field), "Start Date" (calendar icon), "Date Completed" (calendar icon), "End Date" (calendar icon with "12/31/2999" entered and highlighted by a red box), "Unit Type" (dropdown menu), and "Unit Value" (text field). At the bottom right, there are "OK" and "Cancel" buttons.

Click **OK** and **Close**.

## VIEW SUBMITTED ITEMS

See your changes:

Click **Step 7: Training and Education**.

**Note:** The screen will show only "Approved" entries.

The screenshot shows a table titled "Training/Education List". The table has columns: "Training/Education Type", "Name of Institution/Employer", "Date Completed", "Start Date", "End Date", "Status", "Operational Status", and "Inactivation Date". The "Status" column header is highlighted with a red box. Below the table, it says "No Records Found!".

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.

The screenshot shows the filter section of the table. The "Filter By" dropdown is set to "Status" and the next field contains "In %". The "Go" button is highlighted with a red box.

Click **Go**.

The screenshot shows the filtered table results. The table has columns: "License/Certification Type", "License Type DOH Prefix", "License/Certification #", "State of Licensure", "Effective Date", "End Date", and "Status". The first row is highlighted and the "Status" column contains the value "IN REVIEW".

License/Certification Type	License Type DOH Prefix	License/Certification #	State of Licensure	Effective Date	End Date	Status
BUSINESS LICENSE		12345678	WA - Washington	09/01/2021	09/01/2022	IN REVIEW

**Note:** Enter % to see all entries. The percentage symbol is a shortcut in ProviderOne.

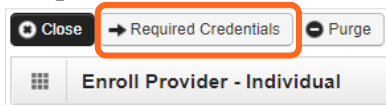
## Step 8: Identifiers

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**. The **Required Credentials** tool helps identify what type of training and education information you need to provide to continue with enrollment.

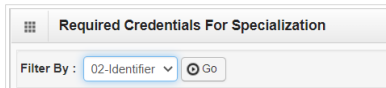
**Tip:** Make note of all requirements. You may use the Required Credentials tool for multiple steps.

### CHECK REQUIRED CREDENTIALS

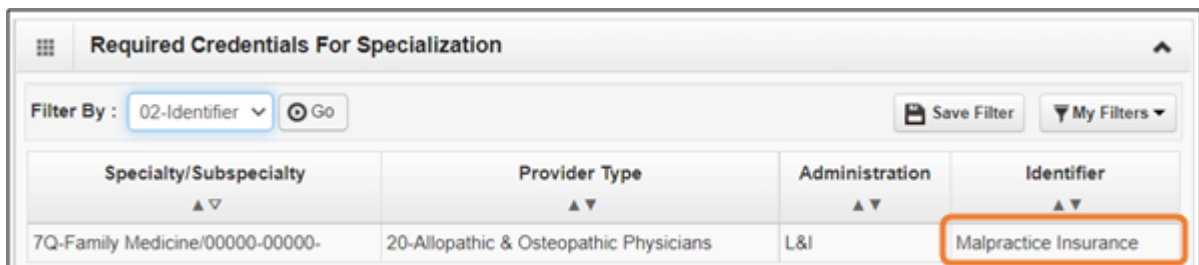
Click **Required Credentials** from the BPW.



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



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

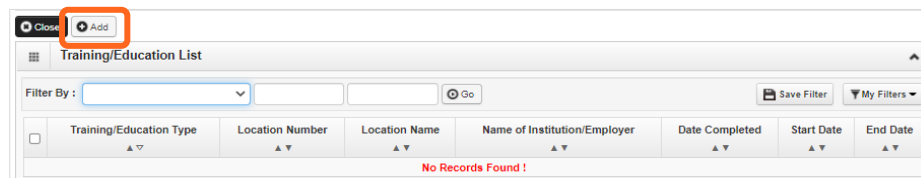


Make a note of your required identifier(s) as you'll need it to complete Step 8.

When finished, click **Cancel** to close.

### ADD MALPRACTICE INSURANCE

Click **Add**.



Use the **Location** drop-down menu to select **All**, or the applicable location.

Use the **Identifier Type** drop-down to select **Malpractice Insurance**.

In the **Identifier Value** field, enter your malpractice insurance policy number.

Enter the **Start Date** and **End Date**, and click **OK** to close.

- The **Start Date** is when your policy was first issued.
- The **End Date** is the policy’s expiration date.

## VIEW SUBMITTED ITEMS

See your changes:

Click **Step 8: Identifiers**.

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

Identifier Type	Identifier Value	Start Date	End Date	Status	Operational Status	Inactivation Date
Provider Application ID		10/28/2022	12/31/2999	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.

Click **Go**.

License/Certification Type	License Type DOH Prefix	License/Certification #	State of Licensure	Effective Date	End Date	Status
BUSINESS LICENSE		12345678	WA - Washington	09/01/2021	09/01/2021	IN REVIEW

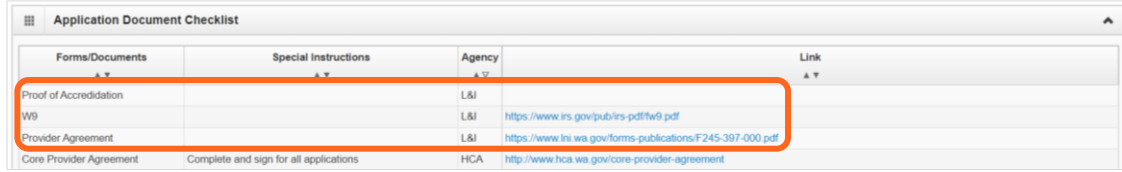
**Note:** Enter % to see all entries. The percentage symbol is a shortcut in ProviderOne.

# Step 19: Submit modification for review

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Finish and/or upload the required L&I documents.

Click **Submit Provider Modification**.



Forms/Documents	Special Instructions	Agency	Link
Proof of Accreditation		L&I	
WS		L&I	<a href="https://www.irs.gov/pub/irs-pdf/fw9.pdf">https://www.irs.gov/pub/irs-pdf/fw9.pdf</a>
Provider Agreement		L&I	<a href="https://www.lni.wa.gov/forms-publications/F245-397-000.pdf">https://www.lni.wa.gov/forms-publications/F245-397-000.pdf</a>
Core Provider Agreement	Complete and sign for all applications	HCA	<a href="http://www.hca.wa.gov/core-provider-agreement">http://www.hca.wa.gov/core-provider-agreement</a>

A confirmation box will display; click **Close** to exit. (This step is not required to enroll a servicing provider)

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

# Individual servicing provider

An individual servicing provider works for someone else who bills on their behalf. To add L&I to your agency list, follow instructions below to finish required steps.

