



Adjust, Void and Resubmit Claims



Adjust, Void and Resubmit Claims **Provider**





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1099 Provider: A provider that receives a 1099 tax document at the end of the year. Except for Individual ProviderOne providers, all providers contracted with DSHS are 1099 providers.

Adjust Claim: To make changes to a paid claim and submit the revised claim to be processed

Client ID: The client's ProviderOne ID number, 9 digits followed by WA, ex: 123456789WA

Denied Claim: A claim where one or more denial reasons are present, causing the entire claim to be denied. There is no payment.

Non-Offset Adjustment: A method of recouping overpayments where the debt is sent to the Office of Financial Recovery (OFR) for collection.

Offset Adjustment: A method of recouping overpayments where future payments are reduced until the debt is repaid.

Overpayment: A debt owed to the State. May be due to a voided claim or an adjusted claim that pays less than the original claim.

Paid Claim: A claim where at least one service line was not denied. There may or may not be a payment associated with a paid claim, a claim can be considered paid even if the payment was \$0.

Provider ID: The provider's ID number for ProviderOne, 7 digits. This is the same as the Domain number. You will see this listed on the Authorization with a 2 digit location code such as 01, *ex: 123456701.*

TCN: Transaction Control Number; also called the claim number, this is an 18 digit number assigned to a claim for tracking purposes.

Voided Claim: A claim that was originally paid, and then later was canceled and the payment taken back.



Adjust, Void and Resubmit Claims **Provider**

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Adjust Claims



Adjust Claims



To adjust a paid claim:

- Log in to ProviderOne using the 'EXT Provider Social Services' profile,
- Click on 'Social Service Claim Adjustment/Void'.

Social Services Authorization and Billing

Social Service Claim Inquiry Social Service Claim Adjustment/Void Social Service Billing Screen Social Service Batch Upload Social Service Batch Upload Status Social Service Resubmit Denied/Void Social Service Retrieve Saved Claims Social Service Manage Templates Social Service Create Claims from Saved Templates Social Service Manage Batch Submission Social Service View Authorization List

🖞 👤 Terry, Tavares J 🔻 Profile: EXT Pro	vider So	cial Services 📑 Notepad 🐥 Reminder 🔇 Ext	ernal Li	nks	ė	Print	0	Help
> Provider Portal	ilar	EVT Drovider Cogial Convision			1			
roviderOne Id/NPI : PIU	ne.	EAT Provider Social Services						
Online Services	G Ma	anageAlerts						
Payments 🗸		My Reminders						*
View Payment								_
Provider 🗸 🗸		Your Recent Online Activities	•		Cale	endar		^
Provider Inquiry	1	You have logged in with 🐂 Account with IP Address 💶 🖛 🖛		0.4	70	Λ Ν/		
Manage Provider Information		Previous Site Visit: 06/05/2017 07:54:00 AM	U	09.27 AIVI				
Admin 🗸	>¢ I	ast Login Password Change: 04/26/2017 02:48:16 PM	20	20 June 2017				
Change Password	<u>ا</u> ھ	100	Tuesday					
Maintain Users				F	201	17 June		+
Social Services Authorization and Billing 🛛 👻			S	u Mo	Tu	We T	n Fr	S
Social Service Claim Inquiry				5	6	7 9	2	3
Social Service Claim Adjustment/Void			1	12	13	14 13	i 16	1
Social Service Billing Screen			18	3 19	20	21 22	23	2
Social Service Batch Upload			2	5 26	27	28 29	30	
Social Service Batch Upload Status					Т	oday		
Social Service Resubmit Denied/Void								
Social Service Retrieve Saved Claims								
Social Service Create Claims from Saved								
emplates								
Social Service Manage Batch Submission								
Social Service View Authorization List								





The '**Provider Social Service Claim Adjust/Void Search**' page appears. There are search requirements to be aware of when searching for claims.

The 'Provider ID' associated to the domain currently in use will automatically be listed in the Provider ID dropdown. You can search by:

- TCN (Transaction Control Number) Or,
- Client ID and Claim Service Period. (From and To Date)

Note:

Search requests must be for claims submitted within the past 4 years. The Claim Service Period cannot exceed 3 months.

Close Provide Please en • Requ • You n • The C	 Please enter a Provider ID and enter available information in the remaining fields before clicking 'Submit'. Required: TCN or Client ID AND Claim Service Period (To Date is optional) or Authorization Number 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 								
Autho	Provider ID: TCN: Client ID: prization Number:								
Claim Service Period From: Claim Service Period To:									





Search Using the TCN:

- Enter the 'TCN',
- Click on 'Submit'. (Located near the top left corner of the page.)

