



Washington State Department of
Labor & Industries

ProviderOne



Modifying your individual provider domain in ProviderOne

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

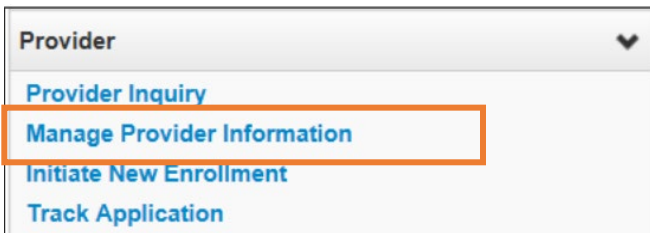
In order to make changes to information in your domain you will to log into your ProviderOne portal. Only the domain administrator or approved users in the organization are able to update information in ProviderOne.

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.

A screenshot of the Business Process Wizard (BPW) interface. The title is 'View/Update Provider Data - Individual'. Below the title is a message: 'Business Process Wizard - Provider Data Modification (Individual). In order to finalize submission of your requested changes, you must complete the FINAL Step - Submit Modification Request for Review.' The main content is a table with columns: Step, Required, Last Modification Date, Last Review Date, and Status. The table lists 20 steps, with the first 19 steps marked as 'Complete' and the 20th step, 'Submit Modification for Review', marked as 'Required'.

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 update any available field that is not greyed out

The screenshot shows the 'Provider Details' form. It is divided into several sections:

- Available Agencies:** A list box containing 'DOC', 'DSHS', and 'HCA'. Below it is an 'Agency:' label.
- Selected Agencies:** A list box containing 'L&I'. There are right and left arrow buttons between the two list boxes.
- Provider Name:** Fields for (First Name) 'Tom', (Middle Name), and (Last Name) 'Smith'. Below these are fields for Suffix (MD), SSN (111111111), and Date of Birth.
- Gender:** A dropdown menu set to 'Male'. Below it is a Title dropdown menu.
- Servicing Type:** A dropdown menu set to 'Regular Provider'.
- NPI Section:** A dropdown menu for 'All medical Providers are federally mandated to have a NPI. Is this Provider required to have a NPI?' set to 'Yes'. Below it is the National Provider Identifier (NPI) field with the value '111111111'.
- W-9 Section:** A dropdown menu for 'W-9 Entity Type' set to 'Individual/Sole Proprietor'. Below it is the 'W-9 Entity Type (If Other):' field.
- Other Information:** A dropdown menu for 'Other Organizational Information' set to 'For Profit'. Below it is the 'Enrollment Effective Date' field with the value '08/24/2022' and a calendar icon. The 'Email Address:' field is also present.
- Status:** A label indicating 'Status: Approved'.

- After you make your changes, click **OK** in the bottom right hand corner of the screen.

Note: You should now see the step displaying an updated status in the BPW.

The screenshot shows the 'View/Update Provider Data - Individual' screen in the Business Process Wizard. It features a table with the following columns: Step, Required, Last Modification Date, Last Review Date, Status, and Modification Status. The 'Step 1: Basic Information' row is highlighted with an orange box around the 'Updated' status.

Step	Required	Last Modification Date	Last Review Date	Status	Modification Status
<input type="checkbox"/> Step 1: Basic Information	Required	12/20/2024	09/24/2024	Complete	Updated
<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	

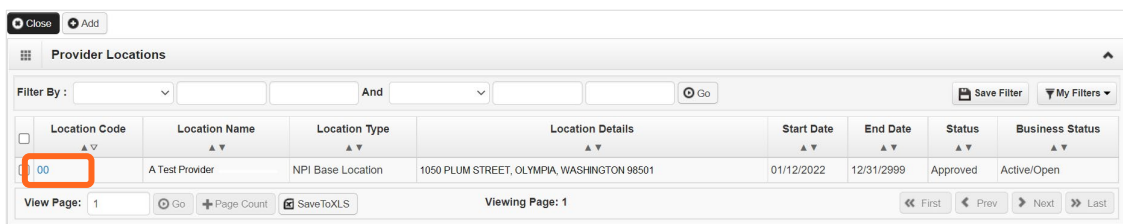
Step 2: Modify Locations

This step isn't applicable for individual servicing providers. Only Regular Billing providers that **do not** bill L&I under a group payee will have location information that can be updated in this step.

