

Washington State  
Health Care Authority

Adding the Drug Enforcement  
Agency Number (DEA)

# After this training a provider will:

- Successfully log into ProviderOne with correct profile to complete file maintenance.
- Successfully add in a providers Drug Enforcement Agency (DEA) number.
- Successfully submit changes for approval by the agency.

# Log into ProviderOne

- Once logged in with the correct Domain, User Name, and password choose one of the following ProviderOne profiles:
  - ✓ EXT Provider Super User
  - ✓ EXT Provider File Maintenance

Welcome  
to the  
Medicaid Management Information System  
for



Select a profile to use during this session:  \*



# Adding the DEA Number

- From the business process wizard click on the hyperlink titled **“Step 7: Add Identifiers”**

Enroll Provider -Individual:

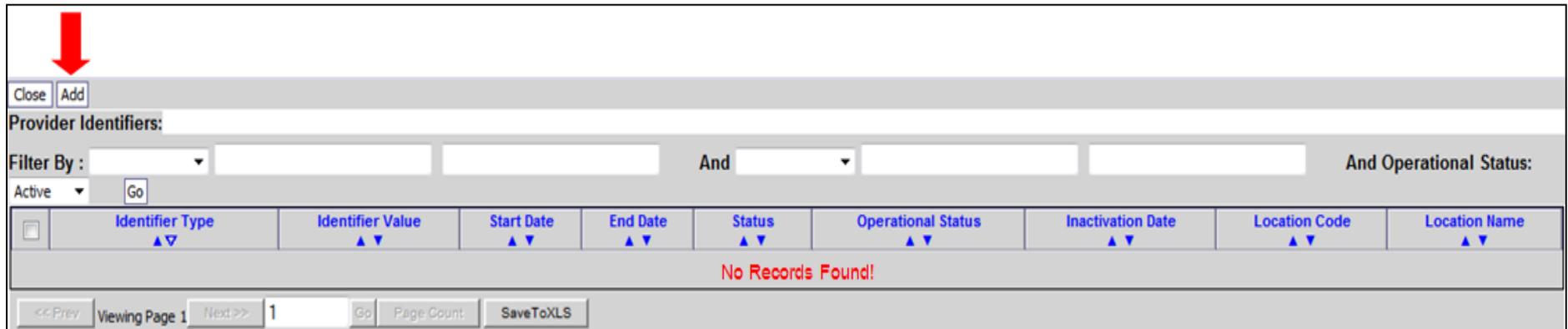
Business Process Wizard-Provider Enrollment (Individual). Click on the Step # under the Step Column

Step	Required	Start Date	End Date	Status	Step Remark
Step 1: Provider Basic Information	Required	08/30/2012	08/30/2012	Complete	
Step 2: Add Locations	Not Required			Incomplete	
Step 3: Add Specializations	Required	08/30/2012	08/30/2012	Complete	
Step 4: Add Ownership Details	Not Required			Incomplete	
Step 5: Add Licenses and Certifications	Required	08/30/2012	08/30/2012	Complete	
Step 6: Add Training and Education	Optional			Incomplete	
Step 7: Add Identifiers	Optional			Complete	
Step 8: Add Contract Details	Not Required			Incomplete	
Step 9: Add Federal Tax Details	Optional			Incomplete	
Step 10: Add Invoice Details	Not Required			Incomplete	
Step 11: Add EDI Submission Method	Not Required			Incomplete	
Step 12: Add EDI Billing Software Details	Not Required			Incomplete	
Step 13: Add EDI Submitter Details	Not Required			Incomplete	
Step 14: Add EDI Contact Information	Not Required			Incomplete	
Step 15: Add Billing Provider Details	Optional			Incomplete	
Step 16: Add Payment Details	Not Required			Incomplete	
Step 17: Complete Enrollment Checklist	Required			Incomplete	
Step 18: Submit Enrollment Application for Review	Required			Incomplete	

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# Step 7: Provider Identifiers

- Click on the “**Add**” button in the upper left hand corner of the screen



The screenshot shows a web application interface for managing provider identifiers. At the top left, there are two buttons: "Close" and "Add". A large red arrow points to the "Add" button. Below the buttons is a search bar labeled "Provider Identifiers:". Underneath the search bar is a filter section with the text "Filter By:" followed by two input fields, the word "And", another two input fields, and the text "And Operational Status:". Below the filter section is a table with the following columns: "Identifier Type", "Identifier Value", "Start Date", "End Date", "Status", "Operational Status", "Inactivation Date", "Location Code", and "Location Name". Each column header has a small triangle icon indicating it can be sorted. Below the table, the text "No Records Found!" is displayed in red. At the bottom of the screen, there is a pagination bar with the text "Viewing Page 1" and a "SaveToXLS" button.

