

School-Based Health Care Services (SBHS)

101 Training Webinar

September 14, 2016



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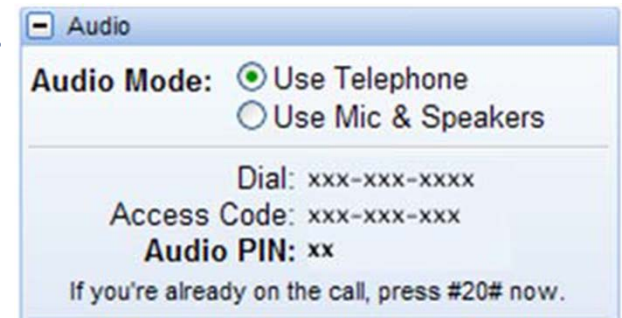
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Questions

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Today's Presenters

Shanna Muirhead

SBHS Program Manager



Matt Ashton

Provider Relations Lead Worker



Training Overview

SBHS Training

- History of IDEA
- Medicaid 101
- Who is the HCA?
- SBHS Overview
- Provider Qualifications
- Covered & Non-covered Services
- Telemedicine
- CPT & HCPCS codes
 - Timed vs Untimed
- Documentation Requirements
- Annual Requirements

ProviderOne Training

- ProviderOne 101
- How to Access ProviderOne
- How to Set Up ProviderOne Users
- How to Enroll a Servicing Provider
- Checking Medicaid Eligibility
- Remittance Advice (RA)

History of Medicaid & IDEA

1965. Title XIX of Social Security Act (the Act) establishes a Federal–state matching entitlement program known as Medicaid.



1975. Congress passes Education for All Handicapped Children Act. Renamed Individuals With Disabilities Education Act (IDEA) in 1990.



1988. Section 1903(c) of the Act allows Medicaid payment for covered 1905 (a) services in an IEP.

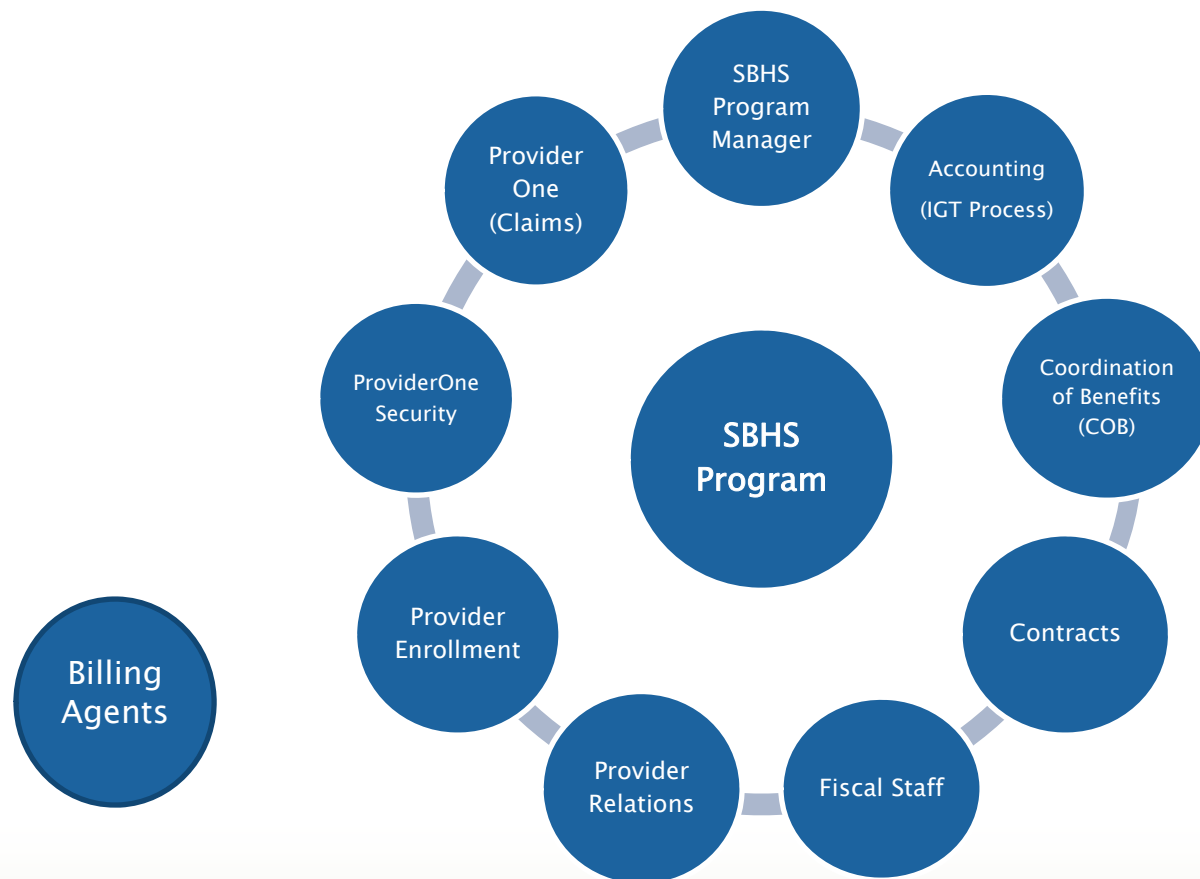
Medicaid 101

- Medicaid (Apple Health) is jointly funded by the federal government and the State of Washington
- The Centers for Medicare and Medicaid (CMS) manages Medicaid nationally
- Washington State Medicaid (also known as Apple Health) is low or no cost health care coverage for low income individuals and families
- Health Care Authority (HCA) is the single state agency that runs WA State Medicaid Program
- 45% of Medicaid population in WA are children
- Covered Medicaid services must meet the Federal requirements found in the Code of Federal Regulations (CFR), Washington Administrative Code (WAC), and Revised Code of Washington (RCW)
- Providers must meet Federal and state requirements and must be licensed or certified by the WA State Department of Health (DOH)
- Every Medicaid provider is required to have a National Provider Identifier (NPI)

Health Care Authority (HCA) 101

- The Health Care Authority (HCA) is the single state agency responsible for administering the Medicaid program in WA State
- Purchaser of healthcare for over 2 million WA residents
 - Medicaid & Public Employees Benefits Board (PEBB)

Overview of SBHS Program



Overview of SBHS Program

- Optional fee-for-service program
- Reimburses contracted school districts per section 1903(c) and 1905(a) of the Social Security Act and Individuals with Disabilities in Education Act (IDEA)
- Services must be medically necessary, included in the student's IEP or IFSP, and provided in a school setting
- Reimburses for Part B and Part C services
- Services must be provided by licensed professionals
- All services must be documented
- Provides additional funding for school districts

Overview of SBHS Program

- SBHS Interagency Agreement/Contract
 - Contract between SBHS Program and School District (valid through June 30, 2019)
 - Contract required due to IGT
 - Contract Amendments (as needed)
 - Contact [SBHS Program Manager](#) or [HCA Contracts](#) with questions
- Core Provider Agreement (CPA)
 - Contract between HCA and School District
 - ProviderOne (P1) Account
 - ProviderOne Revalidation (every 5 years)
 - Contact Provider Enrollment Unit with questions at ProviderEnrollment@hca.wa.gov

IGT Process

- Intergovernmental Transfer (IGT) is the transfer of public funds between governmental entities. Public funds must be made up of state and local tax-based dollars.
- Required for the SBHS program by the legislature as of 2011
- School districts are required to provide 60% local match and the HCA provides 40% of the non-federal matching funds required for receipt of federal Medicaid funding
- **Example:**

\$1000 claim for SBHS services – 50/50 split

First 50% federal:

\$500.00 Medicaid

Second 50% non-federal is divided 60/40 split:

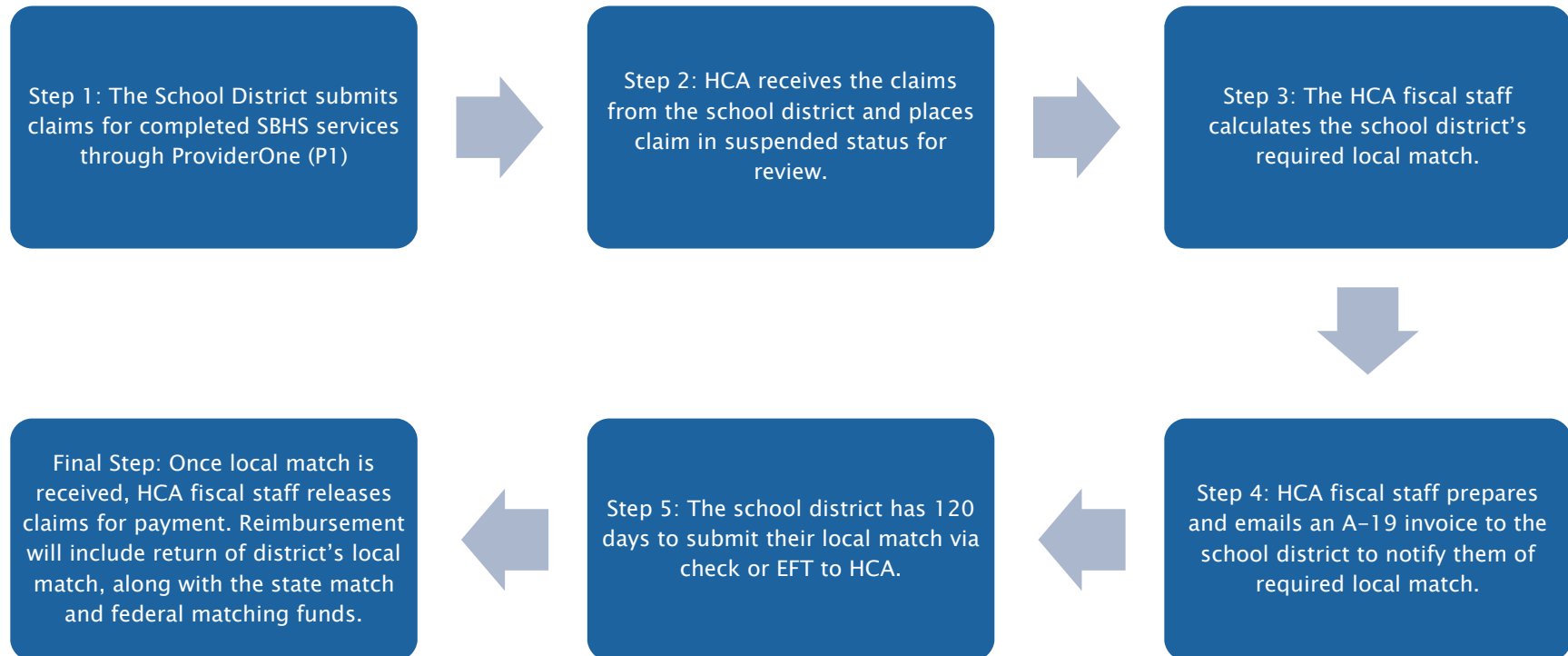
\$300.00–School local match (60%)

\$200.00 – State fund match (40%)

\$500.00

\$1000 Total to School District

IGT Process



Local match must be received within 120 days or claims will deny.