MODIFY A LOCATION

Important Note: If your location has changed you should click into the existing location code and update the address information. Only Click "Add" if you open a new location where you will be treating injured workers.

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



The screenshot shows a table titled "Provider Locations". The table has columns for Location Code, Location Name, Location Type, Location Details, Start Date, End Date, Status, and Business Status. The first row has the following 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 also includes filter options, a "Go" button, and pagination controls.

This step has three sections that can be updated:

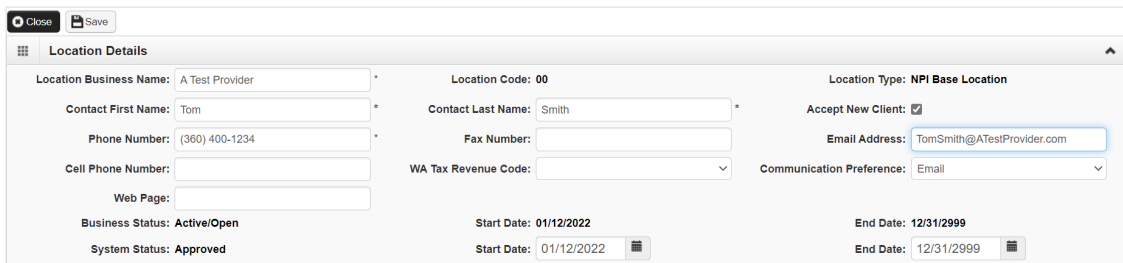
- Location Details contains the contact information, and start and end date for the location.
- L&I Specific Information provides data for the L&I Find a Doctor directory.
- Address List: Each location contains a list with three address types:
 - **Location** (physical address of primary location).

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. It contains 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: [checked], Phone Number: (360) 400-1234, Fax Number: [empty], Email Address: TomSmith@ATestProvider.com, Cell Phone Number: [empty], WA Tax Revenue Code: [dropdown], Communication Preference: Email, Web Page: [empty], 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. The form also includes "Close" and "Save" buttons.

- 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 table with days of the week and their corresponding hours.

Day	Status	Start Time	End Time
Monday	Closed		
Tuesday	Closed		
Wednesday	Closed		
Thursday	Open	8:30 AM	4:30 PM
Friday	Closed		
Saturday	Closed		
Sunday	Closed		

- 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 shown in a light gray color.

- 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 **NEW** location for your business

- Click **Add Address**.

Type of Address: **Mailing** *
Address Input: 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.
 - Leave End Date blank

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

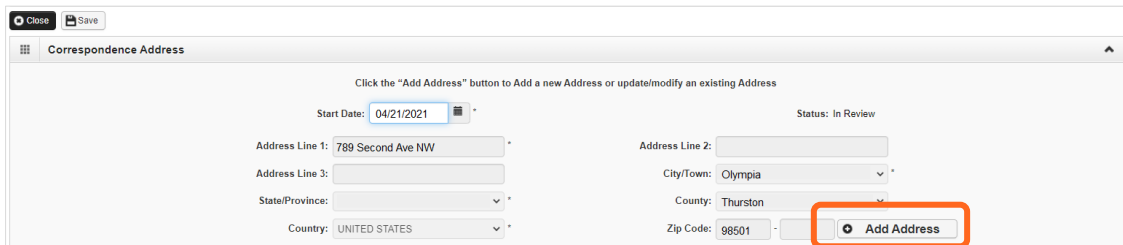
Make additional changes or skip to Step 19 – Submit modification for review.

