

# ProviderOne Provider System User Manual



## Managing Claims

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### Disclaimer:

A contract, known as the Core Provider Agreement, governs the relationship between the State of Washington and Medical Assistance providers. The Core Provider Agreement's terms and conditions incorporate federal laws, rules and regulations, state laws, rules and regulations, as well as program policies, numbered memoranda, and billing instructions, including the materials located in this presentation.

Providers must submit a claim in accordance with the rules, policies, numbered memoranda, and billing instructions in effect at the time they provided the service. Every effort has been made to ensure the accuracy of this material. However, in the unlikely event of an actual or apparent conflict between this material and a department rule, the department rule controls.

# ProviderOne Provider System User Manual

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# Managing Claims

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## Using ProviderOne to View, Adjust, Void, and Resubmit Claims

The following ProviderOne tasks are covered in this section:

- [Viewing and Downloading the Remittance Advice](#)
- [Viewing the Status of Submitted Claims](#)
- [Adjusting or Voiding Paid Claims](#)
- [Resubmitting a Denied or Voided Claim](#)
- [Managing Saved Claims](#)
- [Creating Claims from Saved Templates](#)
- [Managing Templates](#)
- [Managing Batch Claim Submission](#)

# ProviderOne Provider System User Manual

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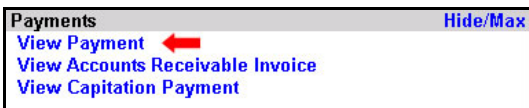
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## Viewing and Downloading the Remittance Advice

### Accessing the Payment Summary List



From the Provider Portal, click the View Payment link.



ProviderOne displays the RA/ETRR Payment List.

Welcome **Brown, Betty** . You have logged-in with **EXT Provider Managed Care Only** profile. Links: **--Select--**

Path: **Provider Portal/ Payment Summary List**  
ProviderOne Id/NPI : 2857403 / 5522336671 Name: Mario Health Center

Close

RA/ETRR Payment List:

Filter By :  And  Go

RA/ETRR Number	Check Number	Check/ETRR Date	RA Date	Claim Count	Charges	Payment Amount	Adjusted Amount	Download
123456XYX		09/15/2009		1	\$1,159.00	\$926.00	\$233.00	

<< Prev Viewing Page 1 Next >> 1 Go Page Count SaveToXLS

Figure 1 – RA/ETRR Payment List

### About the RA/ETRR Payment List

- The RA/ETRR Payment List is used to view and download the Remittance Advice.

# ProviderOne Provider System User Manual

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# ProviderOne Provider System User Manual

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## Viewing the Remittance Advice



From the RA/ETRR Payment List, click the hyperlink located in the RA/ETRR Number column.

RA/ETRR Payment List:

Filter By :   And

RA/ETRR Number ▲ ▼	Check Number ▲ ▼	Check/ETRR Date ▲ ▼	RA Date ▲ ▼	Claim Count ▲ ▼	Charges ▲ ▼	Payment Amount ▲ ▼
<a href="#">123456XYX</a>		09/15/2009		1	\$1,159.00	\$928

Viewing Page 1 Next >> 1 Go Page Count Save To XLS



ProviderOne displays the Remittance Advice in PDF format.

## Downloading the Remittance Advice



From the RA/ETRR Payment List, click the hyperlink located in the Download column and save the file to your local drive. The RA will be in 835 electronic format.

# ProviderOne Provider System User Manual

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# ProviderOne Provider System User Manual

## Viewing the Status of Submitted Claims

### Accessing the Provider Claim Inquiry Search Page



From the Provider Portal, click the Claim Inquiry link.



ProviderOne displays the Provider Claim Inquiry Search page.

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: [REDACTED]\*

TCN:

Client ID:

Claim Service Period From:

Claim Service Period To:

Figure 2 - Provider Claim Inquiry Search



To search for a claim, enter the search criteria and click the Submit button.



If the search is successful, ProviderOne displays the Inquiry Claims List.

# ProviderOne Provider System User Manual

Welcome Brown, Betty . You have logged-in with EXT Provider Claims Submitter profile. Links: --Select--

Path: Provider Portal Search/Claim  
ProviderOne Id/NPI: [REDACTED] Name: [REDACTED]

Close [REDACTED]  
Provider NPI: [REDACTED]

**Claim Inquiry Providers List:**

<input type="checkbox"/>	TCN	Date of Service	Claim Status	Claim Charged Amount	Claim Payment Amount	Client Name	Client ID
<input type="checkbox"/>	[REDACTED]	3/09/2009	1: For more detailed information, see remittance advice	\$1,159.00	\$926.00	[REDACTED]	[REDACTED]

<< Prev Viewing Page 1 Next >> 1 Go Page Count SaveToXLS

**Figure 3 – Claim Inquiry Providers List**

## Viewing Claim Details



From the Inquiry Claims List, click the hyperlink in the TCN column.

ProviderOne displays the Claim Details page.

Close

**Claim Details:**

<b>Status Information Effective Date:</b> 09/03/2009	<b>TCN:</b> [REDACTED]
<b>Status Category Code:</b> F1: Finalized/Payment The claim/line has been paid.	<b>Status:</b> 1: For more detailed information, see remittance advice.
<b>Service Period:</b> From 09/09/2009 To 09/09/2009	
<b>Bill Type Identifier:</b>	<b>Medical Record Number:</b> 40477
<b>Charged Amount:</b> \$ 1,159.00	<b>Adjudication or Payment Date:</b> 09/10/2009
<b>Payment Amount:</b> \$ 926.00	<b>Check Issue or EFT Effective Date:</b> 09/10/2009
<b>Payment Method Code:</b>	<b>Check or EFT Trace Number:</b> 29999X
	<a href="#">Remit/Remark Codes</a>

**Provider Data:** [REDACTED]

**Provider NPI:** [REDACTED]

**Name or Servicing Organization:** DSHS

**Client Data:** [REDACTED]

**Name:** [REDACTED] **Client ID:** [REDACTED]

**Date of Birth:** [REDACTED] **Gender:** F

**Payer Data:**

**Name:** WASHINGTON STATE DSHS MAA **Identification:** 999XXX

**Unit Item Detail Data:**

<b>1.</b>	<b>Status Effective Date:</b> 09/10/2009	<b>Product or Service ID Qualifier:</b>
	<b>Status Category Code:</b> F1	
	<b>Status:</b> 1	
	<b>Procedure Code:</b> 20610	
	<b>Service Line Date:</b> From 09/09/2009 To 09/09/2009	<b>Revenue Code:</b>

**Figure 4 - Claim Details**



When you are finished viewing the page, click the Close button.

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## Adjusting or Voiding a Claim

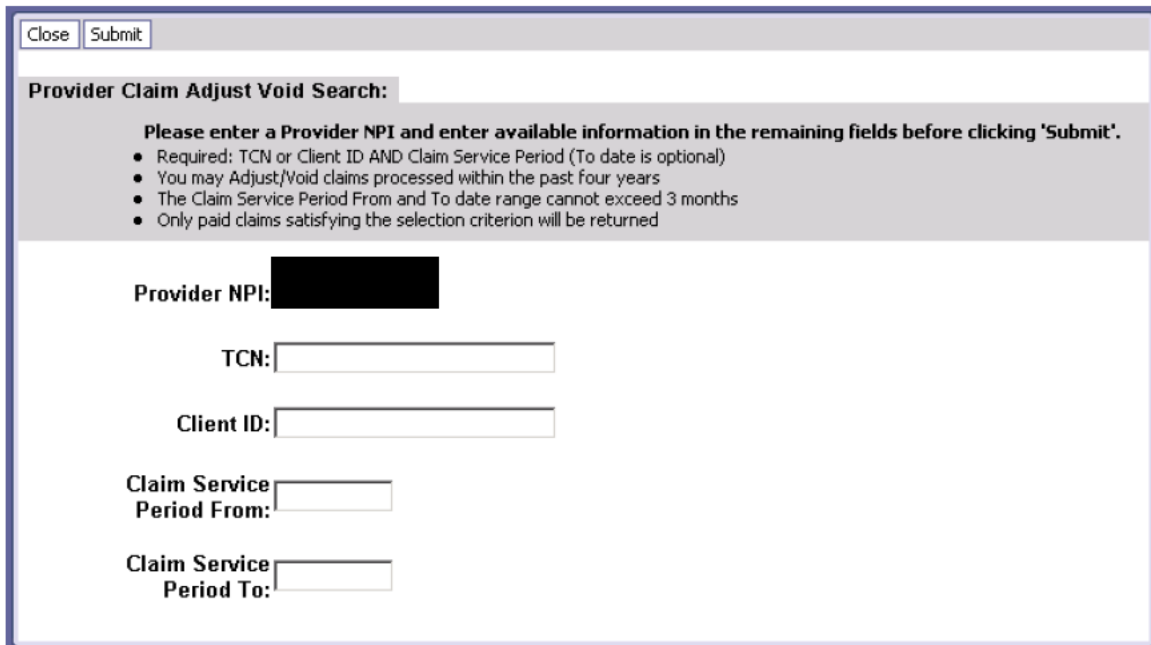
### Accessing the Provider Claim Adjust Void Search Page



From the Provider Portal, click the Claim Adjustment/Void link.



ProviderOne displays the Provider Claim Adjust Void Search page.



Close Submit

**Provider Claim Adjust Void 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 Adjust/Void claims processed within the past four years
- The Claim Service Period From and To date range cannot exceed 3 months
- Only paid claims satisfying the selection criterion will be returned

Provider NPI:

TCN:

Client ID:

Claim Service Period From:

Claim Service Period To:

Figure 5 - Provider Claim Adjust/Void Search

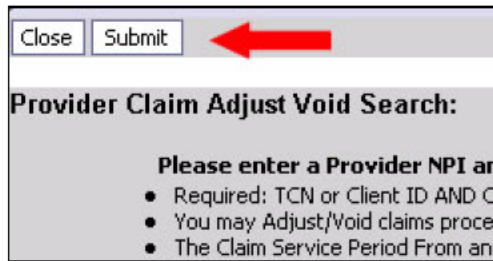
This page is intentionally blank.



## Searching for the Claim



Enter the required search information, and click the Submit button.



Close Submit

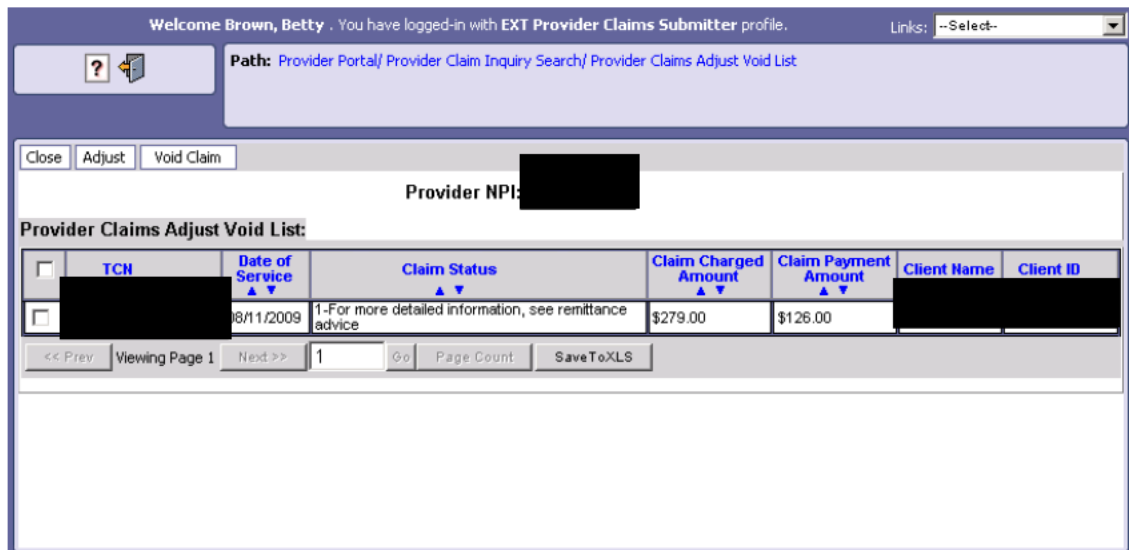
**Provider Claim Adjust Void Search:**

Please enter a Provider NPI and

- Required: TCN or Client ID AND C
- You may Adjust/Void claims proces
- The Claim Service Period From and



ProviderOne displays the Provider Claims Adjust Void List



Welcome Brown, Betty . You have logged-in with EXT Provider Claims Submitter profile. Links: --Select--

Path: Provider Portal/ Provider Claim Inquiry Search/ Provider Claims Adjust Void List

Close Adjust Void Claim

Provider NPI: [REDACTED]

**Provider Claims Adjust Void List:**

<input type="checkbox"/>	TCN	Date of Service	Claim Status	Claim Charged Amount	Claim Payment Amount	Client Name	Client ID
<input type="checkbox"/>	[REDACTED]	8/11/2009	1-For more detailed information, see remittance advice	\$279.00	\$126.00	[REDACTED]	[REDACTED]

<< Prev Viewing Page 1 Next >> 1 Go Page Count Save To XLS

Figure 6 - Provider Claims Adjust Void List

### About the Provider Claims Adjust Void List

- Only paid claims appear in the Provider Claims Adjust Void list.
- The list will be empty if the search was unsuccessful.

