



Washington State Department of  
Labor & Industries

ProviderOne



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

*ProviderOne User Guide*

Updated December 2024

*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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# Accessing your ProviderOne domain

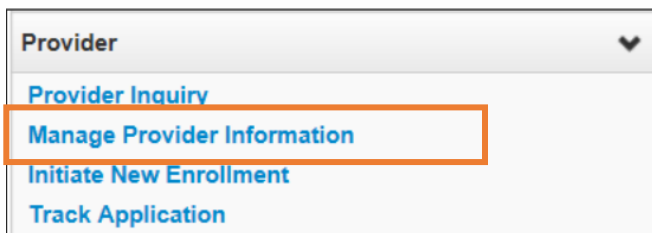
In order to make changes to information in your domain you will to log into your ProviderOne portal. Only the domain administrator or approved users in the organization are able to update information in ProviderOne.

Depending on how your ProviderOne administrator established their profile they will access ProviderOne one of two ways:

- OneHealthPort single sign on
- Direct Access (via Health Care Authority)

**Note:** As 8/9/2024 of all administrator access requests must be submitted using Health Care Authority’s [Provider Contact Us Web Form](#). From the “Select Topic” drop down menu choose “ProvideOne Access Request Form” and complete all of the required fields. It may take up to one week for the access request to be completed

- Once you have logged in select the “**EXT File Maintenance**” profile from the drop down.
- From the left hand tool bar select **Manage Provider Information**.



- You should now see the Business Process Wizard (BPW) with links you can click into to update information.

Step	Required	Last Modification Date	Last Review Date	Status
<input type="checkbox"/> Step 1: Basic Information	Required	09/24/2024	09/24/2024	Complete
<input type="checkbox"/> Step 2: Locations	Not Required	09/24/2024	09/24/2024	Complete
<input type="checkbox"/> Step 3: Provider Additional Information	Optional	09/24/2024	09/24/2024	Complete
<input type="checkbox"/> Step 4: Specializations	Required	09/24/2024	09/24/2024	Complete
<input type="checkbox"/> Step 5: Ownership & Managing/Controlling Interest details	Not Required	09/24/2024	09/24/2024	Complete
<input type="checkbox"/> Step 6: Licenses and Certifications	Required	09/24/2024	09/24/2024	Complete
<input type="checkbox"/> Step 7: Training and Education	Optional	09/24/2024	09/24/2024	Complete
<input type="checkbox"/> Step 8: Identifiers	Optional	09/24/2024	09/24/2024	Complete
<input type="checkbox"/> Step 9: Contract Details	Not Required	09/24/2024	09/24/2024	Complete
<input type="checkbox"/> Step 10: Federal Tax Details	Optional	09/24/2024	09/24/2024	Complete
<input type="checkbox"/> Step 11: EDI Submission Method	Not Required	09/24/2024	09/24/2024	Complete
<input type="checkbox"/> Step 12: EDI Billing Software Details	Not Required	09/24/2024	09/24/2024	Complete
<input type="checkbox"/> Step 13: EDI Submitter Details	Not Required	09/24/2024	09/24/2024	Complete
<input type="checkbox"/> Step 14: EDI Contact Information	Not Required	09/24/2024	09/24/2024	Complete
<input type="checkbox"/> Step 15: Billing Provider Details	Required	09/24/2024	09/24/2024	Complete
<input type="checkbox"/> Step 16: Servicing Provider Information	Not Required	09/24/2024	09/24/2024	Complete
<input type="checkbox"/> Step 17: Payment and Remittance Details	Not Required	09/24/2024	09/24/2024	Complete
<input type="checkbox"/> Step 18: View Union Information	Required	09/24/2024	09/24/2024	Complete
<input type="checkbox"/> Step 19: Complete Enrollment Checklist	Required	09/24/2024	09/24/2024	Complete
<input type="checkbox"/> Step 20: Submit Modification for Review	Required	09/24/2024	09/24/2024	Complete

# 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' window 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'.
- Transfer Buttons:** Two buttons, '»' and '«', are positioned between the two list boxes.
- Provider Name(Organization Name):** A text field with 'A Test Provider' and a note '(as shown on Income Tax Return)'. This field is disabled (grayed out).
- 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 Provider required to have a NPI?:** A dropdown menu with 'Yes' selected.
- National Provider Identifier(NPI):** A text field with '111111111'.
- 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:** 'Approved'.
- UBI:** A text field.

