



Long-Term Care Foundation

of Washington State

ProviderOne: Viewing Your Claims and Payments

September 2021

Presented by:

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Objectives

- Understand where to find payment details once you have submitted your claim.
- Know how to identify when a claim is adjusted and the order of your claims.
- Understand the connection between the Remittance Advice (RA) and your Social Service Claim Inquiry screen.
- Know where to find more information related to a potential overpayment (OP) based on the details available on the OP notice.

Disclaimer

- The information in this presentation is for Social Service only claims the instructions do not apply to Social Service Medical claims.
- This training assumes that you know how to successfully submit new claims and that you know how to complete a claim adjustment or claim void.

Agenda

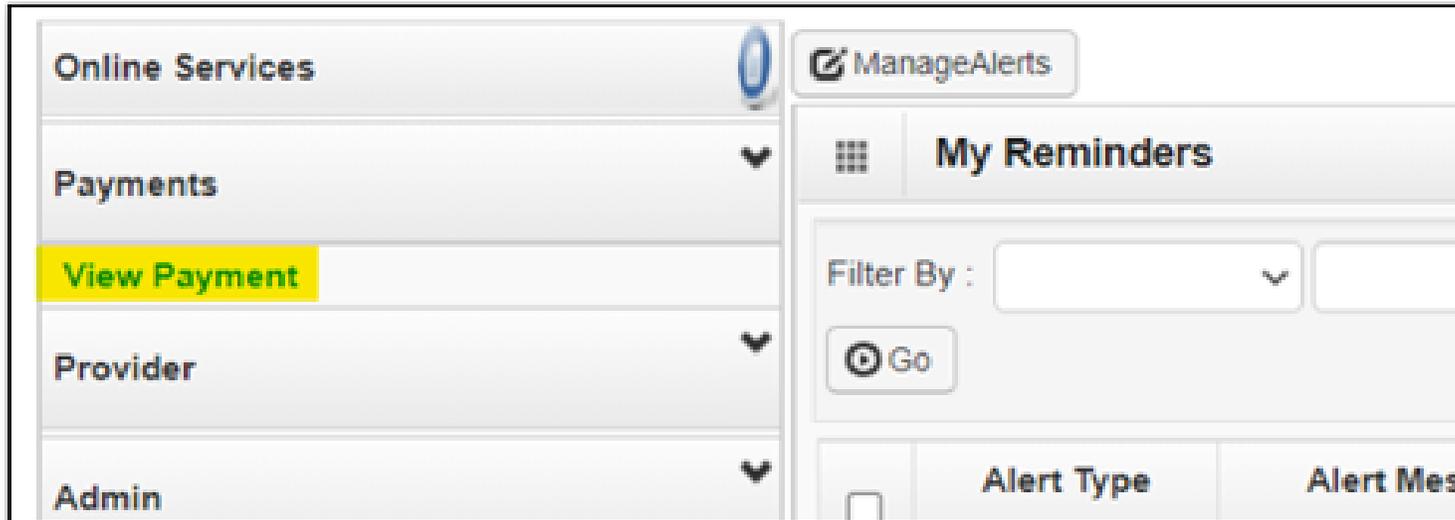
- View Payment
 - What is your View Payment list?
 - What is the Remittance Advice (RA)?
 - How do you Navigate the RA?
- Social Service Claim Inquiry
 - Why would you look at Social Service Claim Inquiry?
 - What details are available?
 - Where can you find more information?
- Review examples of RA and Claim Inquiry following an original claim and an adjustment.
- Show an example of an Overpayment notice and the relevant details in the ProviderOne Portal.

ProviderOne: Provider Portal

The screenshot displays the ProviderOne Provider Portal interface. At the top, the user is identified as Jacquelyn M. Pinkerton, with a profile for EXT Provider Social Services. The navigation menu on the left includes sections for Online Services, Payments, Provider, Admin, and Social Services Authorization and Billing. The main content area is divided into three sections: 'My Reminders' (with a 'No Records Found!' message), 'Your Recent Online Activities' (listing login and site visit events), and a 'Calendar' for August 2021. The footer shows technical information: Page ID: pgProviderPortal(Provider), Environment: UAT, ID: app02_200, and Server Time: 08/27/2021 11:38:17 PDT.

- From your Online Services menu you can select
 - Payments: View Payment
 - Social Services Authorization and Billing: Social Service Claim Inquiry

ProviderOne: View Payment



- What is your View Payment list
- What is the Remittance Advice (RA)
- How do you Navigate the RA

ProviderOne: View Payment

Close

RA/ETRR Payment List

Filter By : And

Go Save Filter My Filters

RA/ETRR Number	Check Number	Check/ETRR Date	RA Date	Claim Count	Charges	Payment Amount	Adjusted Amount	Download
		871 09/02/2021	09/02/2021	1	-\$1,504.16	\$0.00	-\$1,504.16	
		872 09/02/2021	09/02/2021	2	-\$1,728.02	\$0.00	-\$1,728.02	
	JVAI	004 08/26/2021	08/26/2021	3	-\$1,880.20	\$0.00	-\$376.04	
		9SI 08/26/2021	08/26/2021	3	\$15,058.46	\$13,106.94	\$1,949.52	
		1SI 08/19/2021	08/19/2021	2	\$0.00	\$1,853.92	-\$1,853.92	

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Page Count SaveToXLS

Page ID: pgRAPaymentsList(Claims) Environment: UAT ID: app01_200 Server Time: 09/08/2022 11:51:25 PDT

- The RA Number and RA Date found in this list should match the numbers and dates in your Social Service Claim Inquiry list.
- The \$ amounts listed on this page are gross amounts and you can view the specific RA for more details related to allowed charges, deductions, denied claims, and adjustments.

ProviderOne: View Payment, RA

Close

RA/ETRR Payment List

Filter By : And

Go Save Filter My Filters

RA/ETRR Number	Check Number	Check/ETRR Date	RA Date	Claim Count	Charges	Payment Amount	Adjusted Amount	Download
		871 09/02/2021	09/02/2021	1	-\$1,504.16	\$0.00	-\$1,504.16	
		872 09/02/2021	09/02/2021	2	-\$1,728.02	\$0.00	-\$1,728.02	
	JVAI	004 08/26/2021	08/26/2021	3	-\$1,880.20	\$0.00	-\$376.04	
		9SI 08/26/2021	08/26/2021	3	\$15,058.46	\$13,108.94	\$1,949.52	
		1SI 08/19/2021	08/19/2021	2	\$0.00	\$1,853.92	-\$1,853.92	

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Page Count SaveToXLS

Page ID: pgRAPaymentsList(Claims) Environment: UAT ID: app01_200 Server Time: 09/06/2021 11:51:25 PDT

Remittance Advice (RA)

- Payment details
- Claims Summary
- Provider Adjustment
- RA Categories
- RA Documents
- Adjustment Reason Codes/ NCPDP Rejection Codes

ProviderOne: Remittance Advice

Prepared Date: 08/26/2021

RA Date: 08/26/2021

RA Number: 50	56	
Warrant/EFT #:	6!	Warrant/EFT Date: 8/25/2021
Warrant EFT Amount: \$2845.96		Payment Method: EFT

Page 2

Claims Summary

Provider Adjustments

Billing Provider	Category	Total Billed Amount	Total Allowed Amount	Total Sales Tax	Total Client Resp Amount	Total Paid	Billing Provider	FIN Invoice Number/ Parent TCN	Source	Adjust. Type	Previous Balance Amt	Adjust. Amount	Remaining Balance Amt
11 9	Paid	\$4618.74	\$4618.74	\$0.00	\$1967.48	\$2651.26	11 9	2172. x/ 55 4431.....	xx System Initiated	NOC Invoice	\$0.00	\$0.00	\$472.12
11 9	Denied	\$81.00	\$0.00	\$0.00	\$0.00	\$0.00	11 9	2172. x/ 55 4431:	xx System Initiated	NOC Referred CARS	\$472.12	\$472.12	\$0.00
11 9	Adjustments	\$394.79	\$394.79	\$0.00	\$672.21	-\$277.42							

Total Adjustment Amount: \$472.12

ProviderOne: Remittance Advice

Prepared Date: 08/26/2021

RA Date: 08/26/2021

RA Number: 50 56

Warrant/EFT #: 6!

Warrant/EFT Date: 8/25/2021

Warrant EFT Amount: \$2845.96

Payment Method: EFT

Page 2

Claims Summary

Provider Adjustments

Billing Provider	Category	Total Billed Amount	Total Allowed Amount	Total Sales Tax	Total Client Resp Amount	Total Paid	Billing Provider	FIN Invoice Number/ Parent TCN	Source	Adjust. Type	Previous Balance Amt	Adjust. Amount	Remaining Balance Amt
11	9 Paid	\$4618.74	\$4618.74	\$0.00	\$1967.48	\$2651.26	11	9 2172: xx x/ 55 4431:	System Initiated	NOC Invoice	\$0.00	\$0.00	\$472.12
11	9 Denied	\$81.00	\$0.00	\$0.00	\$0.00	\$0.00	11	9 2172: xx x/ 55 4431:	System Initiated	NOC Referred CARS	\$472.12	\$472.12	\$0.00
11	9 Adjustments	\$394.79	\$394.79	\$0.00	\$672.21	-\$277.42							

Total Adjustment Amount: \$472.12

ProviderOne: Remittance Advice

Prepared Date: 08/26/2021

RA Date: 08/26/2021

RA Number: 50: 56

Warrant/EFT #: 6!

