



Modifying your individual provider account

ProviderOne User Guide

Updated November 2022

Disclaimer: Every effort was made to ensure this manual's accuracy. However, in the unlikely event of an actual or apparent conflict between this document and department rule, the department rule controls.

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Modify your individual provider account

There are two types of individual providers, billing and servicing. An individual *billing* provider works for themselves and submits their own bills. An individual *servicing* provider works for someone else who bills on their behalf. For more information, see the corresponding enrollment guides:

- [Individual Billing](#)
- [Individual Servicing](#)

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

- Starting your modification.

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

- Submitting the modification to ProviderOne.

PROVIDER ENROLLMENT LINKS

Start a new provider enrollment application by going to:

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

Resume or track an enrollment application by going to:

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

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

Step 1: Modify basic information

ADDING AND CHANGING BASIC INFORMATION

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

- Name
- Date of birth
- Gender
- Email
- Title
- W-9 entity type
- Other organizational information
- Servicing type

Note: Disabled fields are grayed out.

The screenshot shows the 'Provider Details' form. At the top, there are two columns: 'Available Agencies' and 'Selected Agencies'. The 'Available Agencies' list includes DOC, DSHS, and HCA. The 'Selected Agencies' list includes L&I. Below this, the 'Agency:' label is present. The form contains several input fields and dropdown menus: 'Provider Name' (First Name: Tom, Middle Name: (empty), Last Name: Smith), 'Suffix' (MD), 'SSN' (111111111), 'Date of Birth' (empty), 'Gender' (Male), 'Title' (empty), and 'Servicing Type' (Regular Provider). There are also checkboxes and dropdowns for 'All medical Providers are federally mandated to have a NPI. Is this Provider required to have a NPI?' (Yes), 'National Provider Identifier(NPI):' (111111111), 'W-9 Entity Type' (Individual/Sole Proprietor), 'Other Organizational Information' (For Profit), 'Enrollment Effective Date' (08/24/2022), 'Status' (Approved), 'UBI' (empty), 'W-9 Entity Type (if Other)' (empty), and 'Email Address' (empty).

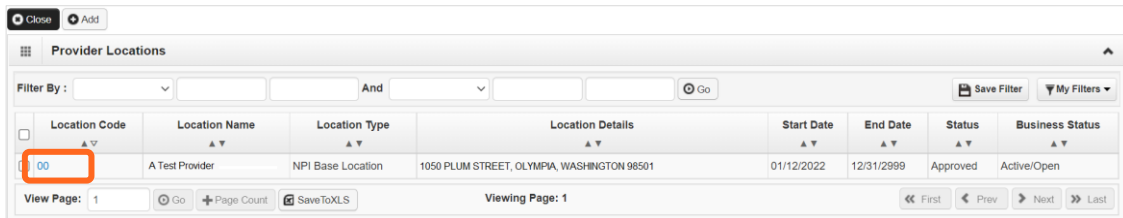
- After you make your changes, click **OK**.

Step 2: Modify locations

This step isn't required for individual servicing providers.

MODIFY A LOCATION

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



The screenshot shows a table titled "Provider Locations" with the following columns: Location Code, Location Name, Location Type, Location Details, Start Date, End Date, Status, and Business Status. The first row contains the data: Location Code: 00 (highlighted with a red box), Location Name: A Test Provider, Location Type: NPI Base Location, Location Details: 1050 PLUM STREET, OLYMPIA, WASHINGTON 98501, Start Date: 01/12/2022, End Date: 12/31/2999, Status: Approved, Business Status: Active/Open. The table includes a filter bar at the top and pagination controls at the bottom.

This step has three sections:

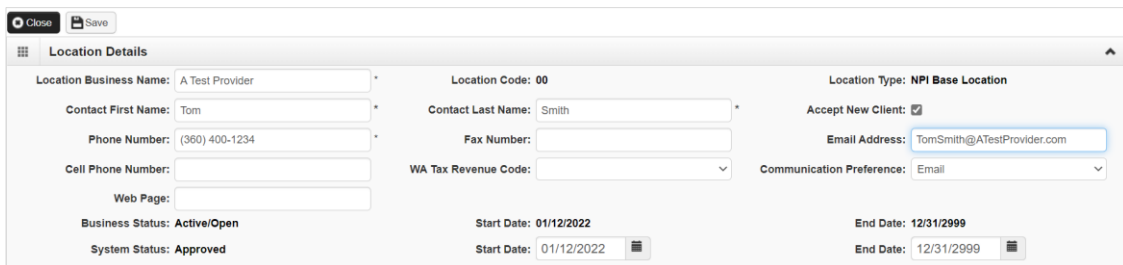
- Location Details contains the contact information, and start and end date for the location.
- L&I Specific Information provides data for the L&I Find a Doctor directory.
- Address List: Each location contains a list with three address types:
 - **Location** (physical address of primary location).

Important! Include the phone number you want patients to call for each of your physical locations location.

- **Mailing** (the place where you receive mail).
- **Pay-To** (the place where a paper check and remittance advice is sent).

MODIFY LOCATION DETAILS

- Enter the new or changed information.



The screenshot shows the "Location Details" form with the following fields and values:

- 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 individual location appears in the [Find a Doctor](#) directory on www.Lni.wa.gov.