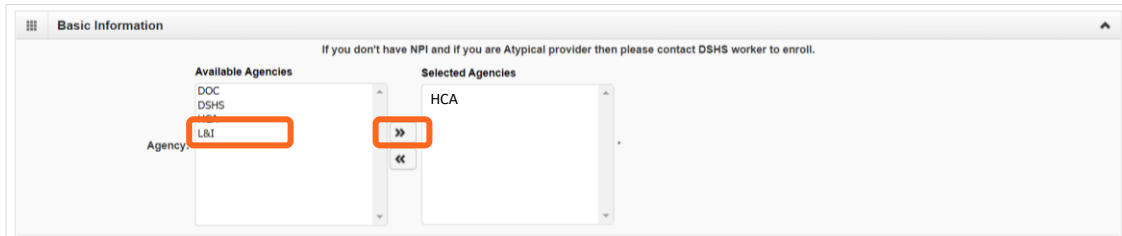
- The **Step Remark** column will display instructions for required steps.

Step	Required	Last Modification Date	Last Review Date	Status	Modification Status	Decision By	Step Remark
<input type="checkbox"/> Step 1: Basic Information	Required	07/19/2022	09/08/2011	Complete	Updated	HCA	
<input type="checkbox"/> Step 2: Locations	Not Required	07/01/2008	07/01/2008	Incomplete			
<input type="checkbox"/> Step 3: Provider Additional Information	Required	01/11/2022	01/11/2022	Incomplete			
<input type="checkbox"/> Step 4: Specializations	Required	07/01/2008	07/01/2008	Incomplete			Please add Required Specialization.
<input type="checkbox"/> Step 5: Ownership & Managing/Controlling Interest details	Not Required	07/01/2008	07/01/2008	Incomplete			
<input type="checkbox"/> Step 6: Licenses and Certifications	Required	04/19/2010	04/22/2010	Complete			
<input type="checkbox"/> Step 7: Training and Education	Optional	07/01/2008	07/01/2008	Complete			
<input type="checkbox"/> Step 8: Identifiers	Optional	07/01/2008	07/01/2008	Complete			
<input type="checkbox"/> Step 9: Contract Details	Not Required	07/01/2008	07/01/2008	Complete			
<input type="checkbox"/> Step 10: Federal Tax Details	Optional	07/01/2008	07/01/2008	Incomplete			
<input type="checkbox"/> Step 11: EDI Submission Method	Optional	07/01/2008	07/01/2008	Incomplete			
<input type="checkbox"/> Step 12: EDI Billing Software Details	Optional	07/01/2008	07/01/2008	Incomplete			
<input type="checkbox"/> Step 13: EDI Submitter Details	Optional	07/01/2008	07/01/2008	Incomplete			
<input type="checkbox"/> Step 14: EDI Contact Information	Optional	07/01/2008	07/01/2008	Incomplete			
<input type="checkbox"/> Step 15: Billing Provider Details	Required	07/01/2008	07/01/2008	Incomplete			Please add Required Agency Billing Provider.
<input type="checkbox"/> Step 16: Servicing Provider Information	Not Required	10/01/1993	10/01/1993	Complete			
<input type="checkbox"/> Step 17: Payment and Remittance Details	Optional	07/01/2008	07/01/2008	Complete			
<input type="checkbox"/> Step 18: View Union Information	Optional	07/01/2008	07/01/2008	Complete			
<input type="checkbox"/> Step 19: Submit Modification for Review	Required	07/01/2008	07/01/2008	Incomplete			

# Step 1: Basic information

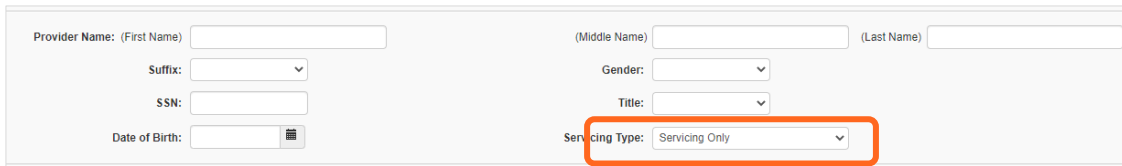
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- Click **L&I** in the **Available Agencies** box, then click the double right arrows.



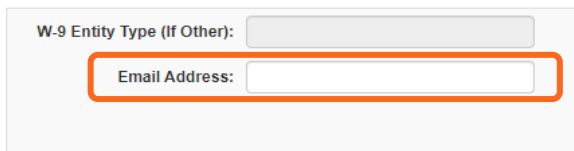
The screenshot shows a window titled "Basic Information" with a sub-header: "If you don't have NPI and if you are Atypical provider then please contact DSHS worker to enroll." Below this, there are two columns: "Available Agencies" and "Selected Agencies". In the "Available Agencies" list, "L&I" is selected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

- Select the **Servicing Type** drop-down and select **Servicing Only**.



The screenshot shows a form with several input fields: "Provider Name: (First Name)", "(Middle Name)", "(Last Name)", "Suffix:", "SSN:", "Date of Birth:", "Gender:", "Title:", and "Servicing Type:". The "Servicing Type" dropdown menu is highlighted with an orange box and shows "Servicing Only" selected.

- Verify or add an **Email Address**.
- **Note:** We'll use this email address if we have questions about your application.



The screenshot shows a form with a "W-9 Entity Type (If Other):" field and an "Email Address:" field. The "Email Address:" field is highlighted with an orange box.

## Step 3: Provider additional information

---

- Enter **Start Date**.
- Verify address or **Add Address** to update.

Close Save

Correspondence Address

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

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

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

Address Line 3: City/Town: Olympia

State/Province: County: Thurston

Country: UNITED STATES Zip Code: 98501

Add Address

- Click **Save** and **Close**.