O Close O S	O Submit	
Provider Soc Provide	Social Service Claim Ad	just/Void Search
Please enter a Provider ID and enter av	lable information in the remaining fields before clicking	Submit.
Required: TCN or Client ID AND Cl	m Service Period (To Date is optional) or Authorization	Number AND Claim Service Period (To Date is optional).
 You may Adjust/Void claims proce 	ed within the past four years	
The Claim Service Period From and	To date range cannot exceed 3 months	
Provider ID:	*	
TCN:	N0.000	
Client ID:		
Authorization Number:		
Claim Service Period From:	i	
Claim Service Period To:	m	



Adjust Claims



Search Using Client ID or Authorization Number:

- Enter the 'Client ID' (client ID ends in WA and is found on the authorization) or,
- Enter the 'Authorization Number' and,
- Enter 'Claim Service Period From' date in MM/DD/YYYY format (Claim Service Period To date is optional, but not using it may return multiple claims),
- Click on 'Submit' (located near the top left corner of the page).

) Submit			
Provider S Provider S	Social Service Cla	im Adjust/Void Search		
Please enter	ID AND Claim Service	Poriod (To Data is optional) o	Defore clicking 'Submit'.	vried (To Date is optional)
You may Adjust/Void clai	ims processed within	the past four years	Autionzation Number AND Claim Service Fe	enou (10 Date is optional).
The Claim Service Period	d From and To date rar	nge cannot exceed 3 months		
Provider ID:	r manak	*		
TCN:				
Client ID:	84000804	Ent	er the Client ID or the Authorization Number	
Authorization Number:	10.0000			
Claim Service Period From:	09/21/2016 🗰			
Claim Service Period To:	iiii			





The 'Provider Social Service Claims Adjust Void List' appears.

To Adjust a Paid Claim:

- Check the D box next to the Transaction Control Number (TCN).
- Click on 'Adjust'.

Note:

The populated list will show the TCN, Date of Service, Claim Status, Claim Charged Amount, Claim Payment Amount, Client ID and the Administration providing services for the client.

Close 🛛 🔿 Adjus	Close	Adjust	Void Claim

III Provider Social Service Claims Adjust Void List

	TCN	Date of Service	Claim Status	Claim Charged Amount	Claim Payment Amount	Client Name	Client ID ▲ ▼	ADMINSTRATION
		09/21/2016	1: For more detailed information, see remittance advice.	\$1,218.91	\$1,218.91	SEN EPHONOS	10-01000	ADSA-H
	101000000000000000000000000000000000000	09/14/2016	1: For more detailed information, see remittance advice.	\$1,218.91	\$1,218.91	NUM EPHONOLOGI	10-07000	ADSA-H
4	2							



Adjust Claims



The 'Adjust Social Services Claim' page appears.

The screen is similar to the Billing Screen; however, the page includes an 'Original Transaction Control Number' *(TCN)*.

If there has been a change that does not require you to change any data, click '**Submit**' at this point and finish sending the claim to ProviderOne for processing.

Example:

The authorized rate associated to the service has changed since the claim was submitted and paid. To adjust the claim, do the following:

- Locate the claim,
- Once the claim information loads, select 'Submit' and finish the claim submission as you would a new claim.

The claim will be reprocessed using the new authorization data under a new TCN.

Close Submit										
III Adjust Social Services Claim										
ADJUSTMENT INFORMATION ADJUST * Original TCN:										
III PROVIDER INFORMATION										
BILLING PROVIDER										
* Provider ID:										
SUBSCRIBER/CLIENT INFORMATION										
SUBSCRIBER/CLIENT										
* Client ID:										
III CLAIM INFORMATION										
CLAIM INFORMATION										
1. * Authorization Number:										
III BASIC LINE ITEM INFORMATION										
BASIC SERVICE LINE ITEMS										
mm dd ocyy mm dd ocyy										
*Service Date From: * Service Date To:										
* Service Code: Modifiers: 1: 2: 3: 4:										
Patient Account No: * Units:										
Add Service Line Item										
Previously Entered Line Item Information										
Click a Line No. below to view/update that Line Item Information. Total Charges Submitting: \$ 1218.91										
Line Service Dates Modifiers Units										
No From To 1 2 3 4										
1 09/21/2016 09/21/2016 T1020 U1 1 Void										
2 09/22/2016 09/22/2016 T1020 U1 1 Void										



Adjust Claims



In the next few pages, we will explore the different options available when adjusting paid claims.

