



Medicaid 101 Medical Record Company (MRC) Providers

Getting Started

ProviderOne is used by Washington Apple Health providers to submit claims and manage their provider accounts. It is compatible with the most common internet browsers: Google Chrome, Firefox, Microsoft Edge, and Safari for Windows and MAC.

In order for **ProviderOne** to work on your computer, verify your browser allows popups, as these are vital to successful claims submission.

Getting Started


- Use web address:
<https://www.waproviderone.org>
- Complete the **Domain**,
Username, and **Password**
fields.
- Click on the **Login** button.

ProviderOne

Domain Name

User Name

Password

 Login

Note: The Domain, Username and Password fields are case sensitive.

Unlock Account and Reset Password? [Click here](#)

If you are a Client, [Click here](#)

Login Problems? [Click here](#)

Managing Profiles

Adding User Profiles



Welcome to the Medicaid Management Information System
for

ProviderOne

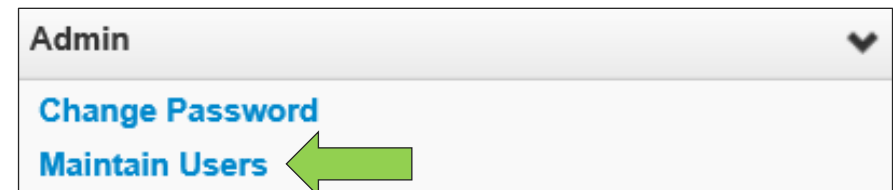
Select a profile to use during this session:

EXT Provider System Administrator

- A profile describes the level of access a user has in your domain.
- You will initially be assigned the **EXT Provider System Administrator** profile which can only set up and manage other users and profiles (including your own).
- Choose the **EXT Provider System Administrator** profile and click **GO**.

Adding User Profiles

- Scroll down on the left-hand side of the Provider Portal and click **Maintain Users**.
- The system will display all past and present users associated to your domain.
- Click on the name of the person to be updated.



Close Add Approve Reject

Manage Users

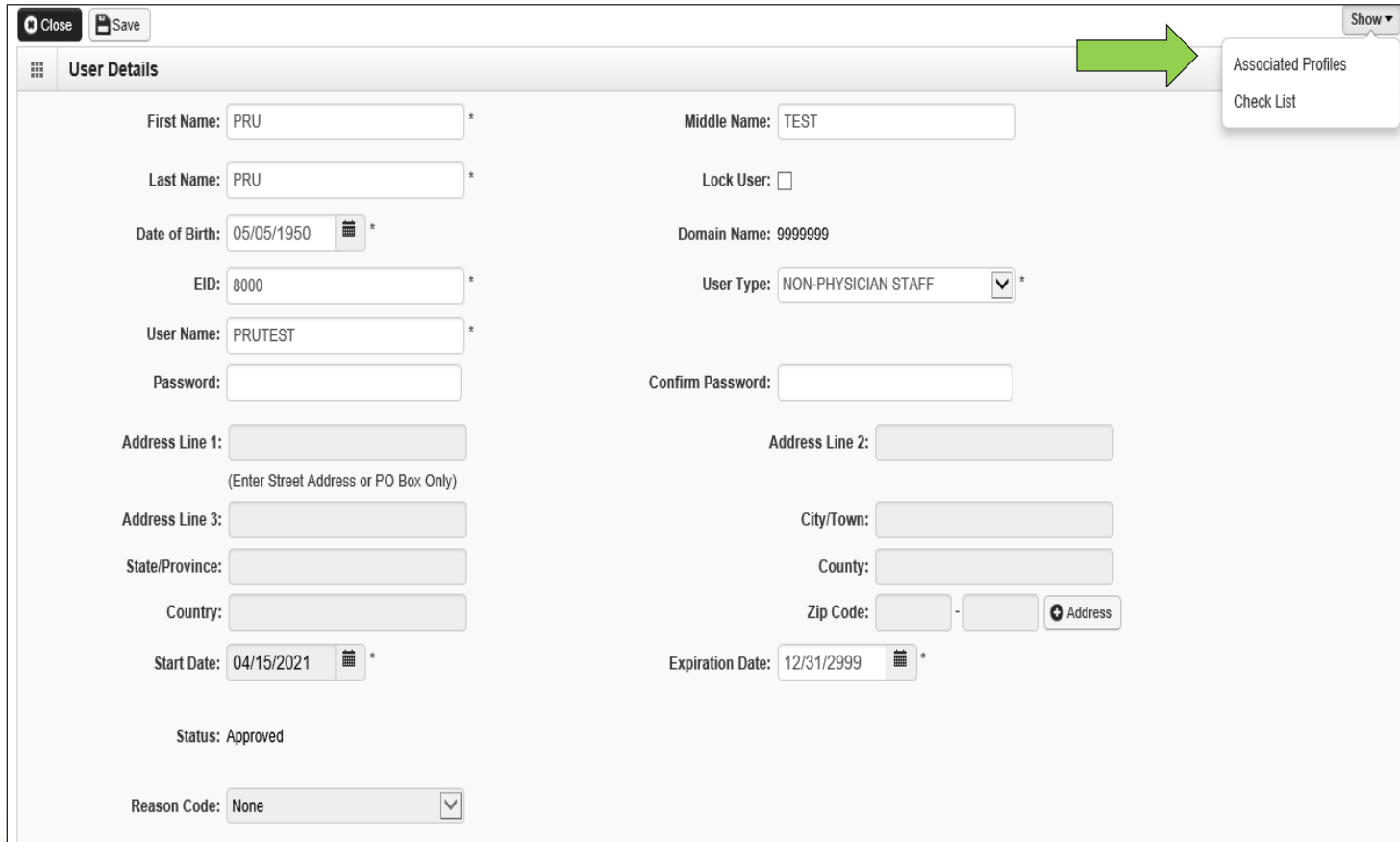
Filter By: [] And: [] With Status: All [] Go Save Filter My Filters

	Name	Domain Name	Organization	Status	Start Date	End Date	User Login Id
<input type="checkbox"/>	PRU, PRU TEST	9999999	Test FAOI	Approved	04/15/2021	12/31/2999	PRUTEST

View Page: 1 Go Page Count SaveToXLS Viewing Page: 1 First Prev Next Last

Adding User Profiles

- ProviderOne displays the **User Details** page for this selected user.
- Choose **Associated Profiles** from the **Show** menu.

