



# **ProviderOne for Social Services:**

## **Billing Guides and ProviderOne Basics**

June 2025

Payment Policy & Systems Unit (PPSU)  
Home and Community Services (HCS)  
Home and Community Living Administration (HCLA)  
Department of Social & Health Services (DSHS)

# Learning Objectives

- Know where to find relevant ProviderOne for Social Services **resources, billing guides, and contact information.**
- **Know how to navigate the billing guides** to assist you with claiming, understanding your payments, and viewing your authorizations.
- Have a **general understanding of the ProviderOne system** and where to go within the system to perform certain actions.

# Agenda

- ProviderOne Background
- Billing Guides: Background & Purpose
- ProviderOne for Social Services Webpage
- ProviderOne Basics & Billing Guides Overview
- Who to Contact

**Note:** This training is not intended to go into specific detail on claiming, authorizations, and payments. We will host additional trainings on specific topics in the near future.

# ProviderOne Background

ProviderOne is the electronic Medicaid & Social Services billing system utilized by Washington State.

ProviderOne is managed by the Health Care Authority (HCA). HCA is our state's Medicaid agency.

WA has been using ProviderOne since 2010 to process electronic 'fee-for-service' Medicaid claims submitted by Medicaid-contracted health care providers.

WA has been using ProviderOne since 2015 to process Social Service Medicaid claims submitted by DSHS-contracted Social Service Providers.



ProviderOne is managed by HCA. Your clients' services are authorized by DSHS. HCA and DSHS work together to ensure you are successful in understanding Medicaid billing & payments.



# ProviderOne for Social Services Billing Guides: Background & Purpose

- 16 guides have been consolidated into 4 easy-to-read guides.
- We have created the guides with YOU in mind.
- We will continue to evaluate the clarity and usefulness of the guides.

Getting Started and Billing Essentials Guide

Submitting and Adjusting Social Service  
Claims Guide

Submitting and Adjusting Social Service  
Medical Claims Guide

Viewing Claim Status and Payments Guide

# ProviderOne for Social Services Webpage

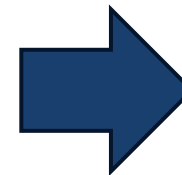
<https://www.hca.wa.gov/billers-providers-partners/providerone/providerone-social-services>



**Be sure to bookmark or save this webpage as a favorite!**



The billing guides & other resources for Social Services Providers can be found on HCA's ProviderOne for Social Services [webpage](#).



Washington State  
Health Care Authority

Search

Search

In a crisis? Login

Free or low-cost health care Employee & retiree benefits Billers, providers & partners About HCA Contact

Home > Billers, providers & partners > Learn ProviderOne > ProviderOne for social services

Apple Health customer service phone lines down Thursday.  
On Thursday, June 12 from 11:30 a.m. to 3 p.m., the Apple Health (Medicaid) customer service phone lines will be down. We apologize for any inconvenience! [View other ways to contact Apple Health.](#)

ProviderOne for social services

Find information for social services providers—unique ProviderOne users who contract with the Department of Social and Health Services (DSHS) and have their own authorization and claims submission processes.

On this page

Is this page for me?  
Billing guides  
Additional resources  
Updates and newsletters

Upcoming webinars

Join DSHS at an upcoming webinar to review the updated billing guides and ProviderOne basics.

- Thursday, June 12, 2025, 10 to 11:30 a.m. [Register for June 12](#)
- Tuesday, June 17, 2025, 1 to 2:30 p.m. [Register for June 17](#)

Is this page for me?

1099 social services-only provider

1099 social services medical provider

Individual providers (IPs)

Billing guides

The following billing guides provide step-by-step instructions on how to view social service authorizations, how to submit and adjust claims, and how to view payments. The purpose of the guides is to help social service providers and billing staff understand the processes of ensuring clients are eligible for services and to receive timely and accurate payments for covered services.

- [Getting started and billing essentials](#) – Covers ProviderOne basics and how to view authorizations
- [Submitting and adjusting social service claims](#)
- [Submitting and adjusting social service medical claims](#)
- [Viewing claim status and payments](#)

Need assistance with ProviderOne or the claim submission process?

Contact HCA's Medical Assistance Customer Service Center (MACSC) online or at 1-800-562-3022.