Provider Qualifications

WAC [182-537-0350](#)

- WAC [182-537-0350](#) & SBHS [Provider Guide](#) describe provider qualifications
- Providers must meet federal and state licensing and certification requirements
- Each Medicaid provider (including each school district) is federally required to have a National Provider Indicator (NPI)
- Providers may register for a NPI on [NPPES](#)
- Each provider must be enrolled as a servicing provider under the school district's ProviderOne account
- Providers can be enrolled as servicing providers under multiple school districts
- ProviderOne effective date

Provider Qualifications

WAC 182-537-0350 or DOH

| Services | Provider | State Requirements |
|----------------------|---|---|
| Audiology | <ul style="list-style-type: none"> Licensed audiologist | Chapter 246-828 WAC Chapter 18.35 RCW |
| Counseling | <ul style="list-style-type: none"> Licensed Independent Clinical Social Worker (LiCSW) Licensed advanced social worker (LiACSW) Licensed mental health counselor (LMHC) Licensed mental health counselor associates (LMHCA) under supervision | Chapter 246-809 WAC Chapter 18.225 RCW |
| Nursing services | <ul style="list-style-type: none"> Licensed registered nurse (RN) Licensed practical nurse (LPN) Non-credentialed school employees who are delegated certain tasks by RN | Chapter 246-840 WAC Chapter 18.79 RCW |
| Occupational Therapy | <ul style="list-style-type: none"> Licensed occupational therapist (OT) Licensed occupational therapist assistant (OTA) | Chapter 246-847 WAC Chapter 18.59 RCW |
| Physical Therapy | <ul style="list-style-type: none"> Licensed physical therapist (PT) Licensed physical therapist assistant (PTA) | Chapter 246-915 WAC Chapter 18.74 RCW |
| Psychology | <ul style="list-style-type: none"> Licensed psychologist | Chapter 246-924 WAC Chapter 18.83 RCW |
| Speech Therapy | <ul style="list-style-type: none"> Licensed speech-language pathologist (SLP) Speech language pathology assistant (SLPA) | Chapter 246-828 WAC Chapter 18.35 RCW |

Provider Taxonomy Codes

- Providers can have multiple taxonomy codes listed based on their specialty
- School districts must ensure that all providers have the correct taxonomy code listed in ProviderOne
- SBHS taxonomy codes listed on page 18 of SBHS Provider Guide
- Claims must include identifying servicing provider taxonomy code and billing taxonomy code (251300000X)
- Claims with incorrect taxonomy codes will deny

Provider Taxonomy Codes

| Servicing Provider Type | Servicing Provider Taxonomy |
|----------------------------------|-----------------------------|
| Audiologist | 231H00000X |
| Licensed Practical Nurse | 164W00000X |
| Mental Health Counselor | 101YS0200X |
| Occupational Therapist | 225X00000X |
| Occupational Therapist Assistant | 224Z00000X |
| Physical Therapist | 225100000X |
| Physical Therapist Assistant | 225200000X |
| Psychologist | 103TS0200X |
| Registered Nurse | 163WS0200X |
| Social Worker | 1041S0200X |
| Speech Therapist | 235Z00000X |
| Speech Therapist Assistant | 2355S0801X |

Client Eligibility

- Title XIX Medicaid
- Recipient Aid Category (RAC) Code
- Eligibility can change monthly
- Retro-eligibility and back billing
- TPL
- Birth through age 2 (Part C) and age 3 through age 20(Part B)

Third Party Liability (TPL)

- TPL is additional coverage which pays primary to Medicaid
- Federal and State Law requires providers to bill TPL prior to billing Medicaid
- Explanation of Benefits (EOB) or denial letter from TPL must be submitted with Medicaid claim to receive payment

Covered Services

WAC [182-537-0400](#)

- Evaluations when a child is determined to have a disability and needs special education and health care-related services. The agency reimburses providers for evaluations only when the evaluation results in an individualized education program (IEP) or individualized family service plan (IFSP).
- Reevaluations to determine whether a child continues to need special education and health care-related services
- Health care-related services included in the child's IEP or IFSP, limited to:
 - Audiology services
 - Counseling services
 - Nursing services
 - Occupational therapy services
 - Physical therapy services
 - Psychological assessments
 - Speech-language therapy services

Covered Services

- Services must manage and treat disabilities of a child who require special education services
- Must be prescribed or recommended by a physician or other licensed health care provider within his/her scope of practice
- Be medically necessary
- Be in the student's current IEP or IFSP
- Be provided in a school setting

Telemedicine

WAC [182-531-1730](#)

- Covered SBHS services are reimbursable when delivered via telemedicine
- Documentation must reflect when services are delivered via telemedicine
- School district receives reimbursement when provider is enrolled as servicing provider with district
- **Originating Site**-location of client (for SBHS Program, the originating site is the school)
- **Distant Site**-location of provider

Example:

Julie's IEP states she needs speech services 3x a week (Mon, Wed, Fri). Her speech language pathologist, Mary, is only at the school two days a week (Mon and Wed). Friday's session of SLP services requires Mary to deliver services via telemedicine. On Friday, Julie is at the school (originating site) and Mary is at an off-site location (distant site). Mary performs 30 min of SLP services via telemedicine. She records this in Julie's treatment notes. The school district or billing agent submits a claim for the services using the appropriate SLP code with the GT modifier as well as a claim for the telemedicine fee, Q3014. The school district will get reimbursed the established rate for the SLP procedure code as well as the established rate for the telemedicine fee.

CPT and HCPCS Codes

- CPT and HCPCS Codes
 - Developed and owned by American Medical Association (AMA)
- National Correct Coding Initiative (NCCI)
 - Administered Federally by Centers for Medicare & Medicaid (CMS)
 - **Procedure to Procedure Edits (PTP)**
 - Codes that cannot be billed together on the same day for same client
 - **Medically Unlikely Edits (MUE)**
 - Maximum amount of units a provider can report per day, per client

Timed vs Untimed Codes

Timed Codes

- Code reimbursed on time
- Each measure of time is defined by code description

| Procedure Code | Short Description | Comments |
|----------------|------------------------------|---|
| 95851 | Range of motion measurements | Review MUE guidelines for maximum allowable billable units. |
| 95852 | Range of motion measurements | |
| 97001 | Pt evaluation | |
| 97002 | Pt re-evaluation | |
| 97110 | Therapeutic exercises | Timed 15 minutes |
| 97112 | Neuromuscular reeducation | Timed 15 minutes |
| 97116 | Gait training therapy | Timed 15 minutes |
| 97124 | Massage therapy | Timed 15 minutes |
| 97139 | Physical medicine procedure | Timed 15 minutes |
| 97150 | Group therapeutic procedures | |

Timed Codes

- Minimum of 8 minutes must be provided to bill for one unit

| Minutes | Units |
|-----------------|---------|
| 0 min-7 mins | 0 units |
| 8 mins-22 mins | 1 unit |
| 23 mins-37 mins | 2 units |
| 38 mins-52 mins | 3 units |
| 53 mins-67 mins | 4 units |
| 68 mins-82 mins | 5 units |

- Minutes per service type should be added up throughout the day to get total billable minutes
 - For example: If a student receives PT, OT, and nursing services in one day, minutes for each service type should be added and calculated separately on different treatment notes or service logs for total # of minutes per service type.

Example 1

John receives physical therapy services per his IEP. On Tuesday he receives PT services as follows:

24 minutes of neuromuscular reeducation (code 97112)

23 minutes of therapeutic exercise (code 97110)

47 total timed minutes of physical therapy

47 minutes falls within the range for 3 units = 38 to 52 minutes.

Appropriate billing for 47 minutes is 3 timed units. Each code is performed for more than 15 minutes, so each shall be billed for at least 1 unit. The correct coding is 2 units of code 97112 and one unit of code 97110, assigning more timed units to the service that took the most time.

Example 2

Sarah receives nursing services per her IEP. On Monday she visits the school RN four times as follows:

9:00-9:05 (5 minutes of code T1002)

10:31-10:42 (11 minutes of code T1002)

1:14-1:34 (20 minutes of code T1002)

2:00-2:04 (4 minutes of code T1002)

40 total timed minutes = 3 units

Appropriate billing for 40 minutes is 3 units. Although the nursing services provided between 9:00-9:05 and 2:00-2:04 equaled less than 8 minutes, the total minutes for Monday equals 40 minutes which is equivalent to 3 units.

Example 3

Gwen receives occupational therapy services and nursing services per her IEP. On Thursday she receives services as follows:

6 minutes of nursing services (timed code T1002)

16 minutes of OT services (timed code 97755)

The occupational therapist should bill for 1 unit of timed code 97755 (8 min-22 min = 1 unit).

The nurse is unable to bill for Thursday's services as a minimum of 8 minutes is required in order to bill for 1 unit of timed code T1002.

Untimed Codes

- Not based on time spent providing the service
- Most untimed codes can only be billed as 1 unit per day, per client, per provider
- Time in and time out on treatment notes are required for all codes, even untimed codes
- ProviderOne denies claims submitted with more than maximum allowable units per day

Examples for Untimed Codes

- **Example 1:** Student A receives speech therapy per her IEP. SLP performs untimed code 92507 for 25 minutes Monday morning and an additional 10 minutes of 92507 Monday afternoon. Only 1 unit of code 92507 can be billed for Monday.
- **Example 2:** Student B receives speech therapy per her IEP. SLP performs untimed code 92508 for 5 minutes on Tuesday. 1 unit of code 92508 can be billed for Tuesday.
- **Example 3:** An SLP performs an SLP evaluation (untimed code 92521) on Student C. The evaluation takes three days to complete. The SLP can bill 1 unit of code 92521 for each day of evaluation for a total of 3 units for the week. Three separate claims will be submitted for each day of the evaluation.