This includes:

- Modifying Service Line data
- Adding Service Lines
- Voiding Service Lines

Modifying Service Line Data

- Click on a 'Service Line Number',
- The corresponding service
 Ine information appears,
 BASIC
- Make needed changes to the data fields.

ore	BAS	SIC LINE	E ITEM IN	FORMAT	ΠΟΝ								
BASIC SERVICE LINE ITEMS													
	*6	Service D	ate From:	mm dd	ссуу		* Service [Date To:	dd	0	суу		
	П											_	-
		Previo	ously Er	ntered	Line Item Info	rmation							
		Click	a Line I	No.be	low to view/up	date that Line I	tem Inform	nation.					_
Pr	revio lick a	No F	From	Dates	То	Service Code	1	loamers	2	3	4	Units	
Li	ine S	1 (09/21/2	016	09/21/2016	T1020	U	1	-	5		1	Void
1	No F	2 0)9/22/2	016	09/22/2016	T1020	U	1				1	Void
2	09/2	-	09/22/20)16 T1	020 U	1	1 Void						
ı:													
· · ·													
;,													
C SERVICE LINE I	TEMS	_							_	_		_	
	mm	d	d c	суу				mm	dd		ссуу		
*Service Date Fro	om: 09		22	2016		*	Service Date	To: 09	2	2	2016		
* Service Co	de: T1	020			Update app	licable data	Modifiers	: 1 : U1	2:		3:		k 📃
Patient Account I	No:						* Un	its: 1					
					Add Service	e Line Item 🖊 Upd	late Service Lin	e Item					





Electronic Visit Verification (EVV) Items:

If you are billing for a Home Care Agency or Consumer Directed Employer providing personal care services to independent living clients, then EVV information is required to be submitted with your claims. Click on the red + to expand this section.

Make needed changes to the data fields.

	mm	dd	ссуу
*Service Date From:			
* Service Code:			
Patient Account No:			
+ ELECTRONIC VISIT VERIFICATION (EVV) I	TEMS	
	-		

ELECTRONIC VISIT VERIFICATI	ION (EVV) ITEMS
SS Servicing Only ProviderOne ID:	1234567
	Hours Minutes Seconds Update applicable data Hours Minutes Seconds
Service Start Time:	10 10 Service End Time: 11 11
	Longitude (+/-000.00000 to 180.00000) Latitude (+/-00.00000 to 90.00000) Latitude (+/-00.00000 to 90.00000)
Service Start Time Geo-Data:	000.0000 00.0000 Service End Time Geo-Data: 000.0000 00.0000
Client-Provider Proximity for Start Time:	OYes ONo Client-Provider Proximity for End Time: OYes ONo
	Client Verification for End Time: OYes No
	Add Service Line Item





Notes about Geo-Data:

- All Geo-Data entries must be entered to at least 4 decimal places.
- Geo-Data is required if the Service Start/End Time is at the client's home.
- Geo-Data is optional if the Service Start/End Time is in the community, however, your claim will be denied if either of these fields are left blank.
 - ⇒ Please include the generic Longitude/Latitude values of 000.0000 and 00.0000 if you do not capture Geo-Data in the community.

ELECTRONIC VISIT VERIFICATI	ELECTRONIC VISIT VERIFICATION (EVV) ITEMS									
SS Servicing Only ProviderOne ID:	1234567	7								
	Hours	Minutes Seconds			Hours Minutes Seconds					
Service Start Time	10	10 10		Service End Time:	11 11 11					
		Longitude (+/-000.000	000 to Latitude (+/-00.00000 to		Longitude (+/-000.00000 to 180.00000) Latitude (+/-00.00000 to 90.00000)					
Service Convice Start Time (Geo-Data: 000.0000		90.00000)	Service End Time Geo-Data:						
Service Start Time (00.0000	Service End Hine Goo Bata.						
Client-Provider Proximity for Start Time:	🔿 Yes 🔿	No	Client-F	rovider Proximity for End Time:	○Yes ○No					
	Client Verification for End Time: Yes No									





- Click on 'Update Service Line'.
- The service line updates with the new information. (*line #2 shown below*)

Note: Make sure to select '**Update Service Line Item**' rather than '**Add Service Line Item'** unless your adjustment is to add service dates on new lines.

Previously Entered Line Item Information

Click a Line No. below to view/update that Line Item Information.