Step 3: Modify provider information

CORRESPONDENCE ADDRESS

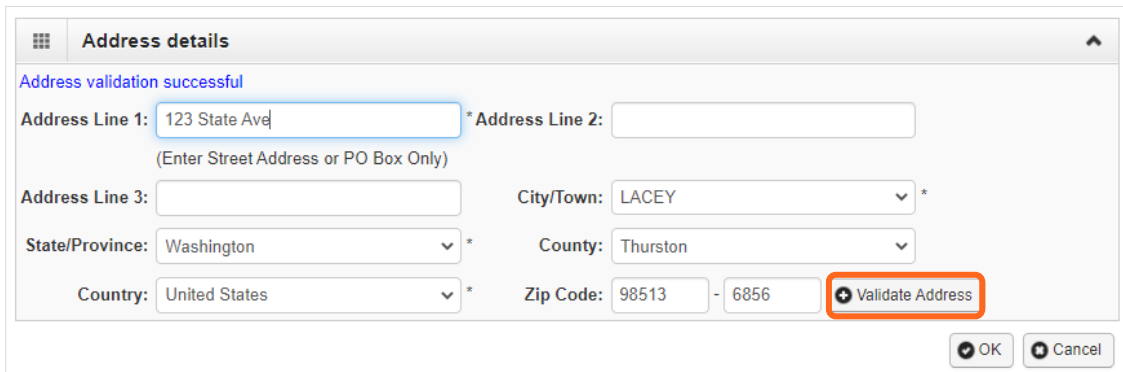
L&I sends any requests or documentation about the care of an injured worker to this address.

- Click **Add Address**.



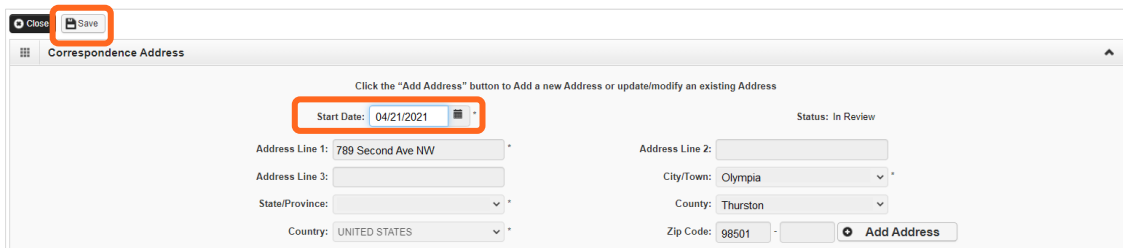
The screenshot shows a web form titled "Correspondence Address". At the top, there are "Close" and "Save" buttons. Below the title, a message reads: "Click the 'Add Address' button to Add a new Address or update/modify an existing Address". The form contains several fields: "Start Date" (04/21/2021), "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 is a message: "Address validation successful". 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. At the top, there are "Close" and "Save" buttons. The "Save" button is highlighted with a red box. Below the title, a message reads: "Click the 'Add Address' button to Add a new Address or update/modify an existing Address". The "Start Date" field (04/21/2021) is also highlighted with a red box. The form contains several fields: "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 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

IMPORTANT NOTE: Do not modify this step unless you hold dual licensure in which you may add an additional specialization, however, any additional specialty you add in this step may 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.

The screenshot shows the 'Specialty/Subspecialty List' interface. 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 table has 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 are 'View Page: 1', 'Go', 'Page Count', 'SaveToXLS', 'Viewing Page: 1', and navigation buttons (First, Prev, Next, Last).

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. The 'Filter By:' dropdown is set to 'Status'. The text 'In %' is entered in the search field. The 'Go' button is highlighted with an orange box.

Note: Enter % to see all entries.

Step 5: 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
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: [Empty]

First Name: PRU TEST INDIVIDUAL

Suffix: [Empty]

Disclosure Start Date: 01/01/2020

Address Line 1: 1234 MAIN STREET

Address Line 3: [Empty]

State/Province: WASHINGTON

Country: UNITED STATES

Ownership Percentage: 100

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

SSN/FEIN: 111222333

Last Name: PRU TEST INDIVIDUAL

Date of Birth: 01/01/1970

Disclosure End Date: 12/31/2999

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: [Empty]

Associated Owner: [Empty]

- 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 2:
Address Line 3:
State/Province: *
Country: *
Ownership Percentage:

SSN/FEIN: *
Minority/Women Owned Business Enterprise(MWOB):
Last Name:
Date of Birth: *
Disclosure End Date: *
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: *

- 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: *

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

If no additional changes need to be made go to Step 19: Submit modification for review, or continue to Step 6 to continue.

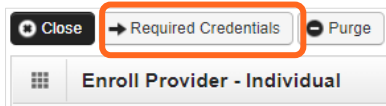
Step 6: Modify licenses and certifications

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

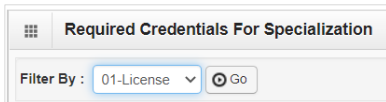
Tip: Make note of all requirements. You may use the Required Credentials tool for multiple steps.

