

Long-Term Care Foundation

of Washington State

ProviderOne: Viewing Your Claims and Payments September 2021

Presented by:

Jacquelyn Pinkerton, MSW Social Services Billing Program Manager, DSHS Shereice Brown Workforce Development Manager, Long-Term Care Foundation

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.

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ProviderOne: Provider Portal

| | | Notepad | teminder | Q Extern | al Links | | Print | 0 H | eip |
|---|--|--|---|-------------------|--|--|--|---------------------------|------------------------|
| 3 Provider Portal | | | | | | | | | |
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| Social Services Authorization and Billing | | No | Records Fo | und I | | | | | |
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- From your Online Services menu you can select
 - Payments: View Payment
 - Social Services
 Authorization and
 Billing: Social Service
 Claim Inquiry



ProviderOne: View Payment

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



ProviderOne: View Payment

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| RA/ETRR Number | ci | heck Nu | mber | 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 | |
| | | | 951 | 08/26/2021 | 08/26/2021 | 3 | \$15,058.46 | \$13,108.94 | \$1,949.52 | |
| | | | 13! | 08/19/2021 | 08/19/2021 | 2 | \$0.00 | \$1,853.92 | -\$1,853.92 | |
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| + Page Co | unt 6 | SaveTo | XLS | | | | | | | |

 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

| > Provide | r Portal > Pa | eyment Summ | ary List | | | | | | | |
|-------------------|---------------|-------------|--------------------|-------------|----------------|----------------|-------------------|--------------------|-----------------|--|
| Close | | | | | | | | | | |
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| | | 951 | 08/26/2021 | 08/26/2021 | 3 | \$15,058.46 | \$13,108.94 | \$1,949.52 | | |
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Remittance Advice (RA)

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



| RA I Wai Wai | Number: 50 rrant/EFT # : rrant EFT Amoun | 56 6! t: \$2845.96 | Warran | t/EFT Da Paymen | ite: 8/25/20 t Method: E |)21 EFT | | | | | RA Date | :: 08/26/20 | 21 | |
|--------------------|--|---------------------------|----------------------------|-----------------------|-----------------------------------|---------------|---------------------|-----|--------------------------------------|----------------------------------|-------------------------|----------------------------|-------------------|-----------------------------|
| Clai | ims Summary | | | | | Provid | er Adjustm | nen | ts | | Tuge 2 | | | |
| illing rovider | 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 |
| L | 9 Paid | \$4618.74 | \$4618.74 | \$0.00 | \$1967.48 | \$2651.26 | 11 | 9 | 2172: x/ 55 4431 | x System Initiated | NOC Invoice | \$0.00 | \$0.00 | \$472.12 |
| L | 9 Denied | \$81.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | 11 | 9 | 2172: x/ 55 4431: | ^x System Initiated | NOC Referred CARS | \$472.12 | \$472.12 | \$0.00 |
| 1 | 9 Adjustments | \$394.79 | \$394.79 | \$0.00 | \$672.21 | -\$277.42 | | | | | | | | |



| | RA Nu | mber: 50 | 56 | | | | | | | | | Pre | pared Date RA Date | :: 08/26/202 :: 08/26/202 | 21 21 | |
|--|-----------|-------------|---------------------------|----------------------------|-----------------------|-----------------------------------|---------------|---------------------|----------------|----------------------------------|----|---------------------|-------------------------|------------------------------|-------------------|-----------------------------|
| Warrant/EFT # : 6! Warrant/EFT Date: 8/25/2021 Warrant EFT Amount: \$2845.96 Payment Method: EFT Page 2 Claims Summary Provic er Adjustments | | | | | | | | | | | | | | | | |
| Billin Provi | g ider | Category | Total Billed Amount | Total Allowed Amount | Total Sales Tax | Total Client Resp Amount | Total Paid | Billing Provider | FI N Pa | N Invoice umber/ arent 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 | 21 x/ 44 | 72: 55 31: | xx | System Initiated | NOC Invoice | \$0.00 | \$0.00 | \$472.12 |
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| | | | | | | | | | | | | Total Adjus | stment Amo | ount: \$472.1 | 12 | |

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| F | RA Nu Varra Varra | mber: 50 nt/EFT #∶ nt EFT Amount | 56 6! : \$2845.96 | Warrant | t/EFT Da Paymen | Prepared Date: 08/26/2021 RA Date: 08/26/2021 Date: 8/25/2021 Dent Method: EFT Page 2 | | | | | | | | | | | | |
|-------------------|-------------------------|--|---------------------------|----------------------------|-----------------------|---|------------|----------|---------------------|--------------------------------|-----------------|---------------------|-------------------------|----------------------------|-------------------|-----------------------------|--|--|
| (| Claims | Summary | | | | | | Provid | er Adjustmer | nts | | | - | | | | | |
| Billing Provid | er | Category | Total Billed Amount | Total Allowed Amount | Total Sales Tax | Total Client Resp Amount | Tot Pai | lal J | Billing Provider | FIN Invo Number Parent T | ice / 'CN | Source | Adjust. Type | Previous Balance Amt | Adjust. Amount | Remaining Balance Amt | | |
| 11 | 9 | Paid | \$4618.74 | \$4618.74 | \$0.00 | \$1967.48 | \$26 | 51.26 | 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 | -\$2 | 77.42 | | | | | | | | | | |

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



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. |

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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. |

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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. |

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| RA Number: | Warrant/EFT | #: | S! | Warran | t/EFT Date: 08/2 | 26/2021 | P | repared Date: | 08/26/2021 | | RA Date | e: 08/26/2021 | | |
|------------------|-----------------|-------|---------------|-------------|------------------|-------------|----------|---------------|------------|--------|-------------|---------------|--------|--------------|
| Category: Paid | Billing Provide | er: _ | 1 | | | | | | | | | | Pag | e 3 |
| Client Name / | TCN/ | Line | Rendering | Service | Svc Code or | Total Units | Billed | Allowed | Sales Tax | TPL | Client | Paid Amount | Remark | Adjustment |
| Client ID / | Claim Type / | # | Provider / | Date(s) | NDC / | or | Amount | Amount | | Amount | Responsible | | Codes | Reason Codes |
| Med Record # / | RX Claim # / | | RX # / | | Mod / | D/S | | | | | Amount | | | / NCPDP |
| Patient Acct # / | Inv # / | | Auth office # | | Rev & Class | | | | | | | | | Rejection |
| Original TCN/ | Auth # | | | | Code | | | | | | | | | Codes |
| L | 55212370 | 1 | | 04/01/2021- | T1020 | 1.0000 | \$246.86 | \$246.86 | \$0.00 | \$0.00 | \$246.86 | \$0.00 | | 142 45 94 = |
| 2(| ADSA-H | | 167 | 04/01/2021 | U1 | | | | | 1 | | | | \$246.86 |
| | 102 | | | | | | | | | | | | | |