Non-Covered Services

WAC [182-537-0500](#)

- Applied behavioral analysis (ABA) therapy
- Attending meetings
- Charting
- Equipment preparation when student is not present
- Evaluations that do not result in an IEP or IFSP
- Instructional assistant contact
- Observation
- Parent consultation
- Parent contact
- Planning
- Preparing and sending correspondence
- Professional consultation
- Report writing
- Review of records
- School district staff accompanying a child to and from the school bus
- Teacher contact
- Test interpretation
- Travel and transportation

Documentation Requirements

WAC [182-537-0700](#) and WAC [182-502-0020](#)

- Treatment notes must include:
 - Date of service
 - Time in, time out
 - CPT or HCPCS code and # of billed units for each service provided
 - Description of each service provided
 - Child's progress related to each service
 - Note regarding individual or group therapy
 - Provider's printed name, handwritten or electronic signature, and title
 - Assistants (OTAs, PTAs, LPNs, SLPAs) must have supervisor cosign all treatment notes

Documentation Requirements

WAC [182-537-0700](#) and [182-502-0020](#)

- Records must be maintained for 6 years
- May be stored electronically
- Records for each student must include:
 - Professional assessment reports and referral for services completed by a licensed professional
 - A physician's order or RX for medication
 - Evaluation and reevaluation reports
 - Current or previous IEPs or IFSPs
 - Attendance records for each student receiving services
 - Treatment notes

Signature Requirements

- Federal and state law requires health records to be authenticated by person who performed service
- Signature Log
- School District and Provider responsible for authenticity of signature
- Signature of provider and supervisor (if applicable) is required on each page of treatment notes and each date of service should be initialed
 - WAMR and Easy Trac Service Logs require one signature at the bottom of each log if they are back up documentation to treatment notes
- Effective May 2016 – Electronic Signatures allowable for SBHS Program

Billing Requirements

[WAC 182-502-0150](#) and [WAC 182-537-0600](#)

- Claims must be submitted to HCA within 365 calendar days from date of service
- Within twenty-four months of the date the service, a provider may resubmit, modify, or adjust an initial claim
- Local match must be received within 120 days of invoice or claims will be denied
- Paper claims no longer allowed

Online Resources

- SBHS Website
 - SBHS GovDelivery Feed
 - Forms
 - Training Webinars/PowerPoint
- SBHS Provider Guide and Fee Schedule
- SBHS WAC 182-537
- ProviderOne Resource and Billing Guide and ProviderOne Training
- ProviderOne Security
- Provider Enrollment

Reminders

- Annual Contact and Provider Update Form ([HCA Form 12-325](#))
 - **Remember to fill out most recent version (7/16)**
 - Due annually by October 31 and as changes occur
- GovDelivery
 - All SBHS program and policy updates communicated via [GovDelivery](#)
 - Choose SBHS as your “Subscription Topic”
 - Messages sent from WaHCA@public.govdelivery.com (make sure this is an approved sender)
- Contract Amendment
 - Please return asap!
- Program Monitoring
 - School districts will be notified via certified mail
- Signature Log
- On-Site Visits/Trainings

ProviderOne

Accessing ProviderOne

- Before logging into ProviderOne:
 - Make sure you are using one of the following browsers:
 - Microsoft Internet Explorer version 6.0 and above for Windows
 - Google Chrome, Firefox, Microsoft Edge
 - If using a MAC computer, make sure you are using the Safari browser (only browser compatible for MAC)
 - Turn **OFF** the Pop Up Blockers

Accessing ProviderOne

- Use web address
<https://www.waproviderone.org>
- Ensure that your system “**Pop Up Blockers**” are turned “**OFF**”
- Login using assigned Domain, Username, and Password
- 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](#)

ProviderOne Users

HCA establishes System Administrators for your domain/NPI

- A System Administrator can assign profiles to other users as necessary
- Staff can be assigned one or more security profiles to meet their job duties and provide them the level of access necessary in the system.

Visit the [ProviderOne Security](#) web page.

How to Get Access to ProviderOne

- Review the [ProviderOne Security](#) webpage for detailed instructions on setting up users.
- New provider and don't have the form? Email ProviderOne Security at: provideronesecurity@hca.wa.gov (in the subject line enter "Request for ProviderOne User Access Request form")

How to Get Access in ProviderOne

- The ProviderOne User Access Request form is for a newly enrolled Facility, Clinic, Individual Provider, or a new Office Administrator.
- Complete the form and fax to: 360-507-9019.
- If changing System Administrators, a letter on office correspondence must also be completed and faxed with the form.

State of Washington

ProviderOne User Access Request

IMMEDIATE ACTION REQUIRED

ProviderOne Id:

In order to gain access to ProviderOne, you must complete and return this form. This form will be used to establish the System Administrator for your assigned Domain (ProviderOne ID) in the ProviderOne system.

The System Administrator is responsible for maintaining access to ProviderOne for your staff; which includes setting up accounts for additional users, assigning profiles to user accounts, and resetting user passwords.

Once you have completed and returned this form, we will send a username and a temporary password in two separate emails to the email address you provide.

| ProviderOne System Administrator Information | |
|---|--|
| Name of System Administrator (First, Middle Initial, Last) <input type="text"/> | Physical Address Street: <input type="text"/> City: <input type="text"/> , State: <input type="text"/> Zip: <input type="text"/> |
| System Administrator's Date of Birth mm/dd/yyyy <input type="text"/> | Business Name <input type="text"/> |
| System Administrator's Individual Email Address (generic email addresses will not be accepted) <input type="text"/> | National Provider Identifier (NPI) if applicable <input type="text"/> |
| System Administrator's Phone Number <input type="text"/> | Federal Tax ID (FEIN/SSN) <input type="text"/> |

Each domain user must have his/her own account:

With the system administrator login information, we will send instructions on how to create additional user accounts for your Domain and how to add profiles to the accounts.

To better understand the different types of user profiles, look for the **Provider Information** link on our site: <http://www.hca.wa.gov/Medicaid/provider/Pages/Index.aspx>

To review or update provider information:

You may edit information in your provider file at any time by using the EXT Provider Maintenance or EXT Super User profile. Once you receive your login information, please verify the accuracy of all the data in your provider file.

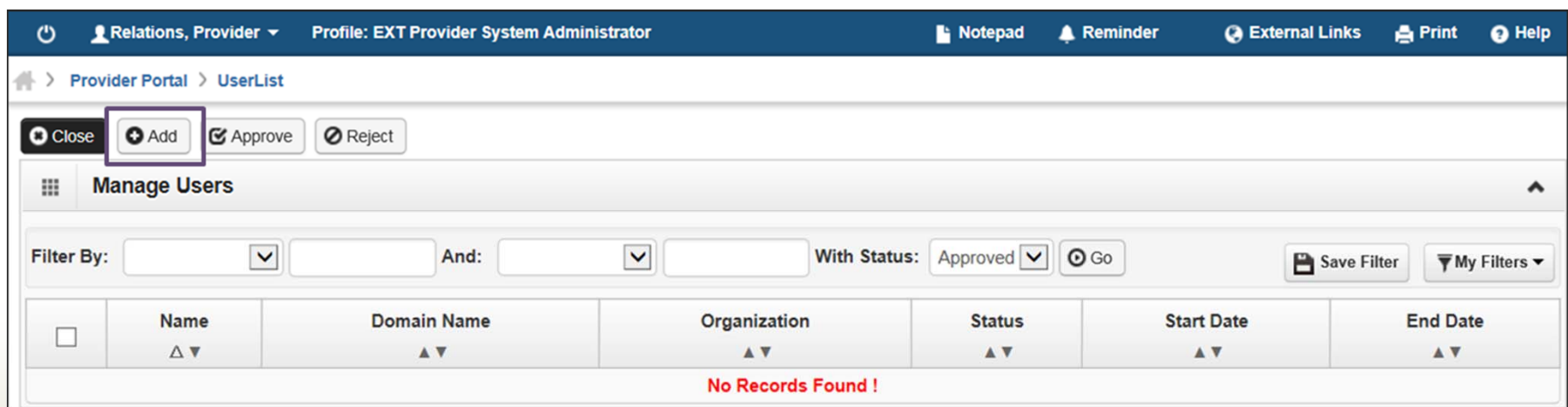
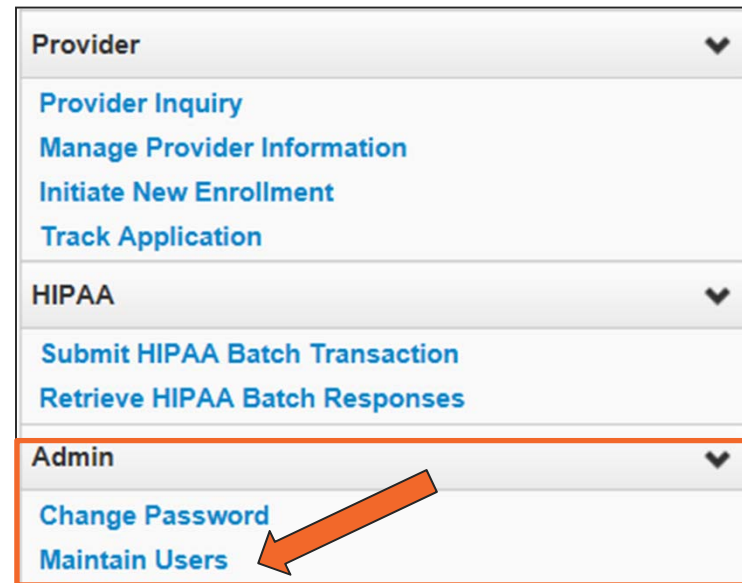
- Address Information
- Payment Detail; and
- Electronic Data Interchange Information if you plan on submitting HIPAA batch files

If updates are made in the Provider File Business Process Wizard, please make sure you go to the last step and *submit* your modification request for review and approval. Include a copy of the bar code coversheet on any documentation you send. http://hrsa.dshs.wa.gov/download/document_submission_cover_sheets.htm

Return this completed form by email: provideronesecurity@hca.wa.gov, or
 Fax to: (360) 507-9019 or
 Mail to: HCA IT Security, PO Box 45512, Olympia, WA 98504-5512

How to Set Up a User

- Log in with the **System Administrator** Profile
- Click on **Maintain Users**
- The system now displays the User List screen
- Click on the **Add** button



How To Set Up a User

➤ Adding a user

Add User

Please enter the following information:

| | |
|--------------------------|-------------------------------|
| First Name: * | Middle Name: |
| Last Name: * | User Type: Batch User * |
| User Login ID: * | EID: * |
| Date of Birth: * | Expiration Date: 12/31/2999 * |
| Domain Name: 9999999 | |
| Start Date: 01/05/2016 * | |
| Status: In Review | |
| Comments: | |

Next **Cancel**

- Fill in all required boxes that have an asterisk *
- Click the **Next** button

How to Set Up a User

- Complete remaining required fields

The screenshot shows a web form titled "Add User:". The form contains several input fields for user information, including Password, Confirm Password, Email, Phone Number, Mobile Number, Address Line 1, Address Line 2, Address Line 3, City/Town, State/Province, County, Country, and Zip Code. A note box in the top right corner states: "Note: It is not necessary to complete the address information." At the bottom right of the form, there are three buttons: "Back", "Finish", and "Cancel". The "Finish" button is highlighted with an orange box, and an orange arrow points to it from the right.

