



Long-Term Care Foundation

of Washington State

Introduction to ProviderOne Social Service Guides

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Learning Objectives:

Goal #1: Timely and Accurate Payment for Services Provided

1. Accurate and error free service authorization
2. Available tools and resources to support effective billing
3. Navigating the ProviderOne Social Service Resource Page
4. Billing Essentials and Managing Provider Data
5. Accessing and Understanding your Authorization List
6. Essentials for Billing and Managing Claims
7. Methods for Submitting Claims
8. Social Service Medical Claims
9. Viewing your claims
10. Accessing and Understanding the Remittance Advice (RA)
11. Understanding and Responding to potential overpayment activity

CARE, ACES and ACD databases all provide data to inform service authorization in ProviderOne:

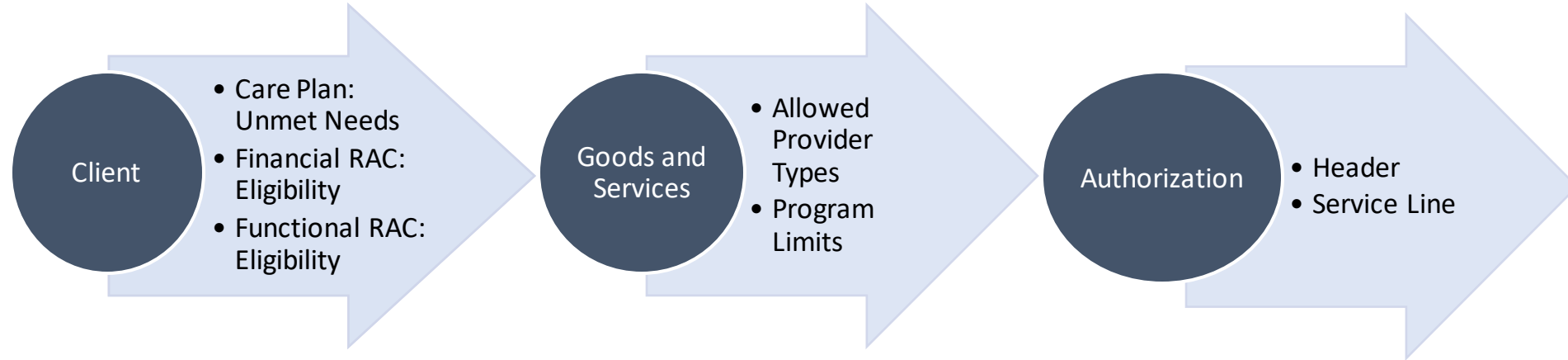
The CARE/GetCare Database provides information regarding client functional eligibility, task assignment and Social Service Authorization: RAC, Service Code, Units, Rate, Reason Code

Accurate & Timely Payment of Claims

The ACES database provides information regarding the client's financial eligibility, program determination, and client responsibility amount.

The ACD database provides information regarding Vendor locations, contracts, and current eligibility to provide services.

Prior to creating service authorization lines, the assigned CM reviews the following information:



DSHS services are intended to support the client in their home and community, not replace the benefits already available to them through their Long-Term Care Insurance, Medicare, Medicaid, or Managed Care Organization.



Long-Term Care Foundation

of Washington State

Finding Provider Enrollment and Provider Security

The screenshot shows the Washington State Health Care Authority website. The browser address bar displays <https://www.hca.wa.gov/>. The page features a navigation bar with links for Search, Home, About HCA, Contact HCA, and In crisis?. A prominent banner at the top right reads "Need to talk about COVID-19? We listen." with a call to action "Visit WAListens.org". A yellow alert bar below the banner states: "Due to state employee furloughs, call center and staff response time may be delayed. Thank you for your understanding. Due to COVID-19, HCA's lobby is closed. [Learn more about your customer service options.](#)" The main content area is divided into three columns: "Health care services and supports" (listing Apple Health, behavioral health, program administration, and prescription help), "Employee and retiree benefits" (listing public employees, school employees, retirees, and continuation coverage), and "Billers, providers, and partners" (listing prior authorization, ProviderOne resources, programs and services, and Apple Health providers). Each column includes a "See more ..." button. The footer contains three sections: "Announcements (News, events, and public notices)", "HCA Connect (Blog posts and stories about HCA)", and "Programs and initiatives (Operational activities at HCA)".

