

Viewing Authorization List

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

Managed Care Organization: A health insurance company that contracts with the State of Washington to provide coverage for Washington Apple Health (Medicaid) clients.

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.

Third Party Payer: An organization, other than the State or client themselves, which provides payment for services rendered.

Common Acronyms:

AFH: Adult Family Home

EARC: Enhanced Adult
Residential Care

TPR: Third Party Resource

ALF: Assisted Living Facility

ESF: Enhanced Service Facility

ARC: Adult Residential Care

HCA: Health Care Authority

C/R: Client Responsibility

PAR: Participation

DSHS: Department of Social and
Health Services

R&B: Room and Board

Authorization List

Authorization List

The Department of Social and Health Services (DSHS) is the payer of last resort. Other funding sources are to be billed prior to consideration of payment from DSHS.

The other sources include, but are not limited to: Private Pay, Long-Term Care Insurance, Private Health Insurance, Medicare, Managed Care, Apple Health (Medicaid), and Client Responsibility.

The Social Security Act of 1902(a)(25) (the Act) requires that states take “all reasonable measures to ascertain the legal liability of third parties.” The Act further defines third party payers to include, among others, health insurers, managed care organizations (MCOs), and group health plans (health plans offered by an employer or employee organization to provide health coverage to employee and their families), as well as any other parties that are legally responsible by statute, contract, or agreement to pay for care and services. The regulations mirror this definition of third parties.

Authorization List

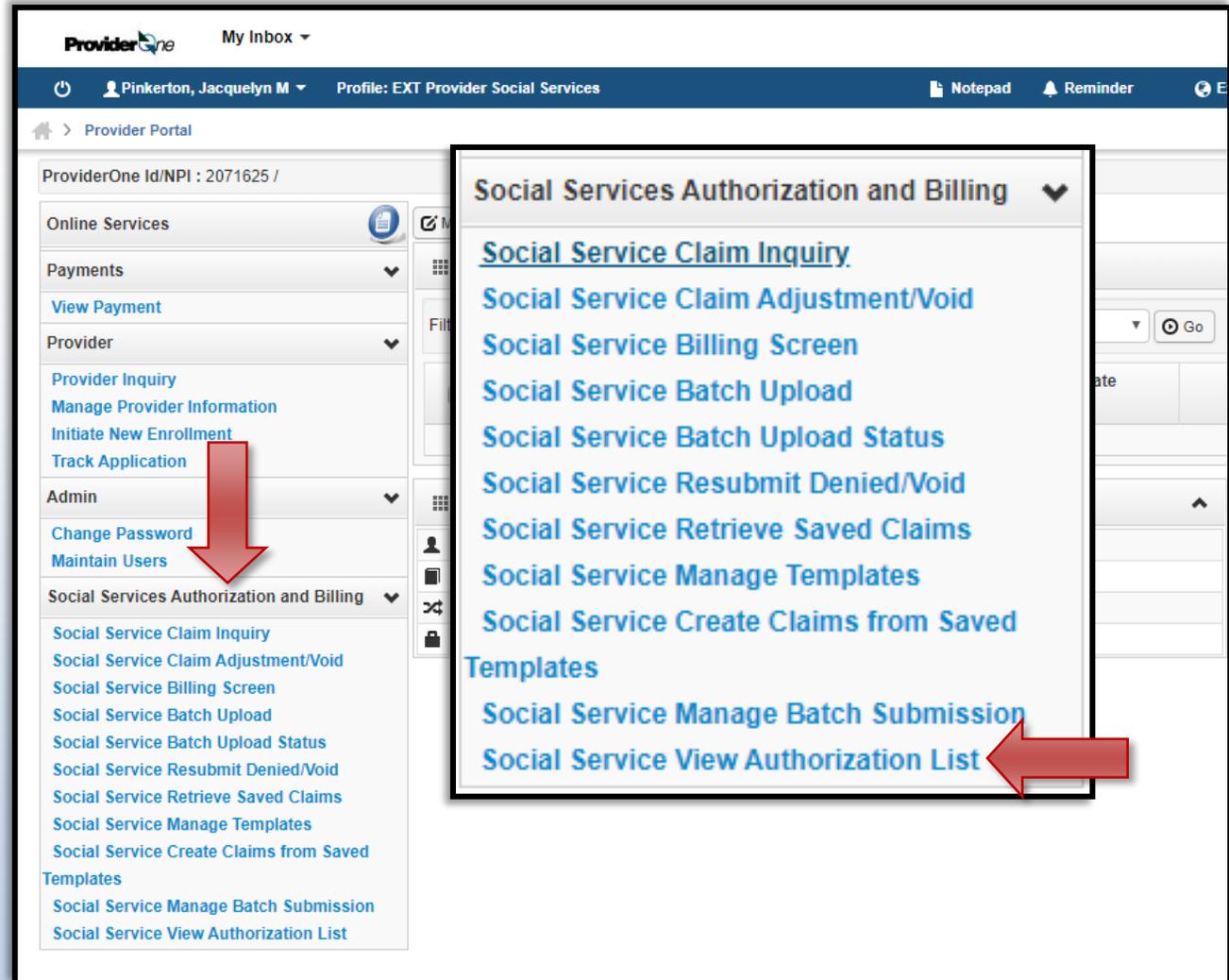
To view social service authorizations, first log in to ProviderOne using the 'EXT Provider Social Services' or 'EXT Provider Social Services Medical' profile.

