



Washington State Department of  
Labor & Industries

ProviderOne



# Enrolling as a group provider

## *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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# Enrolling as a group provider

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A group provider is an organization of individual providers who offer services. You'll need to add at least one servicing provider to complete the group application.

## PROVIDER ENROLLMENT LINKS

Use this link to start a new group enrollment application:

[www.waproviderone.org/ecams/jsp/common/pgNewPrvdrEnrollment.jsp](http://www.waproviderone.org/ecams/jsp/common/pgNewPrvdrEnrollment.jsp)

Use this link to resume an incomplete enrollment application:

[www.waproviderone.org/ecams/jsp/common/pgTrackPrvdrAppletn.jsp](http://www.waproviderone.org/ecams/jsp/common/pgTrackPrvdrAppletn.jsp)

You'll need your application ID and the Federal Employer Identification Number associated with the application to .access it.

# Step 1: Basic information

## SELECTING THE ENROLLMENT TYPE

- Select **Group Practice**
- Click **Submit**

The screenshot shows a dialog box titled "Enrollment Type" with a close button and a submit button. The main heading is "Select the Enrollment Applicable Form". There are seven radio button options: Individual, Group Practice, Billing Agent/Clearinghouse, Fac/Agency/Orgn/Inst, Special Considerations, Tribal Health Services, and Managed Care Organization. The "Group Practice" option is selected and highlighted with a red rectangle.

**Note:** Fields marked with an asterisk are required.

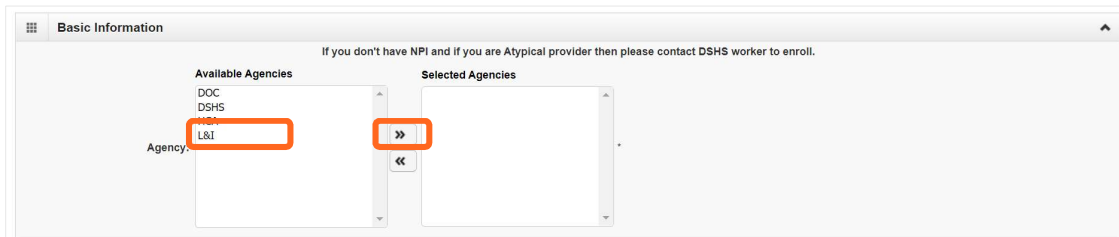
## BASIC INFORMATION

ProviderOne displays the **Step 1: Basic Information** page.

The screenshot shows the "Basic Information" form. At the top, it says "If you don't have NPI and if you are Atypical provider then please contact DSHS worker to enroll." Below this are two columns: "Available Agencies" (DOC, DSHS, HCA, L&I) and "Selected Agencies" (empty). There are "»" and "«" buttons between the columns. Below the agency lists are several required fields marked with an asterisk: "Provider Name(Organization Name):" (with "(as shown on Income Tax Return)"), "Organization Business Name:", "Federal Employer Identification Number(FEIN):", "National Provider Identifier(NPI):", "W-9 Entity Type:" (dropdown), "W-9 Entity Type (If Other):", "Other Organizational Information:" (dropdown), "Enrollment Effective Date:" (calendar icon), "UBI:", and "Email Address:". At the bottom right are "Next" and "Cancel" buttons.

- In the **Agency** box, click **L&I**, then click the double right arrows.

**Note:** The note at the top of the screen doesn't apply to L&I.



- Select **FEIN** for the **Tax Identifier Type**:

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

**Note:** Hyphens are not allowed when entering your Organization Name or DBA Name.

Tax Identifier Type:  FEIN  
 SSN

Provider Name(Organization Name):  (as shown on Income Tax Return)

Organization Business Name:  Federal Employer Identification Number(FEIN):

- For the remaining fields:

- Use the dropdown to indicate if you're federally mandated to have an NPI number.
  - If **Yes**, enter your organization NPI (Type 2).
  - If **No**, a generic NPI will automatically generate.

All medical Providers are federally mandated to have a NPI. Is this Provider required to have a NPI?  --SELECT-- \*

National Provider Identifier(NPI):

W-9 Entity Type:  --SELECT-- \*

W-9 Entity Type (If Other):

Other Organizational Information:  --SELECT-- \*

Enrollment Effective Date:

UBI:

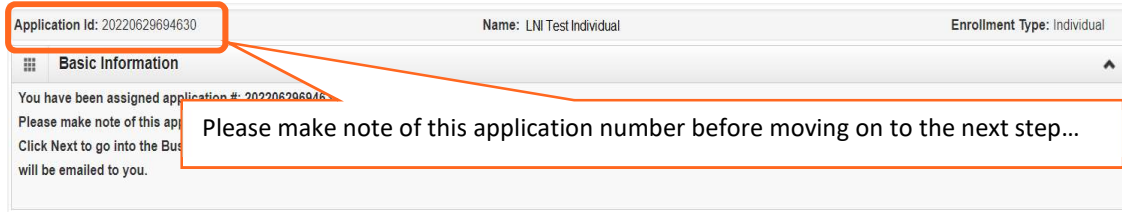
Email Address:

**Note:** If you're unsure, go to [L&I's website](#) to learn more:

- **Don't** enter a UBI or enrollment effective date. L&I does not utilize the information in those fields
- Enter the **Email Address** for your credentialing contact. This email is who L&I will contact for any issues with credentialing.
- Click **Next** to see your Application ID.

## APPLICATION ID

The Application ID will be sent to the email address you provided. Keep your Application ID available.



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

**Basic Information**

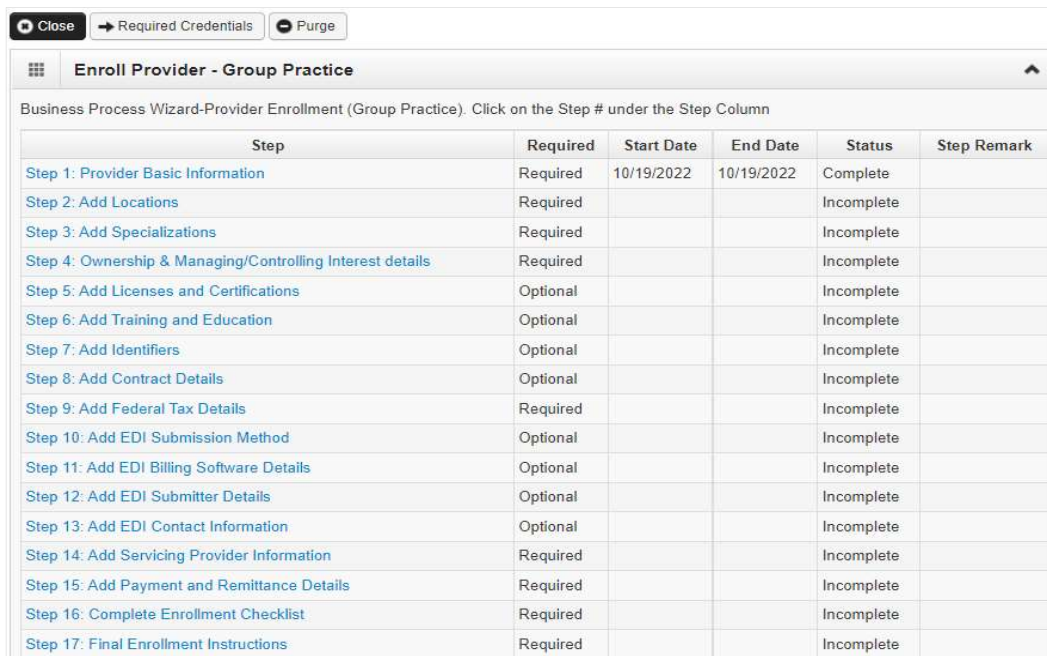
You have been assigned application # - 20220629694630.  
Please make note of this application number before moving on to the next step...  
Click Next to go into the Business Process Wizard. Your application ID will be emailed to you.