ProviderOne for Social Services

The screenshot shows the Washington State Health Care Authority website. At the top, the logo and navigation menu are visible. A large banner features a woman on a phone with the text "Need to talk about COVID-19? We listen." and a button to "Visit WAListens.org". Below the banner is a yellow warning bar about employee furloughs. The main content area is a dark blue grid with three columns: "Health care services and supports", "Employee and retiree benefits", and "Billers, providers, and partners". Each column has a list of services and a "See more ..." button. The footer contains three sections: "Announcements", "HCA Connect", and "Programs and initiatives".

Washington State Health Care Authority

Search Home About HCA Contact HCA In crisis?

WA Listens Stay connected

Need to talk about COVID-19? We listen.

Visit WAListens.org

Due to state employee furloughs, call center and staff response time may be delayed. Thank you for your understanding. Due to COVID-19, HCA's lobby is closed. [Learn more about your customer service options.](#)

Health care services and supports

- Apple Health (Medicaid) coverage
- Behavioral health and recovery
- Program administration
- Alternate help with prescriptions

[See more ...](#)

Employee and retiree benefits

- Public employees
- School employees
- Retirees
- Continuation coverage

[See more ...](#)

Billers, providers, and partners

- Prior authorization, claims, and billing
- ProviderOne resources
- Programs and services
- Apple Health (Medicaid) providers

[See more ...](#)

Announcements
(News, events, and public notices)

HCA Connect
(Blog posts and stories about HCA)

Programs and initiatives
(Operational activities at HCA)

Navigating ProviderOne:

1. Click on the hyperlink below or copy and paste it into your browser

<https://hca.wa.gov/billers-providers-partners/providerone/providerone-social-services>

The screenshot shows the Washington State Health Care Authority website. The top navigation bar includes a search icon, Home, About HCA, Contact HCA, and In crisis? links. The breadcrumb trail reads: Home > Billers, providers, and partners > ProviderOne resources > ProviderOne for social services. The main header area contains 'Billers, providers, and partners' and a 'ProviderOne' button. Below this is a yellow banner with a warning icon and the text: 'HCA's lobby is now open for walk-in customer service. [Learn about customer service options.](#)' The main content area is titled 'ProviderOne for social services' and includes a sub-header: 'Find information for social services providers—unique ProviderOne users with their own authorization and claims submission processes.' A section titled 'On this page' contains two links: 'Is this page for me?' and 'Training materials'. Below this is another section titled 'Is this page for me?' which lists three categories with right-pointing arrows: '1099 social services-only provider', '1099 social services medical provider', and 'Individual providers (W-2 providers)'. A left-hand sidebar menu lists various resources, with 'ProviderOne for social services' highlighted in green.

**You have now accessed the “Billers, Providers and Partners” screen within ProviderOne. The picture to the left is the view you will see when you open this screen.

**Hyperlinks are embedded throughout this page to support simple navigation to the information you need.

Let's take a minute for everyone to access the Billers, Providers and Partners screen utilizing the address below:

<https://hca.wa.gov/billers-providers-partners/providerone/providerone-social-services>

Take the time now to bookmark or save this page to favorites.

ProviderOne Navigation:

On the [Billers, Providers and Partners screen](#), scroll down to “Billing essentials and managing provider files and users”.