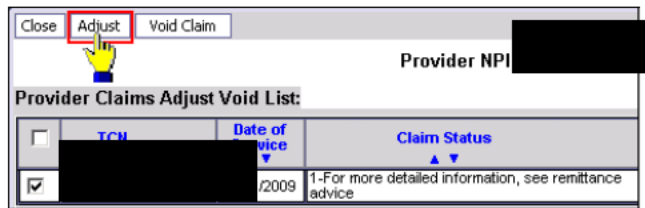
This page is intentionally blank.

## Adjusting a Claim

### Accessing the Adjust Claim Page



From the Provider Claims Adjust Void List, check the box next to the Claim to be adjusted and click the Adjust button.



Close Adjust Void Claim

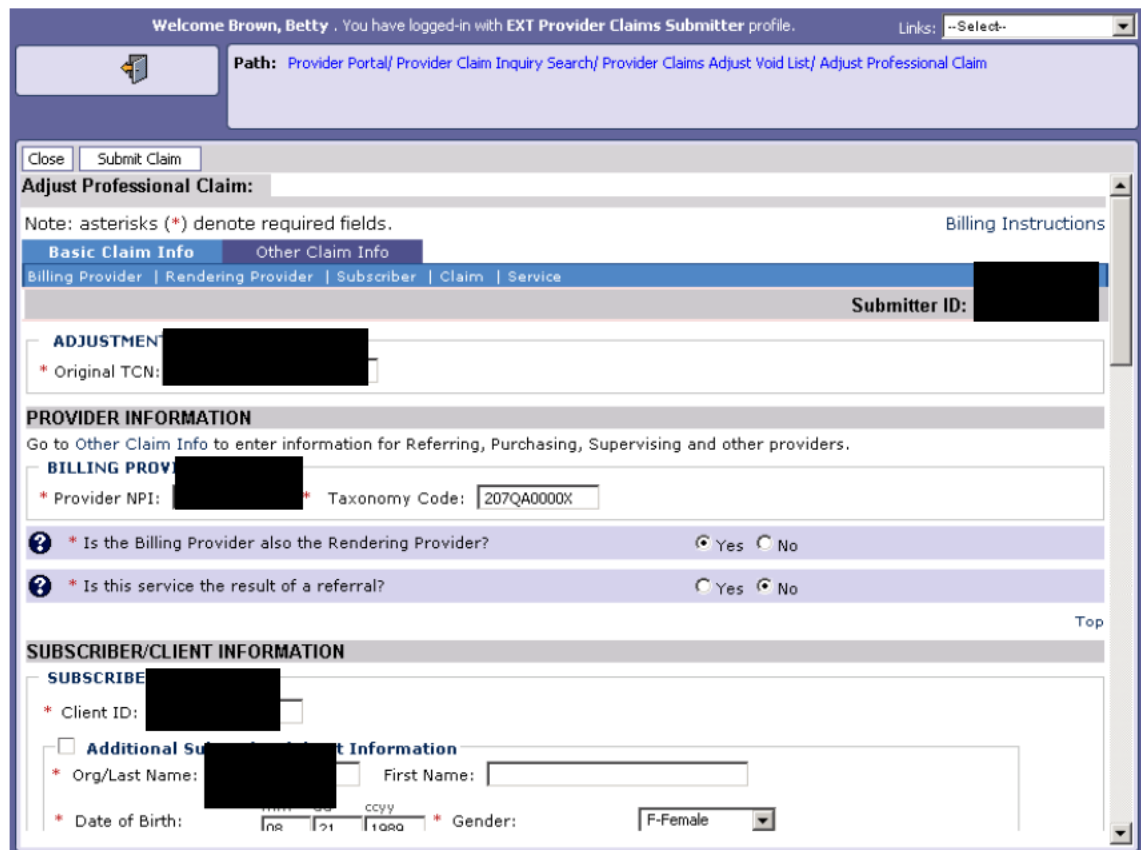
Provider NPI [REDACTED]

Provider Claims Adjust Void List:

<input type="checkbox"/>	TCN	Date of Service	Claim Status
<input checked="" type="checkbox"/>	[REDACTED]	1/2009	1-For more detailed information, see remittance advice



ProviderOne displays the Adjust Claim page and pre-fills the data entry fields with values from the selected claim.



Welcome Brown, Betty . You have logged-in with EXT Provider Claims Submitter profile. Links: --Select--

Path: Provider Portal/ Provider Claim Inquiry Search/ Provider Claims Adjust Void List/ Adjust Professional Claim

Close Submit Claim

**Adjust Professional Claim:**

Note: asterisks (\*) denote required fields. Billing Instructions

Basic Claim Info Other Claim Info

Billing Provider | Rendering Provider | Subscriber | Claim | Service

Submitter ID: [REDACTED]

**ADJUSTMENT** [REDACTED]

\* Original TCN: [REDACTED]

**PROVIDER INFORMATION**

Go to Other Claim Info to enter information for Referring, Purchasing, Supervising and other providers.

**BILLING PROVIDER**

\* Provider NPI: [REDACTED] \* Taxonomy Code: 207QA0000X

\* 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** [REDACTED]

\* Client ID: [REDACTED]

Additional Subscriber Information

\* Org/Last Name: [REDACTED] First Name: [REDACTED]

\* Date of Birth: [REDACTED] Gender: F-Female

Figure 7 - Adjust Professional Claim

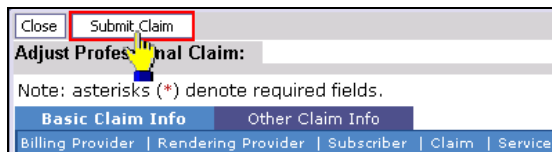
## About the Adjust Professional Claim Form

- The example above shows the Adjust Professional Claim form. If the adjusted claim is a Dental or Institutional claim, the appropriate form will display.
- The fields in this form are pre-populated from the selected claim.

## Adjusting the Claim



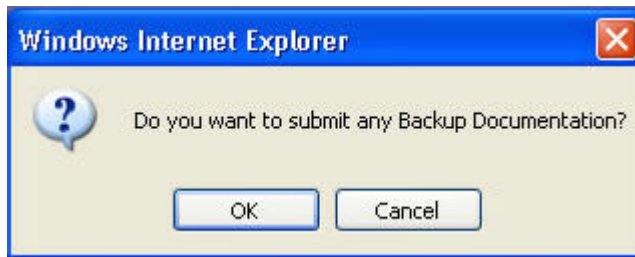
Edit the claim information as needed and click the Submit button. For additional information on ProviderOne Online Claims Forms, see the sections covering Online Claims Submission located in this Guide.



The screenshot shows a web form titled "Adjust Professional Claim". At the top, there are two buttons: "Close" and "Submit Claim", with a red box highlighting the "Submit Claim" button. Below the title, there is a text input field. A note states: "Note: asterisks (\*) denote required fields." Below the note, there are two tabs: "Basic Claim Info" (selected) and "Other Claim Info". At the bottom, there are several links: "Billing Provider", "Rendering Provider", "Subscriber", "Claim", and "Service".



ProviderOne marks the claim as adjusted, assigns a TCN for the new claim and prompts you to submit Backup Documentation.



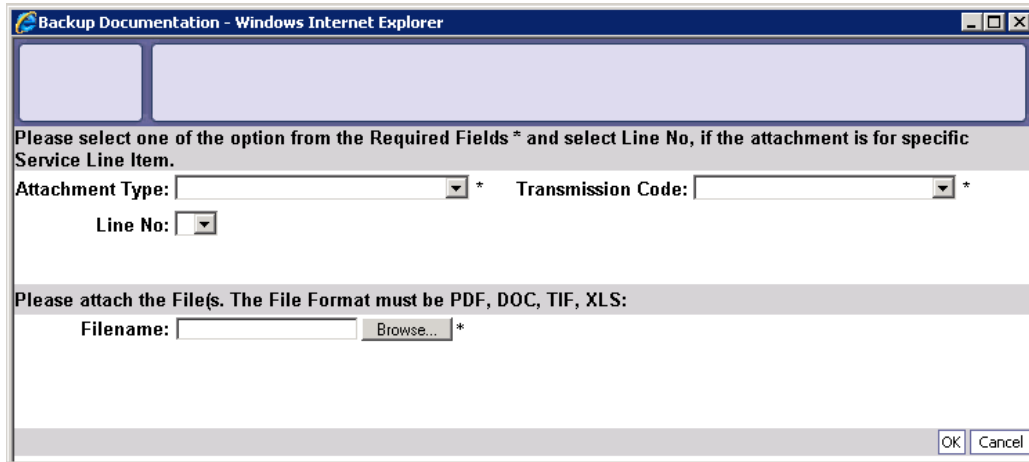
## Submitting Claims Backup Documentation



To submit backup documentation, click the Ok button.



ProviderOne displays the Claims Backup Documentation form.



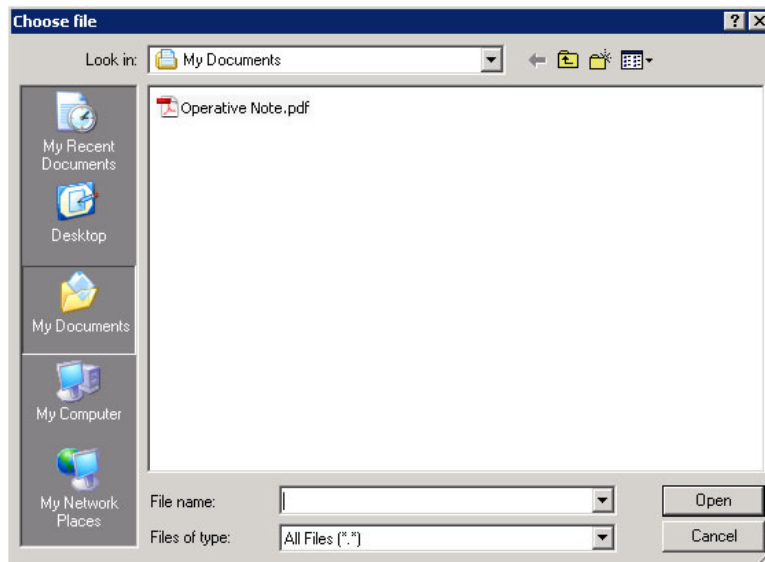
**Figure 8 - Claims Backup Documentation**



Select the Attachment Type and Transmission Code. If the Transmission Code is EL, click the Browse button and select the file to upload. If the Transmission Code is BM:By Mail, click the OK button.



ProviderOne displays a Windows Choose File dialog.



Select the file to attach and click the Open button.



ProviderOne displays the file in the Filename field.

**Please attach the File(s). The File Format must be PDF, DOC, TIF, XLS:**

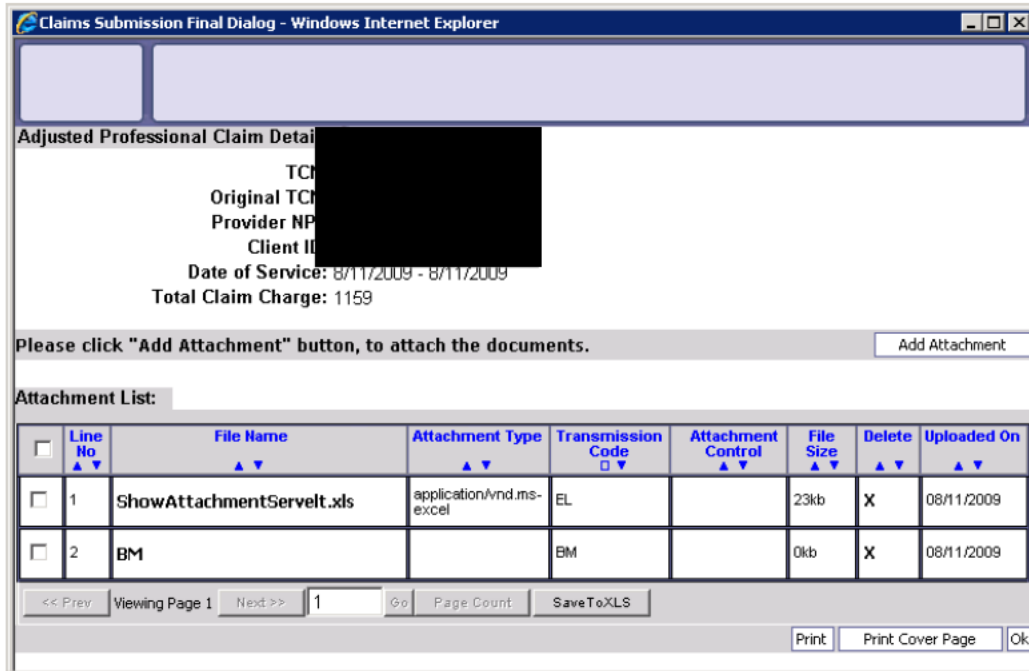
**Filename:** C:\Documents and Setting Browse... \*



Click the OK button.