- ✓ **Note:** If there is no other identifiers currently listed on the provider file the screen will populate as shown with the “**No Records Found!**” listed.

# Step 7: Add New Identifiers

- Required pieces of information which are needed:
  - ✓ Identifier Type
  - ✓ Identifier Value
  - ✓ Start Date
  - ✓ End Date

Add New Identifier:

Identifier Type:	<input type="text" value="Adult Family Home Number"/> *	Identifier Value:	<input type="text"/> *
Start Date:	<input type="text"/> *	End Date:	<input type="text"/>

OK Cancel

# Step 7: Add New Identifiers

- Choose the “**Drug Enforcement Agency (DEA) Number**” option from the “**Identifier Type**” box drop down

Add New Identifier:

Identifier Type:	Adult Family Home Number *	Identifier Value:	<input type="text"/>
Start Date:	<ul style="list-style-type: none"><li>Adult Family Home Number</li><li>Agency Number</li><li>Case Management System Number</li><li>DSHS Administration Program Identifier</li><li><b>Drug Enforcement Agency (DEA) Number</b></li><li>Foster Care Home Number</li><li>Health Plan Association Number</li><li>Legacy MMIS Provider ID</li><li>Legacy Trading Partner Identification Number</li><li>Other ProviderOne Provider ID</li><li>Provider Medicare Number</li><li>SSN</li><li>Social Service Payment System (SSPS) Number</li></ul>	End Date:	<input type="text"/>

OK Cancel



# Step 7: Add New Identifiers

- Enter the “**Identifier Value**”. This will be the DEA Registration Number listed on the DEA certificate

Add New Identifier:

Identifier Type:  \*

Identifier Value:  \* 

Start Date:  \*

End Date:

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE  
UNITED STATES DEPARTMENT OF JUSTICE  
DRUG ENFORCEMENT ADMINISTRATION  
WASHINGTON, D.C. 20537

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FFR PAID
AM6719412	05-31-2013	\$600

SCHEDULES	BUSINESS ACTIVITY	DATE ISSUED
2, 2N, 3 3N, 4, 5	MLP-Nurse Practitioner	05/16/2010

Mary Jane  
123 ABC Street  
Anytown, US 12345

U.S. Department of Justice  
Drug Enforcement Administration

Registered Activity within schedule is restricted by your State.

Sections 304 and 1008 (21 U.S.C. 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, BUSINESS ACTIVITY, OR VALID AFTER THE EXPIRATION DATE.

Form DEA-223 (05/04)

# Step 7: Add New Identifiers

- Enter the “**Start Date**” and “**End Date**”.
- Once completed click on the “**OK**” button.

Add New Identifier:

Identifier Type:  \*      Identifier Value:  \*

Start Date:  \*      End Date:

**CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE**  
UNITED STATES DEPARTMENT OF JUSTICE  
DRUG ENFORCEMENT ADMINISTRATION  
WASHINGTON, D.C., 20537

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FFF PAID
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Form DEA-223 (05/04)

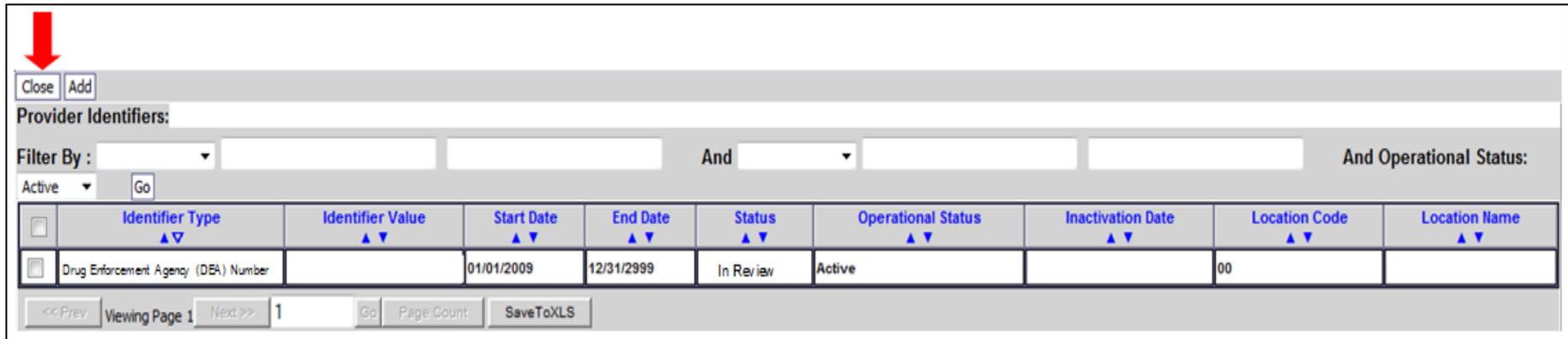
# Step 7: Provider Identifiers

- Once entered the newly added “**Identifier**” will not be visible.
- Click on the “**Filter By**” drop down and choose the word “**Status**”
- In the next empty box enter a “%” sign. This is a wildcard search in ProviderOne. Click the “**Go**” button