| RA Number: | Warrant/EFT | #: | 871 | Warran | t/EFT Date: 09/0 | 2/2021 | Рі | repared Date: | 09/02/2021 | | RA Date | e: 09/02/2021 | | |
|-----------------------|-----------------|------|---------------|-------------------|------------------|-------------|-----------|---------------|------------|--------|-------------|-----------------|--------|--------------|
| Category: Adjustments | Billing Provide | er: | 14 | | | | | | | | | | Pag | ,e 3 |
| Client Name / | TCN / | Line | Rendering | Service | Svc Code or | Total Units | Billed | Allowed | Sales Tax | TPL | Client | Paid Amount | Remark | Adjustment |
| Client ID / | Claim Type / | # | Provider / | Date(s) | NDC / | or | Amount | Amount | | Amount | Responsible | | Codes | Reason Codes |
| Med Record # / | RX Claim # / | | RX # / | | Mod / | D/S | | | | | Amount | | | / NCPDP |
| Patient Acct # / | Inv # / | | Auth office # | | Rev & Class | | | | | | | | | Rejection |
| Original TCN/ | Auth # | | | | Code | | | | | | | | | Codes |
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| 20 | ADSA-H | | 167 | 07/21/2020 | U1 | | | | | | | | | |
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| Category: Adjustments Billing Provider: 11 Page 3 Client Name / Client ID / Med Record # / Patient Acct # / Original TCN/ TCN / Claim Type / H Line Provider / RX # / Auth office # 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 Amount TPL Amount Client Responsible Amount Paid Amount Responsible Amount Remark Codes Adjustmen Codes B 752: 0 1 07/21/2020- 102 T1020 1.0000 -\$188.02 -\$188.02 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$129 = \$0.00 129 = \$0.00 102 102 07/21/2020 11 1.0000 -\$188.02 -\$188.02 \$0.00 </th <th></th> | | |
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| Client Name / Client ID / Med Record # / Patient Acct # / Original TCN/ Line Claim Type / RX Claim # / Inv # / Line # Provider / RX # / Auth office # Service Date(s) Svc Code or NDC / Mod / Rev & Class Code Total Units or Billed Amount Allowed Amount Sales Tax Amount TPL Amount Client Responsible Amount Paid Amount Remark Reason Co /NCPDP Rejection Code Adjustmen or B 752. '0 ADSA-H 102 1 07/21/2020- 107/21/2020 T1020 U1 1.0000 -\$188.02 -\$188.02 \$0.00 \$0.00 \$0.00 -\$188.02 -\$188.02 \$0.00 \$0.00 -\$188.02 -\$188.02 \$0.00 \$0.00 -\$188.02 -\$188.02 \$0.00 \$0.00 -\$188.02 -\$188.02 \$0.00 \$0.00 -\$188.02 -\$188.02 \$0.00 \$0.00 -\$188.02 -\$188.02 \$0.00 \$0.00 -\$188.02 -\$188.02 \$0.00 \$0.00 -\$188.02 -\$129 = \$0.00 \$0.00 <td></td> | | |
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| RA Number: 50 | Warrant/El | T #: 1 | D | Warran | t/EFT Date: 09/ | 02/2021 | Рг | epared Date: | 09/02/2021 | | RA Dat | e: 09/02/2021 | | |
|---|--|-----------|--|---------------------------|--|--------------------------|------------------|-------------------|------------|---------------|---------------------------------|---------------|-----------------|---|
| Category: Adjustments | Billing Prov | ider: 1 | 1 | _ | | | | | _ | _ | | | Pag | e 3 |
| Client Name / Client ID / Med Record # / Patient Acct # / Original TCN/ | TCN / Claim Type / RX Claim # / Inv # / Auth # | Lir # | e 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 |
| | | Do | cument Total: | 07/21/2020-0 | 7/28/2020 | 8.0000 | -\$1504.16 | -\$1504.16 | \$0.00 | \$0.00 | \$0.00 | -\$1504.16 | | |
| | | | | Category To | tal: | 8.0000 | -\$1504.16 | -\$1504.16 | \$0.00 | \$0.00 | \$0.00 | -\$1504.16 | | |
| | | | | Billing Prov | vider Total: | 8.0000 | -\$1504.16 | -\$1504.16 | \$0.00 | \$0.00 | \$0.0 | -\$1504.16 | | |

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.



Common Adjustment & Denial Codes Provider and

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 | Claimed dates of service are not within the authorization period The authorization line is in error | Contact your case worker if you have questions about the authorization dates Contact your case worker if you have questions about authorization errors |
| 18- Exact duplicate claim/service | Claimed the same units on two different lines for the same day, or Claim is an exact duplicate of one already submitted | Adjust the claim and report the number of units on a single claim line 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 |
| asic Billing: Claim Status Inquir | v & View RA (Feb. 9, 2015) | 19 of |

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





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



| | L' No | otepad | 🔔 Reminder | External Links | 🚔 Print | Help |
|--|---|-----------------------------------|--|-----------------------------|-------------|------|
| > Provider Portal > Provider | Social Service C | Claim Inq | uiry Search | | | |
| Close Submit | | | | | | |
| rovider Social Service C | laim Inquiry | Search | ı | | | ^ |
| ease enter a Provider ID and | enter available | e informa | ation in the rem | aining fields before clic | king 'Submi | ť. |
| Required: TCN OR Client I | D AND Claim S | ervice P | Period (To date i | s optional). OR Authori | zation Num | ber |
| AND Claim Service Pr | riod (To Date i | e ontion | al) | | | |
| AND Claim Service Po You may request status fo | eriod (To Date i r claims proces | s option ssed wit | ial). hin the past fou | ır years | | |
| AND Claim Service Po You may request status fo The Claim Service Period | eriod (To Date i r claims proces From and To da | s option ssed wit ate range | ial). hin the past fou e cannot excee | ır years d 3 months | | |
| AND Claim Service Po You may request status fo The Claim Service Period | eriod (To Date i r claims proces From and To da | s option ssed wit ate range | aal). hin the past fou e cannot excee | ır years d 3 months | | |
| AND Claim Service Po You may request status fo The Claim Service Period Provider ID: | eriod (To Date i r claims proces From and To da 11 [.] | s option ssed wit ate range | nal). hin the past fou e cannot excee ~ | rr years d 3 months * | | |
| AND Claim Service Po You may request status fo The Claim Service Period Provider ID: TCN: | eriod (To Date i r claims proces From and To da | s option ssed wit ate range | ial). hin the past fou e cannot excee | ır years d 3 months * | | |
| AND Claim Service Period You may request status fo The Claim Service Period Provider ID: TCN: Client ID: | eriod (To Date i r claims proces From and To da 11 [.] | s option ssed wit ate range | ial). hin the past for e cannot excee | ır years d 3 months * | | |
| AND Claim Service Po You may request status fo The Claim Service Period Provider ID: TCN: Client ID: Authorization Number: | eriod (To Date i r claims process From and To da 11 [.] | s option ssed wit ate range | ial). hin the past fou e cannot excee | rr years d 3 months * | | |
| AND Claim Service Pe You may request status fo The Claim Service Period Provider ID: TCN: Client ID: Authorization Number: Claim Service Period From: | eriod (To Date i r claims process From and To da | s option ssed wit ate range | ial). hin the past fou e cannot excee | ır years d 3 months * | | |

- 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.



| (| ්Pinkerton, Jacquely | n M 👻 Profile: EXT Provider Social Ser | vices |
|---|--|---|--|
| # | > Provider Portal > Provid | der Social Service Claim Inquiry Search | |
| C | Close Submit | | |
| | Provider Social Service | e Claim Inquiry Search | |
| P | lease enter a Provider ID a • Required: TCN OR Clier • You may request status • The Claim Service Perio | nd enter available information in the re nt ID AND Claim Service Period (To date for claims processed within the past fo od From and To date range cannot exce | maining fields before clicking e is optional). OR Authorizatio our years eed 3 months |
| | Provider ID: | ****** | r. |
| | TCN: | | |
| | Client ID: | | |
| | Authorization Number: | | |
| С | aim Service Period From: | | |
| | Claim Service Period To: | | |

- 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.



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|--------------|------------|--------------------------------|---------------------|----------------|--|----------------|---------------------|-----------------------------------|----------------------------|--------------------|------------------|
| > Provider P | ortal > I | Provider Social Ser | vice Claim In | quiry Search | > Claim Inquiry Providers List | | | | | | |
| Close | | | | Provid | er ID:11 | | | | | | |
| III Inquir | e Socia | al Service Clain | ns List | | | | | | | | ^ |
| TCN ▲ ♥ | | Authorization Number ▲ ♥ | From Date ▲ ▼ | To Date ▲ ▼ | Claim Status ▲ ▼ | RA Date ▲ ♥ | RA Number ▲ ♥ | Claim Charged Amount ▲ ♥ | Claim Payment Amount | Client Name ▲ ♥ | Client ID ▲ ▼ |
| 100-100 | 000 | 1000077006 | 07/29/2020 | 07/31/2020 | P1:Pending/In Process-The claim or encounter is in the adjudication system. | | | \$772.50 | \$772.50 | NONNEC MULLION | WA |
| UID HORIO | 000 | 102017020 | 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 | NORMO MURILINE | NO CONTRACTOR |
| 100-100 | 000 | 1000077000 | 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 | NORMO MULLION | WA |
| 1010 1010 | 000 | 100007000 | 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 | NORMO MULTIC | AWGO DOWA |
| View Page: | 1 | O Go + | Page Count | SaveToXL | S Viewing Page: 1 | | | | « First | Prev N | lext >> Last |