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

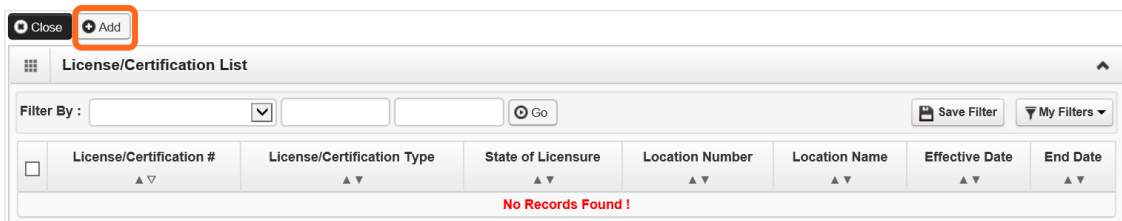
- Click the blue hyperlink in the **License/Certification #** column.
- Enter new or changed information.



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**.



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.

NEXT

If no additional changes need to be made go to Step 19: Submit modification for review, or continue to Step 7 to continue.

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**.

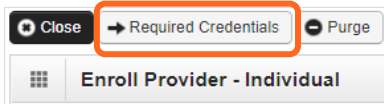
Step 7: Modify training and education

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

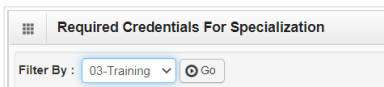
Tip: Make note of all requirements. You may use the Required Credentials tool for multiple steps.

CHECK REQUIRED CREDENTIALS

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



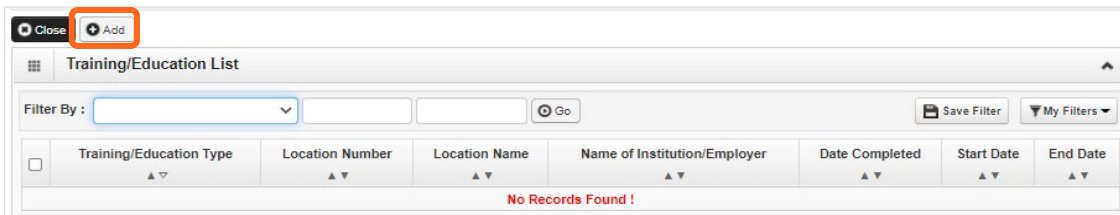
- To view the Training requirements, use the **Filter By** drop-down menu to select **03-Training** and click **Go**.



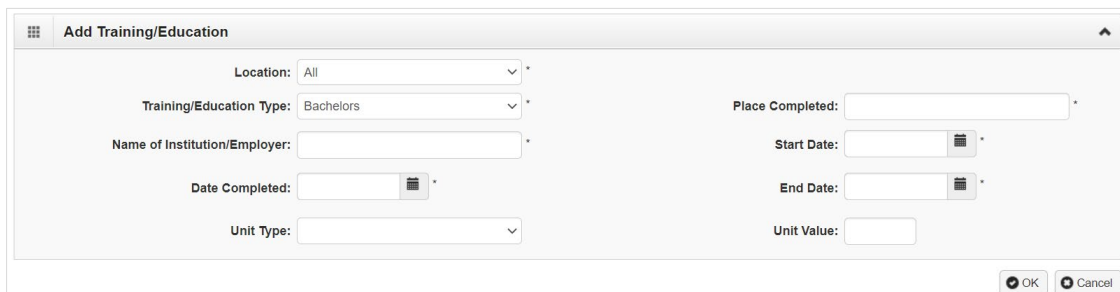
- Training(s) will be displayed, if required.
- When finished, click **Cancel** to close.

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

If no additional changes need to be made go to Step 19: Submit modification for review, or continue to Step 8 to continue.