Line No	Service Dates		Comitos Codo	Modifier	s				
	From	То	Service Code	1	2	3	4	Units	
1	09/21/2016	09/21/2016	T1020	U1				1	Void
2	09/23/2016	09/23/2016	T1020	U1				1	Void





Adjust Claims



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		Close Submit
		III Adjust Social Services Claim
		Note: asterisks (*) denote required fields.
Adding Service Line	Data:	Basic Claim Info
		Billing Provider Subscriber Claim Service
Locate and select the	claim you wish	Submitter ID:
to update, <u>(see pgs. 9-1</u>	<u>2)</u>	ADJUSTMENT INFORMATION
		* Original I CN:
Enter 'Basic Service L	ine'	III PROVIDER INFORMATION
information,		BILLING PROVIDER
		* Provider ID:
Click on 'Add Service	Line'.	SUBSCRIBER/CLIENT INFORMATION
The new comice line of		SUBSCRIBER/CLIENT
The new service line a	ppears.	* Client ID:
(Line #2 shown below)		
	BASIC LINE ITEM	INFORMATION
		mm dd ccyy mm dd ccyy
	*Service Date From	n: * Service Date To:
	* Service Code	e: Enter applicable data Modifiers: 1: 2: 3: 4:
	Patient Account No	* Units:
		Add Service Line Item
		Previously Entered Line Item Information
		Click a Line No. below to view/update that Line Item Information. Total Charges Submitting: \$ 1218.91
		Line Service Dates Modifiers Units
		1 09/21/2016 09/21/2016 T1020 U1 1 Void
		2 09/22/2016 09/22/2016 T1020 U1 1 Void





Voiding Service Line Data:

- Locate and select the claim you wish to update, <u>(see pgs. 9-12)</u>
- Determine which line needs to be voided in the 'Previously Entered Line Item Information' section,
- Click 'Void' at the end of the line you wish to remove,

Pre	Previously Entered Line Item Information									
Cli	Click a Line No. below to view/update that Line Item Information.									
Lin	e Service Dates		Comitor Code	Modifie	ers -		Unite			
N	o From	То	Service Code	1	2	3	4	Units		
1	01/23/2019	01/23/2019	T1019					32	Void	
2	01/24/2019	01/24/2019	T1019					32	Void	
3	01/22/2019	01/22/2019	T1019					32	Void	
4	01/28/2019	01/28/2019	T1019					32	Void	

• The line disappears from the claim, and any subsequent lines will change numbers to match the new order. (Notice that the line for 1/24/2019 has been removed, and lines 3 and 4 have moved up in the order.)

Line	Service Dates		Samilas Cada	Modifiers	Unite				
No	From	То	Service Code	1	2	3	4	Units	
1	01/23/2019	01/23/2019	T1019					32	Void
2	01/22/2019	01/22/2019	T1019					32	Void
3	01/28/2019	01/28/2019	T1019					32	Void





Once all service line information is entered and checked for accuracy, click 'Submit Claim' at the top of the screen.



Note:

If submitting a claim with the pop-up blockers on, the claim information will remain on the screen. Providers should turn off pop-up blockers before logging in to ProviderOne.

Attempting to click '**Submit Claim**' again will return an error message that says: The information you are trying to submit has been queried by another user.

To remedy this, log out of ProviderOne, turn off your browser's pop-up blockers, then log in to ProviderOne again and return to the 'Adjust Social Services Claim' page to begin again.





Once you have clicked '**Submit**' the '**Adjust Social Service Claim Detail**' appears. The adjusted claim will have a new '**TCN**'. This allows for tracking of the changes made to the original claim.

Claim details will include the new TCN, Original TCN, Provider ID, Client ID, Date of Service and Total Claim Charge.

Click on '**Submit**' to send the adjusted claim to ProviderOne for processing.

Note:

Make sure to click '**Submit**' on this screen. Failure to do so will result in the claim not being sent to ProviderOne to be processed.

No Records Found!' refers to attachments such as backup documentation. Social Service providers will not add attachments.

Adjust Soc	cial Servic	e Claim Details				^		
		TCN:						
Original TCN:								
Provider ID:								
		Client ID:	WA					
Date of Service: 09/21/2016-09/27/2016								
Total Claim Charge: \$ 1218.91								
		Total Claim Charge: \$	1218.91					
ase click "Add A	Attachment"	Total Claim Charge: \$ button, to attach the d	1218.91 ocuments.		•	Add Attachment		
ase click "Add A	Attachment"	Total Claim Charge: \$ button, to attach the d	1218.91 ocuments.			Add Attachment		
ase click "Add A	Attachment" cial Servic	Total Claim Charge: \$ button, to attach the d e Claim Details	1218.91 ocuments.			Add Attachment		
ease click "Add A Adjust Soc	Attachment" cial Servic	Total Claim Charge: \$ button, to attach the d e Claim Details	1218.91 ocuments.			Add Attachment		
Adjust Soc	Attachment" cial Servic File Name	Total Claim Charge: \$ button, to attach the d e Claim Details Attachment Type	1218.91 ocuments. Transmission Code	A Dist Date:		Add Attachment		
Adjust Soc	Attachment" cial Servic File Name	Total Claim Charge: \$ button, to attach the d e Claim Details Attachment Type	1218.91 ocuments. Transmission Code	Print Details	Print Cover Pa	Add Attachment		
Adjust Soc	Attachment" cial Servic File Name	Total Claim Charge: \$ button, to attach the d e Claim Details Attachment Type	1218.91 ocuments. Transmission Code △▼ No Records F	Print Details	Print Cover Pa	Add Attachment		





Once the claim is processed by ProviderOne the adjustment is complete. The claim details will be available in the Adjustments category of your Remittance Advice. If the adjustment resulted in an overpayment, this will be reflected in the adjustment summary on page 2 of the Remittance Advice.

