Medicaid 101 for MIE providers
Getting Started

**ProviderOne** is used by Washington Apple Health providers to submit claims and manage their provider accounts. It is compatible with the most common internet browsers: Google Chrome, Firefox, Microsoft Edge, and Safari for Windows and MAC.

In order for **ProviderOne** to work on your computer, verify your browser allows pop-ups, as these are vital to successful claims submission.
Getting Started

- Use web address https://www.wapproviderone.org

- Complete the **Domain**, **Username**, and **Password** fields

- Click on the **Login** button
Managing Profiles
Adding a Super User Profile

A profile describes the level of access a user has in your domain.

You will start with only the **EXT Provider System Administrator** profile assigned, which can only set up and manage other users and profiles (including your own).

You must assign at least one user (usually yourself) the **EXT Provider Super User** in order to access full ProviderOne functionality.

Choose the System Administrator profile and click **Go**.
Adding User Profiles

- Scroll down on the left-hand side of the Provider Portal and click **Maintain Users**.
- The system will display all past and present users associated to your domain.
- Click on the name of the person to be updated.
Adding User Profiles

- ProviderOne displays the **User Details** page for this user.
- Choose **Associated Profiles** from the **Show** menu.

<table>
<thead>
<tr>
<th>User Login Id: PRU</th>
<th>Name: Relations, Provider</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>User Details</strong></td>
<td></td>
</tr>
<tr>
<td>First Name:</td>
<td>Provider</td>
</tr>
<tr>
<td>Last Name:</td>
<td>Relations</td>
</tr>
<tr>
<td>Date of Birth:</td>
<td>01/01/1970</td>
</tr>
<tr>
<td>EID:</td>
<td>4521585</td>
</tr>
<tr>
<td>User Name:</td>
<td>PRU</td>
</tr>
<tr>
<td>Password:</td>
<td></td>
</tr>
<tr>
<td>Address Line 1:</td>
<td>(Enter Street Address or PO Box Only)</td>
</tr>
<tr>
<td>Address Line 2:</td>
<td></td>
</tr>
<tr>
<td>Address Line 3:</td>
<td></td>
</tr>
<tr>
<td>State/Province:</td>
<td></td>
</tr>
<tr>
<td>Country:</td>
<td></td>
</tr>
<tr>
<td>Start Date:</td>
<td>07/27/2015</td>
</tr>
<tr>
<td>Status:</td>
<td>Approved</td>
</tr>
<tr>
<td>Middle Name:</td>
<td></td>
</tr>
<tr>
<td>Lock User:</td>
<td></td>
</tr>
<tr>
<td>Domain Name:</td>
<td>89999999</td>
</tr>
<tr>
<td>User Type:</td>
<td>Batch User</td>
</tr>
<tr>
<td>Confirm Password:</td>
<td></td>
</tr>
<tr>
<td>Address Line 2:</td>
<td></td>
</tr>
<tr>
<td>City/Town:</td>
<td></td>
</tr>
<tr>
<td>County:</td>
<td></td>
</tr>
<tr>
<td>Zip Code:</td>
<td></td>
</tr>
<tr>
<td>Expiration Date:</td>
<td>12/31/2999</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Adding User Profiles

- The **Manage User Profiles** page is displayed.
- If you are new to ProviderOne you will see only the **EXT Provider System Administrator** profile is active.
- Click the **Add** button.
Adding User Profiles

ProviderOne will display a pop-up with a list of Available Profiles:

- Choose the **EXT Provider Super User** profile from the **Available Profiles** list.
- Use the arrows to move the profile to the **Associated Profiles** list.
- Do not change the **Start Date** or **End Date**.
- Click the **OK** button in lower right corner.
Adding User Profiles

- You will return to the **Manage User Profiles** page.
- The **EXT Provider Super User** profile you added will have a status of **In Review**.
- Check the box on the left of the **In Review** profile and select the **Approve** button in the upper left corner.
Adding User Profiles

- The **Update Status** box appears.
- The **Remarks** field can be skipped.
- Click **OK** to approve your **EXT Provider Super User** profile and return to the **Manage User Profiles** page.

![Update Status Window]
Adding User Profiles

- The **EXT Provider Super User** profile is now showing **Approved** status.
- Today’s date will be listed under **Start Date**.
- The **End Date** will show as 12/31/2999 to indicate the profile currently has no end date.
- To inactivate a user, follow the steps above but enter the date you wish to end the user’s access.
- Click on the **Close** button in the upper left of the screen.
Adding User Profiles

• You will return to the **User Details** page.
• Log out of ProviderOne using the power button on the top left-hand corner.
• You will have access to the **EXT Provider Super User** profile next time you log into ProviderOne.
Claim Submission
• Select **EXT Provider Super User** to submit claims using Direct Data Entry (DDE) and click **Go**.
Getting Started

- From the Provider Portal select the Online Claims Entry option located under the Claims heading.
Claim Submission

- Select the **Submit Professional** option for medical claims, which is equivalent to the submission of a CMS-1500 claim form.
DDE Overview