ProviderOne displays the Adjusted Professional Claim Details page.



**Figure 9 - Adjusted Professional Claim Details**

## About the Adjusted Claim Details Page

- This page contains the new TCN and the Original TCN.
- If no BM: My Mail attachments exist, the Print Cover Page button will be disabled.

## Submitting Additional Attachments



From the Adjusted Claim Details page, click the Add Attachment button to access the Claims Backup Documentation form. Follow the instructions previously outlined in this section.

## Printing the Attachment Cover Page



Click the Print Cover Page button.



ProviderOne displays a PDF preview of the Cover Page.



Print this cover page, fill in the information required and include with mailed attachments.

DO NOT use previously saved cover pages, each page had bar coding unique to the transaction.

## Printing the Adjusted Claim Details



To print a copy of the adjusted claim, click the Print button.



ProviderOne displays a PDF preview of the claim details.



Print or Save this PDF file.

This page is intentionally blank.

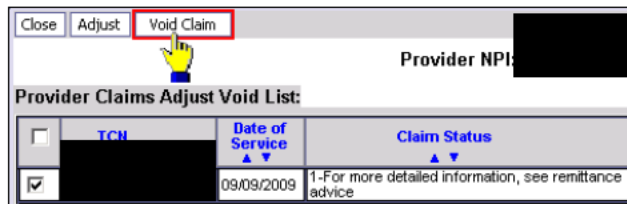


## Voiding a Claim

### Accessing the Void Claim Page



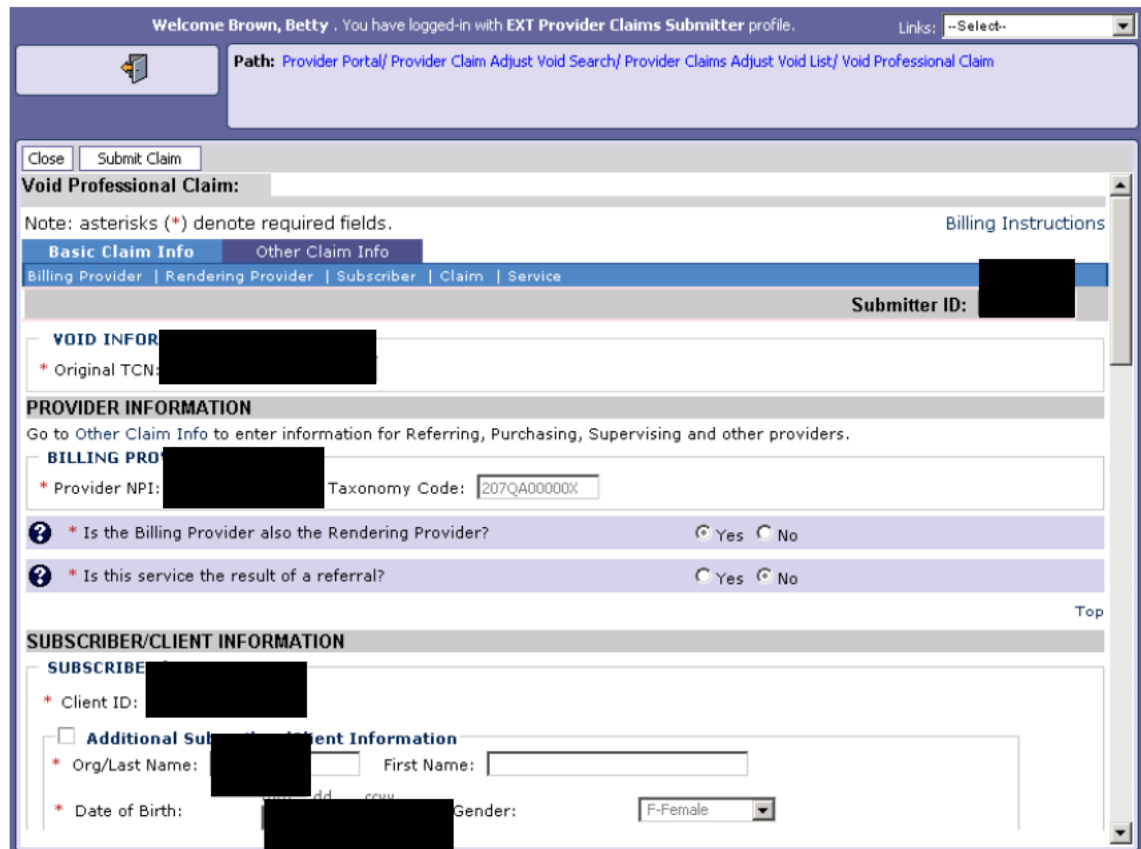
From the Provider Claims Adjust Void List, check the box next to the Claim to be voided and click the Void Claim button.



<input type="checkbox"/>	TCN	Date of Service	Claim Status
<input checked="" type="checkbox"/>	[REDACTED]	09/09/2009	1-For more detailed information, see remittance advice



ProviderOne displays the Void Claim form.



Welcome Brown, Betty . You have logged-in with EXT Provider Claims Submitter profile. Links: --Select--

Path: Provider Portal/ Provider Claim Adjust Void Search/ Provider Claims Adjust Void List/ Void Professional Claim

Close Submit Claim

**Void Professional Claim:**

Note: asterisks (\*) denote required fields. Billing Instructions

Basic Claim Info Other Claim Info

Billing Provider | Rendering Provider | Subscriber | Claim | Service

Submitter ID: [REDACTED]

**VOID INFORMATION**

\* Original TCN: [REDACTED]

**PROVIDER INFORMATION**

Go to Other Claim Info to enter information for Referring, Purchasing, Supervising and other providers.

**BILLING PROVIDER**

\* Provider NPI: [REDACTED] Taxonomy Code: 207QA00000X

\* 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 ID: [REDACTED]

Additional Subscriber Information

\* Org/Last Name: [REDACTED] First Name: [REDACTED]

\* Date of Birth: [REDACTED] Gender: F-Female

Figure 10 - Void Professional Claim

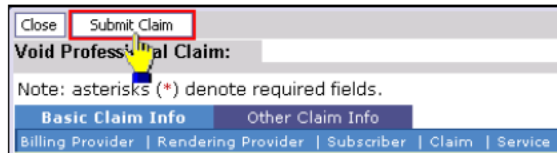
## About the Void Claim Page

- The information on this page cannot be edited.
- The example above shows the Void Professional Claim. If the claim being voided is a Dental or Institutional claim, the corresponding page will display.

## Voiding the Claim



To void the claim, click the Submit Claim button.



ProviderOne changes the status of the claim to Void, assigns a TCN for the voided transaction and displays the Voided Professional Claim Details page.

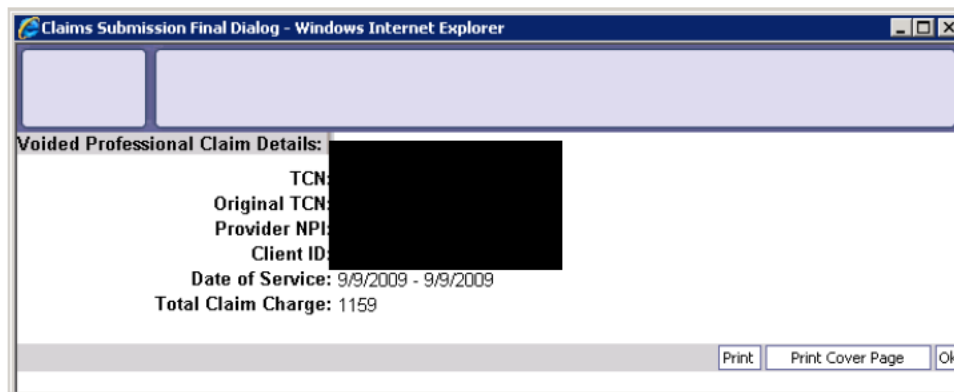


Figure 11 - Voided Professional Claim Details

### About the Voided Professional Claim Details Page

- The example above shows the Professional Claim version of this page.

## Printing the Voided Claim



From the Voided Claim Details page, click the Print button.



ProviderOne displays a PDF preview that can be saved or printed.

## Resubmitting a Denied or Voided Claim

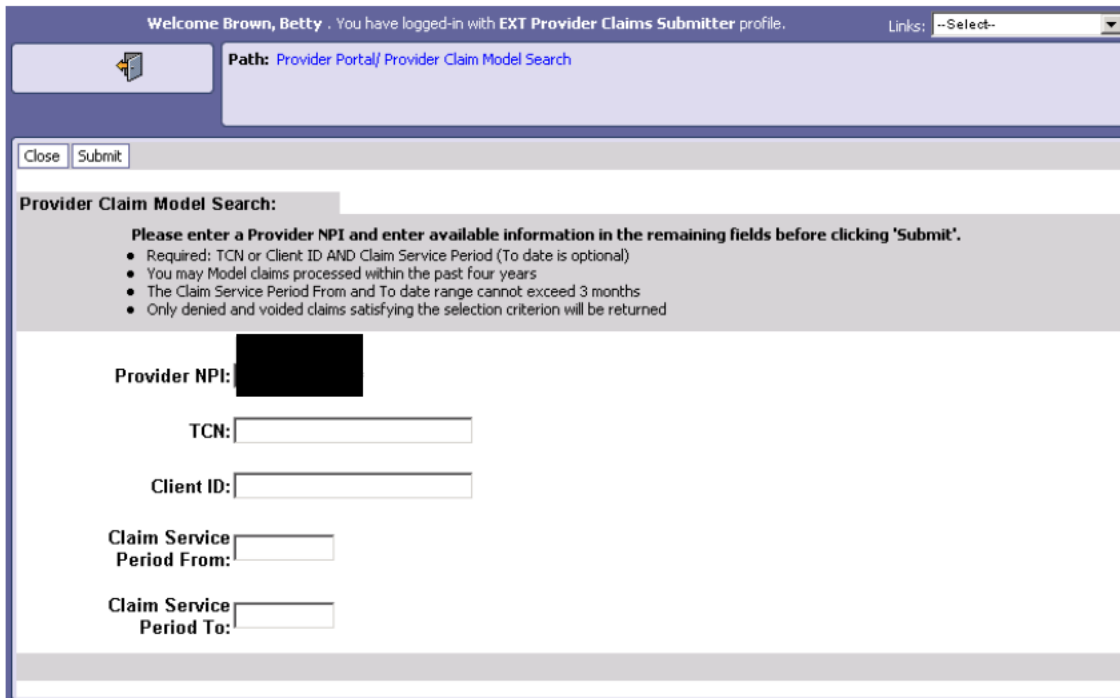
### Accessing the Provider Claim Model Search Page



From the Provider Portal, click the Resubmit Denied/Voided Claim link.



ProviderOne displays the Provider Claim Model Search page.



Welcome Brown, Betty . You have logged-in with EXT Provider Claims Submitter profile. Links: --Select--

Path: Provider Portal/ Provider Claim Model Search

Close Submit

**Provider Claim Model 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 Model claims processed within the past four years
- The Claim Service Period From and To date range cannot exceed 3 months
- Only denied and voided claims satisfying the selection criterion will be returned

Provider NPI:

TCN:

Client ID:

Claim Service Period From:

Claim Service Period To:

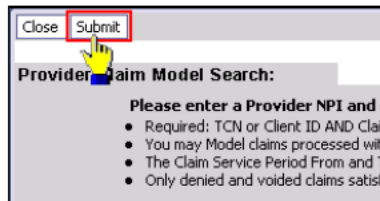
Figure 12 - Provider Claim Model Search

This page is intentionally blank.