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

The screenshot shows the 'L&I Specific Information' form. The 'Publish in Provider Directory' dropdown is highlighted with a red box and set to 'Yes'. Other fields include 'Age Restrictions' (No), 'Accept New Patients' (Yes), and 'Handicapped Accessible' (Yes). The 'Languages Spoken' section shows a list of available languages and 'ENG-English' selected in the 'Selected Languages' box. The 'Office Hours' section shows a grid for days of the week with time slots.

- Selecting “No” will disable 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 and appear as greyed-out.

- Click **Save** when finished.

ADDRESS LIST

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

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

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

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

ADD ADDRESS INFORMATION

To add a Mailing or Pay-to Address:

- Click **Add Address**.

Type of Address: *
Address Input Option: Address
End Date:

- Select the type of input option:
 - Choose **Manually Input**. Click **Address**. Add Location Address.
 - Choose **Copy from Location Address** to copy a previously entered location.

Type of Address: Mailing *
Address Input Option: Manually Input Copy from Location Address
End Date:

- Click **OK** to save or **Cancel** to close without saving.
- Click **Close** on the three open windows to return to the BPW.

NEXT

Make additional changes or skip to Step 19 – Submit modification for review.

Step 3: Modify provider information

CORRESPONDENCE ADDRESS

L&I sends any requests or documentation about the care of an injured worker to this address.

- Click **Add Address**.

The screenshot shows a web form titled "Correspondence Address". At the top, there are "Close" and "Save" buttons. Below the title, a message says "Click the 'Add Address' button to Add a new Address or update/modify an existing Address". The form contains several fields: "Start Date" (04/21/2021), "Status" (In Review), "Address Line 1" (789 Second Ave NW), "Address Line 2" (empty), "Address Line 3" (empty), "City/Town" (Olympia), "State/Province" (empty), "County" (Thurston), "Country" (UNITED STATES), and "Zip Code" (98501). The "Add Address" button is highlighted with a red box.

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

The screenshot shows a web form titled "Address details". At the top, there are "Close" and "Save" buttons. Below the title, a message says "Click the 'Add Address' button to Add a new Address or update/modify an existing Address". The form contains several fields: "Address Line 1" (123 State Ave), "Address Line 2" (empty), "Address Line 3" (empty), "City/Town" (LACEY), "State/Province" (Washington), "County" (Thurston), "Country" (United States), and "Zip Code" (98513 - 6856). The "Validate Address" button is highlighted with a red box. At the bottom right, there are "OK" and "Cancel" buttons.

- Click **OK**.
- Enter the **Start Date** and click **Save**.

The screenshot shows the "Correspondence Address" form. The "Save" button at the top left is highlighted with a red box. The "Start Date" field (04/21/2021) is also highlighted with a red box. The "Add Address" button is visible at the bottom right.

- Choose **Close** to return.

PROVIDER INFORMATION

- Complete this section.
- Click **Save** (at the top of the screen) and the choose **Close** to return.

Step 4: Modify specializations

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

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

MODIFYING SPECIALIZATIONS

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

ADDING SPECIALIZATIONS

- Click **Add**.

Close Add Update Note: Provider Type and Specialty/Subspecialty are your Taxonomy Codes. You must choose an admin for each agency(s) selected in Step 1.

Specialty/Subspecialty List

Filter By: [] [] [] Go Save Filter My Filters

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

Note: If you'd like to bill for multiple specialties, you'll need to repeat this step to add each specialty.

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

Add Specialty/Subspecialty

Location: All *

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

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

- The Provider Type selection will populate the options for Specialty, which displays the available taxonomy codes.
 - Use the double arrows to move taxonomy code from the **Available Taxonomy Codes** box to the **Associated Taxonomy Codes** box.
 - Select all applicable taxonomies for each license you have to allow for accurate billing.

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

DELETING SPECIALIZATIONS

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

NEXT

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

VIEW SUBMITTED ITEMS

See your changes:

- Click **Step 4: Specializations**.

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

The screenshot shows a web interface titled "Specialty/Subspecialty List". At the top, there is a filter section with "Filter By:" followed by a dropdown menu, an "And" operator, another dropdown, and an "Operational Status:" dropdown set to "Active". A "Go" button is to the right. Below the filter are "Save Filter" and "My Filters" buttons. The main area is a table with the following columns: Contract Number, Provider Type, Specialty/Subspecialty, Administration, Start Date, End Date, Operational Status, Status, Inactivation Date, and End Reason. Two rows are visible, both with "Approved" in the Status column. The "Status" column header and the "Approved" values are highlighted with an orange box. At the bottom, there is a "View Page: 1" section with "Go", "Page Count", and "SaveToXLS" buttons, and a "Viewing Page: 1" section with "First", "Prev", "Next", and "Last" navigation buttons.

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%** and click **Go**. Any entries with an “In Review” status will be displayed.

This close-up shows the filter section of the interface. The "Filter By:" dropdown is set to "Status". The text "In %" is entered into the adjacent input field. The "Go" button is highlighted with an orange box. The "Operational Status:" dropdown is set to "Active".

Note: Enter % to see all entries.

