Enrolling & Managing Servicing Providers

Billing Provider: The company or agency that submits claims and receives payment from ProviderOne for services provided to a client or patient.

Bulk Enrollment: A process for enrolling multiple employees into ProviderOne and associating these employees with a Billing Provider as a Servicing Provider.

Provider ID: The provider's ID number for ProviderOne is a 7-digit number, which is the same as the Domain number. This number is on the authorization with a 2-digit Location ID Code at the end, often "01", *ie: **123456701***. The 7-digit number goes into the column titled "P1 ID of Social Service Provider" and the 2-digit Location ID goes into the column titled "Social Service Provider Location ID"

Roster: A spreadsheet template to upload employee information into ProviderOne, used in bulk enrollments.

Servicing Provider: The caregiving staff or employee providing the actual service to the client. Servicing Provider information is managed by a Billing Provider.

SSSOP: Social Services Servicing-Only Provider. A type of provider status in ProviderOne for agency caregiver staff, who provide direct care to the client. Servicing providers are included on the agency's claim submissions and cannot bill ProviderOne or receive payment for services on their own.

This document covers how to enroll a group of employees into ProviderOne at one time, which will save time from doing manual enrollment for each employee. To begin the bulk enrollment process please open the Roster Template.

The Roster Template is an excel document where the information required to enroll your employees into ProviderOne and associate them with your agency's Provider ID as SSSOPs is entered. This document is then submitted to ProviderOne for rostering each line. This process creates a Servicing-Only Provider ID number for use by agencies when submitting EVV-compliant claims for payment.

Fields highlighted in yellow are required to be completed. Other fields are optional or used by other administrations and should be left blank.

An example of the template, with required columns highlighted, appears below.

A	B	C	D	E	F	G	H	I	J	K	L	M	N
National Provider Identifier	First Name	Middle Name or Middle Initial	Last Name	Agency (Basic Info screen)	Correspondence Address Line 1	Correspondence Address Line 2 (optional)	Correspondence Address Line 3 (optional)	Correspondence Zip Code	Administration (to be used with Taxonomy)	Taxonomy code 1	Taxonomy 1 Start-Date MM/DD/YYYY	Taxonomy 1 End-Date MM/DD/YYYY	Taxonomy code 2 (optional)

Column letter	Template Column Title	Cell Entry	Notes
A	National Provider Identifier	BLANK	There is no expectation that NPIs exist for employees being uploaded. Field can be left empty.
B	First Name	*Employee Specific*	No character limit; hyphens or spaces OK; should match SSN card.
C	Middle Name or Middle Initial	*Employee Specific*	Field can be left empty
D	Last Name	*Employee Specific*	No character limit; hyphens or spaces OK; should match SSN card.
E	Agency (Basic Info screen)	DSHS	Enter DSHS
F-I	Correspondence Fields, Not Used Here	BLANK	Fields can be left empty
J	Administration to be used with Taxonomy	ADSA-H / ADSA-D	The current submission format requires a row for each employee, one for ADSA-H, and one for ADSA-D in this field. This associates the employee to authorizations created by each administration.
K	Taxonomy code 1	3747P1801X	Individual Provider taxonomy code will be used for both individual and agency providers
L	Taxonomy 1 Start-Date	*Event Specific*	Date that the template is completed; Format MM/DD/YYYY
M	Taxonomy 1 End-Date	12/31/2999	Enter default date of 12/31/2999
N—S	Addt'l Taxonomy codes, Not Used Here	BLANK	Fields can be left empty
T	Social Security Number	*Employee Specific*	Format 123456789; *do not* include dash/hyphens. Format column as Text. This ensures SSNs with a leading zero retain that digit.
U	Date of Birth	*Employee Specific*	Format MM/DD/YYYY
V	NPI of associated Group / Facility (medical billing provider number)	*Billing Provider Specific*	Leave this field empty. Home Care Agencies enter ProviderOne ID in the next column.

Table continues on next page.

W	Medical Provider Location ID	BLANK	Field can be left empty
X	P1 ID of associated Group / Facility (social service billing provider number)	*Billing Provider Specific*	Enter the **7-digit** ProviderOne ID, same as the Domain # used to log into ProviderOne.
Y	Social Service Provider Location ID	*Billing Provider Specific*	Enter the **2-digit** Location ID for your agency location, ie "01". To enter more than one Location ID, add a comma and a space between IDs, ie "01, 02, 05". Format column as Text.
Z	Start-date of association with Group / Facility or Social Service Servicing Only Provider	*Event specific*	This should be the 1st of the month that the template is completed; format used is MM/01/YYYY
AA	End-date of association with Group / Facility or Social Service Servicing Only Provider	12/31/2999	Enter the default date of 12/31/2999
AB	Yes to any question on the Enrollment Checklist?	*Employee Specific*	Enter YES or NO; one entry per employee; See Enrollment Checklist (pg. 6) for instructions.
AC	Gender - ("M" for Male, "F" for Female)	*Employee Specific*	Enter M or F; only two options are currently available.
AD	License # (if available)	BLANK	
AE	State of Licensure	BLANK	
AF	License # start-date	BLANK	
AG	License # end-date	BLANK	
AH	DEA # (if available)	BLANK	
AI	DEA # start-date	BLANK	
AJ	DEA # end-date	BLANK	
AK	Billing Agency Email Address	*Billing Provider*	Enter an email address for use by HCA for communication regarding the employee.
AL	Training/Education Type	BLANK	
AM	Place Completed	BLANK	
AN	Name of Institution/Employer	BLANK	
AO	Training/Education Start Date MM/DD/YYYY	BLANK	
AP	Training/Education End Date MM/DD/YYYY	BLANK	
AQ	Training/Education Date Completed MM/DD/YYYY	BLANK	
AR	Identifier Type	BLANK	
AS	Identifier Value	BLANK	
AT	Identifier Start Date MM/DD/YYYY	BLANK	
AU	Identifier End Date MM/DD/YYYY	BLANK	

Enrollment Checklist

Column X of the Roster Spreadsheet requires a 'YES' or 'NO' answer *for each employee*.

We are required to ask these questions as part of the enrollment process. It is generally expected that the answer to all questions will be 'no' and is not intended to place an undue burden on your agency as long as they are answered to the best of your current knowledge. If the answer to ANY of the questions below is yes, then you will need to enter 'YES' into column V for that employee. Only enter 'NO' into column V for each employee if the answer to ALL questions below is No.

1. Has the employee had an exclusion action under Medicare, Medicaid, or any other federal health care program taken against them?

2. Has the employee had any civil money penalties or assessment imposed under Section 1128A of the Social Security Act? More information: http://www.socialsecurity.gov/OP_Home/ssact/title11/1128A.htm

3. Has the employee had any restriction or sanction imposed on their professional license, accreditation, or certification?

4. Has the employee had any program exclusion taken against them? More information: http://exclusions.oig.hhs.gov and https://www.sam.gov/

5. Has the employee been convicted of any health related crimes as defined by Washington State Department of Health? More information: RCW 18.130.180 and WAC 246-16

6. Has the employee been convicted of a criminal offense as described in section 1128A (1), (2), or (3) of the Social Security Act? More information: http://www.socialsecurity.gov/OP_Home/ssact/title11/1128A.htm

7. Has the employee been convicted of a crime involving the abuse, neglect, abandonment, or exploitation of a vulnerable person? More information: WAC 388-71-0540 and RCW 74.34

Bulk Enrollment