## Searching for the Claim



Enter the required search information, and click the Submit button.



Close Submit

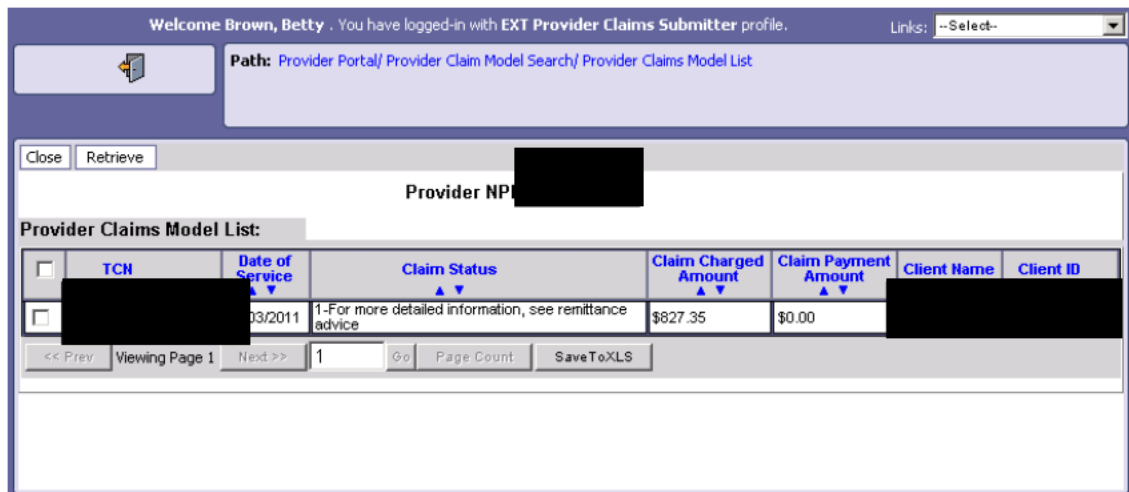
**Provider Claim Model Search:**

Please enter a Provider NPI and

- Required: TCN or Client ID AND Claim
- You may Model claims processed with
- The Claim Service Period From and To
- Only denied and voided claims satisfy



ProviderOne displays the Provider Claims Model List.



Welcome Brown, Betty . You have logged-in with EXT Provider Claims Submitter profile. Links: --Select--

Path: Provider Portal/ Provider Claim Model Search/ Provider Claims Model List

Close Retrieve

Provider NPI [REDACTED]

**Provider Claims Model List:**

<input type="checkbox"/>	TCN	Date of Service	Claim Status	Claim Charged Amount	Claim Payment Amount	Client Name	Client ID
<input type="checkbox"/>	[REDACTED]	03/2011	1-For more detailed information, see remittance advice	\$827.35	\$0.00	[REDACTED]	[REDACTED]

<< Prev Viewing Page 1 Next >> 1 Go Page Count SaveToXLS

Figure 13 – Provider Claims Model List

## Retrieving a Claim



From the Claims List, check the box next to the Claim to be retrieved and click the Retrieve button.



Close Retrieve

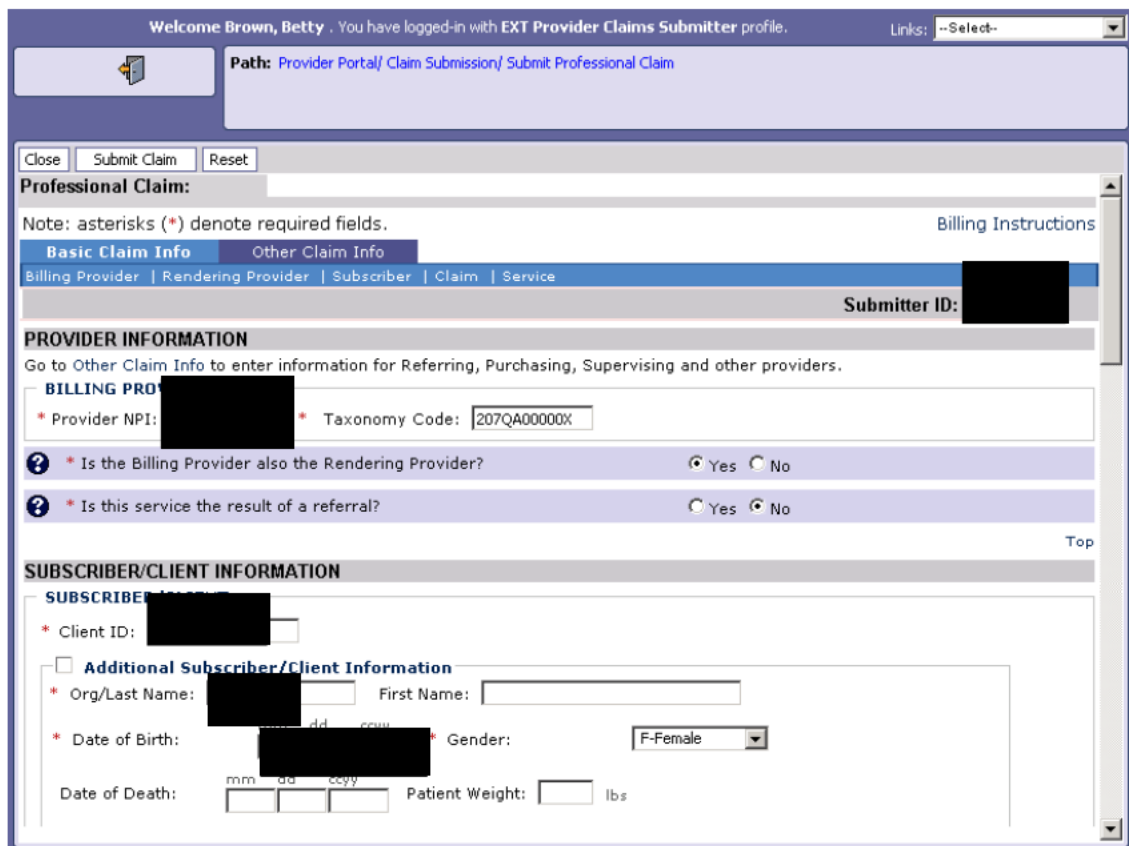
Provider NP: [REDACTED]

Provider Claims Model List:

	TCH	Date of Service	Claim Status
<input type="checkbox"/>	[REDACTED]	[REDACTED]	[REDACTED]
<input checked="" type="checkbox"/>	[REDACTED]	03/2011	1-For more detailed information, see remittance advice



ProviderOne displays the Claims Entry page and pre-fills all claim data entry fields with the values from the selected claim.



Welcome Brown, Betty . You have logged-in with EXT Provider Claims Submitter profile. Links: --Select--

Path: Provider Portal/ Claim Submission/ Submit Professional Claim

Close 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: [REDACTED]

**PROVIDER INFORMATION**

Go to Other Claim Info to enter information for Referring, Purchasing, Supervising and other providers.

**BILLING PROVIDER**

\* Provider NPI: [REDACTED] \* Taxonomy Code: 207QA00000X

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

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

**SUBSCRIBER/CLIENT INFORMATION**

**SUBSCRIBER**

\* Client ID: [REDACTED]

Additional Subscriber/Client Information

\* Org/Last Name: [REDACTED] First Name: [REDACTED]

\* Date of Birth: [REDACTED] Gender: F-Female

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

Figure 14 - Professional Claim

### About the Claim Entry Form

- The example above shows an empty Professional Claims Entry form.
- The fields in this form are pre-populated from the selected claim.

## Resubmitting the Claim



Edit the claim information as needed and click the Submit button. For additional information on ProviderOne Online Claims Forms, see the sections covering Online Claims Submission located in this Guide.



Close **Submit Claim** Reset

Professional **Claim:**

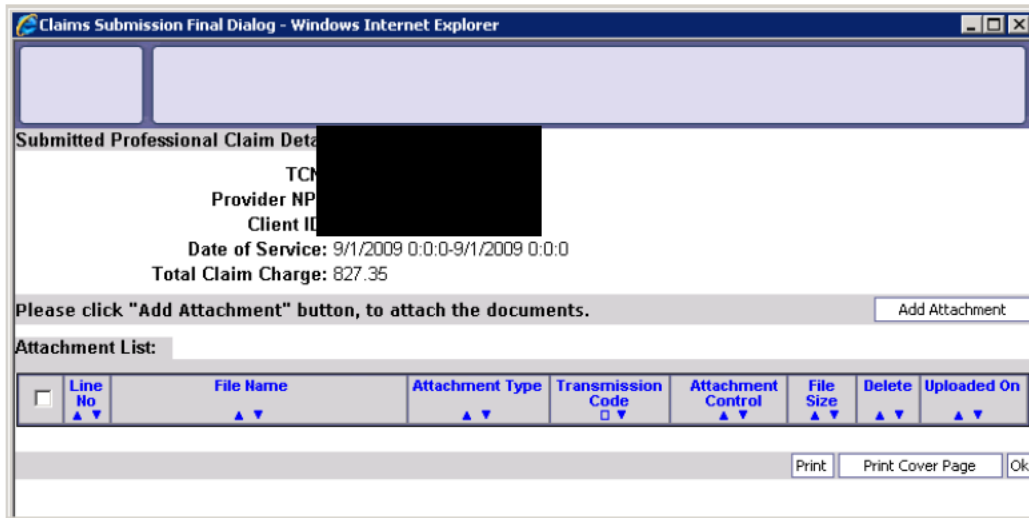
Note: asterisks (\*) denote required fields.

Basic Claim Info Other Claim Info

Billing Provider | Rendering Provider | Subscriber



ProviderOne assigns a TCN for the new claim and displays the Submitted Claims Details page.



Claims Submission Final Dialog - Windows Internet Explorer

Submitted Professional Claim Details

TCN: [REDACTED]

Provider NP: [REDACTED]

Client ID: [REDACTED]

Date of Service: 9/1/2009 0:0:0-9/1/2009 0:0:0

Total Claim Charge: 827.35

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

Attachment List:

<input type="checkbox"/>	Line No	File Name	Attachment Type	Transmission Code	Attachment Control	File Size	Delete	Uploaded On
	▲ ▼	▲ ▼	▲ ▼	□ ▼	▲ ▼	▲ ▼	▲ ▼	▲ ▼

**Figure 15 - Submitted Professional Claim Details**

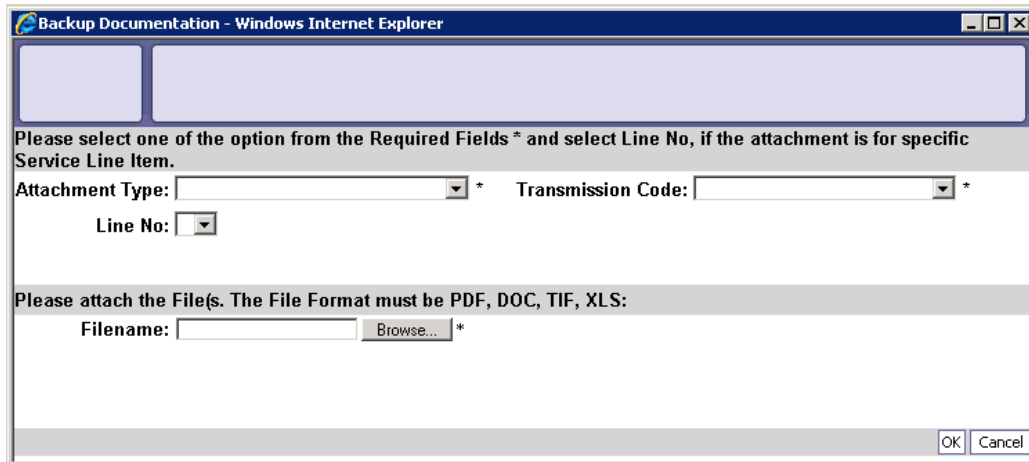


## Submitting Claims Backup Documentation



To submit backup documentation, click the Add Attachment button.

ProviderOne displays the Claims Backup Documentation form.



Backup Documentation - Windows Internet Explorer

Please select one of the option from the Required Fields \* and select Line No, if the attachment is for specific Service Line Item.