Washington State Department of Social and Health Services

Long-Term Care Foundation

| | | | Provider | r ID : 11 | |
|--------------|--------------------------------|---------------------|----------------|---|--------------------|
| Inquire Soci | al Service Clain | ns List | | Refer to the From/To date ranges on | ^ |
| TCN ▲ ♥ | Authorization Number ▲ ▼ | From Date ▲ ▼ | To Date ▲ ♥ | your claims to help determine whether | ne Client ID ⊾▼ |
| 000 | | 07/29/2020 | 07/31/2020 | adjust an existing claim. Also more | AWA |
| 000 | 1000017000 | 07/21/2020 | 07/28/2020 | easily identify where you possibly submitted duplicate claims. | AM |
| 000 | 1020017mpd | 07/01/2020 | 07/20/2020 b | Deen paid. 07/06/2020 \$2,005.60 \$2,005.60 | AWA |
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|-----------------------|--------------------------------|---------------------|----------------|--------------------------------|----------------|---------------------|----------------------------|----------------------------|-------------------|--|
| > Provider Portal > F | Provider Social Ser | vice Claim In | quiry Search | > Claim Inquiry Providers List | | | | | | |
| Close | | | Provid | er ID:11 | | | | | | |
| Inquire Socia | I Service Claim | ns List | | | | | | | | ^ |
| TCN ▲ ▼ | Authorization Number A V | From Date ▲ ▼ | To Date ▲ ▼ | Claim Status ▲ ▼ | RA Date ▲ ▼ | RA Number ▲ ₹ | Claim Charged Amount | Claim Payment Amount | Client Name | Client ID ▲ ▼ |
| 1000 1000 000 000 | 1000073006 | 07/29/2020 | Revi | ew vour claim | | | \$772.50 | \$772.50 | NONNED MULLION | WA |
| 000 | 1020117020 | 07/23/2020 | stati | is Identify relate | ad 80 | 100100 | \$3,060.00 | \$2,805.64 | RONAD MUSILIK | AMAGENERA |
| 000 | 1000017000 | 07/21/2020 | clain | ns following an | 20 | 0000-02 | \$2,060.00 | \$2,060.00 | NONNEC MULLION | WA |
| 000 | 1000071000 | 07/01/2020 | adiu | stment/void | 20 | - | \$2,005.60 | \$2,005.60 | ROBADO MUEBLOR | DID TO |
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| | | | | | | | | | | (|

Washington State Department of Social and Health Services

Long-Term Care Foundation

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| 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 |



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|------|---------------------|-------------------------|----------------|--------------------|-----------------------------|----------------|---------------------|----------------------------|----------------------------|--------------------|------------------|
| > P | Provider Portal 🗦 F | Provider Social Ser | vice Claim In | quiry Search > C | laim Inquiry Providers List | | | | | | |
| Clos | se | | | Provider ID |): 11mmm | | | | | | |
| | Inquire Socia | I Service Claim | ns List | | | | | | | | ^ |
| | TCN ▲ ♥ | Authorization Number | From Date | To Date ▲ ▼ | Claim Status ▲ ▼ | RA Date ▲ ▼ | RA Number ▲ ▼ | Claim Charged Amount | Claim Payment Amount | Client Name ▲ ▼ | Client ID ▲ ▼ |
| 100 | 000 | 100007 Note | 07/29/2020 | | | | | \$772.50 | \$772.50 | NONNED MULLIOR | WA |
| - | 000 | 10000ThDd | 07/23/2020 | Identii | y relevant KA | 2 2 2 | 0 SHOMOIDH | \$3,060.00 | \$2,805.64 | RORAD MULLIN | DID#CIDEJWA |
| 100 | 000 | 100007800 | 07/21/2020 | adjust | monts | 1115 | 0 | \$2,060.00 | \$2,060.00 | NORMOD MULLION | WA |
| 0 | | 10200 Teal | 07/01/2020 | bee | n paid. | 01100/202 | 0 Enchionani | \$2,005.60 | \$2,005.60 | NORMED MORE LENGT | AWGOODOWA |
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|-------|--------------------|--------------------------------|---------------------|----------------|--|----------------|---------------------|-----------------------------------|----------------------------|--------------------|------------------|
| #> Pr | rovider Portal 🗦 P | Provider Social Ser | vice Claim In | quiry Search | > Claim Inquiry Providers List | | | | | | |
| Close | e | | | Provid | er ID:1 | | | | | | |
| | Inquire Socia | I Service Clain | ns List | | | | | | | | ^ |
| | TCN ▲ ▼ | Authorization Number ▲ ▼ | From Date ▲ ▼ | To Date ▲ ♥ | Claim Status ▲ ▼ | RA Date ▲ ▼ | RA Number ▲ ♥ | Claim Charged Amount ▲ ▼ | Claim Payment Amount | Client Name ▲ ▼ | Client ID ▲ ▼ |
| 1000 | 000 | 10 007 7000 | 07/29/2020 | 07/31/2020 | P1:Pending/In Process-The claim or encounter is in the adjudication system. | | | \$772.50 | \$772.50 | NONNED MULLION | AWERA |
| NO10 | 000 | 10 KHT HOL | 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 | NORMO MUELLIK | AMERICIPCIE |
| 100 | 000 | 10 KKI WOK | 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 | NONNED MULLION | Mine In WA |
| 1.000 | 000 | 10 KMT MON | 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 | NONNEO MURELEN | NUMBER |
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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.



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.



| Inquire Socia | al Service Clair | Pr ns List | ovider ID : | 11 | | | | | | |
|---------------|-------------------------|---------------|----------------|---|------------|---------------------|----------------------------|----------------------------|--------------------|---------------|
| 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 | | łW |
| 55 ;0000 | 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 | | łW |
| 55 ;1000 | 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 | | łW |
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Washington State Department of Social and Health Services

of Washington State

Scenario One: Remittance Advice

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|----------------|----------|----------------------------|------------------------|----------------|--|----------------|---------------------|----------------------------|----------------------------|-------------|------------------|------------------|
| > Provider Por | rtal 🗦 F | Provider Social | Service Claim In | quiry Search | > Claim Inquiry Providers List | | | | | | | |
| Close | | | | Provi | ider ID:11 [,] | | | | | | | |
| Inquire | Socia | I Service <mark>C</mark> I | aims List | | | | | | | | | ^ |
| TCN ▲ ▼ | | Authorization | on From Date ▲ ▼ | To Date ▲ ▼ | Claim Status | RA Date △ ▼ | RA Number ▲ ♥ | Claim Charged Amount | Claim Payment Amount | Client | Name v | Client ID ▲ ▼ |
| 5 | 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 |
| 5 | 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 | | | WA |
| 5 | 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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Washington State Department of Social and Health Services

Long-Term Care Foundation

of Washington State

Scenario One: Remittance Advice

| RA Number: Warrant/EF1 | 50: 54 F# S! | | Warran | t/EFT Date: 08 | /26/2021 | | | | | | Prej RA | pared Date: 03 Date: 08/26/20 | 8/26/2021 021 | |
|----------------------------|-------------------------|--------------------------------------|---------------------------------------|-------------------------------|------------------------------|---|--------------------------|---------------------|--------------------------------------|--------|--------------------|----------------------------------|----------------------|--------------------------------|
| Warrant/EF1 Claims Sumn | f Amount: \$131 nary | 08.94 | | Payment Me | thod: EFT | | Provider Adjus | stments | | | Pag | e 2 | | |
| Billing Provider | Category Paid | Total Billed Amount \$15058.46 | Total Allowed Amount \$15058.46 | Total TPL Amount \$0.00 | Total Sales Tax \$0.00 | Total Client Resp Amount \$1949.52 | Total Paid \$13108.94 | Billing Provider | FIN Invoice Number/ Parent TCN | Source | Adjustment Type | Previous Balance Amount | Adjustment Amount | Remaining Balance Amount |