- Click the **Finish** button

How to Set Up a User

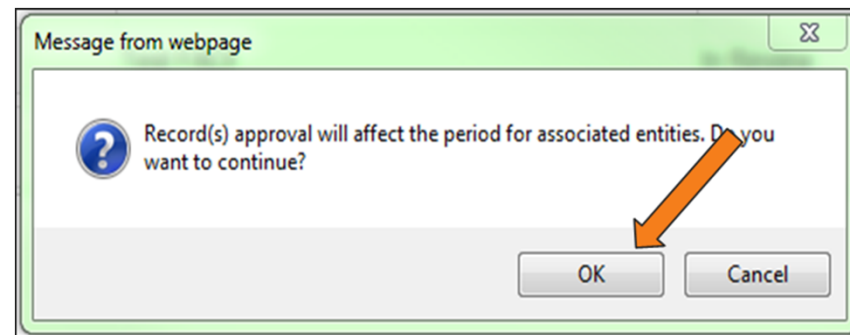
➤ To display the new user

- In the With Status dropdown, select In Review and click Go
- The user's name is displayed with In Review status
- Click the box next to the user's name, then click the Approve button

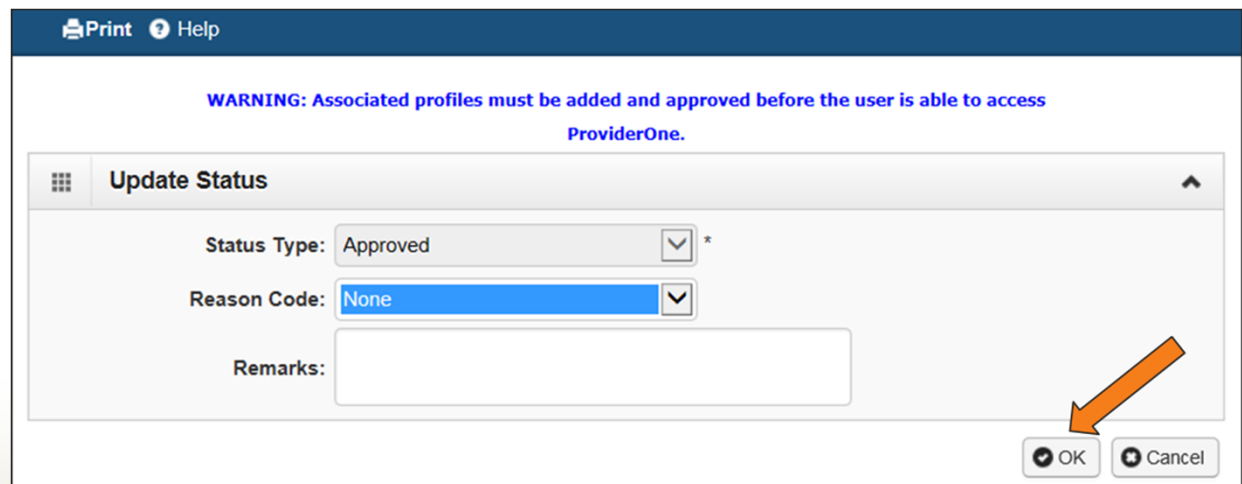
The screenshot shows the 'Manage Users' interface. At the top, there are buttons for 'Close', 'Add', 'Approve', and 'Reject'. The 'Approve' button is highlighted with an orange box. Below this is a 'Filter By' section with two dropdown menus and an 'And:' label. To the right of the filters is a 'With Status:' dropdown menu set to 'In Review', which is also highlighted with an orange box. Next to it is a 'Go' button, with an orange arrow pointing to it. Below the filters is a table with columns: Name, Domain Name, Organization, Status, Start Date, and End Date. The first row of the table has a checked checkbox in the Name column, followed by the text 'Name, Pretend', '9999999', 'Test FAOI', 'In Review', '11/30/2015', and '12/31/2999'. At the bottom of the interface, there are navigation controls including 'View Page: 1', 'Go', 'Page Count', 'SaveToXLS', 'Viewing Page: 1', and buttons for 'First', 'Prev', 'Next', and 'Last'.

How to Set Up a User

- Once approved, a dialogue box will pop up, click **Ok**



- Once clicked, another window will appear warning you that profiles must be added for this new user. Click **Ok** or **Cancel**.



How to Set Up a User

- The user is now in “Approved” status

The screenshot shows a web application interface for managing users. At the top, there are buttons for 'Close', 'Add', 'Approve', and 'Reject'. Below this is a 'Manage Users' header. A filter section includes 'Filter By:', 'And:', 'With Status: Approved', and a 'Go' button. A table lists user details, with the 'Status' column for the first user highlighted in orange. The table has columns for Name, Domain Name, Organization, Status, Start Date, End Date, LastName, and FirstName. Below the table are navigation controls including 'View Page: 1', 'Go', 'Page Count', 'SaveToXLS', 'Viewing Page: 1', and 'First', 'Prev', 'Next', 'Last' buttons.

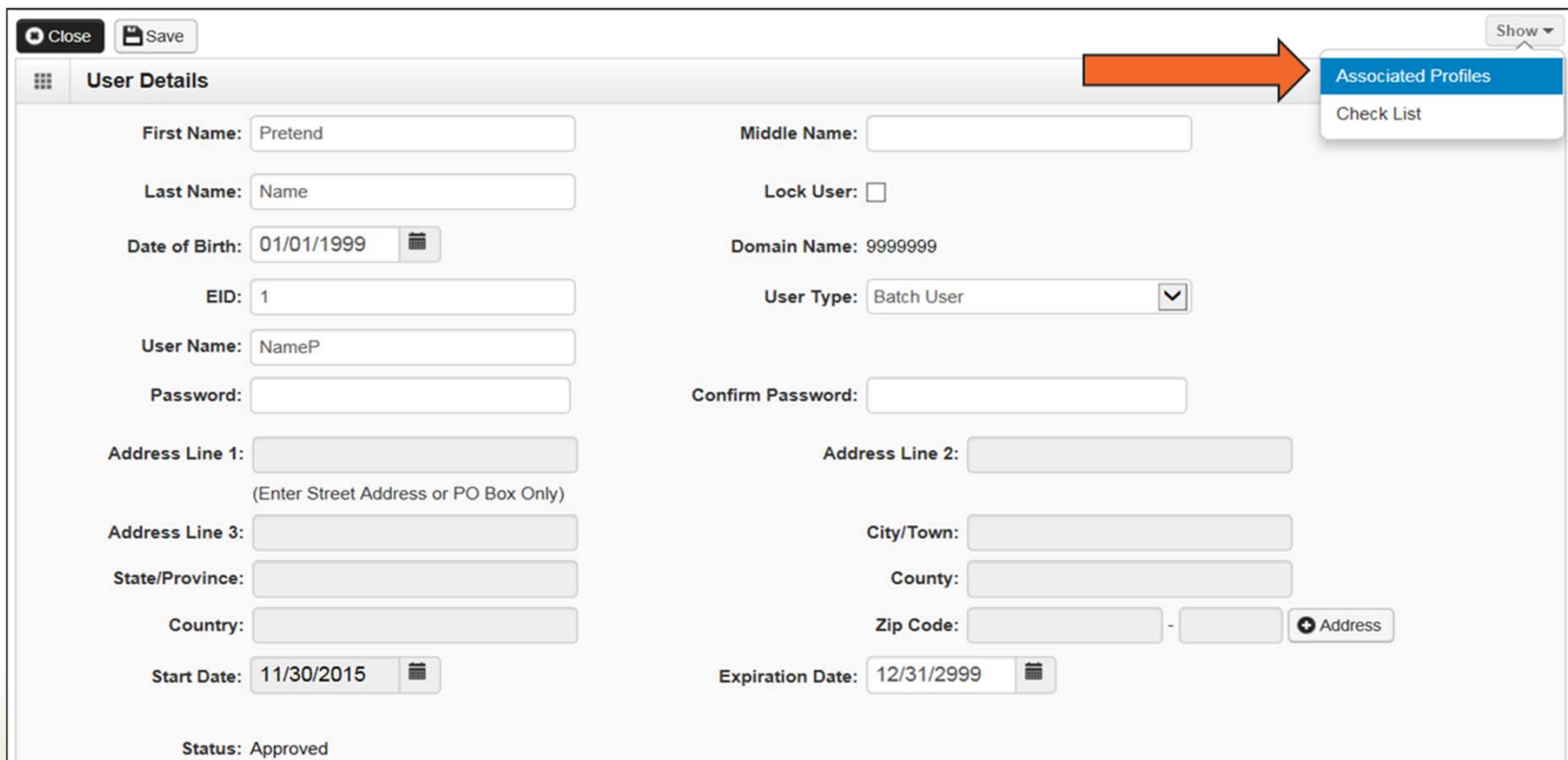
| | Name | Domain Name | Organization | Status | Start Date | End Date | LastName | FirstName |
|--------------------------|---------------|-------------|--------------|----------|------------|------------|----------|-----------|
| <input type="checkbox"/> | Name, Pretend | 9999999 | Test FAOI | Approved | 11/30/2015 | 12/31/2999 | Name | Pretend |

- Click on the **User Name** to access their user account and tell ProviderOne the functions they will perform in the system.