You'll need the ID to:

- Continue your application (if you exit before submitting).
- **Resume or check** your application status, you will need your application ID and FEIN **submitted on your application.**
- Update or add additional information, if requested.

## BUSINESS PROCESS WIZARD (BPW)

The Business Process Wizard, or **BPW**, will guide you through the necessary steps to finish your application.



Close    Required Credentials    Purge

**Enroll Provider - Group Practice**

Business Process Wizard-Provider Enrollment (Group Practice). Click on the Step # under the Step Column

Step	Required	Start Date	End Date	Status	Step Remark
Step 1: Provider Basic Information	Required	10/19/2022	10/19/2022	Complete	
Step 2: Add Locations	Required			Incomplete	
Step 3: Add Specializations	Required			Incomplete	
Step 4: Ownership & Managing/Controlling Interest details	Required			Incomplete	
Step 5: Add Licenses and Certifications	Optional			Incomplete	
Step 6: Add Training and Education	Optional			Incomplete	
Step 7: Add Identifiers	Optional			Incomplete	
Step 8: Add Contract Details	Optional			Incomplete	
Step 9: Add Federal Tax Details	Required			Incomplete	
Step 10: Add EDI Submission Method	Optional			Incomplete	
Step 11: Add EDI Billing Software Details	Optional			Incomplete	
Step 12: Add EDI Submitter Details	Optional			Incomplete	
Step 13: Add EDI Contact Information	Optional			Incomplete	
Step 14: Add Servicing Provider Information	Required			Incomplete	
Step 15: Add Payment and Remittance Details	Required			Incomplete	
Step 16: Complete Enrollment Checklist	Required			Incomplete	
Step 17: Final Enrollment Instructions	Required			Incomplete	

All steps marked **required** must have a **Complete** status before you can submit the application.

Required	Start Date	End Date	Status
Required	06/29/2022	06/29/2022	Complete
Required			Incomplete

## Step 2: Add locations

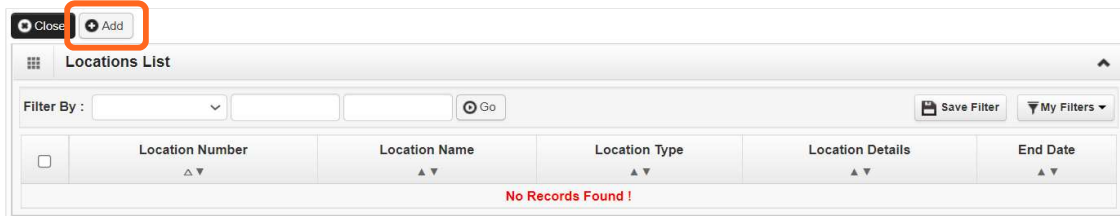
### ADD PROVIDER LOCATION FORM

- The first location you add will be your NPI Base Location where you bill for services: **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)

If you have more than one location, repeat the steps below. Each location will receive its own L&I provider number for billing and may appear in L&I's Find a Doctor (FAD) directory.

### ADD LOCATIONS

- Click **Add**.

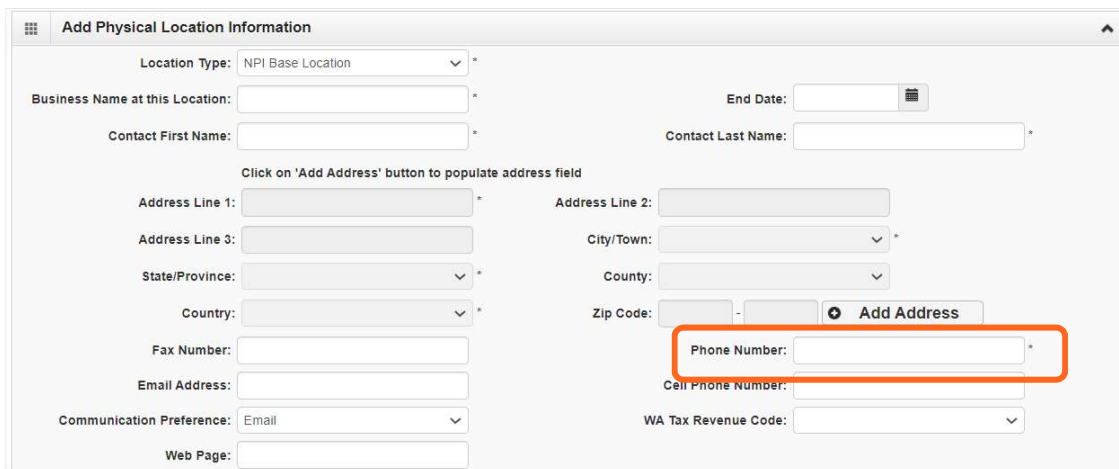


The screenshot shows a web interface for managing locations. At the top left, there are 'Close' and 'Add' buttons. The 'Add' button is highlighted with a red box. Below the buttons is a 'Locations List' table with columns for Location Number, Location Name, Location Type, Location Details, and End Date. The table is currently empty, and a red message 'No Records Found!' is displayed at the bottom of the table area.

### ADD PHYSICAL LOCATION INFORMATION

- Complete the required fields.
- **Don't enter** a date in the End Date field for any of these addresses. The end date will auto-populate to 12/31/2999.

**Important!** Include the phone number you want patients to call for each location.



The screenshot shows the 'Add Physical Location Information' form. It contains various input fields for location details. The 'Phone Number' field is highlighted with a red box. The form includes fields for Location Type, Business Name, Contact Name, Address Lines, City/Town, County, Zip Code, Fax Number, Email Address, Communication Preference, Web Page, End Date, Contact Last Name, Address Line 2, City/Town, County, Zip Code, Phone Number, Cell Phone Number, and WA Tax Revenue Code.



## ADD ADDRESS INFORMATION

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

- Click **Add Address**.



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

A screenshot of the "Address details" form. The "Address Line 1" field is empty and highlighted with an orange border. The "Zip Code" field is also empty and highlighted with an orange border. The "Validate Address" button is highlighted with an orange border. Other fields include "Address Line 2", "Address Line 3", "City/Town", "State/Province", "County", and "Country". There are "OK" and "Cancel" buttons at the bottom right.

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

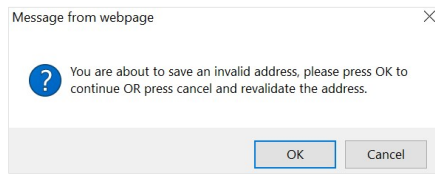
A screenshot of the "Address details" form showing a successful validation. A blue message box at the top left says "Address validation successful". The "Address Line 1" field contains "123 State Ave". The "City/Town" dropdown is set to "LACEY", "State/Province" to "Washington", "County" to "Thurston", and "Zip Code" to "98513 - 6856". The "Validate Address" button is visible. "OK" and "Cancel" buttons are at the bottom right.

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

A screenshot of the "Address details" form showing an error. A red message box at the top says "Address not found with Street Address and Zip Code Combination".

- Either:
  - Correct the address and click **Validate Address** again.

- Or, click **OK** to continue. The following pop-up window will be displayed.



- Click **OK** to save or **Cancel** to revalidate the address using the steps above.
- Click **OK** and **Close** to return
  - Note:** Make sure you can receive mail at the location address. If your address isn't valid, it may delay payment and correspondence.