In the provider portal, navigate to the 'Social Service Authorization and Billing' area located at the very bottom of the online services list on the left.

Next, select 'Social Service View Authorization List'. From here you will be able to see social service authorization information for each client.

Note:

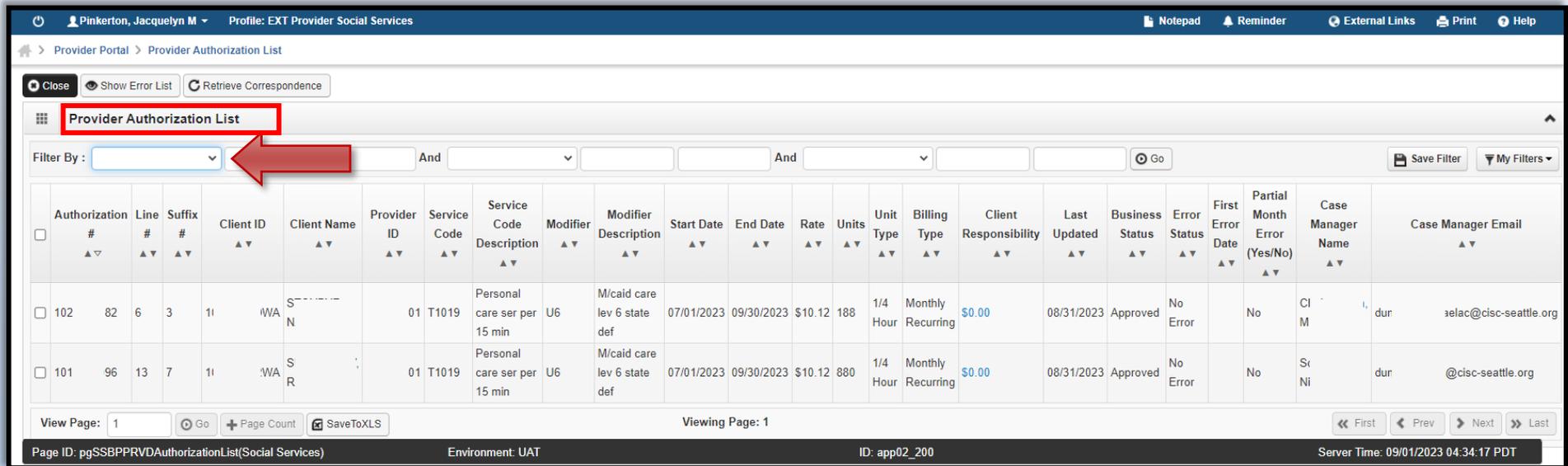
The 'EXT Provider Social Services Medical' profile can be used to access the 'Social Service View Authorization List', however, when submitting social service medical claims, users of this profile will do so under the 'Claims' area.



The screenshot displays the ProviderOne user interface. At the top, the user is logged in as 'Pinkerton, Jacquelyn M' with the profile 'EXT Provider Social Services'. The main navigation menu on the left includes sections for 'Online Services', 'Payments', 'Provider', 'Admin', and 'Social Services Authorization and Billing'. A red arrow points to the 'Social Services Authorization and Billing' section. A secondary dropdown menu is open, listing various social service functions. A second red arrow points to the 'Social Service View Authorization List' option at the bottom of this menu.

Authorization List

The 'Provider Authorization List' appears. The default view shows only the active authorizations for the current month. To view your active authorizations for other months you may use the various 'Filter By' options available.