Attachment Type:  \*    Transmission Code:  \*

Line No:

Please attach the File(s). The File Format must be PDF, DOC, TIF, XLS:

Filename:  Browse... \*

OK    Cancel

**Figure 16 - Claims Backup Documentation**

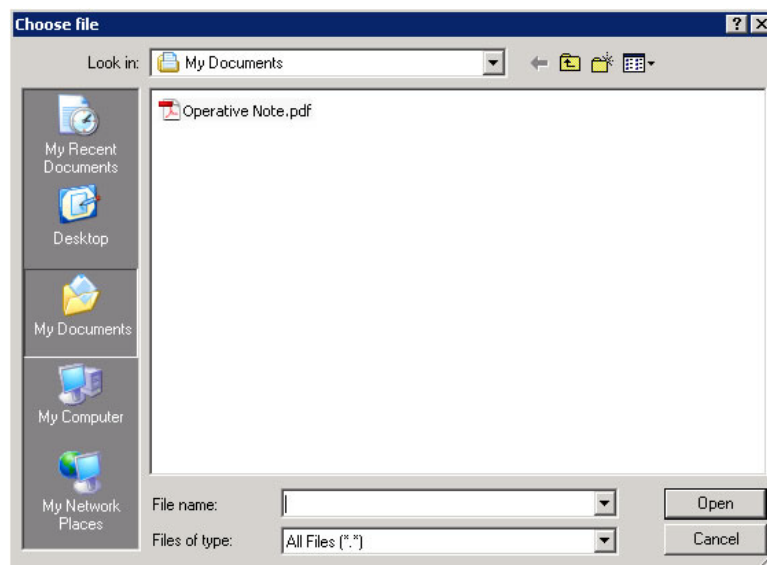


Select the Attachment Type and Transmission Code. If the Transmission Code is EL, click the Browse button and select the file to upload.

If the Transmission Code is BM:By Mail, click the OK button.



ProviderOne displays a Windows Choose File dialog.





Select the file to attach and click the Open button.

ProviderOne displays the file in the Filename field.

<b>Please attach the File(s). The File Format must be PDF, DOC, TIF, XLS:</b>	
Filename: C:\Documents and Setting	<input type="button" value="Browse..."/> *

## Printing the Attachment Cover Page



Click the Print Cover Page button.



ProviderOne displays a PDF preview of the Cover Page.

Print this cover page, fill in the information required and include with mailed attachments.

<b>DO NOT use previously saved cover pages, each page has bar coding unique to the transaction.</b>
---

## Printing the Claim Details



To print a copy of the claim, click the Print button.



ProviderOne displays a PDF preview of the claim details.

Print or Save this PDF file.

This page is intentionally blank.

## Managing Saved Claims

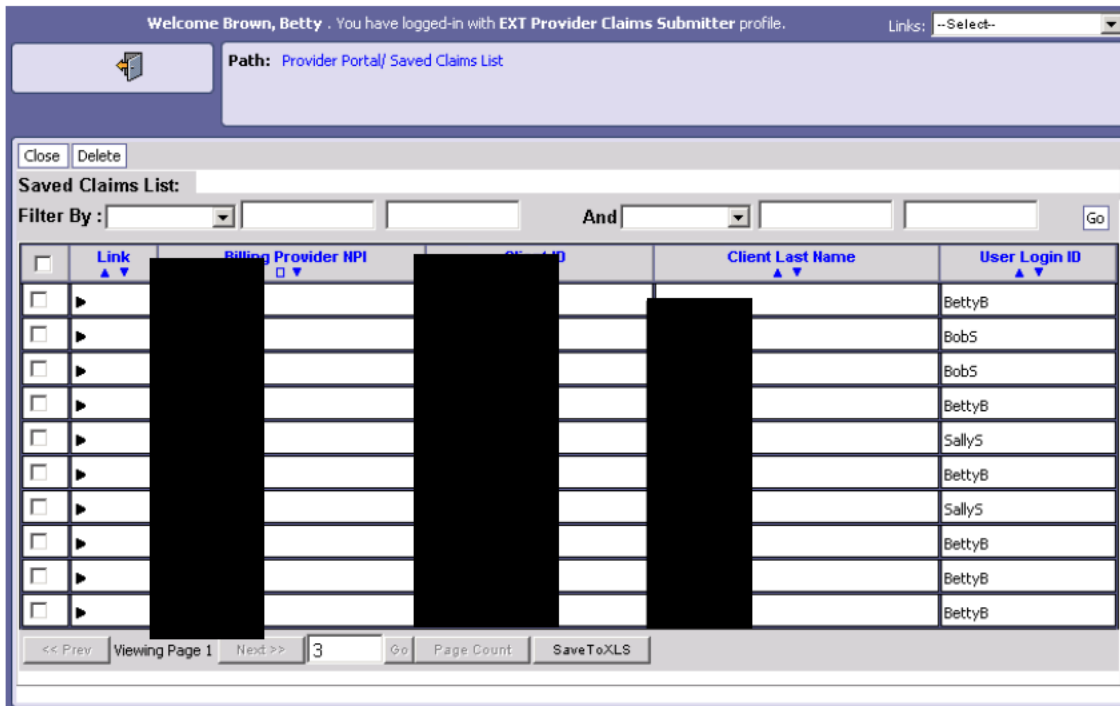
### Access the Saved Claims List



From the Provider Portal, click the Retrieve Saved Claims hyperlink.



ProviderOne launches the Saved Claims List.



Welcome Brown, Betty . You have logged-in with EXT Provider Claims Submitter profile. Links: --Select--

Path: Provider Portal/ Saved Claims List

Close Delete

Saved Claims List:

Filter By: [ ] [ ] And [ ] [ ] [ ] Go

<input type="checkbox"/>	Link	Billing Provider NPI	Client Last Name	User Login ID
<input type="checkbox"/>	▶	[REDACTED]	[REDACTED]	BettyB
<input type="checkbox"/>	▶	[REDACTED]	[REDACTED]	BobS
<input type="checkbox"/>	▶	[REDACTED]	[REDACTED]	BobS
<input type="checkbox"/>	▶	[REDACTED]	[REDACTED]	BettyB
<input type="checkbox"/>	▶	[REDACTED]	[REDACTED]	SallyS
<input type="checkbox"/>	▶	[REDACTED]	[REDACTED]	BettyB
<input type="checkbox"/>	▶	[REDACTED]	[REDACTED]	SallyS
<input type="checkbox"/>	▶	[REDACTED]	[REDACTED]	BettyB
<input type="checkbox"/>	▶	[REDACTED]	[REDACTED]	BettyB
<input type="checkbox"/>	▶	[REDACTED]	[REDACTED]	BettyB


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Figure 17 – Saved Claims List

## Retrieve a Saved Claim for Data Entry and Claim Submission



From the Saved Claims List, click the Link icon for the Saved Claim to be submitted.

Close Delete		Saved Claims List:			
Filter By :		And		Go	
<input type="checkbox"/>	Link	Billing Provider NPI	Client ID	Client Last Name	User Login ID
<input type="checkbox"/>		[REDACTED]	[REDACTED]	[REDACTED]	BettyB
<input type="checkbox"/>					BobS



ProviderOne loads the Saved Claim information into the Direct Data Entry form where it can be completed and submitted or resaved.

## Delete a Saved Claim



Select one or more Saved Claims to be deleted.

<input type="checkbox"/>	Link	Billing Provider NPI	Client ID	Client Last Name	User Login ID
<input checked="" type="checkbox"/>		[REDACTED]	[REDACTED]	[REDACTED]	BettyB

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Click the Delete button.

Close	Delete
Saved Claims List:	



ProviderOne displays a message confirming the deletion.

Windows Internet Explorer

?

Are you sure you want to delete the selected saved claims?

OK Cancel



Click OK to delete, or Cancel to return to the Saved Claims list without deleting.



## Select a Template From the List



Click the Template Name hyperlink for the template that will be used to create a claim.

Template Name ▲ ▼	Type ▲ ▼	Last Updated By ▲ ▼	Last Updated □ ▼
<a href="#">Institutional Claim Template 1</a>	Institutional	BettyB	10/2/2010
<a href="#">Professional Claim Template 1</a>	Professional	BettyB	10/2/2010
<a href="#">Dental Claim Template 1</a>	Dental	BettyB	10/2/2010



ProviderOne loads the template data into the appropriate Direct Data Entry claim form.



Make modifications to the claim form as required and save or submit the claim using standard Direct Data Entry methods.

## Managing Templates

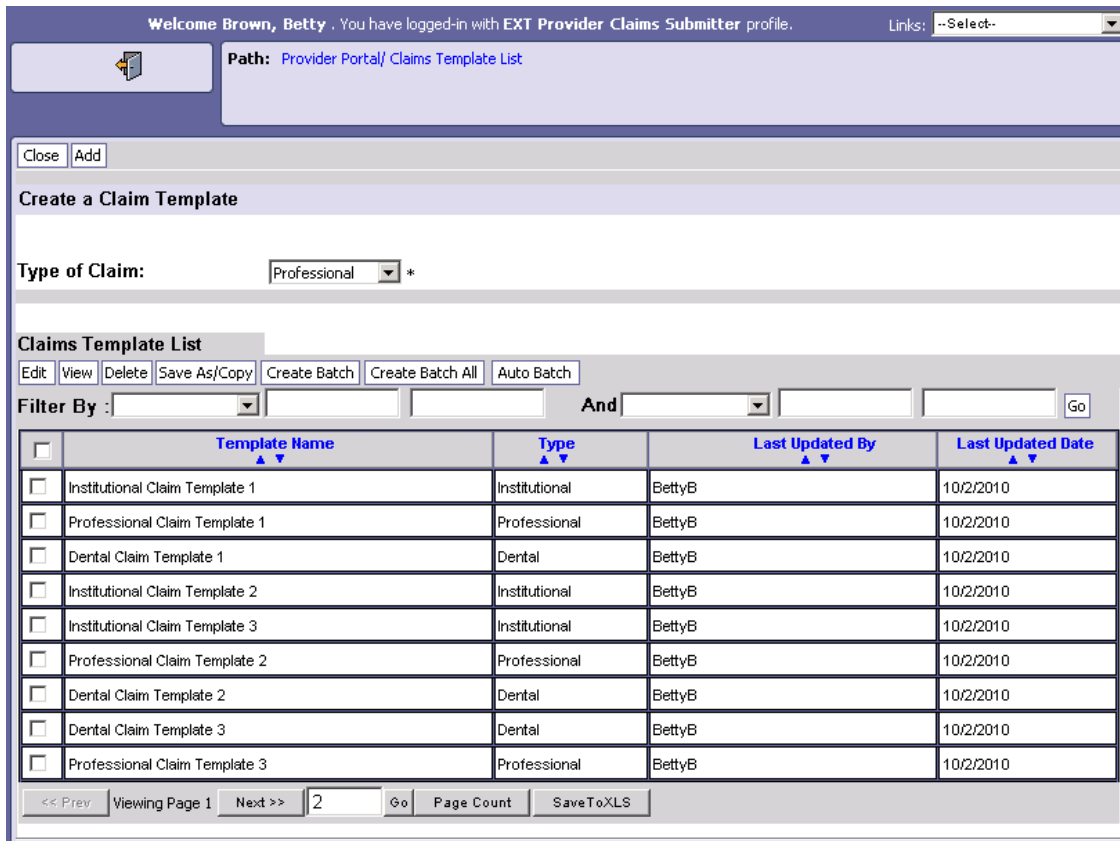
View a List of Claim Templates



From the Provider Portal, click the Manage Templates link.



ProviderOne displays the Claim Template List.



Welcome Brown, Betty . You have logged-in with EXT Provider Claims Submitter profile. Links: --Select--

Path: Provider Portal/ Claims Template List

Close Add

Create a Claim Template

Type of Claim: Professional \*

Claims Template List

Edit View Delete Save As/Copy Create Batch Create Batch All Auto Batch

Filter By : [ ] And [ ] [ ] Go

<input type="checkbox"/>	Template Name	Type	Last Updated By	Last Updated Date
<input type="checkbox"/>	Institutional Claim Template 1	Institutional	BettyB	10/2/2010
<input type="checkbox"/>	Professional Claim Template 1	Professional	BettyB	10/2/2010
<input type="checkbox"/>	Dental Claim Template 1	Dental	BettyB	10/2/2010
<input type="checkbox"/>	Institutional Claim Template 2	Institutional	BettyB	10/2/2010
<input type="checkbox"/>	Institutional Claim Template 3	Institutional	BettyB	10/2/2010
<input type="checkbox"/>	Professional Claim Template 2	Professional	BettyB	10/2/2010
<input type="checkbox"/>	Dental Claim Template 2	Dental	BettyB	10/2/2010
<input type="checkbox"/>	Dental Claim Template 3	Dental	BettyB	10/2/2010
<input type="checkbox"/>	Professional Claim Template 3	Professional	BettyB	10/2/2010

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Figure 19 – Claims Template List



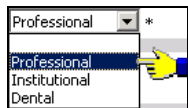
## About the Claim Template List

- The Claim Template List contains all Templates for this Provider.
- Claim Templates can be created, viewed, edited, deleted and copied.
- Claim Templates can be grouped into Claim Template Batches.