Billing essentials and managing provider files and users

- [Getting started](#) - Covers basic navigation, pop-ups and browsers, password troubleshooting, and managing alerts.
- [Managing provider data](#)
- [Adding new users and assigning profiles](#)
- [Social service providers frequently asked questions \(FAQ\)](#)

- Most of the information you will need can be accessed from this page. Unless otherwise noted, we are accessing data & Information from this page.
- As you scroll down on this page, you will see the information contained in the box to the left.
- Each item in blue, and underlined, is a hyperlink.
- Click on each hyperlink to review comprehensive and easy to understand information for the identified topic.
- A PowerPoint format is utilized to provide step by step instructions, complete with screenshots, for each topic.
- We will be accessing information for the rest of the training from the

Viewing Your Authorization List:

On the [Billers, Providers and Partners screen](#), scroll down to “Viewing Authorizations”

Viewing authorizations

- [Viewing authorization list](#)

- Click on the hyperlink seen to the left and a PowerPoint with click-by-click instructions and screenshots, will walk you through the process of accessing your authorization list.
- By accessing your authorization list, you can review social service authorization information for each client you serve.
- Please ensure service codes, rates and timeframes are consistent with those discussed with the client’s CM. If it appears there is a discrepancy, contact the CM immediately.
- By ensuring accurate authorization data, prior to claiming, you can avoid most overpayment actions.
- If your client has been approved for an exceptional rate, you can confirm that the rate authorized matches the exceptional rate approved, by contacting the client’s Case Manager.

How to find the Secure WebForm

The screenshot shows the Washington State Health Care Authority website. At the top, there is a navigation bar with the logo, search, home, about, contact, and crisis links. Below this is a video player showing Governor Inslee and others walking, with a 'View the details' button. A yellow banner below the video contains a warning about state employee furloughs and a link to customer service options. The main content area is a dark blue grid with three columns: 'Health care services and supports', 'Employee and retiree benefits', and 'Billers, providers, and partners'. Each column has a list of services and a 'See more...' button. The footer contains three sections: 'Announcements', 'HCA Connect', and 'Programs and initiatives'.

Washington State Health Care Authority

Search Home About HCA Contact HCA In crisis?

Mask up and take a virtual stroll with Governor Inslee!

View the details

Due to state employee furloughs, call center and staff response time may be delayed. Thank you for your understanding. Due to COVID-19, HCA's lobby is closed. [Learn more about your customer service options.](#)

Health care services and supports

- Apple Health (Medicaid) coverage
- Behavioral health and recovery
- Program administration
- Alternate help with prescriptions

See more ...

Employee and retiree benefits

- Public employees
- School employees
- Retirees
- Continuation coverage

See more ...

Billers, providers, and partners

- Prior authorization, claims, and billing
- ProviderOne resources
- Programs and services
- Apple Health (Medicaid) providers

See more ...

Announcements
(News, events, and public notices)

HCA Connect
(Blog posts and stories about HCA)

Programs and initiatives
(Operational activities at HCA)

If you have questions, contact MACSC before you adjust your claim.

I utilize the “contact us” form for this purpose. (Please see link below.)

Utilizing this HIPAA compliant form, I explain the issue I am having and request instructions for the process that is most likely to result in the preferred outcome.

Either click on the hyperlink below or paste it in your browser and should see a screen that matches the one below.

<https://fortress.wa.gov/hca/p1contactus>

Contact us

Client
If you are looking for more information about eligibility, health plans, services cards or finding a provider.
Client

Provider
If you are a medical, dental, or behavioral health provider with questions about enrollment, billing policy, a claim inquiry or service limitations.
Provider

Social service provider
If you are a social services provider with questions about ProviderOne billing, claims, login, provider information, security, etc.
Social service provider

** On the screen to the left, Select “Social Service Provider”
** A form will open.
** Type your questions in the text box.
** Provide information on the preferred outcome
** Ask if there are instructions available for what you are trying to do.

Before You Claim:

- [Turn off all pop-up blockers.](#) (Hyperlink: Submitting Social Service Claims)
- ProviderOne pays claims on Fridays. Claims must be submitted by Tuesday at 5 pm for payment the following **Friday**.
- Date range and batch billing is only available when:
 - All claims have the same date range.
 - Unit types are daily or monthly.
 - There is no break in service for a client within the submitted date range.

Billing Reminders

- Establish a billing routine (weekly, bi-weekly, monthly, etc.)
- Adjust paid claims only if you need to change units, rates, or remove dates.
- If you need to “add” dates, submit a new claim.
- If the social service authorization is in error, contact the clients case manager immediately.
- If your claim results in an error message, contact the Medical Assistance Customer Service Center (MACSC) –contact information is provided at the end of the slide deck.