# Step 4: Specializations

**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:** Only select the provider’s primary specialty/taxonomy.

- 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: \*

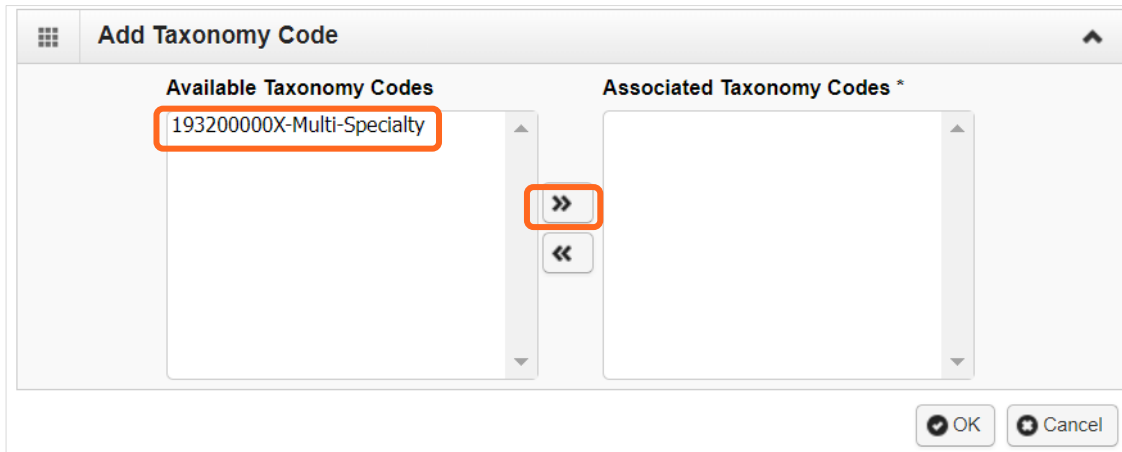
Provider Type: 19-Group \*

Specialty: 32-Multi-Specialty \*

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 only the primary taxonomy/specialty to allow for accurate billing.



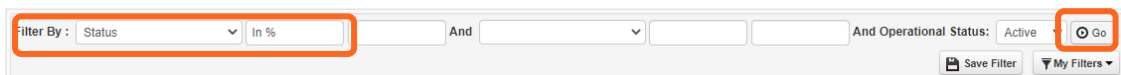
Click **OK** to save or **Cancel** to close without saving.

## VIEW SUBMITTED ITEMS

- See your changes:
- Click **Step 4: Specializations**.
- **Note:** The screen will show only “Approved” entries.

Contract Number	Provider Type	Specialty/Subspecialty	Administration	Start Date	End Date	Operational Status	Status	Inactivation Date	End Reason
	36-Physician Assistants & Advanced Practice Nursing Providers	3L-Nurse Practitioner/P0808-Psychiatric/Mental Health	HRSA	05/15/2017	12/31/2999	Active	Approved		
	36-Physician Assistants & Advanced Practice Nursing Providers	3L-Nurse Practitioner/00000-Nurse Practitioner	HRSA	05/15/2017	12/31/2999	Active	Approved		

- 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.



- Click **Go**.

License/Certification Type	License Type DOH Prefix	License/Certification #	State of Licensure	Effective Date	End Date	Status
BUSINESS LICENSE		12345678	WA - Washington	09/01/2021	09/01/2022	IN REVIEW

**Note:** Enter % to see all entries. The percentage symbol is a shortcut in ProviderOne.

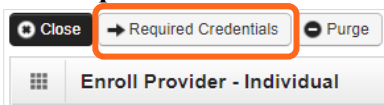
## Step 6: Licenses and certifications

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

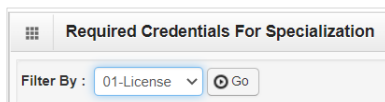
**Tip:** Make note of all requirements. You may use the Required Credentials tool for multiple steps.

### CHECK REQUIRED CREDENTIALS

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



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



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

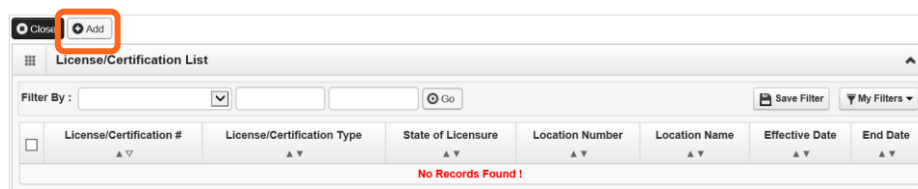


Specialty/Subspecialty	Provider Type	Administration	License
71-Radiologic Technologist/00000-00000-	24-Technologists, Technicians & Other Technical Service Providers	L&I	Facility License

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

### ADD LICENSES/CERTIFICATIONS

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

## VIEW SUBMITTED ITEMS

- See your changes:
- Click **Step 6: 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
PROFESSIONAL LICENSE	RN	RN	WA - Washington	04/07/2017	01/11/2023	APPROVED	Active	
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.

- Click **Go**.

License/Certification Type	License Type DOH Prefix	License/Certification #	State of Licensure	Effective Date	End Date	Status
BUSINESS LICENSE		12345678	WA - Washington	09/01/2021	09/01/2024	IN REVIEW

- **Note:** Enter **%** to see all entries. The percentage symbol is a shortcut in ProviderOne

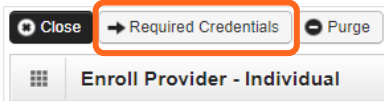
# Step 7: Training and education

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

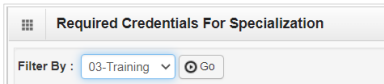
**Tip:** Make note of all requirements. You may use the Required Credentials tool for multiple steps.

## CHECK REQUIRED CREDENTIALS

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



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



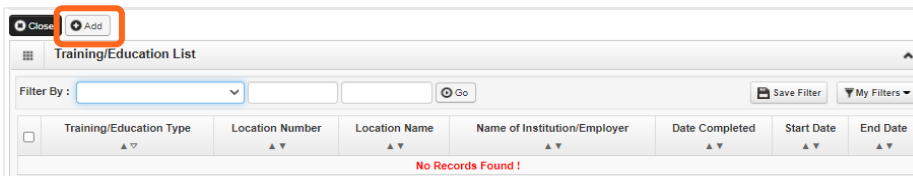
- Required training will be displayed, if required (see highlighted below).



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

## ADD TRAINING/EDUCATION TYPE

- Click **Add**.



- 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.

The screenshot shows a form titled "Add Training/Education". It contains several input fields: "Training/Education Type" (set to "Medical school"), "Place Completed", "Name of Institution/Employer", "Start Date", "Date Completed", "End Date" (highlighted with a red box and containing "12/31/2999"), "Unit Type", and "Unit Value". There are "OK" and "Cancel" buttons at the bottom right.