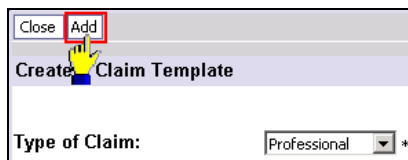
## Create a Claim Template



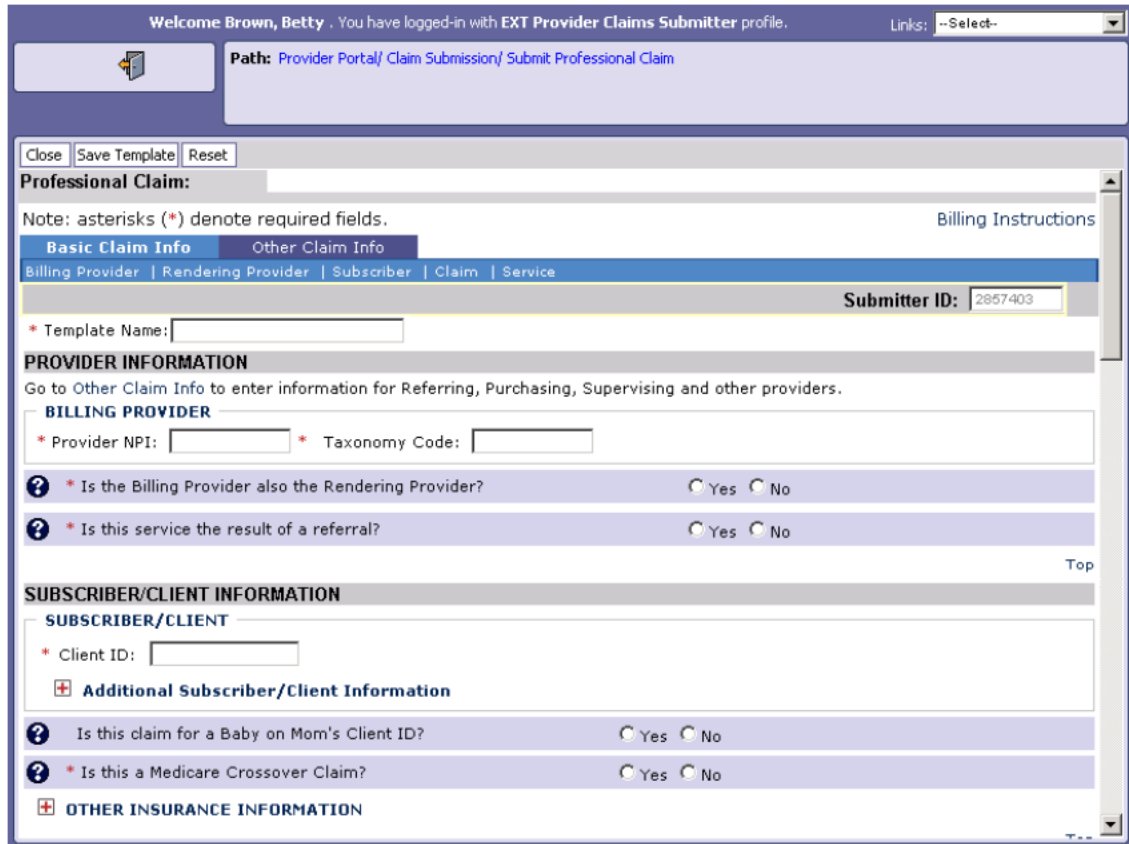
From the Claim Template List, open the Type of Claim menu and select the Type of Claim Template that will be created.



Click the Add button.



ProviderOne launches the Template Version of the Direct Data Entry claim form for the Template Type selected.



Welcome Brown, Betty . You have logged-in with EXT Provider Claims Submitter profile. Links: --Select--

Path: Provider Portal/ Claim Submission/ Submit Professional Claim

Close Save Template 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: 2857403

\* Template Name:

**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

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**SUBSCRIBER/CLIENT INFORMATION**

**SUBSCRIBER/CLIENT**

\* Client ID:

+ Additional Subscriber/Client Information

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

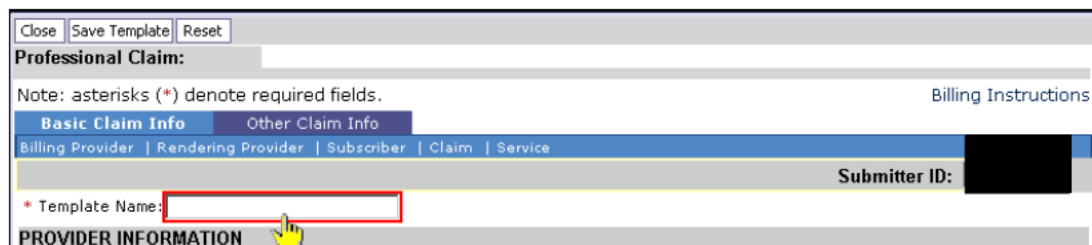
? \* Is this a Medicare Crossover Claim?  Yes  No

+ **OTHER INSURANCE INFORMATION**

**Figure 20 – Professional Claim Form – Template Version**



Enter a Template Name into the Template Name field. Template names must be unique.



Close Save Template 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:

\* Template Name:

**PROVIDER INFORMATION**



Complete the Template Direct Data Entry form using standard Direct Data Entry claim form methods.

### ***Minimum required data entry elements for creating claim templates.***

#### **Professional Claim Templates:**

- PROVIDER INFORMATION Section
  - Answer Question: Is the Billing or Pay-To-Provider also the Rendering Provider?

- Answer Question: Is this service the result of a referral?
- SUBSCRIBER/CLIENT Section
  - Answer Question: Is this a Medicare Crossover Claim?
- CLAIM INFORMATION Section
  - Answer Question: Is this claim accident related?
- BASIC LINE ITEM INFORMATION Section
  - Basic Line Items are not required to create templates.

### **Institutional Claim Templates:**

- PROVIDER INFORMATION Section
  - No data entry elements are required in this section when creating an Institutional Claim Template.
- SUBSCRIBER/CLIENT Section
  - No data entry elements are required in this section when creating an Institutional Claim Template.
- CLAIM INFORMATION Section
  - Answer Question: Is this a Medicare Crossover Claim?
- SERVICE LINE ITEM INFORMATION Section
  - Service Line Items are not required to create claim templates.

### **Dental Claim Templates:**

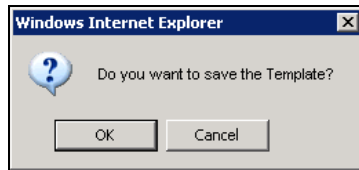
- PROVIDER INFORMATION Section
  - Answer Question: Is the Billing or Pay-To-Provider also the Rendering Provider?
- SUBSCRIBER/CLIENT Section
  - No data entry elements are required in this section when creating a Dental Claim Template.
- CLAIM INFORMATION Section
  - Answer Question: Is this claim accident related?
- BASIC LINE ITEM INFORMATION Section
  - Basic Line Items are not required to create templates.



After completing the Claim Template, click the Save Template button.



Click OK to save the template, or Cancel to return to the Claim Template form.



If ProviderOne detects any missing or invalid data an error message will be displayed. All missing required data and data entry errors must be corrected before a claim template can be saved.



If no missing data or invalid data is detected, ProviderOne saves the claim template, closes the Claim Template Form, and returns to the Claim Templates List.

Welcome Brown, Betty . You have logged-in with EXT Provider Claims Submitter profile. Links: --Select--

Path: Provider Portal/ Claims Template List

Close Add

Create a Claim Template

Type of Claim: Professional \*

Claims Template List

Edit View Delete Save As/Copy Create Batch Create Batch All Auto Batch

Filter By : [ ] And [ ] [ ] Go

<input type="checkbox"/>	Template Name	Type	Last Updated By	Last Updated Date
<input type="checkbox"/>	Institutional Claim Template 1	Institutional	BettyB	10/2/2010
<input type="checkbox"/>	Professional Claim Template 1	Professional	BettyB	10/2/2010
<input type="checkbox"/>	Dental Claim Template 1	Dental	BettyB	10/2/2010
<input type="checkbox"/>	Institutional Claim Template 2	Institutional	BettyB	10/2/2010
<input type="checkbox"/>	Institutional Claim Template 3	Institutional	BettyB	10/2/2010
<input type="checkbox"/>	Professional Claim Template 2	Professional	BettyB	10/2/2010
<input type="checkbox"/>	Dental Claim Template 2	Dental	BettyB	10/2/2010
<input type="checkbox"/>	Dental Claim Template 3	Dental	BettyB	10/2/2010
<input type="checkbox"/>	Professional Claim Template 3	Professional	BettyB	10/2/2010

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**Figure 21 – Claims Template List**



If the new template does not appear in the list, use the Filter By filters and the column sort icons to narrow the list of templates.

This page is intentionally blank.

## Edit a Claim Template



From the Claims Template List, check the box next to the template to be edited.

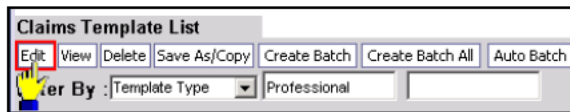


<input checked="" type="checkbox"/>	Professional Claim Template 8	Professional
-------------------------------------	-------------------------------	--------------

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Click the Edit button.



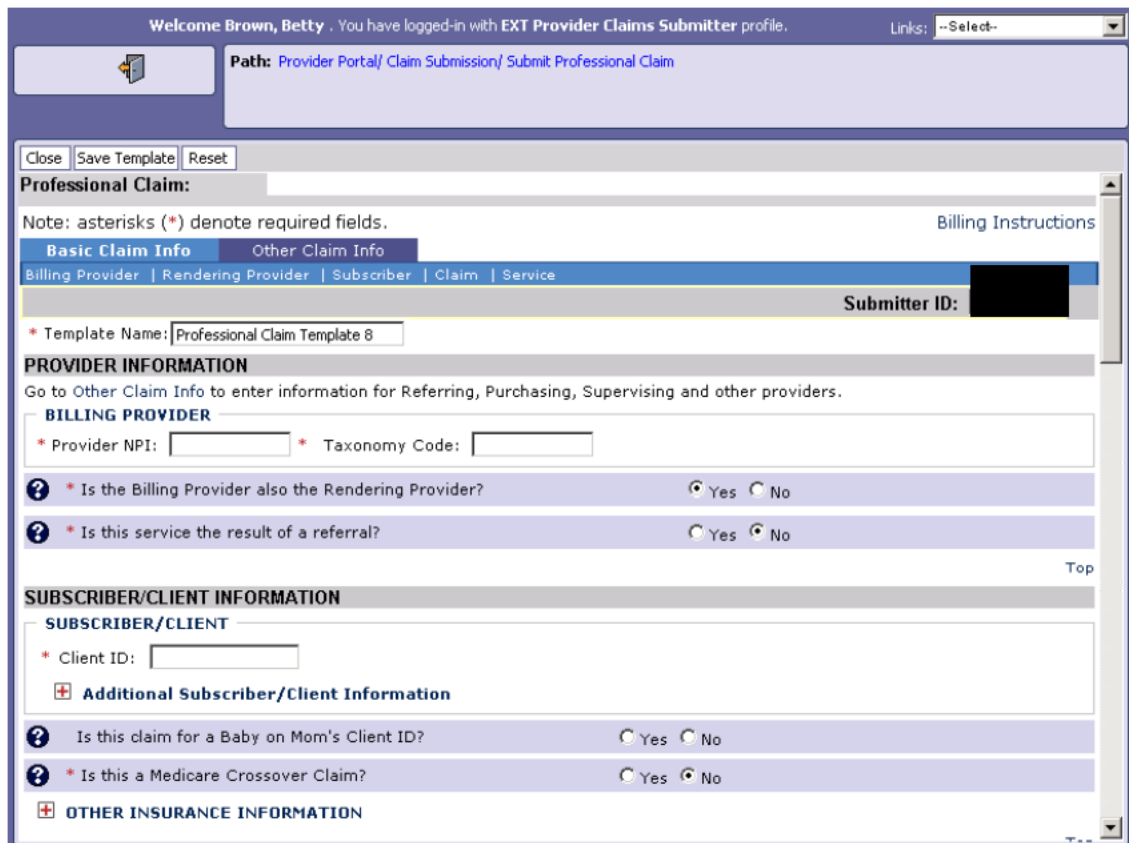
**Claims Template List**

Edit View Delete Save As/Copy Create Batch Create Batch All Auto Batch

Filter By : Template Type Professional



ProviderOne loads the template data into the appropriate Claim Template Form.