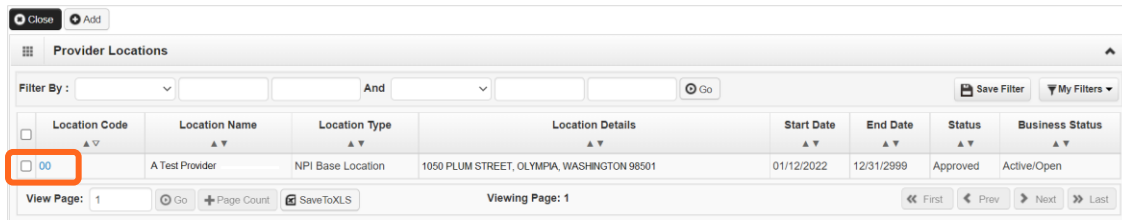
At the bottom right, there are 'OK' and 'Cancel' buttons.

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

# Step 2: Modify Locations

## MODIFY LOCATIONS

- If your primary address has changed: click the link of the Location you want to modify.
- If you have an additional servicing location to add, skip to

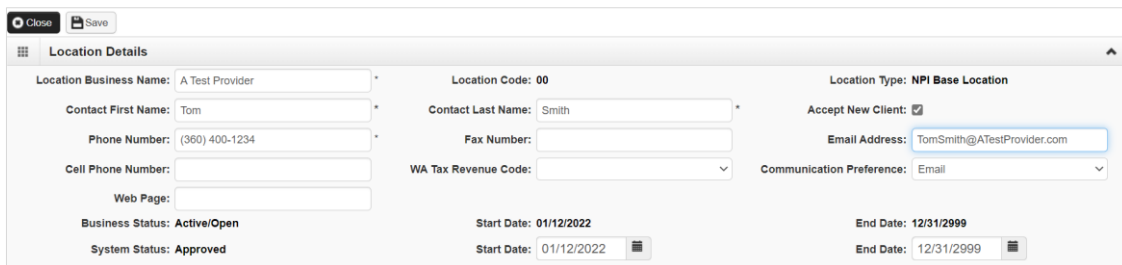


Location Code	Location Name	Location Type	Location Details	Start Date	End Date	Status	Business Status
00	A Test Provider	NPI Base Location	1050 PLUM STREET, OLYMPIA, WASHINGTON 98501	01/12/2022	12/31/2999	Approved	Active/Open

- 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)
    - **Mailing** (the place where you receive mail),
    - **Pay-To** (the place where a paper check and remittance advice is sent).
- **Important!** Include the phone number you want patients to call for each location.
- 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.



Location Business Name: A Test Provider      Location Code: 00      Location Type: NPI Base Location

Contact First Name: Tom      Contact Last Name: Smith      Accept New Client:

Phone Number: (360) 400-1234      Fax Number:      Email Address: TomSmith@ATestProvider.com

Cell Phone Number:      WA Tax Revenue Code:      Communication Preference: Email

Web Page:      Business Status: Active/Open      Start Date: 01/12/2022      End Date: 12/31/2999

System Status: Approved      Start Date: 01/12/2022      End Date: 12/31/2999

- 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](http://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), and 'Handicapped Accessible' (Yes). The 'Languages Spoken' section shows 'Available Languages' and 'Selected Languages' (ENG-English). The 'Office Hours' section shows a grid for days of the week with time slots.

- 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, including 'Age Restrictions', 'Accept New Patients', 'Handicapped Accessible', 'Languages Spoken', and 'Office Hours', are disabled (grayed out).

- 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 'Address Type' column has three rows: 'Location', 'Mailing', and 'Pay-To', each with a checkbox and a link. The 'Location' row is highlighted. The table also includes columns for 'Address', 'Start Date', 'End Date', and 'Status'. The 'View Page: 1' and 'Viewing Page: 1' indicators are visible at the bottom.

Address Type	Address	Start Date	End Date	Status
<input type="checkbox"/> <a href="#">Location</a>	1050 PLUM STREET, OLYMPIA, WASHINGTON 98501	01/12/2022	12/31/2999	APPROVED
<input type="checkbox"/> <a href="#">Mailing</a>	PO BOX 500, OLYMPIA WA 98504	01/12/2022	12/31/2999	APPROVED
<input type="checkbox"/> <a href="#">Pay-To</a>	PO BOX 500, OLYMPIA WA 98504	01/12/2022	12/31/2999	APPROVED

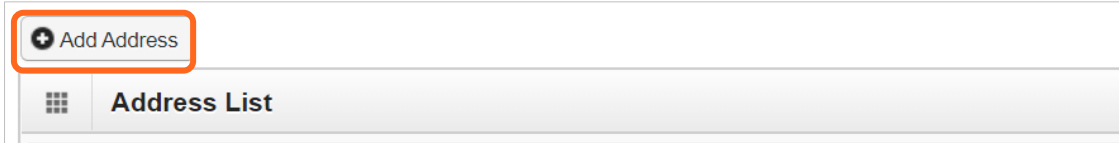
- Make your changes
- Click **Validate Address** to verify.
- Click **OK** and **Save**.