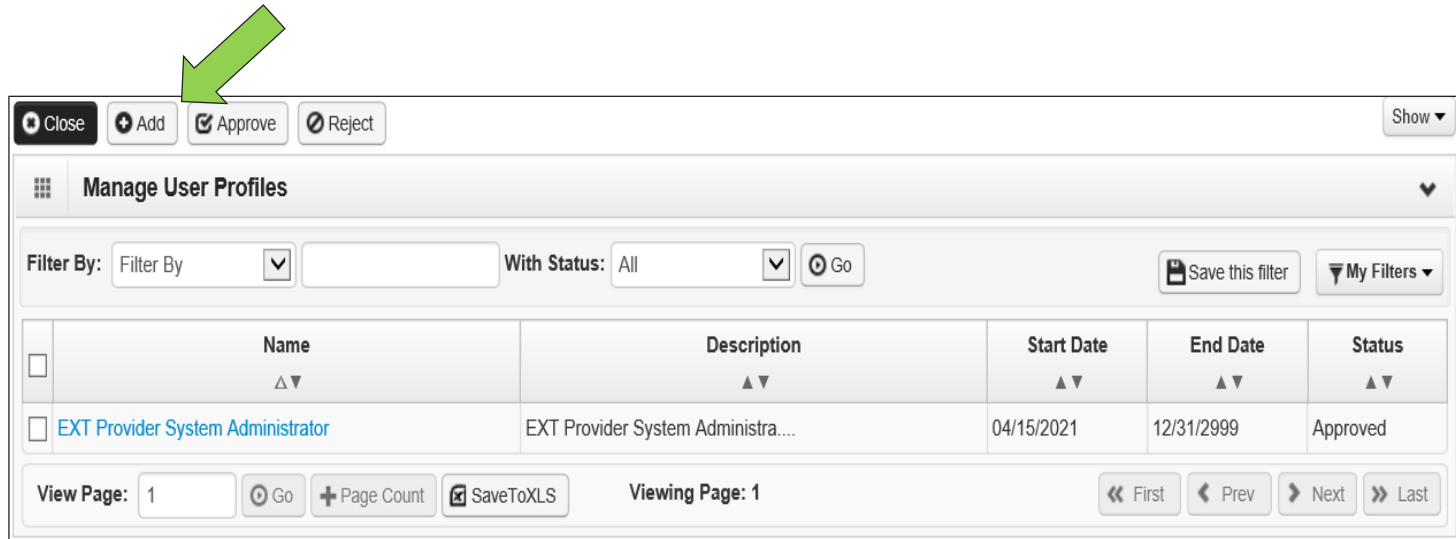


The screenshot shows the 'User Details' page with the following fields and values:

- Close** and **Save** buttons at the top left.
- Show** dropdown menu at the top right, with a green arrow pointing to it. The menu is open, showing 'Associated Profiles' and 'Check List'.
- First Name:** PRU *
- Last Name:** PRU *
- Date of Birth:** 05/05/1950 *
- EID:** 8000 *
- User Name:** PRUTEST *
- Password:** [Empty]
- Address Line 1:** [Empty] (Enter Street Address or PO Box Only)
- Address Line 3:** [Empty]
- State/Province:** [Empty]
- Country:** [Empty]
- Start Date:** 04/15/2021 *
- Status:** Approved
- Reason Code:** None
- Middle Name:** TEST
- Lock User:**
- Domain Name:** 9999999
- User Type:** NON-PHYSICIAN STAFF *
- Confirm Password:** [Empty]
- Address Line 2:** [Empty]
- City/Town:** [Empty]
- County:** [Empty]
- Zip Code:** [Empty] - [Empty] **Address** (+)
- Expiration Date:** 12/31/2999 *

Adding User Profiles

- The **Manage User Profiles** page is displayed.
- If you are new to ProviderOne you will see only the **EXT Provider System Administrator** profile is active.
- Click the **Add** button.



The screenshot shows the 'Manage User Profiles' interface. At the top, there are buttons for 'Close', 'Add', 'Approve', and 'Reject'. A green arrow points to the 'Add' button. Below the buttons is a search and filter section with 'Filter By' and 'With Status' dropdowns, and a 'Go' button. A table lists user profiles with columns for Name, Description, Start Date, End Date, and Status. The table contains one entry: 'EXT Provider System Administrator'. At the bottom, there are navigation controls including 'View Page: 1', 'Page Count', 'SaveToXLS', and 'Viewing Page: 1'.

	Name	Description	Start Date	End Date	Status
<input type="checkbox"/>	EXT Provider System Administrator	EXT Provider System Administra...	04/15/2021	12/31/2999	Approved

Adding User Profiles

ProviderOne will display a popup with a list of available profiles:

- Choose the **EXT Provider Claims Submitter** profile from the **Available Profiles** list.
- Use the arrows to move the profile to the **Associated Profiles** list.
- Do not change the **Start Date** or **End Date**.
- Click the **OK** button in the lower right corner.

Add New Profiles to User

User Name: TEST 2,PRU

Start Date: 04/27/2023 * End Date: 12/31/2999 * Go

Available Profiles

- EXT Provider Claims Payment Status Checker
- EXT Provider Claims Submitter**
- EXT Provider Download Files
- EXT Provider Eligibility Checker
- EXT Provider Eligibility Checker-Claims Submitter
- EXT Provider Eligibility Verification
- EXT Provider File Maintenance
- EXT Provider File View Only
- EXT Provider Managed Care Only
- EXT Provider Social Services Medical

Associated Profiles

Add New Profiles to User

User Name: TEST 2,PRU

Start Date: 04/27/2023 * End Date: 12/31/2999 * Go

Available Profiles

- EXT Provider Claims Payment Status Checker
- EXT Provider Download Files
- EXT Provider Eligibility Checker
- EXT Provider Eligibility Checker-Claims Submitter
- EXT Provider Eligibility Verification
- EXT Provider File Maintenance
- EXT Provider File View Only
- EXT Provider Managed Care Only
- EXT Provider Social Services Medical
- EXT Provider Social Services

Associated Profiles

- EXT Provider Claims Submitter

OK Cancel

Adding User Profiles

- You will return to the **Manage User Profiles** page.
- The **EXT Provider Claims Submitter** profile you added will have a status of **In Review**.
- Check the box on the left of the **In Review** profile and select the **Approve** button in the upper left corner.