Additional resources

[FAQ: Social service overpayments](#)

# Billing Guide Tips

- Use Ctrl + F to find information in the guide
- View guides online rather than printing or downloading
- In each guide you will find:
  - Introduction page explaining what you will find in the guide
  - Table of contents with page numbers on where to find information within the guide
  - ProviderOne general tips
  - Acronyms & definitions
  - Contact information
  - Step-by-step directions with screenshots

# Getting Started & Billing Essentials Guide



**ProviderOne for Social Services**  
Getting Started and Billing  
Essentials Guide

## **This guide covers:**

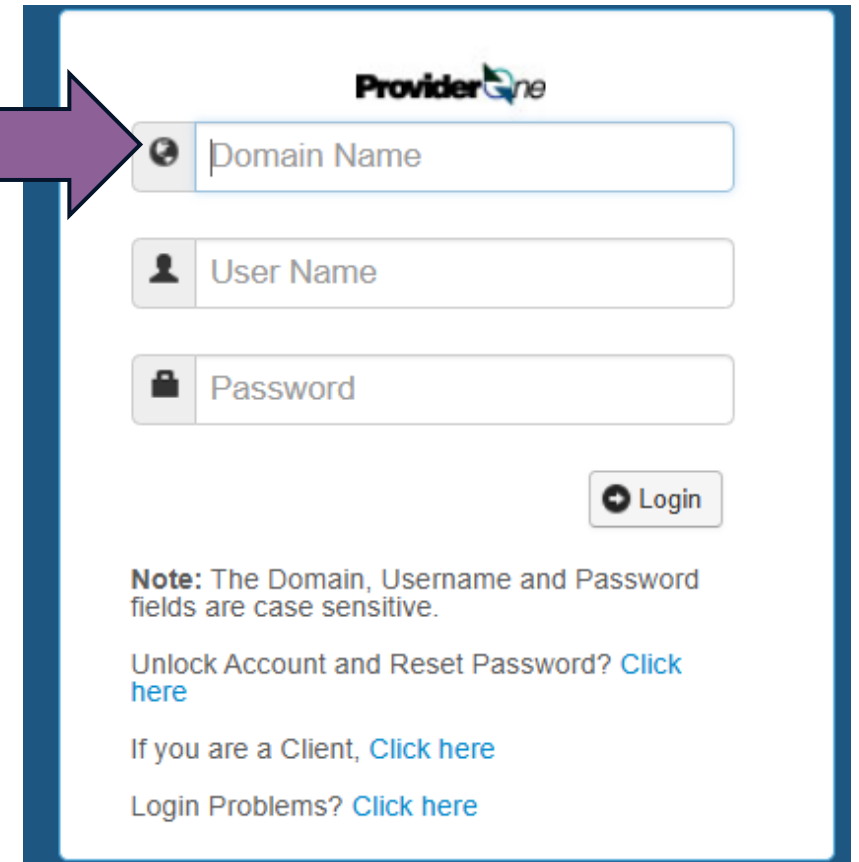
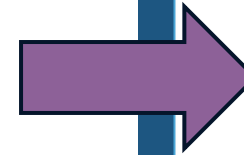
- ProviderOne general tips
- Getting started
  - Logging in
  - Setting up System Administrator & additional users
- Pay periods
- Managing ProviderOne account information
  - Addresses
  - Contact info
  - Signing up for electronic payments
- How to view your authorization list



# Getting Started & Billing Essentials:

## ProviderOne ID

- Your 'Domain Name' or 'Domain' is your 7-digit ProviderOne ID. You will use this 7-digit ID to log-in to ProviderOne.
- For claims & authorizations, you will notice your ID is 9 digits long.
  - This is your ProviderOne ID + your location code.
    - Example: ProviderOne ID 1234567 + location code 01= 123456701
  - If you have multiple locations, it is important to make sure services are authorized under the correct location.



*ProviderOne login screen*

**Note:** When contacting HCA or DSHS for assistance, you will be asked for your ProviderOne ID. Best practice is to provide your 9-digit ID (P1 ID + Location Code).

# Getting Started & Billing Essentials: ProviderOne Profiles

- Each ProviderOne domain must have at least one System Administrator.
  - System Admin is responsible for adding additional users and assigning profiles.
  - You cannot submit claims or make changes to ProviderOne account while logged in with System Admin profile.
- Profiles
  - When logging into ProviderOne, you must choose a profile to login with.
  - Profiles allow you to perform certain functions within ProviderOne.
  - Social Services Providers & billers will have either the *EXT Provider Social Services* or *EXT Provider Social Services Medical* profile.
    - Both profiles allow you to view authorizations, submit and adjust claims, view payment details, and make changes to the ProviderOne account.