Provider Adjus	Provider Adjustments Page 2											
Total Paid	Billing Provider	FIN Invoice Number/ Parent TCN	Source	Adjustment Type	Previous Balance Amount	Adjustment Amount	Remaining Balance Amount					
\$2031.38	20509261	210/1210025 2110/2200000 2110/06	System Initiated	NOC Invoice	\$0.00	\$0.00	\$1226.32					
-\$2775.70	2010Hilds	AD INTERNAL AD INTERNAL AD INTERNAL	System Initiated	NOC Referred to CARS	\$1226.32	\$1226.32	\$0.00					
		21007210042 217000000 179000	System Initiated	NOC Invoice	\$0.00	\$0.00	\$1549.38					
		210/210042 211000000 11000	System Initiated	NOC Referred to CARS	\$1549.38	\$1549.38	\$0.00					
	Total Adjustment Amount \$2775.70											

Note:

NOC Referred to CARS means that the debt was sent to OFR for recovery.



Adjust, Void and Resubmit Claims **Provider**

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Void Paid Claims





To Void a Paid Claim:

- Locate and select the claim you wish to update, (see pgs. 9-12)
- Check the 🗖 box next to the TCN,
- Click on 'Void Claim'.

Note:

Voiding a claim results in the payment being taken back by ProviderOne as a Non-Offset Adjustment. If you want it to be taken back as an Offset Adjustment, contact the MACSC call center. Voiding of claims or claim lines should only occur if you should never have been paid for the billed service. (See page 7)



III Provider Social Service Claims Adjust Void List

TCN	Date of Service ▲ ▼	Claim Status ▲ ▼	Claim Charged Amount	Claim Payment Amount	Client Name ▲ ▼	Client ID ▲ ▼	ADMINSTRATION
A DATE OF STREET, MARKED	09/21/2016	1: For more detailed information, see remittance advice.	\$1,218.91	\$1,218.91	NUS EPWENDER	10-01000	ADSA-H
A SALES AND A	09/14/2016	1: For more detailed information, see remittance advice.	\$1,218.91	\$1,218.91	NUM EPWENDOL	10-07000	ADSA-H





The '**Void Social Services Claim**' page appears with all the fields greyed out.

- Please note the specific TCN,
- To void this claim, click on **'Submit'**. (Located near the top left corner of the page.)

Close Submit									
Woid Social Services Claim									
Note: asterisks (*) denote required fields. Bill									
Basic Claim Info									
Billing Provider Subscriber Cla VOID INFORMATION * Original TCN:	Submitter ID:								
III PROVIDER INFORMATION									
BILLING PROVIDER									
* Provider ID:									
SUBSCRIBER/CLIENT INFORMATION									
SUBSCRIBER/CLIENT									
* Client ID:									
1. * Authorization Number:									
BASIC LINE ITEM INFORMATION									





The 'Adjust Social Services Claim Detail' appears. The adjusted claim will have a new 'TCN'. This allows for tracking of the changes made to the original claim.

Claim details will include the new TCN, Original TCN, Provider ID, Client ID, Date of Service and Total Claim Charge.

Click on 'Submit' to submit the voided claim.

Note:

Make sure to click '**Submit**' on this screen. Failure to do so will result in the claim not being sent to ProviderOne to be processed.

No Records Found!' refers to attachments such as backup documentation. Social Service providers will not add attachments.

•	Print	3 Help						
	Adjust	Social Servic	e Claim Details				^	
Pleas	se click "A	dd Attachment'	TCN: Original TCN: Provider ID: Client ID: Date of Service: 09 Total Claim Charge: \$ button, to attach the d	WA 9/21/2016-09/27/2016 1218.91 ocuments.			Add Attachment	
	Adjust	Social Servic	e Claim Details					
	Line No ▲ ♥	File Name	Attachment Type ▲ ▼	Transmission C △ ♥ No Reco	🖨 Print Details	Print Cover F	Page 🛛 Sul	omi
				-		🚔 Print Details	over Page 💽 Submit	



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Resubmit Denied or Voided Claims



Resubmit Denied or Voided Claims Provide



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To resubmit a denied claim:

- Login to ProviderOne using the 'EXT Provider Social Services' profile,
- Click on 'Social Service Resubmit Denied/Void'.