Overview of the upper half of the DDE Professional claim screen:
DDE Overview

- Overview of the lower half of the DDE Professional claim screen:

```
<table>
<thead>
<tr>
<th>CLAIM DATA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient Account No: [ ]</td>
</tr>
<tr>
<td>*Place of Service [ ]</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Additional Claim Data</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diagnosis Codes: 1: [ ] 2: [ ] 3: [ ] 4: [ ] 5: [ ] 6: [ ] 7: [ ] 8: [ ] 9: [ ] 10: [ ] 11: [ ] 12: [ ]</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>BASIC LINE ITEM INFORMATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>[Click on Other line item to include the following additional line item information]</td>
</tr>
<tr>
<td>Attachment, Drug, DNERC Condition, Health Services, Test Results, Home Oxygen Therapy, Service Facility, Miscellaneous Numbers, Indicators, Providers, Dates and Amounts, Medical Equipment, Ambulance Transport, Line Item Note, Other Payer, Spiral Manipulations, Purchased Services and Line Adjustment.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>BASIC SERVICE LINE ITEMS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Service Date From: [ ] [ ] [ ]</td>
</tr>
<tr>
<td>Service Date To: [ ] [ ] [ ]</td>
</tr>
<tr>
<td>Place of Service: [ ]</td>
</tr>
<tr>
<td>Procedure Code: [ ]</td>
</tr>
<tr>
<td>Modifiers: 1: [ ] 2: [ ] 3: [ ] 4: [ ]</td>
</tr>
<tr>
<td>Submitted Charges: $ [ ]</td>
</tr>
<tr>
<td>*Units: [ ]</td>
</tr>
<tr>
<td>Medicare Crossover Items</td>
</tr>
<tr>
<td>National Drug Code: [ ]</td>
</tr>
<tr>
<td>Drug Identification: [ ]</td>
</tr>
<tr>
<td>Prior Authorization: [ ]</td>
</tr>
<tr>
<td>Additional Service Line Information</td>
</tr>
</tbody>
</table>

Note: Please ensure you have entered any necessary claim information (found in the other sections on this or another page) before adding this service line. |
```
Claim Level: Billing Provider Details

• The “claim level” information applies to the entire claim. The first section of the claim form is the **Billing Provider**. These fields describe the provider and his/her specialty (taxonomy), as well as whether the claim is the result of a referral.

![Diagram of provider information]

• Enter your **Billing Provider NPI**:
• Enter the appropriate **Billing Provider Taxonomy Code** for the services you are submitting:
• If your Billing Provider NPI and your Rendering Provider NPI are the same, answer **Yes**:
• Always answer **No**:
Claim Level: Subscriber/Client Details

- The next section of the claim form is the Subscriber/Client information.

- Enter the Client ID including the WA and click the icon to expand this section:

- Enter the client’s Last Name, First Name, DOB, and Gender.
- Leave Date of Death, Patient Weight, and Patient is Pregnant blank.
Claim Level: Unused Fields

<table>
<thead>
<tr>
<th>Field</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Is this claim for a Baby on a Birthing Parent’s Client ID?</td>
<td></td>
<td>Yes</td>
</tr>
<tr>
<td>Is this a Medicare Crossover Claim?</td>
<td></td>
<td>Yes</td>
</tr>
</tbody>
</table>

**Other Insurance Information**

**Claim Information**

Go to Other Claim Info to include the following claim detail information:
- Specialized Line Services
- Miscellaneous Line Data
- Line Level Providers
- Miscellaneous Line Dates
- Test Results or Form Identification Information

**Prior Authorization**

**Claim Note**

**EPSDT Information**

**Condition Information**

<table>
<thead>
<tr>
<th>Field</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Is this claim accident related?</td>
<td></td>
<td>Yes</td>
</tr>
</tbody>
</table>

- The following fields are not used; address each as follows:
  - Answer **No** to *Is this claim for a Baby on a Birthing Parent’s Client ID?*
  - Answer **No** to *Is this a Medicare Crossover Claim?*
  - **Skip** Prior Authorization, Claim note, EPSDT Information, and Condition Information.
  - Answer **No** to *Is this claim accident related?*
Claim Level: Claim Data

- The remaining fields for the claim level should be addressed as follows:

<table>
<thead>
<tr>
<th>CLAIM DATA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient Account No.:</td>
</tr>
</tbody>
</table>
| * Place of Service:  
11 for “office” |
| Additional Claim Data |
| Diagnosis Codes:  
1: | 2: | 3: | 4: | 5: | 6: |
| 7: | 8: | 9: | 10: | 11: | 12: |

- **Patient Account No.** is an optional field for you to enter an internal patient ID number to assist in reconciling patient accounts. This number will be returned on the weekly Remittance Advice.
- Always select **Place of Service** 11 for “office”.
- Skip **Additional Claim Data**.
- Enter the **Diagnosis Codes** appropriate for the services rendered, leaving out the decimal point; note the number assigned to each, called a “pointer”, which we will address how to use at the line level (below).
Line Level: Service Details

- Overview of the Basic Line Item fields:

  - Completing the **Basic Service Line Items** results in service lines appearing at the bottom beneath the grey columns.
Line Level: Service Details

- The **Service Date From** and **Service Date To** must include the first and last dates of service on your claim.