- Click **OK** and **Close**.

## VIEW SUBMITTED ITEMS

- See your changes:
- Click **Step 7: Training and Education**.
- **Note:** The screen will show only “Approved” entries.

The screenshot shows a table titled "Training/Education List". The table has columns for "Training/Education Type", "Name of Institution/Employer", "Date Completed", "Start Date", "End Date", "Status", "Operational Status", and "Inactivation Date". The table is currently empty, and a red message "No Records Found!" is displayed at the bottom of the table area.

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

The screenshot shows the filter bar for the table. The "Filter By" dropdown is set to "Status" and the "In %" field is empty. The "Go" button is highlighted with a red box.

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

License/Certification Type	License Type DOH Prefix	License/Certification #	State of Licensure	Effective Date	End Date	Status
BUSINESS LICENSE		12345678	WA - Washington	09/01/2021	09/01/202	IN REVIEW

**Note:** Enter % to see all entries. The percentage symbol is a shortcut in ProviderOne

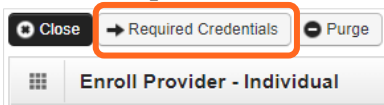
# Step 8: Identifiers

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

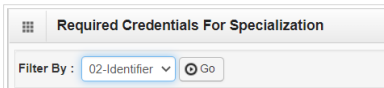
**Tip:** Make note of all requirements. You may use the Required Credentials tool for multiple steps.

## CHECK REQUIRED CREDENTIALS

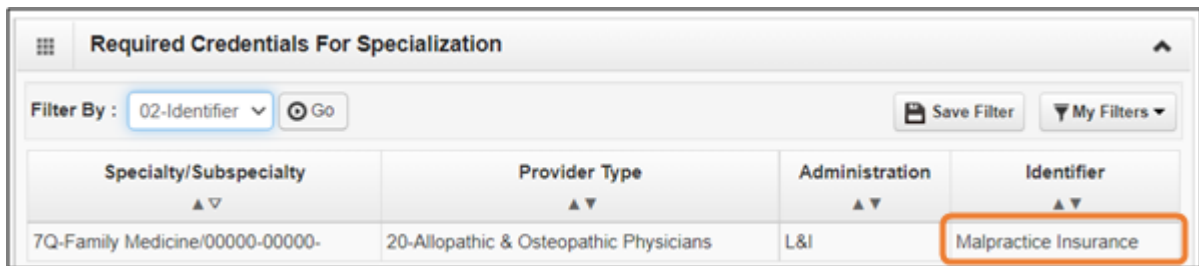
- Click **Required Credentials** from the BPW.



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



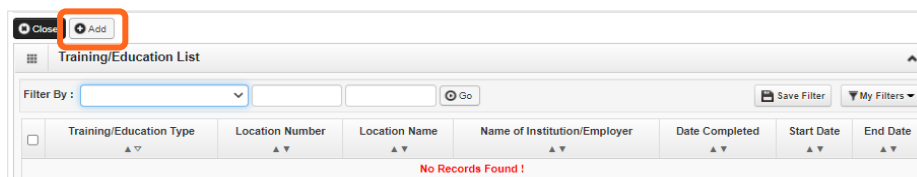
- Required identifier(s) will be displayed, if required (see highlighted below).



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

## ADD MALPRACTICE INSURANCE

- Click **Add**.



- Use the **Location** drop-down menu to select **All**, or the applicable location.

- Use the **Identifier Type** drop-down to select **Malpractice Insurance**.
- In the **Identifier Value** field, enter your malpractice insurance policy number.
- Enter the **Start Date** and **End Date**, and click **OK** to close.
  - The **Start Date** is when your policy was first issued.
  - The **End Date** is the policy’s expiration date.

## VIEW SUBMITTED ITEMS

- See your changes:
- Click **Step 8: Identifiers**.
  - **Note:** The screen will show only “Approved” entries.

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

- 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	09/01/2022	IN REVIEW

**Note:** Enter **%** to see all entries. The percentage symbol is a shortcut in ProviderOne.

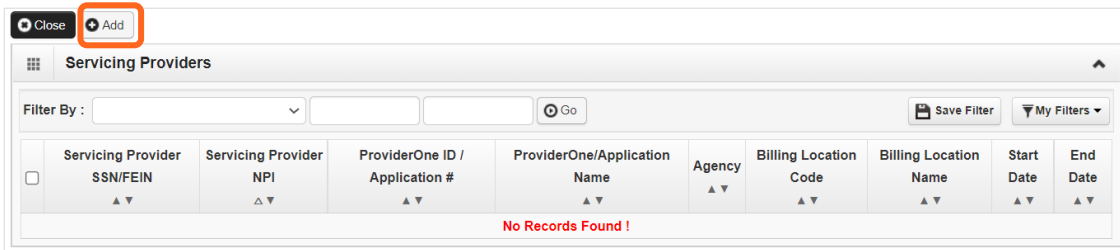
# Step 15: Billing provider details

This step creates a link between your organization and this servicing provider.

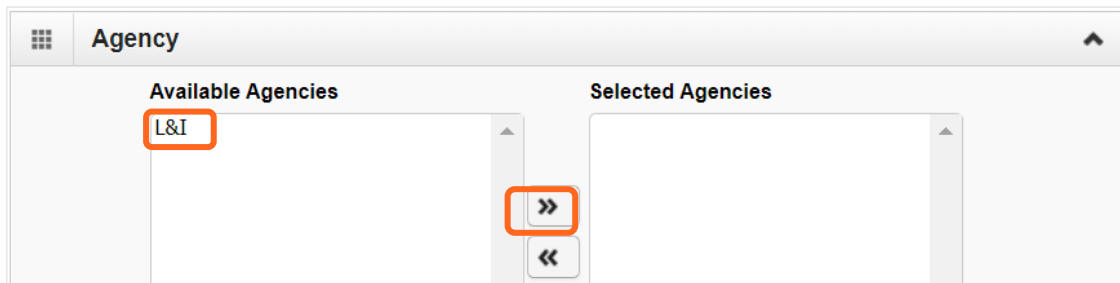
**Note:** L&I must be listed on your organization's ProviderOne Domain.