The screenshot shows the 'Provider Identifiers' search interface. At the top, there are 'Close' and 'Add' buttons. Below them is the 'Provider Identifiers:' label. The search criteria are defined by 'Filter By' (set to 'Status'), a search field containing '%', and 'And Operational Status'. A table below the search criteria shows columns for 'Date', 'Identifier Type', 'Location Code', 'Location Name', 'Status', 'Operational Status', 'Inactivation Date', 'Location Code', and 'Location Name'. The table is currently empty, displaying 'No Records Found!' in red text. A red arrow points to the 'Status' option in the 'Filter By' dropdown menu. At the bottom, there are navigation buttons: '<< Prev', 'Viewing Page 1', 'Next >>', 'Go', 'Page Count', and 'SaveToXLS'.

# Step 7: Add New Identifiers

- The newly added identifier will be displayed and will be shown as an **“In Review”** record
- Click on the **“Close”** button to return to the business process wizard to finalize updates



Close Add

Provider Identifiers:

Filter By :  And  And Operational Status:

Active

<input type="checkbox"/>	Identifier Type ▲▼	Identifier Value ▲▼	Start Date ▲▼	End Date ▲▼	Status ▲▼	Operational Status ▲▼	Inactivation Date ▲▼	Location Code ▲▼	Location Name ▲▼
<input type="checkbox"/>	Drug Enforcement Agency (DEA) Number		01/01/2009	12/31/2999	In Review	Active		00	

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# Submit File Updates for Agency Review

- After successfully entering the DEA number click on **“Step 18: Submit Enrollment Application for Review”** hyperlink to submit updates for agency review.

Enroll Provider -Individual:

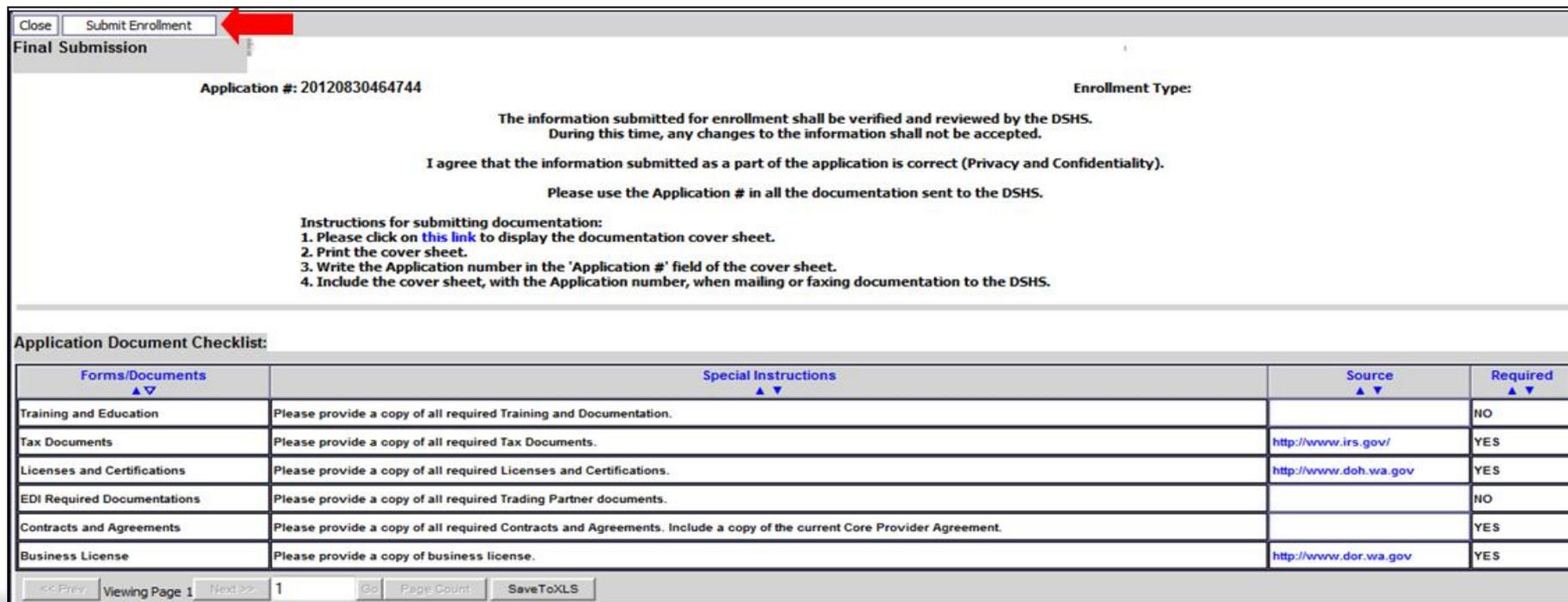
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Step 6: Add Training and Education	Optional			Incomplete	
Step 7: Add Identifiers	Optional	08/30/2012	08/30/2012	Complete	
Step 8: Add Contract Details	Not Required			Incomplete	
Step 9: Add Federal Tax Details	Optional			Incomplete	
Step 10: Add Invoice Details	Not Required			Incomplete	
Step 11: Add EDI Submission Method	Not Required			Incomplete	
Step 12: Add EDI Billing Software Details	Not Required			Incomplete	
Step 13: Add EDI Submitter Details	Not Required			Incomplete	
Step 14: Add EDI Contact Information	Not Required			Incomplete	
Step 15: Add Billing Provider Details	Optional			Incomplete	
Step 16: Add Payment Details	Not Required			Incomplete	
Step 17: Complete Enrollment Checklist	Required			Incomplete	
Step 18: Submit Enrollment Application for Review 	Required			Incomplete	