VIEW SUBMITTED ITEMS

See your changes:

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

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

The screenshot shows a web interface titled "Training/Education List". At the top, there are "Close" and "Add" buttons. Below that is a filter section with "Filter By:" followed by two empty input fields and an "And" separator, and another "Filter By:" followed by two empty input fields. To the right of the second filter is "And Operational Status: Active" with a dropdown arrow and a "Go" button. Below the filter section are "Save Filter" and "My Filters" buttons. The main area is a table with the following columns: Training/Education Type, Name of Institution/Employer, Date Completed, Start Date, End Date, Status, Operational Status, and Inactivation Date. The "Status" column header is highlighted with an orange box. Below the table, the text "No Records Found!" is displayed in red.

- 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 screenshot shows the same filter section as the previous one, but with updates. The first "Filter By:" dropdown is now set to "Status" and the input field next to it contains "In %". The "Go" button in the "And Operational Status" section is highlighted with an orange box.

Note: Enter % to see all entries.

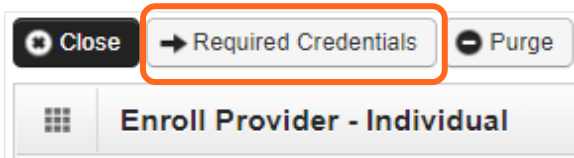
Step 8: Modify identifiers

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**.

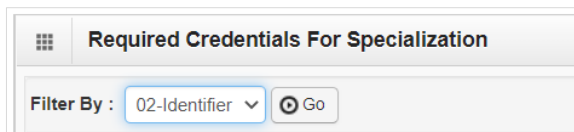
Tip: Make note of all requirements. You may use the Required Credentials tool for multiple steps.

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.

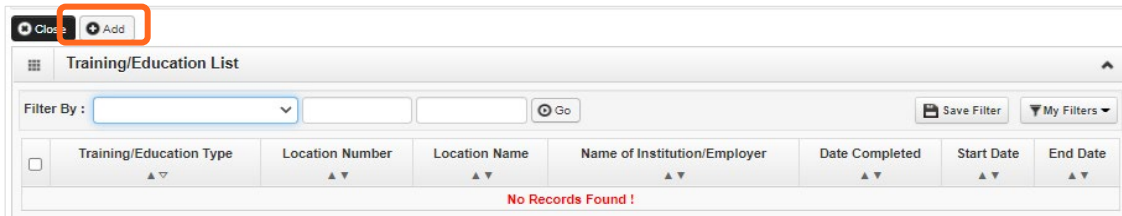
Note: For the End Date field, the date must be in the future (e.g. malpractice policy expiration date). If the identifier is required for an active specialization and you change the End Date to a past date, you can't finish this step.

<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.

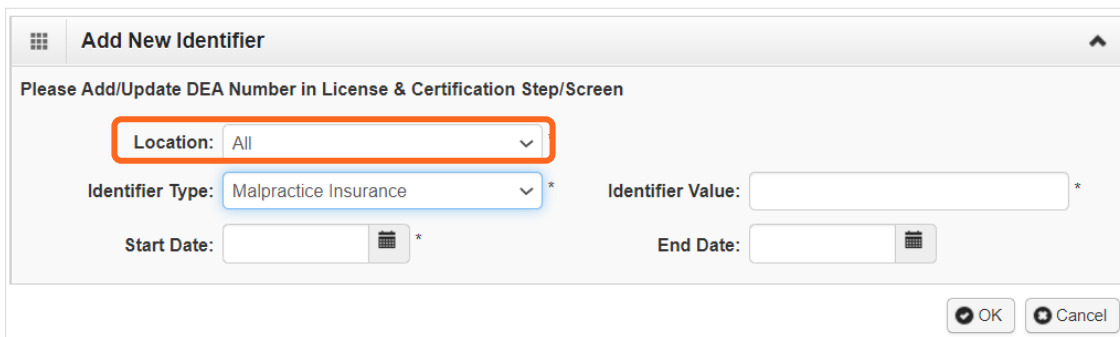
ADD MALPRACTICE INSURANCE

- Click **Add**.



The screenshot shows a window titled "Training/Education List". At the top left, there are "Close" and "Add" buttons. The "Add" button is highlighted with an orange box. Below the title bar, 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. Below this 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, there is a message: "Please Add/Update DEA Number in License & Certification Step/Screen". The form contains the following fields:

- Location:** A dropdown menu with "All" selected. This field is highlighted with an orange box.
- Identifier Type:** A dropdown menu with "Malpractice Insurance" selected.
- Identifier Value:** A text input field with an asterisk (*) next to it.
- Start Date:** A date picker field with an asterisk (*) next to it.
- End Date:** A date picker field with an asterisk (*) next to it.