Step 5: Modify ownership details

MODIFY OWNERSHIP INFORMATION

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

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

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

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

Ownership & Managing/Controlling Interest Disclosures

Include information related to the disclosures of ownership, managing employees (ME), and other controlling interests including board of directors (BOD)

Disclosure Category: Owner

Disclosure Type: Individual

Doing Business As: PRU TEST INDIVIDUAL

Organization Name: [Text Field]

First Name: PRU TEST INDIVIDUAL

Suffix: [Dropdown]

Disclosure Start Date: 01/01/2020

Address Line 1: 1234 MAIN STREET

Address Line 3: [Text Field]

State/Province: WASHINGTON

Country: UNITED STATES

Ownership Percentage: 100

SSN/FEIN: 111222333

Minority/Women Owned Business Enterprise(MWOBE): [Checkbox]

Last Name: PRU TEST INDIVIDUAL

Date of Birth: 01/01/1970

Disclosure End Date: 12/31/2999

Address Line 2: [Text Field]

City/Town: OLYMPIA

County: THURSTON

Zip Code: 98504 - 0001

[Address](#)

Owner Association

If the person being disclosed is related to other owner (spouse, parent, child, sibling), managing employee, or other controlling interest including member of board of directors, list related individual

Relationship Type: [Dropdown]

Associated Owner: [Dropdown]

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

ADD OWNERSHIP INFORMATION

- Click **Add**.

Add Ownership & Managing/Controlling Interest Disclosures

Include information related to the disclosures of ownership, managing employees (ME), and other controlling interests including board of directors (BOD)

Disclosure Category: Owner *
Disclosure Type: Individual *
Doing Business As:
Organization Name:
First Name:
Suffix:
Disclosure Start Date: *
Address Line 1: *
Address Line 3:
State/Province: *
Country: *
Ownership Percentage:

SSN/FEIN: *
Minority/Women Owned Business Enterprise(MWOBE):
Last Name:
Date of Birth:
Disclosure End Date:
Address Line 2:
City/Town: *
County:
Zip Code: -

Owner Association

If the person being disclosed is related to other owner (spouse, parent, child, sibling), managing employee, or other controlling interest including member of board of directors, list related individual

Relationship Type: Associated Owner:

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

Note: If disclosure type “Organization” is selected, you’ll need at least one individual owner or one individual managing employee (SSN, Date of Birth, and individual’s legal name).

- Enter the first day of ownership as the **Disclosure Start Date**. Don’t enter the **Disclosure End Date**, the end date will auto-populate to 12/31/2999.
- Enter an **Ownership Percentage**, e.g. 100.
- Click **+Address** to add the owner’s address.
- Click **OK** to save or **Cancel** to close without saving.

Owner Association

If the person being disclosed is related to other owner (spouse, parent, child, sibling), managing employee, or other controlling interest including member of board of directors, list related individual

Relationship Type: Associated Owner:

DELETE OWNERSHIP INFORMATION

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

NEXT

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

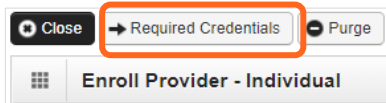
Step 6: Modify licenses and certifications

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

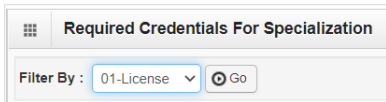
Tip: Make note of all requirements. You may use the Required Credentials tool for multiple steps.

CHECK REQUIRED CREDENTIALS

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



- To view the 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.

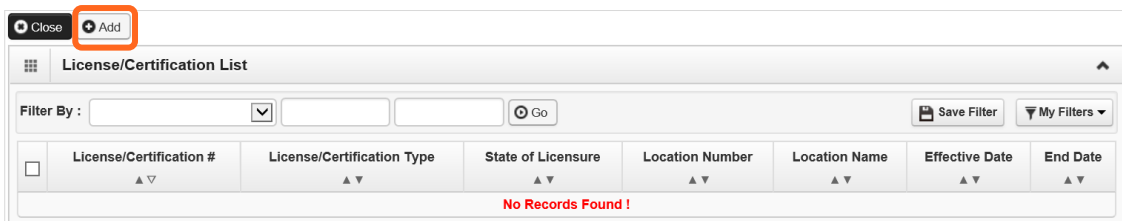


The screenshot shows a table titled 'License/Certification List'. It has a filter bar at the top and a table with the following columns: License/Certification #, License/Certification Type, State of Licensure, Location Number, Location Name, Effective Date, and End Date. There are two rows of data.

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

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**.



The screenshot shows the 'License/Certification List' table with the 'Add' button highlighted in a red box. The table is empty, and a red message 'No Records Found!' is displayed at the bottom.

License/Certification #	License/Certification Type	State of Licensure	Location Number	Location Name	Effective Date	End Date
No Records Found !						

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

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

DELETE LICENSES/CERTIFICATIONS

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

NEXT

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

VIEW SUBMITTED ITEMS

See your changes:

- Click **Step 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%** and click **Go**. Any entries with an “In Review” status will be displayed.

Note: Enter % to see all entries.

- Click **Go**.

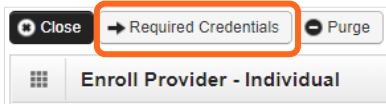
Step 7: Modify training and education

Before clicking into Step 7, review **Required Credentials**.

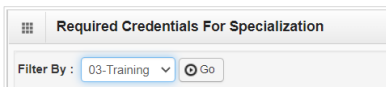
Tip: Make note of all requirements. You may use the Required Credentials tool for multiple steps.