Welcome Brown, Betty . You have logged-in with EXT Provider Claims Submitter profile. Links: --Select--

Path: Provider Portal/ Claim Submission/ Submit Professional Claim

Close Save Template 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: [REDACTED]

\* Template Name: Professional Claim Template 8

**PROVIDER INFORMATION**

Go to Other Claim Info to enter information for Referring, Purchasing, Supervising and other providers.

**BILLING PROVIDER**

\* Provider NPI: [REDACTED] \* Taxonomy Code: [REDACTED]

\* 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: [REDACTED]

+ Additional Subscriber/Client Information

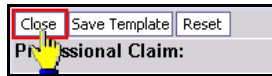
\* Is this claim for a Baby on Mom's Client ID?  Yes  No

\* Is this a Medicare Crossover Claim?  Yes  No

+ OTHER INSURANCE INFORMATION



Add or update claim template data and click the Save Template button.



Click OK to confirm.

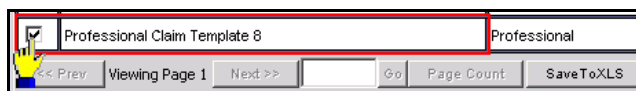
ProviderOne confirms that all required data is present and if existing data passes validation, ProviderOne saves the template, closes the Claim Template Form and returns to the Claims Templates List.

The Last Updated Date field will reflect the date the claim template was updated.

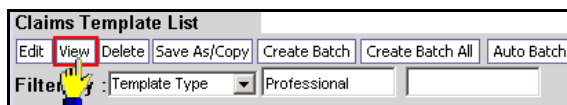
## View a Claim Template



From the Claims Template List, check the box next to the template to be viewed.



Click the View button.



ProviderOne loads the template data into the appropriate Claim Template Form.

All data entry fields are grayed out and cannot be changed. The Save Template button and the Reset button are disabled.



Use the Close button or the Navigation Path to close the Claim Template Form.

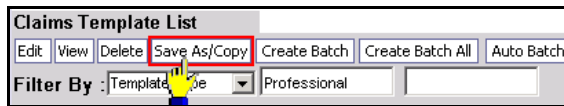
## SaveAs/Copy a Claim Template



From the Claims Template List, check the box next to the template that will be copied.




Click the Save As/Copy button.




ProviderOne loads the claim data into the appropriate Claim Template Form.



Enter a name for the new template.



Make other modifications to the Claim Template.



Click the Save Template button.



Click OK to confirm.



If the Claim Template Form passes validation, ProviderOne saves the new template, closes the Claim Template Form, and returns to the Claims Template List.



If the new template does not appear in the list, use the Filter By filters and the column sort icons to narrow the list of templates.

## Delete a Claim Template



From the Claims Template List, check all templates to be deleted. More than one template can be selected.



Click the Delete button.



Confirm the deletion by clicking the OK button.



ProviderOne removes the selected templates from the Claims Template List and deletes them from ProviderOne.



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## Create Claim Template Batches

### Create a Claim Template Batch Using the Create Batch Button



From the Claims Template List, select all claim templates that will be included in the claim template batch.

Welcome Brown, Betty . You have logged-in with EXT Provider Claims Submitter profile. Links: --Select--

Path: Provider Portal/ Claims Template List

Close Add

Create a Claim Template

Type of Claim: Professional \*

Claims Template List

Edit View Delete Save As/Copy **Create Batch** Create Batch All Auto Batch

Filter By : [ ] And [ ] [ ] Go

<input type="checkbox"/>	Template Name	Type	Last Updated By	Last Updated Date
<input type="checkbox"/>	Institutional Claim Template 1	Institutional	BettyB	10/2/2010
<input checked="" type="checkbox"/>	Professional Claim Template 1	Professional	BettyB	10/2/2010
<input type="checkbox"/>	Dental Claim Template 1	Dental	BettyB	10/2/2010
<input type="checkbox"/>	Institutional Claim Template 2	Institutional	BettyB	10/2/2010
<input type="checkbox"/>	Institutional Claim Template 3	Institutional	BettyB	10/2/2010
<input checked="" type="checkbox"/>	Professional Claim Template 2	Professional	BettyB	10/2/2010
<input type="checkbox"/>	Dental Claim Template 2	Dental	BettyB	10/2/2010
<input type="checkbox"/>	Dental Claim Template 3	Dental	BettyB	10/2/2010
<input checked="" type="checkbox"/>	Professional Claim Template 3	Professional	BettyB	10/2/2010

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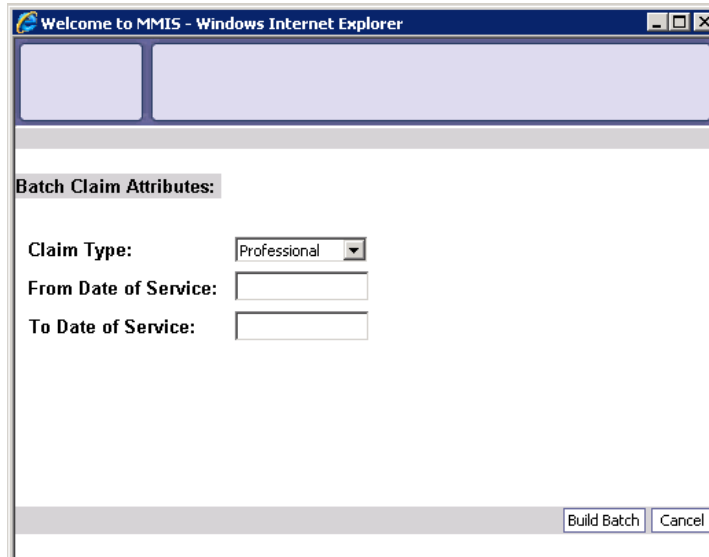
Selected claim templates must be the same template type or an error message will appear.



Click the Create Batch button.



ProviderOne confirms that all selected claim templates are the same type and displays the Batch Claim Attributes pop up window.



Welcome to MMIS - Windows Internet Explorer

**Batch Claim Attributes:**

Claim Type: Professional

From Date of Service:

To Date of Service:

Build Batch Cancel

The Claim Type is automatically set to the same type as the selected templates.



Enter the From Date of Service and To Date of Service.

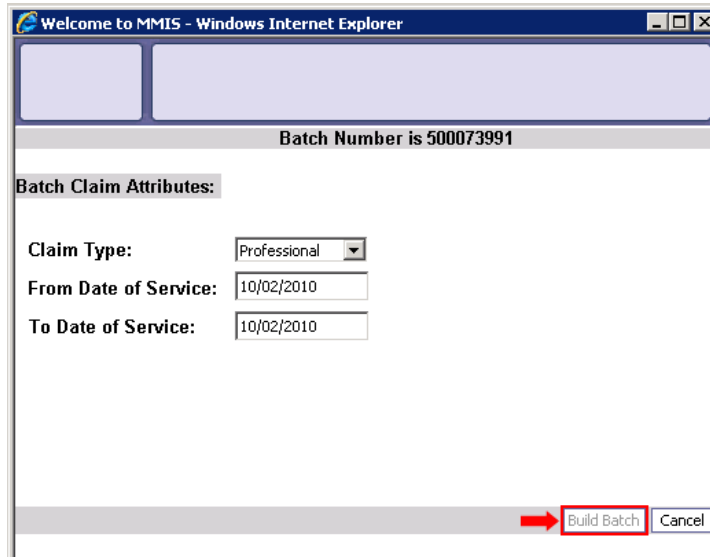
The From and To dates of service will be used by ProviderOne to complete the From and To service dates in the claims created from the selected templates.



Click the Build Batch button.



ProviderOne creates a new template batch and assigns it a number. Selected templates are added to the new template batch. The Build Batch button is disabled.



Click the Cancel button to close the window and return to the Claims Template List.



To view the status of a template batch as well as claims created from the template batch, go to the Provider Portal and select Manage Batch Claim Submission.

## Create a Claim Template Batch Using the Create Batch All Button



From the Claims Template List, use the Filter By filter to display only the claim templates that will be included in the batch.

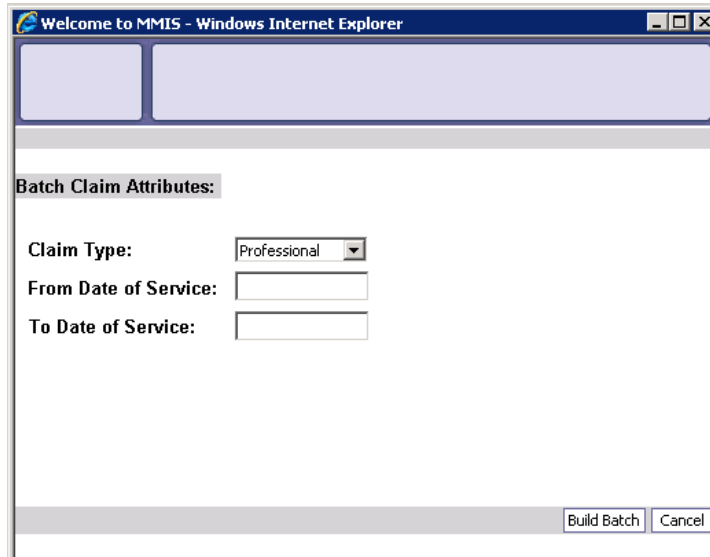
Claim templates must be the same template type or an error message will appear.



Click the Create Batch All button.



ProviderOne displays the Batch Claim Attributes pop up window.



Ensure that the Claim Type selection matches the template types that will be added to the batch.



Enter the From Date of Service and To Date of Service.

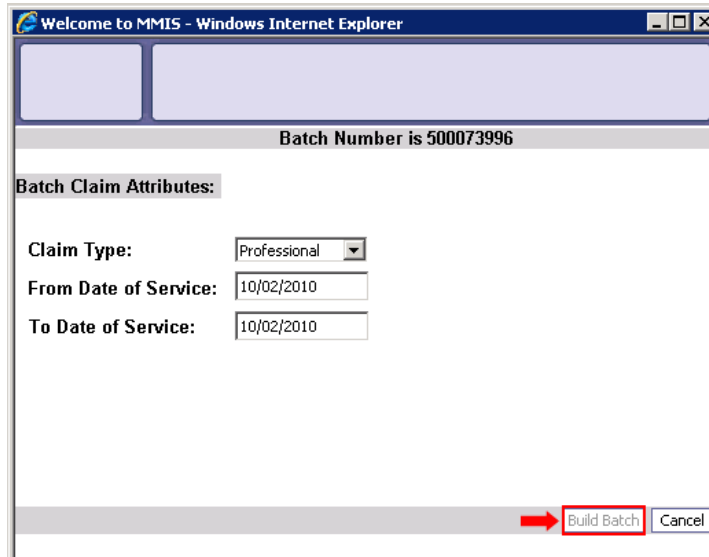
The From and To dates of service will be used by ProviderOne to complete the From and To service dates in the claims created from the selected templates.



Click the Build Batch button.



ProviderOne creates a new template batch and assigns it a number. Selected templates are added to the new template batch. The Build Batch button is disabled.



Welcome to MMIS - Windows Internet Explorer

Batch Number is 500073996

**Batch Claim Attributes:**

Claim Type: Professional

From Date of Service: 10/02/2010

To Date of Service: 10/02/2010

Build Batch Cancel



Click the Cancel button to close the window and return to the Claims Template List.



To view the status of a template batch as well as claims created from the template batch, go to the Provider Portal and select Manage Batch Claim Submission.

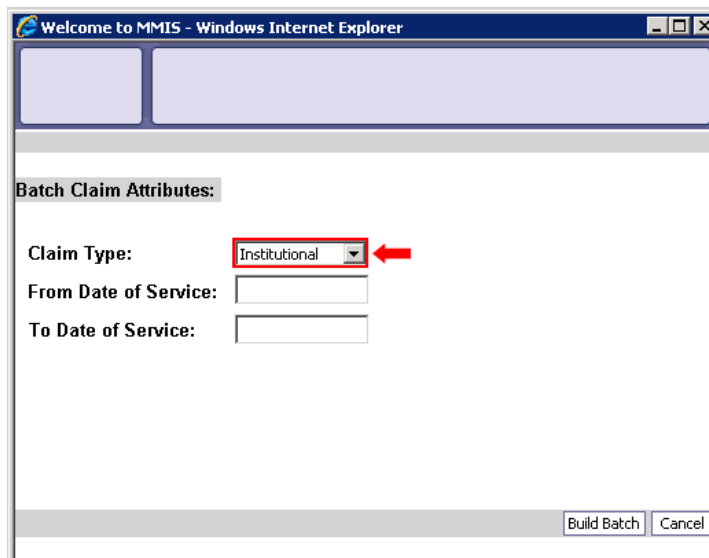
## Create a Claim Template Batch Using the Auto Batch Button (Institutional Templates Only)

**Important:** The Auto Batch method described below applies to Institutional Templates only. Attempting to create template batches for Professional or Dental types will result in zero templates added to the batch.