Social Service Claims:

Submitting and adjusting social service claims

- [Submitting social service claims](#)
- [Creating social service templates](#)
- [Adjust, void, and resubmit social service claims](#)

- Submit new claims when it is the first time you are billing for services provided.
- If you are adding dates of service, submit a new claim. Do not adjust a paid claim to add new claim data.
- Claim adjustments should only occur to correct previously submitted data.

Submitting and Adjusting Claims:

Continue to scroll down on the [Billers, Providers and Partners screen](#).

Submitting and adjusting social service claims

- [Submitting social service claims](#)
- [Creating social service templates](#)
- [Adjust, void, and resubmit social service claims](#)

Easy to understand PowerPoint slides, complete with screenshots, are obtained by clicking on the hyperlinks identified to the left.

****BASIC BILL**: Vendor enters all required data into the billing form manually.

****Most vendors utilize this process to create and submit templates and to adjust claims.**

****Claims from saved templates**: Proactively creating a template for each client you serve reduces claiming errors by reducing the amount of data entry required for each claim.

****Adjusting, voiding or resubmitting a paid claim**: Please open the identified hyperlink and review the instructions closely prior to beginning the task. Be sure that the action you are taking is the best option to achieve the identified outcome.

Submitting Batch Claims:

Creating and submitting batch claims

- [Creating and submitting social service batch claims](#)
- [Creating and submitting social service medical batch claims](#)
- [ProviderOne batch upload setup guide](#)
- [.DAT file formatting requirements](#)

- Scroll down on the **Billers, Providers and Partners screen** to see the above hyperlinks. Each provides step-by-step instructions to accurately complete each task.
- **Template Batch**: A group of claims which share **the same date of service**, the same unit type—day or month--and there is no break in service for any client during the identified timeframe. Batch upload allows the provider to create a group (batch) of templates, change the date of service on all the templates at one time, and submit the batch all at once.
- **Batch Upload**: Social service batch upload billing allows vendors to extract billing data elements from their current timekeeping and/or billing software and upload the claim(s) data into the ProviderOne system.

Social Service Medical Claims

Continue to scroll down the [Billers, Providers and Partners screen](#) to reach the items identified below.

Submitting and adjusting social service medical claims

- [Submitting social service medical claims](#)
- [Creating social service medical templates](#)
- [Adjust, void, and resubmit social service medical claims](#)

- Instructions accessed by selecting one of the hyperlinks to the left are specific to claims submitted by vendors who provide Medical Social Services.
- Examples of Medical Social Services are:
 - Nurse Delegation
 - Private Duty Nursing



