



Long-Term Care Foundation

of Washington State

ProviderOne: Communication, Authorization, Claims, and Client Responsibility

October 2022

Presented by:

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Shereice Brown

Workforce Development Manager, Long-Term Care Foundation

Agenda

- ProviderOne communication options
- Social Service Authorization List
- Claims
- Client Responsibility

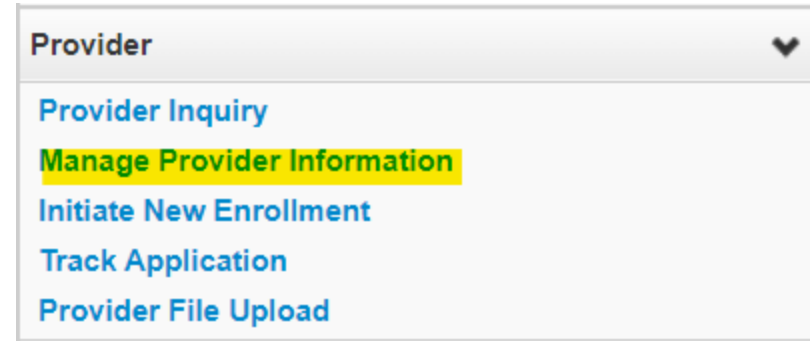
ProviderOne Communication

- **ProviderOne communication options**
 - **ProviderOne Alerts**
 - **Email Notifications**
 - **Physical Mail**
- Social Service Authorization List
- Claims
- Client Responsibility

ProviderOne Communication Options

From your Online Services menu in
ProviderOne

1. ***Manage Provider Information***
2. Click *Step 2: Locations*
3. Click the *Location ID* for the desired facility
4. Update *Communication Preference*



ProviderOne Communication Options

From your Online Services menu in ProviderOne

1. *Manage Provider Information*
2. *Click Step 2: Locations*
3. *Click the Location ID for the desired facility*
4. *Update Communication Preference*

<input type="checkbox"/>	Step
<input type="checkbox"/>	Step 1: Basic Information
<input type="checkbox"/>	Step 2: Locations
<input type="checkbox"/>	Step 3: Specializations

Close Add		Provider Locations						
Filter By :			And				Go	Save Filter My Filters
<input type="checkbox"/>	Location Code	Location Name	Location Type	Location Details	Start Date	End Date	Status	Business Status
<input type="checkbox"/>	01		Social Services Location		12/14/2016	12/14/2016	Approved	Active/Open
<input type="checkbox"/>	01		Social Services Location		12/15/2016	05/11/2017	Approved	Active/Open
<input type="checkbox"/>	01		Social Services Location		05/12/2017	06/26/2017	Approved	Active/Open
<input type="checkbox"/>	01		Social Services Location		06/27/2017	04/25/2018	Approved	Active/Open
<input type="checkbox"/>	01		Social Services Location		04/26/2018	09/10/2018	Approved	Active/Open
<input type="checkbox"/>	01		Social Services Location		09/11/2018	12/31/2999	Approved	Active/Open

ProviderOne Communication Options

From your Online Services menu in ProviderOne

1. *Manage Provider Information*
2. *Click Step 2: Locations*
3. *Click the Location ID for the desired facility*
4. **Update Communication Preference**

Location Type: Social Service Location

Accept New Client: ☒

Email Address:

Communication Preference:

Location Details

Location Business Name: * Location Code: 01 Location Type: Social Service Location

Contact First Name: * Contact Last Name: * Accept New Client: ☒

Phone Number: * Fax Number: Email Address:

Cell Phone Number: WA Tax Revenue Code: * Communication Preference:

Web Page: Opt-In for Electronic RA: ☐ Opt-In for Download Authorization: ☐

Business Status: Active/Open Start Date: 05/07/2014 End Date: 12/31/2999

System Status: Approved Start Date: End Date:

ProviderOne Communication Options: Email

From: ProviderOne, WA <noreply@hca.wa.gov>

Sent: Monday, August 8, 2022 6:22 PM

To: ProviderName <[provider email address](#)>

Subject: Correspondence Generation

CAUTION: This email originated from outside of the organization. Do not click links or open attachments unless you recognize the sender and know the content is safe.

An Authorization 102XXXXXXX is created/updated in ProviderOne (<https://nam10.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.waproviderone.org%2F&data=05%7C01%7Charati.immidisetti%40cns-inc.com%7Ca39de59140f24675b21c08da798c836e%7C80a9c7a6df4044fca8eafff5c04ba485%7C0%7C0%7C637955941690643673%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzliLCJBTiI6Ikl1haWwiLCJXVCi6Mn0%3D%7C3000%7C%7C&sdata=ZcTNroTxPwFzpzRquXBgvNLEQZSEU13v%2BN4QtHx%2BYEA%3D&reserved=0>)

ProviderOne Communication Options: Alerts

← → ↻ ⚠ Not secure | <https://systest.pone-mmis.pri/intgtst/CNSControlServlet> 🔍 📄 ⚙️ ⭐ 📌 Sign in

ProviderOne My Inbox ▾

⚙️ NAUDITT, BECKY ▾ Profile: EXT Provider Social Services 📄 Notepad 📌 Reminder 🔗 External Links 🖨️ Print 🆘 Help

