

Long-Term Care Foundation

of Washington State

Introduction to Successful Claiming in ProviderOne

Presented by:

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Objectives

• Know how to navigate hca.wa.gov to support your success

 Successfully submit claims in ProviderOne for services provided to clients

• If claiming problems occur, identify how to resolve them



Washington State Department of Social and Health Services

Agenda

- Review navigation of the ProviderOne for Social Services page at hca.wa.gov
- Viewing your authorization list
- Submitting Social Service Claims
- Creating Templates
- Submitting batch claims
- Adjusting, voiding and resubmitting social service claims
- Reviewing claim status
- Viewing, understanding and reconciling every Remittance Advice
- Who and how to access help when something goes wrong



ProviderOne for Social Services Page Navigation

- <u>https://www.hca.wa.gov/billers-providers-</u> partners/providerone/providerone-social-services
- There are many resources on this page. Explore! You're not going to break anything. The majority of your work will happen here:

Billing essentials and managing provider files and users

- <u>Getting started</u> 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)

Viewing authorizations

<u>Viewing authorization list</u>

Submitting and adjusting social service claims

- Submitting social service claims
- <u>Creating social service templates</u>
- Adjust, void, and resubmit social service claims



ProviderOne for Social Services Page Navigation Continued

Creating and submitting batch claims

- Creating and submitting social service batch claims
- <u>Creating and submitting social service medical batch claims</u>
- ProviderOne batch upload setup guide
- .DAT file formatting requirements

Viewing claim status and remittance advice

<u>Claim status inquiry and viewing remittance advice (RA)</u>

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Sample Authorization List

• Viewing authorization list

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Submitting Social Service Claims

Submitting social service claims

- Turn off your pop-up blockers.
- ProviderOne pays on Fridays. Claims must be submitted by Tuesdays at 5 pm for payment the following **Friday**.
- Establish a billing routine (i.e. weekly, bi-weekly, monthly, etc.).
- <u>Never claim for the same date of service for the same client and service</u> <u>code more than once!</u>
- Submit new claims when it is the first time you are billing for services.
- Check your authorization before you claim, authorizations may change.
- If there is an error related to the social service authorization, work with the case manager.
- If you get a claim error work with the Medical Assistance Customer Service Center (MACSC) with the Health Care Authority.



Creating Templates

<u>Creating social service templates</u>

- Claims from saved templates: Having templates with previously saved information will help cut down on errors by reducing the amount of data entry for each claim.
- **Template Batch**: A group of claims which share the same date of service. The batch 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 Claims

There are 2 different types of batch claims:

- Template batch submission (social service and social service medical).
- ProviderOne batch upload.
- Batch Upload: Social service batch upload billing is an optional billing method to allow providers to extract billing data elements from their current timekeeping and/or billing software and upload the claim(s) data into the ProviderOne system.
- 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.



Adjusting, voiding and resubmitting social service claims

- Adjustments to claims should only happen when you need to change a previously submitted claim.
- Adjust paid claims if you need to change units, rates, or remove dates. If you need to "add" dates submit a new claim.
- If you need to add dates of service then you should be submitting new claims NOT adjusting.
- Adjusting a paid claim can result in no change, additional payment or an overpayment to the provider.
- Claims can be adjusted/voided for four years from date of payment.
- Never complete an adjustment to an adjustment!



Viewing Claim Status

Viewing claim status and remittance advice

<u>Claim status inquiry and viewing remittance advice (RA)</u>

• For Social Service Only providers (not Social Service Medical).

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Viewing, understanding and reconciling the remittance advice Viewing claim status and remittance advice

Claim status inquiry and viewing remittance advice (RA)

- Every single Remittance Advice (RA) must be reconciled!
- Failing to reconcile every RA puts your business at risk.
- For every claim that is paid, an RA is created and sent to your electronic mailbox.
- Actions can occur in a client's case that affect payment both retroactively and in the future.
- Actions on the same payment can occur months or even years apart. The only way to effectively and accurately track your payments is to reconcile every RA.



The Remittance Advice

• Each Remittance Advice is broken down into 6 key elements:

- The RA newsletter: contains key messages and new information for providers
- The RA summary:
 - totals of pd. claims
 - deductions
 - adjustments resulting in overpayments sent to OFR for debt collection
 - payments netted by ProviderOne to offset debt at OFR
- Paid claims
- Denied claims
- In-process claims
- Adjusted claims:
 - Each of the above sections contains amounts paid by client
 - Date
 - Service code
 - Client responsibility applied
 - Adjustment Reason Codes/Rejection Codes (key code is on the last page of the RA)



If you receive a Vendor Overpayment Notice, this is where you will locate the information you need.



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

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If you receive a Vendor Overpayment Notice from OFR and need help researching the potential overpayment:

- There are many resources available to you when you need assistance.
 - If you need help researching a potential overpayment, you can contact Jodi Lamoreaux, MSW
 Overpayments Program Mgr. @ ALTSA HQ's 360-789-4830
 Jodi.Lamoreaux@dshs.wa.gov



Finding Provider Enrollment and Provider

Sign up / view Provider Alerts

Security

How do I...

https://www.hca.wa.gov/billersproviders-partners

Request a PA

Find provider billing guides

Login and use ProviderOne

Find out if I am eligible

Enroll as a provider



Provider Enrollment

I need help with	Contact
 Provider enrollment and revalidation 	Phone: 1-800-562-3022 ext. 16137 Email: <u>Providerenrollment@hca.wa.gov</u> Fax: 360-725-2144

https://www.hca.wa.gov/billers-providers-partners/apple-health-medicaid-providers/enroll-provider



https://www.hca.wa.gov/contact-hca#collapse5

Sign-in Help ProviderOne Security

I need help with	Contact
 Login information Security 	ProviderOne Security Phone:1-800-562-3022 ext. 59991 Email: provideronesecurity@hca.wa.gov

https://www.hca.wa.gov/billers-providers-partners/providerone/providerone-security



https://www.hca.wa.gov/contact-hca#collapse5

Claim Help - MACSC

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portant! If you need assistance on a claim close to the o-year timely filing deadline, please type "Urgent, timely ue." in the Other Comments box on our <u>secure web</u>
ess hours: ovider general line and social services billers: Monday ough Friday 7 a.m. to 4:30 p.m. (Pacific) (except state lidays)
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How to find the Secure Web Form

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Contact Information

- Social service batch upload billing
 - For help: <u>hipaa-help@hca.wa.gov</u>
- 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@ltcfwa.org