Total Adjustment Amount \$0.00



| RA Number: 50 | 4 | Warrant/EFI | #: 1 | S! | Warran | t/EFT Date: 08/ | 26/2021 | Pr | repared Date: | 08/26/2021 | | RA Date | :: 08/26/2021 | Bas | F |
|-------------------|---|------------------|----------|---------------|--------------|-----------------|-------------|-----------|---------------|---------------|--------|-------------|---------------|----------|--------------|
| Category: Paid | | Billing Provid | ier: 1 | . 01 | | | | | | | | | | raș | e o |
| Client Name / | | TCN/ | Lin | Rendering | Service | Svc Code or | Total Units | Billed | Allowed | Sales Tax | TPL | Client | Paid Amount | Remark | Adjustment |
| Client ID / | | Claim Type / | # | Provider / | Date(s) | NDC / | or | Amount | Amount | | Amount | Responsible | | Codes | Reason Codes |
| Med Record # / | | RX Claim #/ | 1 | RX #/ | | Mod / | D/S | | | | | Amount | | | / NCPDP |
| Dationt A gat # / | | Inv #/ | 1 | Auth office # | | Day & Class | | | | | | | | | Delection |
| Fatient Acct #/ | | INV # / | 1 | Auth office # | | Rev & Class | | | | | | | | | Rejection |
| Original TCN/ | | Auth # | | | | Code | | | | | | | | | Codes |
| L , M | L | 55 | 0 1 | l | 05/01/2021- | T1020 | 1.0000 | \$246.86 | \$246.86 | \$0.00 | \$0.00 | \$0.00 | \$246.86 | 1 | |
| 2 WA | | ADSA-H | 1 | 167 | 05/01/2021 | U1 | | | | | | | | | |
| | | 102 | 1 | | | | | | | | | | | | |
| | | 55 | 1 1 | | 05/02/2021 | T1030 | 1 0000 | 6346.96 | 6346.96 | 50.00 | 50.00 | 60.00 | 6346.96 | | |
| | | 55. | <u>م</u> | | 05/02/2021- | 11020 | 1.0000 | \$240.80 | \$240.80 | 50.00 | 50.00 | 50.00 | \$240.80 | | |
| | | ADSA-H | 1 | 167 | 05/02/2021 | 101 | | | | | | | | | |
| | | 102 | | | | | | | | | | | | | |
| | | 55 | 0 3 | 3 | 05/03/2021- | T1020 | 1.0000 | \$246.86 | \$246.86 | \$0.00 | \$0.00 | \$0.00 | \$246.86 | | |
| | | ADSA-H | - I - | 167 | 05/03/2021 | 111 | | | | | | | | | |
| | | 102 | 1 | 107 | 05/05/2021 | | | | | | | | | | |
| | | 102 | - | | | | | | | | | | | L | |
| | | 55 | 0 4 | t l | 05/04/2021- | T1020 | 1.0000 | \$246.86 | \$246.86 | \$0.00 | \$0.00 | \$0.00 | \$246.86 | 1 | |
| | | ADSA-H | 1 | 167 | 05/04/2021 | U1 | | | | | | | | | |
| | | 102 | 1 | | | | | | | | | | | | |
| | | EE. | | | 05/05/2021 | T1020 | 1 0000 | \$346.96 | 6346.96 | 50.00 | 50.00 | 50.00 | \$246.96 | | |
| | | 35. | יוי | , | 05/05/2021- | 11020 | 1.0000 | \$240.80 | \$240.80 | 50.00 | 50.00 | 50.00 | \$240.80 | | |
| | | ADSA-H | 1 | 167 | 05/05/2021 | 01 | | | | | | | | | |
| | | 102 | 1 | | | | | | | | | | | | |
| | | 55 | 0 6 | 5 | 05/06/2021- | T1020 | 1.0000 | \$246.86 | \$246.86 | \$0.00 | \$0.00 | \$0.00 | \$246.86 | | |
| | | ADSA-H | " `` | 167 | 05/06/2021 | 111 | | 021000 | | | | | | | |
| | | 102 | 1 | 107 | 05/00/2021 | 01 | | | | | | | | | |
| | | 102 | | | | | | | | | | | | | |
| | | 55 | 0 7 | 7 | 05/07/2021- | T1020 | 1.0000 | \$246.86 | \$246.86 | \$0.00 | \$0.00 | \$0.00 | \$246.86 |) | |
| | | ADSA-H | 1 | 167 | 05/07/2021 | UI | | | | | | | | | |
| | | 102 | 1 | | | | | | | | | | | | |
| | | EE. | | , | 05/08/2021 | T1020 | 1 0000 | \$246.96 | \$746.96 | 50.00 | 50.00 | 50.00 | \$246.96 | | |
| | | 35. | יןי | | 05/08/2021- | 11020 | 1.0000 | \$240.80 | \$240.80 | 50.00 | 50.00 | \$0.00 | \$240.80 | | |
| | | ADSA-H | 1 | 167 | 05/08/2021 | 01 | | | | | | | | | |
| | | 102 | | | | | | | | | | | | | |
| | | 55 | 0 9 |) | 05/09/2021- | T1020 | 1.0000 | \$246.86 | \$246.86 | \$0.00 | \$0,00 | \$0.00 | \$246.86 | i l | |
| | | ADSA-H | | 167 | 05/09/2021 | 111 | | | | | | | | | |
| | | 102 | 1 | 107 | 0.5/05/2021 | 01 | | | | | | | | | |
| | | 102 | - | | | | | | | | | | | <u> </u> | |
| | | 55. | 0 10 | | 05/10/2021- | T1020 | 1.0000 | \$246.86 | \$246.86 | 50.00 | \$0.00 | \$0.00 | \$246.86 | 1 | |
| | | ADSA-H | 1 | 167 | 05/10/2021 | UI | | | | | | | | | |
| | | 102 | 1 | | | | | | | | | | | | |
| | | 55 | 0 11 | 1 | 05/11/2021- | T1020 | 1,0000 | \$246.86 | \$246.86 | \$0.00 | \$0.00 | \$0.00 | \$246.86 | | |
| [] | | ADSA-H | " I " | 167 | 05/11/2021 | 111 | 1.000 | | 3210.00 | | 30.00 | 30.00 | 3240.00 | 1 | |
| | | AD3A-11 | 1 | 107 | 05/11/2021 | 01 | | | | | | | | | |
| | | 102 | - | | | | | | | | | | | L | |
| | | 55. | 0 12 | 2 | 05/12/2021- | T1020 | 1.0000 | \$246.86 | \$246.86 | \$0.00 | \$0.00 | \$0.00 | \$246.86 | 1 | |
| | | ADSA-H | 1 | 167 | 05/12/2021 | U1 | | | | | | | | | |
| | | 102 | 1 | | | | | | | | | | | | |
| | | 55 | 0 12 | | 05/12/2021 | T1020 | 1 0000 | \$346.96 | 6346.96 | 50.00 | 50.00 | 50.00 | 6346.96 | | |
| | | 33. A DE A 11 | 13 | | 05/15/2021- | 11020 | 1.0000 | \$240.80 | 3240.80 | 50.00 | 50.00 | 50.00 | \$240.80 | 1 | |
| | | ADSA-H | 1 | 167 | 05/13/2021 | 01 | | | | | | | | | |
| | | 102 | | | | | | | | | | | | | |
| | | 55 | 0 14 | ł | 05/14/2021- | T1020 | 1.0000 | \$246.86 | \$246.86 | \$0.00 | \$0.00 | \$0.00 | \$246.86 | | |
| [] | | ADSA-H | | 167 | 05/14/2021 | U1 | | | | | | | | | |
| [] | | 102 | | | | | | | | | | | | 1 | |
| | | 102 | | | | | - | | | | | | | <u> </u> | |
| | | 55 | 0 15 | , , | 05/15/2021- | 11020 | 1.0000 | \$246.86 | \$246.86 | \$0.00 | \$0.00 | \$0.00 | \$246.86 | 1 | |
| | | ADSA-H | | 167 | 05/15/2021 | U1 | | | | | | | | 1 | |
| | | 102 | | | | | | | | | | | | 1 | |
| | | | De | ument Total: | 05/01/2021-0 | 5/15/2021 | 15 0000 | \$3702.00 | \$3702.00 | 50.00 | 50.00 | S0.00 | \$3702.00 | | |
| | | | 100 | unient Fotal: | 05/01/2021-0 | 3/13/2021 | 15.0000 | 33702.90 | \$3702.90 | 30.00 | 30.00 | , 20.00 | 33702.90 | 1 | |