The screenshot shows the 'Provider Authorization List' interface. At the top, there are navigation links: 'Close', 'Show Error List', and 'Retrieve Correspondence'. Below this is a search bar with a 'Filter By' dropdown menu, which is highlighted with a red box and a red arrow. The main area contains a table with the following columns:

Authorization #	Line #	Suffix #	Client ID	Client Name	Provider ID	Service Code	Service Code Description	Modifier	Modifier Description	Start Date	End Date	Rate	Units	Unit Type	Billing Type	Client Responsibility	Last Updated	Business Status	Error Status	First Error Date	Partial Month Error (Yes/No)	Case Manager Name	Case Manager Email
102	82	6	3	11	WA	S	Personal care ser per 15 min	U6	M/caid care lev 6 state def	07/01/2023	09/30/2023	\$10.12	188	1/4 Hour	Monthly Recurring	\$0.00	08/31/2023	Approved	No Error	No	Cl M	dur	aelac@cisc-seattle.org
101	96	13	7	11	WA	S	Personal care ser per 15 min	U6	M/caid care lev 6 state def	07/01/2023	09/30/2023	\$10.12	880	1/4 Hour	Monthly Recurring	\$0.00	08/31/2023	Approved	No Error	No	St Ni	dur	@cisc-seattle.org

At the bottom of the interface, there are navigation controls: 'View Page: 1', 'Go', '+ Page Count', 'SaveToXLS', 'Viewing Page: 1', and navigation buttons for 'First', 'Prev', 'Next', and 'Last'. The footer contains the following information:

Page ID: pgSSBPPRVDAuthorizationList(Social Services) Environment: UAT ID: app02_200 Server Time: 09/01/2023 04:34:17 PDT

The authorization list has many components that will be shown in the next few pages. First you will see:

◆ Authorization Number

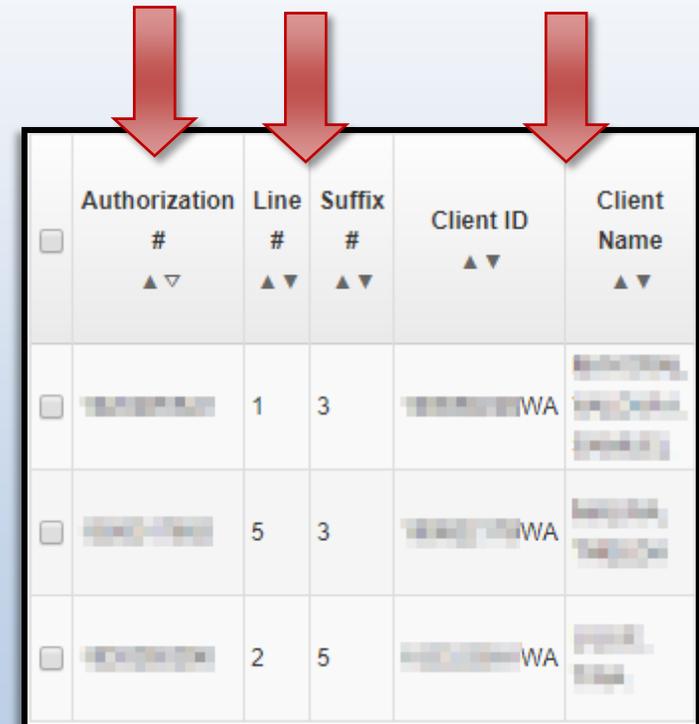
⇒ 10 digit number. Authorizations typically are good for 1 year at a time. When an authorization has been extended after a client assessment, the authorization number will stay the same. Only the end date should change based on the new assessment. Canceled authorizations for services that are later re-authorized will have a new authorization number.

◆ Line/Suffix Number

⇒ The line number denotes the line of service on the authorization. The service line number will have a point after called a “suffix”. If this line is modified by the case worker, the service line would be split into two (or more) lines. *Ex. Line 1.1 and line 1.2, etc.*

◆ Client ID/Client Name

⇒ The Client ID is an 11 character alpha-numeric identifier used in ProviderOne. This ID will always end in “WA”.



	Authorization #	Line #	Suffix #	Client ID	Client Name
<input type="checkbox"/>	#	#	#		
<input type="checkbox"/>	██████████	1	3	██████████WA	██████████
<input type="checkbox"/>	██████████	5	3	██████████WA	██████████
<input type="checkbox"/>	██████████	2	5	██████████WA	██████████

Next is the:

◆ Provider ID

- ⇒ The Provider ID, or Domain, is a 7-digit number used to identify providers in ProviderOne. The number shown on the authorization lists adds a 2-digit location ID to the domain. Locations denote social service locations available for authorization.
- ⇒ The Billing Provider ID will now have 9 digits. Ex. Domain– 1234567, Domain + Location ID– 123456701. If the provider has more than one location, then the next ID would be shown as 123456702 and so on, based on the number of locations the provider has available.

◆ Service Code/Service Code Description

- ⇒ Each service authorized will have a service code and brief description of the service.

◆ Modifier/Modifier Description

- ⇒ Any modifiers needed will be listed here, with a description available if applicable. Modifiers for equipment and to differentiate between RN/LPN nurses will not be shown here. Refer to your billing guides for correct modifiers.

◆ Start/End Date

- ⇒ The start and end dates of the current authorization are shown by default.