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

## ADD ADDRESS INFORMATION

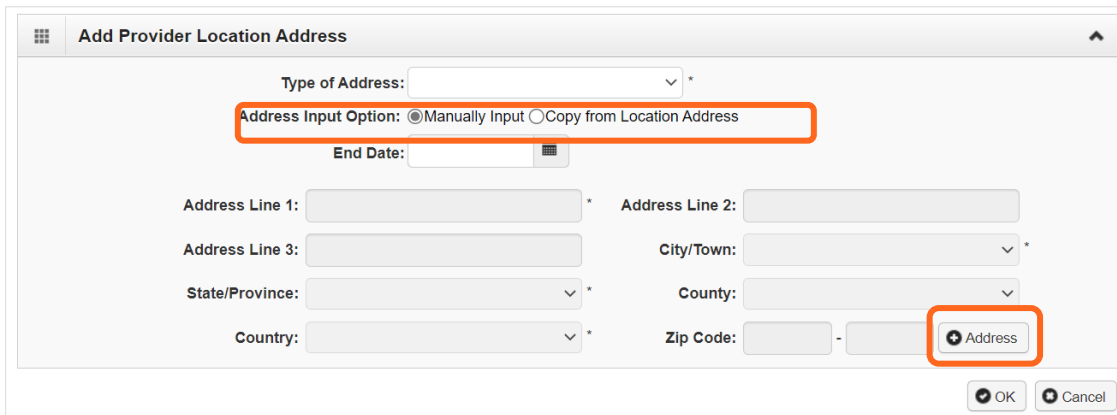
To add a Mailing or Pay-To Address:

- Click **Add Address**.



The screenshot shows a window titled 'Address List'. At the top left, there is a button with a plus icon and the text 'Add Address', which is highlighted with a red rectangular box. Below this button is a grid icon and the text 'Address List'.

- 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.



The screenshot shows a dialog box titled 'Add Provider Location Address'. The 'Type of Address' dropdown is set to 'Location'. The 'Address Input Option' section has 'Manually Input' selected, which is highlighted with a red box. Below this are fields for 'End Date', 'Address Line 1', 'Address Line 2', 'Address Line 3', 'City/Town', 'State/Province', 'County', 'Country', and 'Zip Code'. The 'Address' button in the 'Zip Code' field is highlighted with a red box. At the bottom right, there are 'OK' and 'Cancel' buttons.

## ADD SERVICING LOCATIONS

**Only follow these steps** if your organization provides services at more than one location, and the servicing location has not been added to your domain. To add a Servicing Location, you must provide a Location and Mailing Address.

- Above the **Locations List**, click **Add**.

- Repeat steps from **Add Physical Location Information** section (page 8) and continue through each section.
  - The **Location Type** field will change to **NPI Servicing Location** (see highlighted below).

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

## NEXT

- Make additional changes or go to Step 19: 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

**IMPORTANT NOTE:** Any additional specialization you add in this step will result in additional billing accounts.

- 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

<input type="checkbox"/>	Provider Type	Specialty/Subspecialty	Location Number	Location Name	Administration	End Date
No Records Found !						

- 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**. 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.

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

## INACTIVATING SPECIALIZATIONS

You can inactivate a specialty by adding an end date to your specialty/subspecialty through the modification step above.

## NEXT

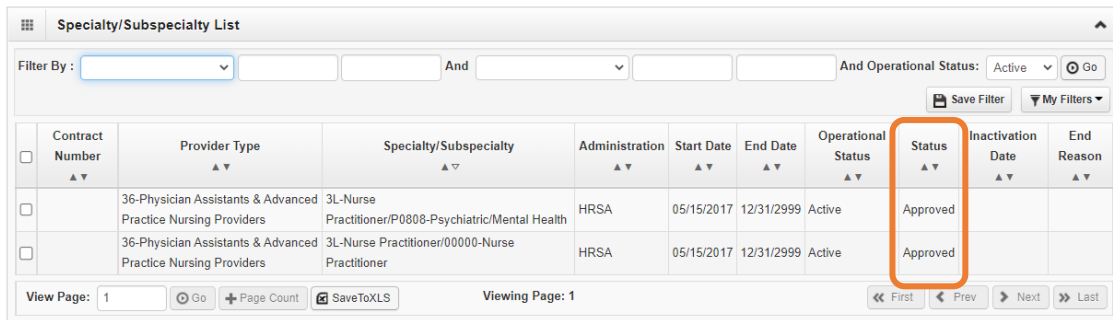
Complete additional changes or go to Step 19: Submit modification for review.

## VIEW SUBMITTED ITEMS

See your changes:

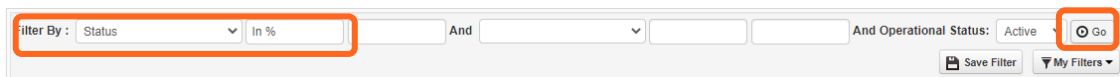
- Click **Step 4: Specializations**.