| RA Number: 50 Category: Paid | 4 | Warrant/EFT Billing Provide | #: 1 r: 11 | 'S! 01 | Warran | t/EFT Date: 08/. | 26/2021 | Pr | epared Date: | 08/26/2021 | | RA Date | : 08/26/2021 | Pag | e 6 |
|--|----------------------|--|---------------|--|---------------------------|--|--------------------------|------------------|-------------------|------------|---------------|---------------------------------|--------------|-----------------|--|
| Client Name / Client ID / Med Record # / Patient Acct # / | TC Cl RV In | CN / aim Type / X Claim # / v # / | Line # | Rendering Provider / RX # / Auth office # | Service Date(s) | Svc Code or NDC / Mod / Rev & Class | 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 |
| Original TCN/ | 55 AI | ith # 0 DSA-H | 2 | 167 | 05/17/2021- 05/17/2021 | Code T1020 U1 | 1.0000 | \$246.86 | \$246.86 | \$0.00 | \$0.00 | \$0.00 | \$246.86 | | Codes |
| | 55 AI 10 | 2 0 ОSA-Н 2 | 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 AI 10 | 0 DSA-H 2 | 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. AI 10. | 0 DSA-H 2 | 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 AI 10 | 0 DSA-H 2 | 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 AI 10 | 0 DSA-H 2 | 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 AI 10 | о DSA-H 2 | 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 AI 10 | 0 DSA-H 2 | 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 AI 10 | 0 DSA-H 2 | 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 AI 10 | 0 DSA-H 2 | 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 AI 10 | 0 DSA-H 2 | 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 AI 10 | 0 DSA-H 2 | 13 | 167 | 05/28/2021- 05/28/2021 | T1020 U1 | 1.0000 | \$246.86 | \$246.86 | 50.00 | 50.00 | \$0.00 | \$246.86 | | |
| | 55 AI 10 | 0 DSA-H 2 | 14 | 167 | 05/29/2021- 05/29/2021 | T1020 U1 | 1.0000 | \$246.86 | \$246.86 | 50.00 | 50.00 | \$0.00 | \$246.86 | | |
| | 55 AI 10 | 0 DSA-H 2 | 15 | 167 | 05/30/2021- 05/30/2021 | U1 | 1.0000 | \$246.86 | \$246.86 | 50.00 | 50.00 | \$0.00 | \$246.86 | | |
| | 55 AI 10 | 0 DSA-H 2 | 16 | 167 | 05/31/2021- 05/31/2021 | U1 | 1.0000 | \$246.86 | \$246.86 | 50.00 | 50.00 | \$0.00 | \$246.86 | | |
| | | | Doc | ument Total: | 05/16/2021-0 | 5/31/2021 | 16.0000 | \$3949.70 | \$3949.76 | \$0.00 | \$0.00 | 50.00 | \$3949.76 | | |
| | | | | | Category 10 | iai: Iden Tetala | 61.0000 | \$15058.46 | \$15058.40 | 50.00 | 50.00 | \$1949.52 | \$13108.94 | | |
| | | | | | Billing Prov | ider 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.



Provider ID: 11

Inquire Social Service Claims List

.....

| TCN | | Author Nur | rization nber ↓▼ | 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 | ; ;54 | \$7,405.80 | \$5,456.28 | | WA |
| 55: | :000 | 10: | | 04/01/2021 | 04/30/2021 | F1:Finalized/Payment-The claim/line has been paid. | 09/02/2021 | 372 | \$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 | 372, | -\$7,405.80 | -\$5,456.28 | | WA |
| View Page: | 1 | O | Go 🕇 | Page Count | SaveToX | Viewing Page: 1 | | | | « First | Prev > N | ext >>> Last |
| Page ID: pgSS | ClaimsIr | nquireList | (Claims) |) | Environm | ent: UAT | ID: app01_ | _200 | | Server | Time: 09/07/202 | 1 09:01:50 PDT |



~

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

RA Number: 50 Warrant/EFT # D50

Warrant/EFT Date: 09/02/2021

Payment Method: None

Warrant/EFT Amount: \$0.00

Claims Summary

Page 2

| Billing | Category | Total Billed | Total Allowed | Total TPL | Total Sales | Total | Total Paid | Billing | FIN | So | ource | Adjustment | Previous | Adjustment | Remaining |
|----------|-------------|---------------------|----------------------|-----------|--------------------|--------------------|------------|----------|--------------|------|----------|--------------------|-----------|------------|-----------|
| Provider | | Amount | Amount | Amount | Tax | Client | | Provider | Invoice Numl | oer/ | | Туре | Balance | Amount | Balance |
| | | | | | | Resp Amount | | | Parent TCN | | | | Amount | | Amount |
| 11 | Adjustments | -\$1728.02 | -\$1728.02 | \$0.00 | \$0.00 | \$0.00 | -\$1728.02 | 11 | 2 3 | / S | System | NOC | \$0.00 | \$0.00 | \$1728.02 |
| | | | | | | | | | 5 0 | 0 II | nitiated | Invoice | | | |
| | | | | | | | | | 1 | | | | | | |
| | | | | | | | | | 2 3 | / S | System | NOC | \$1728.02 | \$1728.02 | \$0.00 |
| | | | | | | | | | 5 0 | 0 I | nitiated | Referred to | | | |
| | | | | | | | | | 1 | | | CARS | | | |

Provider Adjustments

Total Adjustment Amount \$1728.02



| RA Number: 50 Category: Adjustments | Warrant/EFT Billing Provide | #: D: er: 11 | 872 1 | Warran | /EFT Date: 09/0 | 02/2021 | Pr | epared Date: | 09/02/2021 | | RA Date | e: 09/02/2021 | Pa | 9e 4 |
|---|--|-----------------|--|---------------------------|--|--------------------------|------------------|-------------------|------------|---------------|---------------------------------|---------------|-----------------|---|
| 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 |
| | • | Doc | ument Total: | 04/01/2021-04 | /30/2021 | 30.0000 | -\$7405.80 | -\$7405.80 | \$0.00 | \$0.00 | -\$1949.52 | -\$5456.28 | - | |