🏠 > Provider Portal

ProviderOne Id/NPI : 111 Name: Nauditt, Becky

Online Services

Payments ▾
[View Payment](#)

Provider ▾
[Provider Inquiry](#)
[Manage Provider Information](#)
[Initiate New Enrollment](#)
[Track Application](#)
[Provider File Upload](#)

Admin ▾
[Change Password](#)
[Maintain Users](#)

Social Services Authorization and Billing ▾
[Social Service Claim Inquiry](#)
[Social Service Claim Adjustment/Void](#)
[Social Service Billing Screen](#)
[Social Service Batch Upload](#)
[Social Service Batch Upload Status](#)
[Social Service Resubmit Denied/Void](#)
[Social Service Retrieve Saved Claims](#)
[Social Service Manage Templates](#)

📧 Manage Alerts

📅 My Reminders

Filter By : ▾ - ▾ Read Status ▾ ⏹ Go

📄 Save Filter ▾ My Filters ▾

<input type="checkbox"/>	Alert Type ▲ ▼	Alert Message ▲ ▼	Alert Date ▲ ▼	Due Date ▲ ▼	Read ▲ ▼
<input type="checkbox"/>	Correspondence Generation	An Authorization 101155-86 is created/updated in ProviderOne	08/08/2022	09/27/2022	N
<input type="checkbox"/>	Correspondence Generation	An Authorization 101155-49 is created/updated in ProviderOne	08/08/2022	09/27/2022	N
<input type="checkbox"/>	Provider Modification Review is Completed	Provider Modification (Modification Request Number: 500564354) is approved. Please verify your data.	08/02/2022	08/22/2022	Y

🗑️ Delete View Page: 1 ⏹ Go ➕ Page Count 📄 SaveToXLS Viewing Page: 1

⏪ First ⏪ Prev ⏩ Next ⏩ Last

📅 Your Recent Online Activities

- 👤 You have logged in with NAUDITTBE Account with IP Address 172.25.124.99
- 📅 Previous Site Visit: 08/02/2022 11:56:30 AM
- 🔑 Last Login Password Change: 08/02/2022 10:56:22 AM
- 🔒 Last login failed attempt: 08/02/2022 10:56:46 AM

📅 Calendar

10:23 PM 8 August 2022 Monday

← 2022 August →

Su	Mo	Tu	We	Th	Fr	Sa
	1	2	3	4	5	6

ProviderOne Communication Options: Mail

The intro of the letter identifies:

- Authorization number
- Client Name
- Client ProviderOne ID
- Provider Name

This letter was generated following changes that were made to multiple authorization service lines for this client provider pair.

Letters identify the authorizing worker because CR application is driven by changes to the social service authorization.

SA031 U1 Pandemic-related extraordinary services-Assisted Living from **05/29/2020 to 06/07/2020** at the rate of \$9.31 per Day. Payment may be made for a maximum of (31) Day up to a maximum of \$288.61 per month.

MUSTAFA JENI is responsible for paying you an amount each month. This amount will be deducted from your payment before it is issued. Do not collect more than the cost of the services authorized and provided. The total amount to be paid by **MUSTAFA JENI** includes:

Month & Year	Client Responsibility
May-2020	\$0.00
Jun-2020	\$0.00

SA685 Residential bed hold, initial 1-7 days from **06/08/2020 to 06/14/2020** at the rate of \$87.45 per Day. Payment may be made for a maximum of (7) Day up to a maximum of \$612.15.

MUSTAFA JENI is responsible for paying you an amount each month. This amount will be deducted from your payment before it is issued. Do not collect more than the cost of the services

If you have questions about this authorization, please contact your authorizing worker.

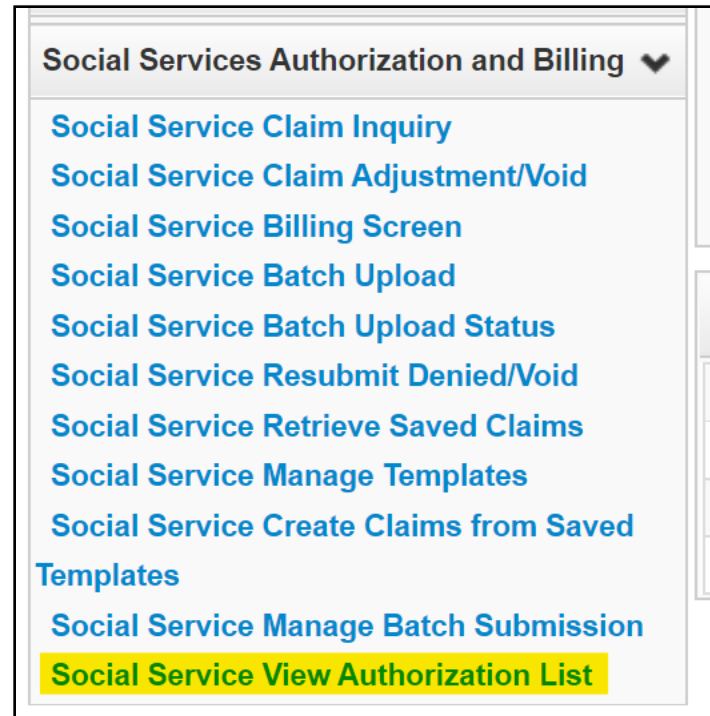
Paula Hernandez
206-907-0000

CC: Mustafa Jeni
MUSTAFA JENI

ProviderOne Authorization List

- ProviderOne communication options
- **Social Service Authorization List**
 - **How to see inactive authorization service lines**
- Claims
- Client Responsibility