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# Submit File Updates for Agency Review

- Click on the “**Submit Enrollment**” button to finalize submission.
- You must submit a copy of the DEA certificate to the agency. Use the hyperlink titled “**This Link**” from this page to print a document cover sheet.



Close Submit Enrollment

Final Submission

Application #: 20120830464744 Enrollment Type:

The information submitted for enrollment shall be verified and reviewed by the DSHS. During this time, any changes to the information shall not be accepted.

I agree that the information submitted as a part of the application is correct (Privacy and Confidentiality).

Please use the Application # in all the documentation sent to the DSHS.

Instructions for submitting documentation:

1. Please click on [this link](#) to display the documentation cover sheet.
2. Print the cover sheet.
3. Write the Application number in the 'Application #' field of the cover sheet.
4. Include the cover sheet, with the Application number, when mailing or faxing documentation to the DSHS.

Application Document Checklist:

Forms/Documents ▲▼	Special Instructions ▲▼	Source ▲▼	Required ▲▼
Training and Education	Please provide a copy of all required Training and Documentation.		NO
Tax Documents	Please provide a copy of all required Tax Documents.	<a href="http://www.irs.gov/">http://www.irs.gov/</a>	YES
Licenses and Certifications	Please provide a copy of all required Licenses and Certifications.	<a href="http://www.doh.wa.gov">http://www.doh.wa.gov</a>	YES
EDI Required Documentations	Please provide a copy of all required Trading Partner documents.		NO
Contracts and Agreements	Please provide a copy of all required Contracts and Agreements. Include a copy of the current Core Provider Agreement.		YES
Business License	Please provide a copy of business license.	<a href="http://www.dor.wa.gov">http://www.dor.wa.gov</a>	YES

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# Submit Documents with file update

- Select NPI as the value then fill in the next box with the NPI.
- When completed click on the **"Print Cover Sheet"** and fax in the DEA document.

## Provider Information Update Request Submission Cover Sheet

Provider Identifier Type

Select NPI

( Select Identifier type )

Provider ID

( Please enter numeric value. Length based on Identifier type . )



Print Cover Sheet

Clear Fields

Instructions will not appear  
on the printed coversheet

### INSTRUCTIONS:

Click ENTER on your keyboard after typing the number in above.

Please use the Print Cover Sheet Button Above to print ONLY.

Use Only ADOBE Reader to generate this coversheet. Other readers will not generate the barcode correctly.

FAX to : 1-866-668-1214.

THE BAR CODE COVER SHEET SHOULD BE THE FIRST PAGE OF YOUR FAX WITH ALL SUPPORTING DOCUMENTATION BEHIND THE BAR CODE SHEET.

# Resources

- Problems? Contact Provider Enrollment at 1-800-562-3022 ext. 16137
- Provider Enrollment web page at <http://hrsa.dshs.wa.gov/ProviderEnroll/enroll.shtml#provider>.
- See the Provider Training web site for links to recorded Webinars, E-Learning, and Manuals <http://www.dshs.wa.gov/provider/training.shtml>.

# Questions