<input type="button" value="Close"/> <input type="button" value="+ Add"/> <input type="button" value="Approve"/> <input type="button" value="Reject"/> <input type="button" value="Show"/>					
☰ Manage User Profiles ▼					
Filter By: <input type="text" value="Filter By"/> <input type="button" value="With Status: All"/> <input type="button" value="Go"/> <input type="button" value="Save this filter"/> <input type="button" value="My Filters"/>					
	Name	Description	Start Date	End Date	Status
<input type="checkbox"/>	EXT Provider Claims Submitter	EXT Provider Claims Submitter	04/27/2023	12/31/2999	In Review
<input checked="" type="checkbox"/>	EXT Provider System Administrator	EXT Provider System Administra...	04/27/2023	12/31/2999	Approved

Adding User Profiles

- The **Update Status** box appears.
- The **Remarks** field can be skipped.
- Click **OK** to approve the **EXT Provider Claims Submitter** profile and return to the **Manage User Profiles** page.

Update Status

Status Type: Approved *

Reason Code: None

Remarks:

OK Cancel

Adding User Profiles

- The **EXT Provider Claims Submitter** profile is now showing **Approved** status.
- Today's date will be listed under the **Start Date**.
- The **End Date** will show as 12/31/2999 to indicate the profile currently has no end date.
- To inactivate a user, follow the steps above but enter the date you wish to end the user's access.
- Click on the **Close** button in the upper left of the screen.

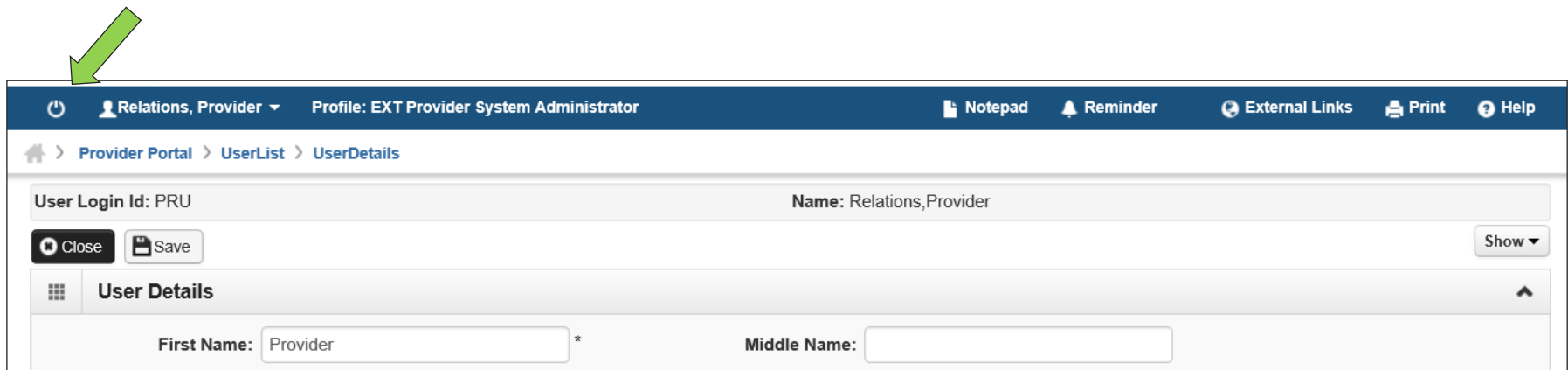
The screenshot shows the 'Manage User Profiles' interface. At the top, there are buttons for 'Close', 'Add', 'Approve', and 'Reject'. Below these is a 'Filter By' dropdown menu and a 'With Status: All' dropdown menu. The main table has the following data:

	Name	Description	Start Date	End Date	Status
<input type="checkbox"/>	EXT Provider Claims Submitter	EXT Provider Claims Submitter	04/27/2023	12/31/2999	Approved
<input type="checkbox"/>	EXT Provider System Administrator	EXT Provider System Administra...	04/27/2023	12/31/2999	Approved

At the bottom, there are navigation controls including 'View Page: 1', 'Go', 'Page Count', 'Viewing Page: 1', and buttons for 'First', 'Prev', 'Next', and 'Last'.

Adding User Profiles

- You will return to the **User Details** page.
- Log out of ProviderOne using the power button on the top left-hand corner.
- You will have access to the **EXT Provider Claims Submitter** profile next time you log into ProviderOne.