CHECK REQUIRED CREDENTIALS

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



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



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

MODIFY TRAINING/EDUCATION TYPE

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

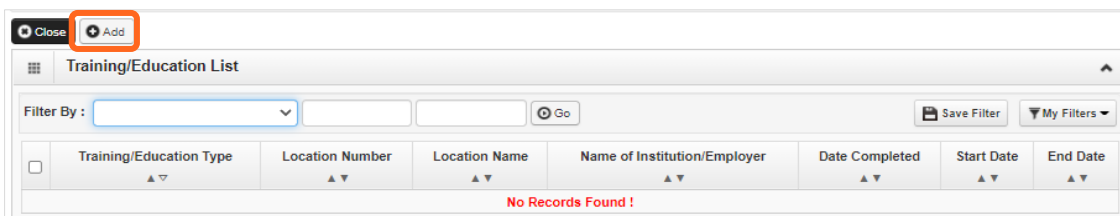
Note: Enter 12/31/2999 in the **End Date** field.

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

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

ADD TRAINING/EDUCATION TYPE

- Click **Add**.



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

- The **Start Date** is when the training/education started.
- The **Date Completed** is when it was done, e.g. graduation date.

Important! In the **End Date** field, enter 12/31/2999. You must complete this field to continue enrollment.

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

DELETE TRAINING/EDUCATION INFORMATION

Training and education can only be deleted during enrollment.

NEXT

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

VIEW SUBMITTED ITEMS

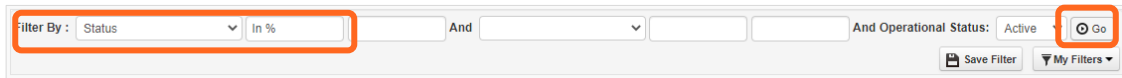
See your changes:

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

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

Training/Education Type	Name of Institution/Employer	Date Completed	Start Date	End Date	Status	Operational Status	Inactivation Date
No Records Found!							

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



The screenshot shows a filter bar with the following elements: a 'Filter By' dropdown menu set to 'Status', a text input field containing 'In %', an 'And' connector, another dropdown menu, a second text input field, and an 'Operational Status' dropdown menu set to 'Active'. A 'Go' button is highlighted with an orange box. Below the filter bar are buttons for 'Save Filter' and 'My Filters'.

Note: Enter % to see all entries.

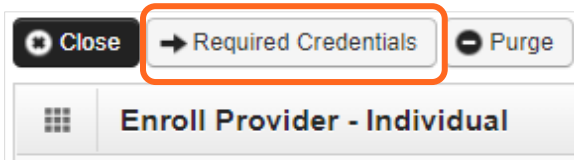
Step 8: Modify identifiers

This step doesn't apply to all L&I providers. Follow the instructions below if the BPW step is **Required**. Before clicking into Step 8, review **Required Credentials**.

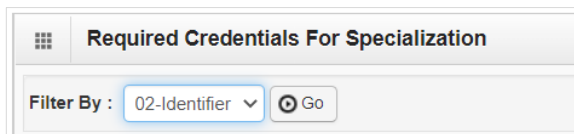
Tip: Make note of all requirements. You may use the Required Credentials tool for multiple steps.

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.

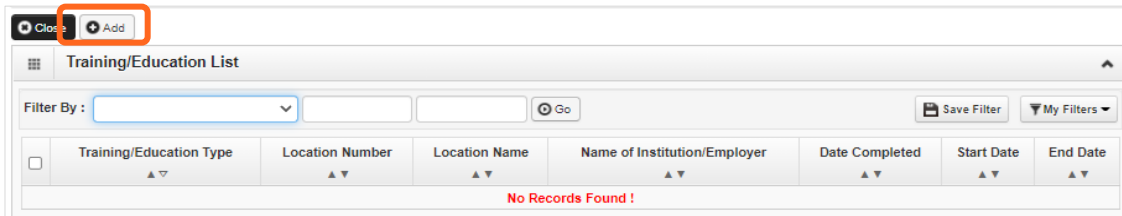
Note: For the End Date field, the date must be in the future (e.g. malpractice policy expiration date). If the identifier is required for an active specialization and you change the End Date to a past date, you can't finish this step.

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

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

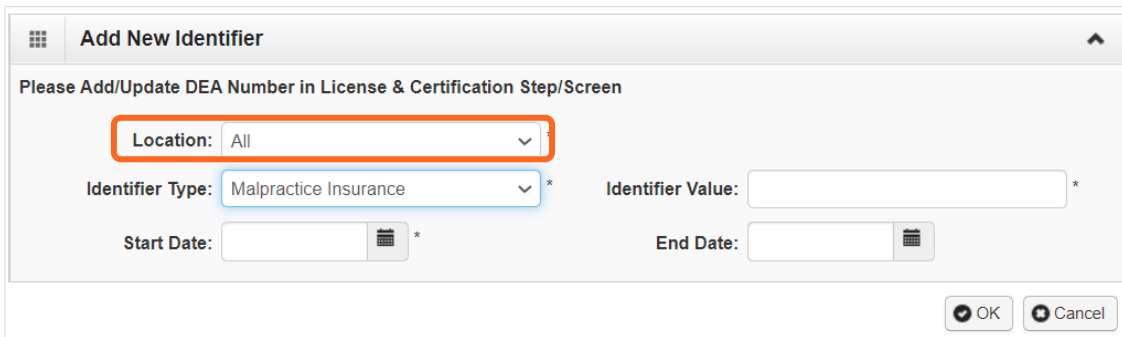
ADD MALPRACTICE INSURANCE

- Click **Add**.