Provider ID	Service Code	Service Code Description	Modifier	Modifier Description	Start Date	End Date
[REDACTED]	T1019	Personal care ser per 15 min			01/01/2020	01/31/2020
[REDACTED]	T1019	Personal care ser per 15 min			01/01/2020	01/31/2020
[REDACTED]	T1019	Personal care ser per 15 min			01/01/2020	01/31/2020

Next is:

◆ **Rate**

⇒ Rate shown is per 'Unit Type'. Ex. A provider is reimbursed at a rate of \$9.24 for every 15 minutes of service (1/4 hour). The rate shown will reflect this amount per 15 minutes. If the unit type is "Day" then the total rate for the day would be shown. This applies for the unit types of "Each" and "Monthly" as well.

◆ **Units/Unit Type**

⇒ The unit type shows how a service code will be billed. Unit types are 1/4 Hour, 1/2 Hour, Hour, Each, Per visit, Mile, Daily, Monthly. (See your authorization for the unit type.)

Billing Type

Description

Monthly Recurring

If the authorization is for multiple months then the units/dollars are for each month.

Span Multiple

If the authorization is for multiple months then the units/dollars are for the entire span of months and can be billed multiple times within the span.

Span Single

If the authorization is for multiple months then the units/dollars are for the entire span of months and can only be billed one time (single Date of Service). Once the service is billed then all other dates within the span are automatically inactivated by ProviderOne.

One Time

If the authorization is for multiple months then the units/dollars are for the entire span of months and is only paid one time on the last date authorized on the line. One Time codes are not claimed by the provider, but paid out automatically based on the last authorized date.



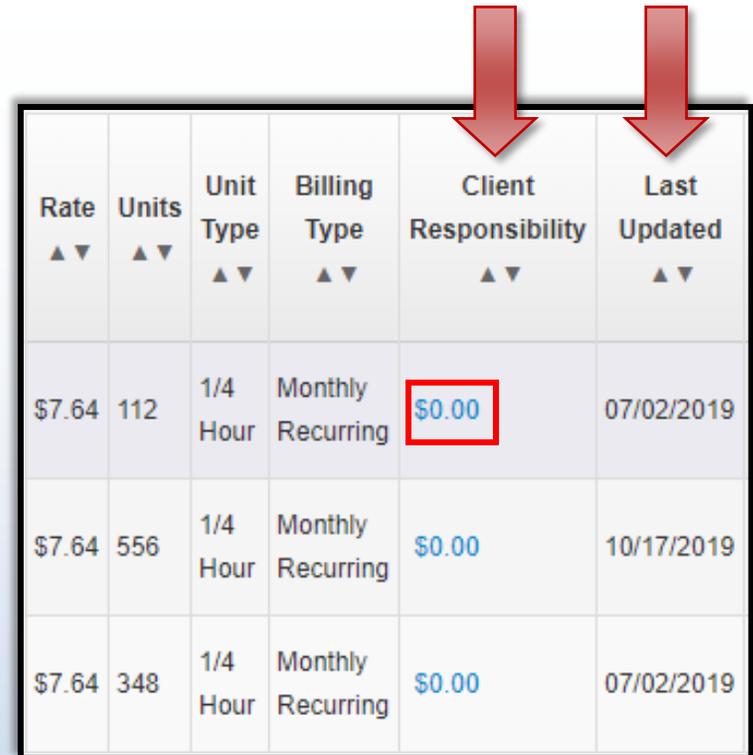
Rate	Units	Unit Type	Billing Type	Client Responsibility	Last Updated
\$7.64	112	1/4 Hour	Monthly Recurring	\$0.00	07/02/2019
\$7.64	556	1/4 Hour	Monthly Recurring	\$0.00	10/17/2019
\$7.64	348	1/4 Hour	Monthly Recurring	\$0.00	07/02/2019

◆ Client Responsibility (C/R)

⇒ The client responsibility or amount that the provider is to collect from the client each month will be listed, if applicable. There are three parts to C/R:

- ◇ **Participation:** The amount a client contributes towards their cost of care.
- ◇ **Room and Board:** The amount a client contributes towards the cost of food and housing in a facility. Only applicable in AFH, ESF, EARC, AL, and ARC settings.
- ◇ **Third Party Resources:** Additional income benefits which may include Veterans Affairs benefits, L&I income, trusts, and Long-Term Care insurance.

⇒ By clicking the blue client responsibility number you can see a monthly breakdown of how C/R has been applied for the month.



Rate ▲▼	Units ▲▼	Unit Type ▲▼	Billing Type ▲▼	Client Responsibility ▲▼	Last Updated ▲▼
\$7.64	112	1/4 Hour	Monthly Recurring	\$0.00	07/02/2019
\$7.64	556	1/4 Hour	Monthly Recurring	\$0.00	10/17/2019
\$7.64	348	1/4 Hour	Monthly Recurring	\$0.00	07/02/2019

◆ Last Updated

⇒ Shows the user the date that the authorization was most recently updated.