Social Service Authorization List



Social Service Authorization List

Provider Authorization List

Filter By : [Dropdown] And [Dropdown] And [Dropdown] Go Save Filter My Filters

	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 ▲▼	First Error Date ▲▼	Partial Month Error (Yes/No) ▲▼	Case Manager Name ▲▼	Case Manager Phone Number ▲▼
<input type="checkbox"/>	1000000000	4	1	0000000000WA	M/CAID Care	0000000001	S0215	Nonemerg transp mileage	U3	M/caid care lev 3 state def	06/16/2020	03/31/2021	\$0.58	100	Mile	Monthly Recurring	\$0.00	08/31/2020	Approved	No Error		No	Jessica, [Redacted]	360-[Redacted]
<input type="checkbox"/>	1000000000	3	1	0000000000WA	M/CAID Care	0000000001	T2033	Res, nos waiver per diem	U5	M/caid care lev 4 state def	06/16/2020	03/31/2021	\$153.00	31	Day	Monthly Recurring	\$0.00	08/31/2020	Approved	No Error		No	Jessica, [Redacted]	360-[Redacted]

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Social Service Authorization List

- Check your authorization before you claim, authorizations may change.
- If you don't see an authorization in your list then use the "Filter By:" menu to search for it.

The screenshot shows a web application titled "Provider Authorization List". It features a "Filter By:" dropdown menu which is currently open, displaying a list of filter options. The options include: Authorization #, Billing Type, Business Status, Client ID, Client Name, Client Responsibility, Error Status, Last Updated, Line #, Modifier, Partial Month Error, Processing Status, Provider ID, Service Code, Start/End Date, Suffix #, and Unit Type. The dropdown menu is highlighted with a blue bar at the top. Below the dropdown, there is a table with columns for "Author" and "Client ID". The table contains several rows of data, including a row with "10" and "23" in the "Author" column and "IWA" and "GL" in the "Client ID" column. At the bottom of the screen, there is a footer area with "Page ID: pg" and "List(Social" visible.

Author	Client ID
10	23
	IWA
	GL

Social Service Authorization List

Close Show Error List

Provider Authorization List

Filter By :

Authorization #

1021

And

Processing Status

%

And

Go

Save Filter

My Filters

	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	First Error Date	Partial Month Error (Yes/No)	Case Manager Name	Case Manager Phone Number	Processing Status			
<input type="checkbox"/>	102	77	1	1	10	WA	Hr GI	111	04	T1020	Personal care ser per diem	U1	M/caid care lev 1 state def	08/15/2022	07/31/2023	\$106.18	31	Day	Monthly Recurring	\$765.64	09/17/2022	Approved	No Error		No	Be Mi	360	Active
<input type="checkbox"/>	102	77	1	1	10	WA	Hr GI	111	04	T1020	Personal care ser per diem	U1	M/caid care lev 1 state def	08/15/2022	07/31/2023	\$106.18	31	Day	Monthly Recurring	\$765.64	08/31/2022	Approved	No Error		No	Be Mi	360	Inactive
<input type="checkbox"/>	102	77	1	1	10	WA	Hr GI	111	04	T1020	Personal care ser per diem	U1	M/caid care lev 1 state def	08/15/2022	07/31/2023	\$106.18	31	Day	Monthly Recurring	\$0.00	08/11/2022	Approved	Error	08/15/2022	No	Be Mi	360	Inactive
<input type="checkbox"/>	102	77	2	1	10	WA	Hr GI	111	04	T2033	Res, nos waiver per diem	U5	M/caid care lev 5 state def	08/15/2022	07/31/2023	\$153.00	31	Day	Monthly Recurring	\$989.00	09/17/2022	Approved	No Error		No	Be Mi	360	Active
<input type="checkbox"/>	102	77	2	1	10	WA	Hr GI	111	04	T2033	Res, nos waiver per diem	U5	M/caid care lev 5 state def	08/15/2022	07/31/2023	\$153.00	31	Day	Monthly Recurring	\$989.00	08/31/2022	Approved	No Error		No	Be Mi	360	Inactive

ProviderOne Claims

- ProviderOne communication options
- Social Service Authorization List
- **Claims**
 - **Reminders**
 - **Timing**
 - **Frequency**
 - **Timeliness**
 - **Submit, Adjust, Void, Resubmit**
- Client Responsibility

Claims: Reminders

- Turn off your pop-up blockers.
- Never claim for the same date of service for the same client and service code more than once!
- Establish a billing routine (i.e. weekly, bi-weekly, monthly, etc.).

Claims: Reminders

- Check your authorization before you claim, authorizations may change.