Washington State Department of Social and Health Services

of Washington State

Long-Term Care Foundation

22

| RA Number: 50! Category: Adjustments | Warrant/EFT Billing Provide | #: D er: 11 | 5 2 1 | Warrant | t/EFT Date: 09/0 | 2/2021 | Pr | epared Date: | 09/02/2021 | | RA Date | : 09/02/2021 | Pag | e 6 |
|---|--------------------------------|----------------|---------------|---------------|------------------|--------------------|------------|--------------|------------|--------|-------------|--------------|--------|--------------|
| Client Name / | TCN/ | Line | Rendering | Service | Svc Code or | Total Units | Billed | Allowed | Sales Tax | TPL | Client | Paid Amount | Remark | Adjustment |
| Client ID / | Claim Type / | # | Provider / | Date(s) | NDC / | or | Amount | Amount | | Amount | Responsible | | Codes | Reason Codes |
| Med Record # / | RX Claim #/ | | RX # / | | Mod / | D/S | | | | | Amount | | | / NCPDP |
| Patient Acct # / | Inv # / | | Auth office # | | Rev & Class | | | | | | | | | Rejection |
| Original TCN/ | Auth # | | | | Code | | | | | | | | | Codes |
| | 55 | 16 | | 04/28/2021- | T1020 | 1.0000 | \$246.86 | \$246.86 | \$0.00 | \$0.00 | \$0.00 | \$246.86 | | |
| | ADSA-H | | 167 | 04/28/2021 | U1 | | | | | | | | | |
| | 102 | | | | | | | | | | | | | |
| | 55 | 17 | | 04/29/2021- | T1020 | 1.0000 | \$246.86 | \$246.86 | \$0.00 | \$0.00 | \$0.00 | \$246.86 | | |
| | ADSA-H | | 167 | 04/29/2021 | U1 | | | | | | | | | |
| | 102 | | - | | - | | | | | | | | | |
| | 55 | 18 | | 04/14/2021- | T1020 | 1.0000 | \$246.86 | \$246.86 | \$0.00 | \$0.00 | \$246.86 | \$0.00 | | 142 45 94 = |
| | ADSA-H | | 167 | 04/14/2021 | U1 | | | | | | | | | \$246.86 |
| | 102 | | | | | | | | | | | | | |
| | 55 | 19 | | 04/15/2021- | T1020 | 1.0000 | \$246.86 | \$246.86 | \$0.00 | \$0.00 | \$221.50 | \$25.36 | | 142 45 94 = |
| | ADSA-H | | 167 | 04/15/2021 | U1 | | | | | | | | | \$221.50 |
| | 102 | | | | | | | | | | | | | |
| | 55. | 20 | | 04/16/2021- | T1020 | 1.0000 | \$246.86 | \$246.86 | \$0.00 | \$0.00 | \$0.00 | \$246.86 | | |
| | ADSA-H | | 167 | 04/16/2021 | U1 | | | | | | | | | |
| | 102 | | | | | | | | | | | | | |
| | 55 | 21 | | 04/17/2021- | T1020 | 1.0000 | \$246.86 | \$246.86 | \$0.00 | \$0.00 | \$0.00 | \$246.86 | | |
| | ADSA-H | | 167 | 04/17/2021 | UI | | | | | | | | | |
| | 102 | | | | | | | | | | | | | |
| | 55 | 22 | | 04/18/2021- | T1020 | 1.0000 | \$246.86 | \$246.86 | \$0.00 | \$0.00 | \$0.00 | \$246.86 | | |
| | ADSA-H | | 167 | 04/18/2021 | U1 | | | | | | | | | |
| | 102 | | | | | | | | | | | | | |
| | 55 | 23 | | 04/30/2021- | T1020 | 1.0000 | \$246.86 | \$246.86 | \$0.00 | \$0.00 | \$0.00 | \$246.86 | | |
| | ADSA-H | | 167 | 04/30/2021 | U1 | | | | | | | | | |
| | 102 | | | | | | | | | | | | | |
| | | Doc | ument Total: | 04/01/2021-04 | 4/30/2021 | 23.0000 | \$5677.78 | \$5677.78 | \$0.00 | \$0.00 | \$1949.52 | \$3728.26 | | |
| | | | | Category Tot | al: | 53.0000 | -\$1728.02 | -\$1728.02 | \$0.00 | \$0.00 | \$0.00 | -\$1728.02 | | |
| | | | | Billing Prov | ider 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 # | Autho | orizatio | n List | | | | | | | | | | | | | | | | |
|------|---------------------------|-----------------|-------------|-------------------|-----------------------|-----------------------|-----------------|-------------------------------|-----------------|-----------------------------------|-------------------|-----------------|-------------|-------|--------------|------------------------|---------------------------------|------------------------|---------------------------|-----------------|
| Filt | ter By : Author | rizatio | n # | ✓ 102 | | | And | | ~ | | | And | | | | ~ | | | O Go | |
| | 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 |
| | 102 | 14 | 1 | łWA | 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 |
| | Page ID: pgSSI | BPPR' | VDAutho | orizationList(Soc | ial Services) | Enviro | nment: U/ | AT | | | ID: app01 | _200 | | | | | Server Time: 09 | /07/2021 09:01:5 | 0 PDT | |



Scenario Two: Inquire Social Service Claims List

| | | - Comice Claim | a liat | | Provider ID: 11 | | | | | | |
|------------|-------------|-------------------------|--------------|----------------|--|----------------|---------------------|--------------------------------|--------------------------------|---------------------|---------------|
| Inq T | | Authorization Number | From Date | To Date ▲ ▼ | Claim Status | RA Date ▲ ▽ | RA Number ▲ ▼ | Claim Charged Amount ▲ ▼ | Claim Payment Amount ▲ ▼ | Client Name ▲ ▼ | Client ID |
| 5: | 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 | | 1 |
| 5: | 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 | | |
| 5: | 000 | 102 | 07/01/2020 | 07/20/2020 | F1:Finalized/Paγment-The claim/line has been paid. | 07/23/2020 | 5 4 | \$3,760.40 | \$2,152.40 | | |
| View Pag | ge: 1 | O Go + F | Page Count | SaveToXLS | Viewing Page: 1 | | | | K Firs | st 🕻 Prev 🕻 🕻 | Next >>> Las |
| age ID: po | qSSClaimsIn | nquireList(Claims) | | Enviro | nment: UAT | ID: app01_2 | 00 | | Se | rver Time: 09/15/20 | 21 12:38:36 P |

of Washington State

Scenario Two: Provider Authorization List

| | Provid | der Au | tho | rizatio | n List | | | | | | | | | | | | | | | | |
|------|-----------------------|-----------|-----------------|--------------------|------------------|-----------------------|-----------------------|-----------------|-------------------------------|-----------------|-----------------------------------|-------------------|-----------------|-------------|-------|--------------|------------------------|---------------------------------|------------------------|---------------------------|-----------------|
| Filt | ter By : A | Authoriza | ation | 1# | ✓ 102 | | | And | | v | | | And | | | | ~ | | | O Go | |
| | Authoriza # ▲ ▼ | ation Li | ine # ▲ ▼ | 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 |
| | 102 | 14 | 4 | 3 | łWA | B C | 1 04 | T1020 | Personal care ser per diem | 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 |
| | 102 | 14 | 4 | 2 | WA | B C | 1 04 | T1020 | Personal care ser per diem | 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 |
| | 102 | 14 | 4 | 1 | IWA | B C | 1 04 | T1020 | Personal care ser per diem | 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 |
| | Page ID: p | gSSBP | PRV | /DAuthor | rizationList(Soc | ial Services) | Enviro | nment: U | AT | | | ID: app01 | 1_200 | | | | | Server Time: | 09/15/2021 | 12:34:34 PI | DT |



Scenario Two: Inquire SS Claims List

| | A V | | ▲ ▼ | ▲ ▼ | | Number ▲ ▼ | Amount | Amount | Name ▲ ▼ | Client ID ▲ ▼ |
|-----|------------------------------|---|---|---|---|--|--|--|--|--|
| 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 |
| 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 |
| 000 | 102 | 07/01/2020 | 07/20/2020 | F1:Finalized/Payment-The claim/line has been paid. | 08/26/2021 | 50 53 | \$3,760.40 | \$3,047.40 | | 2 .WA |
| 000 | 102 | 07/21/2020 | 07/28/2020 | F3:Finalized/Revised-Adjudication information has been changed. | 07/30/2020 | 50)7 | \$1,504.16 | \$1,5 04.16 | | 2 WA |
| 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 |
| 000 | 102 | 07/23/2020 | 07/28/2020 | F1:Finalized/Payment-The claim/line has been paid. | 08/26/2021 | 50 53 | \$1,128.12 | \$233.12 | | 2 .WA |
| 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 |
| | 0000 0000 0000 0000 | 102000102000102000102000102000102000102 | 10207/01/202000010207/01/202000010207/01/202000010207/21/202000010207/21/202000010207/23/202000010207/29/2020 | 10207/01/202007/20/202000010207/01/202007/20/202000010207/01/202007/20/202000010207/21/202007/28/202000010207/21/202007/28/202000010207/23/202007/28/202000010207/29/202007/28/2020 | 000010207/01/202007/20/2020or encounter is in the adjudication system.000010207/01/202007/20/2020P1:Pending/In Process-The claim or encounter is in the adjudication system.000010207/01/202007/20/2020F1:Finalized/Payment-The claim/line has been paid.000010207/21/202007/28/2020F3:Finalized/Revised-Adjudication information has been changed.000010207/21/202007/28/2020F3:Finalized/Revised-Adjudication information has been changed.000010207/23/202007/28/2020F1:Finalized/Payment-The claim/line has been paid.000010207/23/202007/28/2020F1:Finalized/Payment-The claim/line has been paid.000010207/29/202007/31/2020F1:Finalized/Payment-The 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Long-Term Care Foundation