Provider One My Inbe	filz	- FYT Drovider Social Services							
🖒 👤 Terry, Tavares J 🔻		A EXT FIONUEI SOCIAL SCIPICOS				nt	t (9 ŀ	lelp
> Provider Portal									
ProviderOne Id/NPI :		Name:							
Online Services	G , M	anageAlerts							
Payments 🗸		My Reminders							*
View Payment								_	
Provider 🗸 🗸		Your Recent Online Activities			Cal	anda	ar		^
Provider Inquiry	1	You have logged in with Recount with IP Address	0	a -9	77	Δ	М		
Manage Provider Information		Previous Site Visit: 06/05/2017 07:54:00 AM							
Admin 🗸	20 Last Login Password Change: 04/26/2017 02:48:16 PM								
Change Password		Last login failed attempt: 06/05/2017 07:53:56 AM			20.	17 1	IDO		
Maintain Users			· ·		20	II JU	une		
Social Services			Su	Мо	Tu	We	Th	Fr	Sa
Social Service Social Services Aut	tho	ization and Billing 🛛 🗸	4	5	6	7	1	2	10
Social Service			11	12	13	14	15	16	17
Social Service Social Service Cial	Im I	nquiry	18	19	20	21	22	23	24
Social Service Clai	im /	Adjustment/Void	25	20	2/	20 íoda [,]	29 V	30	-1
Social Service Social Service Billi	ing	Screen					•		
Social Service Social Service Bate	ch l	Jpload							
Social Service Social Service Bate	ch l	Jpload Status							
Social Service Social Service Res	ubr	nit Denied/Void							
Social Service Social Service Ret	riev	e Saved Claims							
Social Service Man	nage	e Templates							
Social Service Cre	ate	Claims from Saved							
Templates									
Social Service Man	nage	Batch Submission							
Social Service View	N A	uthorization List	Don	io	d o	r L	/oi/	de	d Cla





The '**Provider Social Service Claim Model Search**' page appears. There are search requirements to be aware of when searching for claims.

The 'Provider ID' associated to the domain currently in use will automatically be listed in the Provider ID dropdown. You can search by:

- **TCN** (*Transaction Control Number*) Or,
- Client ID and Claim Service Period (From and To Date).

Note:

Search requests must be for claims submitted within the past 4 years. The Claim Service Period cannot exceed 3 months.

Close	Provider Soci	al Service Claim Model Search						
Provide Please en • Requi	 Please enter a Provider ID and enter available information in the remaining fields before clicking 'Submit'. Required: TCN or Client ID AND Claim Service Period (To Date is optional) or Authorization Number AND Claim Service Period (To Date is optional). Requi The Claim Service Period From and To date range cannot exceed 3 months 							
• The C	laim Service Perio	d From and To date range cannot exceed 3 months						
	Provider ID: TCN:							
	Client ID:							
Autho	orization Number:							
Claim Serv	vice Period From:							
Claim S	ervice Period To:							



Resubmit Denied or Voided Claims Provide



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Search Using the TCN:

- Enter the 'TCN',
- Click on 'Submit'. (Located near the top left corner of the page.)

O Close Provide Provide	Submit Social Service Claim Model Search
Please enter a Provider ID a • Required: TCN or Client • The Claim Service Perio	nd enter available information in the remaining fields before clicking 'Submit'. ID AND Claim Service Period (To Date is optional) or Authorization Number AND Claim Service Period (To Date is optional). d From and To date range cannot exceed 3 months
Drovidor ID:	*
TCN:	
Client ID: Authorization Number:	
Claim Service Period From:	
Claim Service Period To:	



Resubmit Denied or Voided Claims



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Search Using Client ID and Authorization Number:

- Enter the 'Client ID' (Client ID ends in WA and is found on the authorization) or,
- Enter the 'Authorization Number' and,
- Enter 'Claim Service Period From' date in MM/DD/YYYY format, (Claim Service To date is optional. Not using this date may return multiple claims.)
- Click on 'Submit'. (Located near the top left corner of the page.)

	O Submit
Provider	Social Service Claim Model Search
Please enter a Provider ID a	nd enter available information in the remaining fields before clicking 'Submit'.
Required: TCN or Client	ID AND Claim Service Period (To Date is optional) or Authorization Number AND Claim Service Period (To Date is optional).
The Claim Service Perio	od From and To date range cannot exceed 3 months
Provider ID:	
TCN:	
Client ID:	Enter the Client ID or the Authorization Number
Authorization Number:	
Claim Service Period From:	09/21/2016
Claim Service Period To:	





The 'Social Service Claims Model List' appears.