## ADD BILLING PROVIDER INFORMATION

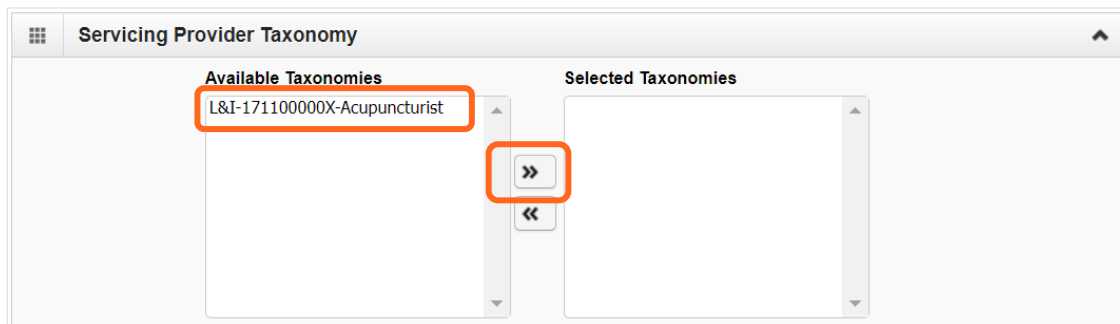
- Click **Add**.



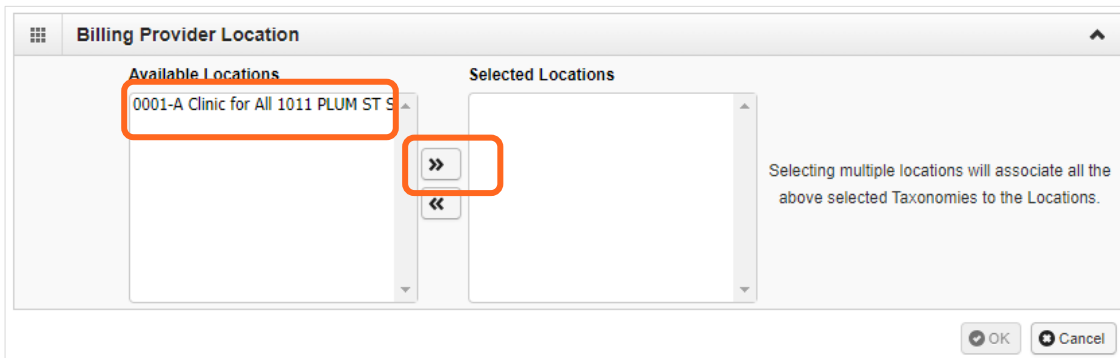
- Enter your group's ProviderOne ID or NPI, then click **Confirm Provider**.
- Click **L&I** and use the double right arrows to move it to the **Selected Agencies** box.



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



Click the **Available Locations** and use the double right arrows to move it to the **Selected Locations** box.



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

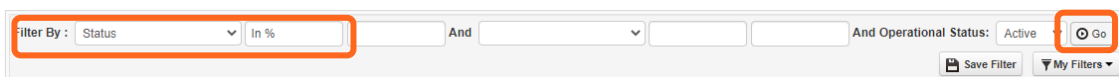
## VIEW SUBMITTED ITEMS

- See your changes:
- Click **Step 15: Billing Provider Details**.

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

ProviderOne ID	Billing Provider NPI	Billing Provider Name	Agency	Billing Location Code	Billing Location Name	Start Date	End Date	Status	Operational Status	Inactivation Date
11111111	1111111111	A New Clinic	L&I	00	A New Clinic	10/28/2022	12/31/2999	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.



- Click **Go**.

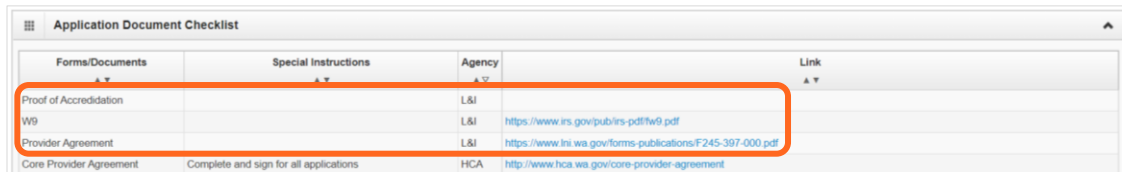
License/Certification Type	License Type DOH Prefix	License/Certification #	State of Licensure	Effective Date	End Date	Status
BUSINESS LICENSE		12345678	WA - Washington	09/01/2021	09/01/2022	IN REVIEW

**Note:** Enter % to see all entries. The percentage symbol is a shortcut in ProviderOne

## Step 19: Submit modification for review

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- Finish and/or upload the required L&I documents.
- Click **Submit Provider Modification**.



Forms/Documents	Special Instructions	Agency	Link
Proof of Accreditation		L&I	
W9		L&I	<a href="https://www.ins.gov/pub/ins-pdf/fw9.pdf">https://www.ins.gov/pub/ins-pdf/fw9.pdf</a>
Provider Agreement		L&I	<a href="https://www.hi.wa.gov/forms-publications/F245-397-000.pdf">https://www.hi.wa.gov/forms-publications/F245-397-000.pdf</a>
Core Provider Agreement	Complete and sign for all applications	HCA	<a href="http://www.hca.wa.gov/core-provider-agreement">http://www.hca.wa.gov/core-provider-agreement</a>

- A confirmation box will display; click **Close** to exit.

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

OK

# FAOI and group providers

To add L&I to your agency list, you may need to update your existing information (e.g. expired license). Group and FAOI domains may have different requirements. Follow instructions below to finish required steps.

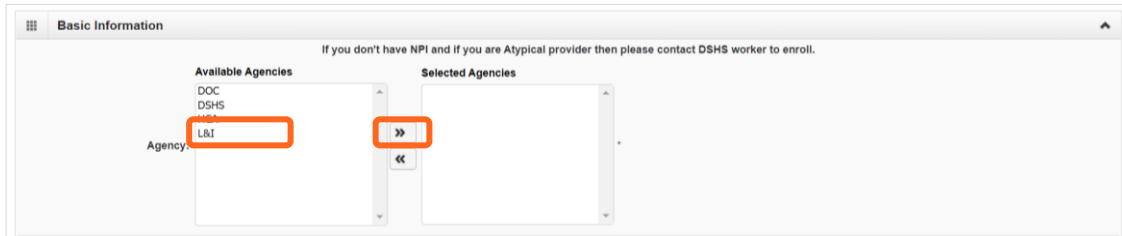
- The **Step Remark** column will display instructions for required steps.