At the bottom right of the window, there are "OK" and "Cancel" buttons.

NEXT

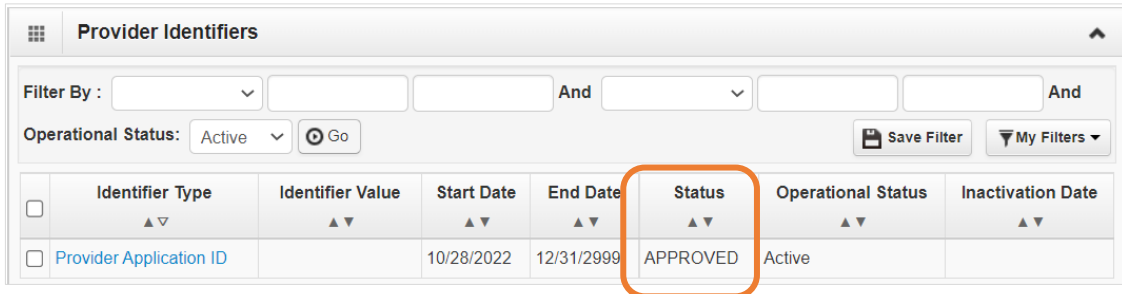
If no additional changes need to be made go to Step 19: Submit modification for review, or continue to Step 9 to continue.

VIEW SUBMITTED ITEMS

See your changes:

- Click **Step 8: Identifiers**.

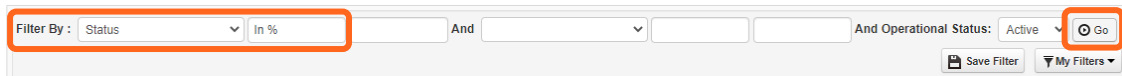
Note: The screen will show only “Approved” entries.



The screenshot shows a table titled "Provider Identifiers". 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 first row shows a "Provider Application ID" with a status of "APPROVED" and an operational status of "Active".

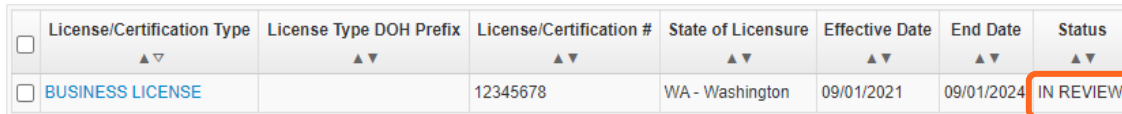
Identifier Type	Identifier Value	Start Date	End Date	Status	Operational Status	Inactivation Date
Provider Application ID		10/28/2022	12/31/2999	APPROVED	Active	

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



The screenshot shows the filter controls for the table. The "Filter By" dropdown is set to "Status" and the "In %" field is entered. 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 Type". The table has columns for 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 first row shows a "BUSINESS LICENSE" with a status of "IN REVIEW".

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

Close

Federal Tax Details

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.

Federal Tax Form

W-9 Form

Delete View Page: 1 Go + Page Count SaveToXLS Viewing Page: 1 << First < Prev > Next >> 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.

Form W-9

To update/correct the data in the disabled fields, please go back to Basic Information step.

Legal Name: A TEST FAOI SSN/FEIN: 11-1111111

W-9 Entity Type: LLC Filing as Corporation UBI:

Business Name:

Exempt from Backup Withholding:

Address

Use Pay-To address from the following location: ---SELECT---

Address Line 1: * Address Line 2: *

Address Line 3: * City/Town: *

State/Province: * County: *

Country: * Zip Code: * Address

Phone Number: *

OK Cancel

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**.