How to Set Up a User

➤ Adding Profiles

- Back on the Manage Users page, click on the **user's name** to access User Details
- On the Show menu click on **Associated Profiles**



The screenshot shows a web application interface for managing users. At the top left, there are 'Close' and 'Save' buttons. The main title is 'User Details'. The form contains various input fields for user information, including First Name (Pretend), Last Name (Name), Date of Birth (01/01/1999), EID (1), User Name (NameP), Password, Address Line 1, Address Line 2, Address Line 3, State/Province, Country, Start Date (11/30/2015), Middle Name, Lock User (checkbox), Domain Name (9999999), User Type (Batch User), Confirm Password, City/Town, County, Zip Code, and Expiration Date (12/31/2999). A 'Show' dropdown menu is located in the top right corner, with an orange arrow pointing to the 'Associated Profiles' option. The status at the bottom is 'Approved'.

| | | |
|---------------------------------------|-------------------------------------|---------------------|
| Close | Save | Show |
| User Details | | |
| First Name: Pretend | Middle Name: | Associated Profiles |
| Last Name: Name | Lock User: <input type="checkbox"/> | Check List |
| Date of Birth: 01/01/1999 | Domain Name: 9999999 | |
| EID: 1 | User Type: Batch User | |
| User Name: NameP | Confirm Password: | |
| Password: | Address Line 2: | |
| Address Line 1: | City/Town: | |
| (Enter Street Address or PO Box Only) | County: | |
| Address Line 3: | Zip Code: | Address |
| State/Province: | Expiration Date: 12/31/2999 | |
| Country: | | |
| Start Date: 11/30/2015 | | |
| Status: Approved | | |

How to Set Up a User

- Adding Profiles
 - Click on the **Add** button to select profiles

User Location: NameP Name: Name, Pretend

Close Add Approve Reject Show

Manage User Profiles

Filter By: Filter By With Status: All Go Save this filter My Filters

| | Name | Description | Start Date | End Date | Status |
|--------------------|------|-------------|------------|----------|--------|
| No Records Found ! | | | | | |

How to Set Up a User

➤ Adding Profiles

Print Help

Add New Profiles to User

User Name: Name,Pretend

Start Date: * 12/15/2015

End Date: * 12/31/2999

Available Profiles

- EXT Provider EHR Administrator
- EXT Provider Eligibility Checker
- EXT Provider Eligibility Checker-Claims Submitter
- EXT Provider File Maintenance
- EXT Provider File View Only
- EXT Provider Managed Care Only
- EXT Provider Social Services Medical
- EXT Provider Social Services
- EXT Provider Upload Files
- EXT Provider Upload and Download Files

Associated Profiles

- EXT Provider System Administrator
- EXT Provider Super User

OK Cancel

- Highlight Available Profiles desired
- Click **double arrow button** and move to Associated Profiles box then click the **OK** button.

How to Set Up a User

➤ Adding Profiles

Close Add **Approve** Reject Show

Manage User Profiles

Filter By: Filter By With Status: All Go Save this filter My Filters

| | Name | Description | Start Date | End Date | Status |
|-------------------------------------|-----------------------------------|-----------------------------------|------------|------------|-----------|
| <input checked="" type="checkbox"/> | EXT Provider Super User | EXT Provider Super User | 12/15/2015 | 12/31/2999 | In Review |
| <input checked="" type="checkbox"/> | EXT Provider System Administrator | EXT Provider System Administra... | 12/15/2015 | 12/31/2999 | In Review |

View Page: 1 Go Page Count SaveToXLS Viewing Page: 1 First Prev **Approve** Last

➤ To Display the new profiles

- The **With Status** dropdown box should state **All**. Click **Go**.
- The profiles are displayed with **In Review** status.
- Click the box next to the profile name, then click the **Approve** button.

How to Set Up a User

- Once approved a dialogue box will pop up, click **Ok**

Print Help

Update Status

Status Type: Approved *

Reason Code: None

Remarks:

OK Cancel

Page ID: dlgUpdateStatusEntity(Common) Environment: UAT (Beta) ID: app02_01 Server Time: 01/11/2016 11:28

How to Set Up a User

- The profile statuses are now Approved
- Click **Close** to return to User Details.

Close Add Approve Reject Show

Manage User Profiles

Filter By: Filter By With Status: All Go Save this filter My Filters

| | Name | Description | Start Date | End Date | Status |
|--------------------------|-----------------------------------|------------------------------------|------------|------------|----------|
| <input type="checkbox"/> | EXT Provider Super User | EXT Provider Super User | 12/15/2015 | 12/31/2999 | Approved |
| <input type="checkbox"/> | EXT Provider System Administrator | EXT Provider System Administra.... | 12/15/2015 | 12/31/2999 | Approved |

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

How to Set Up a User

- Setting up a user's password
 - Enter the new temporary password and click **Save** and then **Close**

User Login Id: NameP Name: Name,Pretend

Close Save

User Details

First Name: Pretend Middle Name:

Last Name: Name Lock User:

Date of Birth: 01/01/1999 Domain Name: 9999999

EID: 1 User Type: Batch User

User Name: NameP

Password: Confirm Password:

Address Line 1: Address Line 2:

(Enter Street Address or PO Box Only)

Address Line 3: City/Town:

State/Province: County:

Country: Zip Code: Address

Start Date: 11/30/2015 Expiration Date: 12/31/2999

Status: Approved

Note: Passwords must be changed every 120 days!

How to Manage a User

- How to lock or end date a user
- Click **Save** and then **Close**

Close **Save** Show ▾

User Details

| | |
|---|--|
| First Name: Pretend | Middle Name: |
| Last Name: Name | Lock User: <input checked="" type="checkbox"/> |
| Date of Birth: 01/01/1999 | Domain Name: 9999999 |
| EID: 1 | User Type: Batch User |
| User Name: NameP | Confirm Password: |
| Password: | Address Line 1: |
| Address Line 1: (Enter Street Address or PO Box Only) | Address Line 2: |
| Address Line 3: | City/Town: |
| State/Province: | County: |
| Country: | Zip Code: - Address |
| Start Date: 11/30/2015 | Expiration Date: 12/31/2999 |

Status: Approved

To lock or unlock a User, click this box. Users can also be end dated.

Enroll an Existing Servicing Provider

Enroll an Existing Servicing Provider

- Log into ProviderOne using the **File Maintenance** or **Super User** profile

A screenshot of a software interface showing a dropdown menu. The menu is titled 'Provider' and has a downward arrow on the right. The menu items are: 'Provider Inquiry', 'Manage Provider Information', 'Initiate New Enrollment', and 'Track Application'. An orange arrow points from the right towards the 'Manage Provider Information' option.

- Under Provider click on the hyperlink **Manage Provider Information**
- At the Business Process Wizard click on **Step 14: Servicing Provider Information**

| | | | |
|--------------------------|---|----------|------------|
| <input type="checkbox"/> | Step 13: EDI Contact Information | Optional | 07/01/2008 |
| <input type="checkbox"/> | Step 14: Servicing Provider Information | Required | 09/14/2009 |
| <input type="checkbox"/> | Step 15: Payment and Remittance Details | Required | 07/01/2008 |

Enroll an Existing Servicing Provider

- When the Servicing Provider List opens, click on the **Add** button.

Close Add

Servicing Provider List

Filter By : [] And [] And Operational Status: Active [Go] [Save Filter] [My Filters]

| <input type="checkbox"/> | ProviderOne ID ▲▼ | Servicing Provider Name ▲▼ | Servicing Provider NPI ▲▼ | Start Date ▲▼ | End Date ▲▼ | Status ▲▼ | Operational Status ▲▼ | Inactivation Date ▲▼ |
|--------------------------|----------------------|-------------------------------|------------------------------|------------------|----------------|--------------|--------------------------|-------------------------|
| <input type="checkbox"/> | 0000001 | DOE, JOHN | | 01/01/2008 | 12/31/2999 | Approved | Active | |
| <input type="checkbox"/> | 0000002 | DOE, JANE | | 01/01/1998 | 12/31/2999 | Approved | Active | |

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

Enroll an Existing Servicing Provider

- At the Add screen:
 - Enter the provider's NPI
 - Enter their start date at your clinic
 - Click on the **Confirm Provider** button

The screenshot shows a web form titled "Add Servicing Provider" with the subtitle "Provide Servicing Provider ID Details." The form contains several input fields: "ProviderOne ID / NPI:" (highlighted with an orange box), "Provider Name:" (with a sub-label "Start Date:" and a date picker icon, also highlighted with an orange box), and "End Date:" (with a date picker icon). At the bottom right, there are three buttons: "Confirm Provider", "OK", and "Cancel". A large orange arrow points downwards from the "End Date:" field towards the "Confirm Provider" button.

Enroll an Existing Servicing Provider

- If the provider is already entered in ProviderOne - their name will be confirmed

Add Servicing Provider

Provide Servicing Provider ID Details.