Warrant EFT Amount: \$2845.96

Warrant/EFT Date: 8/25/2021

Payment Method: EFT

Page 2

Claims Summary

Provider Adjustments

Billing Provider	Category	Total Billed Amount	Total Allowed Amount	Total Sales Tax	Total Client Resp Amount	Total Paid	Billing Provider	FIN Invoice Number/ Parent TCN	Source	Adjust. Type	Previous Balance Amt	Adjust. Amount	Remaining Balance Amt
11 9	Paid	\$4618.74	\$4618.74	\$0.00	\$1967.48	\$2651.26	11 9	2172: xx x/ 55 4431:	System Initiated	NOC Invoice	\$0.00	\$0.00	\$472.12
11 9	Denied	\$81.00	\$0.00	\$0.00	\$0.00	\$0.00	11 9	2172: xx x/ 55 4431:	System Initiated	NOC Referred CARS	\$472.12	\$472.12	\$0.00
11 9	Adjustments	\$394.79	\$394.79	\$0.00	\$672.21	-\$277.42							

Total Adjustment Amount: \$472.12

<https://www.hca.wa.gov/assets/billers-and-providers/providerone-billing-and-resource-guide.pdf>

ProviderOne: Remittance Advice

Common Adjustment Types : Reflected on Page 2 of your RA under Provider Adjustments

P1OFF Invoice

This occurs when you owe HCA payment due to adjustments exceeding payments. In these cases, HCA creates an account receivable, which is satisfied by either:

- Taking payment from a future paid claim, or
- Through a receivable sent to CARS (Collections and Accounts Receivable System) to initiate the recovery. The latter only happens if the P1OFF is not satisfied after six months, at which point it becomes an ATC Referred to CARS (see below).

P1OFF Recoupment

This identifies the payments used to satisfy HCA's accounts receivable. This typically posts immediately following a P1OFF invoice line.

ProviderOne: Remittance Advice

Common Adjustment Types : Reflected on Page 2 of your RA under Provider Adjustments

NOC Invoice

A Non-Offset receivable is created for transfer to CARS. The creation of this receivable can be a result of voiding a claim or net negatively adjusting a claim.

These are caused by:

- Adjusting an old claim
- Payment Review Program (PRP) recoupment of an old claim
- HCA doing a mass adjustment which affects old claims

NOC Referred to CARS

A claim is adjusted but ProviderOne will not use paid claims to satisfy the amount owed. Instead these amounts are referred directly to OFR for recovery.

ProviderOne: Remittance Advice

Common Adjustment Types : Reflected on Page 2 of your RA under Provider Adjustments

COFF Invoice	CARS creates a CARS Offset Invoice in OFIN for each request sent to ProviderOne from CARS. Direct all questions about COFF offsets to OFR at 1-800-562-6114.
COFF Recoupment	OFR accepts a receivable to collect, and OFR sends back a request to take other payments for paid claims from you to satisfy the receivable. There should be other paid claims on the RA, and some of those payments go to OFR to help satisfy the debt.
COFF Referred to CARS	ProviderOne tried to recover a dollar amount you owed HCA but did not have a sufficient total of claim payments post in the last six months to satisfy the debt. The balance owed is sent to the Office of Financial Recovery (OFR) for collection.

ProviderOne: Remittance Advice

RA Number:		Warrant/EFT #:		Warrant/EFT Date:		Prepared Date:		RA Date:		Page 3				
Category: Paid		S!		08/26/2021		08/26/2021		08/26/2021						
Billing Provider:		1												
Client Name / Client ID / Med Record # / Patient Acct # / Original TCN/	TCN / Claim Type / RX Claim # / Inv # / Auth #	Line #	Rendering Provider / RX # / Auth office #	Service Date(s)	Svc Code or NDC / Mod / Rev & Class Code	Total Units or D/S	Billed Amount	Allowed Amount	Sales Tax	TPL Amount	Client Responsible Amount	Paid Amount	Remark Codes	Adjustment Reason Codes / NCPDP Rejection Codes
L 20	55212370 ADSA-H 102	1	167	04/01/2021- 04/01/2021	T1020 U1	1.0000	\$246.86	\$246.86	\$0.00	\$0.00	\$246.86	\$0.00		142 45 94 = \$246.86

RA Number:		Warrant/EFT #:		Warrant/EFT Date:		Prepared Date:		RA Date:		Page 3				
Category: Adjustments		871		09/02/2021		09/02/2021		09/02/2021						
Billing Provider:		14												
Client Name / Client ID / Med Record # / Patient Acct # / Original TCN/	TCN / Claim Type / RX Claim # / Inv # / Auth #	Line #	Rendering Provider / RX # / Auth office #	Service Date(s)	Svc Code or NDC / Mod / Rev & Class Code	Total Units or D/S	Billed Amount	Allowed Amount	Sales Tax	TPL Amount	Client Responsible Amount	Paid Amount	Remark Codes	Adjustment Reason Codes / NCPDP Rejection Codes
B 20 552	75 ADSA-H 102	1	167	07/21/2020- 07/21/2020	T1020 U1	1.0000	-\$188.02	-\$188.02	\$0.00	\$0.00	\$0.00	-\$188.02		129 = \$0.00

ProviderOne: Remittance Advice

RA Number: 50		Warrant/EFT #: D		Warrant/EFT Date: 09/02/2021		Prepared Date: 09/02/2021		RA Date: 09/02/2021		Page 3				
Category: Adjustments		Billing Provider: 11												
Client Name / Client ID / Med Record # / Patient Acct # / Original TCN/	TCN / Claim Type / RX Claim # / Inv # / Auth #	Line #	Rendering Provider / RX # / Auth office #	Service Date(s)	Svc Code or NDC / Mod / Rev & Class Code	Total Units or D/S	Billed Amount	Allowed Amount	Sales Tax	TPL Amount	Client Responsible Amount	Paid Amount	Remark Codes	Adjustment Reason Codes / NCPDP Rejection Codes
B 2 5	752 ADSA-H 102	0 1	167	07/21/2020- 07/21/2020	T1020 U1	1.0000	-\$188.02	-\$188.02	\$0.00	\$0.00	\$0.00	-\$188.02		129 = \$0.00
	752 ADSA-H 102	0 2	167	07/22/2020- 07/22/2020	T1020 U1	1.0000	-\$188.02	-\$188.02	\$0.00	\$0.00	\$0.00	-\$188.02		129 = \$0.00
	752 ADSA-H 102	0 3	167	07/23/2020- 07/23/2020	T1020 U1	1.0000	-\$188.02	-\$188.02	\$0.00	\$0.00	\$0.00	-\$188.02		129 = \$0.00
	752 ADSA-H 102	0 4	167	07/24/2020- 07/24/2020	T1020 U1	1.0000	-\$188.02	-\$188.02	\$0.00	\$0.00	\$0.00	-\$188.02		129 = \$0.00
	752 ADSA-H 102	0 5	167	07/25/2020- 07/25/2020	T1020 U1	1.0000	-\$188.02	-\$188.02	\$0.00	\$0.00	\$0.00	-\$188.02		129 = \$0.00
	752 ADSA-H 102	0 6	167	07/26/2020- 07/26/2020	T1020 U1	1.0000	-\$188.02	-\$188.02	\$0.00	\$0.00	\$0.00	-\$188.02		129 = \$0.00
	752 ADSA-H 102	0 7	167	07/27/2020- 07/27/2020	T1020 U1	1.0000	-\$188.02	-\$188.02	\$0.00	\$0.00	\$0.00	-\$188.02		129 = \$0.00
	752 ADSA-H 102	0 8	167	07/28/2020- 07/28/2020	T1020 U1	1.0000	-\$188.02	-\$188.02	\$0.00	\$0.00	\$0.00	-\$188.02		129 = \$0.00
 Document Total:				07/21/2020-07/28/2020		8.0000	-\$1504.16	-\$1504.16	\$0.00	\$0.00	\$0.00	-\$1504.16		
Category Total:						8.0000	-\$1504.16	-\$1504.16	\$0.00	\$0.00	\$0.00	-\$1504.16		
Billing Provider Total:						8.0000	-\$1504.16	-\$1504.16	\$0.00	\$0.00	\$0.00	-\$1504.16		