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



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		

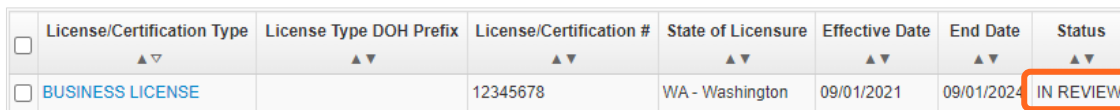
- In the drop-down next to **Filter By**, select **Status**.
- In the next field, enter **IN%**. Any entries with an “In Review” status will be displayed.



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

**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
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”, 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
<a href="#">111-22-2333</a>	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

Doing Business As: PRU TEST INDIVIDUAL

Organization Name: PRU TEST INDIVIDUAL

First Name: PRU TEST INDIVIDUAL

Suffix: [Dropdown]

Disclosure Start Date: 01/01/2020

Disclosure End Date: 12/31/2999

Address Line 1: 1234 MAIN STREET

Address Line 2: [Empty]

Address Line 3: [Empty]

City/Town: OLYMPIA

State/Province: WASHINGTON

County: THURSTON

Country: UNITED STATES

Zip Code: 98504 - 0001

Ownership Percentage: 100

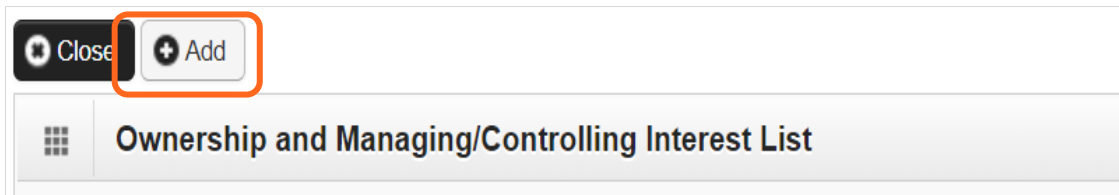
Address [Button]

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



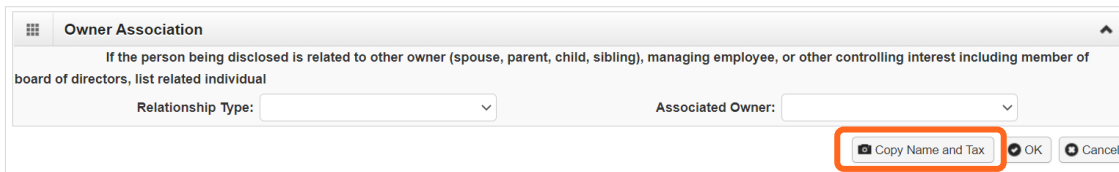
## ADD ORGANIZATION OWNER

- Click **Add**.



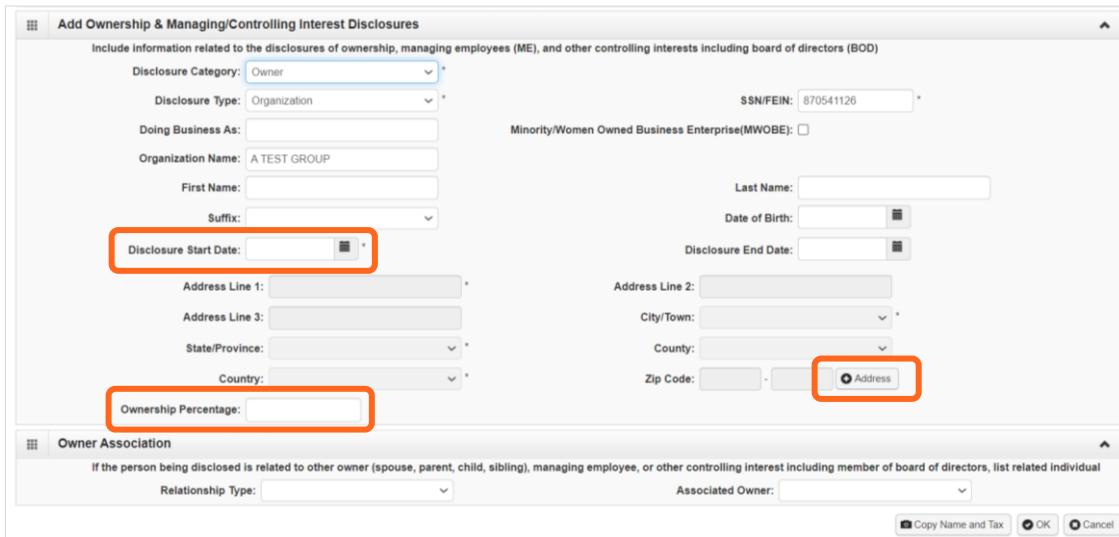
The screenshot shows a window titled "Ownership and Managing/Controlling Interest List". At the top left, there are two buttons: "Close" and "Add". The "Add" button is highlighted with an orange rectangular box.

