Washington State
Health Care Authority

Tribal Affairs
ProviderOne Billing Quick Reference Sheet

How to Bill ProviderOne (for IHS Wraparound) After Billing Apple Health Managed Care

First few steps of basic billing process are skipped

STEP ONE – Enter the Managed Care information
1. Answer No to the question Is this a Medicare crossover claim?
2. Click the + sign next to OTHER INSURANCE INFORMATION
3. Click the + sign next to OTHER PAYER INSURANCE INFORMATION
4. Click the + sign next to Additional Other Payer Information
5. Enter the following:
    a. Payer/Insurance Organization Name – This is the name of the managed care plan
    b. ID – This is, again, the name of the managed care plan (MCOs don't have carrier codes)
6. Select ID Type (from drop down) = PI-Payor identification
7. Enter COB Payer Paid Amount – This is the amount the managed care plan paid

You should be seeing something like the screenshot below; this example had a MC payment of $25.00

STEP TWO – Add Claim Note

1. Click the + sign next to CLAIM NOTE
2. Select ADD-Additional Information
3. Enter "AI/AN MC WRAPAROUND" in the Note field (not syntax sensitive)

On the next page is a screen shot of what you should be seeing at this point

Welcome Longnecker, Mike . You have logged-in with **EXT Provider Claims Submitter** profile.

Path: Provider Portal/ Claim Submission

`?`

Close | Save Claim | Submit Claim | Reset

SUBSCRIBER/CLIENT INFORMATION

SUBSCRIBER/CLIENT

* Client ID: 123456789WA

☐ **Additional Subscriber/Client Information**

* Org/Last Name: longnecker   First Name: mike

	mm	dd	ccyy
* Date of Birth: 01 01 2001   * Gender: M-Male ▼

Date of Death: [mm] [dd] [ccyy]   Patient Weight: [ ] lbs

Patient is pregnant: ○ Yes ○ No

❸ Is this claim for a Baby on Mom's Client ID?   ○ Yes ◉ No

❸ * Is this a Medicare Crossover Claim?   ○ Yes ◉ No

☐ **OTHER INSURANCE INFORMATION**
☐ **1 OTHER PAYER INSURANCE INFORMATION**
⊞ **Other Subscriber Information**
⊞ **Secondary ID Information**
⊞ **Other Insurance Coverage**
⊞ **Medicare Outpatient Adjudication Information**

Other Payer Information

* Payer/Insurance Organization Name: amerigroup

☐ **Additional Other Payer Information**

Entity Qualifier: [▼]

* ID: Amerigroup   * ID Type: PI-Payor Identification

Claim Check or Remittance Date: [mm] [dd] [ccyy]

Number Type: [▼]   PA/Referral No.: [   ]

Payer Claim Adjustment: ○ Yes ○ No

⊞ **Secondary ID Information**

COB Monetary Amounts

COB Payer Paid Amount: 25.00

⊞ **Additional COB Information**
⊞ **CLAIM LEVEL ADJUSTMENTS**
⊞ **OTHER PAYER REFERRING PROVIDER INFORMATION**
⊞ **OTHER PAYER RENDERING PROVIDER INFORMATION**
⊞ **OTHER PAYER BILLING PROVIDER INFORMATION**
⊞ **OTHER PAYER SUPERVISING PROVIDER - SECONDARY ID INFORMATION**
⊞ **OTHER PAYER SERVICE FACILITY LOCATION INFORMATION**

Add Another

CLAIM INFORMATION

Go to Other Claim Info to include the following claim detail information:
Specialized Line Services, Miscellaneous Line Data, Line Level Providers, Miscellaneous Line Dates, Test Results or For

⊞ **PRIOR AUTHORIZATION**

☐ **CLAIM NOTE**

* Type Code: ADD-Additional Information

* Note: AI/AN MC WRAPAROUND

characters remaining: 61

⊞ **EPSDT INFORMATION**

HCA Tribal Affairs (3/15)