ProviderOne: Remittance Advice

RA Number: 50		Warrant/EFT #: D		Warrant/EFT Date: 09/02/2021			Prepared Date: 09/02/2021			RA Date: 09/02/2021			Page 3	
Category: Adjustments		Billing Provider: 11												
Client Name / Client ID / Med Record # / Patient Acct # / Original TCN/	TCN / Claim Type / RX Claim # / Inv # / Auth #	Line #	Rendering Provider / RX # / Auth office #	Service Date(s)	Svc Code or NDC / Mod / Rev & Class Code	Total Units or D/S	Billed Amount	Allowed Amount	Sales Tax	TPL Amount	Client Responsible Amount	Paid Amount	Remark Codes	Adjustment Reason Codes / NCPDP Rejection Codes
B 2 5	752 ADSA-H 102	0 1	167	07/21/2020- 07/21/2020	T1020 U1	1.0000	-\$188.02	-\$188.02	\$0.00	\$0.00	\$0.00	-\$188.02		129 = \$0.00
	752 ADSA-H 102	0 2	167	07/22/2020- 07/22/2020	T1020 U1	1.0000	-\$188.02	-\$188.02	\$0.00	\$0.00	\$0.00	-\$188.02		129 = \$0.00
	752 ADSA-H 102	0 3	167	07/23/2020- 07/23/2020	T1020 U1	1.0000	-\$188.02	-\$188.02	\$0.00	\$0.00	\$0.00	-\$188.02		129 = \$0.00
	752 ADSA-H 102	0 4	167	07/24/2020- 07/24/2020	T1020 U1	1.0000	-\$188.02	-\$188.02	\$0.00	\$0.00	\$0.00	-\$188.02		129 = \$0.00
	752 ADSA-H 102	0 5	167	07/25/2020- 07/25/2020	T1020 U1	1.0000	-\$188.02	-\$188.02	\$0.00	\$0.00	\$0.00	-\$188.02		129 = \$0.00
	752 ADSA-H 102	0 6	167	07/26/2020- 07/26/2020	T1020 U1	1.0000	-\$188.02	-\$188.02	\$0.00	\$0.00	\$0.00	-\$188.02		129 = \$0.00
	752 ADSA-H 102	0 7	167	07/27/2020- 07/27/2020	T1020 U1	1.0000	-\$188.02	-\$188.02	\$0.00	\$0.00	\$0.00	-\$188.02		129 = \$0.00
	752 ADSA-H 102	0 8	167	07/28/2020- 07/28/2020	T1020 U1	1.0000	-\$188.02	-\$188.02	\$0.00	\$0.00	\$0.00	-\$188.02		129 = \$0.00
Document Total:				07/21/2020-07/28/2020		8.0000	-\$1504.16	-\$1504.16	\$0.00	\$0.00	\$0.00	-\$1504.16		
							Category Total:	8.0000	-\$1504.16	-\$1504.16	\$0.00	\$0.00	\$0.00	-\$1504.16
							Billing Provider Total:	8.0000	-\$1504.16	-\$1504.16	\$0.00	\$0.00	\$0.00	-\$1504.16

ProviderOne: Remittance Advice

Adjustment Reason Codes / NCPDP Rejection Codes

142 : Monthly Medicaid patient liability amount.

45 : Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement. Usage: This adjustment amount cannot equal the total service or claim charge amount; and must not duplicate provider adjustment amounts (payments and contractual reductions) that have resulted from prior payer(s) adjudication. (Use only with Group Codes PR or CO depending upon liability)

94 : Processed in Excess of charges.

ProviderOne: Remittance Advice



Common Adjustment & Denial Codes ProviderOne

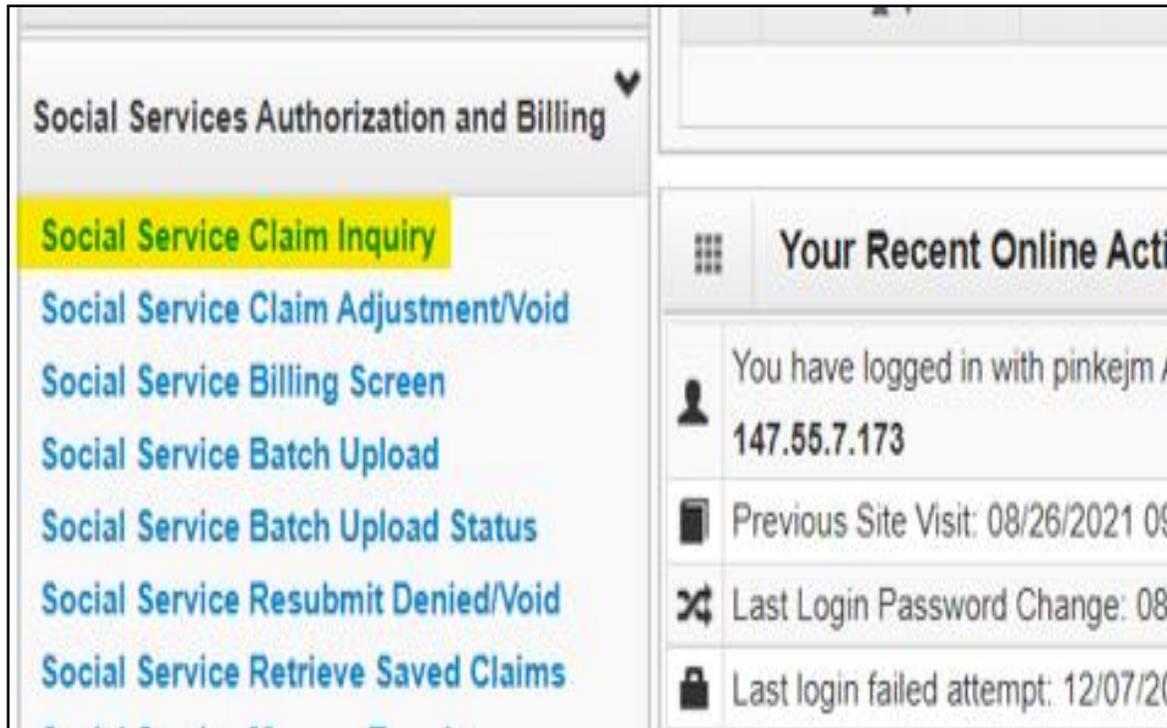
Below is a short list of common Adjustment Reason and Remarks Codes you may find on your Remittance Advice (RA)

RA adjustment reason/remark code/description	Possible causes	Provider action
142- Monthly Medicaid patient liability amount.	Client responsibility (participation) applied to the claim	You must collect this amount from the client
198- Precertification/authorization exceeded	Social Service Authorization Approved Units have already been claimed	Contact your case worker if you question the number of units authorized
16-Claim/service lacks information or has submission/billing error(s) which is needed for adjudication	1. Claimed dates of service are not within the authorization period 2. The authorization line is in error	1. Contact your case worker if you have questions about the authorization dates 2. Contact your case worker if you have questions about authorization errors
18- Exact duplicate claim/service	1. Claimed the same units on two different lines for the same day, or 2. Claim is an exact duplicate of one already submitted	1. Adjust the claim and report the number of units on a single claim line 2. No action is needed if duplication was unintended.
177-Patient has not met the required eligibility requirements	The client is not financially eligible	Contact your case worker if you have questions
A1-Claim/Service denied	The authorization is in cancelled status	Contact your case worker if you have questions
B7-This provider was not certified/eligible to be paid for this procedure/service on this date of service	Your contract may be expired.	Contact your contract manager or case worker if you have questions
N54-Claim information is inconsistent with pre-certified/authorized services	Authorization line is in error	Contact your case worker if you have questions
N63-Rebill services on separate claim lines	A separate claim line is required for each date of service for the service/procedure code entered	If you are billing quarter hour units or for each unit types, do not use a date span (example: 1/1/2015 to 1/31/2015) to bill. Adjust the claim to reflect separate claim lines for the date of service for each service provided and resubmit claim
N362 : The number of Days or Units of Service exceeds our acceptable maximum	Too many units claimed. Example: Provider billed two units on monthly units or provider billed two units on daily units with one day date span	Change the number of units to the correct amount and resubmit your claim

Basic Billing: Claim Status Inquiry & View RA (Feb. 9, 2015) 19 of 19

https://www.hca.wa.gov/assets/billers-and-providers/T2_Claim_Status_Inquiry.pdf

ProviderOne: Social Service Claim Inquiry



- Why would you look at Social Service Claim Inquiry
- What details are available
- Where can you find more information