Provider Authorization List

Filter By : [Dropdown] And [Dropdown] And [Dropdown] Go Save Filter My Filters

	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 ▲▼	First Error Date ▲▼	Partial Month Error (Yes/No) ▲▼	Case Manager Name ▲▼	Case Manager Phone Number ▲▼
<input type="checkbox"/>	1000000000	4	1	0000000000WA	MARY JOY POWELL	0000000000	S0215	Nonemerg transp mileage	U3	M/caid care lev 3 state def	06/16/2020	03/31/2021	\$0.58	100	Mile	Monthly Recurring	\$0.00	08/31/2020	Approved	No Error		No	MARY JOY POWELL	360-222-2222
<input type="checkbox"/>	1000000000	3	1	0000000000WA	MARY JOY POWELL	0000000000	T2033	Res, nos waiver per diem	U5	M/caid care lev 4 state def	06/16/2020	03/31/2021	\$153.00	31	Day	Monthly Recurring	\$0.00	08/31/2020	Approved	No Error		No	MARY JOY POWELL	360-222-2222

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Claims: Reminders

- Check your authorization before you claim, authorizations may change.
- Export your authorization details so you can copy and paste into your templates.

The screenshot shows the Microsoft Excel interface with the following data in the spreadsheet:

	A	B	C	D	E	F	G	H	I	J	K	L	M
1	Authorization #	Line #	Suffix #	Client ID	Client Name	Provider ID	Service Code	Service Code Description	Modifier	Modifier Description	Start Date	End Date	Rate
2	10	'7	4	1	10 WA H	04	S0215	Nonemerg transp mileage	U4	M/caid care lev 4 state	08/15/2022	07/31/2023	\$0.63
3	10	'7	2	1	10 WA H	04	T2033	Res, nos waiver per diem	U5	M/caid care lev 5 state	08/15/2022	07/31/2023	\$153.00

Claims: Reminders (templates)

- Use billing templates
 - Export your authorization details so you can copy and paste into your templates.

BASIC LINE ITEM INFORMATION

BASIC SERVICE LINE ITEMS

mmddccyy

*Service Date From:

*Service Date To:

*Service Code:

Modifiers: 1:

2:

3:

4:

Patient Account No:

*Units:

+

ELECTRONIC VISIT VERIFICATION (EVV) ITEMS

✓ Add Service Line Item

✎ Update Service Line Item

Previously Entered Line Item Information

Click a Line No. below to view/update that Line Item Information.

Total Charges Submitting: \$ 4858.63

Line No	Service Dates	Service Code	Modifiers	Units					
	From	To							
			1	2	3	4			
1	07/01/2021	07/31/2021	T1020	U1				31	Delete
2	07/01/2021	07/31/2021	SA389	U1				31	Delete

Claims: Reminders

- Claim Inquiry
 - Use the column headers to sort your results.
 - Export to excel, click the “Save ToXLS” button.

Provider Social Service Claim Inquiry Search

Please enter a Provider ID and enter available information in the remaining fields to

- Required: TCN OR Client ID AND Claim Service Period (To date is optional). O
- You may request status for claims processed within the past four years
- The Claim Service Period From and To date range cannot exceed 3 months

Provider ID: 11

TCN:

Client ID:

Authorization Number:

Claim Service Period From:

Claim Service Period To:

Claims: Reminders

- Claim Inquiry
 - Use the column headers to sort your results.
 - Export to excel, click the “Save ToXLS” button.

Inquire Social Service Claims List

TCN ▲▼	Authorization Number ▲▼	From Date ▲▼	To Date ▲▼	Claim Status ▲▼	RA Date ▲▼	RA Number ▲▼	Claim Charged Amount ▲▼	Claim Payment Amount ▲▼	Client Name ▲▼	Client ID ▲▼
552:1000	102	09/01/2022	09/12/2022	F1:Finalized/Payment-The claim/line has been paid.	09/15/2022	06	\$3,110.16	\$1,355.52	GL HO	IWA
552:1000	102	08/15/2022	08/31/2022	F1:Finalized/Payment-The claim/line has been paid.	09/08/2022	37	\$189.89	\$189.89	GL HO	IWA
552:1000	102	08/16/2022	08/29/2022	F1:Finalized/Payment-The claim/line has been paid.	09/08/2022	37	\$94.50	\$94.50	GL HO	IWA
552:1000	102	08/30/2022	08/31/2022	F1:Finalized/Payment-The claim/line has been paid.	09/08/2022	37	\$518.36	\$518.36	GL HO	IWA
552:1000	102	08/22/2022	08/29/2022	F1:Finalized/Payment-The claim/line has been paid.	09/01/2022	03	\$2,073.44	\$1,855.44	GL HO	IWA
552:1000	102	08/15/2022	08/21/2022	F1:Finalized/Payment-The claim/line has been paid.	08/25/2022	82	\$1,814.26	\$743.26	GL HO_____	IWA

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+ Page Count

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Next ▶

» Last

Claims: Reminders

- Review the ProviderOne billing guides for step by step instructions for any of these topics.
 - <https://www.hca.wa.gov/billers-providers-partners/providerone/providerone-social-services>
- 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 \(MACSC\)](#) at the Health Care Authority.