The screenshot shows a window titled "Training/Education List". At the top left, there are "Close" and "Add" buttons, with the "Add" button highlighted by a red box. Below the title bar is a filter section with a "Filter By:" dropdown, two input fields, and a "Go" button. To the right of the filter section are "Save Filter" and "My Filters" buttons. Below the filter section is a table with the following 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 of the table area.

- 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 a window titled "Add New Identifier". Below the title bar is a message: "Please Add/Update DEA Number in License & Certification Step/Screen". Below the message are several fields: "Location:" with a dropdown menu set to "All" (highlighted with a red box), "Identifier Type:" with a dropdown menu set to "Malpractice Insurance" (highlighted with a blue box), "Identifier Value:" with an empty text input field, "Start Date:" with an empty date picker field, and "End Date:" with an empty date picker field. At the bottom right of the form are "OK" and "Cancel" buttons.

DELETE IDENTIFIER INFORMATION

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

NEXT

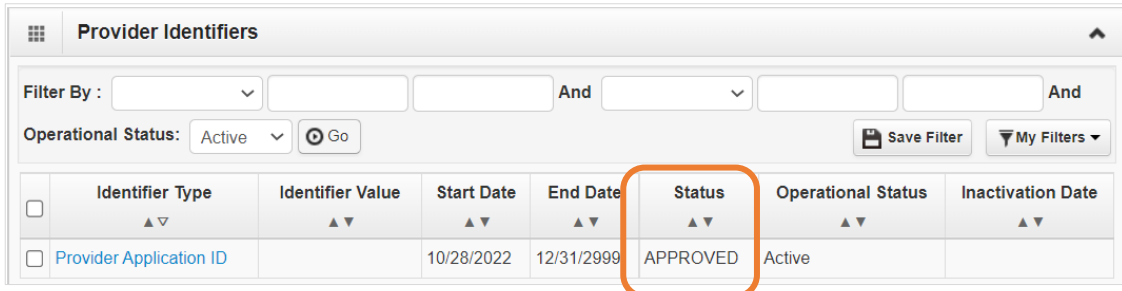
Complete additional changes or go to Step 19: Submit modification for review.

VIEW SUBMITTED ITEMS

See your changes:

- Click **Step 8: Identifiers**.

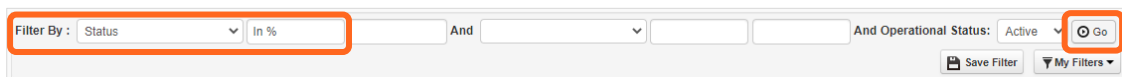
Note: The screen will show only “Approved” entries.



The screenshot shows a table titled "Provider Identifiers" with a filter bar at the top. The filter bar includes a "Filter By:" dropdown, two input fields, and "And" connectors. Below the filter bar, the "Operational Status" is set to "Active" with a "Go" button. The table has columns for "Identifier Type", "Identifier Value", "Start Date", "End Date", "Status", "Operational Status", and "Inactivation Date". The "Status" column is highlighted with an orange box. The table contains one row with the following data:

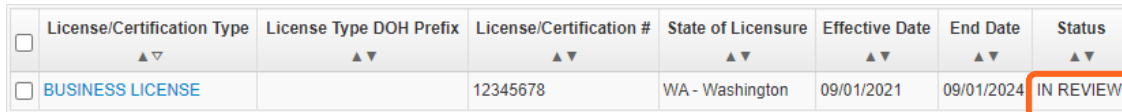
Identifier Type	Identifier Value	Start Date	End Date	Status	Operational Status	Inactivation Date
Provider Application ID		10/28/2022	12/31/2999	APPROVED	Active	

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



The screenshot shows the filter bar with "Status" selected in the "Filter By:" dropdown. The "Operational Status" is set to "Active" and the "Go" button is highlighted with an orange box.

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



The screenshot shows a table titled "License/Certification" with columns for "License/Certification Type", "License Type DOH Prefix", "License/Certification #", "State of Licensure", "Effective Date", "End Date", and "Status". The "Status" column is highlighted with an orange box. The table contains one row with the following data:

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.

Step 9: Modify contract details

This step doesn't apply to L&I. L&I and Health Care Authority providers shouldn't enter contract information in this section.