## L&I SPECIFIC INFORMATION

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

- Select **Yes** to have this location appear in the “**Find a Doctor**” directory on L&I’s website. The fields in this section are required.
  - Make the remaining selections:

**L&I Specific Information**

**Publish in Provider Directory:** Yes

**Age Restrictions:** No

**Accept New Patients:** Yes

**Handicapped Accessible:** Yes

**Languages Spoken:**

**Available Languages:** AII-Assyrian, AIX-American Indian (General), ALB-Albanian, AMH-Amharic, ANU-Anuak, ARA-Arabic, ARM-Armenian, AZX-Azeri (Azerbaijani), B1X-Braille Grade 1, B2X-Braille Grade 2

**Selected Languages:** ENG-English

**Office Hours:**

Monday: Closed

Tuesday: Closed

Wednesday: Closed

Thursday: Open 8:30 AM 4:30 PM

Friday: Closed

Saturday: Closed

Sunday: Closed

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

**L&I Specific Information**

**Publish in Provider Directory:** No

**Age Restrictions:** [Disabled]

**Accept New Patients:** [Disabled]

**Handicapped Accessible:** [Disabled]

**Languages Spoken:**

**Available Languages:** AII-Assyrian, AIX-American Indian (General), ALB-Albanian, AMH-Amharic, ANU-Anuak, ARA-Arabic, ARM-Armenian, AZX-Azeri (Azerbaijani), B1X-Braille Grade 1, B2X-Braille Grade 2

**Selected Languages:** ENG-English

**Office Hours:**

Monday: [Disabled]

Tuesday: [Disabled]

Wednesday: [Disabled]

Thursday: [Disabled]

Friday: [Disabled]

Saturday: [Disabled]

Sunday: [Disabled]

- Click **Save** when done.

## ADD MAILING ADDRESS INFORMATION

You can list the same address as the physical location or enter a new address.

- Click **Same as Location Address** to copy the physical location address.
- Or, follow the instructions on the previous pages to **Add Address**.

Mailing Address

Same as Location Address  End Date:

Click on 'Add Address' button to populate address field

Address Line 1:  Address Line 2:

Address Line 3:  City/Town:

State/Province:  County:

Country:  Zip Code:  -

## ADD PAY-TO ADDRESS INFORMATION

Follow the mailing address instructions above.

Note: The pay to address you enter here will apply to all additional servicing locations that you add.

- Click **OK** to save or **Cancel** to close without saving.
- Click **Close** or return to the BPW to add servicing location.

## ADD SERVICING LOCATIONS

If your organization provides services at more than one location, you can add them here. To add a Servicing Location you must provide a Location and Mailing address.

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

Close Add

Locations List

Filter By:

<input type="checkbox"/>	Location Number ▲ ▼	Location Name ▲ ▼	Location Type ▲ ▼	Location Details ▲ ▼	End Date ▲ ▼
No Records Found !					

- Repeat steps from **Add Physical Location Information** section (page 8) and continue through each section.

The screenshot shows a web form titled "Add Physical Location Information". At the top, the "Location Type" dropdown menu is highlighted with an orange box and contains the text "NPI Servicing Location". Below this, there are several input fields: "Business name at this Location:", "Contact First Name:", "Address Line 1:", "Address Line 2:", "Address Line 3:", "City/Town:", "State/Province:", "County:", "Country:", "Zip Code:", "Fax Number:", "Phone Number:", "Cell Phone Number:", "Email Address:", "Communication Preference:", and "Web Page:". There are also "End Date:" and "WA Tax Revenue Code:" dropdowns. A button labeled "Add Address" is located near the "Zip Code" field.

- The **Location Type** field will change to **NPI Servicing Location** (see highlighted below).
- Click **OK** to save or **Cancel** to close without saving.

## DELETE A LOCATION

If you add an incorrect location when completing your application you can use the delete button to remove them.

**Note:** You can only delete a location while the application is in process. Once the application is submitted you will be unable to delete.

- Check the box next to the record you want to delete and click **Delete**.

The screenshot shows a table titled "Locations List" with the following columns: Location Number, Location Name, Location Type, Location Details, and End Date. The first row is selected, and the "Delete" button is highlighted with an orange box.

Location Number	Location Name	Location Type	Location Details	End Date
<input checked="" type="checkbox"/> 0001	PRU TEST INDIVIDUAL	NPI Base Location	1234 MAIN STREET, OLYMPIA, WASHINGTON 98504	12/31/2999

**Note:** When a location is deleted, all step details associated with that location, including Address, Specialties, and Licenses/Certifications will be deleted. Once your application has been approved, please refer to the Group Modification Guide for changes.

# Step 3: Add specializations

Group enrollments are required to have the Group single or multi-specialty taxonomy code (193200000X). Adding this taxonomy will result in a group payee billing account that individual servicing providers will be added to.

**Important:** Do not add your individual servicing provider taxonomies here.

## 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 !						

- 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: \*

- Select 19-Group from the Provider Type drop down and 32-**Multi-Specialty** from the specialty drop down

Add Specialty/Subspecialty

Location: All \*

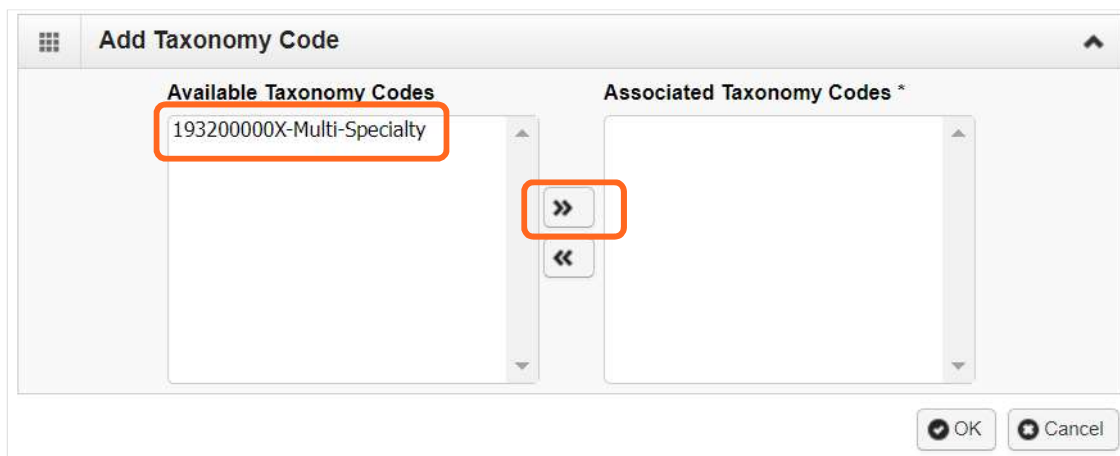
Administration: L&I-Labor And Industries Administr: \*

Provider Type: 19-Group \*

Specialty: 32-Multi-Specialty \*

End Date: [ ] [ ]

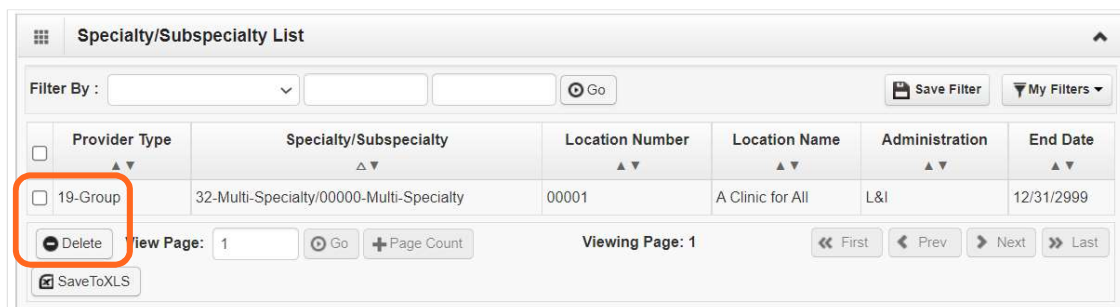
- Don't enter an **End Date**. ProviderOne will auto-populate to 12/31/2999.
- The Provider Type selection will populate the options for Specialty, which displays the available taxonomy codes.
  - Use the double arrows to move taxonomy code from the **Available Taxonomy Codes** box to the **Associated Taxonomy Codes** box.
  - Select all applicable taxonomies for each license you have to allow for accurate billing.
  - You must select the Multi-Specialty Taxonomy Code.
- Click **OK** to save or **Cancel** to close without saving.