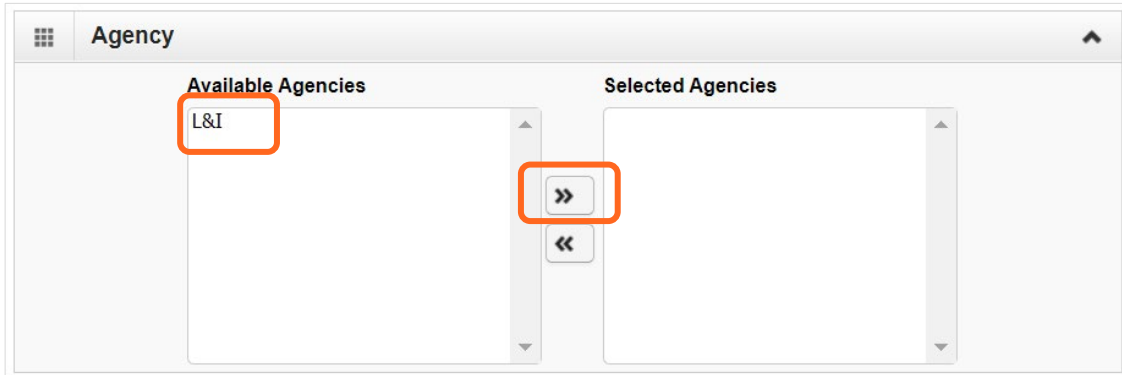
The screenshot shows a table titled "Servicing Providers" with columns: Servicing Provider SSN/FEIN, Servicing Provider NPI, ProviderOne ID / Application #, ProviderOne/Application Name, Agency, Billing Location Code, Billing Location Name, Start Date, and End Date. The "Add" button is highlighted with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

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

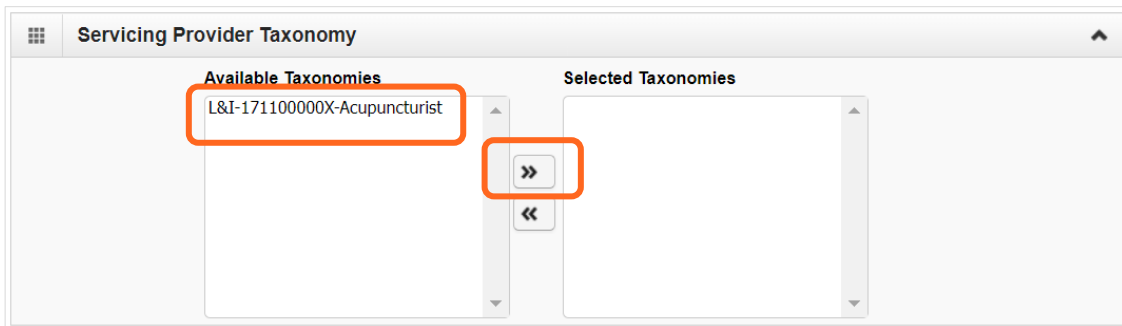
The screenshot shows the "Add Servicing Provider Association" form with fields for SSN/FEIN, NPI, Application Id, ProviderOne Id, Start Date, and End Date. The "Confirm Provider" button is highlighted with a red box.

- 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.

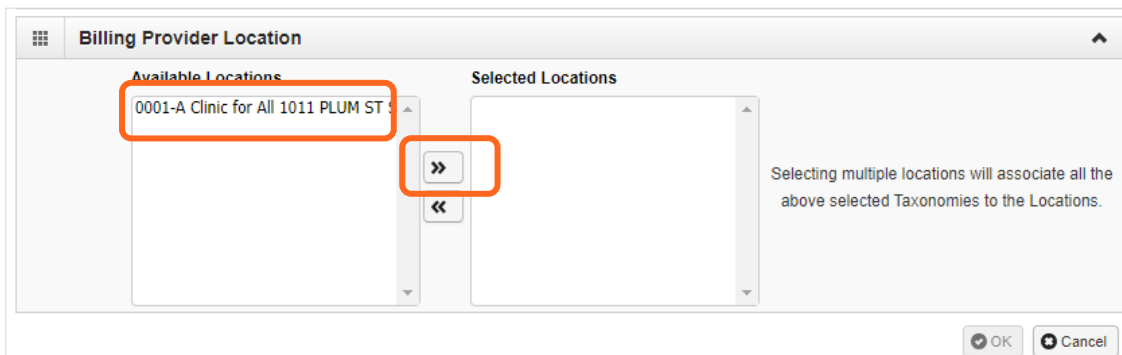
- Click **L&I** and use the double right arrows to move it to the **Selected Agencies** box.