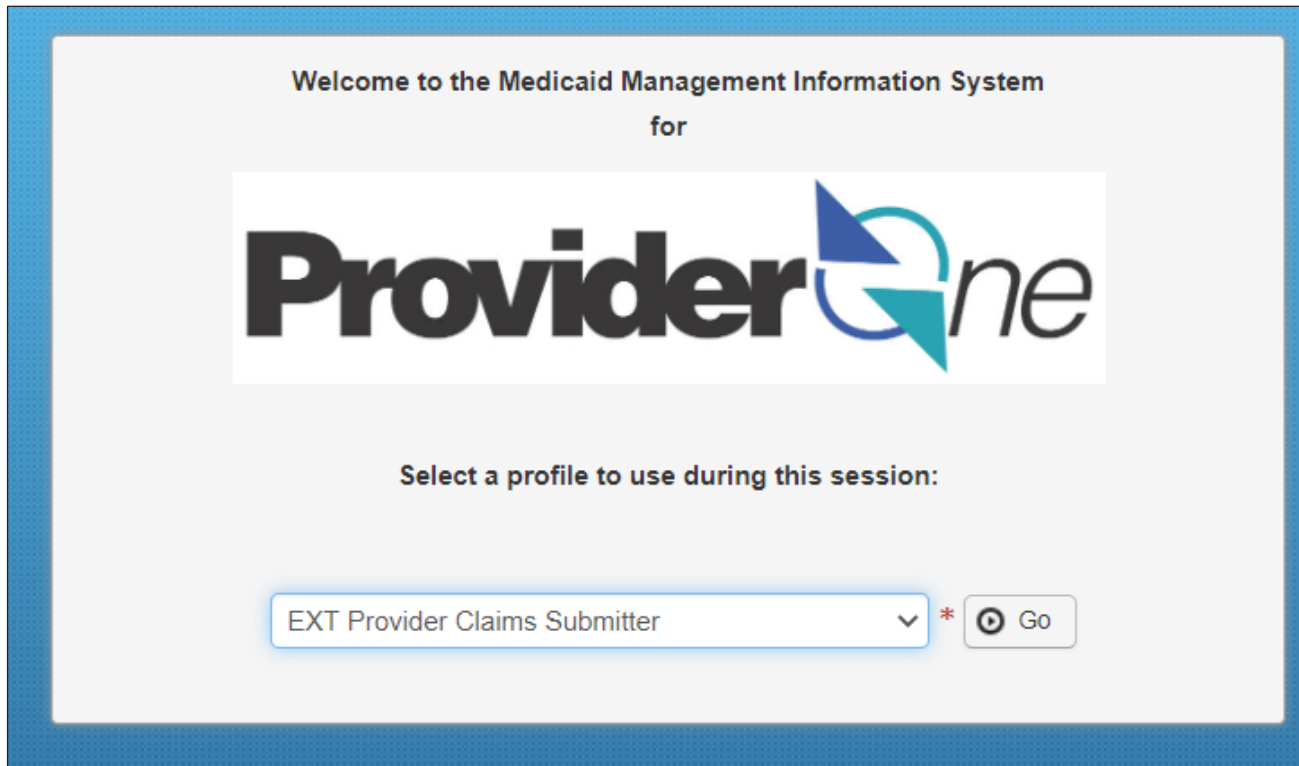


The screenshot shows the ProviderOne interface. At the top, there is a dark blue header bar with a power button icon on the left, followed by the text 'Relations, Provider' and 'Profile: EXT Provider System Administrator'. On the right side of the header, there are icons for 'Notepad', 'Reminder', 'External Links', 'Print', and 'Help'. Below the header, a breadcrumb trail reads 'Provider Portal > UserList > UserDetails'. The main content area displays 'User Login Id: PRU' and 'Name: Relations,Provider'. There are 'Close' and 'Save' buttons on the left, and a 'Show' dropdown on the right. Below this, a section titled 'User Details' contains a 'First Name' field with the value 'Provider' and a 'Middle Name' field.

Claim Submission

Claim Submission

- Select the **EXT Provider Claims Submitter** profile to submit claims using Direct Data Entry (DDE) and click **GO**.



Welcome to the Medicaid Management Information System
for

ProviderOne

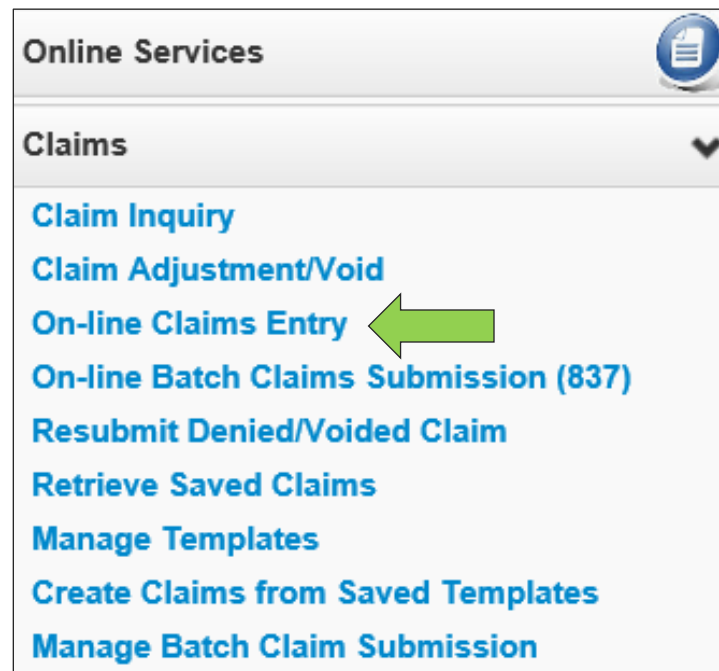
Select a profile to use during this session:

EXT Provider Claims Submitter

The screenshot shows a web interface for the Medicaid Management Information System. At the top, it says "Welcome to the Medicaid Management Information System for" followed by the "ProviderOne" logo. Below the logo, it prompts the user to "Select a profile to use during this session:". There is a dropdown menu with "EXT Provider Claims Submitter" selected, a red asterisk indicating a required field, and a "Go" button with a circular arrow icon.

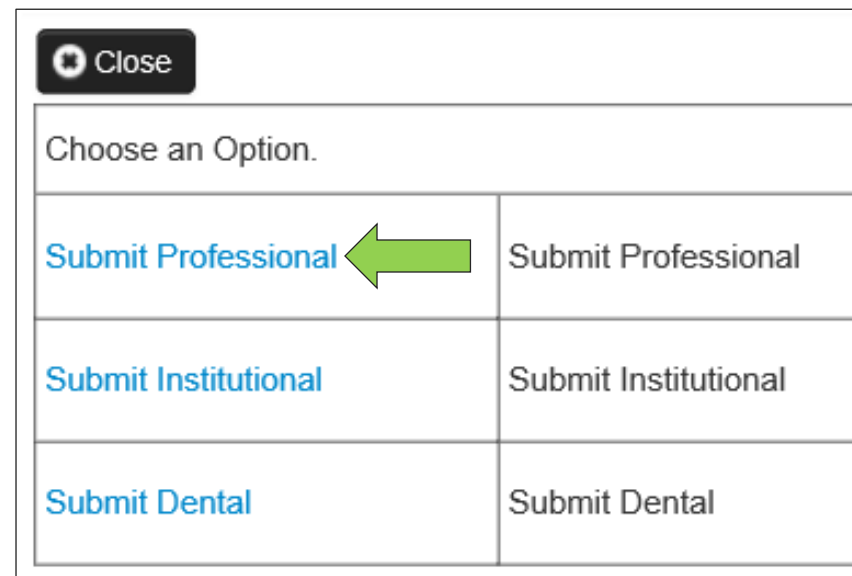
Claim Submission

- From the Provider Portal, select the **Online Claims Entry** option located under the **Claims** heading.