- 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 menu for "Relationship Type" and another for "Associated Owner". At the bottom right, there are three buttons: "Copy Name and Tax", "OK", and "Cancel". The "Copy Name and Tax" button is highlighted with an orange rectangular box.

- Complete the remaining required fields:
- Enter the first day of ownership 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 form titled "Add Ownership & Managing/Controlling Interest Disclosures". It contains several fields and buttons. The "Disclosure Start Date" field, the "Ownership Percentage" field, and the "+Address" button are highlighted with orange rectangular boxes. Other fields include "Disclosure Category", "Disclosure Type", "Doing Business As", "Organization Name", "First Name", "Suffix", "Last Name", "Date of Birth", "Disclosure End Date", "Address Line 1", "Address Line 2", "Address Line 3", "City/Town", "County", "Country", "State/Province", "Zip Code", "SSN/FEIN", and "Minority/Women Owned Business Enterprise (MWOBE)".

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

## INACTIVATE OWNERSHIP INFORMATION

Ownership and Managing/Controlling Interest can only be changed by inactivating the current ownership information first. You can inactivate the current information by adding an end date to your owner record if you use the *modify* step above.

## NEXT

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

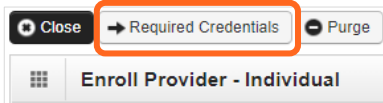
# Step 5: Modify licenses and certifications

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

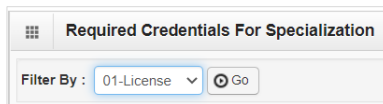
**Tip:** Make note of all requirements. You may use the Required Credentials tool for multiple steps.

## 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.



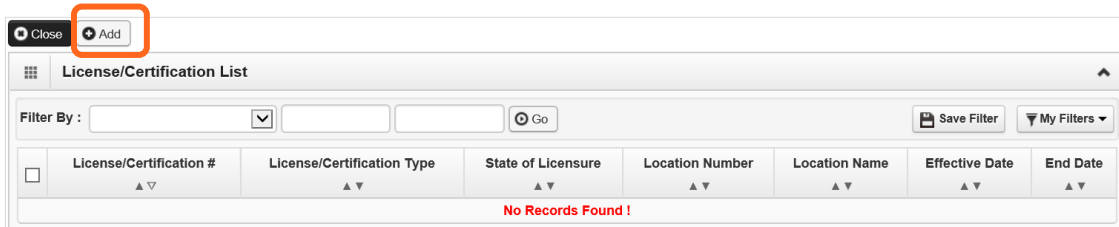
The screenshot shows a table titled 'License/Certification List'. The table has columns for License/Certification #, License/Certification Type, State of Licensure, Location Number, Location Name, Effective Date, and End Date. Two records are displayed:

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

Below the table, there are controls for 'Delete', 'View Page: 1', 'Go', 'Page Count', 'SaveToXLS', and 'Viewing Page: 1'.

## 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.

## 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
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.

**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
BUSINESS LICENSE		12345678	WA - Washington	09/01/2021	09/01/2024	IN REVIEW

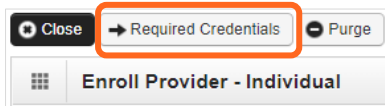
# Step 6: Modify training and education

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

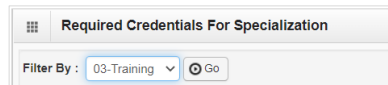
**Tip:** Make note of all requirements. You may use the Required Credentials tool for multiple steps.

## CHECK REQUIRED CREDENTIALS

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



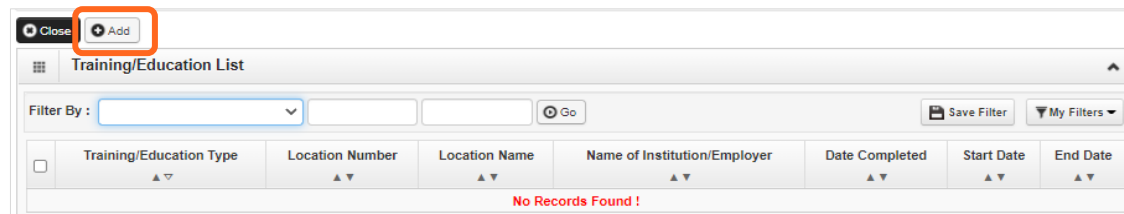
- To view the Training requirements, use the **Filter By** drop-down menu to select **03-Training** and click **Go**.