To Resubmit a Denied or Voided Claim:

- Check the box next to the 'TCN'.
- Click on 'Retrieve'.

Note:

The populated list will show the TCN, Date of Service, Claim Status, Claim Charged Amount, Claim Payment Amount, Client ID and the Administration providing services for the client.

Close Retrieve								
	TCN	Date of Service	Claim Status	Claim Charged Amount	Claim Payment Amount	Client Name	Client ID	ADMINSTRATION
	0.000	08/11/2016	1: For more detailed information, see remittance advice.	\$1,356.29	\$0.00	ann. Frank	-	ADSA-H
	1010204-008000	08/11/2016	1: For more detailed information, see remittance advice.	\$942.30	\$0.00	See Second	-	ADSA-H
	iew Page: 1 O Go + Page Count SaveToXLS Viewing Page: 1 SaveToXLS Viewing Page: 1 Next > Next > Last							



Resubmit Denied or Voided Claims



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The basic billing screen appears.

 The options available when resubmitting a claim are the same as when adjusting a claim. <u>(See pgs. 14-18)</u>

Note:

You must turn off your pop-up blocker before you begin billing.

Asterisks (*) denote required fields.

The billing information is taken directly from the authorization.

Exporting the authorization to an Excel file allows you to copy and paste information for accuracy.

Check your authorization before each billing. Authorizations may change.

Previously Entered Line Item Information

Click a Line No. below to view/update that Line Item Information.

Line	Service Dates		Constinue Conda	Modifiers
No	From	То	Service Code	1
1	09/21/2016	09/21/2016	T1020	U1
2	09/22/2016	09/22/2016	T1020	U1

PROVIDER INFORMATION				
BILLING PROVIDER				
* Provider ID:				
SUBSCRIBER/CLIENT INFORMATION				
* Client ID:	Information previously entered will be populated			
1. * Authorization Number:				
BASIC LINE ITEM INFORMATION				
BASIC SERVICE LINE ITEMS				
mm dd ccyy *Service Date From:	* Service Date To:			
* Service Code:	Modifiers: 1: 2: 3: 4:			
Patient Account No:	* Units:			
	Add Service Line Item			





Once all service line information is entered and checked for accuracy, click 'Submit Claim' at the top of the screen.

Your pop-up blockers must be turned off to allow the Claim Detail screen to appear.

If the pop-up blockers are not turned off, the screen will flash and no pop-up will appear which allows you to complete billing.



Note:

If submitting a claim with the pop-up blockers on, the claim information will remain on the screen. Providers should turn off pop-up blockers before logging in to ProviderOne.

Attempting to click '**Submit Claim**' again will return an error message that says: The information you are trying to submit has been queried by another user.

To remedy this, log out of ProviderOne, turn off your browser's pop-up blockers, then log in to ProviderOne again and return to the billing screen to start over.





The 'Social Services Claim Details' appears. The resubmitted claim will have a new 'TCN'. This allows for tracking of the changes made to the original claim.

Claim details will include the new TCN, Original TCN, Provider ID, Client ID, Date of Service and Total Claim Charge.

Click on '**Submit**' to resubmit the claim.

Note:

Make sure to click '**Submit**' on this screen. Failure to do so will result in the claim not being sent to ProviderOne to be processed.

No Records Found!' refers to attachments such as backup documentation. Social Service providers will not add attachments.

	Print	? Help				
	Adjust Social Service Claim Details					
	Original TCN:					
			Provider ID:	0.000		
			Client ID:	WA		
			Date of Service: 09	9/21/2016-09/27/2016		
			Total Claim Charge: \$	1218.91		
Pleas	Please click "Add Attachment" button, to attach the documents.					
III Social Service Claim Details						
	Line No	File Name	Attachment Type	Transmission Code		
		**				
	No Records Found Print Details Print Cover Page Subr					er Page 🛛 🖸 Submit 🛛
						••••



Adjust, Void and Resubmit Claims Provider

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Overpayments





Overpayments can be generated when a paid claim is voided or adjusted. When a claim is voided it will generate an overpayment because the State has paid out money for a claim that is no longer valid. When adjusting a claim an overpayment may be generated if the new paid amount is less than the original claim paid. There are two choices for how to process an overpayment: an offset or a non-offset adjustment.

Non-offset: This is the default option for 1099 providers. The debt *(overpayment)* is automatically sent to the Office of Financial Recovery *(OFR)*. OFR then contacts you, the provider, to address the debt. You will receive a letter from OFR informing you of the debt and how to correct the overpayment, along with your administrative hearing rights if there is any dispute to the information provided.