Claims: Timing (Frequency)

- You can determine when and how often you are paid based on when you submit claims.
- You can enter claims at any time.
- Claims submitted by **5pm on Tuesdays** should be on that Friday's Remittance Advice (RA).

Sun	Mon	Tue	Wed	Thu	Fri	Sat
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	

Deadline is 5pm each Tuesday to submit claims and receive payment the following Friday.

Possible paydays. Refer to your method of payment description for more details.

Claims: Timing (Timeliness)

From WAC 388-05-0010

How soon does a contractor have to submit claims for payment to the department after the services are rendered?

Each contractor who is rendering authorized services to the department or its clients shall submit claims for payment, as agreed upon between the department and the contractor, no later than twelve months after the date of service. If the claims for payment are not presented within the twelve-month period there shall not be a charge against the state. The twelve-month period may be shortened by contract or regulation. The twelve-month period may be extended by contract or regulation, but only if required by applicable state or federal law or regulation.

The department may grant exceptions to the twelve-month period for initial claims when billing delays are caused by either of the following:

- (a) The department's certification or authorization of services for a client for a retroactive period; or
- (b) The provider proves to the department's satisfaction that there are other extenuating circumstances.

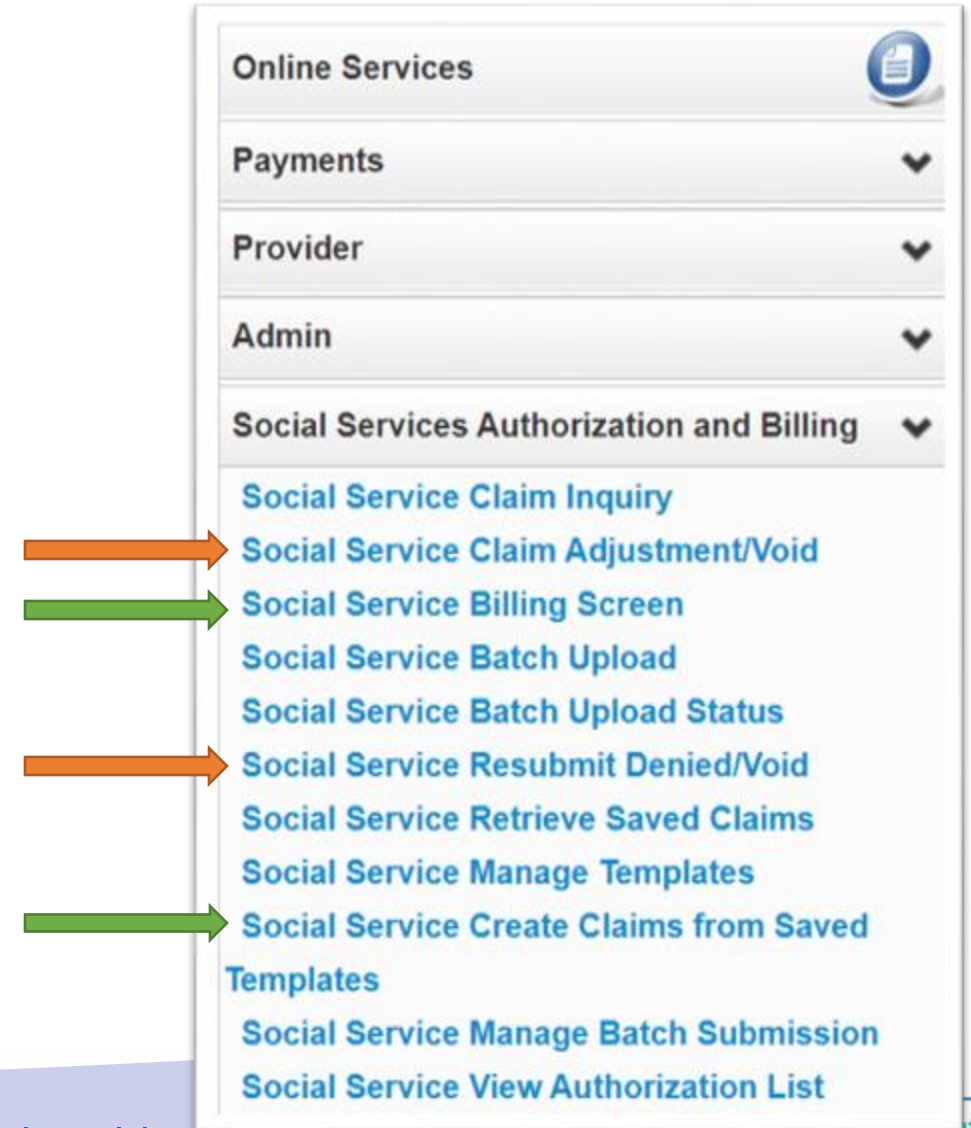
This provision shall apply to all claims for payment submitted on or after the effective date.

Claims: Submit/Adjust/Void/Resubmit

- Submit new claims
- Adjust PAID claims
- Void PAID claims
- Resubmit VOIDED or Denied claims

Note: when we are referring to a PAID, DENIED, or VOIDED claim we are talking about a header level claim.

You might have a PAID claim where individual lines denied or have been voided. If you need to make changes to a PAID claim with denied or voided lines you will use the Social Service Claim Adjustment option.



