Social Service Medical
Adjust, Void and Resubmit Claims

On occasion, there may be a need to adjust claims. When you adjust a **Transaction Control Number (TCN or claim number)**, you have two choices in 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 received the letter from OFR because you did an adjustment on your claim, resulting in an overpayment. You will also receive 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 (please see details below on how to do this). In this option, the ProviderOne system will deduct the debt (*overpayment*) 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 (*RA*). No letter is generated. After **6** months, if the debt is not satisfied, it will be sent to OFR for recovery.

**Note:**

*The claim can only be reprocessed as offset when the claim does not need to be “altered”, then it can be reprocessed as offset. If the client, the dates, procedure code, the units or rate need to be changed, the provider must adjust the claim themselves.*

*Examples of when offset is available: Client responsibility was not correct, RAC changed, authorization changed by case manager.*
If you want the debt to be deducted from paid claims as an offset, you can submit a message via the ‘Contact Us’ web form requesting that the adjustment be processed. Please provide the following information:

- Provider Number/NPI Number
- TCN Number
- 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 Number:** 61xxxxxxxxxxxxxx000
- **P1 Client ID:** 1XXXXXXXXWA

**Adjust as Offset Description (example):**

The number of hours the client was eligible to receive has changed **after** the service was performed, thus creating a need for an adjustment of the claim. The resulting overpayment could be set as an offset of future claims to satisfy the overpaid amount.

*To use the Contact US web form, copy and paste the following link to your web browser:*

https://fortress.wa.gov/hca/p1contactus/SSProvider_WebForm
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.

Below are the most common reason codes with a description:

- **AA-Audit** - An audit identified this payment as not being valid. A state worker adjusted the claim to create the overpayment.

- **P1** - Goods or services not provided. A state worker initiated the claim to be adjusted because the goods or services were not provided.

- **P2** - Goods or services authorized in error. A state worker initiated the claim to be adjusted because the goods or services were authorized in error.

- **P3** - Provider not eligible to provide goods or services. A state worker initiated the claim to be adjusted because the client was not eligible to receive the service.

- **P4** - Client not eligible to receive goods or services. A state worker initiated the claim to be adjusted because the goods or services were not provided.

- **P5** - Rate paid was incorrect. A state worker initiated the claim to be adjusted because the rate paid was incorrect.

- **P6** - Multiple payments were made for the same goods or services. A state worker initiated the claim to be adjusted because more than one payment was made for the same time period.
Social Service Medical
Adjust, Void and Resubmit Claims

To adjust a paid claim:

- Login to ProviderOne using the ‘EXT Provider Social Services Medical’ profile.
- The Provider Portal appears, next
- Click on ‘Claim Adjustment/Void’.

Note:

Paid Claim: A claim where at least one service line was paid, even if that payment was $0.
Adjust Claim: To change and resubmit a paid claim. When adjusting a paid claim, you can: change/correct information; delete Service Lines; modify Service Lines; or add Service Lines. Adjusting a paid claim can result in no-change, additional payment, or an over-payment to the provider.
Void Claim: A canceled paid claim. Voiding a claim can result in an over-payment. A provider can modify and resubmit a voided claim.
Denied Claim: A claim where the entire claim was denied.
The ‘Provider Claim Adjust/Void Search’ page appears. There are search requirements to be aware of when searching for claims (*shown below in red box*).

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

- TCN, or
- Client ID and Claim Service Period (*from and to date*).

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

- Enter the ‘TCN’ then
- Click on ‘Submit’ (located near the top right corner of the page).
Search Using Client ID and Claim Service Period:

- Enter the ‘Client ID’ *(Client ID ends in WA and is found on the authorization)*, and
- Enter ‘Claim Service Period From’ date in MM/DD/YYYY format,
- Enter ‘Claim Service Period To’ date in MM/DD/YYYY format.
- Click on ‘Submit’ *(located near the top left corner of the page)*.
The ‘Provider Claims Adjust Void List’ appears.

To Adjust a Paid Claim:

- Check the box next to the TCN, then
- Click on ‘Adjust’.

Note: The populated list will show the Date of Service, Claim Status, Claim Charged Amount, Claim Payment Amount, Client ID and the Administration providing services for the client.
The ‘Adjust Professional Claim’ page appears.

The screen is similar to the Billing Screen. However, the page includes an ‘Original TCN’.

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
- Deleting Service Lines
Modifying Service Line Data:

- Under ‘Basic Service Line Item Information’, click on a ‘Service Line Number’.
- The corresponding service line information appears.
- Make needed changes to the data fields.
- Click on ‘Update Service Line’.