ProviderOne ID / NPI: 0000000001 *

Provider Name: BETTY DOE

Start Date: 05/16/2013 *

End Date:

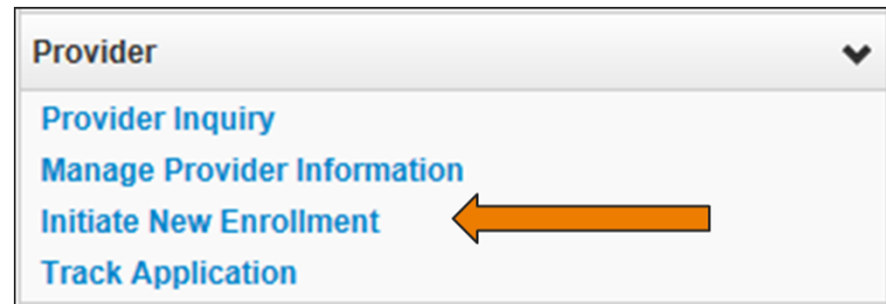
Confirm Provider OK Cancel

- Click the **OK** button to add the provider to your list
- Remember to click **Step 16: Submit Modification for Review**
- Your modification request will be reviewed and worked in chronological order

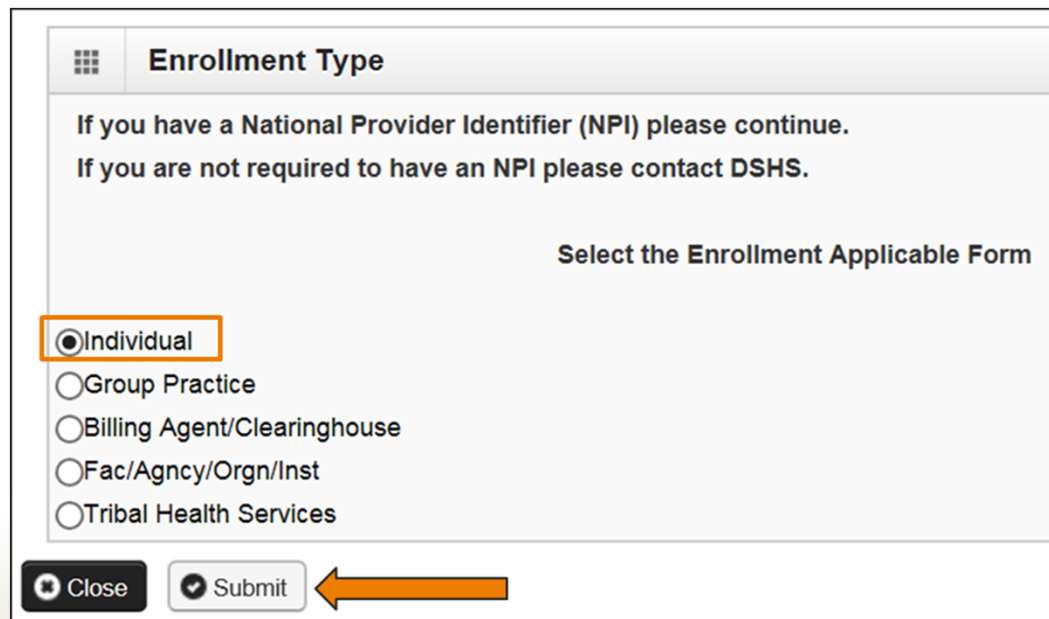
Enroll a New Servicing Provider

Enrolling a New Servicing Provider

- On the Provider Portal, select the **Initiate New Enrollment** hyperlink



A screenshot of a dropdown menu titled "Provider" with a downward arrow. The menu contains four blue hyperlinks: "Provider Inquiry", "Manage Provider Information", "Initiate New Enrollment", and "Track Application". An orange arrow points to the "Initiate New Enrollment" link.



A screenshot of a web form titled "Enrollment Type". It contains the following text: "If you have a National Provider Identifier (NPI) please continue. If you are not required to have an NPI please contact DSHS." Below this is the instruction "Select the Enrollment Applicable Form". There are five radio button options: "Individual", "Group Practice", "Billing Agent/Clearinghouse", "Fac/Agency/Orgn/Inst", and "Tribal Health Services". The "Individual" option is selected and highlighted with an orange box. At the bottom, there are two buttons: "Close" and "Submit". An orange arrow points to the "Submit" button.

- Click on **Individual** to start a new enrollment for the rendering/servicing provider and click **Submit**.

Enrolling a New Servicing Provider

- At the Basic Information page for the servicing provider enrollment:

Basic Information

If you don't have NPI and *

Tax Identifier Type: FEIN SSN

Provider Name(Organization Name): (as shown on Income Tax Return)

Organization Business Name: Federal Employer Identification Number(FEIN):

Provider Name: (First Name) (Middle Name) (Last Name)

Suffix:

SSN:

Date of Birth:

National Provider Identifier(NPI):

W-9 Entity Type: *

Other Organizational Information: *

Enrollment Effective Date:

Receive Invoice for Medical Services?: No *

- Click the **SSN** radio button
- Complete the rest of the data fields
- Select **Servicing Only** as the Servicing Type
- For the **W-9 Entity Type**, choose **Other**
- In the **W-9 Entity Type (If Other)** box enter **Servicing Only**
- Once complete, click **Finish**

Gender:

Title:

Servicing Type:

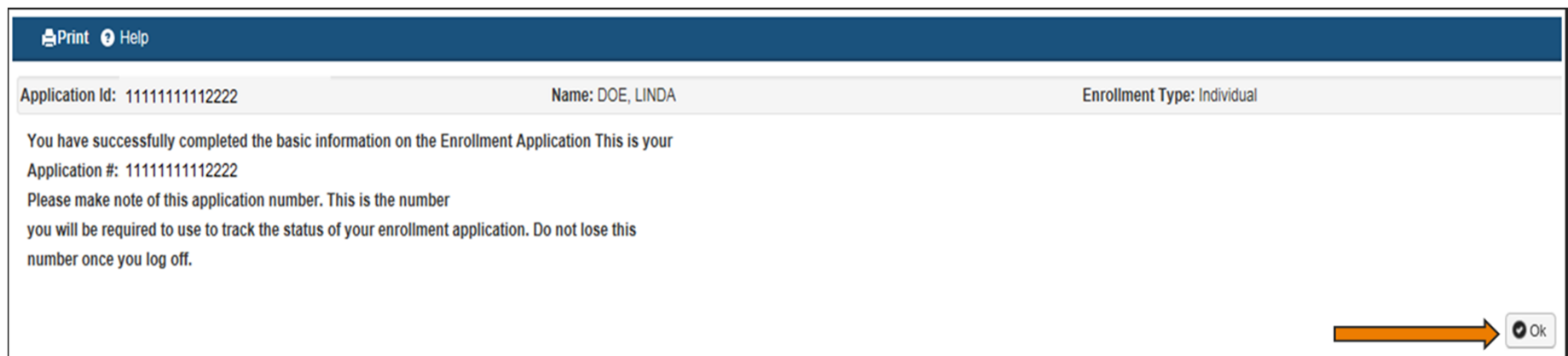
UBI:

W-9 Entity Type (If Other):

Email Address:

Enrolling a New Servicing Provider

- Once the fields are completed on the Basic Information screen, the enrollment application is submitted into ProviderOne which generates an application number



The screenshot shows a web application interface with a dark blue header containing 'Print' and 'Help' icons. Below the header, a light gray bar displays 'Application Id: 1111111112222', 'Name: DOE, LINDA', and 'Enrollment Type: Individual'. The main content area contains the following text: 'You have successfully completed the basic information on the Enrollment Application This is your Application #: 1111111112222. Please make note of this application number. This is the number you will be required to use to track the status of your enrollment application. Do not lose this number once you log off.' In the bottom right corner, there is an orange arrow pointing to an 'Ok' button.

- Be sure to record this application number for use in tracking the status of the enrollment application
- Click **OK**

Enrolling a New Servicing Provider

- The Business Process Wizard - Step 1 shows complete

Close Required Credentials Purge

Enroll Provider -Individual

Business Process Wizard-Provider Enrollment (Individual). Click on the Step # under the Step Column

| Step | Required | Start Date | End Date | Status | Step Remark |
|---|--------------|------------|------------|------------|-------------|
| Step 1: Provider Basic Information | Required | 01/06/2016 | 01/06/2016 | Complete | |
| Step 2: Add Locations | Not Required | | | Incomplete | |
| Step 3: Add Specializations | Required | | | Incomplete | |
| Step 4: Ownership & Managing/Controlling Interest details | Not Required | | | Incomplete | |
| Step 5: Add Licenses and Certifications | Optional | | | Incomplete | |
| Step 6: Add Training and Education | Optional | | | Incomplete | |
| Step 7: Add Identifiers | Optional | | | Incomplete | |
| Step 8: Add Contract Details | Not Required | | | Incomplete | |
| Step 9: Add Federal Tax Details | Optional | | | Incomplete | |
| Step 10: Add EDI Submission Method | Not Required | | | Incomplete | |
| Step 11: Add EDI Billing Software Details | Not Required | | | Incomplete | |
| Step 12: Add EDI Submitter Details | Not Required | | | Incomplete | |
| Step 13: Add EDI Contact Information | Not Required | | | Incomplete | |
| Step 14: Add Billing Provider Details | Optional | | | Incomplete | |
| Step 15: Add Payment and Remittance Details | Not Required | | | Incomplete | |
| Step 16: Complete Enrollment Checklist | Required | | | Incomplete | |
| Step 17: Submit Enrollment Application for Review | Required | | | Incomplete | |

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

- The steps indicated as “Required” are a reflection of the W-9 Entity type selected on the Basic Information screen

Enrolling a New Servicing Provider

- The required steps for “Servicing Only” are shown here. See next slide for description:

Close → Required Credentials Purge

Enroll Provider -Individual

Business Process Wizard-Provider Enrollment (Individual). Click on the Step # under the Step Column

| Step | Required | Start Date | End Date | Status | Step Remark |
|---|--------------|------------|------------|------------|-------------|
| Step 1: Provider Basic Information | Required | 01/06/2016 | 01/06/2016 | Complete | |
| Step 2: Add Locations | Not Required | | | Incomplete | |
| Step 3: Add Specializations | Required | 01/06/2016 | 01/06/2016 | Complete | |
| Step 4: Ownership & Managing/Controlling Interest details | Not Required | | | Incomplete | |
| Step 5: Add Licenses and Certifications | Required | 01/06/2016 | 01/06/2016 | Complete | |
| Step 6: Add Training and Education | Optional | | | Incomplete | |
| Step 7: Add Identifiers | Optional | | | | |
| Step 8: Add Contract Details | Not Required | | | | |
| Step 9: Add Federal Tax Details | Optional | | | | |
| Step 10: Add EDI Submission Method | Not Required | | | | |
| Step 11: Add EDI Billing Software Details | Not Required | | | | |
| Step 12: Add EDI Submitter Details | Not Required | | | Incomplete | |
| Step 13: Add EDI Contact Information | Not Required | | | Incomplete | |
| Step 14: Add Billing Provider Details | Optional | 01/06/2016 | 01/06/2016 | Complete | |
| Step 15: Add Payment and Remittance Details | Not Required | | | Incomplete | |
| Step 16: Complete Enrollment Checklist | Required | 01/06/2016 | 01/06/2016 | Complete | |
| Step 17: Submit Enrollment Application for Review | Required | | | Incomplete | |

Optional steps will change to “Required” depending on your entry.