Claims: Reminders

- Submit new claims for dates of service not previously claimed.
- Adjust PAID claims when making changes to rates/units/removing dates from a previously paid claim.
- Adjust a PAID claim if part of it denied because of an auth error (for example) and the error has since been resolved.
- Adjust a PAID claim to remediate Client Responsibility application changes.

Note: Adjusting a paid claim can result in no change to your payment, an additional payment, or an overpayment.

Claims: Reminders

- Void PAID claims if nothing should have paid for the claimed details.
 - This will create an overpayment.
- Resubmit DENIED claims where all of the claim lines denied and the issue that caused the denial has been resolved.

Client Responsibility (CR)

- ProviderOne communication options
- Social Service Authorization List
- Claims
- **Client Responsibility (CR)**
 - **When is CR applied to the authorization**
 - **When might CR application change**
 - **What to do if CR application changes**

Client Responsibility (CR)

- ProviderOne runs daily Client Responsibility jobs when triggered. These are triggered by
 - Changes to an existing service line;
 - a new service line is created.
- If a Case Manager modifies multiple authorizations on the same day and the Cost of Care becomes higher for a different authorization or service line then ProviderOne will assign CR to the auth with the highest **cost of care**.

Client Responsibility (CR)

- Client Responsibility (CR) does not apply to the bed hold service codes.
- Review the CR application to your social service authorization lines when the bed hold period has ended.
 - CR reduced because of client's length of stay
 - CR application changes due to line split
- If you have questions about the CR applied to an authorization follow-up with the case manager.

Retroactive Changes to CR: What to do

- You can reduce the risk of issues related to changes in CR application by reporting when the client leaves your facility as soon as possible.
- When a case manager has to make a change to an authorization after you have already submitted claims you increase the risk that your paid claims will need to be adjusted.
- If you need assistance adjusting your paid claims after there has been a change in CR application you can contact the Health Care Authority (HCA) Medical Assistance Customer Service Center (MACSC) for assistance.

Viewing CR in ProviderOne: Authorization List

⏻ 👤 Pinkerton, Jacquelyn M Profile: EXT Provider Social Services
📄 Notepad 🔔 Reminder 🔗 External Links 🖨️ Print 🆘 Help

🏠 > Provider Portal > Provider Authorization List

🔒 Close 👁️ Show Error List

Provider Authorization List

Filter By: Start/End Date 07/01/2020 06/30/2021 And And Go Save Filter My Filters

<input type="checkbox"/>	Authorization #	Line #	Suffix #	Client ID	Client Name	Provider ID	Service Code	Service Code Description	Modifier	Modifier Description	Start Date	End Date	Rate	Units	Unit Type	Billing Type	Client Responsibility	Last Updated	Business Status	Error Status	First Error Date	Partial Month Error (Yes/No)	Case Manager Name	Case Manager Phone Number
<input type="checkbox"/>	1	12	4	1	2	WA	01	T1020	care ser per diem	U1	lev 1 state def	07/01/2020	06/30/2021	\$246.86	31	Day	Monthly Recurring	\$3,220.00	05/01/2021	Approved	No Error	No		360
<input type="checkbox"/>	1	12	5	2	2	WA	01	S0215	transp mileage	U3	lev 3 state def	07/01/2021	06/30/2021	\$0.56	100	Mile	Monthly Recurring	\$0.00	05/01/2021	Approved	No Error	No		360
<input type="checkbox"/>	1	8	4	8	1	WA	01	T1020	Personal care ser per diem	U1	lev 1 state def	05/01/2020	04/30/2021	\$99.25	31	Day	Monthly Recurring	\$713.00	04/01/2021	Approved	No Error	No		360
<input type="checkbox"/>	1	8	7	4	1	WA	01	S0215	Nonemerg transp mileage	U3	lev 3 state def	01/01/2021	04/30/2021	\$0.56	100	Mile	Monthly Recurring	\$0.00	04/01/2021	Approved	No Error	No		360
<input type="checkbox"/>	1	16	2	3	2	WA	01	T2033	Res, nos waiver per diem	U5	lev 5 state def	10/01/2020	03/31/2021	\$153.00	31	Day	Monthly Recurring	\$254.76	04/01/2021	Approved	No Error	No		360
<input type="checkbox"/>	1	16	3	2	2	WA	01	S0215	Nonemerg transp mileage	U4	lev 4 state def	01/01/2021	03/31/2021	\$0.56	50	Mile	Monthly Recurring	\$0.00	04/01/2021	Approved	No Error	No		360

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Viewing CR in ProviderOne: Authorization List

Authorization #	Line #	Suffix #	Client ID	Client Name	Provider ID	Service Code	Service Code Description	Modifier	Modifier Description	Start Date	End Date	Rate	Unit	Unit Type	Billing Type	Client Responsibility	Last Updated	Business Status	Error Status	First Error Date	Partial Month Error	Case Manager Name	Case Manager Phone	
<input type="checkbox"/> 1	1	2	WA		01	T1020	Personal care ser per diem	U1	M/caid care lev 1 state def	07/01/2020	06/30/2021	\$246.86	31	Day	Monthly Recurring		Monthly	\$3,220.00		05/01/2021	Approved	No Error	No	360
							Nonemerg		M/caid care								Monthly					No		