## DELETING SPECIALIZATIONS

If you add an incorrect specialty or sub specialty when completing your application you can use the delete button to remove them.

- Check the **box** next to the record you want to delete and click **Delete**.



- Click **Close** and go to the next step.

**Note: Once your application is submitted you can no longer delete a specialization. See our Group Modification guide for further instructions.**

# Step 4: Add ownership details

This step is required to create your provider account.

Identifying an individual Owner or Managing Employee is required. An Organizational Owner or Board of Directors may be added, as well. Use one or more of the options below to finish this step.

## INDIVIDUAL OWNER

**Note:** You must add an “**Individual Owner**” to complete this step.

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

**Add Ownership & Managing/Controlling Interest Disclosures**

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

Disclosure Category: Owner \*  
Disclosure Type: Individual \*  
SSN/FEIN: \*

- Finish the remaining required fields.
  - Enter the first day of ownership as the **Disclosure Start Date**. Don’t enter the **Disclosure End Date**, the end date will auto-populate to 12/31/2999.
  - Enter an **Ownership Percentage**.
- Click **OK** to save or **Cancel** to close without saving.

**Add Ownership & Managing/Controlling Interest Disclosures**

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

Disclosure Category: Owner \*  
Disclosure Type: Organization \*  
SSN/FEIN: 870541126 \*  
Doing Business As: \*  
Minority/Women Owned Business Enterprise(MWOBE):   
Organization Name: A TEST GROUP  
First Name: \*  
Last Name: \*  
Suffix: \*  
Date of Birth: \*  
Disclosure Start Date: \*  
Disclosure End Date: \*  
Address Line 1: \*  
Address Line 2: \*  
Address Line 3: \*  
City/Town: \*  
State/Province: \*  
County: \*  
Country: \*  
Zip Code: \*  
Ownership Percentage: \*  
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: \*  
Associated Owner: \*

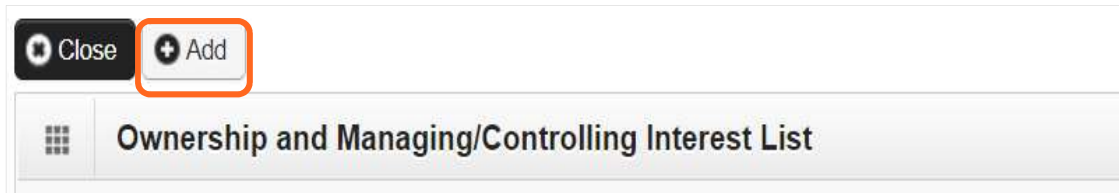
Copy Name and Tax OK Cancel

- Repeat these steps as needed for additional owners.

## ORGANIZATION OWNER

**Note:** You're not required to provide an "Organization Owner" to complete this step.

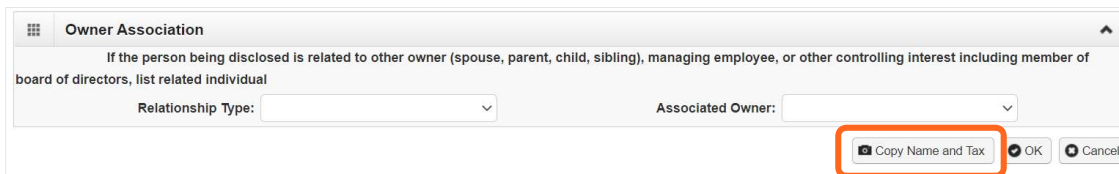
- Click **Add**.



Close Add

Ownership and Managing/Controlling Interest List

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



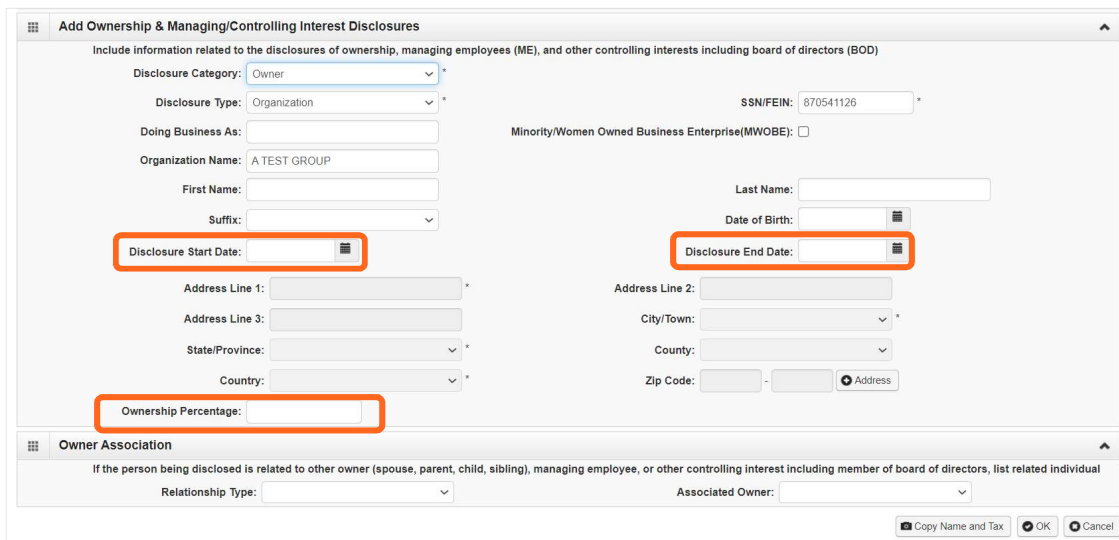
Owner Association

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

Relationship Type:  Associated Owner:

Copy Name and Tax OK Cancel

- Complete the remaining required fields:
  - Enter the first day of ownership from your **Individual Disclosure Type** as the **Disclosure Start Date**. Don't enter the Disclosure End Date, the end date will auto-populate to 12/31/2999.
  - Click **Address** and complete the steps.
  - Enter an **Ownership Percentage**.



Add Ownership & Managing/Controlling Interest Disclosures

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

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

SSN/FEIN: 870541126 \*  
Minority/Women Owned Business Enterprise(MWOBE):   
Last Name:   
Date of Birth:  \*  
Disclosure End Date:  \*  
Address Line 2:   
City/Town:  \*  
County:   
Zip Code:  -  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:  Associated Owner:

Copy Name and Tax OK Cancel

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



## DELETE OWNERSHIP INFORMATION

If you make an error when completing this step you can use the delete button to clear the step and start over. Ownership information can only be deleted prior to the application being submitted.

- Check the box next to the record you want to delete and click **Delete**, and then click **Save** to close.