Scenario Two: RA

RA Number: 50 Warrant/EFT # D

Warrant/EFT Date: 09/02/2021

Warrant/EFT Amount: \$0.00

Payment Method: None

Claims Summary

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

Provider Adjustments

Total Adjustment Amount \$1271.04



Washington State Department of Social and Health Services

Page 2

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

| RA Number: 50 | Warrant/EFT | #: | | Warran | t/EFT Date: 08/2 | 26/2021 | Pı | epared Date: | 08/26/2021 | | RA Date | : 08/26/2021 | | |
|-----------------------|-----------------|-------|---------------|--------------|------------------|-------------|-----------|--------------|------------|--------|-------------|--------------|--------|-------------------------|
| Category: Adjustments | Billing Provide | r: 11 | 1 | | | | | | | | | | Pag | e 3 |
| Client Name / | TCN/ | Line | Rendering | Service | Svc Code or | Total Units | Billed | Allowed | Sales Tax | TPL | Client | Paid Amount | Remark | Adjustment |
| Client ID / | Claim Type / | # | Provider / | Date(s) | NDC / | or | Amount | Amount | | Amount | Responsible | | Codes | Reason Codes |
| Med Record # / | RX Claim # / | | RX # / | | Mod / | D/S | | | | | Amount | | | / NCPDP |
| Patient Acct # / | Inv # / | | Auth office # | | Rev & Class | | | | | | | | | Rejection |
| Original TCN/ | Auth # | | | | Code | | | | | | | | | Codes |
| В | 55 | 1 | | 07/23/2020- | T1020 | 1.0000 | \$188.02 | \$188.02 | \$0.00 | \$0.00 | \$188.02 | \$0.00 | | 142 45 94 = |
| 20 WA | ADSA-H | | 167 | 07/23/2020 | U1 | | | | | | | | | \$188.02 |
| | 102 | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| 5: 10 | 1 | | | | | | | | | | | | | |
| | | | | 07/24/2020 | 771020 | 1 0000 | 6100.03 | 6100.03 | | | 6100.03 | 60.00 | | 1 12 15 01 |
| | 55. | 2 | 1.07 | 07/24/2020- | 11020 | 1.0000 | \$188.02 | \$188.02 | \$0.00 | \$0.00 | \$188.02 | \$0.00 | | 142 45 94 = |
| | ADSA-H | | 107 | 0//24/2020 | 01 | | | | | | | | | 5188.02 |
| | 55 | 2 | | 07/25/2020 | T1020 | 1 0000 | \$188.02 | \$188.02 | \$0.00 | \$0.00 | \$188.02 | \$0.00 | | 142 45 94 - |
| | ADEA U | 3 | 167 | 07/25/2020- | 11020 | 1.0000 | \$100.02 | \$100.02 | 50.00 | 50.00 | \$100.02 | 50.00 | | 142 45 94 - \$188 02 |
| | 102 | | 107 | 01/23/2020 | 01 | | | | | | | | | 3100.02 |
| | 55 | 4 | | 07/26/2020- | T1020 | 1.0000 | \$188.02 | \$188.02 | \$0.00 | \$0.00 | \$188.02 | \$0.00 | | 142 45 94 = |
| | ADSA-H | | 167 | 07/26/2020 | UI | 1.0000 | \$100.02 | \$100.02 | | 50.00 | \$100.02 | | | \$188.02 |
| | 102 | | | | | | | | | | | | | |
| | 55 | 5 | | 07/27/2020- | T1020 | 1.0000 | \$188.02 | \$188.02 | \$0.00 | \$0.00 | \$142.92 | \$45.10 | | 142 45 94 = |
| | ADSA-H | | 167 | 07/27/2020 | U1 | | | | | | | | | \$142.92 |
| | 102 | | | | | | | | | | | | | |
| | 55. | 6 | | 07/28/2020- | T1020 | 1.0000 | \$188.02 | \$188.02 | \$0.00 | \$0.00 | \$0.00 | \$188.02 | | |
| | ADSA-H | | 167 | 07/28/2020 | U1 | | | | | | | | | |
| | 102 | | | | | | | | | | | | | |
| | | Doc | ument Total: | 07/23/2020-0 | 7/28/2020 | 6.0000 | \$1128.12 | \$1128.12 | \$0.00 | \$0.00 | \$895.00 | \$233.12 | | |
| B | 75 | 1 | | 07/21/2020- | T1020 | 1.0000 | -\$188.02 | -\$188.02 | \$0.00 | \$0.00 | \$0.00 | -\$188.02 | | 129 = \$0.00 |
| 20 WA | ADSA-H | | 167 | 07/21/2020 | U1 | | | | | | | | | |
| | 102 | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| 5: 10 | | | | 05/00/0000 | | 1 0 0 0 0 | | | | | | | | 120 00 00 |
| | 75 | 2 | 107 | 07/22/2020- | 11020 | 1.0000 | -\$188.02 | -\$188.02 | \$0.00 | \$0.00 | \$0.00 | -\$188.02 | | 129 = \$0.00 |
| | ADSA-H | | 107 | 0//22/2020 | 01 | | | | | | | | | |
| | 75 | 2 | | 07/23/2020 | T1020 | 1 0000 | \$199.02 | \$199.02 | 50.00 | 50.00 | 50.00 | \$199.02 | | 120 - \$0.00 |
| | ADSA-H | 3 | 167 | 07/23/2020- | 11020 | 1.0000 | -3100.02 | -\$100.02 | 50.00 | 50.00 | 30.00 | -3100.02 | | 129 - 30.00 |
| | 102 | | 107 | 01/25/2020 | 01 | | | | | | | | | |
| | 75 | 4 | | 07/24/2020- | T1020 | 1 0000 | -\$188.02 | -\$188.02 | \$0.00 | \$0.00 | \$0.00 | -\$188.02 | | 129 = \$0.00 |
| | ADSA-H | | 167 | 07/24/2020 | UI | 1.0000 | -\$100.02 | -\$100.02 | 30.00 | 50.00 | 50.00 | -9100.02 | | 12/ 00.00 |
| | 102 | | | | | | | | | | | | | |
| | 75 | 5 | | 07/25/2020- | T1020 | 1.0000 | -\$188.02 | -\$188.02 | \$0.00 | \$0.00 | \$0.00 | -\$188.02 | | 129 = \$0.00 |
| | ADSA-H | | 167 | 07/25/2020 | U1 | | | | | | | | | |
| | 102 | | | | | | | | | | | | | |
| | 75 | 6 | | 07/26/2020- | T1020 | 1.0000 | -\$188.02 | -\$188.02 | \$0.00 | \$0.00 | \$0.00 | -\$188.02 | | 129 = \$0.00 |
| | ADSA-H | | 167 | 07/26/2020 | U1 | | | | | | | | | |
| | 102 | | | | | | | | | | | | | |
| | 75 | 7 | | 07/27/2020- | T1020 | 1.0000 | -\$188.02 | -\$188.02 | \$0.00 | \$0.00 | \$0.00 | -\$188.02 | | 129 = \$0.00 |
| | ADSA-H | | 167 | 07/27/2020 | U1 | | | | | | | | | |
| | 102 | | | | | | | | | | | | | |
| | | _ | | | | | | | | | | | | |