Print Help

Authorization Line Client Responsibility

Yr/Mo	Last Update Date	Third Party Resource	Room & Board	Participation	Total Client Responsibility
▲ ▼	▲ ▼	▲ ▼	▲ ▼	▲ ▼	▲ ▼
2021/05	2021-05-01 16:33:37	\$0.00	\$713.00	\$2,507.00	\$3,220.00
2021/04	2021-04-01 04:41:41	\$0.00	\$713.00	\$2,507.00	\$3,220.00
2021/03	2021-04-01 04:41:41	\$0.00	\$713.00	\$2,507.00	\$3,220.00
2021/02	2021-02-28 15:48:43	\$0.00	\$713.00	\$2,507.00	\$3,220.00

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Viewing CR in ProviderOne: Authorization List

Pinkerton, Jacquelyn M

Profile: EXT Provider Social Services

Notepad

Reminder

External Links

Print

Help

Provider Portal

Provider Authorization List

Close

Show Error List

Provider Authorization List

Filter By: Start/End Date

07/01/2020

06/30/2021

And

And

Go

Save Filter

My Filters

<input type="checkbox"/>	Authorization #	Line #	Suffix #	Client ID	Client Name	Provider ID	Service Code	Service Code Description	Modifier	Modifier Description	Start Date	End Date	Rate	Units	Unit Type	Billing Type	Client Responsibility	Last Updated	Business Status	Error Status	First Error Date	Partial Month Error (Yes/No)	Case Manager Name	Case Manager Phone Number	
<input type="checkbox"/>	1	12	4	1	2	WA	01	T1020	Personal care ser per diem	U1	M/caid care lev 1 state def	07/01/2020	06/30/2021	\$246.86	31	Day	Monthly Recurring	\$3,220.00	05/01/2021	Approved	No Error		No		360
<input type="checkbox"/>	1	12	5	2	2	WA	01	S0215	Nonemerg transp mileage	U3	M/caid care lev 3 state def	01/01/2021	06/30/2021	\$0.56	100	Mile	Monthly Recurring	\$0.00	05/01/2021	Approved	No Error		No		360
<input type="checkbox"/>	1	8	4	8	1	WA	01	T1020	Personal care ser per diem	U1	M/caid care lev 1 state def	05/01/2020	04/30/2021	\$99.25	31	Day	Monthly Recurring	\$713.00	04/01/2021	Approved	No Error		No		360
<input type="checkbox"/>	1	8	7	4	1	WA	01	S0215	Nonemerg transp mileage	U3	M/caid care lev 3 state def	01/01/2021	04/30/2021	\$0.56	100	Mile	Monthly Recurring	\$0.00	04/01/2021	Approved	No Error		No		360
<input type="checkbox"/>	1	16	2	3	2	WA	01	T2033	Res, nos waiver per diem	U5	M/caid care lev 5 state def	10/01/2020	03/31/2021	\$153.00	31	Day	Monthly Recurring	\$254.76	04/01/2021	Approved	No Error		No		360
<input type="checkbox"/>	1	16	3	2	2	WA	01	S0215	Nonemerg transp mileage	U4	M/caid care lev 4 state def	01/01/2021	03/31/2021	\$0.56	50	Mile	Monthly Recurring	\$0.00	04/01/2021	Approved	No Error		No		360

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Page ID: pgSSBPPRVDAuthorizationList(Social Services)

Environment: UAT

ID: app01_200

Server Time: 05/18/2021 02:11:34 PDT

Viewing CR in ProviderOne: Authorization List

Authorization #	Line #	Suffix #	Client ID	Client Name	Provider ID	Service Code	Service Description	Modifier	Modifier Description	Start Date	End Date	Rate	Units	Unit Type	Billing Type	Client Responsibility	Last Updated	Business Status	Error Status	First Error Code	Partial Month Error	Case Manager Name	Case Manager Phone
<input type="checkbox"/>	1		8	4	8	1	WA	01	T1020	Personal care ser per diem	05/01/2020	04/30/2021	\$99.25	31	Day	Monthly Recurring	\$713.00	04/01/2021	Approved	No Error	No	No	360

Authorization Line Client Responsibility					
Yr/Mo ▲▼	Last Update Date ▲▼	Third Party Resource ▲▼	Room & Board ▲▼	Participation ▲▼	Total Client Responsibility ▲▼
2021/04	2021-04-01 02:55:02	\$0.00	\$713.00	\$0.00	\$713.00
2021/03	2021-04-01 02:55:02	\$0.00	\$713.00	\$0.00	\$713.00
2021/02	2021-02-28 15:04:22	\$0.00	\$713.00	\$0.00	\$713.00
2021/01		\$0.00	\$0.00	\$0.00	\$0.00

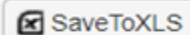
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SaveToXLS

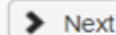
Viewing Page: 1



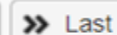
First



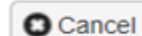
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Cancel