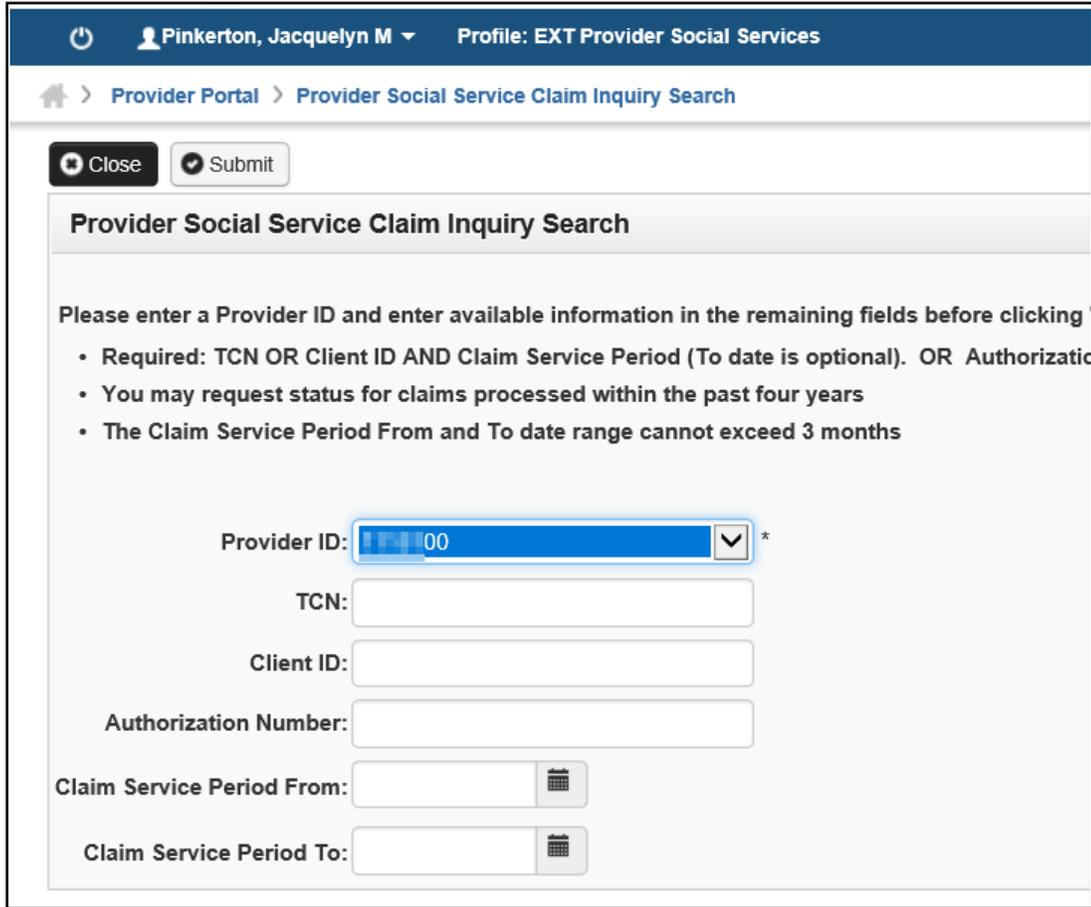
ProviderOne: Social Service Claim Inquiry

- Refer to your Social Service Claim Inquiry list to:

- Verify the claims you submitted were successful and are 'In process' or 'finalized';
- Verify that you have submitted claims for specific authorizations;
- Review claims to determine which TCNs to adjust;
- Identify related TCNs and RAs that resulted from an adjusted or voided claim.

The screenshot shows a web application interface for a Social Service Claim Inquiry Search. At the top, there is a navigation bar with the user's name 'Pinkerton, Jacquelyn M' and profile 'EXT Provider Social Services'. Below this is a secondary navigation bar with icons for Notepad, Reminder, External Links, Print, and Help. The main content area is titled 'Provider Social Service Claim Inquiry Search' and contains a 'Close' button and a 'Submit' button. A message instructs the user to enter a Provider ID and other information before clicking 'Submit'. The form includes several input fields: a dropdown menu for 'Provider ID' (with '11' selected), text boxes for 'TCN', 'Client ID', and 'Authorization Number', and two date pickers for 'Claim Service Period From' and 'Claim Service Period To'. A footer bar at the bottom of the form displays technical information: 'Page ID: pgSSClaimInquirySearch(Claims) Environment: UAT ID: app01_200 Server Time: 09/07/2021 03:17:54 PDT'.

ProviderOne: Social Service Claim Inquiry



The screenshot shows a web application interface for a Social Service Claim Inquiry Search. At the top, there is a user profile bar for 'Pinkerton, Jacquelyn M' with a dropdown arrow and the text 'Profile: EXT Provider Social Services'. Below this is a breadcrumb trail: 'Provider Portal > Provider Social Service Claim Inquiry Search'. The main form area has a title 'Provider Social Service Claim Inquiry Search' and two buttons: 'Close' and 'Submit'. A message reads: 'Please enter a Provider ID and enter available information in the remaining fields before clicking'. Below the message are three bullet points: 'Required: TCN OR Client ID AND Claim Service Period (To date is optional). OR Authorization Number', 'You may request status for claims processed within the past four years', and 'The Claim Service Period From and To date range cannot exceed 3 months'. The form fields include: 'Provider ID' (a dropdown menu with '00' selected and a '*' symbol), 'TCN' (a text input field), 'Client ID' (a text input field), 'Authorization Number' (a text input field), 'Claim Service Period From' (a date picker), and 'Claim Service Period To' (a date picker).

- Why would you look at Social Service Claim Inquiry
- You can search by 1 client identifier and a claims service period that spans up to 3 months.
- If you search by TCN you will be limited to only see the claim associated to that TCN.
- Best practice is to search by client ID or authorization number and claim service period dates.

ProviderOne: Social Service Claim Inquiry

🏠 > [Provider Portal](#) > [Provider Social Service Claim Inquiry Search](#) > [Claim Inquiry Providers List](#)

🔌 Close

Provider ID : 11 [REDACTED]

☰ **Inquire Social Service Claims List** ▲

TCN ▲▼	Authorization Number ▲▼	From Date ▲▼	To Date ▲▼	Claim Status ▲▼	RA Date ▲▼	RA Number ▲▼	Claim Charged Amount ▲▼	Claim Payment Amount ▲▼	Client Name ▲▼	Client ID ▲▼
[REDACTED]	10[REDACTED]	07/29/2020	07/31/2020	P1:Pending/In Process-The claim or encounter is in the adjudication system.			\$772.50	\$772.50	[REDACTED]	[REDACTED]WA
[REDACTED]	10[REDACTED]	07/23/2020	07/27/2020	F1:Finalized/Payment-The claim/line has been paid.	07/23/2020	5	\$3,060.00	\$2,805.64	[REDACTED]	[REDACTED]WA
[REDACTED]	10[REDACTED]	07/21/2020	07/28/2020	F1:Finalized/Payment-The claim/line has been paid.	07/30/2020	5	\$2,060.00	\$2,060.00	[REDACTED]	[REDACTED]WA
[REDACTED]	10[REDACTED]	07/01/2020	07/20/2020	F1:Finalized/Payment-The claim/line has been paid.	07/06/2020	5	\$2,005.60	\$2,005.60	[REDACTED]	[REDACTED]WA

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ProviderOne: Social Service Claim Inquiry

Pinkerton, Jacquelyn M Profile: EXT Provider Social Services Notepad Reminder External Links Print Help

Provider Portal > Provider Social Service Claim Inquiry Search > Claim Inquiry Providers List

Close

Provider ID : 11

Inquire Social Service Claims List

TCN	Authorization Number	From Date	To Date	Name	Client ID
000	10	07/29/2020	07/31/2020		
000	10	07/23/2020	07/27/2020		
000	10	07/21/2020	07/28/2020		
000	10	07/01/2020	07/20/2020		

View Page: 1 Go Page Count SaveToXLS Viewing Page: 1 << First < Prev > Next >> Last

Refer to the From/To date ranges on your claims to help determine whether you should submit a new claim or adjust an existing claim. Also more easily identify where you possibly submitted duplicate claims.

ProviderOne: Social Service Claim Inquiry

Provider ID : 11 [REDACTED]

Inquire Social Service Claims List

TCN	Authorization Number	From Date	To Date	Claim Status	RA Date	RA Number	Claim Charged Amount	Claim Payment Amount	Client Name	Client ID
[REDACTED]	10 [REDACTED]	07/29/2020		[REDACTED]			\$772.50	\$772.50	BONARD MUELLER	[REDACTED]WA
[REDACTED]	10 [REDACTED]	07/23/2020		[REDACTED]	20	[REDACTED]	\$3,060.00	\$2,805.64	BONARD MUELLER	[REDACTED]WA
[REDACTED]	10 [REDACTED]	07/21/2020		[REDACTED]	20	[REDACTED]	\$2,060.00	\$2,060.00	BONARD MUELLER	[REDACTED]WA
[REDACTED]	10 [REDACTED]	07/01/2020		[REDACTED]	20	[REDACTED]	\$2,005.60	\$2,005.60	BONARD MUELLER	[REDACTED]WA

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

Review your claim status. Identify related claims following an adjustment/void.

ProviderOne: Social Service Claim Inquiry

Claim Status definitions		
Portal Status	Descript	Regular Claim status (reference only)
F2	Finalized/Denial-The claim/line has been denied	Ra Generated /Denied.
F1	Finalized/Payment-The claim/line has been paid	Ra Generated/Paid
F3	Finalized/Revised-Adjudication information has been changed	Ra Generated/Credit
F3	Finalized/Revised-Adjudication information has been changed	Ra Generated/Adjusted
F4	Finalized/Adjudication Complete - No payment forthcoming-The claim/encounter has been adjudicated and no further payment is forthcoming.	Ra Generated/Void
P1	Pending/In Process-The claim or encounter is in the adjudication system.	Other than the above status

ProviderOne: Social Service Claim Inquiry

Pinkerton, Jacquelyn M Profile: EXT Provider Social Services Notepad Reminder External Links Print Help

Provider Portal > Provider Social Service Claim Inquiry Search > Claim Inquiry Providers List

Close

Provider ID : 11

Inquire Social Service Claims List

TCN	Authorization Number	From Date	To Date	Claim Status	RA Date	RA Number	Claim Charged Amount	Claim Payment Amount	Client Name	Client ID
		07/29/2020	07/31/2020	P1:Pending/In Process-The claim or encounter is in the adjudication system.			\$772.50	\$772.50	MONROE MUEBLER	20204299WA
		07/23/2020	07/27/2020	F1:Finalized/Payment-The claim/line has been paid.	07/23/2020	5	\$3,060.00	\$2,805.64	MONROE MUEBLER	20204299WA
		07/21/2020	07/28/2020	F1:Finalized/Payment-The claim/line has been paid.	07/30/2020	5	\$2,060.00	\$2,060.00	MONROE MUEBLER	20204299WA
		07/01/2020	07/20/2020	F1:Finalized/Payment-The claim/line has been paid.	07/06/2020	5	\$2,005.60	\$2,005.60	MONROE MUEBLER	20204299WA

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ProviderOne: Social Service Claim Inquiry

Reminders

Why would you look at Social Service Claim Inquiry?