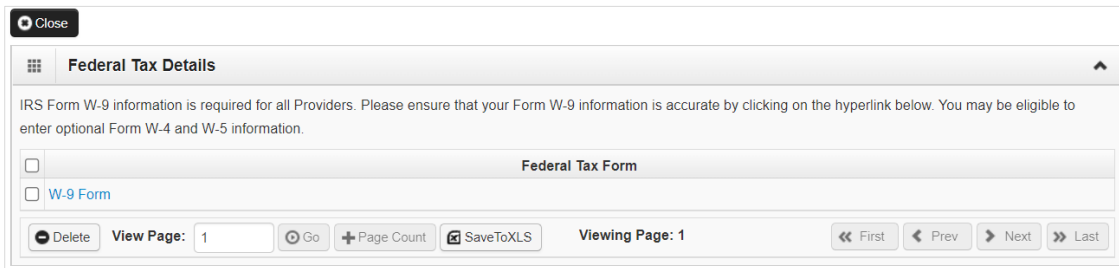
Step 10: Modify federal tax details

MODIFY FEDERAL TAX DETAILS

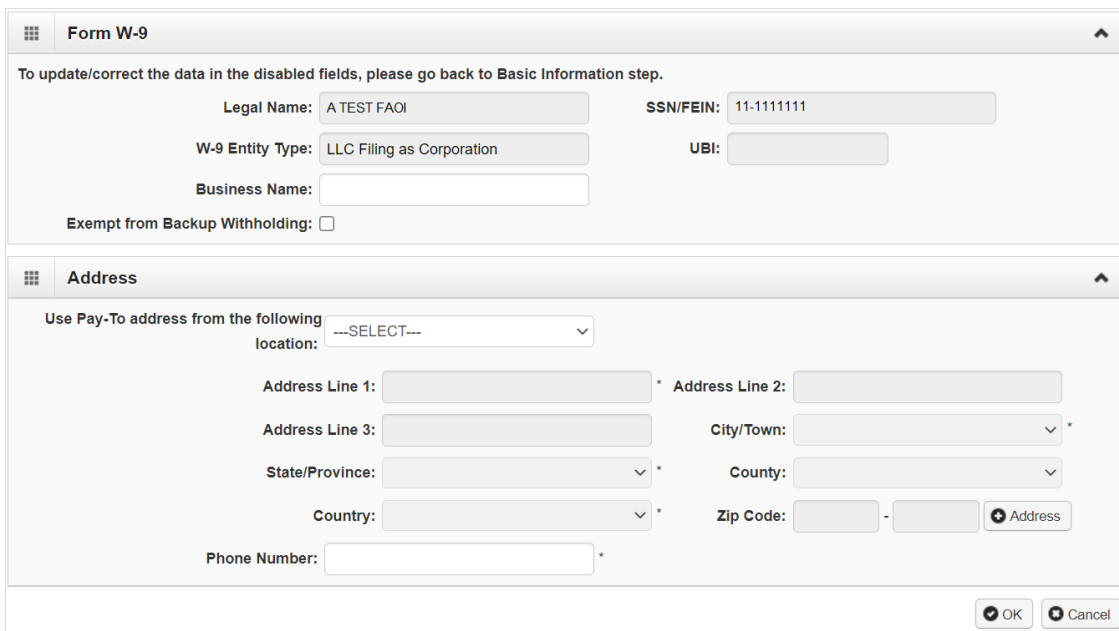
From the **Federal Tax Details** list:

- 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.



- 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.



DELETE FEDERAL TAX DETAILS

Adding federal tax details is required for all providers. ProviderOne doesn't allow you to delete this form. You can click the W-9 link to modify the information in this step.

Steps 11-14: Not applicable to L&I providers

This information is applicable if you're applying for the Health Care Authority. Instructions can be found at the [Enroll as a Provider](#) website:

<https://www.hca.wa.gov/billers-providers-partners/become-apple-health-provider/enroll-provider>

Step 15: Modify billing provider information

This step only applies to servicing providers.

MODIFY BILLING 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"/>	1234567	1111111111	Test, Bill	L&I	00	Test, Bill	07/25/2022	12/31/2999	Approved

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

ADD BILLING PROVIDER INFORMATION

- Click **Add**.

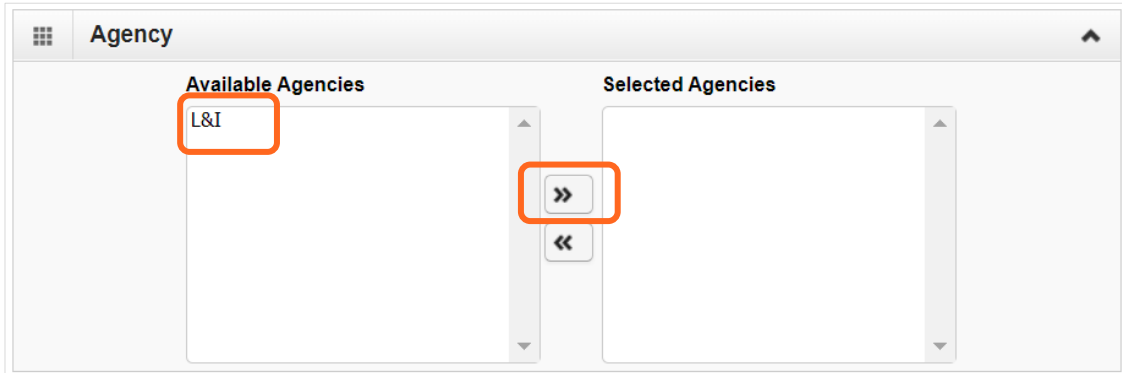
The screenshot shows a table titled "Servicing Providers" with columns: Servicing Provider SSN/FEIN, Servicing Provider NPI, ProviderOne ID / Application #, ProviderOne/Application Name, Agency, Billing Location Code, Billing Location Name, Start Date, and End Date. The table is currently empty, displaying "No Records Found!". The "Add" button in the top left corner is highlighted with a red box.

- Enter your group's information, then click **Confirm Provider**.