Claim Submission

- Select the **Submit Professional** option for medical claims, which is equivalent to the submission of a CMS-1500 claim form.



The screenshot shows a web interface for claim submission. At the top left is a 'Close' button. Below it is a heading 'Choose an Option.' followed by a table with three rows. The first row has 'Submit Professional' in blue text on the left and 'Submit Professional' in black text on the right, with a green arrow pointing to the blue text. The second row has 'Submit Institutional' in blue text on the left and 'Submit Institutional' in black text on the right. The third row has 'Submit Dental' in blue text on the left and 'Submit Dental' in black text on the right.

Choose an Option.	
Submit Professional	Submit Professional
Submit Institutional	Submit Institutional
Submit Dental	Submit Dental

Claim Submission

- Overview of the upper half of the DDE Professional claim screen

Close Save Claim Submit Claim Reset

Professional Claim

Note: asterisks (*) denote required fields. [Billing Instructions](#)

Basic Claim Info Other Claim Info

Billing Provider | Rendering Provider | Subscriber | Claim | Service

Submitter ID:

PROVIDER INFORMATION

Go to [Other Claim Info](#) to enter information for Referring, Purchasing, Supervising and other providers.

BILLING PROVIDER

* Provider NPI: * Taxonomy Code:

* Is the Billing Provider also the Rendering Provider? Yes No

* Is this service the result of a referral? Yes No

[Top](#)

SUBSCRIBER/CLIENT INFORMATION

SUBSCRIBER/CLIENT

* Client ID:

Additional Subscriber/Client Information

Is this claim for a Baby on a Birthing Parent's Client ID? Yes No

* Is this a Medicare Crossover Claim? Yes No

OTHER INSURANCE INFORMATION

[Top](#)

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 Form Identification Information.

PRIOR AUTHORIZATION

CLAIM NOTE

EPSDT INFORMATION

CONDITION INFORMATION

Claim Submission

- Overview of the lower half of the DDE Professional claim screen

? * Is this claim accident related? Yes No

CLAIM DATA

Patient Account No.:

* Place of Service:

+ Additional Claim Data

Diagnosis Codes: * 1: 2: 3: 4: 5: 6:
7: 8: 9: 10: 11: 12:

BASIC LINE ITEM INFORMATION

Click on Other Svc Info in each line item to include the following additional line item information:
Attachment, Drug, DMERC Condition, Health Services, Test Results, Home Oxygen Therapy, Service Facility, Miscellaneous Numbers, Indicators, Providers, Dates and Amounts, Medical Equipment, Ambulance Transport, Line Item Note, Other Payer, Spinal Manipulations, Purchased Services and Line Adjudication.

BASIC SERVICE LINE ITEMS

* Service Date From: * Service Date To:

Place of Service:

* Procedure Code: Modifiers: 1: 2: 3: 4:

* Submitted Charges: \$ Diagnosis Pointers: * 1: 2: 3: 4:

* Units:

+ Medicare Crossover Items

National Drug Code:

+ Drug Identification



+ Prior Authorization

+ Additional Service Line Information

Note: Please ensure you have entered any necessary claim information (found in the other sections on this or another page) before adding this service line.

Claim Level: Billing Provider Details

- The claim level information applies to the entire claim. These fields describe the provider and the specialty (taxonomy), as well as whether the claim is the result of a referral.

PROVIDER INFORMATION	
Go to Other Claim Info to enter information for Referring, Purchasing, Supervising and other providers.	
BILLING PROVIDER	
* Provider NPI: <input type="text"/>	* Taxonomy Code: <input type="text"/>
 * Is the Billing Provider also the Rendering Provider?	<input type="radio"/> Yes <input type="radio"/> No
 * Is this service the result of a referral?	<input type="radio"/> Yes <input type="radio"/> No

➤ Note: These are the questions and areas to be completed in this section of the claim form. The next slides will show each question individually.

Claim Level: Billing Provider Details

- Enter the **Billing Provider NPI** and **Taxonomy Code**.
- The taxonomy code to be used for the MRC program will be **247000000X** – Technician Health Information.

BILLING PROVIDER	
* Provider NPI: <input type="text"/>	* Taxonomy Code: <input type="text"/>


Claim Level: Rendering Provider Information

- This question should always be answered **Yes** for your billing.

 * Is the Billing Provider also the Rendering Provider? Yes No

Claim Level: Referring Provider Information

- This question should always be answered **No**.

 * Is this service the result of a referral? Yes No

Claim Level: Subscriber/Client Details

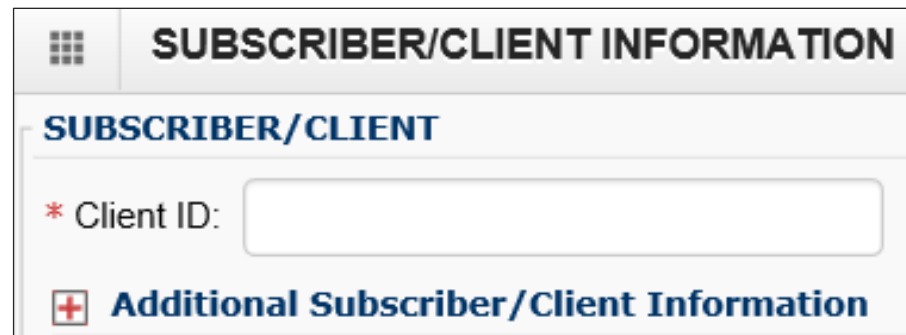
- The **Subscriber/Client Information** of the claim screen is where you enter the detail of the client you are billing for.

The screenshot shows a web form titled "SUBSCRIBER/CLIENT INFORMATION". Under the "SUBSCRIBER/CLIENT" section, there is a required field for "Client ID". Below this is a section for "Additional Subscriber/Client Information" containing two questions with radio button options: "Is this claim for a Baby on a Birthing Parent's Client ID?" and "Is this a Medicare Crossover Claim?". The form also includes a section for "OTHER INSURANCE INFORMATION".