- The **Place of Service** field is optional at the line level, as it was already entered at the claim level.
- Enter the CPT you wish to bill for in the **Procedure Code** field, followed by any applicable **Modifiers**.

- Enter your usual and customary charges for this CPT in the **Submitted Charges** field.
Line Level: Service Details

• Indicate the diagnosis codes(s) you wish to use for this service line by using the **Diagnosis Code Pointers** (1-12) assigned to each of the **Diagnosis Codes** (see slide 23), with 1 being primary.

  ![Diagnosis Pointers](image)

• Enter the number of units you wish to bill for this service line.

  ![Units](image)

• The rest of this section can be skipped:
Line Level: Service Details

• Now that you have completed your first service line, you need to add it to your claim using the Add Service Line Item button.

• Repeat as needed to add additional service lines to your claim.

• As each line appears at the bottom of your claim, note there is a number next to it which will bring it back up to the Basic Service Line Items section for review or change.

• To change a line rather than add it as an additional line, click the Update Service Line Item button.

Note: Each line added brings you to the top of the claim screen where you can use the Service hyperlink to return to the service line area.
Submitting Your Claim

• When ready to submit your claim to ProviderOne for processing, use the **Submit Claim** button on the grey header bar at the top of your screen:

  ![Submit Claim button](image)

• The final pop-up gives providers the opportunity to add backup documentation; skip this by selecting **Cancel**.

  ![Backup Documentation Pop-up](image)
Submitting Your Claim

- Finally you will see a pop-up with a summary of your claim, including the claim number (TCN) and other basic information.
- ProviderOne displays **No Records Found!** to indicate no backup documents have been attached.

- Click the **Submit** button to send your claim to ProviderOne.
Claim Status and Remittance Advice
Checking Claim Status

- To begin, log in as a **EXT Provider Super User** and select **Claim Inquiry** from the left-hand side of the **Provider Portal**.
Checking Claim Status

• Search by either claim number (TCN) or by using Client ID and date of service, using the fields provided, and click **Submit**.
Checking Claim Status

- Using the TCN of the claim we just entered, it is currently “in process”:

- As your claims begin to post, you will see them appear here with hyperlinks that will take you to a status display for that TCN, which you can click on to see whether a claim paid, or whether it denied and why.
Remittance Advice (RA)

- If you wish to see a summary of any given weeks’ claims, rather than searching for an individual claim, use the **Remittance Advice** rather than **Claim Status** function by clicking **View Payment**.
Remittance Advice (RA)

- The resulting list will display each of your weekly Remittance Advice, which you can sort using the up and down arrows in each column.
  - Your RA will have a section each for **Paid**, **In Process**, **Denied**, and **Adjusted** claims, so be sure to search in each if you can’t find a specific TCN.
  - The last page of the RA will include a description of any denial codes listed in the Denied section.
Adjustments, Voids and Resubmissions
Adjustments and Voids

• ProviderOne allows you to adjust, void, and resubmit claims after they have been paid or denied. You cannot adjust, void, or resubmit a TCN that is:
  o Still in process; or
  o Has already been adjusted, voided, or resubmitted.

• Log in as a **EXT Provider Super User** and select **Claim Adjustment/Void** from the left-hand side of the **Provider Portal**.

**Note**: paid claims needing corrections or resubmissions must be **adjusted**, not resubmitted.
Adjustments and Voids

- Using the fields provided, search by either claim number (TCN) or by using Client ID and date of service, and click **Submit**.
Adjustments and Voids

- The resulting TCN can be selected by checking the box next to it and click either **Adjust** or **Void Claim**.

- Clicking **Adjust** will take you to the **Claim Submission** process outlined in previous slides, but with the fields completed as they were when you submitted the claim; simply correct whichever field you wish to change, and submit the claim normally.
- Clicking **Void**, will give the money back that you were originally paid.
Resubmissions

- If you have a denied or voided claim you wish to correct and resubmit, select **Resubmit Denied/Voided Claim** from the left-hand side of the Provider Portal.
Resubmissions

• Search by either claim number (TCN) or by using Client ID and date of service, using the fields provided, and click Submit.
Resubmissions

- Select the denied TCN you wish to resubmit by checking the box next to it, and click Retrieve.

- This will take you to the Claim Submission process outlined in previous slides, but with the fields completed as they were when you submitted the claim; simply correct whichever field you wish to change, and submit the claim normally.
Reference Materials

• For general information about submitting claims in ProviderOne, see the ProviderOne Billing & Resource Guide web page.

• For information about specific programs (including MIE Services) and rates, see our Medicaid Provider Guide pages:
  • Professional guides and rates web page
  • Hospital reimbursement
Contact and Support

• To contact Health Care Authority customer service, use the Contact us web form or through the toll free line: 800-562-3022.

• Training material (such as this slideshow) and much more information about Health Care Authority, Washington Apple Health (Medicaid), and ProviderOne can be found on the Provider Resources web pages.

• If you prefer to submit claims through electronic HIPAA file transactions, contact our HIPAA Help desk at: hipaa-help@hca.wa.gov.