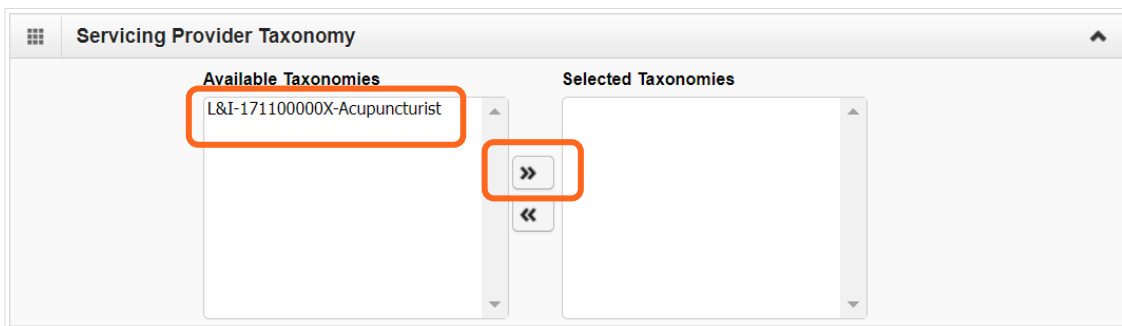
The screenshot shows the "Add Servicing Provider Association" form. It contains input fields for SSN/FEIN, NPI, Application Id, ProviderOne Id, Start Date, and End Date. The "Confirm Provider" button at the bottom is highlighted with a red box.

- 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.

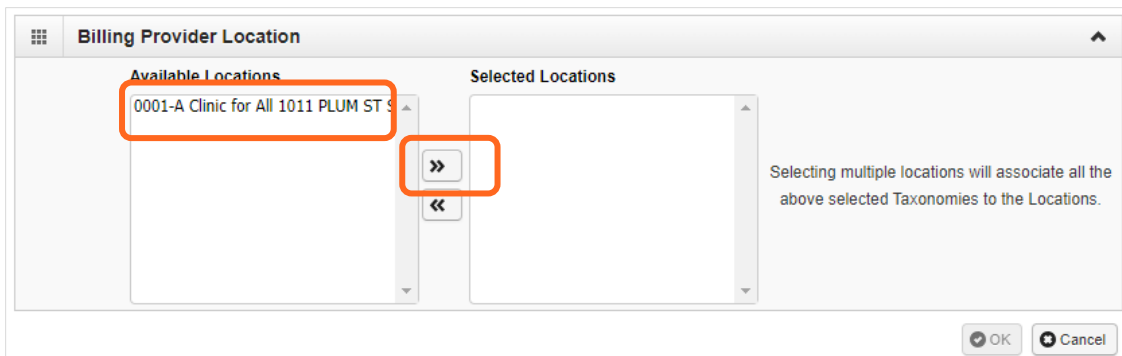
- Click **L&I** and use the double right arrows to move it to the **Selected Agencies** box.



- 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 DOESN'T EXIST IN 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 billing provider. See the [L&I enrollment guide for group providers](#) for more information.

Associate Servicing Provider

Servicing Provider Does Not Exist in the Database

Do You Want to Add the Servicing Provider Now? If yes, Click 'OK' button to start enrollment for the Servicing Provider.

Tax Identifier Type: SSN FEIN

Servicing Provider Enrollment Type: Individual Tribal Health Services

Back OK Cancel

- Click **OK** to start the enrollment process, **Back** to return to the previous page, or **Cancel** to return to the Servicing Provider List.

Important! If a new enrollment is started, copy the application ID that is generated for the billing provider. You'll need your Application ID to:

- Continue the billing provider application (if you exit before submitting)
- Check application status
- Update or add additional information if requested.

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**.

Filter By: Status In %

And Operational Status: Active Go

- In the next field, enter **IN%** and click **Go**. Any entries with an "In Review" status will be displayed.

Note: Enter % to see all entries.

Step 16: Not applicable to L&I providers

This step is optional and not needed for enrollment.

Step 17: Modify payment & 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 with a 'Close' button and an 'Add' button (with a plus icon) highlighted with a red box. Below the buttons is a filter section with a 'Filter By' dropdown, a 'Go' button, and 'Save Filter' and 'My Filters' buttons. A table below shows columns for 'Location Number', 'Location Name', and 'Payment Method', with a red message 'No Records Found!' displayed below the table.

ELECTRONIC FUNDS TRANSFER (DIRECT DEPOSIT)

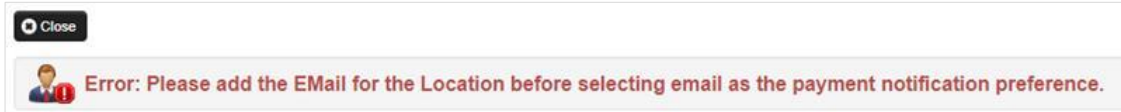
- Click **Electronic Funds Transfer (Direct Deposit)**.

The screenshot shows the 'Payment Details' form with the 'Location' dropdown set to 'All' and the 'Payment Method' dropdown set to 'Electronic Funds Transfer(Direct Deposit)', which is highlighted with a red box. Below this is the 'Financial Institution Information' section with various input fields: 'Financial Institution Name', 'Financial Institution Routing Number', 'Providers Account Number with Financial Institution', 'Re-enter Providers Account Number', 'Type of Account at Financial Institution' (set to 'Checking'), 'EFT Account Type', 'Payment Notification Preference' (set to 'Email Notification'), and 'Account Number Linkage to Provider Identifier' (set to '1518397074').

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

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

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



- Click **Close** to close the error message.
- Click **Cancel** to go back to the BPW and **complete Step 2** to continue with EFT enrollment.
- The bank will verify your data in approximately 7-10 days.
- When verified, there will be a status of Successful. If not verified, there will be a status Failed and payments will continue by paper check.

PAPER CHECK

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

ELECTRONIC REMITTANCE ADVICE

Skip this section. Don't edit this for your L&I application. You'll continue to receive your remittance advice as you do today. If you're also applying with Health Care Authority, go to the [Enroll as a Provider website](#) for instructions.