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

Enrolling a New Servicing Provider

- Step 3: Specializations
 - Add Taxonomy here
- Step 5: Licenses and Certifications
 - Enter license/certification issued by the Department of Health
- Step 7: Identifiers
 - DEA number (if applicable)
- Step 14: Billing Provider Details
 - Add the NPI and Name of clinic that will bill for this rendering provider's services
- Step 16: Complete Enrollment Checklist
 - Answer questions displayed
 - Click **Save** and then **Close**

Enrolling a New Servicing Provider

- Step 17: Submit Modification for Review
 - Click this step to initiate sending the enrollment
 - Click the **Submit Enrollment** button

Final Submission

Application #: 11111111112222 Enrollment Type: Individual

The information submitted for enrollment shall be verified and reviewed by the DSHS. During this time, any changes to the information shall not be accepted.

I agree that the information submitted as a part of the application is correct (Privacy and Confidentiality).

Please use the Application # in all the documentation sent to the DSHS.

Instructions for submitting documentation:

1. Please click on [this link](#) to display the documentation cover sheet.
2. Print the cover sheet.
3. Write the Application number in the 'Application #' field of the cover sheet.
4. Include the cover sheet, with the Application number, when mailing or faxing documentation to the DSHS.

Application Document Checklist

| Forms/Documents | Special Instructions | Source | Required |
|-----------------------------|--|---|----------|
| Training and Education | Please provide a copy of all required Training and Documentation. | | NO |
| Tax Documents | Please provide a copy of all required Tax Documents. | http://www.irs.gov/ | YES |
| Licenses and Certifications | Please provide a copy of all required Licenses and Certifications. | http://www.doh.wa.gov | YES |
| EDI Required Documentations | Please provide a copy of all required Trading Partner documents. | | NO |
| Contracts and Agreements | Please provide a copy of all required Contracts and Agreements. Include a copy of the current Core Provider Agreement. | | YES |
| Business License | Please provide a copy of business license. | http://www.dor.wa.gov | YES |

View Page: 1 Viewing Page: 1

- Send in all required supporting documentation (CPA, Certifications, etc.)

How can we help?

Provider Enrollment

- Assists with enrollment of billing/servicing providers
- Can be contacted at 800-562-3022, ext. 16137
- To request assistance via email:
providerenrollment@hca.wa.gov

User Profiles

- Provider Relations can assist in a variety of formats tailored to individual needs
- To request assistance, send email to: providerrelations@hca.wa.gov

Checking Medicaid Eligibility

How Do I Obtain Eligibility In ProviderOne

- Select the proper user profile

Welcome to the Medicaid Management Information System
for

ProviderOne

Select a profile to use during this session:

- EXT Limited Provider Social Services
- EXT Provider Claims Payment Status Checker
- EXT Provider Claims Submitter
- EXT Provider Download Files
- EXT Provider EHR Administrator
- EXT Provider Eligibility Checker
- EXT Provider Eligibility Checker-Claims Submitter
- EXT Provider File Maintenance
- EXT Provider File View Only
- EXT Provider Managed Care Only
- EXT Provider Social Services Medical
- EXT Provider Social Services
- EXT Provider Super User
- EXT Provider System Administrator
- EXT Provider Upload Files
- EXT Provider Upload and Download Files

Go

Online Services

Claims

- Claim Inquiry
- Claim Adjustment/Void
- On-line Claims Entry
- On-line Batch Claims Submission (837)
- Resubmit Denied/Voided Claim
- Retrieve Saved Claims
- Manage Templates
- Create Claims from Saved Templates
- Manage Batch Claim Submission

Client

- Client Limit Inquiry
- Benefit Inquiry

- Select Benefit Inquiry under the Client area

How Do I Obtain Eligibility In ProviderOne

- Use one of the search criteria listed along with the dates of service to verify eligibility.

To submit an Eligibility Inquiry on a specific client, complete one of the following criteria sets and click 'Submit'.

- ProviderOne Client ID(Client Identification Code) or
- Last Name, First Name AND Date of Birth or
- Last Name, First Name AND SSN or
- SSN AND Date of Birth
- ProviderOne Client ID(Client Identification Code), Last Name, First Name AND Date of Birth or
- ProviderOne Client ID(Client Identification Code), Last Name AND Date of Birth or
- ProviderOne Client ID(Client Identification Code) AND Last Name

Please contact Customer Service Center at (800) 562-3022

Client Eligibility Inquiry

ProviderOne Client ID: SSN:

Last Name: First Name:

Date of Birth:

Inquiry Start Date: 12/29/2015

Inquiry End Date: 12/29/2015

- An unsuccessful check would look like this:

Selection Criteria Entered

Date of Request: 12/29/2015
Time in Request: 10:27:21 AM PST
Provider ID: 200320900
From Date of Service: 12/29/2015
To Date of Service: 12/29/2015

ProviderOne Client ID: 9999999900
Client Date of Birth:
Client SSN:
Client Last Name:
Client First Name:

Demographic and Response Information

Client Demographic Information:

ProviderOne Client ID:
Client First,Middle,Last Name:
CSO/HCS:
County Code:
CSOR:
Date of Birth:
Gender:
Language:
Placement:
ACES Client ID:
HIC:

System Response Information:

Valid Request Indicator: N
Reject Reason Code: 72 - Invalid/Missing Subscriber/Insured ID
Eligibility or Benefit information Code:
Follow-Up Action Code: C - Please correct data and resubmit

- Unsuccessful eligibility checks will be returned with an error message
- Check your keying!

Successful Eligibility Check

Client Id: 000000000WA Name: Doe, Jane

[Printer Friendly Version](#)

Close Submit Another Inquiry Exit

Selection Criteria Entered Search Criteria

Used

| | |
|----------------------------------|------------------------------------|
| Date of Request: 05/02/2016 | ProviderOne Client ID: 000000000WA |
| Time in Request: 09:06:50 AM PDT | Client Date of Birth: |
| Provider ID: 200320900 | Client SSN: |
| From Date of Service: 05/02/2016 | Client Last Name: |
| To Date of Service: 05/02/2016 | Client First Name: |

Demographic and Response Information

| | |
|--|--|
| Client Demographic Information: | System Response Information: |
| ProviderOne Client ID: 000000000WA | Valid Request Indicator: Y |
| Client First,Middle,Last Name: Doe, Jane | Reject Reason Code: |
| CSO/HCS: | Eligibility or Benefit information Code: 1-Active Coverage |
| County Code: 031-Snohomish | Follow-Up Action Code: |
| CSOR: 065-SMOKEY POINT CSO | |
| Date of Birth: 01/30/1999 | |
| Gender: Female | |
| Language: ENG-English | |
| Placement: | |
| ACES Client ID: 000000000 | |
| HIC: | |

Basic client detail returned, including ID, gender, and DOB. The eligibility information can be printed out using the **Printer Friendly Version** link in blue.

Successful Eligibility Check

- After scrolling down the page the first entry is the **Client Eligibility Spans** which show:
 - The eligibility program (CNP, MNP, etc.)
 - The date span for coverage

| Client Eligibility Spans | | | | | | | | |
|---------------------------|------------------------------------|-------------------------------|------------------------------|----------------------------|---------------------------|------------------------|-------------------------|-----------------------------|
| Insurance Type Code ▲▼ | Recipient Aid Category (RAC) ▲▼ | Benefit Service Package ▲▼ | Eligibility Start Date ▲▼ | Eligibility End Date ▲▼ | ACES Coverage Group ▲▼ | ACES Case Number ▲▼ | Retro Eligibility ▲▼ | Delayed Certification ▲▼ |
| MC: Medicaid | 1203 | CNP | 02/01/2014 | 12/31/2999 | N11 | 00000000 | | |

View Page: 1 Viewing Page: 1

Note: Use the benefit service package blue acronym to see the high level coverage for this program

Successful Eligibility Check

➤ Coordination of Benefits Information

- Displays phone numbers and any Policy or Group numbers on file with WA Apple Health for the commercial plans listed.
- For DDE claims the Carrier Code (Insurance ID) is found here.

| Coordination of Benefits Information | | | | | | | | | |
|--------------------------------------|---------------------------|------------------------------------|--------------------|--------------------------|---------------------|--------------------|--------------------|------------------|----------------|
| Service Type Code ▲▼ | Insurance Type Code ▲▼ | Insurance Co. Name & Contact ▲▼ | Carrier Code ▲▼ | Policy Holder Name ▲▼ | Policy Number ▲▼ | Group Number ▲▼ | Plan Sponsor ▲▼ | Start Date ▲▼ | End Date ▲▼ |
| 30: Health Benefit Plan Coverage | C1: Commercial | CIGNA DENTAL | DN18 | | | | | 01/01/2012 | 12/31/2999 |
| 30: Health Benefit Plan Coverage | C1: Commercial | CIGNA HEALTHCARE | CH55 | | | | | 01/01/2012 | 12/31/2999 |

Gender and Date of Birth Updates

- Verified with ProviderOne system staff as of 01/27/14:
 - A large number of claims are denied due to a mismatch between the patient's DOB in the provider's record and the ProviderOne's client eligibility file. Providers can send a secure email to mmishelp@hca.wa.gov with the client's ProviderOne ID, name, and correct DOB. The same is true if providers find a gender mismatch; send the ProviderOne client ID, name, and correct gender to the same email address.

Note: Make sure that the client ID number on the claim is the correct one. Many of these DOB denials are due to providers entering the incorrect client ID number.

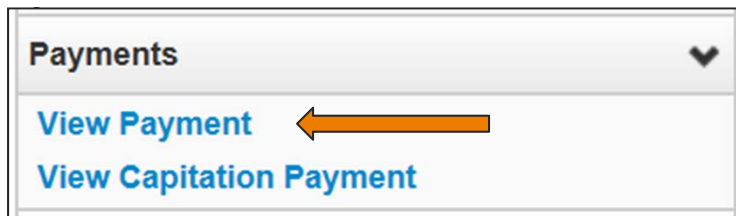
Verifying Eligibility

- Coverage status can change at any time
 - Verify coverage for each visit
 - Print the Benefit Inquiry result
 - If eligibility changes after this verification, HCA will honor the printed screen shot
 - Exception: Client with commercial insurance carrier that is loaded after you verify eligibility; commercial insurance must be billed first.