- Use the column headers to sort your results.
- Export to excel, click the “Save ToXLS” button.
- Adjust claims when making changes to rates/units/removing dates from a previously paid claim.
- Adjust a claim if part of it denied because of an auth error (for example) and the error has since been resolved.
- Adjust claims to remediate Client Responsibility application changes.
- Submit new claims for dates of service not previously claimed.

ProviderOne: Social Service Claim Inquiry

Where can you view more information

- You can click on a TCN on the Claim Inquiry Screen to see the charged amount and the payment amount for each claim line but if the payment amount is less than the charged amount you will need to refer to your RA for details.
- The Claim Inquiry Screen will show you gross billed and paid amounts, if you want to see specific details related to denied claim lines, client responsibility, and allowed amounts then you should refer to the RA for specific TCN. When you are navigating your RA use the ctrl + F feature to look for the client ID, auth number, or TCN.

Scenario One:

- In this scenario we are going to look at what the Inquire Claims List and RA look like following an original claim.
- Then we will see what the Inquire Claims List and RA look like after the provider adjusted their claims to remove dates of service.

Close

Provider ID : 11

Inquire Social Service Claims List										
TCN ▲▼	Authorization Number ▲▼	From Date ▲▼	To Date ▲▼	Claim Status ▲▼	RA Date ▲▼	RA Number ▲▼	Claim Charged Amount ▲▼	Claim Payment Amount ▲▼	Client Name ▲▼	Client ID ▲▼
55	i9000	10	04/01/2021	04/30/2021	P1:Pending/In Process-The claim or encounter is in the adjudication system.		\$7,405.80	\$5,456.28		IWA
55	i0000	10	05/01/2021	05/15/2021	P1:Pending/In Process-The claim or encounter is in the adjudication system.		\$3,702.90	\$3,702.90		IWA
55	i1000	10	05/16/2021	05/31/2021	P1:Pending/In Process-The claim or encounter is in the adjudication system.		\$3,949.76	\$3,949.76		IWA

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Scenario One: Remittance Advice

🏠 > [Provider Portal](#) > [Provider Social Service Claim Inquiry Search](#) > [Claim Inquiry Providers List](#)

🔍 Close

Provider ID : 11

Inquire Social Service Claims List

TCN ▲▼	Authorization Number ▲▼	From Date ▲▼	To Date ▲▼	Claim Status ▲▼	RA Date ▲▼	RA Number ▲▼	Claim Charged Amount ▲▼	Claim Payment Amount ▲▼	Client Name ▲▼	Client ID ▲▼
55	000 10.	04/01/2021	04/30/2021	F1:Finalized/Payment-The claim/line has been paid.	08/26/2021	54	\$7,405.80	\$5,456.28		IWA
55	000 10.	05/01/2021	05/15/2021	F1:Finalized/Payment-The claim/line has been paid.	08/26/2021	54	\$3,702.90	\$3,702.90		IWA
55	000 10.	05/16/2021	05/31/2021	F1:Finalized/Payment-The claim/line has been paid.	08/26/2021	54	\$3,949.76	\$3,949.76		IWA

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Page ID: pgSSClaimsInquireList(Claims) Environment: UAT ID: app01_200 Server Time: 09/07/2021 09:01:50 PDT

Scenario One: Remittance Advice

Prepared Date: 08/26/2021
RA Date: 08/26/2021

RA Number: 50: 54
Warrant/EFT # S!

Warrant/EFT Date: 08/26/2021

Warrant/EFT Amount: \$13108.94

Payment Method: EFT

Page 2

Claims Summary

Provider Adjustments

Billing Provider	Category	Total Billed Amount	Total Allowed Amount	Total TPL Amount	Total Sales Tax	Total Client Resp Amount	Total Paid	Billing Provider	FIN Invoice Number/Parent TCN	Source	Adjustment Type	Previous Balance Amount	Adjustment Amount	Remaining Balance Amount
1	Paid	\$15058.46	\$15058.46	\$0.00	\$0.00	\$1949.52	\$13108.94							

Total Adjustment Amount \$0.00

Client Name / Client ID / Med Record # / Patient Acct # / Original TCN/	TCN / Claim Type / RX Claim # / Inv # / Auth #	Line #	Rendering Provider / RX # / Auth office #	Service Date(s)	Svc Code or NDC / Mod / Rev & Class Code	Total Units or D/S	Billed Amount	Allowed Amount	Sales Tax	TPL Amount	Client Responsible Amount	Paid Amount	Remark Codes	Adjustment Reason Codes / NCPDP Rejection Codes
L, M L 2 WWA	55 ADSA-H 102	0 1	167	05/01/2021- 05/01/2021	T1020 U1	1.0000	\$246.86	\$246.86	\$0.00	\$0.00	\$0.00	\$246.86		
	55 ADSA-H 102	0 2	167	05/02/2021- 05/02/2021	T1020 U1	1.0000	\$246.86	\$246.86	\$0.00	\$0.00	\$0.00	\$246.86		
	55 ADSA-H 102	0 3	167	05/03/2021- 05/03/2021	T1020 U1	1.0000	\$246.86	\$246.86	\$0.00	\$0.00	\$0.00	\$246.86		
	55 ADSA-H 102	0 4	167	05/04/2021- 05/04/2021	T1020 U1	1.0000	\$246.86	\$246.86	\$0.00	\$0.00	\$0.00	\$246.86		
	55 ADSA-H 102	0 5	167	05/05/2021- 05/05/2021	T1020 U1	1.0000	\$246.86	\$246.86	\$0.00	\$0.00	\$0.00	\$246.86		
	55 ADSA-H 102	0 6	167	05/06/2021- 05/06/2021	T1020 U1	1.0000	\$246.86	\$246.86	\$0.00	\$0.00	\$0.00	\$246.86		
	55 ADSA-H 102	0 7	167	05/07/2021- 05/07/2021	T1020 U1	1.0000	\$246.86	\$246.86	\$0.00	\$0.00	\$0.00	\$246.86		
	55 ADSA-H 102	0 8	167	05/08/2021- 05/08/2021	T1020 U1	1.0000	\$246.86	\$246.86	\$0.00	\$0.00	\$0.00	\$246.86		
	55 ADSA-H 102	0 9	167	05/09/2021- 05/09/2021	T1020 U1	1.0000	\$246.86	\$246.86	\$0.00	\$0.00	\$0.00	\$246.86		
	55 ADSA-H 102	0 10	167	05/10/2021- 05/10/2021	T1020 U1	1.0000	\$246.86	\$246.86	\$0.00	\$0.00	\$0.00	\$246.86		
	55 ADSA-H 102	0 11	167	05/11/2021- 05/11/2021	T1020 U1	1.0000	\$246.86	\$246.86	\$0.00	\$0.00	\$0.00	\$246.86		
	55 ADSA-H 102	0 12	167	05/12/2021- 05/12/2021	T1020 U1	1.0000	\$246.86	\$246.86	\$0.00	\$0.00	\$0.00	\$246.86		
	55 ADSA-H 102	0 13	167	05/13/2021- 05/13/2021	T1020 U1	1.0000	\$246.86	\$246.86	\$0.00	\$0.00	\$0.00	\$246.86		
	55 ADSA-H 102	0 14	167	05/14/2021- 05/14/2021	T1020 U1	1.0000	\$246.86	\$246.86	\$0.00	\$0.00	\$0.00	\$246.86		
	55 ADSA-H 102	0 15	167	05/15/2021- 05/15/2021	T1020 U1	1.0000	\$246.86	\$246.86	\$0.00	\$0.00	\$0.00	\$246.86		
Document Total:				05/01/2021-05/15/2021		15.0000	\$3702.90	\$3702.90	\$0.00	\$0.00	\$0.00	\$3702.90		

