

## Elimination of Paper Claims - Frequently Asked Questions

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Effective October 2016, the Health Care Authority (HCA) will accept only electronic claims for Apple Health (Medicaid) services, except under very limited circumstances. This change is being made to improve efficiency in processing claims. Providers may seek approval to submit paper claims if they are in a temporary or long-term situation outside of their control that precludes submission of claims electronically.

### **Waiver Form questions**

- Q.** Do I need to request an extension to continue submitting paper claims if I am an Indian tribe or tribal organization?
- A.** No, HCA complies with 25 U.S. Code § 1621e(h) and will not deny a claim for benefits submitted by an Indian tribe or tribal organization based on the format in which the claim is submitted. Please contact HCA's Tribal Affairs Office for more information.
- Q.** How can I request an extension to continue submitting paper?
- A.** Complete the form located on the [ProviderOne Billing and Resource Guide web page](#) and follow the instructions. Your request will be reviewed, and you will be notified of the disposition of your request through the contact information provided on the waiver form.
- Q.** I am a brand new provider; how can I request a waiver?
- A.** As part of signing the Core Provider Agreement (CPA) with the Agency, you are required to bill electronically. Please see the [ProviderOne Billing and Resource Guide web page](#) for more information and assistance on billing electronic claims.
- Q.** If my waiver form is approved, how long will I be able to submit paper?
- A.** The length of time you are granted an extension to submit paper depends on the provider's individual situation.
- Q.** What if my waiver is denied?
- A.** You will need to transition to electronic billing, either by Direct Data Entry or HIPAA EDI claims.
- Q.** What if my circumstances change in the future and I need to switch to paper?
- A.** Complete the form located on the [ProviderOne Billing and Resource Guide web page](#) and follow the instructions. Your request will be reviewed, and you will be notified of the disposition of your request through the contact information provided on the waiver form.
- Q.** What if I have never submitted an electronic claim to ProviderOne and have always billed paper?
- A.** If you did not bill electronically during the last fiscal year (July 1, 2015 through June 30, 2016), you will be automatically granted a 6 month grace period to transition to electronic billing. If you require more time past the 6 months, complete the waiver form linked on the

[ProviderOne Billing and Resource Guide web page](#) and follow the instructions. Your request will be reviewed, and you will be notified of the disposition of your request through the contact information provided on the waiver form.

### **Electronic Billing questions**

- Q. Where can I get electronic submission guidelines for EDI claims?
- A. On the [HIPAA Electronic Data Interchange](#) page you will find links to approved billing agents and clearinghouses, ProviderOne 5010 companion guides by transaction, and a link to the Washington Publishing Company website that contains materials to assist you with your submissions.
- Q. Do you have a resource for EDI billing to report primary payer data information on an 837 transaction?
- A. A new fact sheet has been created to assist EDI billers: [Reporting Medicare/Managed Medicare and commercial payer data on an 837 transaction](#).

### **Training-related questions**

- Q. Will live training be offered?
- A. Training requests will be reviewed as they are received. If a provider is unable to successfully bill using the resources available for Direct Data Entry, on-line webinar trainings may be scheduled depending on the needs of the provider. More information will be coming on this topic in the near future.
- Q. Where can I get training materials for Direct Data Entry (DDE)?
- A. The [ProviderOne Billing and Resource Guide](#) provides step-by-step instructions for submitting claims through the provider portal.

For dental providers, a complete guide to using the portal, including Direct Data Entry and submitting backup, can be located on the [webinar page](#) and scroll down to [Dental provider workshop](#).

- Q. Where can I request training?
- A. Contact the customer service center for a referral by calling the toll free line at 800-562-3022, options 1, 5, 0.
- Q. I submit electronically – how do I attach backup?
- A. Backup documentation can be attached by browsing and attaching directly to your DDE claim, or can be faxed or mailed using an [Electronic Claim Backup Coversheet](#). Please see the [ProviderOne Billing and Resource Guide](#) for more information.

Additionally, if you are submitting electronic secondary claims, contact your software vendor or clearinghouse for direction on completing the necessary fields for commercial insurance. Backup is not needed if all the required information is submitted on the claim. If your software vendor or clearinghouse needs additional assistance, contact the [HIPAA Help Desk](#).

## **General questions**

- Q.** What if I continue submitting paper claims after October 1<sup>st</sup>?
- A.** Your claims will be denied with Adjustment Reason Code 16 and Remittance Advice Remark Code N407.
- Q.** Who can I call if I have any questions?
- A.** If your question is not answered in this FAQ, please call the toll free line at 800-562-3022, options 1, 5, 0.
- Q.** Does this new policy apply to backup documentation submitted for claims?
- A.** Backup documentation is excluded from this policy and can be scanned and attached to a direct data entry claim, or can be faxed or mailed using a document submission cover sheet.