Close Add

Ownership and Managing/Controlling Interest List

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

Owner/ME/BOD Id	Owner/ME/BOD Name	Disclosure Type	Disclosure Category	Start Date	End Date
<input checked="" type="checkbox"/> 111-22-2333	PRU TEST INDIVIDUAL, PRU TEST INDIVIDUAL	Individual	Owner	01/01/2020	12/31/2999

Delete View Page: 1 Go Page Count SaveToXLS Viewing Page: 1 First Prev Next Last

## Step 5: Add licenses and certifications

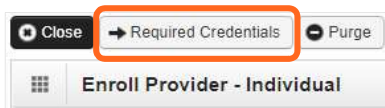
This step is not applicable if you have only entered the group taxonomy. However, if you have added other taxonomy such as a Hospital or pharmacy you will be required to complete this step.

Before starting Step 5, click the **Required Credentials** button from the BPW homepage. The **Required Credentials** tool will tell you what type of license/certification information you need to provide to complete enrollment.

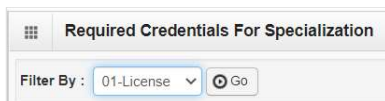
**Tip:** Make note of all requirements. You may use the Required Credentials tool for multiple steps.

### CHECK REQUIRED CREDENTIALS

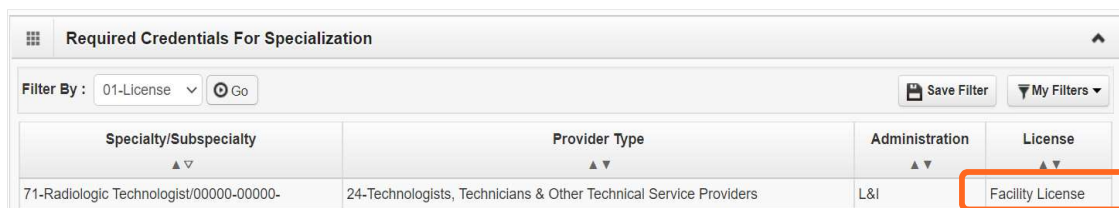
- Click **Required Credentials** from the BPW home page.



- 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).

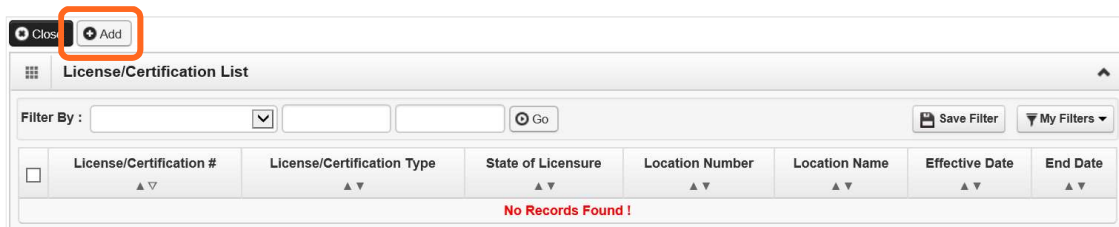


Specialty/Subspecialty	Provider Type	Administration	License
71-Radiologic Technologist/00000-00000-	24-Technologists, Technicians & Other Technical Service Providers	L&I	Facility License

- Make a note of your required license as you'll need it to complete Step 5.
- When finished, click **Cancel** to close.

### ADD LICENSES/CERTIFICATIONS

- 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/Certification #** and **State** fields. License number must include alpha numeric characters. e.g.: AAA.ES.0000000.
- 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.

## DELETE LICENSES/CERTIFICATIONS

Licenses and certifications can only be deleted while the application is in process.

- Check the box next to the record you want to delete and click **Delete**, then click **Close** to exit

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

## **Steps 6-8 are not applicable to Group Enrollments**

---


# Step 9: Add federal tax details

Adding federal tax details is required.

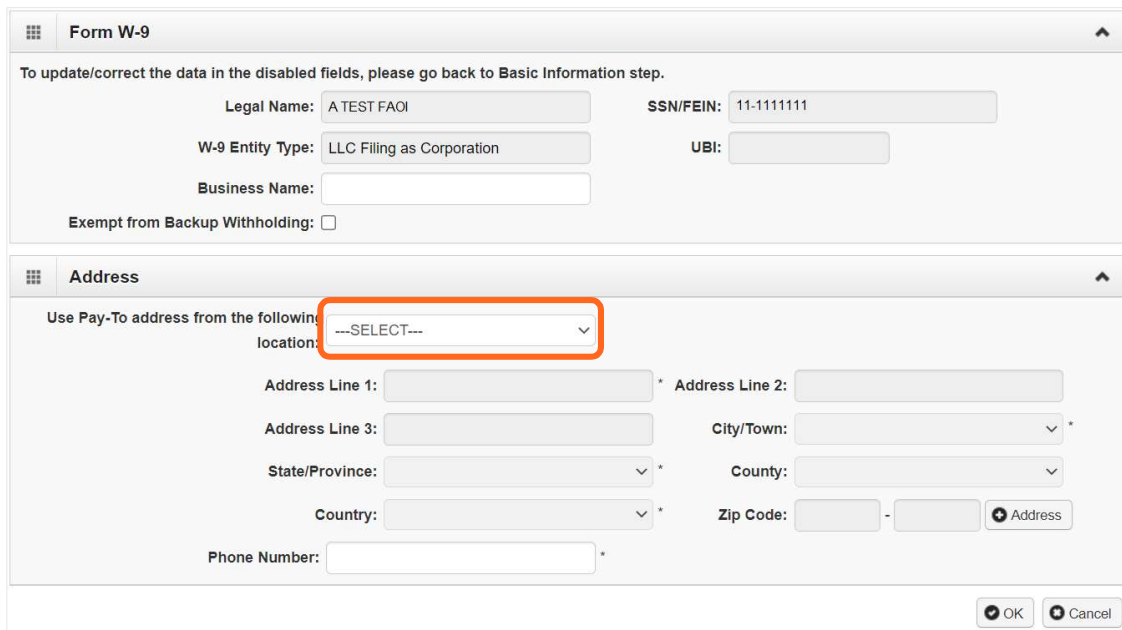
**Note:** The information on this screen **must match the W-9 form** you'll upload in the last step of the BPW.

## ADD FEDERAL TAX DETAILS

- Click the **W-9** link.



- Complete the form.
- Note:** The information on this screen **must match the W-9 form** you'll upload in the last step of the BPW.
- Use the **Address** drop-down menu to select the base location. The Pay-To address will auto-populate the address fields. The Pay-To address should match your Federal Tax data.



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

## **Steps 10-13 Not applicable to L&I**

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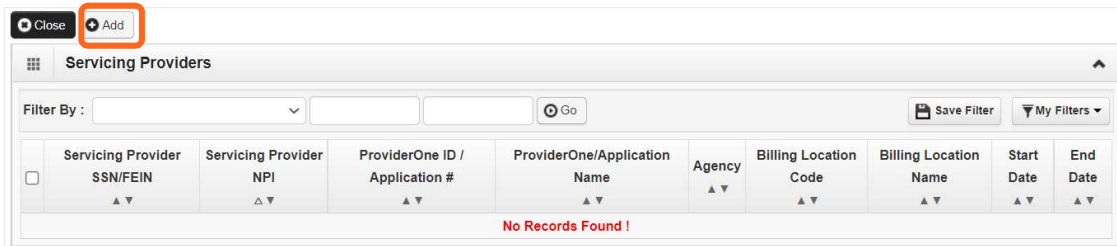
# Step 14: Add servicing provider information

This application type requires you to add at least one servicing provider in this step.