Client Name / Client ID / Med Record # / Patient Acct # / Original TCN/	TCN / Claim Type / RX Claim # / Inv # / Auth #	Line #	Rendering Provider / RX # / Auth office #	Service Date(s)	Svc Code or NDC / Mod / Rev & Class Code	Total Units or D/S	Billed Amount	Allowed Amount	Sales Tax	TPL Amount	Client Responsible Amount	Paid Amount	Remark Codes	Adjustment Reason Codes /NCPDP Rejection Codes
	55 ADSA-H 102	0 2	167	05/17/2021- 05/17/2021	T1020 U1	1.0000	\$246.86	\$246.86	\$0.00	\$0.00	\$0.00	\$246.86		
	55 ADSA-H 102	0 3	167	05/18/2021- 05/18/2021	T1020 U1	1.0000	\$246.86	\$246.86	\$0.00	\$0.00	\$0.00	\$246.86		
	55 ADSA-H 102	0 4	167	05/19/2021- 05/19/2021	T1020 U1	1.0000	\$246.86	\$246.86	\$0.00	\$0.00	\$0.00	\$246.86		
	55 ADSA-H 102	0 5	167	05/20/2021- 05/20/2021	T1020 U1	1.0000	\$246.86	\$246.86	\$0.00	\$0.00	\$0.00	\$246.86		
	55 ADSA-H 102	0 6	167	05/21/2021- 05/21/2021	T1020 U1	1.0000	\$246.86	\$246.86	\$0.00	\$0.00	\$0.00	\$246.86		
	55 ADSA-H 102	0 7	167	05/22/2021- 05/22/2021	T1020 U1	1.0000	\$246.86	\$246.86	\$0.00	\$0.00	\$0.00	\$246.86		
	55 ADSA-H 102	0 8	167	05/23/2021- 05/23/2021	T1020 U1	1.0000	\$246.86	\$246.86	\$0.00	\$0.00	\$0.00	\$246.86		
	55 ADSA-H 102	0 9	167	05/24/2021- 05/24/2021	T1020 U1	1.0000	\$246.86	\$246.86	\$0.00	\$0.00	\$0.00	\$246.86		
	55 ADSA-H 102	0 10	167	05/25/2021- 05/25/2021	T1020 U1	1.0000	\$246.86	\$246.86	\$0.00	\$0.00	\$0.00	\$246.86		
	55 ADSA-H 102	0 11	167	05/26/2021- 05/26/2021	T1020 U1	1.0000	\$246.86	\$246.86	\$0.00	\$0.00	\$0.00	\$246.86		
	55 ADSA-H 102	0 12	167	05/27/2021- 05/27/2021	T1020 U1	1.0000	\$246.86	\$246.86	\$0.00	\$0.00	\$0.00	\$246.86		
	55 ADSA-H 102	0 13	167	05/28/2021- 05/28/2021	T1020 U1	1.0000	\$246.86	\$246.86	\$0.00	\$0.00	\$0.00	\$246.86		
	55 ADSA-H 102	0 14	167	05/29/2021- 05/29/2021	T1020 U1	1.0000	\$246.86	\$246.86	\$0.00	\$0.00	\$0.00	\$246.86		
	55 ADSA-H 102	0 15	167	05/30/2021- 05/30/2021	T1020 U1	1.0000	\$246.86	\$246.86	\$0.00	\$0.00	\$0.00	\$246.86		
	55 ADSA-H 102	0 16	167	05/31/2021- 05/31/2021	T1020 U1	1.0000	\$246.86	\$246.86	\$0.00	\$0.00	\$0.00	\$246.86		
Document Total:				05/16/2021-05/31/2021		16.0000	\$3949.76	\$3949.76	\$0.00	\$0.00	\$0.00	\$3949.76		
Category Total:							61.0000	\$15058.46	\$15058.46	\$0.00	\$0.00	\$1949.52	\$13108.94	
Billing Provider Total:							61.0000	\$15058.46	\$15058.46	\$0.00	\$0.00	\$1949.52	\$13108.94	

Scenario One: Remittance Advice

Adjustment Reason Codes / NCPDP Rejection Codes

142 : Monthly Medicaid patient liability amount.

45 : Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement. Usage: This adjustment amount cannot equal the total service or claim charge amount; and must not duplicate provider adjustment amounts (payments and contractual reductions) that have resulted from prior payer(s) adjudication. (Use only with Group Codes PR or CO depending upon liability)

94 : Processed in Excess of charges.

Close

Provider ID : 11

Inquire Social Service Claims List										
TCN ▲▼	Authorization Number ▲▼	From Date ▲▼	To Date ▲▼	Claim Status ▲▼	RA Date ▲▼	RA Number ▲▼	Claim Charged Amount ▲▼	Claim Payment Amount ▲▼	Client Name ▲▼	Client ID ▲▼
55:	1000 10.	04/01/2021	04/30/2021	F3:Finalized/Revised-Adjudication information has been changed.	08/26/2021	154	\$7,405.80	\$5,456.28		WA
55:	1000 10.	04/01/2021	04/30/2021	F1:Finalized/Payment-The claim/line has been paid.	09/02/2021	172	\$5,677.78	\$3,728.26		WA
75:	3000 10.	04/01/2021	04/30/2021	F3:Finalized/Revised-Adjudication information has been changed.	09/02/2021	172,	-\$7,405.80	-\$5,456.28		WA

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Prepared Date: 09/02/2021
 RA Date: 09/02/2021

RA Number: 50
 Warrant/EFT # D50

Warrant/EFT Date: 09/02/2021

Warrant/EFT Amount: \$0.00

Payment Method: None

Claims Summary

Provider Adjustments

Billing Provider	Category	Total Billed Amount	Total Allowed Amount	Total TPL Amount	Total Sales Tax	Total Client Resp Amount	Total Paid	Billing Provider	FIN Invoice Number/ Parent TCN	Source	Adjustment Type	Previous Balance Amount	Adjustment Amount	Remaining Balance Amount
11	Adjustments	-\$1728.02	-\$1728.02	\$0.00	\$0.00	\$0.00	-\$1728.02	11	2 3/ 5 00 1	System Initiated	NOC Invoice	\$0.00	\$0.00	\$1728.02
									2 3/ 5 00 1	System Initiated	NOC Referred to CARS	\$1728.02	\$1728.02	\$0.00

Total Adjustment Amount \$1728.02

RA Number: 50		Warrant/EFT #: D: 872		Warrant/EFT Date: 09/02/2021		Prepared Date: 09/02/2021		RA Date: 09/02/2021		Page 4				
Category: Adjustments		Billing Provider: 11		1										
Client Name / Client ID / Med Record # / Patient Acct # / Original TCN/	TCN / Claim Type / RX Claim # / Inv # / Auth #	Line #	Rendering Provider / RX # / Auth office #	Service Date(s)	Svc Code or NDC / Mod / Rev & Class Code	Total Units or D/S	Billed Amount	Allowed Amount	Sales Tax	TPL Amount	Client Responsible Amount	Paid Amount	Remark Codes	Adjustment Reason Codes / NCPDP Rejection Codes
	75 ADSA-H 102	16	167	04/16/2021- 04/16/2021	T1020 U1	1.0000	-\$246.86	-\$246.86	\$0.00	\$0.00	\$0.00	-\$246.86		129 = \$0.00
	75 ADSA-H 102	17	167	04/17/2021- 04/17/2021	T1020 U1	1.0000	-\$246.86	-\$246.86	\$0.00	\$0.00	\$0.00	-\$246.86		129 = \$0.00
	75 ADSA-H 102	18	167	04/18/2021- 04/18/2021	T1020 U1	1.0000	-\$246.86	-\$246.86	\$0.00	\$0.00	\$0.00	-\$246.86		129 = \$0.00
	75 ADSA-H 102	19	167	04/19/2021- 04/19/2021	T1020 U1	1.0000	-\$246.86	-\$246.86	\$0.00	\$0.00	\$0.00	-\$246.86		129 = \$0.00
	75 ADSA-H 102	20	167	04/20/2021- 04/20/2021	T1020 U1	1.0000	-\$246.86	-\$246.86	\$0.00	\$0.00	\$0.00	-\$246.86		129 = \$0.00
	75 ADSA-H 102	21	167	04/21/2021- 04/21/2021	T1020 U1	1.0000	-\$246.86	-\$246.86	\$0.00	\$0.00	\$0.00	-\$246.86		129 = \$0.00
	75 ADSA-H 102	22	167	04/22/2021- 04/22/2021	T1020 U1	1.0000	-\$246.86	-\$246.86	\$0.00	\$0.00	\$0.00	-\$246.86		129 = \$0.00
	75 ADSA-H 102	23	167	04/23/2021- 04/23/2021	T1020 U1	1.0000	-\$246.86	-\$246.86	\$0.00	\$0.00	\$0.00	-\$246.86		129 = \$0.00
	75 ADSA-H 102	24	167	04/24/2021- 04/24/2021	T1020 U1	1.0000	-\$246.86	-\$246.86	\$0.00	\$0.00	\$0.00	-\$246.86		129 = \$0.00
	75 ADSA-H 102	25	167	04/25/2021- 04/25/2021	T1020 U1	1.0000	-\$246.86	-\$246.86	\$0.00	\$0.00	\$0.00	-\$246.86		129 = \$0.00
	75 ADSA-H 102	26	167	04/26/2021- 04/26/2021	T1020 U1	1.0000	-\$246.86	-\$246.86	\$0.00	\$0.00	\$0.00	-\$246.86		129 = \$0.00
	75 ADSA-H 102	27	167	04/27/2021- 04/27/2021	T1020 U1	1.0000	-\$246.86	-\$246.86	\$0.00	\$0.00	\$0.00	-\$246.86		129 = \$0.00
	75 ADSA-H 102	28	167	04/28/2021- 04/28/2021	T1020 U1	1.0000	-\$246.86	-\$246.86	\$0.00	\$0.00	\$0.00	-\$246.86		129 = \$0.00
	75 ADSA-H 102	29	167	04/29/2021- 04/29/2021	T1020 U1	1.0000	-\$246.86	-\$246.86	\$0.00	\$0.00	\$0.00	-\$246.86		129 = \$0.00
	75 ADSA-H 102	30	167	04/30/2021- 04/30/2021	T1020 U1	1.0000	-\$246.86	-\$246.86	\$0.00	\$0.00	\$0.00	-\$246.86		129 = \$0.00
Document Total:		04/01/2021-04/30/2021				30.0000	-\$7405.80	-\$7405.80	\$0.00	\$0.00	\$0.00	-\$1949.52	-\$5456.28	

