Washington State Health Care Authority

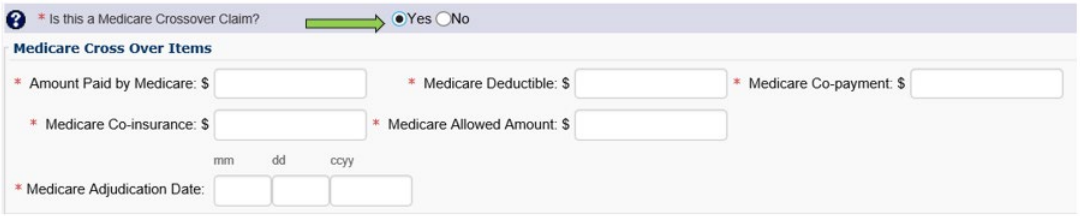
Submitting professional crossover claims with secondary insurance electronically to ProviderOne

The Health Care Authority (HCA) offers a process for providers to submit crossover and secondary insurance claims electronically. The ProviderOne system has a Direct Data Entry (DDE) feature for submitting crossover claims with secondary insurance. The agency also accepts and processes HIPAA-compliant electronic batch claims that contain all the required information along with Adjustment Reason Code(s) without sending the EOB. The Medicare Advantage Plans claims need to be submitted to ProviderOne as crossover claims, as these plans are NOT processed as commercial insurance.

DDE claim – not sending the EOB

A provider would log into their ProviderOne domain and use the **Claims Submitter** or **Super User profile**. Go to the Claims area and click the **Online Claims Entry** option, then choose **Submit Professional**. Fill in the claim information boxes, including all fields marked with a red asterisk (*) and answer all the questions required to submit a claim.

Answer the **Is this a Medicare Crossover Claim?** question as **Yes**. This will expand the Medicare Crossover area.

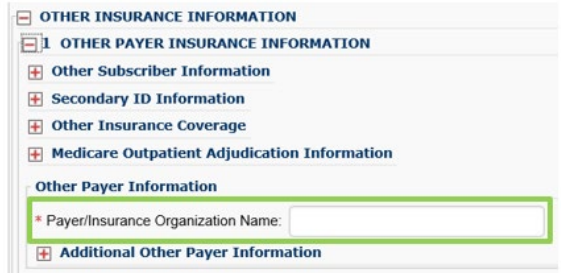


Complete all the fields marked with a red asterisk (*) using the Medicare EOB.

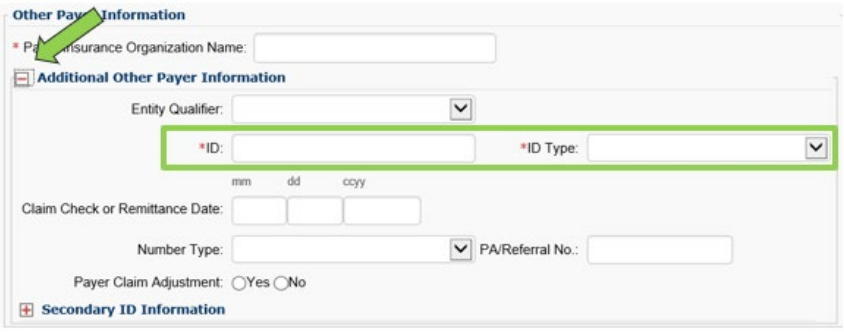
For secondary insurance click on the red + expander titled **Other Insurance Information**.

Open the **1 Other Payer Insurance Information** section by clicking on the red + expander.

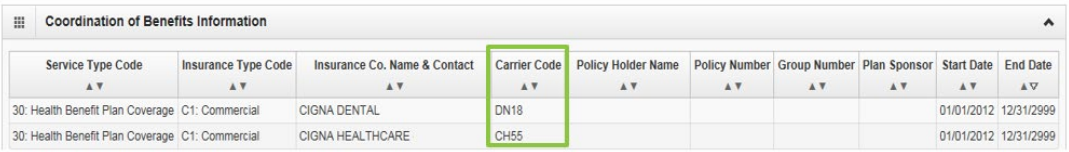
Enter the **Payer/Insurance Organization Name**



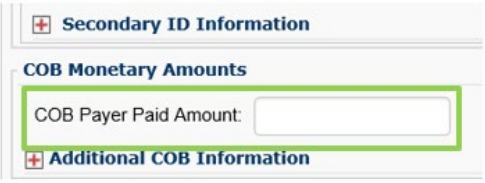
Expand the **Additional Other Payer Information** section and fill in the insurance company **ID number** and use the dropdown to complete the **ID Type**.



When billing the claim, always use the insurance carrier code as the ID number. The ID Type will always be **PI-Payor Identification**. The insurance carrier code can be found under the **Coordination of Benefits Information** section when doing a client eligibility check using the ProviderOne portal.