**Note:**

Diagnosis pointer information does not need to be updated if there is no additional diagnosis being added.
Modifying Service Line Data

The new service line appears with the updated information *(line #2 shown below.)*

If your changes are complete, submit the claim adjustment as you would a new claim by clicking ‘Submit Claim’ *(located near the top left corner of the page).*
A message will appear asking, “Do you want to submit any Backup documentation?”

Certain shared services require backup documentation such as a denial from another payer. If required, select ‘OK’ and upload the needed documentation before continuing to submit the claim.

If no backup documentation is needed, select ‘Cancel’ and continue submitting the claim.

Note:
If submitting a claim with the pop-up blockers on, the claim information will remain on the screen.

Attempting to click ‘Submit Claim’ again will return an error message that the information you are trying to submit, has been queried by another user.

To remedy this, log out of ProviderOne, turn off your browsers pop-up blockers and then re-enter the billing screen and submit a new claim.
The ‘Adjust Professional Claim Details’ page appears. The adjusted claim will have a new ‘TCN’ number. This allows for tracking of the changes made to the original claim.

Claim details will include the new **TCN number**, **Original TCN number**, **Provider NPI**, **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.
Adding Service Line Data:

- Locate and select the claim you wish to update, (see pgs. 6-8).
- Enter ‘Basic Service Line’ information, then
- Click on ‘Add Service Line’.
- The new service line appears (line #2 shown below).
- Once all the lines are entered, submit the claim by selecting ‘Submit Claim’ (located near the top left corner of the page).
Void Paid Claim

To Void a Paid Claim:

- Locate and select the claim you wish to update *(see pgs. 6-8).*
- Check the box next to the TCN, then
- Click on ‘Void Claim’.

Note:

Voiding a claim results in the payment being taken back by ProviderOne (this is known as Non-offset per page 1). The debt/overpayment is sent to OFR. Voiding of claims should only be done with instructions from the MACSC call center.
The ‘Void Professional Claim’ page appears with all the fields greyed out.

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

**Note:**
Voiding a claim results in the payment being taken back by ProviderOne (this is known as Non-offset per page 1). The debt/overpayment is sent to OFR. Voiding of claims should only be done with instructions from the MACSC call center.
The ‘Void Professional Claim Details’ page 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 number**, **Original TCN number**, **Provider NPI**, **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.
To resubmit a denied claim:

- Login to ProviderOne using the ‘EXT Provider Social Services Medical’ profile, then

- Click on ‘Resubmit Denied/ Voided Claim.

Note:

**Paid Claim:** A claim where at least one service line was paid, even if that payment was $0.

**Adjust Claim:** To change and resubmit a paid claim. When adjusting a paid claim, you can: change/correct information; delete Service Lines; modify Service Lines; or add Service Lines. Adjusting a paid claim can result in no-change, additional payment, or an overpayment to the provider.

**Void Claim:** A canceled paid claim. Voiding a claim can result in an overpayment. A provider can modify and resubmit a voided claim.

**Denied Claim:** A claim where the entire claim was denied.
The ‘Provider Claim Model Search’ page appears. There are search requirements to be aware of when searching for claims (shown below in the red box).

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

- **TCN**, or
- **Client ID and Claim Service Period** *(from and to date)*.

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

Search Using the TCN:

- Enter the ‘TCN’, then
- Click on ‘Submit’ *(located near the top right corner of the page)*.
Resubmit Denied or Voided Claims

Search Using Client ID and Claim Service Period:

- Enter the ‘Client ID’ (Client ID ends in WA and is found on the authorization), 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).
The ‘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 Date of Service, Claim Status, Claim Charged Amount, Claim Payment Amount, Client ID and the Administration providing services for the client.
Resubmit Denied or Voided Claims

The billing screen appears.

- If changes are needed to service line information, click on a ‘Service Line Number’.
- Service line information shows (information previously entered will populate into fields). Update information that may be incorrect on the service line, or
- Changes may be needed to other information in the professional claim (see note below). Make the needed corrections, and
- Click on ‘Update Service Line’, (under Basic Service Line Information).
- The new service line will appear with the changes.

NOTE:

Common denial reasons include:

⇒ Incorrect Taxonomy.
⇒ Missing Social Service authorization number or authorization is in error.
⇒ Diagnosis code is too general or not ICD-10.
Resubmit Denied or Voided Claims

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.

Attempting to click ‘Submit Claim’ again will return an error message that the information you are trying to submit, has been queried by another user.