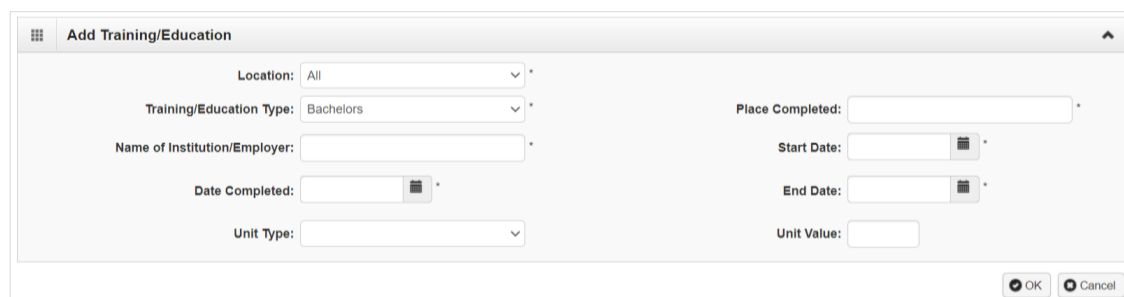
- Training(s) will be displayed, if required.
- When finished, click **Cancel** to close.

## 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**.

## 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: [ ] And [ ] 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 [ ] 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

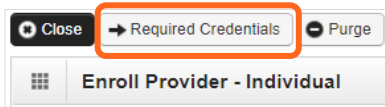
# Step 7: Modify identifiers

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**.

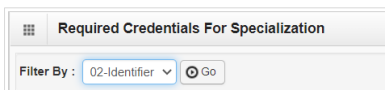
**Tip:** Make note of all requirements. You may use the Required Credentials tool for multiple steps.

## 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.

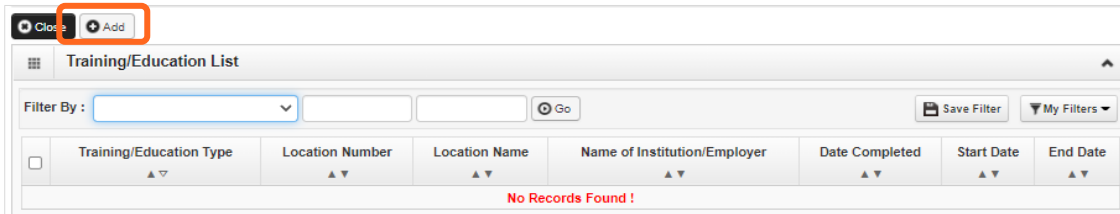
**Note:** For the End Date field, the date must be in the future (e.g. malpractice policy expiration date). If the identifier is required for an active specialization and you change the End Date to a past date, you can't finish this step.

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

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

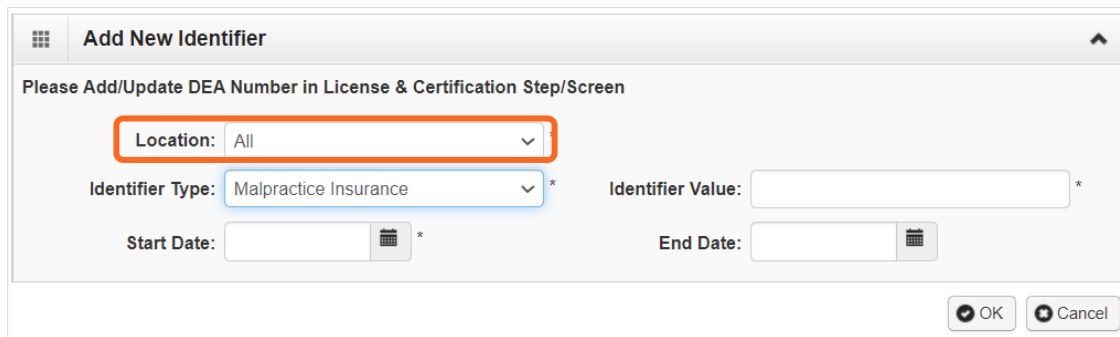
## ADD MALPRACTICE INSURANCE

- Click **Add**.



The screenshot shows the 'Training/Education List' window. At the top left, there are 'Close' and 'Add' buttons. 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 are 'Save Filter' and 'My Filters' buttons. Below this is a table with columns: Training/Education Type, Location Number, Location Name, Name of Institution/Employer, Date Completed, Start Date, and End Date. The table is currently empty, and a red message 'No Records Found!' is displayed at the bottom.

- 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.