<input type="checkbox"/>	Step	Required	Last Modification Date	Last Review Date	Status	Modification Status	Decision By	Step Remark
<input type="checkbox"/>	Step 1: Basic Information	Required	09/08/2022	06/17/2014	Complete	Updated		
<input type="checkbox"/>	Step 2: Locations	Required	09/28/2021	09/30/2021	Complete			
<input type="checkbox"/>	Step 3: Specializations	Required	06/17/2014	06/17/2014	Incomplete			Please add Required Specialization.
<input type="checkbox"/>	Step 4: Ownership & Managing/Controlling Interest details	Required	06/17/2014	06/17/2014	Complete			
<input type="checkbox"/>	Step 5: Licenses and Certifications	Required	09/28/2021	09/30/2021	Complete			
<input type="checkbox"/>	Step 6: Training and Education	Optional	06/17/2014	06/17/2014	Complete			
<input type="checkbox"/>	Step 7: Identifiers	Required	06/17/2014	06/17/2014	Complete			
<input type="checkbox"/>	Step 8: Contract Details	Optional	06/17/2014	06/17/2014	Complete			
<input type="checkbox"/>	Step 9: Federal Tax Details	Required	06/17/2014	06/17/2014	Complete			
<input type="checkbox"/>	Step 10: EDI Submission Method	Optional	11/21/2014	06/17/2014	Incomplete			
<input type="checkbox"/>	Step 11: EDI Billing Software Details	Optional	06/17/2014	06/17/2014	Incomplete			
<input type="checkbox"/>	Step 12: EDI Submitter Details	Optional	07/18/2019	07/18/2019	Incomplete			
<input type="checkbox"/>	Step 13: EDI Contact Information	Optional	06/17/2014	06/17/2014	Incomplete			
<input type="checkbox"/>	Step 14: Servicing Provider Information	Optional	06/17/2014	06/17/2014	Complete			
<input type="checkbox"/>	Step 15: Payment and Remittance Details	Required	06/17/2014	06/17/2014	Complete			
<input type="checkbox"/>	Step 16: Submit Modification for Review	Required	06/17/2014	06/17/2014	Incomplete			

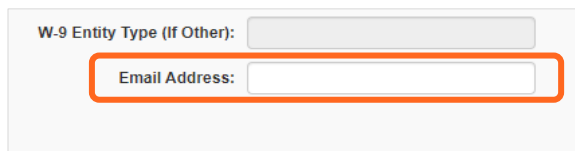
# Step 1: Basic information

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- Click **L&I** in the **Available Agencies** box, then click the double right arrows.



- Verify or add an **Email Address**.

A screenshot of a form section. It contains two input fields. The first is labeled "W-9 Entity Type (If Other):" and is empty. The second is labeled "Email Address:" and is also empty. The "Email Address:" label and its corresponding input field are highlighted with an orange border.

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

# Step 3: Specializations

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

## ADDING SPECIALIZATIONS

- Click **Add**.

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

**Note:** Only select the primary taxonomy/specialty to avoid billing issues.

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

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.

Location: All \*

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

Provider Type: 19-Group \*

Specialty: 32-Multi-Specialty \*

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 the primary taxonomy code from the **Available Taxonomy Codes** box to the **Associated Taxonomy Codes** box.

- Select primary taxonomy only to allow for accurate billing.
- Click **OK** to save or **Cancel** to close without saving.

## VIEW SUBMITTED ITEMS

- See your changes:
- Click **Step 3: Specializations**.

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

Contract Number	Provider Type	Specialty/Subspecialty	Administration	Start Date	End Date	Operational Status	Status	Inactivation Date	End Reason
	36-Physician Assistants & Advanced Practice Nursing Providers	3L-Nurse Practitioner/P0808-Psychiatric/Mental Health	HRSA	05/15/2017	12/31/2999	Active	Approved		
	36-Physician Assistants & Advanced Practice Nursing Providers	3L-Nurse Practitioner/00000-Nurse Practitioner	HRSA	05/15/2017	12/31/2999	Active	Approved		

- 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.

- Click **Go**.

License/Certification Type	License Type DOH Prefix	License/Certification #	State of Licensure	Effective Date	End Date	Status
BUSINESS LICENSE		12345678	WA - Washington	09/01/2021	09/01/2022	IN REVIEW

**Note:** Enter % to see all entries. The percentage symbol is a shortcut in ProviderOne.

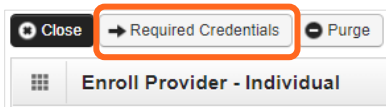
# FAOI and group providers – Step 5: Licenses and certifications

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

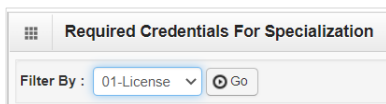
**Tip:** Make note of all requirements. You may use the Required Credentials tool for multiple steps.

## CHECK REQUIRED CREDENTIALS

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



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



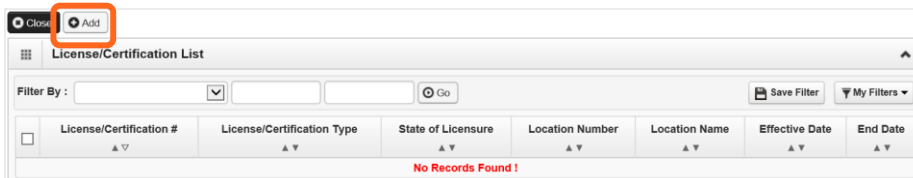
- Required license(s) will be displayed, if required (see highlighted below).



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

## 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
PROFESSIONAL LICENSE	RN	RN	WA - Washington	04/07/2017	01/11/2023	APPROVED	Active	
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.

- Click **Go**.

License/Certification Type	License Type DOH Prefix	License/Certification #	State of Licensure	Effective Date	End Date	Status
BUSINESS LICENSE		12345678	WA - Washington	09/01/2021	09/01/2022	IN REVIEW

**Note:** Enter % to see all entries. The percentage symbol is a shortcut in ProviderOne.

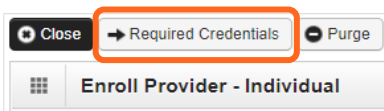
# Step 6: Training and education

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.