To remedy this, log out of ProviderOne, turn off your browsers pop-up blockers and then re-enter the billing screen and submit a new claim.
Resubmit Denied or Voided Claims

A message will appear asking, “Do you want to submit any Backup documentation?”

Certain shared services require backup documentation such as a denial from another payer. If required, select ‘OK’ and upload the needed documentation before continuing to submit the claim.

If no backup documentation is needed, select ‘Cancel’ and continue submitting the claim.

Note:
If submitting a claim with the pop-up blockers on, the claim information will remain on the screen.

Attempting to click ‘Submit Claim’ again will return an error message that the information you are trying to submit, has been queried by another user.

To remedy this, log out of ProviderOne, turn off your browsers pop-up blockers and then re-enter the billing screen and submit a new claim.
The ‘Submit Professional Claim Details’ screen appears.

Please note that the resubmitted claim has a new ‘TCN’.

Click on ‘Submit’.

The resubmitted claim is now sent to ProviderOne for processing.

Note: To submit the claim, you must click on the ‘Submit’ button (located in the bottom right corner of the page) to complete the claims submission and send the claim to ProviderOne for processing.
<table>
<thead>
<tr>
<th>RA adjustment reason/remark code/description</th>
<th>Possible causes</th>
<th>Provider action</th>
</tr>
</thead>
<tbody>
<tr>
<td>142- Monthly Medicaid patient liability</td>
<td>Client responsibility (participation) applied to the claim</td>
<td>You must collect this amount from the client</td>
</tr>
<tr>
<td>amount.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>198- Pre-certification/authorization</td>
<td>Social Service Authorization Approved Units have already been claimed</td>
<td>Contact your case worker if you question the number of units authorized</td>
</tr>
<tr>
<td>exceeded</td>
<td></td>
<td></td>
</tr>
<tr>
<td>16- Claim/service lacks information or</td>
<td>1. Claimed dates of service are not within the authorization period</td>
<td>1. Contact your case worker if you have questions about the authorization dates</td>
</tr>
<tr>
<td>has submission/billing error(s) which</td>
<td>2. The authorization line is in error</td>
<td>2. Contact your case worker if you have questions about authorization errors</td>
</tr>
<tr>
<td>is needed for adjudication</td>
<td></td>
<td></td>
</tr>
<tr>
<td>18- Exact duplicate claim/service</td>
<td>1. Claimed the same units on two different lines for the same day, or</td>
<td>1. Adjust the claim and report the number of units on a single claim line</td>
</tr>
<tr>
<td></td>
<td>2. Claim is an exact duplicate of one already submitted</td>
<td>2. No action is needed if duplication was unintended.</td>
</tr>
<tr>
<td>177- Patient has not met the required</td>
<td>The client is not financially eligible</td>
<td>Contact your case worker if you have questions</td>
</tr>
<tr>
<td>eligibility requirements</td>
<td></td>
<td></td>
</tr>
<tr>
<td>A1- Claim/Service denied</td>
<td>The authorization is in cancelled status</td>
<td>Contact your case worker if you have questions</td>
</tr>
<tr>
<td>B7- This provider was not certified/eligible</td>
<td>Your contract may be expired.</td>
<td>Contact your contract manager or case worker if you have questions</td>
</tr>
<tr>
<td>to be paid for this procedure/service on</td>
<td></td>
<td></td>
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<tr>
<td>this date of service</td>
<td></td>
<td></td>
</tr>
<tr>
<td>N54- Claim information is inconsistent with</td>
<td>Authorization line is in error</td>
<td>Contact your case worker if you have questions</td>
</tr>
<tr>
<td>pre-certified/authorized services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>N63- Rebill services on separate claim</td>
<td>A separate claim line is required for each date of service for the service/</td>
<td>If you are billing quarter hour units or for each unit types, do not use a</td>
</tr>
<tr>
<td>lines</td>
<td>procedure code entered</td>
<td>date span (example: 1/1/2015 to 1/31/2015) to bill. Adjust the claim to reflect</td>
</tr>
<tr>
<td></td>
<td></td>
<td>separate claim lines for the date of service for each service provided and</td>
</tr>
<tr>
<td></td>
<td></td>
<td>resubmit claim</td>
</tr>
<tr>
<td>N362- The number of Days or Units of Service</td>
<td>Too many units claimed. Example: Provider billed two units on monthly units or</td>
<td>Change the number of units to the correct amount and resubmit your claim</td>
</tr>
<tr>
<td>exceeds our acceptable maximum</td>
<td>provider billed two units on daily units with one date span</td>
<td></td>
</tr>
</tbody>
</table>