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Viewing Claim Status

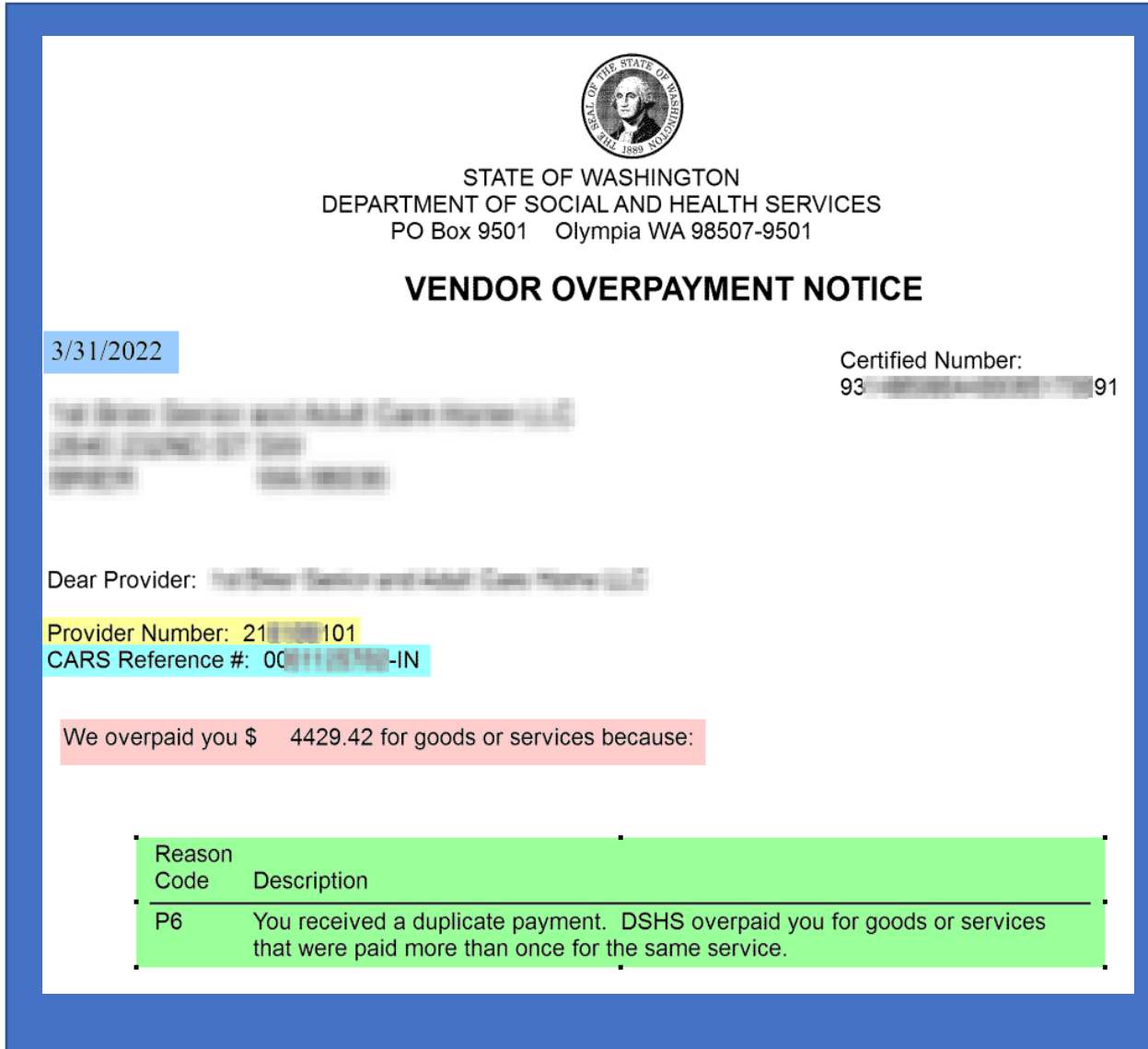
Continue to scroll down the [Billers, Providers and Partners screen](#) to reach the item identified below.

Viewing claim status and remittance advice

- [Claim status inquiry and viewing remittance advice \(RA\)](#).

- By selecting this hyperlink, you will see a simple PowerPoint with step-by-step instructions and screenshots to help you locate and reconcile each section of the Remittance Advice.
- This PowerPoint highlights items only viewable from the Claim Inquiry screen in ProviderOne.
- Items located on the Claim Inquiry screen are useful when reviewing and reconciling your Remittance Advice.
- There are 6 unique sections to every Remittance Advice document. This PP identifies and describes the information available in each section.

Understanding and Responding to Vendor OP Notices.



To the left is a screenshot of the first page of a Vendor OP Notice (VON).

Items of importance have been highlighted.

- VON creation date in in blue
- Provider # is In yellow
- The unique CARS Reference # is in light turquoise
 - You will also hear this called the invoice #
- The total amount of the potential overpayment is in light orange
- The Reason Code is in green

Reason Codes:

Claim Adjustment Reason Codes for field use

A1 - Payment was for dates of service when you did not perform the work.

A2 - Payment was for dates of services after the death of the c (use for RAC corrections)

A3 - We overpaid you for goods or services that were authorized in error.

A4 - You received a duplicate payment(s).

A5 - Payment was for dates of service when the client was outside of the United States.

A6 - You did not have a valid services contract at the time the services were provided.