Next is:

◆ Business Status/Error Status

⇒ It is important that authorizations are in an “Approved/No Error” status before submitting claims. You should check authorizations each time before billing to ensure there are no errors that will impact your claims.

◆ First Error Date

⇒ This is the first date that services are in error. Any claims submitted for the date of service in error will result in a denied claim.

⇒ Contracts that are within 2 months of renewal will cause authorizations to show an error for “Unable to derive Taxonomy.” This error will not affect claims until the start date listed on the error.

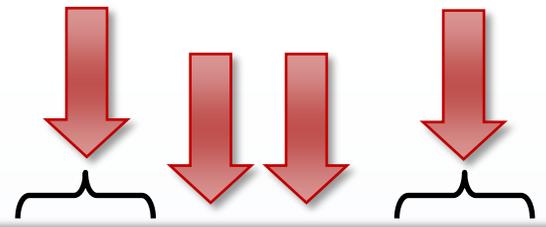
◆ Partial Month Error

⇒ If an authorization has a partial month error applicable, it will be shown here.

◆ Case Manager Name/Phone Number

⇒ The client’s primary case manager and contact phone number are listed on the authorizations.

⇒ While case managers should be your contact for authorizations errors, billing questions and additional training requests should be directed to the MACSC call center.



Business Status ▲ ▼	Error Status ▲ ▼	First Error Date ▲ ▼	Partial Month Error Yes/No ▲ ▼	Case Manager Name ▲ ▼	Case Manager Phone Number ▲ ▼
Approved	No Error		No	Smith, [Redacted]	360-[Redacted]
Approved	No Error		No	Smith, [Redacted]	360-[Redacted]

MACSC Call Center

[Contact Us web form:](#)

Call: 1-800-562-3022

- Option 4 for Provider Services
- Option 1 for Social Services

View Error

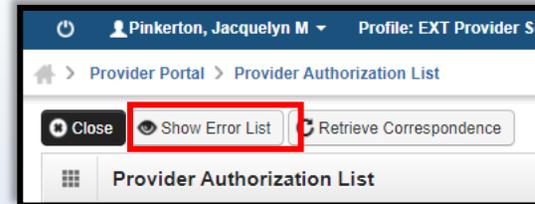
View Errors

If an authorization shows “Error” in the ‘**Error Status**’ field, you can see when the error is in effect prior to billing for the service. If there is an error that impacts the date you are billing for you, may not be able to submit the claim or the claim could be denied.

To view authorization errors, check the box next to the authorization and select ‘**Show Error List**’ button on the Provider Authorization List page.

Note:

The ‘**Show Error List**’ button will open a pop-up window with the error information. Please make sure that your pop-up blockers are disabled prior to starting this process.



Authorization #	Line #	Suffix #	Client ID	Client Name	Provider ID	Service Code	Service Code Description	Modifier	Modifier Description	Start Date	End Date	Rate	Units	Unit Type	Billing Type	Client Responsibility	Last Updated	Business Status	Error Status	First Error Date
<input type="checkbox"/>	1000000000	4	1	0000000000WA	0000000000	S0215	Nonemerg transp mileage	U3	M/caid care lev 3 state def	06/16/2020	03/31/2021	\$0.58	100	Mile	Monthly Recurring	\$0.00	08/31/2020	Approved	Error	7/01/2020
<input type="checkbox"/>	1000000000	3	1	0000000000WA	0000000000	T2033	Res, nos waiver per diem	U5	M/caid care lev 4 state def	06/16/2020	03/31/2021	\$153.00	31	Day	Monthly Recurring	\$0.00	08/31/2020	Approved		