**Note:** To avoid delays in approval of your initial group enrollment, we recommend you only add one servicing only provider and submit your enrollment. Once your application is approved you can add additional servicing providers

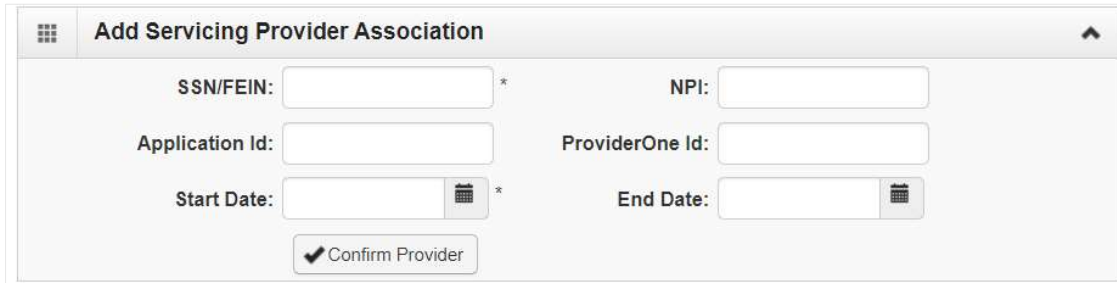
## ADD SERVICING PROVIDER INFORMATION

- 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 "Add" button is highlighted with a red box. Below the table, it says "No Records Found!".

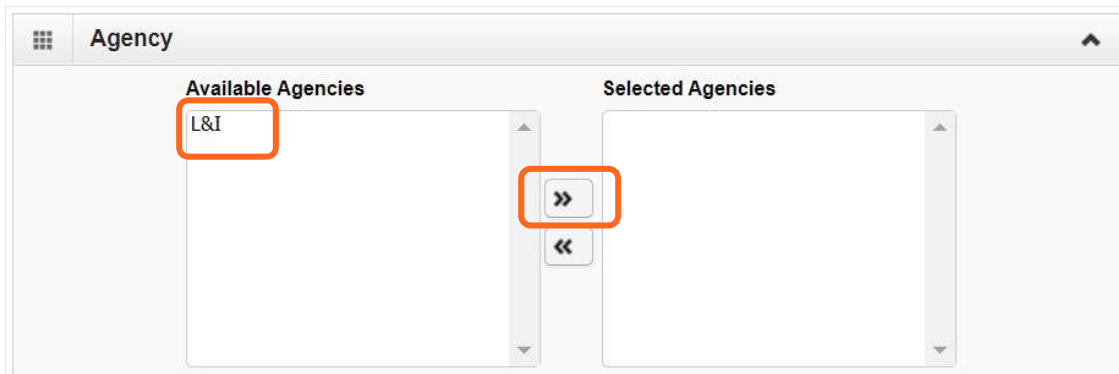
- Enter the **SSN/FEIN** of the servicing provider, and one of the following: **NPI, Application #or ProviderOne ID**.
- Enter the **Start Date**. Leave the **End Date Field blank**.



The screenshot shows the "Add Servicing Provider Association" form with fields for SSN/FEIN, NPI, Application Id, ProviderOne Id, Start Date, and End Date. There are asterisks next to SSN/FEIN and Start Date. A "Confirm Provider" button is at the bottom.

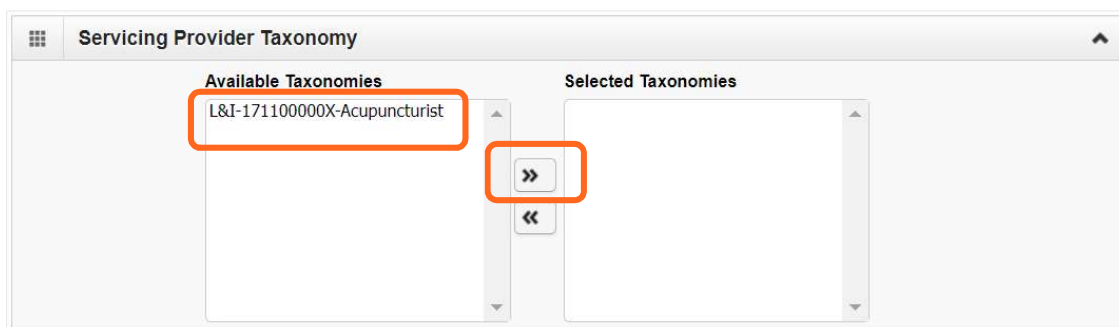
- Click **Confirm Provider**.
  - If the provider you are adding has an active L&I ProviderOne domain L&I will be listed in the Available Agencies box.

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

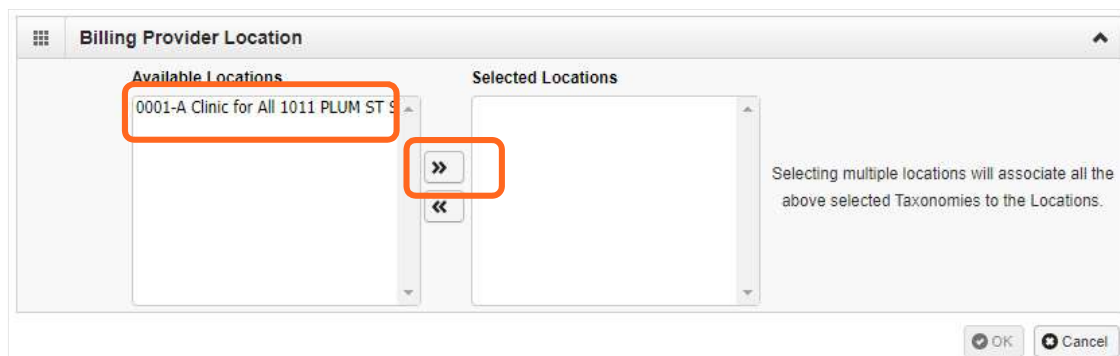


- In **Available Taxonomies**, select the provider's primary specialty (taxonomy) and use the double right arrow to move it to the **Selected Taxonomies** box.

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



- 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.



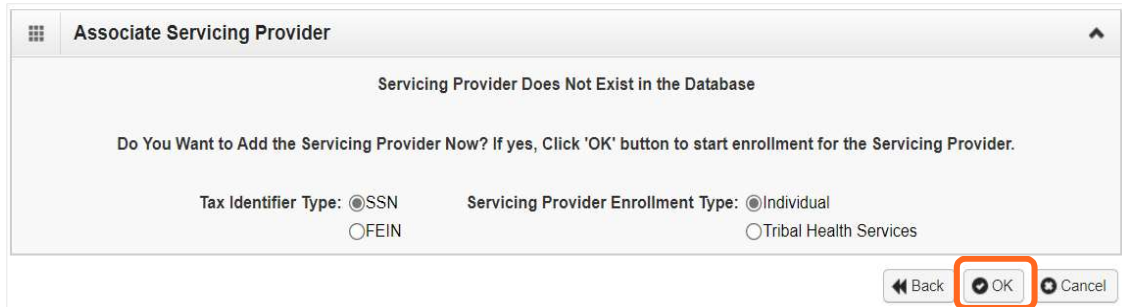
- Click **OK** to save or **Cancel** to close without saving.
- Ignore the **Social Service Servicing Only Provider List**. L&I doesn't use this.



## PROVIDER DOESN'T EXIST IN 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.



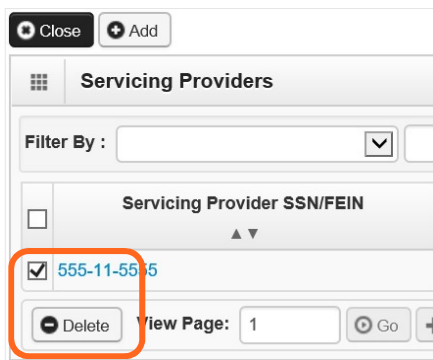
**Note:** If a new enrollment is started, copy the Application ID for the servicing provider. See our **Servicing Provider Guide** for step by step instructions. You'll need that ID to:

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

## DELETE SERVICING PROVIDERS

**During the application process**, if you add a provider incorrectly and need to remove them follow the instructions below. Note: Once the application is submitted you will not be able to delete them.