A7 - You did not complete the required training or you did not obtain the required certification at the time the services were provided.

A8 - You had a disqualifying crime or negative action at the time the services were provided.

A9 - We overpaid you for services that you were not eligible to provide because you were given written notice by the department to stop providing services.

P1 - Goods or services not provided

P2 - Goods or services authorized in error

P3 - Provider not eligible to provide goods or services

P5 - Rate paid was incorrect

P6 - Multiple payments were made for the same goods or services

P8 - We overpaid you for goods or services that you were not eligible to provide. You claimed for dates of services when the client was in the hospital or other institution.

Additional pages within the Vendor OP Notice (VON)

- Page 2 of the VON contains contact numbers, tools and resources to help identify cause and resolution options.
- Pg. 2 also provides the following notifications:
 - Payment is due 20 days after receipt of the notice with an address to send payment.
 - That you have 28 days from the receipt of the notice to request Administrative Hearing

Information contained on the last page of the VON

Authorization Number: 10[REDACTED]38 Client Name: MAUD STEWART Client ID: 202337309WA

Reason Code	Parent TCN	Month Of Service	Payment Date	Warrant/EFT Number	Overpayment Amount	Obligation Date
P6	552127300014642000	September 2021	10/7/2021	6[REDACTED]C	\$722.88	03/30/2022
P6	5521300000000005000	October 2021	11/4/2021	6[REDACTED]C	\$722.88	03/30/2022
P6	552133400132633000	November 2021	12/2/2021	7[REDACTED]C	\$722.88	03/30/2022
P6	552136000031403000	December 2021	1/6/2022	7[REDACTED]C	\$722.88	03/30/2022
P6	552203100119855000	January 2022	2/3/2022	8[REDACTED]C	\$768.95	03/30/2022
P6	552209000105311000	February 2022	3/3/2022	8[REDACTED]C	\$768.95	03/30/2022



WHAT?



WHY?



HOW?

Inquire Claims

Filter By : From/To Date And Social Service Authorization# And In

Header List With Status Processing Status Claims Tables Submitted In

TCN ▲▼	Client ID ▲▼	Billing Provider NPI ▲▼	Claim Type ▲▼	From Date ▲▼	To Date ▲▼	Proc/Svc Code ▲▼	Billed Amount ▲▼	Claim Status ▲▼	Processing Status ▲▼	Paid Amount ▲▼	Paid Date ▲▼	Denial Reason ▲▼	Social Service Authori: ▲▼
7523204732112000000	20- [REDACTED] WA		02-ADSA-H	09/01/2021	09/30/2021		\$6,059.40	Paid	RA Generated	\$5,336.52	04/01/2022		10- [REDACTED] 38
7523204732112000000	20- [REDACTED] WA		02-ADSA-H	09/01/2021	09/30/2021		-\$6,059.40	Credit	RA Generated	-\$6,059.40	04/01/2022		10- [REDACTED] 38
5521213000118000000	20- [REDACTED] WA		02-ADSA-H	09/01/2021	09/30/2021		\$6,059.40	Adjusted	RA Generated	\$6,059.40	10/07/2021		10- [REDACTED] 38
7523204732112000000	20- [REDACTED] WA		02-ADSA-H	10/01/2021	10/31/2021		-\$6,261.38	Credit	RA Generated	-\$6,261.38	04/01/2022		10- [REDACTED] 38
5521213000118000000	20- [REDACTED] WA		02-ADSA-H	10/01/2021	10/31/2021		\$6,261.38	Adjusted	RA Generated	\$6,261.38	11/04/2021		10- [REDACTED] 38
7523204732112000000	20- [REDACTED] WA		02-ADSA-H	10/01/2021	10/31/2021		\$6,261.38	Paid	RA Generated	\$5,538.50	04/01/2022		10- [REDACTED] 38
7523204732112000000	20- [REDACTED] WA		02-ADSA-H	11/01/2021	11/30/2021		-\$6,059.40	Credit	RA Generated	-\$6,059.40	04/01/2022		10- [REDACTED] 38
5521213000118000000	20- [REDACTED] WA		02-ADSA-H	11/01/2021	11/30/2021		\$6,059.40	Adjusted	RA Generated	\$6,059.40	12/02/2021		10- [REDACTED] 38
7523204732112000000	20- [REDACTED] WA		02-ADSA-H	11/01/2021	11/30/2021		\$6,059.40	Paid	RA Generated	\$5,336.52	04/01/2022		10- [REDACTED] 38
5521213000118000000	20- [REDACTED] WA		02-ADSA-H	12/01/2021	12/31/2021		\$6,261.38	Adjusted	RA Generated	\$6,261.38	01/06/2022		10- [REDACTED] 38