View Errors

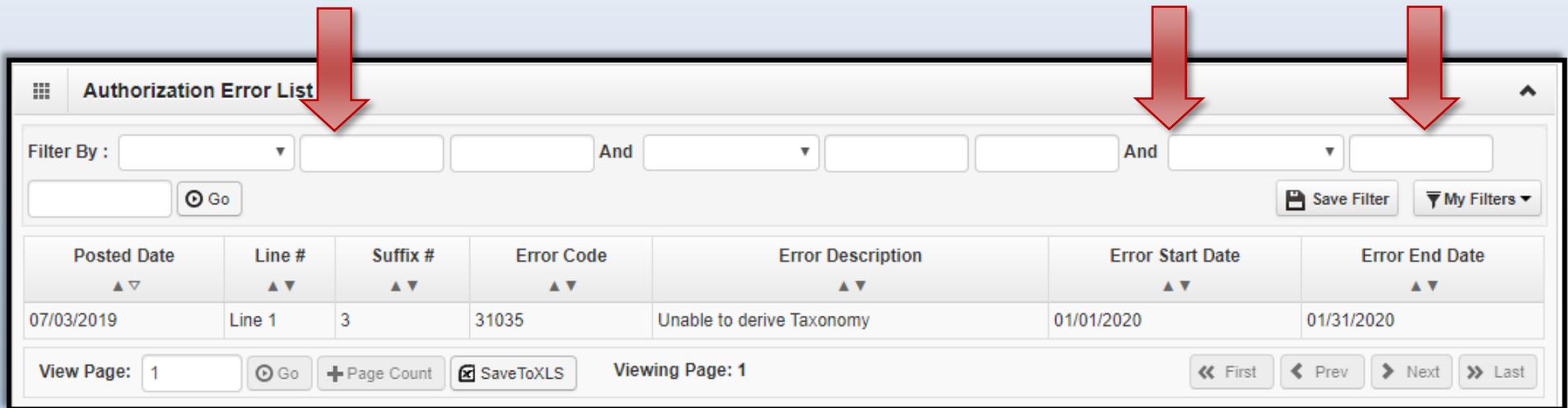
You will now be able to view the error and see if the error will prevent payment.

The affected 'Line #' and 'Suffix #' will be listed, as well as the 'Error Code' and an 'Error Description'.

As previously mentioned, the "Unable to derive Taxonomy" is due to a contract that is within 2 months of a renewal. This error will cause the claim to deny if the date of service is within the active period of the error.

This example error is active from 01/01/2020 to 01/31/2020 and affects services listed on Line 1.3 of the authorization. If this authorization is used for a Date of Service during the month of January then the claim will be denied, however, if used for a Date of Service prior to January, the claim should have no issues.

If your authorization has an error that is active for the Date of Service you are trying to bill, you will need to contact the assigned case manager to resolve the issue.



The screenshot shows the 'Authorization Error List' interface. It includes a filter section at the top with 'Filter By' dropdowns and 'Go' buttons. Below is a table with columns for 'Posted Date', 'Line #', 'Suffix #', 'Error Code', 'Error Description', 'Error Start Date', and 'Error End Date'. A single row of data is visible, showing an error on Line 1, Suffix 3, with Error Code 31035 and Description 'Unable to derive Taxonomy', active from 01/01/2020 to 01/31/2020. At the bottom, there are pagination controls including 'View Page: 1', 'Go', 'Page Count', 'SaveToXLS', and 'Viewing Page: 1'.

Posted Date	Line #	Suffix #	Error Code	Error Description	Error Start Date	Error End Date
07/03/2019	Line 1	3	31035	Unable to derive Taxonomy	01/01/2020	01/31/2020

Navigating the Authorization List

The default view of the authorization will return 10 authorizations per page. If you need to view more authorizations, you may do so using the page controls at the bottom of the screen.

Using the page controls, the user has the ability to:

- ◆ View the page number currently in view,
- ◆ Go to the next or previous page using the **'Next'** or **'Previous'** buttons,
- ◆ Go to the first or last page using the **'First'** or **'Last'** buttons,
- ◆ Jump to a specific page by entering a page number in the **'View Page'** field and clicking **'Go'**,
- ◆ See the total number of pages by clicking **'Page Count'**,
- ◆ Export information to an Excel file using the **'SaveToXLS'** button.

Viewing Page: 1

« First < Prev > Next » Last

View Page: 2

Go

+ Page Count

SaveToXLS

Page Count = 2

Note:

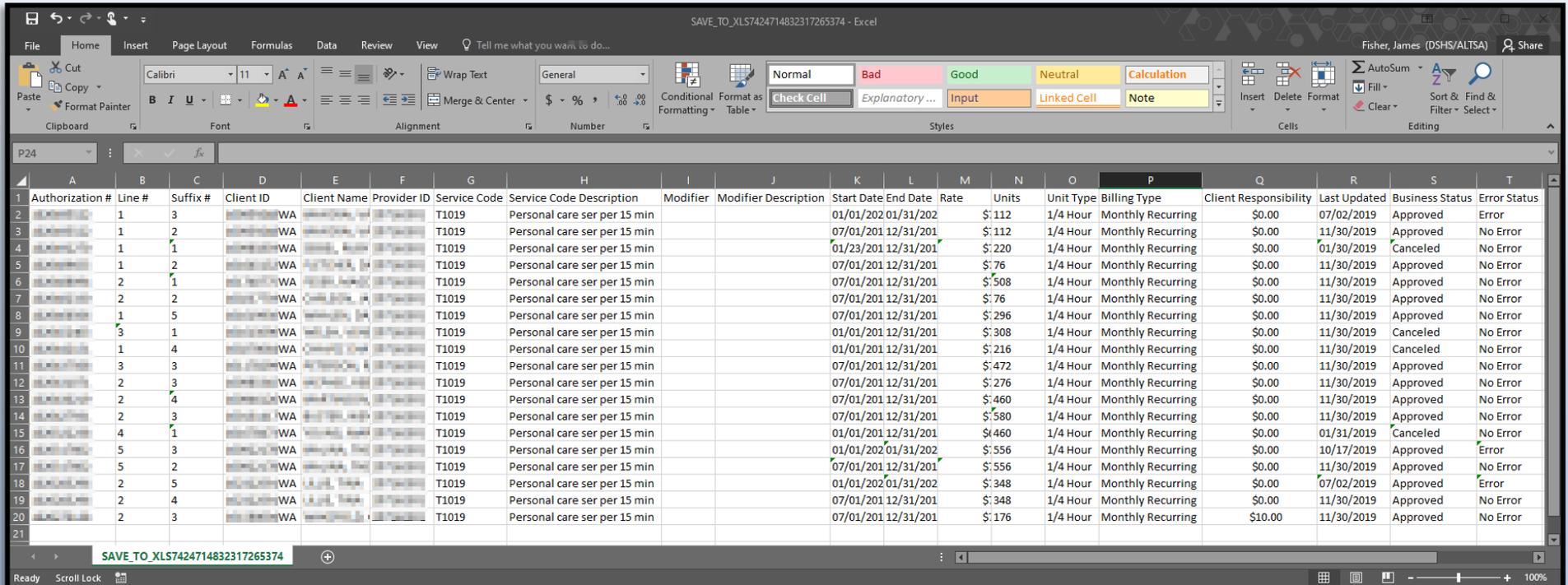
The screen prompts to save the Excel document may differ depending on your computer programs, however, the resulting file will look the same.

Exporting your authorization information can help with billing. You can copy data from the file and paste into ProviderOne billing page or search fields; improving accuracy and reducing the potential for typing errors.

If you use this method, be sure to export a new Excel file prior to billing for the service as authorizations may change.



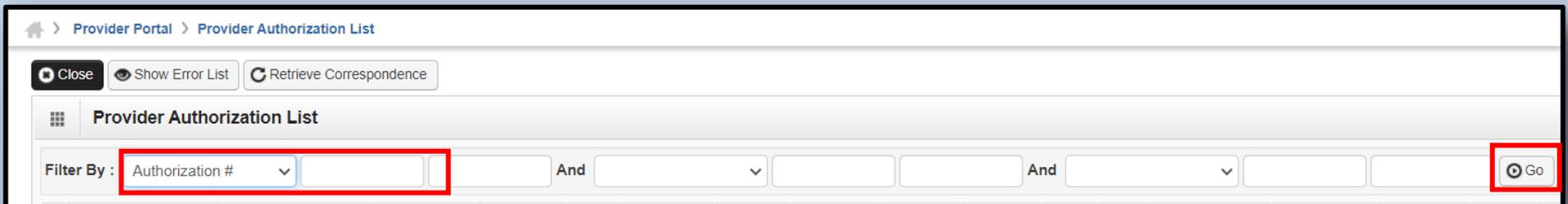
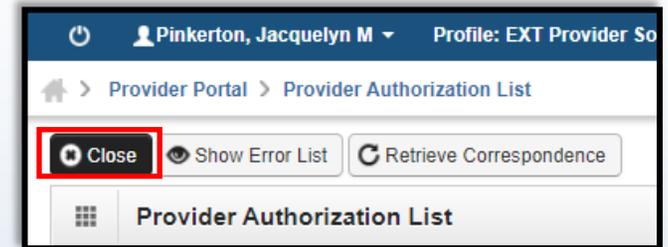
The excel file contains all the information available on the 'Provider Authorizations List' page.