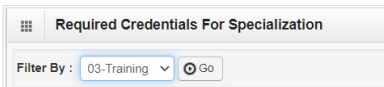
**Tip:** Make note of all requirements. You may use the Required Credentials tool for multiple steps.

## CHECK REQUIRED CREDENTIALS

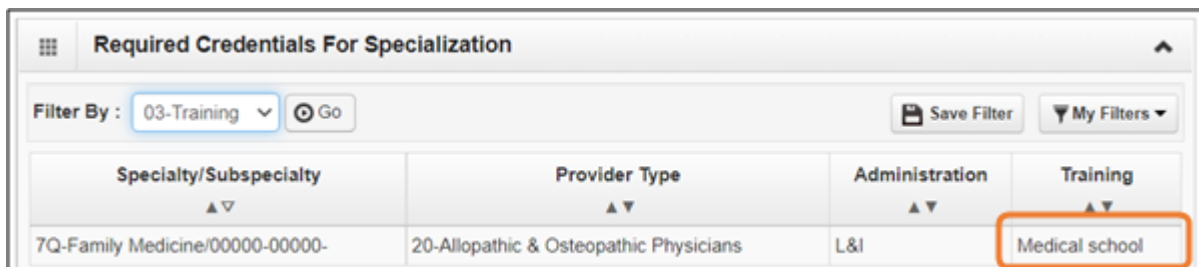
- Click **Required Credentials** from the BPW.



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



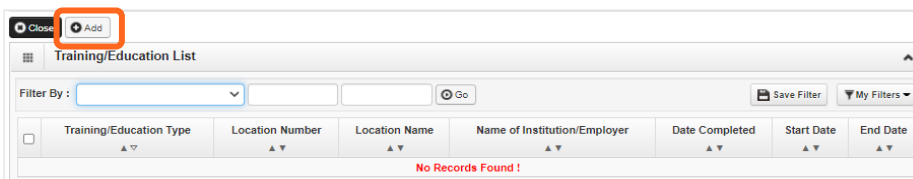
- Required training will be displayed, if required (see highlighted below).



- 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.

The screenshot shows a form titled "Add Training/Education". It contains several fields: "Training/Education Type" (set to "Medical school"), "Place Completed", "Name of Institution/Employer", "Start Date", "Date Completed", "End Date" (highlighted with a red box and containing "12/31/2999"), "Unit Type", and "Unit Value". There are "OK" and "Cancel" buttons at the bottom right.

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

## VIEW SUBMITTED ITEMS

See your changes:

- Click **Step 6: Training and Education**.
  - **Note:** The screen will show only "Approved" entries.

The screenshot shows a table titled "Training/Education List". The table has columns: Training/Education Type, Name of Institution/Employer, Date Completed, Start Date, End Date, Status (highlighted with a red box), Operational Status, and Inactivation Date. Below the table, it says "No Records Found!". There are filter options at the top, including "Filter By:" and "And Operational Status: 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.

The screenshot shows the filter section of the table. The "Filter By:" dropdown is set to "Status" and the input field contains "In %". The "Go" button is highlighted with a red box. There are also "Save Filter" and "My Filters" options.

- Click **Go**.

License/Certification Type	License Type DOH Prefix	License/Certification #	State of Licensure	Effective Date	End Date	Status
BUSINESS LICENSE		12345678	WA - Washington	09/01/2021	09/01/202	IN REVIEW

**Note:** Enter % to see all entries. The percentage symbol is a shortcut in ProviderOne.

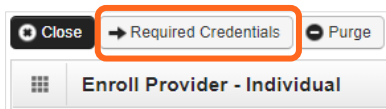
# Step 7: Identifiers

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**. The **Required Credentials** tool helps identify what type of identifier information you need to provide to continue with enrollment.

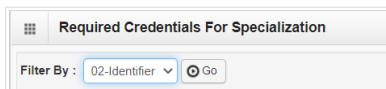
**Tip:** Make note of all requirements. You may use the Required Credentials tool for multiple steps.

## CHECK REQUIRED CREDENTIALS

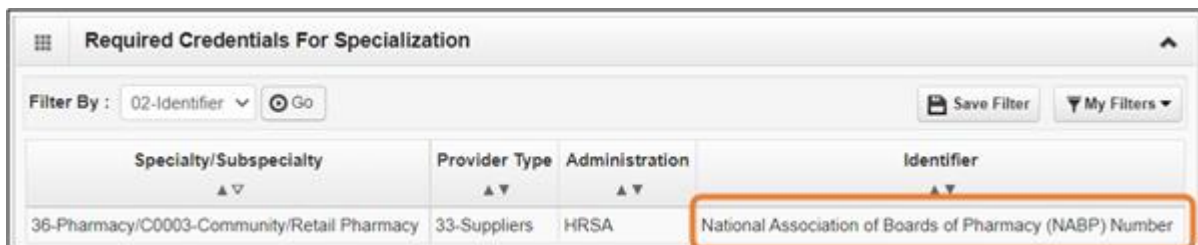
- Click **Required Credentials** from the BPW.



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



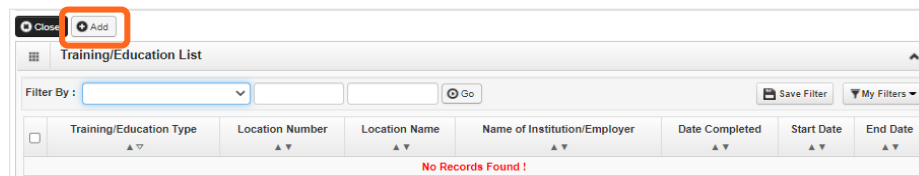
- Required identifier(s) will be displayed, if required (see highlighted below).
- Make note of your required identifier(s) as you'll need it to complete Step 7.



- 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.

## VIEW SUBMITTED ITEMS

See your changes:

- Click **Step 7: Identifiers**.

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

Identifier Type	Identifier Value	Start Date	End Date	Status	Operational Status	Inactivation Date
Provider Application ID		10/28/2022	12/31/2999	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.

- Click **Go**.

License/Certification Type	License Type DOH Prefix	License/Certification #	State of Licensure	Effective Date	End Date	Status
BUSINESS LICENSE		12345678	WA - Washington	09/01/2021	09/01/2022	IN REVIEW

**Note:** Enter % to see all entries. The percentage symbol is a shortcut in ProviderOne

# Step 14: Servicing provider information

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

If you're a Group, you must add at least one servicing provider with L&I already listed.