ProviderOne Query using information on the VON

	A	E	F	H	I	K	L	N	P	C
1	TCN	From Date	To Date	Billed Amount	Claim Status	Paid Amount	Paid Date	Soc Svc Auth	C/R	Svc C
2	75	09/01/2021	09/30/2021	\$6,059.40	Paid	\$5,336.52	04/01/2022	10		
3	75	09/01/2021	09/30/2021	-\$6,059.40	Credit	-\$6,059.40	04/01/2022	10		
4	55	09/01/2021	09/30/2021	\$6,059.40	Adjusted	\$6,059.40	10/07/2021	10		
5	75	10/01/2021	10/31/2021	-\$6,261.38	Credit	-\$6,261.38	04/01/2022	10		
6	55	10/01/2021	10/31/2021	\$6,261.38	Adjusted	\$6,261.38	11/04/2021	10		
7	75	10/01/2021	10/31/2021	\$6,261.38	Paid	\$5,538.50	04/01/2022	10		
8	75	11/01/2021	11/30/2021	-\$6,059.40	Credit	-\$6,059.40	04/01/2022	10		
9	55	11/01/2021	11/30/2021	\$6,059.40	Adjusted	\$6,059.40	12/02/2021	10		
10	75	11/01/2021	11/30/2021	\$6,059.40	Paid	\$5,336.52	04/01/2022	10		
11	55	12/01/2021	12/31/2021	\$6,261.38	Adjusted	\$6,261.38	01/06/2022	10		
12	75	12/01/2021	12/31/2021	-\$6,261.38	Credit	-\$6,261.38	04/01/2022	10		
13	75	12/01/2021	12/31/2021	\$6,261.38	Paid	\$5,538.50	04/01/2022	10		
14	55	01/01/2022	01/31/2022	\$6,261.38	Adjusted	\$6,261.38	02/03/2022	10		
15	75	01/01/2022	01/31/2022	\$6,261.38	Paid	\$5,492.43	04/01/2022	10		
16	75	01/01/2022	01/31/2022	-\$6,261.38	Credit	-\$6,261.38	04/01/2022	10		
17	75	02/01/2022	02/28/2022	-\$5,655.44	Credit	-\$5,655.44	04/01/2022	10		
18	75	02/01/2022	02/28/2022	\$5,655.44	Paid	\$4,886.49	04/01/2022	10		
19	55	02/01/2022	02/28/2022	\$5,655.44	Adjusted	\$5,655.44	03/03/2022	10		