➤ Note: These are the questions to be answered in this area of the claim form. The next slides will show each question individually.

Claim Level: Subscriber/Client Details

- Enter the **Subscriber/Client ID** found on the ProviderOne Services card. This ID is a 9 digit number followed by “WA”.
- Click on the red **+** to expand the **Additional Subscriber/Client Information** field.



The screenshot shows a software interface for entering subscriber/client information. At the top, there is a header bar with a grid icon on the left and the text "SUBSCRIBER/CLIENT INFORMATION". Below this, the section "SUBSCRIBER/CLIENT" is expanded, showing a label "* Client ID:" followed by an empty text input field. At the bottom of the section, there is a red plus sign icon followed by the text "Additional Subscriber/Client Information", which is currently collapsed.

Claim Level: Subscriber/Client Details

- Once the field is expanded enter the **Patient's Last Name, Date of Birth, and Gender.**
 - The date of birth must be in the following format: **MM/DD/CCYY.**
 - Additional shown information fields are not required for entry.

☰ **SUBSCRIBER/CLIENT INFORMATION**

SUBSCRIBER/CLIENT

* Client ID:



Additional Subscriber/Client Information

<p>* Org/Last Name: <input style="width: 150px;" type="text"/></p> <p style="text-align: center; font-size: 0.8em;">mm dd ccy</p> <p>* Date of Birth: <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/></p> <p style="text-align: center; font-size: 0.8em;">mm dd ccy</p> <p>Date of Death: <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/></p>	<p>First Name: <input style="width: 150px;" type="text"/></p> <p>* Gender: <input style="width: 80px;" type="text"/> <input style="width: 20px;" type="button" value="v"/></p> <p>Patient Weight: <input style="width: 40px;" type="text"/> lbs</p>
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Patient is pregnant: Yes No

Claim Level: Baby on Birthing Parent's Client ID/Medicare Crossover Claims

- These questions should always be answered **No**.

	Is this claim for a Baby on a Birthing Parent's Client ID?	<input type="radio"/> Yes	<input type="radio"/> No
	* Is this a Medicare Crossover Claim?	<input type="radio"/> Yes	<input type="radio"/> No

Claim Level: Other Insurance Information

- This section can be skipped as it is not needed for MRC billing.



OTHER INSURANCE INFORMATION

Claim Level: Claim Information Section

☰ **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 Form Identification Information.

+ **PRIOR AUTHORIZATION**

+ **CLAIM NOTE**

+ **EPSDT INFORMATION**

+ **CONDITION INFORMATION**

? * Is this claim accident related? Yes No

CLAIM DATA

Patient Account No.:

* Place of Service: ▼

+ **Additional Claim Data**

Diagnosis Codes: * 1: 2: 3: 4: 5: 6:
 7: 8: 9: 10: 11: 12:

[Top](#)

➤ Note: These slides will describe the questions and fields to be answered in the claim information area. The next slides will show each topic individually.

Claim Level: Prior Authorization, Claim Note, EPSDT Information, Condition Information

- All of these areas should be skipped as they are not needed for MRC billing.

<input type="checkbox"/>	PRIOR AUTHORIZATION
<input type="checkbox"/>	CLAIM NOTE
<input type="checkbox"/>	EPSDT INFORMATION
<input type="checkbox"/>	CONDITION INFORMATION

Claim Level: Is this claim accident related?

- This question will always be answered **No** as Washington Apple Health has a specific casualty office that handles claims where another casualty insurance may be the primary payer.

 * Is this claim accident related? Yes No

Claim Level: Patient Account Number

- The **Patient Account No.** field allows entry of a client's internal patient account number assigned by a provider's practice management system.
- This field is not required.

Patient Account No.:

➤ Note: Entering internal patient account numbers may make it easier to reconcile the weekly remittance and status report (RA) as these numbers will be included on the RA.

Claim Level: Place of Service

- The **Place of Service** code is required. For the MRC service you will choose option **11-OFFICE**.

* Place of Service:

Claim Level: Additional Claim Data

- This area can be skipped as it is not needed for MRC billing.



Additional Claim Data

Claim Level: Diagnosis Codes

- Diagnosis code **R69** will be the only code used for MRC billing. Enter this diagnosis in box 1 of the diagnosis area.
- Enter this diagnosis without a decimal point.

Diagnosis Codes: * 1:	<input type="text" value="R69"/>	2:	<input type="text"/>	3:	<input type="text"/>	4:	<input type="text"/>	5:	<input type="text"/>	6:	<input type="text"/>	
	7:	<input type="text"/>	8:	<input type="text"/>	9:	<input type="text"/>	10:	<input type="text"/>	11:	<input type="text"/>	12:	<input type="text"/>

Line Level: Basic Service Line Information

- Overview of the Basic Line Item Information

BASIC LINE ITEM INFORMATION

Click on Other Svc Info in each line item to include the following additional line item information:
Attachment, Drug, DMERC Condition, Health Services, Test Results, Home Oxygen Therapy, Service Facility, Miscellaneous Numbers, Indicators, Providers, Dates and Amounts, Medical Equipment, Ambulance Transpo
Purchased Services and Line Adjudication.

BASIC SERVICE LINE ITEMS

* Service Date From: mm dd ccoyy * Service Date To: mm dd ccoyy

Place of Service:

* Procedure Code: Modifiers: 1: 2: 3: 4:

* Submitted Charges: \$ Diagnosis Pointers: * 1: 2: 3: 4:

* Units:

+ Medicare Crossover Items

National Drug Code:

+ Drug Identification

+ Prior Authorization

+ Additional Service Line Information

Note: Please ensure you have entered any necessary claim information (found in the other sections on this or another page) before adding this service line.

Previously Entered Line Item Information

Click a Line No. below to view/update that Line Item Information. Total Submitted Charges: \$

Line No	Service Dates		Proc. Code	Modifiers				Diagnosis Pntrs				Submitted Charges	Units	PA Number	
	From	To		1	2	3	4	1	2	3	4				

➤ Note: These slides will describe the fields required in the line level information area. The next slides will show each area individually.