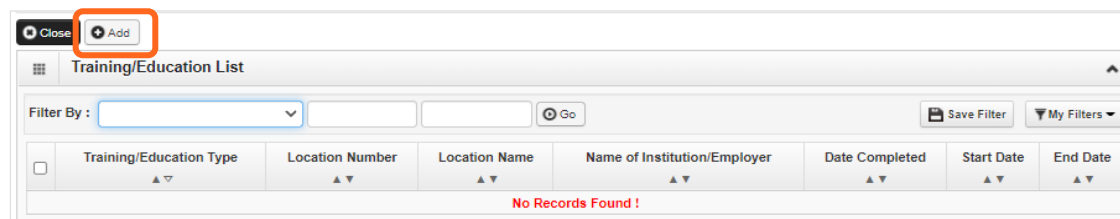
The screenshot shows the 'Add New Identifier' dialog box. It contains the following fields and controls:

- Location:** A dropdown menu with 'All' selected, highlighted with an orange box.
- Identifier Type:** A dropdown menu with 'Malpractice Insurance' selected.
- Identifier Value:** A text input field with an asterisk.
- Start Date:** A date picker field with an asterisk.
- End Date:** A date picker field with an asterisk.
- Buttons for **OK** and **Cancel** at the bottom right.

Text above the fields: 'Please Add/Update DEA Number in License & Certification Step/Screen'

## ADD AN IDENTIFIER

- Click **Add**.



This screenshot is identical to the one above, showing the 'Training/Education List' window with the 'Add' button highlighted in orange. The table is empty, and the message 'No Records Found!' is visible at the bottom.

- Use the **Location** drop-down menu to select **All**, or the applicable location.
- Use the **Identifier Type** drop-down to select the required identifier.
- In the **Identifier Value** field, enter your information.

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

**Add New Identifier**

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

Location: All

Identifier Type: Malpractice Insurance \*

Identifier Value: \*

Start Date: \*

End Date: \*

OK Cancel

## 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.

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

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

**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
BUSINESS LICENSE		12345678	WA - Washington	09/01/2021	09/01/2024	IN REVIEW

## Step 8: Modify contract details

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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 left is a 'Close' button. Below it is a header 'Federal Tax Details' with a grid icon and an upward arrow. A message states: '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.' There are two checkboxes: 'Federal Tax Form' (checked) and 'W-9 Form' (unchecked). At the bottom, there is 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 the following 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: [checkbox]'. The bottom section is titled 'Address' and contains: 'Use Pay-To address from the following location: [---SELECT---]', 'Address Line 1: [empty]', 'Address Line 2: [empty]', 'Address Line 3: [empty]', 'City/Town: [empty]', 'State/Province: [empty]', 'County: [empty]', 'Country: [empty]', 'Zip Code: [empty] - [empty] + Address', and 'Phone Number: [empty]'. At the bottom right are 'OK' and 'Cancel' buttons.

## Steps 10-13: Not applicable to L&I providers

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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 all L&I FAOI providers. However, if you need to establish a group account to bill for professional fees follow the steps below.

Note: Prior to completing this step click back into Step 3 Specializations and add the group/multi-specialty taxonomy.

## MODIFY SERVICING PROVIDER INFORMATION

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

<input type="checkbox"/>	ProviderOne ID	Billing Provider NPI	Billing Provider Name	Agency	Billing Location Code	Billing Location Name	Start Date	End Date	Status
<input type="checkbox"/>	<a href="#">1234567</a>	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**.

The screenshot shows a web interface for 'Servicing Providers'. At the top left, there are 'Close' and 'Add' buttons, with the 'Add' button highlighted by a red box. Below the buttons is a search bar with 'Filter By:' and a 'Go' button. To the right of the search bar are 'Save Filter' and 'My Filters' buttons. The main area contains a table with the following columns: Servicing Provider SSN/FEIN, Servicing Provider NPI, ProviderOne ID / Application #, ProviderOne/Application Name, Agency, Billing Location Code, Billing Location Name, Start Date, and End Date. Below the table, a red message reads '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.

The screenshot shows a form titled "Add Servicing Provider Association". It has the following fields:
 

- SSN/FEIN: [input field] \*
- NPI: [input field]
- Application Id: [input field]
- ProviderOne Id: [input field]
- Start Date: [input field] \* (with a calendar icon)
- End Date: [input field] (with a calendar icon)

 At the bottom, there is a button labeled "Confirm Provider" with a checkmark icon.

- 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.

The screenshot shows an "Agency" selection window. It is divided into two main sections:
 

- Available Agencies:** A list box containing the text "L&I".
- Selected Agencies:** An empty list box.

 Between the two list boxes are two buttons: a double right arrow (») and a double left arrow («). The double right arrow button is highlighted with an orange box.

- Click **L&I** and use the double right arrows to move it to the **Selected Agencies** box.
- In **Available Taxonomies**, select the provider's primary specialty (taxonomy) and use the double right arrow to move it to the **Selected Taxonomies** box.