RA Number: 50:
Category: Adjustments

Warrant/EFT #: D51 2
Billing Provider: 111

Warrant/EFT Date: 09/02/2021

Prepared Date: 09/02/2021

RA Date: 09/02/2021

Client Name / Client ID / Med Record # / Patient Acct # / Original TCN/	TCN / Claim Type / RX Claim # / Inv # / Auth #	Line #	Rendering Provider / RX # / Auth office #	Service Date(s)	Svc Code or NDC / Mod / Rev & Class Code	Total Units or D/S	Billed Amount	Allowed Amount	Sales Tax	TPL Amount	Client Responsible Amount	Paid Amount	Remark Codes	Adjustment Reason Codes / NCPDP Rejection Codes
	55: ADSA-H 102	16	167	04/28/2021- 04/28/2021	T1020 U1	1.0000	\$246.86	\$246.86	\$0.00	\$0.00	\$0.00	\$246.86		
	55: ADSA-H 102	17	167	04/29/2021- 04/29/2021	T1020 U1	1.0000	\$246.86	\$246.86	\$0.00	\$0.00	\$0.00	\$246.86		
	55: ADSA-H 102	18	167	04/14/2021- 04/14/2021	T1020 U1	1.0000	\$246.86	\$246.86	\$0.00	\$0.00	\$246.86	\$0.00		142 45 94 = \$246.86
	55: ADSA-H 102	19	167	04/15/2021- 04/15/2021	T1020 U1	1.0000	\$246.86	\$246.86	\$0.00	\$0.00	\$221.50	\$25.36		142 45 94 = \$221.50
	55: ADSA-H 102	20	167	04/16/2021- 04/16/2021	T1020 U1	1.0000	\$246.86	\$246.86	\$0.00	\$0.00	\$0.00	\$246.86		
	55: ADSA-H 102	21	167	04/17/2021- 04/17/2021	T1020 U1	1.0000	\$246.86	\$246.86	\$0.00	\$0.00	\$0.00	\$246.86		
	55: ADSA-H 102	22	167	04/18/2021- 04/18/2021	T1020 U1	1.0000	\$246.86	\$246.86	\$0.00	\$0.00	\$0.00	\$246.86		
	55: ADSA-H 102	23	167	04/30/2021- 04/30/2021	T1020 U1	1.0000	\$246.86	\$246.86	\$0.00	\$0.00	\$0.00	\$246.86		
Document Total: 04/01/2021-04/30/2021						23.0000	\$5677.78	\$5677.78	\$0.00	\$0.00	\$1949.52	\$3728.26		
Category Total:						53.0000	-\$1728.02	-\$1728.02	\$0.00	\$0.00	\$0.00	-\$1728.02		
Billing Provider Total:						53.0000	-\$1728.02	-\$1728.02	\$0.00	\$0.00	\$0.00	-\$1728.02		

Scenario Two:

- In this scenario we are going to look at an example where the provider removed dates from the original claim and the authorization was modified in a way that affected client responsibility (CR) application.
- Due to the change in CR application we need to adjust an additional original paid claim for July 2020 so that the correct CR amounts are applied to the correct dates.

Scenario Two: Provider Authorization List

Provider Authorization List																					
Filter By : Authorization # 102 And And Go																					
<input type="checkbox"/>	Authorization #	Line #	Suffix #	Client ID	Client Name	Provider ID	Service Code	Service Code Description	Modifier	Modifier Description	Start Date	End Date	Rate	Units	Unit Type	Billing Type	Client Responsibility	Last Updated	Business Status	Error Status	
<input type="checkbox"/>	102	14	1	IWA	B C	1	04	T1020	Personal care ser per diem	U1	M/caid care lev 1 state def	07/01/2020	07/31/2020	\$188.02	31	Day	Monthly Recurring	\$1,608.00	05/18/2021	Approved	No Error

Scenario Two: Inquire Social Service Claims List

🏠 > Provider Portal > Provider Social Service Claim Inquiry Search > Claim Inquiry Providers List

Close

Provider ID : 11

Inquire Social Service Claims List

TCN ▲▼	Authorization Number ▲▼	From Date ▲▼	To Date ▲▼	Claim Status ▲▼	RA Date ▲▼	RA Number ▲▼	Claim Charged Amount ▲▼	Claim Payment Amount ▲▼	Client Name ▲▼	Client ID ▲▼
55.	000 102	07/29/2020	07/31/2020	F1:Finalized/Payment-The claim/line has been paid.	08/07/2020	5 0	\$564.06	\$564.06		WA
55.	000 102	07/21/2020	07/28/2020	F1:Finalized/Payment-The claim/line has been paid.	07/30/2020	5 7	\$1,504.16	\$1,504.16		WA
55.	000 102	07/01/2020	07/20/2020	F1:Finalized/Payment-The claim/line has been paid.	07/23/2020	5 4	\$3,760.40	\$2,152.40		WA

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Page ID: pgSSClaimsInquireList(Claims) Environment: UAT ID: app01_200 Server Time: 09/15/2021 12:38:36 PDT

Scenario Two: Provider Authorization List

Provider Authorization List																				
Filter By : Authorization # 102 And And Go																				
<input type="checkbox"/>	Authorization #	Line #	Suffix #	Client ID	Client Name	Provider ID	Service Code	Service Code Description	Modifier	Modifier Description	Start Date	End Date	Rate	Units	Unit Type	Billing Type	Client Responsibility	Last Updated	Business Status	Error Status
<input type="checkbox"/>	102	14	3	IWA	B C	1	04	T1020	U1	M/caid care lev 1 state def	07/11/2020	07/31/2020	\$188.02	21	Day	Monthly Recurring	\$895.00	05/24/2021	Approved	No Error
<input type="checkbox"/>	102	14	2	IWA	B C	1	04	T1020	U1	M/caid care lev 1 state def	07/06/2020	07/10/2020	\$188.02	5	Day	Monthly Recurring	\$0.00	05/24/2021	Approved	No Error
<input type="checkbox"/>	102	14	1	IWA	B C	1	04	T1020	U1	M/caid care lev 1 state def	07/01/2020	07/05/2020	\$188.02	5	Day	Monthly Recurring	\$713.00	05/24/2021	Approved	No Error

Scenario Two: Inquire SS Claims List

Inquire Social Service Claims List											
TCN ▲▼	Authorization Number ▲▼	From Date ▲▼	To Date ▲▼	Claim Status ▲▼	RA Date ▲▼	RA Number ▲▼	Claim Charged Amount ▲▼	Claim Payment Amount ▲▼	Client Name ▲▼	Client ID ▲▼	
552	000	102	07/01/2020	07/20/2020	P1:Pending/In Process-The claim or encounter is in the adjudication system.	07/23/2020	50	4	\$3,760.40	\$2,152.40	2 WA
752	000	102	07/01/2020	07/20/2020	P1:Pending/In Process-The claim or encounter is in the adjudication system.	08/26/2021	50	3	-\$3,760.40	-\$2,152.40	2 WA
552	000	102	07/01/2020	07/20/2020	F1:Finalized/Payment-The claim/line has been paid.	08/26/2021	50	33	\$3,760.40	\$3,047.40	2 WA
552	000	102	07/21/2020	07/28/2020	F3:Finalized/Revised-Adjudication information has been changed.	07/30/2020	50	37	\$1,504.16	\$1,504.16	2 WA
752	000	102	07/21/2020	07/28/2020	F3:Finalized/Revised-Adjudication information has been changed.	09/02/2021	50	71	-\$1,504.16	-\$1,504.16	2 WA
552	000	102	07/23/2020	07/28/2020	F1:Finalized/Payment-The claim/line has been paid.	08/26/2021	50	33	\$1,128.12	\$233.12	2 WA
552	000	102	07/29/2020	07/31/2020	F1: Finalized/Payment-The claim/line has been paid.	08/07/2020	50	0	\$564.06	\$564.06	2 WA

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Page ID: pgSSClaimsInquireList(Claims) Environment: UAT ID: app01_200 Server Time: 09/15/2021 07:16:12 PDT

Scenario Two: RA

Prepared Date: 09/02/2021
RA Date: 09/02/2021

RA Number: 50
Warrant/EFT # D:

Warrant/EFT Date: 09/02/2021

Warrant/EFT Amount: \$0.00

Payment Method: None

Page 2

Claims Summary

Provider Adjustments

Billing Provider	Category	Total Billed Amount	Total Allowed Amount	Total TPL Amount	Total Sales Tax	Total Client Resp Amount	Total Paid	Billing Provider	FIN Invoice Number/ Parent TCN	Source	Adjustment Type	Previous Balance Amount	Adjustment Amount	Remaining Balance Amount
11	Adjustments	-\$376.04	-\$376.04	\$0.00	\$0.00	\$895.00	-\$1271.04	11	22 55 78	System Initiated	NOC Invoice	\$0.00	\$0.00	\$1271.04
									2: 5: 7:	System Initiated	NOC Referred to CARS	\$1271.04	\$1271.04	\$0.00

Total Adjustment Amount \$1271.04

Category: Adjustments

JVAH
Billing Provider: 11

Client Name / Client ID / Med Record # / Patient Acct # / Original TCN/	TCN / Claim Type / RX Claim # / Inv # / Auth #	Line #	Rendering Provider / RX # / Auth office #	Service Date(s)	Svc Code or NDC / Mod / Rev & Class Code	Total Units or D/S	Billed Amount	Allowed Amount	Sales Tax	TPL Amount	Client Responsible Amount	Paid Amount	Remark Codes	Adjustment Reason Codes / NCPDP Rejection Codes
B 21 WA 5: 10	55 ADSA-H 102	1	167	07/23/2020- 07/23/2020	T1020 U1	1.0000	\$188.02	\$188.02	\$0.00	\$0.00	\$188.02	\$0.00		142 45 94 = \$188.02
	55 ADSA-H 102	2	167	07/24/2020- 07/24/2020	T1020 U1	1.0000	\$188.02	\$188.02	\$0.00	\$0.00	\$188.02	\$0.00		142 45 94 = \$188.02
	55 ADSA-H 102	3	167	07/25/2020- 07/25/2020	T1020 U1	1.0000	\$188.02	\$188.02	\$0.00	\$0.00	\$188.02	\$0.00		142 45 94 = \$188.02
	55 ADSA-H 102	4	167	07/26/2020- 07/26/2020	T1020 U1	1.0000	\$188.02	\$188.02	\$0.00	\$0.00	\$188.02	\$0.00		142 45 94 = \$188.02
	55 ADSA-H 102	5	167	07/27/2020- 07/27/2020	T1020 U1	1.0000	\$188.02	\$188.02	\$0.00	\$0.00	\$142.92	\$45.10		142 45 94 = \$142.92
	55 ADSA-H 102	6	167	07/28/2020- 07/28/2020	T1020 U1	1.0000	\$188.02	\$188.02	\$0.00	\$0.00	\$0.00	\$188.02		
Document Total:				07/23/2020-07/28/2020		6.0000	\$1128.12	\$1128.12	\$0.00	\$0.00	\$895.00	\$233.12		
B 21 WA 5: 10	75 ADSA-H 102	1	167	07/21/2020- 07/21/2020	T1020 U1	1.0000	-\$188.02	-\$188.02	\$0.00	\$0.00	\$0.00	-\$188.02		129 = \$0.00
	75 ADSA-H 102	2	167	07/22/2020- 07/22/2020	T1020 U1	1.0000	-\$188.02	-\$188.02	\$0.00	\$0.00	\$0.00	-\$188.02		129 = \$0.00
	75 ADSA-H 102	3	167	07/23/2020- 07/23/2020	T1020 U1	1.0000	-\$188.02	-\$188.02	\$0.00	\$0.00	\$0.00	-\$188.02		129 = \$0.00
	75 ADSA-H 102	4	167	07/24/2020- 07/24/2020	T1020 U1	1.0000	-\$188.02	-\$188.02	\$0.00	\$0.00	\$0.00	-\$188.02		129 = \$0.00
	75 ADSA-H 102	5	167	07/25/2020- 07/25/2020	T1020 U1	1.0000	-\$188.02	-\$188.02	\$0.00	\$0.00	\$0.00	-\$188.02		129 = \$0.00
	75 ADSA-H 102	6	167	07/26/2020- 07/26/2020	T1020 U1	1.0000	-\$188.02	-\$188.02	\$0.00	\$0.00	\$0.00	-\$188.02		129 = \$0.00
	75 ADSA-H 102	7	167	07/27/2020- 07/27/2020	T1020 U1	1.0000	-\$188.02	-\$188.02	\$0.00	\$0.00	\$0.00	-\$188.02		129 = \$0.00

RA Number: 50

Warrant/EFT #:

Warrant/EFT Date: 08/26/2021

Prepared Date: 08/26/2021

RA Date: 08/26/2021

JVAH

Category: Adjustments

Billing Provider: 11

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Client Name / Client ID / Med Record # / Patient Acct # / Original TCN/	TCN / Claim Type / RX Claim # / Inv # / Auth #	Line #	Rendering Provider / RX # / Auth office #	Service Date(s)	Svc Code or NDC / Mod / Rev & Class Code	Total Units or D/S	Billed Amount	Allowed Amount	Sales Tax	TPL Amount	Client Responsible Amount	Paid Amount	Remark Codes	Adjustment Reason Codes / NCPDP Rejection Codes
	75. ADSA-H 102	8	167	07/28/2020- 07/28/2020	T1020 U1	1.0000	-\$188.02	-\$188.02	\$0.00	\$0.00	\$0.00	-\$188.02		129 = \$0.00
Document Total:				07/21/2020-07/28/2020		8.0000	-\$1504.16	-\$1504.16	\$0.00	\$0.00	\$0.00	-\$1504.16		
Category Total:						14.0000	-\$376.04	-\$376.04	\$0.00	\$0.00	\$895.00	-\$1271.04		

Scenario Two: Vendor Overpayment Notice



STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
PO Box 9501 Olympia WA 98507-9501

VENDOR OVERPAYMENT NOTICE

8/26/2021

Certified Number:
93148699000000XXXXXXX

Archer, Sterling
1988 OVERLAKE DR
KIRKLAND, WA 98123

Dear Provider: Archer, Sterling

Provider Number:11XXXXX04
CARS Reference #: 00009XXXX-IN

We overpaid you \$1271.04 for goods or services because:

Reason Code	Description
P7	A previously paid claim was adjusted by you or by someone on your behalf, indicating that you were overpaid for goods or services. You received a duplicate or erroneous payment.



To learn more about reviewing Transaction Control Numbers (TCNs) and understanding Overpayments, please see the ProviderOne Billing and Resource Guide at <https://www.hca.wa.gov/billers-providerspartners/providerone/providerone-billing-and-resource-guide> and the ProviderOne for Social Services page at: <https://www.hca.wa.gov/billers-providers-partners/providerone/providerone-social-services>.

Authorization Number: 102XXXXXXX Client Name: Kane, Lana

Reason Code	TCN (Trans Claim #)	Month Of Service	Payment Date	Warrant/EFT Number	Overpayment Amount
P7	55XXXXXXXXXXXX000	July 2020	7/30/2020	123654!	\$188.02
P7	55XXXXXXXXXXXX000	July 2020	7/30/2020	123654!	\$188.02
P7	55XXXXXXXXXXXX000	July 2020	7/30/2020	123654!	\$188.02
P7	55XXXXXXXXXXXX000	July 2020	7/30/2020	123654!	\$188.02
P7	55XXXXXXXXXXXX000	July 2020	7/30/2020	123654!	\$188.02
P7	55XXXXXXXXXXXX000	July 2020	7/30/2020	123654!	\$188.02
P7	55XXXXXXXXXXXX000	July 2020	7/30/2020	123654!	\$142.92

Questions

- What is a TCN and how do I read it?
 - To learn more about reviewing Transaction Control Numbers (TCNs) and understanding Overpayments, please see the ProviderOne Billing and Resource Guide at <https://www.hca.wa.gov/billers-providerspartners/providerone/providerone-billing-and-resource-guide>.
 - In the Billing and Resource Guide Search (ctrl+F) for READING A TCN.

Questions

- How do I know what the original claim was that was adjusted?
 - The RA references the original TCN and the Overpayment notice indicates the parent TCN.
- How do I know if an adjusted claim resulted in an OP that is going to OFR?
 - Review page 2 of your RA, if there is an amount owed that will be repaid via OFR then you will see that it Summarized in the Provider Adjustments side of the table.

Questions

Contact your authorizing case worker for changes to the authorized:

- Service code
- Dates
- Units
- Rate

You should also contact the authorizing worker if there is an error on the authorization service line.

Contact MACSC for:

- Billing and claims (medical and social services)
- Claim inquiry
- Service limitations
- Website: [ProviderOne for Social Services](#)

Phone: 800-562-3022 (choose “provider services”)

Message: [ProviderOne web form](#)

Who to contact

ProviderOne Security

- Locked out of ProviderOne
- Assistance with user permissions/access/roles
- Website: [ProviderOne Security](#)

Phone: 800-562-3022 ext. 59991

Email: provideronesecurity@hca.wa.gov

ProviderOne Enrollment

- Provider enrollment and revalidation
- Online: [ProviderOne Enrollment](#)

Phone: 800-562-3022 ext. 16137

Email: providerenrollment@hca.wa.gov



Long-Term Care Foundation

of Washington State

Thank you for your time!

Questions?

shereice@lctfwa.org