Line Level: Service Dates

- Enter the **Service Date From** fields.

	mm	dd	ccyy
* Service Date From:	<input type="text"/>	<input type="text"/>	<input type="text"/>

- Enter the **Service Date To** fields.

	mm	dd	ccyy
* Service Date To:	<input type="text"/>	<input type="text"/>	<input type="text"/>

➤ Note: The dates of service must be entered in the following format:
MM/DD/CCYY.

Line Level: Place of Service

- The **Place of Service** code is optional at the service line level as it was previously entered. For the MRC service you will choose option **11-OFFICE**.

Place of Service: 11-OFFICE

Line Level: Procedure Code

- Enter the **Procedure Code**.
- The following procedure codes that will be used for the MRC program are:
 - S9981 – Medical records copying fee, administration
 - S9982 – Medical records copying fee, per page
 - S9999 – Sales tax

* Procedure Code:

Line Level: Modifiers

- For the MRC program no modifiers will be needed for billing.

Modifiers: 1:	<input type="text"/>	2:	<input type="text"/>	3:	<input type="text"/>	4:	<input type="text"/>
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Line Level: Submitted Charges

- Enter the **Submitted Charges**.

* Submitted Charges: \$

➤ Note: If the dollar amount is a whole number, no decimal point is needed.

Line Level: Diagnosis Pointers

- For the MRC program choose the number **1** from the **Diagnosis Pointer** dropdown.

Diagnosis Pointers: * 1: 2: 3: 4:

Line Level: Units

- Enter the procedure **Units**. Each unit is equal to 1 medical record page.
- ProviderOne will allow up to 150 units for the MRC program.

* Units:

Line Level: Medicare Crossover Items, Drug Identification, Prior Authorization, and Additional Service Line Information

- The following areas are not required for the MRC program billing.

+ Medicare Crossover Items
National Drug Code: <input type="text"/>
+ Drug Identification
+ Prior Authorization
+ Additional Service Line Information

Line Level: Service Details

- Click on the **Add Service Line Item** button to add the procedure line on the claim.

+ 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 Submitted Charges: \$ 15.00

Line No	Service Dates		Proc. Code	Modifiers				Diagnosis Ptrs				Submitted Charges	Units	PA Number	
	From	To		1	2	3	4	1	2	3	4				
1	01/23/2020	01/23/2020	S9999					1				15.00	1		Delete or Other Service Info

- Note: Please ensure all necessary claim information has been entered before clicking the button to add the service line to the claim.
- Note: Once the procedure line item is added, ProviderOne will refresh and return to the top of the claim form.

Add Additional Service Line Items

- If additional service lines need to be added, click on the **Service** hyperlink at the top of the page to get quickly back to the **Basic Service Line Items** section.
- Follow the same steps as outlined on previous slides for entering data for each additional service.

Close Save Claim Submit Claim Reset

Professional Claim

Note: asterisks (*) denote required fields.

Basic Claim Info Other Claim Info

Billing Provider | Rendering Provider | Subscriber | Claim | **Service**

Update Service Line Items

- Update a previously added service line item by clicking on the line number of the line that needs to be updated. This will repopulate the service line item boxes for changes to be made.

+ 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 Submitted Charges: \$ 15.00

Line No	Service Dates		Proc. Code	Modifiers				Diagnosis Pntrs				Submitted Charges	Units	PA Number	
	From	To		1	2	3	4	1	2	3	4				
1	01/23/2020	01/23/2020	S9999					1				15.00	1		Delete or Other Service Info

Update Service Line Items

- Once the service line is updated, click on the **Update Service Line Item** button to add the corrected information to the service line.

+ 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 Submitted Charges: \$ 15.00

Line No	Service Dates		Proc. Code	Modifiers				Diagnosis Ptrs				Submitted Charges	Units	PA Number	
	From	To		1	2	3	4	1	2	3	4				
1	01/23/2020	01/23/2020	S9999					1				15.00	1		Delete or Other Service Info

➤ Note: Once the **Update Service Line Item** button is chosen, ProviderOne will refresh the screen and return to the top of the claim form. Use the **Service** hyperlink to quickly return to the service line item section to view and verify that the changes were completed.

Submitting Claim for Processing

- When the claim is ready to submit into ProviderOne for processing, use the **Submit Claim** button on the top left header bar.

Close Save Claim **Submit Claim** Reset

Professional Claim

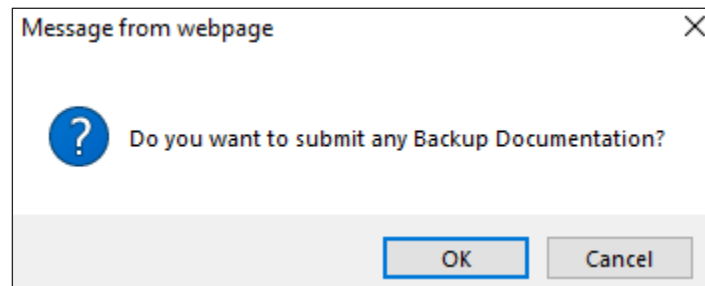
Note: asterisks (*) denote required fields.

Basic Claim Info Other Claim Info

Billing Provider | Subscriber | Claim | Service

Submitting Claim for Processing

- After the **Submit Claim** button is pushed, the following pop up window is displayed.
- Click on the **Cancel** button if no backup is being sent



Submitting Claim for Processing

- The **Submitted Professional Claim Details** confirmation page is displayed. It will display a summary of the basic claim information, as well as the assigned claim number (TCN).
- ProviderOne displays **No Records Found** if no backup documents have been attached.
- Click the final **Submit** button to send your claim to ProviderOne

Submitted Professional Claim Details:

TCN: 202002300185004000
 Provider NPI: 5100000004
 Client ID: 999999998WA
 Date of Service: 01/23/2020-01/23/2020
 Total Claim Charge: \$ 15.00

Please click "Add Attachment" button, to attach the documents.