- Check the box next to the record you want to delete and click **Delete**.
  - This will delete the association between the servicing provider and your group, but does not delete their record from ProviderOne.
- Click **Close**.

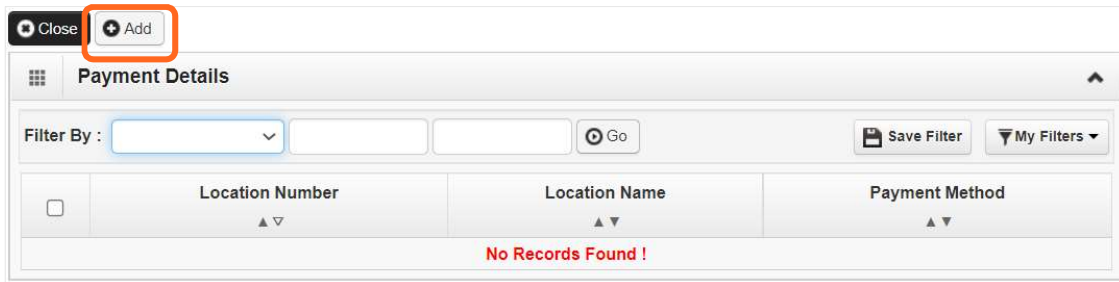


# Step 15: Add payment and remittance details

Payment information applies to all locations.

## ADDING PAYMENT AND REMITTANCE DETAILS

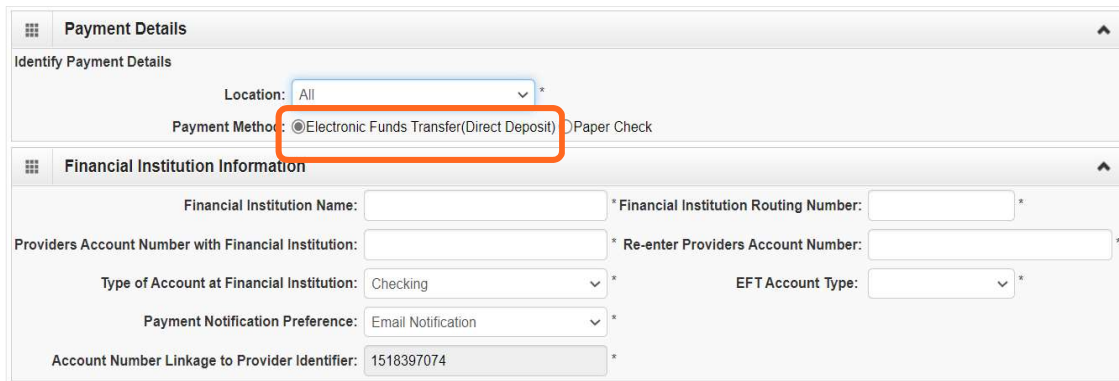
- Click **Add**.



The screenshot shows the 'Payment Details' form. At the top left, there are two buttons: 'Close' and 'Add'. The 'Add' button is highlighted with a red rectangular box. Below the buttons, there is a 'Filter By' section with a dropdown menu and a 'Go' button. To the right of the filter section are 'Save Filter' and 'My Filters' buttons. The main table area has columns for 'Location Number', 'Location Name', and 'Payment Method'. Below the table, a red message reads 'No Records Found!'.

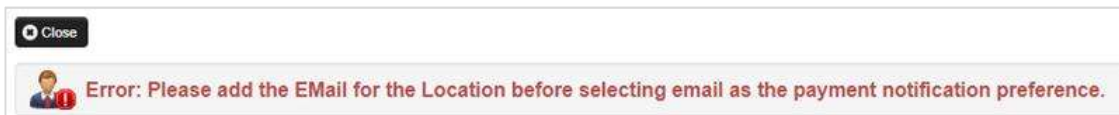
## ELECTRONIC FUNDS TRANSFER (DIRECT DEPOSIT)

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



The screenshot shows the 'Payment Details' form with the 'Identify Payment Details' section expanded. The 'Location' dropdown is set to 'All'. The 'Payment Method' section has two options: 'Electronic Funds Transfer (Direct Deposit)' and 'Paper Check'. The 'Electronic Funds Transfer (Direct Deposit)' option is selected and highlighted with a red rectangular box. Below this is the 'Financial Institution Information' section, which contains several required 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.



The screenshot shows an error message box with a 'Close' button at the top left. The message text reads: 'Error: Please add the EMAIL for the Location before selecting email as the payment notification preference.'

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

- Click **Close** to close the error message.

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

## PAPER CHECK

- Click **Paper Check**. The check (warrant) will be mailed to the **Pay-To** address.

The screenshot shows a form titled "Payment Details" with a sub-section "Identify Payment Details". It contains a "Location:" dropdown menu set to "All" and a "Payment Method:" section with two radio buttons: "Electronic Funds Transfer(Direct Deposit)" and "Paper Check". The "Paper Check" radio button is selected and highlighted with a red rectangle.

## ELECTRONIC REMITTANCE ADVICE

At this time L&I does not utilize ProviderOne to establish electronic billing and remittance. To set up electronic billing visit **L&I's Provider Express Billing content** on our public website for instructions.

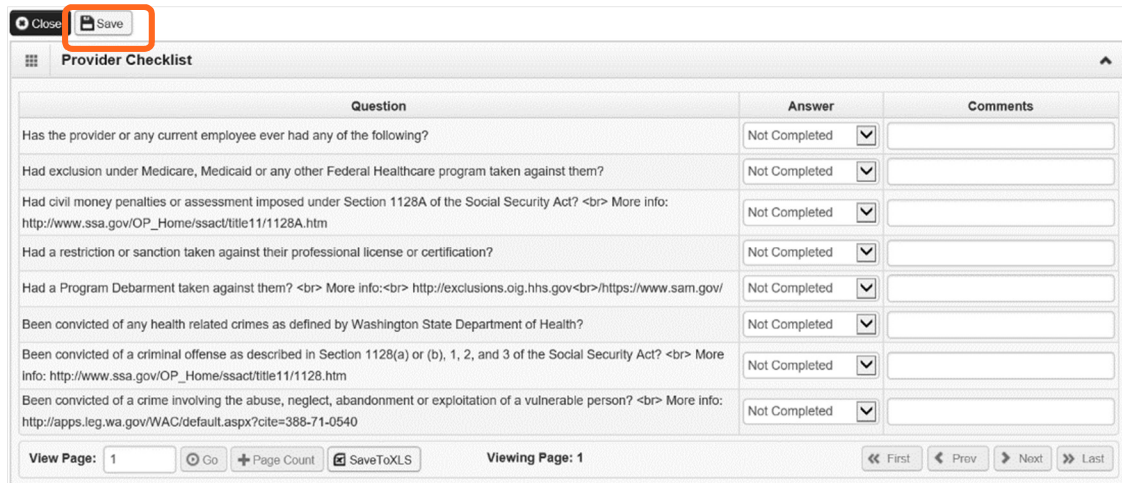
- Use the drop-down menu to select **New Enrollment** and enter the name of the person authorized to provide the payment choice.

The screenshot shows a form titled "Submission Information" with a sub-section "Reason for Submission: (Payment and Remittance Only)". It contains a dropdown menu set to "New Enrollment" and an "Authorized Signature:" field. Below the form, there are "OK" and "Cancel" buttons. A note below the signature field states: "(Signature only required when inputting new or changing EFT/835 information)".