A	E	F	H	I	K	L	N	P	Q	R	S	T
TCN	From Date	To Date	Billed Amount	Claim Status	Paid Amount	Paid Date	Soc Svc Auth	C/R	Svc Code	Rate	RA #	Notes
552-████████-42000	09/01/2021	09/30/2021	\$6,059.40	Adjusted	\$6,059.40	10/07/2021	10-██████-38	\$0	T1020/SA020	\$188.02/\$13.96	50-██████-1	Original Pmt: 9/1/21-9/30/21 paid for each svc code
752-████████-43000	09/01/2021	09/30/2021	-\$6,059.40	Credit	-\$6,059.40	04/01/2022	10-██████-38	\$0	T1020/SA020	\$188.02/\$13.96	50-██████-6	Credit claim created pending corrected payment
752-████████-66000	09/01/2021	09/30/2021	\$6,059.40	Paid	\$5,336.52	04/01/2022	10-██████-38	\$722.88	T1020/SA020	\$188.02/\$13.96	50-██████-6	Corrected Pmt: 9/1/21-9/30/21 paid for each svc code
■ ■												
552-████████-65000	10/01/2021	10/31/2021	\$6,261.38	Adjusted	\$6,261.38	11/04/2021	10-██████-38	\$0	T1020/SA020	\$188.02/\$13.96	50-██████-5	Original Pmt: 10/1/21-10/31/21 pd for each svc code
752-████████-75000	10/01/2021	10/31/2021	-\$6,261.38	Credit	-\$6,261.38	04/01/2022	10-██████-38	\$0	T1020/SA020	\$188.02/\$13.96	50-██████-6	Credit claim created pending corrected payment
752-████████-80000	10/01/2021	10/31/2021	\$6,261.38	Paid	\$5,538.50	04/01/2022	10-██████-38	\$722.88	T1020/SA020	\$188.02/\$13.96	50-██████-6	Corrected Pmt: 10/1/21-10/31/21 pd for each svc code
**The TCNs highlighted above are identified in Vendor OP Notice dated 3/31/22 as being associated to the OP.												

- 1) Organize the data so it can tell you it's story.
- 2) Cluster the data by dates of service and add a line between each timeframe for ease of review.
- 3) Identify the TCN associated to each portion of the OP and highlight it (This information is pulled from the VON)
- 4) Organize each line within each timeframe to follow this pattern:
 - Adjusted TCN = The Original Claim/Payment
 - Credit TCN = Credit claim created pending corrected payment
 - Paid TCN = Corrected payment
- 5) What story does the data tell us now?



Provider Enrollment

I need help with ...	Contact ...
<ul style="list-style-type: none">• Provider enrollment and revalidation	<p>Phone: 1-800-562-3022 ext. 16137 Email: Providerenrollment@hca.wa.gov Fax: 360-725-2144</p>

Sign-in Help ProviderOne Security

I need help with ...	Contact ...
<ul style="list-style-type: none">• Login information• Security	<p>ProviderOne Security</p> <p>Phone:1-800-562-3022 ext. 59991</p> <p>Email: provideronesecurity@hca.wa.gov</p>

Claim Help - MACSC

I need help with ...	Contact ...
<ul style="list-style-type: none">• Billing and claims (medical and social services)• Claim inquiry• Service limitations	<p>Medical Assistance Customer Service Center (MACSC) Phone: 1-800-562-3022 (choose "provider services") Online: Secure web form </p> <div data-bbox="494 686 1421 921" style="border: 1px solid #ccc; padding: 10px;"><p>Important! If you need assistance on a claim close to the two-year timely filing deadline, please type "Urgent, timely issue." in the Other Comments box on our secure web form .</p></div> <p>Business hours:</p> <ul style="list-style-type: none">• Provider general line and social services billers: Monday through Friday 7 a.m. to 4:30 p.m. (Pacific) (except state holidays)• Claim line: Monday through Friday 8 a.m. to noon and 1:30 to 3:30 p.m. (Pacific) (except state holidays)

Troubleshooting billing/claims

Provider (verify)

- Pop-up blockers off
- Client indicators correct*
- Claim matches authorized*:
Provider ID, service code, dates,
units, rate
- For medical-social service claims
confirm mandatory fields completed

*When verifying the client indicators and authorization details consider whether it is a data entry issue or source system issue. Client indicators on the claim should be correct and match the client's ProviderOne Profile. If the authorization details need to be modified work with the Case Manager.

Case Manager (modify)

- Service code
- Dates
- Units
- Rate
- Authorization service line errors

MACSC (ProviderOne)

- Profile questions
- Billing and claims errors
- General navigation
- Technical difficulties
- Other non-authorization related
issues



Contact Information

- Social service batch upload billing
 - For help: hipaa-help@hca.wa.gov
- Authorization errors: contact the Case Manager associated to the authorization
- Claims issues: Contact the MACSC team via phone or their online web form <https://www.hca.wa.gov/billers-providers-partners/contact-us>
- Questions about today's presentation: shereice@lctfwa.org