| Warrant/EFT #: JVAH | | Warrant/EFT Date: 08/26/2021 | | | P | Prepared Date: 08/26/2021 | | | RA Date: 08/26/2021 | | | | |
|------------------------|--|---|--|--|---|---|--|----------------------|---|---|---|--|--|
| Billing Provide | r: 11 | | | | | | | | | | | Pag | e 4 |
| TCN/ | Line | Rendering | Service | Svc Code or | Total Units | Billed | Allowed | Sales Tax | TPL | Client | Paid Amount | Remark | Adjustment |
| Claim Type / | # | Provider / | Date(s) | NDC / | or | Amount | Amount | | Amount | Responsible | | Codes | Reason Codes |
| RX Claim # / | | RX # / | | Mod / | D/S | | | | | Amount | | | / NCPDP |
| Inv # / | | Auth office # | | Rev & Class | | | | | | | | | Rejection |
| Auth # | | | | Code | | | | | | | | | Codes |
| 75.) | 8 | | 07/28/2020- | T1020 | 1.0000 | -\$188.02 | -\$188.02 | \$0.00 | \$0.00 | \$0.00 | -\$188.02 | | 129 = \$0.00 |
| ADSA-H | | 167 | 07/28/2020 | U1 | | | | | | | | | |
| 102 | | | | | | | | | | | | | |
| | Doc | ument Total: | 07/21/2020-07 | //28/2020 | 8.0000 | -\$1504.10 | -\$1504.16 | \$0.00 | \$0.00 | \$0.00 | -\$1504.16 | | |
| | | | Category Tot | al: | 14.0000 | -\$376.04 | -\$376.04 | \$0.00 | \$0.00 | \$895.00 | -\$1271.04 | | |
| | Warrant/EFT # JVAH Billing Provide TCN / Claim Type / RX Claim # / Inv # / Auth # 75:) ADSA-H 102 | Warrant/EFT #: JVAH Billing Provider: 11 FCN / Line Claim Type / # RX Claim # / Inv # / Auth # 75. 8 ADSA-H 102 Doc | Warrant/EFT #: JVAH Billing Provider: 11 FCN / Line Rendering Claim Type / # Provider / RX Claim # / RX # / Inv # / Auth office # Auth # 75. 8 ADSA-H 102 167 Document Total: | Warrant/EFT #: Warrant JVAH: | Warrant/EFT #: Warrant/EFT Date: 08/2 JVAH: Billing Provider: 11 TCN / Line Rendering Service Svc Code or Claim Type / # Provider / Date(s) NDC / RX Claim #/ RX #/ Mod / Inv #/ Auth office # Rev & Class Auth # 07/28/2020- T1020 75 8 07/28/2020- T1020 MOSA-H 167 07/28/2020- U1 102 Document Total: 07/21/2020-07/28/2020 U1 | Warrant/EFT #: Warrant/EFT Date: 08/26/2021 JVAH: | Warrant/EFT #: Warrant/EFT Date: 08/26/2021 Provider: 11 Billing Provider: 11 Free Provider: 11 Free Provider: 11 ICN / Line Rendering Service Svc Code or Total Units Billed Claim Type / # Provider / Date(s) NDC / or Amount RX Claim #/ RX # / Mod / D/S Provider: Provider: Free Provide: Inv # / Auth office # Rev & Class Code Provide: Provide: Free Provide: 75: 1 8 07/28/2020- T1020 1.0000 -\$188.02 ADSA-H 167 07/28/2020- U1 Provide: -\$1504.16 102 Document Total: 07/21/2020-07/28/2020 8.0000 -\$1504.16 | Warrant/EFT #: JVAH: | Warrant/EFT #: JVAH Warrant/EFT Date: 08/26/2021 Prepared Date: 08/26/2021 Billing Provider: 11 TCN / Line Rendering Service Svc Code or Or Total Units Billed Allowed Sales Tax Claim Type / # Provider / Date(s) NDC / or Amount Amount Amount Sales Tax RX Claim #/ RX #/ Mod / D/S Amount NDC / Code Code Image: Code | Warrant/EFT #: JVAH: Warrant/EFT Date: 08/26/2021 Prepared Date: 08/26/2021 Billing Provider: 11 Free Provider: 11 Prepared Date: 08/26/2021 ICN / Line Rendering Service Svc Code or Date(s) Total Units Billed Allowed Sales Tax TPL Claim Type / # Provider / Date(s) NDC / or Amount Amount | Warrant/EFT #: JVAH: Warrant/EFT Date: 08/26/2021 Prepared Date: 08/26/2021 RA Date Billing Provider: 11 Rendering Claim Type / # Provider / RX Claim # / Auth office # Provider / NOC / or Amount Sales Tax TPL Client Amount Client Amount Amount Amount Amount Responsible Amount Amount Responsible Amount Amount Prepared Date: 08/26/2021 RA Date 102 102 102 10000 -\$1588.02 -\$188.02 \$0.00 \$0.00 \$0.00 \$0.00 102 Document Total: 07/28/2020- 07/28/2020 T1020 1.0000 -\$1504.16 -\$1504.16 \$0.00 \$0.00 \$0.00 0 Category Total: 14.0000 -\$376.04 -\$376.04 \$0.00 \$0.00 \$895.00 | Warrant/EFT #: JVAH: Warrant/EFT Date: 08/26/2021 Prepared Date: 08/26/2021 RA Date: 08/26/2021 Billing Provider: 11 TCN / Claim Type / RX Claim #/ Inv #/ Auth office # Service Date(s) Svc Code or NDC / Mod / D/S Total Units Billed Amount Allowed Amount Sales Tax Amount TPL Client Responsible Amount Paid Amount Responsible Amount 1nv #/ Auth # Auth office # Rev & Class Code D/S -\$188.02 -\$188.02 \$0.00 \$0.00 \$0.00 -\$188.02 75. I 8 07/28/2020- 07/28/2020 11020 1.0000 -\$188.02 -\$188.02 \$0.00 \$0.00 \$0.00 \$188.02 102 Document Total: 07/21/2020-07/28/2020 8.0000 -\$1504.16 \$0.00 \$0.00 \$895.00 -\$1504.16 Category Total: 14.0000 -\$376.04 \$0.00 \$0.00 \$895.00 -\$1271.04 | Warrant/EFT #: Warrant/EFT Date: 08/26/2021 Prepared Date: 08/26/2021 RA Date: 08/26/2021 Billing Provider: 11 Provider: 11 Prepared Date: 08/26/2021 RA Date: 08/26/2021 TCN / Line Rendering Claim Type / Service RX #/ Service Date(s) Svc Code or Mod / Total Units or Billing Amount Allowed Amount Sales Tax Amount TPL Amount Client Responsible Amount Paid Amount Responsible Amount Remark Codes 75. 8 07/28/2020- 167 T1020 1.0000 -\$188.02 -\$188.02 \$0.00 \$0.00 \$0.00 -\$188.02 Document Total: 07/21/2020-07/28/2020 8.0000 -\$1504.16 \$0.00 \$0.00 \$895.00 -\$1504.16 Category Total: 14.0000 -\$376.04 \$0.00 \$0.00 \$895.00 -\$121.04 |

Washington State Department of Social and Health Services

Long-Term Care Foundation of Washington State

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: 93148699000000XXXXXXXX

Archer, Sterling 1988 OVERLAKE DR KIRKLAND, WA 98123

Dear Provider: Archer, Sterling

Provider Number:11XXXXX04 CARS Reference #: 000009XXXX-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 | TCN | Month Of | Payment | Warrant/EFT | Overpayment |
|--------|----------------------|-----------|-----------|-------------|-------------|
| Code | (Trans Claim #) | Service | Date | Number | Amount |
| P7 | 55XXXXXXXXXXXXXXX000 | July 2020 | 7/30/2020 | 123654! | \$188.02 |
| P7 | 55XXXXXXXXXXXXXXX000 | July 2020 | 7/30/2020 | 123654! | \$188.02 |
| P7 | 55XXXXXXXXXXXXXXX000 | July 2020 | 7/30/2020 | 123654! | \$188.02 |
| P7 | 55XXXXXXXXXXXXXXX000 | July 2020 | 7/30/2020 | 123654! | \$188.02 |
| P7 | 55XXXXXXXXXXXXXXX000 | July 2020 | 7/30/2020 | 123654! | \$188.02 |
| P7 | 55XXXXXXXXXXXXXXX000 | July 2020 | 7/30/2020 | 123654! | \$188.02 |
| P7 | 55XXXXXXXXXXXXXXX000 | July 2020 | 7/30/2020 | 123654! | \$142.92 |
| | | | | | |



Questions

- What is a TCN and how do I read it?
 - To learn more about reviewing <u>Transaction Control Numbers (TCNs)</u> and understanding Overpayments, please see the ProviderOne Billing and Resource Guide at <u>https://www.hca.wa.gov/billers-</u> 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: <u>ProviderOne Security</u>

ProviderOne Enrollment

- Provider enrollment and revalidation
- Online: <u>ProviderOne Enrollment</u>

Phone: 800-562-3022 ext. 16137 Email: providerenrollment@hca.wa.gov

Phone: 800-562-3022 ext. 59991

Email: provideronesecurity@hca.wa.gov



Long-Term Care Foundation

of Washington Stat

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Thank you for your time!

Questions? shereice@ltcfwa.org