Authorization #	Line #	Suffix #	Client ID	Client Name	Provider ID	Service Code	Service Code Description	Modifier	Modifier Description	Start Date	End Date	Rate	Units	Unit Type	Billing Type	Client Responsibility	Last Updated	Business Status	Error Status
1	1	3	WA			T1019	Personal care ser per 15 min			01/01/202	01/31/202	\$:112	1/4 Hour	Monthly Recurring	\$0.00	07/02/2019	Approved	Error	
3	1	2	WA			T1019	Personal care ser per 15 min			07/01/201	12/31/201	\$:112	1/4 Hour	Monthly Recurring	\$0.00	11/30/2019	Approved	No Error	
4	1	1	WA			T1019	Personal care ser per 15 min			01/23/201	12/31/201	\$:220	1/4 Hour	Monthly Recurring	\$0.00	01/30/2019	Canceled	No Error	
5	1	2	WA			T1019	Personal care ser per 15 min			07/01/201	12/31/201	\$:76	1/4 Hour	Monthly Recurring	\$0.00	11/30/2019	Approved	No Error	
6	2	1	WA			T1019	Personal care ser per 15 min			07/01/201	12/31/201	\$:508	1/4 Hour	Monthly Recurring	\$0.00	11/30/2019	Approved	No Error	
7	2	2	WA			T1019	Personal care ser per 15 min			07/01/201	12/31/201	\$:76	1/4 Hour	Monthly Recurring	\$0.00	11/30/2019	Approved	No Error	
8	1	5	WA			T1019	Personal care ser per 15 min			07/01/201	12/31/201	\$:296	1/4 Hour	Monthly Recurring	\$0.00	11/30/2019	Approved	No Error	
9	3	1	WA			T1019	Personal care ser per 15 min			01/01/201	12/31/201	\$:308	1/4 Hour	Monthly Recurring	\$0.00	11/30/2019	Canceled	No Error	
10	1	4	WA			T1019	Personal care ser per 15 min			01/01/201	12/31/201	\$:216	1/4 Hour	Monthly Recurring	\$0.00	11/30/2019	Canceled	No Error	
11	3	3	WA			T1019	Personal care ser per 15 min			07/01/201	12/31/201	\$:472	1/4 Hour	Monthly Recurring	\$0.00	11/30/2019	Approved	No Error	
12	2	3	WA			T1019	Personal care ser per 15 min			07/01/201	12/31/201	\$:276	1/4 Hour	Monthly Recurring	\$0.00	11/30/2019	Approved	No Error	
13	2	4	WA			T1019	Personal care ser per 15 min			07/01/201	12/31/201	\$:460	1/4 Hour	Monthly Recurring	\$0.00	11/30/2019	Approved	No Error	
14	2	3	WA			T1019	Personal care ser per 15 min			07/01/201	12/31/201	\$:580	1/4 Hour	Monthly Recurring	\$0.00	11/30/2019	Approved	No Error	
15	4	1	WA			T1019	Personal care ser per 15 min			01/01/201	12/31/201	\$:460	1/4 Hour	Monthly Recurring	\$0.00	01/31/2019	Canceled	No Error	
16	5	3	WA			T1019	Personal care ser per 15 min			01/01/202	01/31/202	\$:556	1/4 Hour	Monthly Recurring	\$0.00	10/17/2019	Approved	Error	
17	5	2	WA			T1019	Personal care ser per 15 min			07/01/201	12/31/201	\$:556	1/4 Hour	Monthly Recurring	\$0.00	11/30/2019	Approved	No Error	
18	2	5	WA			T1019	Personal care ser per 15 min			01/01/202	01/31/202	\$:348	1/4 Hour	Monthly Recurring	\$0.00	07/02/2019	Approved	Error	
19	2	4	WA			T1019	Personal care ser per 15 min			07/01/201	12/31/201	\$:348	1/4 Hour	Monthly Recurring	\$0.00	11/30/2019	Approved	No Error	
20	2	3	WA			T1019	Personal care ser per 15 min			07/01/201	12/31/201	\$:176	1/4 Hour	Monthly Recurring	\$10.00	11/30/2019	Approved	No Error	

When changes are made to an authorization you will not see them right away if you are already on the **'Provider Authorization List'** page. If you are resolving authorization issues with the case manager and are unable to see the changes in the current view, do the following:

- ◆ Click the **'Close'** button in the upper left corner of the portal.
- ◆ This will bring you back to the main ProviderOne Portal page. Navigate to the **'Social Service Authorization and Billing'** area located at the very bottom of the online services list on the left.
- ◆ Next, select **'Social Service View Authorization List'**.
- ◆ In the **'Filter By'** dropdown, select the manner in which you wish to search the authorizations list, such as authorization number.
- ◆ Enter the information and click **'Go'** at the end of the row.
- ◆ The authorization list will now be refreshed to the most current information available.



Occasionally there will be updates to an authorization. You will be alerted to these changes in the ProviderOne Portal. If you need to review the history of a particular authorization to see what has changed, navigate to the '**Social Service View Authorization List**'. Once the page appears use the '**Filter By**' dropdowns to search for the authorization number and processing status.

- ◆ In the '**Authorization #**' field, enter the authorization number you are searching for. In the '**Processing Status**' field enter "%" and then click '**Go**' at the end of the row. (The "%" acts as a wildcard, showing all possible results for that filter.)

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](#)

Provider Portal > Provider Authorization List

Close Show Error List Retrieve Correspondence

Provider Authorization List

Filter By : Authorization # ▾ And Processing Status ▾ % And

Business Status

▲ ▼

Canceled

Approved

Processing Status

▲ ▼

Active

Inactive

- ◆ The filtered list appears showing the Business Status as "Approved", "Canceled", or "In Review".
- ◆ The list shows the '**Processing Status**' as "Active" or "Inactive".

Note:
 Authorizations must have Business Status: Approved and Processing Status: Active to provide services and be paid.