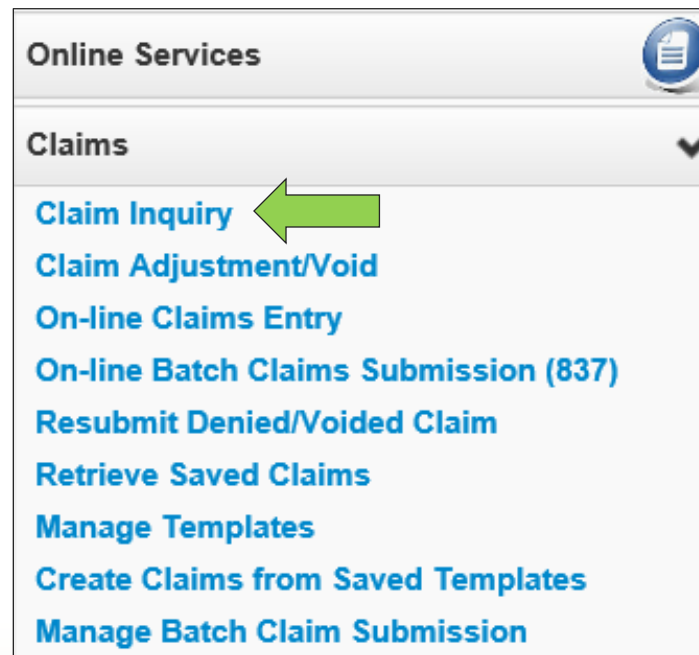
Attachment List

Line No	File Name	Attachment Type	Transmission Code	Attachment Control #	File Size	Delete	Uploaded On
No Records Found !							

Claim Status

Checking Claim Status

- Log into ProviderOne and choose the **EXT Provider Social Service Medical** profile.
- Choose **Claim Inquiry** under the **Claims** section of the Provider Portal.



Checking Claim Status

- Search by either the claim number (TCN), or by using the Client ID and Date of Service, using the fields provided.
- Click on the **Submit** button.

Close
Submit

Provider Claim Inquiry Search

Please enter a Provider NPI and enter available information in the remaining fields before clicking 'Submit'.

- Required: TCN or Client ID AND Claim Service Period (To date is optional)
- 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 NPI: ▼

TCN:

Client ID:

Claim Service Period From:

Claim Service Period To:

Checking Claim Status

- The **Claim Inquiry Providers List** returns the TCN of the claim entered and a high level status is provided. To see more detailed information concerning the claim, click on the **TCN**.

Close


Provider NPI: 5100000004

Claim Inquiry Providers List

	TCN ▲▼	Date of Service ▲▼	Claim Status ▲▼	Claim Charged Amount ▲▼	Claim Payment Amount ▲▼	Client Name ▲▼	Client ID ▲▼
<input type="checkbox"/>	202000200002552000	01/01/2020	1: For more detailed information, see remittance advice.	\$50.00	\$0.00		999999998WA

View Page: Go Page Count SaveToXLS Viewing Page: 1

« First < Prev > Next » Last



Checking Claim Status

- A detailed description of the claim will be displayed letting you know if the claim has paid, denied, or is in process.
- The **Remit/Remark Codes** hyperlink at the bottom of this slide can be chosen to view claim adjustment reason codes, or you can view these on the remittance advice provided by PDF.

Close
^

Claim Details

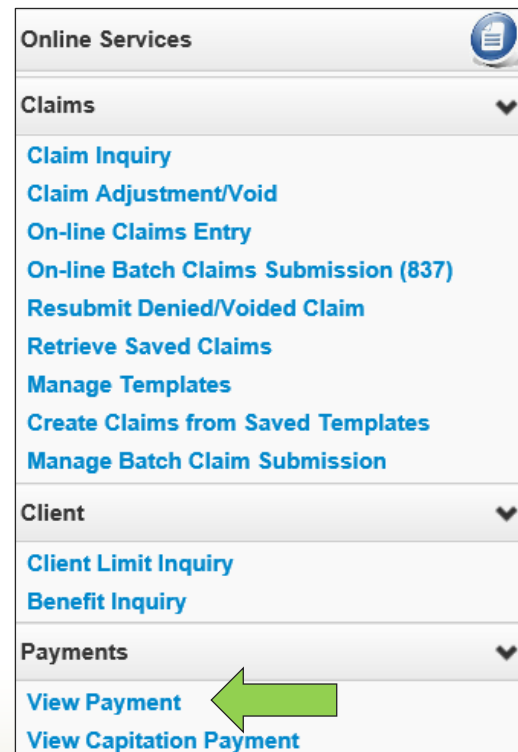
<p>Status Information Effective Date: 01/24/2020</p> <p>Status Category Code: F2:Finalized/Denial-The claim/line has been denied.</p> <p>Service Period: From 01/01/2020 To 01/01/2020</p> <p>Bill Type Identifier:</p> <p>Charged Amount: \$50.00</p> <p>Payment Amount: \$0.00</p>	<p>TCN: 202000200002552000</p> <p>Status: 1: For more detailed information, see remittance advice.</p> <p>Adjudication or Payment Date: 01/15/2020</p> <p>Check Issue or EFT Effective Date:</p> <p>Check or EFT Trace Number:</p>
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[Remit/Remark Codes](#)

Remittance Advice (RA)

Remittance Advice (RA)

- If you wish to see a summary of any given weeks' claims, rather than searching for an individual claim, use the **Remittance Advice** rather than the **Claim Status** function by clicking on **View Payment**.



Remittance Advice (RA)

- The resulting list will display each of your weekly RAs which you can sort using the up and down arrows in each column.
- Click on the **RA/ETRR Number** to open up a PDF copy of the RA.
 - Your RA will have a section each for **Paid, Denied, In Process,** and **Adjusted** claims, so be sure to search in each if you can't find a specific TCN.
 - The last page of the RA will include a description of any denial codes listed in the **Denied** section.

Close
RA/ETRR Payment List

Filter By : And

RA/ETRR Number	Check Number	Check/ETRR Date	RA Date	Claim Count	Charges	Payment Amount	Adjusted Amount	Download
504041928			01/15/2020	1	\$50.00	\$0.00	\$50.00	

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Contact and Support

- To contact the Health Care Authority's Customer Service, use the [Contact Us](#) web form or call 1-800-562-3022, and follow the prompts for providers and claims.
- Training materials (such as this slideshow) and much more information about Health Care Authority, Washington Apple Health (Medicaid), and ProviderOne can be found on the [Billers and Providers webpage](#).
- If you prefer to submit claims through electronic HIPAA file transactions, contact our [HIPAA Help Desk](#).
- Visit the [MRC provider webpage](#).