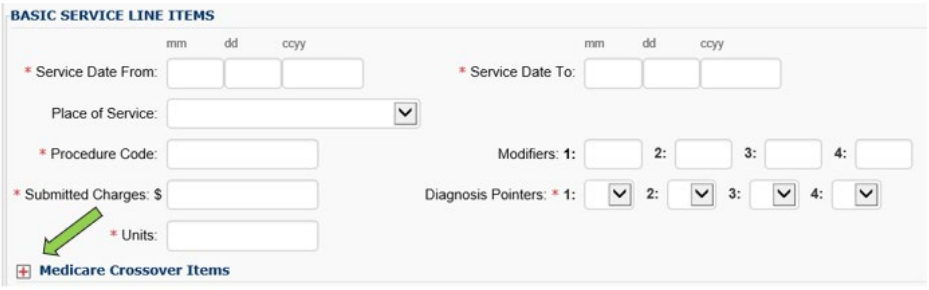
Next enter the amount paid by the insurance in the **COB Payer Paid** field. If the insurance applied to deductible, enter a zero here. If the insurance denied the claim, enter a zero in this field.



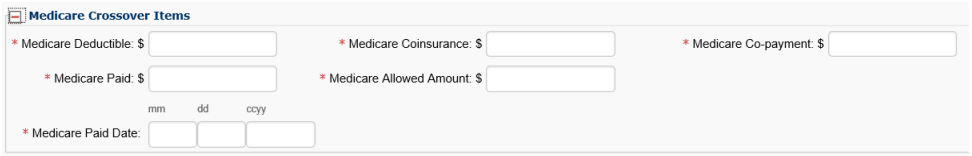
Note: If you will be faxing or mailing the Insurance EOB, stop after entering the insurance payment in COB Payer Paid Amount.

Next expand the **Claim Level Adjustments** area by clicking the red **+**. Use the dropdown to enter the **Group Code**, the **Reason Code** (HIPAA reason code only), and the dollar **Amount** associated.

Finish entering all other claim data and complete the **Basic Service Line Item** information fields. With HIPAA 5010 implementation, the Medicare data for each service line is also required. Click the red **+** expander and open the **Medicare Crossover Items** section.

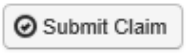


Fill in the totals of the Medicare data specific to the service line that is being entered. The amounts you enter on the service line for Medicare payments must equal the total Medicare payment you entered above.

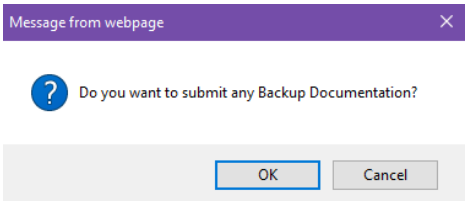


After completing all the service line information, add the service line item(s) to the claim so they are displayed by clicking the **Add Service Line Item** button.

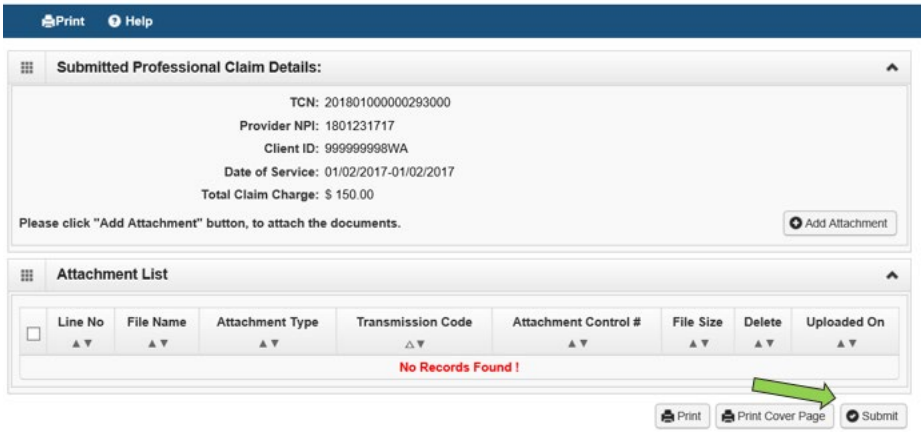
All Medicare, commercial insurance, and claim data is now added to your claim. Click on the **Submit Claim** button at the top of the claim screen to submit the claim.



Since all Medicare and commercial insurance information has been entered, you can click **Cancel** when the backup documentation dialogue box appears.



On the Submitted Professional Claim Details page, you must click the final **Submit** button to finalize the claim.



You do not have to send the insurance or Medicare EOB with claims entered using this method!

Note: Split out lines Medicare paid on into a crossover claim and the denied lines into a non-crossover claim, depending on how Medicare processed the claim. Also use this method to submit a claim when all services were paid by Medicare but denied by the insurance company.

HIPAA Batch Claims

Providers can send batch E-claims to the agency if they are HIPAA compliant claims with all the required data elements. Contact hipaa-help@hca.wa.gov for detailed information.

- Visit our HIPAA web page
- Visit our Learn ProviderOne web page for more training tools
- Complete step by step instructions for submitting DDE claims can be found in the ProviderOne Billing and Resource Guide