SUBMISSION INFORMATION

- Use the drop-down menu to select **Change Enrollment** and enter the name of the person authorized to provide the payment choice.

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

DELETE PAYMENT AND REMITTANCE DETAILS

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

NEXT

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

Step 18: Not applicable to L&I providers

Step 19: Submit modification for review

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

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

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

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

- Make sure to sign and date every form.
- Upload the applicable document if you're changing your individual legal name:
 - Marriage certificate.
 - Updated medical license.
 - Divorce decree.
 - Court ordered documents with your new name.
- 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

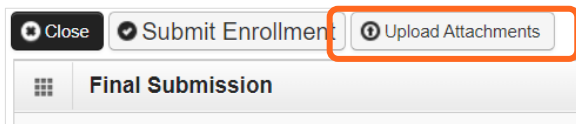
- Click **Close** on the Final Submission page.

Close Submit Provider Modification

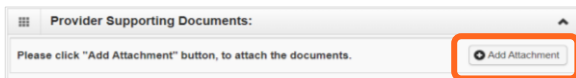
Final Submission

UPLOAD INFORMATION

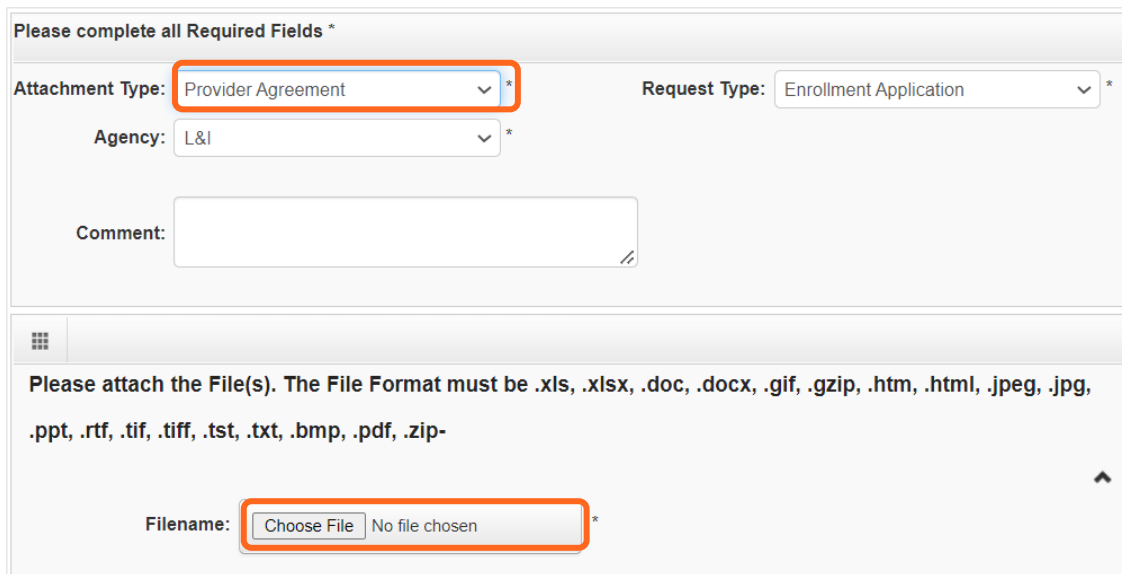
- Click **Upload Attachments**.



- Click **Add Attachments**.

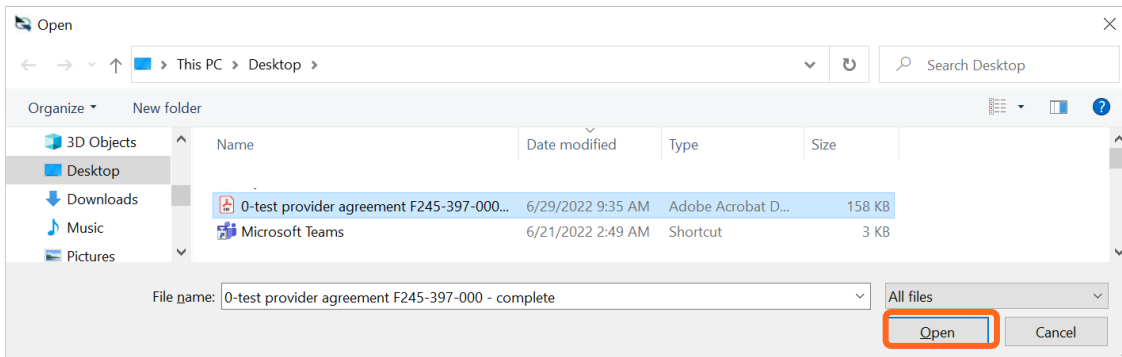


- Use the **Attachment Type** drop-down menu to select the appropriate type.
- Click **Choose File**.



A screenshot of a form titled 'Please complete all Required Fields *'. It contains several fields: 'Attachment Type' (dropdown menu set to 'Provider Agreement'), 'Request Type' (dropdown menu set to 'Enrollment Application'), 'Agency' (dropdown menu set to 'L&I'), and a 'Comment' text area. Below these fields is a section titled '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-'. At the bottom, there is a 'Filename:' label and a 'Choose File' button with 'No file chosen' text next to it. The 'Choose File' button is highlighted with an orange rectangular box.

- 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**. Click **OK** to return.

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

PUBLICATION F248-486-000 [11-2022]