- In **Available Taxonomies**, select your primary taxonomy 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, however doing so will result in multiple provider accounts, it is advised to only select the primary locations you will provide services.



- 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

And Operational Status: Active Go

Save Filter My Filters

- 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 the 'Add' button highlighted in an orange box. The form includes a 'Filter By' section with a dropdown menu, a 'Go' button, and 'Save Filter' and 'My Filters' buttons. Below the filter section is a table with columns for 'Location Number', 'Location Name', and 'Payment Method'. The table currently displays 'No Records Found!' in red text.

ELECTRONIC FUNDS TRANSFER (DIRECT DEPOSIT)

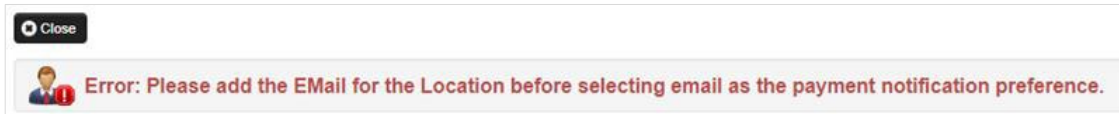
- Click **Electronic Funds Transfer (Direct Deposit)**.

The screenshot shows the 'Payment Details' form with the 'Electronic Funds Transfer (Direct Deposit)' option selected in the 'Payment Method' dropdown. The 'Add' button is also highlighted in an orange box. The form includes sections for 'Identify Payment Details' and 'Financial Institution Information'. The 'Identify Payment Details' section has a 'Location' dropdown set to 'All' and a 'Payment Method' dropdown set to 'Electronic Funds Transfer(Direct Deposit)'. The 'Financial Institution Information' section 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.
- 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.

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**. (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.

- 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

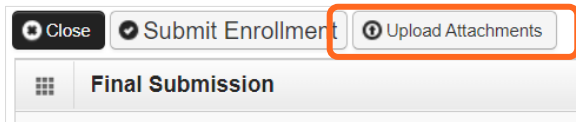
- Click **Close** on the Final Submission page.

Close Submit Provider Modification

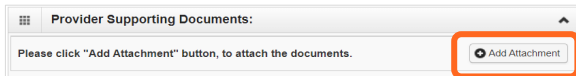
Final Submission

UPLOADING ATTACHMENTS

- Click **Upload Attachments**.



- Click **Add Attachments**.

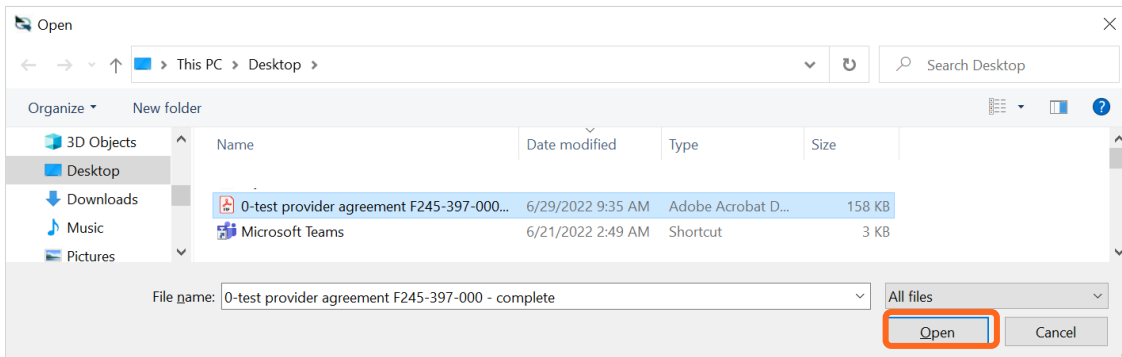


- Use the **Attachment Type** drop-down menu to select the appropriate type.

- Click **Choose File**.

A screenshot of a web form titled 'Please complete all Required Fields *'. It contains several fields: 'Attachment Type' (dropdown menu with 'Provider Agreement' selected), 'Request Type' (dropdown menu with 'Enrollment Application' selected), 'Agency' (dropdown menu with 'L&I' selected), 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 of this section is a 'Filename:' label followed by a 'Choose File' button and the text 'No file chosen'. The 'Choose File' button is highlighted with a red 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.