If you're a FAOI, this step doesn't apply. Skip to Step 19.

## ADD SERVICING PROVIDER INFORMATION

- Click **Add**.

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

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

SSN/FEIN:  \*      NPI:

Application Id:       ProviderOne Id:

Start Date:   \*      End Date:

- 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.

Available Agencies: L&I

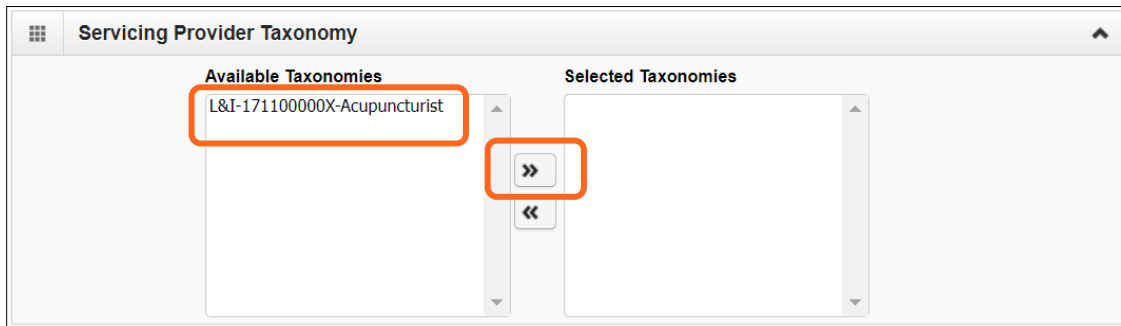
Selected Agencies:

»

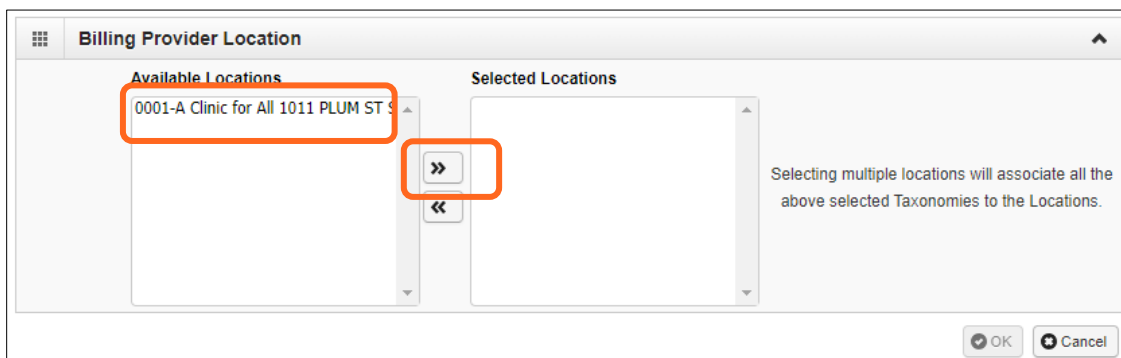
«

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

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



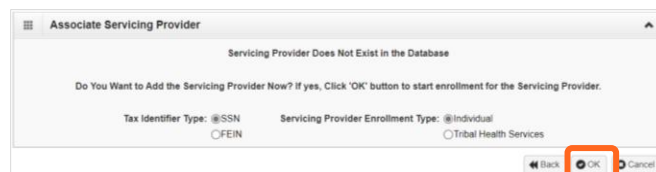
- Click the **Available Locations** and use the double right arrows to move it to the **Selected Locations** box. More than one may be selected.



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

## PROVIDER DOES NOT EXIST IN THE DATABASE

- If the L&I provider does not exist in the database, you'll be prompted to add the servicing provider. See the **L&I enrollment guide for individual servicing only providers** for more information.



- Click **OK** to start enrolling a servicing provider, **Back** to return to the previous page, or **Cancel** to return to the Servicing Provider List.
- **Note:** If you start a new enrollment, copy the Application ID that's generated for the servicing provider. You'll need it 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 use the roster upload process to add multiple servicing providers at once.

## 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 : <input type="text"/> And <input type="text"/> And <input type="text"/>											
Operational Status: Active <input type="button" value="Go"/> <input type="button" value="Save Filter"/> <input type="button" value="My Filters"/>											
<input type="checkbox"/>	ProviderOne ID	Servicing Provider Name	Agency	Servicing Provider NPI	Billing Location Code	Billing Location Name	Start Date	End Date	Status	Operational Status	Inactivation Date
<input type="checkbox"/>	2222222	New, Servicing	HCA	2222222222	00	A New Clinic	02/01/2022	12/31/2999	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.

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

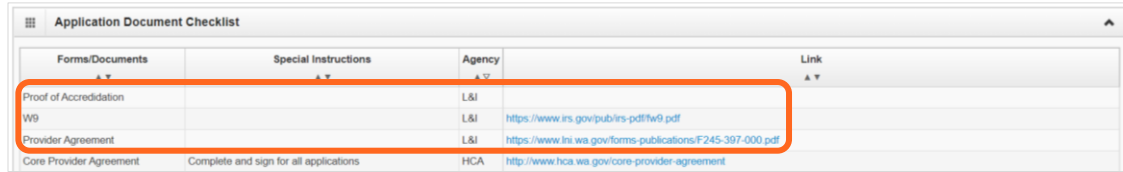
**Note:** Enter % to see all entries. The percentage symbol is a shortcut in ProviderOne.

<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	09/01/2022	IN REVIEW

## Step 19: Submit modification for review

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- Finish and/or upload the required L&I documents.
- Click **Submit Provider Modification**.



Forms/Documents	Special Instructions	Agency	Link
Proof of Accreditation		L&I	
WS		L&I	<a href="https://www.irs.gov/pub/irs-pdf/fw0.pdf">https://www.irs.gov/pub/irs-pdf/fw0.pdf</a>
Provider Agreement		L&I	<a href="https://www.lni.wa.gov/forms-publications/F245-397-000.pdf">https://www.lni.wa.gov/forms-publications/F245-397-000.pdf</a>
Core Provider Agreement	Complete and sign for all applications	HCA	<a href="http://www.hca.wa.gov/core-provider-agreement">http://www.hca.wa.gov/core-provider-agreement</a>

- A confirmation box will display; click **Close** to exit.

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

OK

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

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