

June 2009

## Provider Registration: What You Will Need Before You Start

---

**Before registration** you must get your security credentials. Your security administrator for your organization will provide you with your security credentials. Your security credentials may include multiple security access profiles based on what you will need to do in ProviderOne to do your job. To complete registration activities, you will use the security access profile called “file maintenance.”

**During the registration process** you will be led through many steps with multiple elements. You may not be required to complete every step or element. Please review the following information and collect your needed information prior to your registration date.

---

### System Requirements

Internet Explorer 6.0 or above

For optimal performance, your system should have the following:

Screen resolution of 1024 x 768 or higher (recommended)

Adobe Acrobat Reader 6.0 or above (for reviewing correspondence)

Flash Player version 7.0 or above (for viewing tutorials)

---

- Be assigned the security access profile “EXT Provider File Maintenance”. This is done by your security administrator.
- Basic information, including Name, Tax ID, National Provider Identifier (NPI) and other basic details.
- Physical business location address and mailing address for your main location and any satellite clinics or locations.
- Specialty and subspecialty information for any NPI you will register (taxonomy).
- Ownership information, including Social Security Numbers (SSN) for all owners (if applicable).
- Federal tax details.
- License and certification details specific to the provider’s specializations.
- Method you will use to submit transactions and receive data from DSHS. If you use electronic batch methods, this information includes the electronic data interchange (EDI) transactions used, EDI contact information and EDI software details, and Clearinghouse submitter ID if available.
- Servicing (rendering) provider details for providers associated with your group or organization (birth date, SSN, DEA number, professional license number, NPI, taxonomy, DSHS provider number, specialty and other certifications).
- Information about who will do the billing for servicing (rendering) providers, for example clinics. This includes designation of billing intermediaries as well as group providers who bill on behalf of their rendering practitioners.
- Payment details and preference including bank account information needed to support direct deposit payments if you choose to be paid through electronic funds transfer. Information needed for the electronic receipt of the Remittance Advice.

Below is a more detailed list of information you may need for the registration process.

**Basic information**

- Tax ID (tax ID number or SSN)
- Organization Name (legal name or business name)
- FEIN (Federal Tax ID Number)
- NPI (National Provider Identifier)
- UBI (Unified Business Identifier)
- W-9 Entity Type (individual/sole proprietor; corporation, partnership or limited liability company)
- Other Organizational Information

**Location**

NPI (location to send payments and/or remittance advice - RA) – Base Location

- Location Address
- Mailing Address
- Pay-To Address

NPI Servicing Locations (satellite locations/clinics)

- Location Address
- Mailing Address

**Specializations (Taxonomy breakdown)**

- Location of office/clinic
- Administration (HRSA stands for Medical Assistance on the screen)
- Provider Type
- Specialty
- Subspecialty

**Other possible information** (you will be directed to the steps necessary for you)

- Ownership Details (names, SSN/Tax ID number)
- Licenses and Certifications - Business license for each NPI location
- Identifiers (DEA number, current DSHS provider number; old Medicare provider number)
- Federal Tax Details

**EDI Information:** Required for submitters utilizing File Transfer Protocol (FTP) or Web Batch submittals/retrievals or intend to retrieve 835s.

- Submission Method
- Billing Software Details (Technical details from the Software Vendor)
- Submitter Details (Clearinghouse name and 7-digit ProviderOne ID number)
- Contact Information for your EDI contact
- Provider Details (payment and RA)

For more information about ProviderOne registration, visit our website:  
<http://maa.dshs.wa.gov/ProviderOne/Registration.htm>