Viewing CR in ProviderOne: RA

RA Number: 50:		Warrant/EFT #: !!		Warrant/EFT Date: 07/23/2020		Prepared Date: 07/24/2020		RA Date: 07/24/2020		Page 3				
Category: Paid		Billing Provider: 111												
Client Name / Client ID / Med Record # / Patient Acct # / Original TCN/	TCN / Claim Type / RX Claim # / Inv # / Auth #	Line #	Rendering Provider / RX # / Auth office #	Service Date(s)	Svc Code or NDC / Mod / Rev & Class Code	Total Units or D/S	Billed Amount	Allowed Amount	Sales Tax	TPL Amount	Client Responsible Amount	Paid Amount	Remark Codes	Adjustment Reason Codes / NCPDP Rejection Codes
B 2 WA	5: ADSA-H 1	1	167	07/01/2020- 07/01/2020	T1020 U1	1.0000	\$188.02	\$188.02	\$0.00	\$0.00	\$188.02	\$0.00		142 45 94 = \$188.02
	5: ADSA-H 1	2	167	07/02/2020- 07/02/2020	T1020 U1	1.0000	\$188.02	\$188.02	\$0.00	\$0.00	\$188.02	\$0.00		142 45 94 = \$188.02
Document Total:				07/01/2020-07/02/2020		2.0000	\$376.04	\$376.04	\$0.00	\$0.00	\$376.04	\$0.00		
Category Total:						2.0000	\$376.04	\$376.04	\$0.00	\$0.00	\$376.04	\$0.00		
Billing Provider Total:						2.0000	\$376.04	\$376.04	\$0.00	\$0.00	\$376.04	\$0.00		

Retroactive Changes to CR: What to do

If the client's CR application has changed (removed from an authorization service line or added to a new authorization service line) then you will need to **adjust any paid claims associated to that service line**.

- You can look up your claims by authorization number and you can see which claims are associated to specific months of service.
- If you have multiple claims for a single month of service you may need to look at your RA to determine which specific TCNs need to be adjusted.

Retroactive Changes to CR: What to do

- If the resident paid you more CR for a specific month than is applied to your authorization for that month you must refund them the difference.
- You cannot keep excess CR in lieu of or in addition to the bed hold payment when the amount of CR applied to your authorization has been reduced.

Billing Guides and Who To Contact



Training materials

The following training materials are for ProviderOne users billing for social services and social service medical claims.

Important! The ProviderOne claim submission deadline is every Tuesday at 5 p.m. for payment the following Monday.

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 \(FAQ\)](#)

Viewing authorizations

- [Viewing authorization list](#)

Submitting and adjusting social service claims

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

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

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

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</p> <p>Email: Providerenrollment@hca.wa.gov</p> <p>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>

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

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

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><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)

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@ltcfwa.org

Q&A

Questions	Answers
How can I see my submitted claims?	You can view claims information from your Online Services menu under “Inquire Claims” or on your Remittance Advice from the “View Payment” link.
I signed up for direct deposit, but I received a check. What happened?	Once you submit your changes for EFT it may take up to two weeks before you start receiving the direct deposits. If it has been more than two weeks please contact the Health Care Authority so they can verify the status of your change.
If my claims were denied, can I resubmit them after they have been past due?	Yes. If you submitted your original claims within a year from the date of service and you resolve the denial reasons after a year then you should be able to resubmit those denied TCNs and they should pay. If they deny only due to the timeliness edit then you can contact the Health Care Authority MACSC team and ask that your denial be reviewed and forced if appropriate.

Q&A

Questions	Answers
Is there a deadline to submit claims?	Per WAC 388-05-0010 you have 12 months from the date of service to submit a claim.
How can I refund the state and fix my billing error for over payment?	If you made a billing error on a PAID claim you can adjust the claim to change specific details or if nothing should have paid on the claim you can void the whole TCN.
If I miss the opportunity to bill for the previous year, can I go back and bill?	If you submit a claim that is more than a year past the date of service it will deny due to timeliness. If there were extenuating circumstances that meet criteria per WAC 388-05-0010 please contact the MACSC team at HCA and provide details to the circumstances request that the denial be reviewed and considered to be paid.

Q&A

Questions	Answers
When does the clients responsibility (CR) amount change?	<p>The total amount that a client may have to pay changes when there is a change to the client's income or rules changes in how the Department calculates the amounts.</p> <p>The amount of CR that may be applied to your authorization service lines may change when there are changes to the authorization after the affected month has started. If your authorization is modified for past dates of service review the CR application in your authorization list.</p>
Is the client responsibility (CR) and participation fee the same?	CR is comprised of Participation, Room and Board, and Third Party Liability

Q&A

Questions	Answers
If I billed and forgot to add a billing authorization line code would ProviderOne add it for me?	ProviderOne does not have the ability to add lines on your behalf. You will need to review your claims against your authorization and services delivered to ensure you have billed fully.
If I register for direct deposit, where do I confirm that I have completed it correctly?	Please contact HCA for assistance with verifying Direct Deposit enrollment.
How do I sign up for ProviderOne alerts and how do I check them?	You can change you authorization alert settings of a specific location by: <ol style="list-style-type: none">1. <i>Manage Provider Information</i>2. Click <i>Step 2: Locations</i>3. Click the <i>Location ID</i> for the desired facility4. <i>Update Communication Preference</i>