**Note:** Only select the provider's primary taxonomy. Any additional taxonomy you add will result in multiple billing accounts or the provider.

The screenshot shows a "Servicing Provider Taxonomy" selection window. It is divided into two main sections:
 

- Available Taxonomies:** A list box containing the text "L&I-171100000X-Acupuncturist".
- Selected Taxonomies:** An empty list box.

 Between the two list boxes are two buttons: a double right arrow (») and a double left arrow («). The double right arrow button is highlighted with an orange 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.

**Note:** Only select locations where the provider will be providing services to injured workers. They will be issued a unique billing account for each location.

- 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.

## INACTIVATE A SERVICING PROVIDER

- You can inactivate a servicing provider by modifying the end date on the servicing provider’s association information.

## VIEW SUBMITTED ITEMS

See your changes:

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

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

ProviderOne ID	Servicing Provider Name	Agency	Servicing Provider NPI	Billing Location Code	Billing Location Name	Start Date	End Date	Status	Operational Status	Inactivation Date
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.

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

**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
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 'Close' and 'Add' buttons. The 'Add' button is highlighted with an orange box. Below the buttons is a 'Filter By' section with a dropdown menu, a 'Go' button, and 'Save Filter' and 'My Filters' buttons. The main table area is empty and displays the message 'No Records Found!' in red text. The table headers are 'Location Number', 'Location Name', and 'Payment Method'.

## ELECTRONIC FUNDS TRANSFER (DIRECT DEPOSIT)

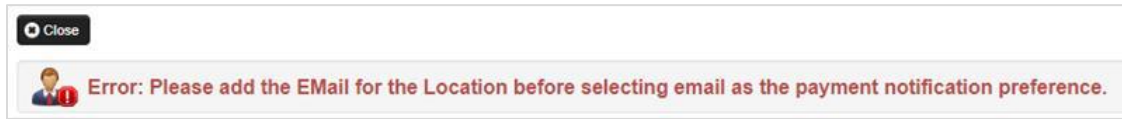
- Click **Electronic Funds Transfer (Direct Deposit)**.

The screenshot shows the 'Payment Details' form with the 'Electronic Funds Transfer (Direct Deposit)' option selected. The 'Location' dropdown is set to 'All'. The 'Payment Method' section has 'Electronic Funds Transfer(Direct Deposit)' selected with a radio button. Below this is the 'Financial Institution Information' section, which includes fields for 'Financial Institution Name', 'Financial Institution Routing Number', 'Providers Account Number with Financial Institution', 'Re-enter Providers Account Number', 'Type of Account at Financial Institution', 'EFT Account Type', 'Payment Notification Preference', and 'Account Number Linkage to Provider Identifier'.

- Enter the required information for **Electronic Funds Transfer (direct deposit)**, the fastest payment method. No other forms are required.

- The **Payment Notification Preference** default is **Email Notification**. This requires an email entry in Step 2: Locations.
  - If the error message below appears, you didn't provide an email in Step 2.
 

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



- 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.

## NEXT

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

## **Step 16: Not applicable to L&I providers**

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# 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	<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>
W9		L&I	<a href="http://www.lni.wa.gov/Forms/pdf/F248-036-000.pdf">http://www.lni.wa.gov/Forms/pdf/F248-036-000.pdf</a>

- Upload a W-9 for **business legal name changes** and **address changes**. (see upload attachments section below)
  - 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.

## UPLOADING ATTACHMENTS

- 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 \*

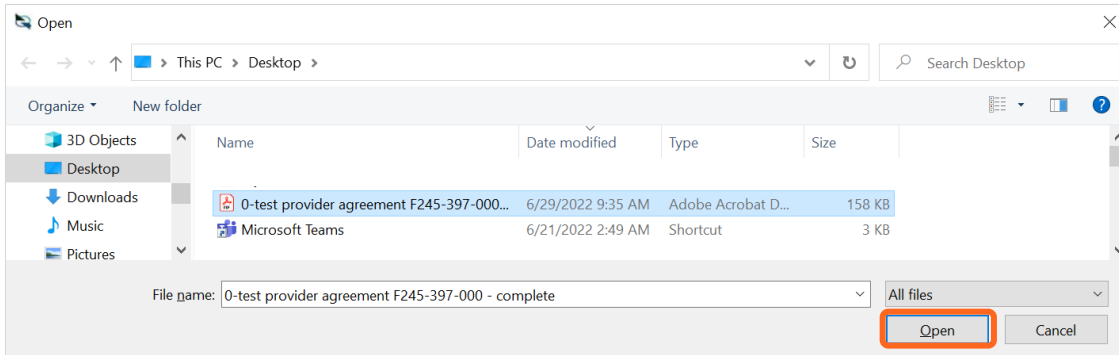
Comment:

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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.

*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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