Offset: For this option, you have to submit an e-mail or call HCA (contact information is on page 36 of this guide). In this option, the ProviderOne system will deduct the debt from all paid claims submitted until the debt is satisfied within a **6** month window. The deduction is reflected in the summary on your Remittance Advices (*RAs*). No letter is generated. After **6** months, if the debt is not satisfied, any remaining balance will be sent to OFR for recovery as a non-offset adjustment.





NON-OFFSET

Any debt sent to OFR will result in an overpayment letter to the provider. There will be a reason code on the letter that gives some information as to why the overpayment was made. Refer to your Remittance Advice *(RA)* associated with the adjustment to see the specific days or service lines being recouped. The RA will be generated on the Friday before the week the OP notice is generated.

Below are the most common reason codes, with a description, for adjustments initiated by a state worker:

- **AA** An audit identified this payment as not being valid.
- P1 Goods or services not provided. This may apply to the entire claim or only dates or services. Refer to your RA for additional details.
- P2 Goods or services authorized in error means that the payment details originally authorized have changed since you submitted your paid claim. Refer to your RA to see specific dates impacted, and review your authorization list to see any changes made to the authorizations. If you have questions about your authorization please contact the authorizing worker.
- **P3** Provider not eligible to provide goods or services. This means that you were not eligible for payment for the dates of service that resulted in the overpayment.
- P5 Rate paid was incorrect means the rate originally paid by the Department for your affected claims is higher than the amount that should have been paid by the Department. This may be caused by a changed in the authorized rate or application of client responsibility. If you have questions about a change in the paid rate please contact the authorizing worker.
- **P6** Multiple payments were made for the same goods or services.





OFFSET

If you want the debt to be deducted from paid claims as an offset, you can submit a message to the Medical Assistance Customer Service Center (MACSC) via the '**Contact Us**' web form requesting that the adjustment be processed. Please provide the following information:

- Provider Number
- TCN
- P1 Client ID
- Adjust as Offset or Non-Offset (1099 provider claims are defaulted to Non-Offset)
- Description of what changes need to be made and why.

For example:

- Provider Number: 11XXXXX06
- TCN: 61xxxxxxxxxxxx000
- P1 Client ID: 1XXXXXXXXWA

Adjust as Offset Description (example):

Client responsibility was not taken out of claim, although I received a letter stating that the client received client responsibility. Case manager verified client responsibility was correct in the system.

MACSC Call Center

<u>MACSC Contact Us web form for Social Service</u> <u>providers</u>

- Call: 1-800-562-3022
- Option 4 for Provider Services
- Option 1 for Social Services



Common Adjustment & Denial Codes Provider and

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Below is a short list of common Adjustment Reason and Remarks Codes you may find on your Remittance Advice (RA)

RA adjustment reason/remark code/description	Possible causes	Provider action
142- Monthly Medicaid patient liability amount.	Client responsibility (participation) applied to the claim	You must collect this amount from the client
198- Precertification/authorization exceeded	Social Service Authorization Approved Units have already been claimed	Contact your case worker if you question the number of units authorized
16-Claim/service lacks information or has submission/billing error(s) which is needed for adjudication	 Claimed dates of service are not within the authorization period The authorization line is in error 	 Contact your case worker if you have questions about the authorization dates Contact your case worker if you have questions about authorization errors
18- Exact duplicate claim/service	 Claimed the same units on two different lines for the same day, or Claim is an exact duplicate of one already submitted 	 Adjust the claim and report the number of units on a single claim line No action is needed if duplication was unintended.
177-Patient has not met the required eligibility requirements	The client is not financially eligible	Contact your case worker if you have questions
A1-Claim/Service denied	The authorization is in cancelled status	Contact your case worker if you have questions
B7-This provider was not certified/eligible to be paid for this procedure/service on this date of service	Your contract may be expired.	Contact your contract manager or case worker if you have questions
N54-Claim information is inconsistent with pre-certified/authorized services	Authorization line is in error	Contact your case worker if you have questions
N63-Rebill services on separate claim lines	A separate claim line is required for each date of service for the service/procedure code entered	If you are billing quarter hour units or for each unit types, do not use a date span (example: 1/1/2015 to 1/31/2015) to bill. Adjust the claim to reflect separate claim lines for the date of service for each service provided and resubmit claim
N362 : The number of Days or Units of Service exceeds our acceptable maximum	Too many units claimed. Example: Provider billed two units on monthly units or provider billed two units on daily units with one day date span	Change the number of units to the correct amount and resubmit your claim