Reading the Remittance Advices (RAs)

Reading the Remittance Advice (RA)

- How do I retrieve the PDF file for the RA?
 - Log into ProviderOne with a **Claims/Payment Status Checker, Claims Submitter, or Super User** profile.



- At the Portal click on the hyperlink **View Payment.**

- The system will open your list of RAs.

| RA/ETRR Number ▲▼ | Check Number ▲▼ | Check/ETRR Date ▲▼ | RA Date ▲▼ | Claim Count ▲▼ | Charges ▲▼ | Payment Amount ▲▼ | Adjusted Amount ▲▼ | Download ▲▼ |
|----------------------|--------------------|-----------------------|---------------|-------------------|---------------|----------------------|-----------------------|----------------|
| 500649639 | | | 08/06/2015 | 2 | \$300.00 | \$0.00 | \$300.00 | |
| 500955089 | | | 12/16/2015 | 1 | \$100.00 | \$0.00 | \$100.00 | |

View Page: 1 Viewing Page: 1

- Click on the **RA number** in the first column to open the whole RA.

Reading the Remittance Advice (RA)

- The Summary Page of the RA shows:
 - Billed and paid amount for Paid claims
 - Billed amount of denied claims
 - Total amount of adjusted claims
 - Provider adjustment activity

| RA Number: 8765432 Warrant/EFT # 852741! | | | | | | | | Warrant/EFT Date: 05/29/2014 | | Prepared Date: 05/30/2014 RA Date: 05/30/2014 | | | | |
|---|-------------|---------------------|----------------------|---------------------|-----------------|--------------------------|------------|------------------------------|---------------------------------|--|----------------------|-------------------------|-------------------|--------------------------|
| Warrant/EFT Amount: \$9325.93 | | | | Payment Method: EFT | | | | Page 2 | | | | | | |
| Claims Summary | | | | | | | | Provider Adjustments | | | | | | |
| Billing Provider | Category | Total Billed Amount | Total Allowed Amount | Total TPL Amount | Total Sales Tax | Total Client Resp Amount | Total Paid | Billing Provider | FIN Invoice Number/ Parent TCN | Source | Adjustment Type | Previous Balance Amount | Adjustment Amount | Remaining Balance Amount |
| 1122334455 | Paid | \$28930.00 | \$16114.57 | \$0.00 | \$0.00 | \$0.00 | \$9325.93 | 1122334455 | 214148190028/401401234567890000 | System Initiated | NOC Invoice | \$0.00 | \$0.00 | \$3266.00 |
| 1122334455 | Denied | \$6525.50 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | 1122334455 | 214148190028/401498701234560000 | System Initiated | NOC Referred to CARS | \$3266.00 | \$3266.00 | \$0.00 |
| 1122334455 | Adjustments | -\$2981.00 | -\$3371.87 | \$0.00 | \$0.00 | \$0.00 | -\$3266.00 | | | | | | | |
| 1122334455 | In Process | \$5946.50 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | | | | | | | |
| Total Adjustment Amount | | | | | | | | | | | | \$3266.00 | | |

Reading the Remittance Advice (RA)

➤ Adjustments:

- P1Off (offset) adjustments: These adjustment amounts can carry over on each week's RA until the amount is paid off or reduced by the amount paid out for claims adjudicated that week.
 - Claims that caused these carry over adjustment amounts can be on previous RAs.
 - Updates to the RA format now provide the parent TCN under the FIN Invoice Number for reference.
- NOC (non-offset) Referred to CARS: System-generated recoveries or adjustments that are referred to OFR for collection.
 - Updates to the RA format now provide the parent TCN under the FIN Invoice Number for reference.

➤ Retention Policy:

- Providers must keep RA's on file for 7 years per Washington Administrative Code (WAC).

Reading the Remittance Advice (RA)

- The RA is sorted into different Categories as follows (screen shown is sample of Denials)
 - Paid
 - Denied
 - Adjustments
 - In Process

| 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 |
|---|--|--|--------|--|---------------------------|--|--------------------------|------------------|-------------------|-----------|---------------|---------------------------------|-------------|------------------|---|
| Client, Pseudo 999999998WA | | 201534801403737000 Professional Claim | 1 | | 12/01/2015- 12/01/2015 | 96152 | 3.0000 | \$100.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | N255 N290 N95 | 170 = \$100.00 |
| Document Total: | | | | | 12/01/2015-12/01/2015 | | 3.0000 | \$100.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | N255,N29 0 | 16,B7 |
| Category Total: | | | | | | | 3.0000 | \$100.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | | |
| Billing Provider Total: | | | | | | | 3.0000 | \$100.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | | |

Reading the Remittance Advice (RA)

- EOB Codes
 - The Adjustment Reason Codes
 - The Remark Codes for denied claims & payment adjustments are located on the last page of the RA

| Adjustment Reason Codes / NCPDP Rejection Codes |
|---|
| 119 : Benefit maximum for this time period or occurrence has been reached. |
| 15 : The authorization number is missing, invalid, or does not apply to the billed services or provider. |
| 16 : Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present. |
| 18 : Exact duplicate claim/service (Use only with Group Code OA except where state workers' compensation regulations requires CO) |
| 35 : Lifetime benefit maximum has been reached. |
| 96 : Non-covered charge(s). At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present. |
| Remark Codes |
| N20 : Service not payable with other service rendered on the same date. |
| N329 : Missing/incomplete/invalid patient birth date. |
| N37 : Missing/incomplete/invalid tooth number/letter. |
| N39 : Procedure code is not compatible with tooth number/letter. |

- The complete list of Federal codes can be located on <http://www.wpc-edi.com/reference/>

Online Resources

Online Resources

- [Medicaid Providers' Home \(www.hca.wa.gov/billers-providers\)](http://www.hca.wa.gov/billers-providers)

The screenshot shows the 'Billers and Providers' page on the Washington State Health Care Authority website. The page features a navigation bar with 'Search', 'Home', 'About HCA', and 'Contact HCA'. Below the navigation bar, there is a breadcrumb trail 'Home > Billers & providers' and a main heading 'Billers and Providers' with a 'ProviderOne' button. A secondary navigation bar includes 'Forms & publications', 'News', 'Electronic Health Records (EHR)', and 'Contact Us'. The main content area has a background image of a smiling female doctor. Three featured links are listed: 'New Apple Health provider?', 'Dental program changes', and 'New rates start July 1'. Below these are three columns of resources: 'Claims and billing' (including 'Getting started', 'Provider resources', and 'HIPAA EDI'), 'ProviderOne resources' (including 'Billing and Resource Guide', 'user manuals', 'Security', and 'social services'), and 'Programs and services' (including 'benefit packages', 'Autism', 'Dental', and 'Durable medical equipment').

Washington State Health Care Authority

Search Home About HCA Contact HCA

Home > Billers & providers

Billers and Providers

ProviderOne

Forms & publications News Electronic Health Records (EHR) Contact Us

- [New Apple Health provider?](#)
- [Dental program changes](#)
- [New rates start July 1](#)

Claims and billing

- Getting started
- Provider resources (billing guides/fee schedules)
- HIPAA Electronic Data Interchange (EDI)

ProviderOne resources

- ProviderOne Billing and Resource Guide
- ProviderOne user manuals
- ProviderOne Security
- ProviderOne for social services

Programs and services

- Program benefit packages and scope of services
- Autism (Applied Behavior Analysis)
- Dental
- Durable medical equipment and


Online Resources

➤ ProviderOne Billing and Resource Guide

July 1, 2016

Washington State
Health Care Authority

ProviderOne Billing and Resource Guide



This Guide:

- Provides general information that applies to most Medicaid providers.
- Takes providers through the process of billing the Washington Apple Health program of the Health Care Authority for covered services delivered to eligible clients.

Washington
Apple Health

Every effort has been made to ensure this guide's accuracy. However, in the unlikely event of an actual or apparent conflict between this document and an Agency rule, the Agency rule controls.

Home > Billers & providers > ProviderOne resources > ProviderOne Billing and Resource Guide

Billers and Providers

ProviderOne

Forms & publications News Electronic Health Records (EHR) Contact Us

ProviderOne Billing and Resource Guide

A complete guide for using ProviderOne.

On this page

- [Paperless billing at HCA](#)
- [Provider billing guides and fee schedules](#)
- [Appendixes](#)

The ProviderOne Billing and Resource Guide gives step-by-step instruction to help provider billing staff:

- Find client eligibility for services.
- Bill in a timely fashion.
- Receive accurate payments for covered services.

The guide is intended to:

- Strengthen the current instructions that apply to nearly all types of providers.
- Respond to provider requests for more step-by-step reference materials for ProviderOne.

Stay informed!
Sign up for Provider Alerts

ProviderOne Billing and Resource Guide (complete guide)

Online Resources

➤ Helpful Links Related To Client Eligibility

For the following fact sheets, use the hyperlink listed below:

- Client Services Card Fact Sheet
- Client Eligibility Verification Fact Sheet
- Interactive Voice Response Fact Sheet
- Magnetic Card Reader Fact Sheet
- Visit the [Fact sheets web page](#) and scroll down to the Client eligibility section

Fact sheet to assist checking eligibility – [Successful eligibility checks using ProviderOne.](#)

ProviderOne Billing and Resource Guide:

[ProviderOne Billing and Resource Guide web page](#)

Online Resources

[ProviderOne resources web page](#) for links to recorded Webinars, E-Learning, and Manuals

Provider Enrollment website

- [Washington Apple Health \(Medicaid\) providers web page](#)

Billing Questions

- [Contact us web form](#)

Questions?

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Additional Contact Information

- Contracts Office: contracts@hca.wa.gov
- Accounting Office: HCASchoolBased@hca.wa.gov
- ProviderOne Assistance: ProviderRelations@hca.wa.gov
- Provider Enrollment Questions: 1-800-562-3022 ext 16137 or ProviderRelations@hca.wa.gov
- ProviderOne Password Reset/New User Set Up: provideronesecurity@hca.wa.gov