From the Claims Template List, click the Create Batch All button.

ProviderOne displays the Batch Claim Attributes pop up window.



Change the Claim Type to Institutional.

**NOTE:** The Auto Batch method will only work with Institutional Claim Types.



Enter the From Date of Service and To Date of Service.



Click the Build Batch button.



ProviderOne creates the template batch.

ProviderOne will add a template to the batch if:

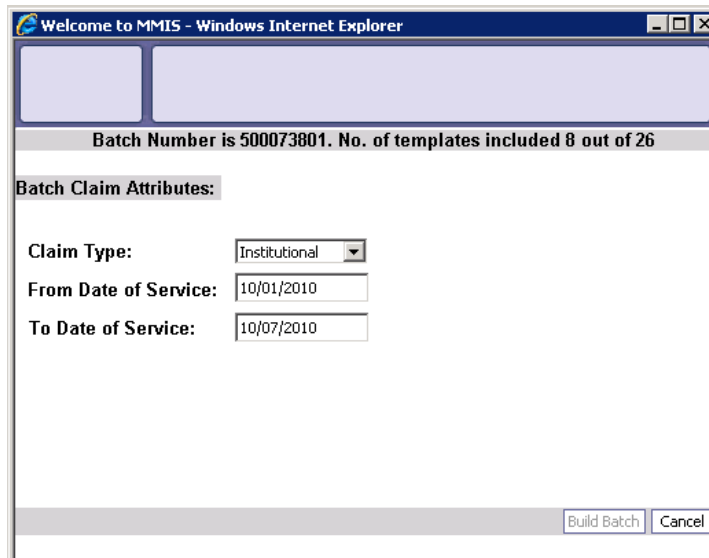
- The admission date on the template is prior to the date in the To Date of Service field.
- The Discharge Status on the template is not 30 and the Statement Dates To and the template falls between the From Date of Service and the To Date of Service

ProviderOne will exclude a template from the batch if:

- The admission date is after the To Date of Service.
- The Discharge Status is not 30 and the Statement Dates To on the template is prior to the Service From Date.



ProviderOne creates a new template batch and assigns it a number. Selected templates are added to the new template batch. The Build Batch button is disabled.



The screenshot shows a web browser window titled "Welcome to MMIS - Windows Internet Explorer". The main content area displays the following information:

Batch Number is 500073801. No. of templates included 8 out of 26

**Batch Claim Attributes:**

Claim Type: Institutional (dropdown menu)

From Date of Service: 10/01/2010 (text input)

To Date of Service: 10/07/2010 (text input)

At the bottom right of the window, there are two buttons: "Build Batch" and "Cancel".



During the processing of the Template Batch, ProviderOne will replace header and line level dates in each template in the batch with the From Date of Service and To Date of Service dates that were just entered. ProviderOne will also use the dates entered to calculate the correct claim unit counts and the correct claim charges and update the batch templates with these amounts.



Click the Cancel button to close the window and return to the Claims Template List.



To view the status of a template batch as well as claims created from the template batch, go to the Provider Portal and select Manage Batch Claim Submission.



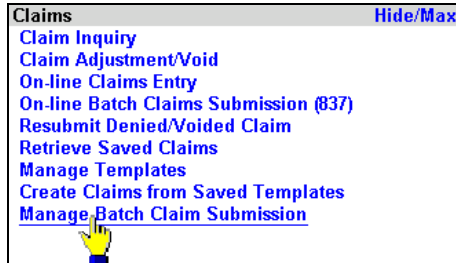
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## Managing Batch Claim Submission

Access the Batch Claim Submission Status List



From the Provider Portal, click the Manage Batch Claim Submission link.



ProviderOne displays the Batch Claim Submission List.

Welcome **Brow, Betty**. You have logged-in with EXT ProfileName profile. Links: --Select--

**Path:** Provider Portal/ Batch Claim Submission Status List

Close View Claims Revalidate Delete

**Batch Claim Submission Status List:**

Filter By :    Go

<input type="checkbox"/>	Batch Number	Type	Created By	Batch Creation Date	Status	From Service Date	To Service Date	Total Billed Amount	Claim Count	Submitted Claim Count
<input type="checkbox"/>	123456878	Dental	Betty	10/10/2010	Waiting	10/02/2010	10/02/2010	0	0	0
<input type="checkbox"/>	28365092	Dental	Betty	10/10/2010	In Process	10/02/2010	10/02/2010	0	8	0
<input type="checkbox"/>	33386073	Dental	Betty	10/10/2010	Failed in Validation	10/02/2010	10/02/2010	0	7	0
<input type="checkbox"/>	68001776	Dental	Betty	10/10/2010	Passed Validation	10/02/2010	10/02/2010	\$974.09	3	0
<input type="checkbox"/>	00938378	Dental	Betty	10/10/2010	Submitted for Claims Loading	10/02/2010	10/02/2010	\$8,123.75	6	5
<input type="checkbox"/>	11187365	Dental	Betty	10/10/2010	Submitted for Claims Loading	10/02/2010	10/02/2010	\$11,219.19	81	65
<input type="checkbox"/>	37900933	Dental	Betty	10/10/2010	Waiting	10/02/2010	10/02/2010	0	0	0
<input type="checkbox"/>	83837628	Dental	Betty	10/10/2010	Failed in Validation	10/02/2010	10/02/2010	0	0	0
<input type="checkbox"/>	88796306	Dental	Betty	10/10/2010	Failed in Validation	10/02/2010	10/02/2010	0	0	0
<input type="checkbox"/>	83655103	Dental	Betty	10/10/2010	Failed in Validation	10/02/2010	10/02/2010	0	0	0

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## **About the Batch Claim Submission Status List**

The following actions can be performed from this list:

- View the status and other information about the template batch.
- View and correct errors in template batches that fail validation.
- View, edit, and submit claims created from template batches.
- Revalidate a template batch.

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## Process Template Batches That Failed Validation

### View the Batch Templates List

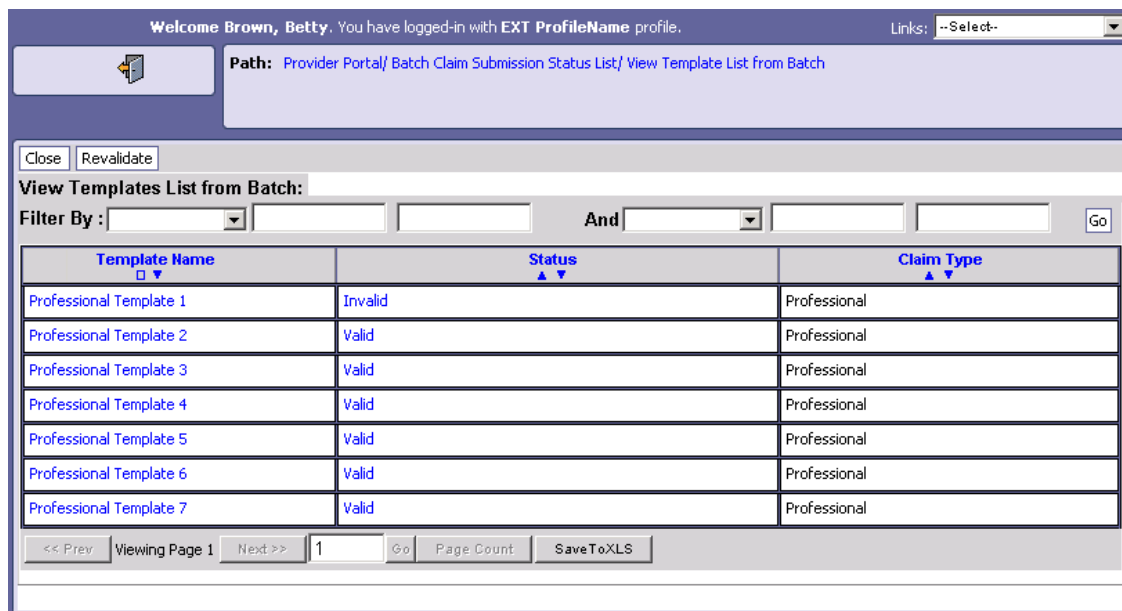


From the Batch Claim Submission List, click the Template Name hyperlink for any template batch with a status of Failed in Validation.

Batch Claim Submission Status List:					
Filter By : <input type="text"/> <input type="text"/> <input type="text"/> <input type="button" value="Go"/>					
<input type="checkbox"/>	Batch Number <small>▲▼</small>	Type <small>▲▼</small>	Created By <small>▲▼</small>	Batch Creation Date <small>□▼</small>	Status <small>▲▼</small>
<input type="checkbox"/>	123456878	Professional	Betty	10/10/2010	Waiting
<input type="checkbox"/>	28365092	Professional	Betty	10/10/2010	In Process
<input type="checkbox"/>	33386073	Professional	Betty	10/10/2010	Failed in Validation
<input type="checkbox"/>	01776	Professional	Betty	10/10/2010	Passed Validation



ProviderOne displays the View Templates List from Batch page.



View Templates List from Batch:		
Filter By : <input type="text"/> <input type="text"/> <input type="text"/> <input type="button" value="Go"/>		
Template Name <small>□▼</small>	Status <small>▲▼</small>	Claim Type <small>▲▼</small>
Professional Template 1	Invalid	Professional
Professional Template 2	Valid	Professional
Professional Template 3	Valid	Professional
Professional Template 4	Valid	Professional
Professional Template 5	Valid	Professional
Professional Template 6	Valid	Professional
Professional Template 7	Valid	Professional

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Go
Page Count
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Templates with a status of invalid contain missing or invalid data.

### View Template Validation Errors



From the Batch Claim Submission List, click the invalid link in the status column.

View Templates List from Batch:

Filter By :   And

Template Name	Status
Professional Template 1	Invalid
Professional Template 2	Valid



ProviderOne displays the Template Validation Errors pop up window.

Welcome to MMIS - Windows Internet Explorer

**Template Validation Errors:**

Template Name: Professional Template 1  
 Client ID: XXXXXXXXXX

Error Description: Billing Taxonomy - 207AQ0000X is invalid

Cancel



After examining the information, click the Cancel button to close the window and return to the Batch Claim Submission List.

## Edit a Template



From the Batch Claim Submission List, click the Template Name hyperlink in the first column.

View Templates List from Batch:

Filter By :   And

Template Name	Status
<a href="#">Professional Template 1</a>	Invalid
Professional Template 2	Valid



ProviderOne displays the Claim Template form for the selected template.



Make necessary modifications to the data in the Claim Template and click the Save Template button.



Click OK to confirm.



ProviderOne updates the template, closes the Claim Template form and returns to the Batch Claim Submission List.

**NOTE:** Batches must be revalidated after edits are made to templates.



To revalidate a template batch, click the Revalidate button.



**NOTE:** Template batches can also be revalidated from the Batch Claims Submission Status List by selecting the template batch and clicking the Revalidate button.

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## Submit Claims Created From a Template Batch

### View Claims Created From a Template Batch



From the Batch Claim Submission Status List, select the batch and click the View Claims button.



ProviderOne displays the Claims Created From Batch List.

### Edit a Claim Created From a Template Batch



Click the hyperlink in the System Generated Claim ID column.

**NOTE:** The number in the System Generated Claim ID column is not the TCN.



ProviderOne launches the DDE form for the Claim.



Make any necessary edits to the claim data.



Click the Save button to save the changes or the Close button to close the form without saving.



ProviderOne returns to the Claims Created From Batch List.

### View a Claim Created From a Template Batch



Click the link icon in the Link column.



ProviderOne launches a read-only version of the Claim Form. Claim data cannot be modified from this form.



Click the Close button.



ProviderOne returns to the Claims Created From Batch List.

### Delete Claims From the List



Select one or more claims from the list and click the Delete button.



Click Ok to confirm.



ProviderOne removes the selected claims from the list.

## Select and Submit Claims From a Template Batch



Use the checkboxes to select the claims to submit from the list and click the Submit Batch button. Or, click the Submit All button if all of the claims in the list are to be submitted.

**NOTE:** Only the selected claims will be submitted. Claims that were not selected will be deleted from the system.



ProviderOne submits the claims and changes the status of the batch to Submitted for Claims Loading and returns to the Batch Claim Submission Status List.

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