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

# Step 16: Complete enrollment checklist

- No or Yes is required for each question. Any “Yes” answer must have comments.
- Click **Save**, then **Close**.



The screenshot shows a web application window titled "Provider Checklist". At the top left, there are "Close" and "Save" buttons. The "Save" button is highlighted with a red rectangle. Below the title bar is a table with three columns: "Question", "Answer", and "Comments". The table contains eight rows of questions, each with a "Not Completed" dropdown menu in the "Answer" column and an empty text box in the "Comments" column. At the bottom of the form, there are navigation controls including "View Page: 1", "Go", "Page Count", "SaveToXLS", "Viewing Page: 1", and "First", "Prev", "Next", "Last" buttons.

Question	Answer	Comments
Has the provider or any current employee ever had any of the following?	Not Completed	
Had exclusion under Medicare, Medicaid or any other Federal Healthcare program taken against them?	Not Completed	
Had civil money penalties or assessment imposed under Section 1128A of the Social Security Act?   More info: <a href="http://www.ssa.gov/OP_Home/ssact/title11/1128A.htm">http://www.ssa.gov/OP_Home/ssact/title11/1128A.htm</a>	Not Completed	
Had a restriction or sanction taken against their professional license or certification?	Not Completed	
Had a Program Debarment taken against them?   More info:  <a href="http://exclusions.oig.hhs.gov">http://exclusions.oig.hhs.gov</a> <a href="https://www.sam.gov/">https://www.sam.gov/</a>	Not Completed	
Been convicted of any health related crimes as defined by Washington State Department of Health?	Not Completed	
Been convicted of a criminal offense as described in Section 1128(a) or (b), 1, 2, and 3 of the Social Security Act?   More info: <a href="http://www.ssa.gov/OP_Home/ssact/title11/1128.htm">http://www.ssa.gov/OP_Home/ssact/title11/1128.htm</a>	Not Completed	
Been convicted of a crime involving the abuse, neglect, abandonment or exploitation of a vulnerable person?   More info: <a href="http://apps.leg.wa.gov/WAC/default.aspx?cite=388-71-0540">http://apps.leg.wa.gov/WAC/default.aspx?cite=388-71-0540</a>	Not Completed	

# Step 17: Final enrollment instructions

**Important!** Use the links in the Application Document Checklist to complete and upload the required forms. L&I cannot approve your application if you fail to upload the required documents.

**Note:** L&I does accept electronic signatures on all of the required documents.

The screenshot shows a web interface for a 'Final Submission'. At the top, there are three buttons: 'Close', 'Submit Enrollment', and 'Upload Attachments'. Below this is a section titled 'Final Submission' containing the following text:

Application #: 20220629694630 Enrollment Type: Individual

The information submitted for enrollment shall be verified and reviewed by the agency(s) you have selected. During this time, any changes to the information shall not be accepted.

By clicking on the button "Submit Enrollment", I agree that the information submitted as a part of the application is correct.

Please ensure all required documents are uploaded using the "upload attachments" at the top of the page prior to submitting your application.

Below this is an 'Application Document Checklist' section with a table:

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="https://www.irs.gov/forms-pubs/getform-w9">Form W-9 (Rev. October 2018) (irs.gov)</a>

At the bottom of the checklist, there are navigation controls: 'View Page: 1', 'Go', '+ Page Count', 'Viewing Page: 1', and buttons for 'First', 'Prev', 'Next', and 'Last'. There is also a 'SaveToXLS' button.

## UPLOAD INFORMATION

Group applications require a signed L&I Provider Agreement and IRS Form W-9 uploaded to be considered complete

- Click **Upload Attachments**.

The screenshot shows the top navigation area of the application with three buttons: 'Close', 'Submit Enrollment', and 'Upload Attachments'. The 'Upload Attachments' button is highlighted with a red rectangular box.

- Click **Add Attachments**.

The screenshot shows a section titled 'Provider Supporting Documents:'. Below the title, there is a text prompt: 'Please click "Add Attachment" button, to attach the documents.' To the right of this text is a button labeled 'Add Attachment', which is highlighted with a red rectangular box.

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

Please complete all Required Fields \*

Attachment Type: Provider Agreement \*      Request Type: Enrollment Application \*

Agency: L&I \*

Comment:

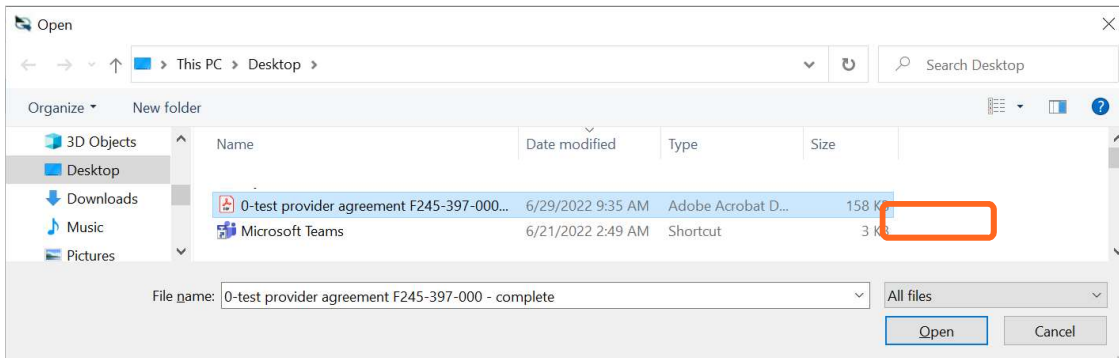
---

Please attach the File(s). The File Format must be .xls, .xlsx, .doc, .docx, .gif, .gzip, .htm, .html, .jpeg, .jpg, .ppt, .rtf, .tif, .tiff, .tst, .txt, .bmp, .pdf, .zip-

Filename: Choose File No file chosen \*

- Click **Choose File**.
- Select your saved document and click Open, or the equivalent for your system.

**Note:** Do not include any special characters, dashes or periods in your document name or your upload may fail.



- 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.

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 0-test provi... complete.pdf \*

OK Cancel

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

Application Id: 20221019817239

Enrollment Type: Group Practice

Provider Supporting Documents:

Please click "Add Attachment" button, to attach the documents.

Attachment List

File Name	Attachment Type	Agency	Request Type	Comment	File Size	Delete	Uploaded On
Test_Prov_AgreementF245_397_000.pdf	CPA	L&I	EA		158kb	X	10/19/2022
Test_W_9.pdf	W9	L&I	EA		229kb	X	10/19/2022

View Page: 1 | Go | Page Count | SaveToXLS | Viewing Page: 1

Print | Print Cover Page | Cancel

## SUBMITTING THE ENROLLMENT APPLICATION

- Click **Submit Enrollment**.

Application Id: 20221019817239 | Name: Bright Now Dental | Enrollment Type: Group Practice

Close | **Submit Enrollment** | Upload Attachments

Final Submission

Application #: 20221019817239 | Enrollment Type: Group Practice

The information submitted for enrollment shall be verified and reviewed by the agency(s) you have selected. During this time, any changes to the information shall not be accepted.

By clicking on the button "Submit Enrollment", I agree that the information submitted as a part of the application is correct.

Please ensure all required documents are uploaded using the "upload attachments" at the top of the page prior to submitting your application.

Application Document Checklist

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="https://www.irs.gov/pub/irs-pdf/fw9.pdf">https://www.irs.gov/pub/irs-pdf/fw9.pdf</a>

View Page: 1 | Go | Page Count | SaveToXLS | Viewing Page: 1

First | Prev | Next | Last

- Click **Close**.
- Task Complete.