

# MEDICAID WASHINGTON / PROVIDER ONE (MC006) PRE-ENROLLMENT INSTRUCTIONS



## WHAT FORM(S) SHOULD I DO?

- Go to <https://www.waproviderone.org/>
  - Enter your Domain, Username & Password.
  - Complete steps 1-18 and steps 11 & 13 under Enroll Provider
  - Step 11 Add EDI Submission Method - check Billing Agent/Clearinghouse
  - Step 13 Add EDI Submitter Details - Enter Office Ally ID 1054165 and choose authorized transactions 277U. Do not choose any other transaction. They are not supported by Office Ally. Under Authorized column change this transaction to YES than save and close.
  - Step 14 Add your Organizations contact information. Under “Electronic Transactions” Select 837P and 835.
  - Step 16 Add Payment Details - complete for EFT or Paper Check
  - Step 17 Complete Enrollment Checklist
  - Step 18 Submit Enrollment Application for Review

For additional help for individual Billing Provider:

[http://www.hca.wa.gov/sites/default/files/billers-and-providers/manual\\_enrollingindividual.pdf](http://www.hca.wa.gov/sites/default/files/billers-and-providers/manual_enrollingindividual.pdf)

For additional help for Group Provider:

[http://www.hca.wa.gov/sites/default/files/billers-and-providers/manual\\_enrollinggroup.pdf](http://www.hca.wa.gov/sites/default/files/billers-and-providers/manual_enrollinggroup.pdf)

For additional help for Facility, Agency, and Organization Provider:

[http://www.hca.wa.gov/sites/default/files/billers-and-providers/manual\\_enrollingfao.pdf](http://www.hca.wa.gov/sites/default/files/billers-and-providers/manual_enrollingfao.pdf)

## WHAT IS THE TURNAROUND TIME FOR ENROLLMENT?

- Standard processing time is 7 days.

## HOW DO I CHECK STATUS?

- If you have questions regarding the ProviderOne registration process, contact the ProviderOne Help Desk at (800) 562-3022 or email [providerone@dshs.wa.gov](mailto:providerone@dshs.wa.gov). Be sure to include your application number.
- Once enrollment has been approved, you **MUST** contact Office Ally at (360) 975-7000 Option 1 and notify us of the approval **BEFORE** submitting claims for electronic transmission.