# Getting Started & Billing Essentials: Provider Portal

- The Provider Portal is the first page you see after logging in to ProviderOne.
- All activities related to managing your account, submitting claims, and viewing payments can be found on the left-side of the screen:

The screenshot displays the ProviderOne Provider Portal interface. The left sidebar, highlighted with a red box, contains the following sections:

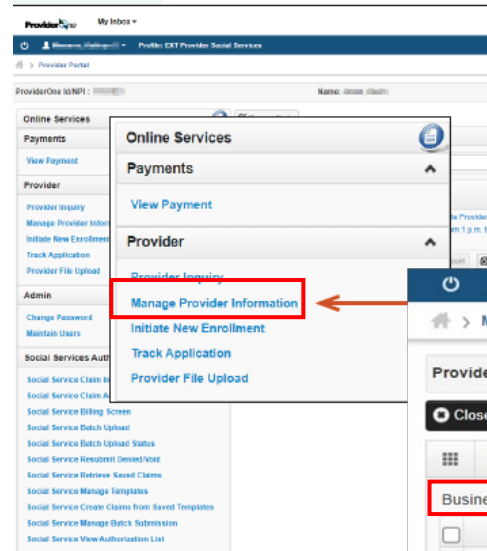
- Online Services**
- Payments**
  - [View Payment](#)
- Provider**
  - [Provider Inquiry](#)
  - [Manage Provider Information](#)
  - [Initiate New Enrollment](#)
  - [Track Application](#)
  - [Provider File Upload](#)
  - [MC Provider File Upload](#)
- Admin**
  - [Change Password](#)
  - [Maintain Users](#)
- 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](#)

The main content area includes:

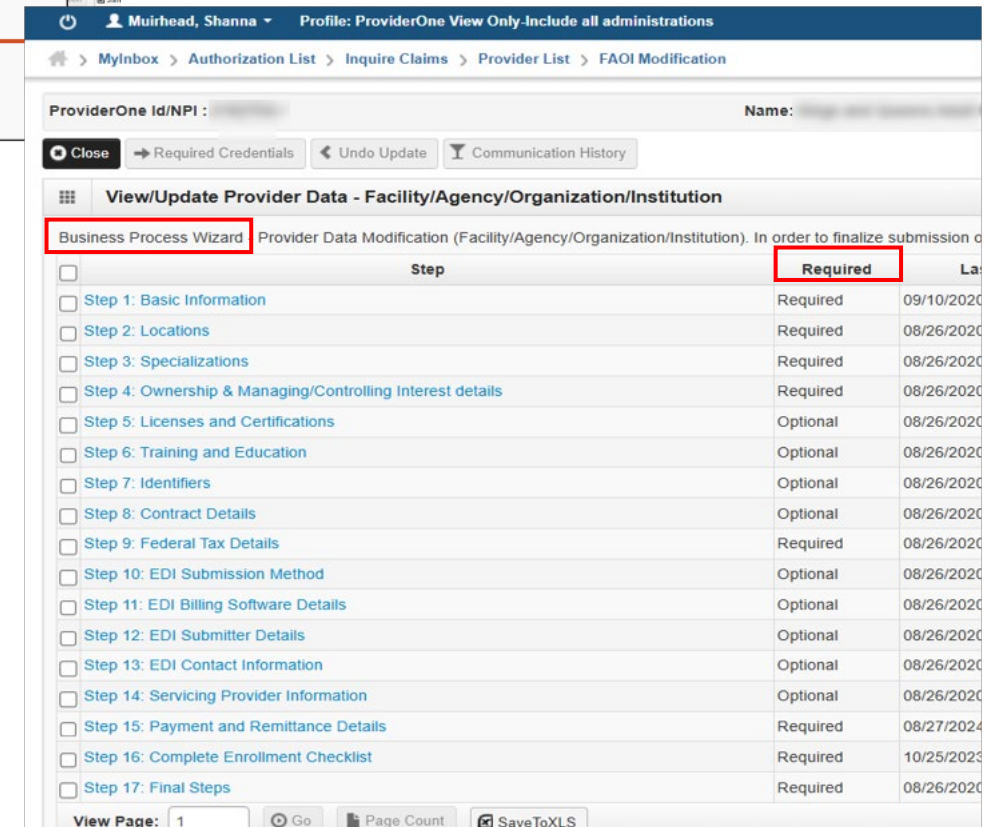
- My Reminders**: A table with columns for Alert Type, Alert Message, Alert Date, Due Date, and Read. It displays "No Records Found!".
- Your Recent Online Activities**: A log showing recent actions such as "You have logged in with muirhsr Account with IP Address 147.55.7.173", "Previous Site Visit: 05/05/2025 05:24:33 PM", "Last Login Password Change: 05/01/2025 05:00:48 PM", and "Last login failed attempt:".
- Calendar**: A calendar for May 2025 showing the current time as 04:54 PM on Tuesday, May 6, 2025.

# Getting Started & Billing Essentials: Managing Provider Information

- From the Provider Portal, click on 'Manage Provider Information'.
- Click on each 'Required' step to view information and make changes as needed.
- New providers must review account information after their account is activated and make changes as needed.
- Current providers are encouraged to review their account information annually to make sure it is up-to-date.



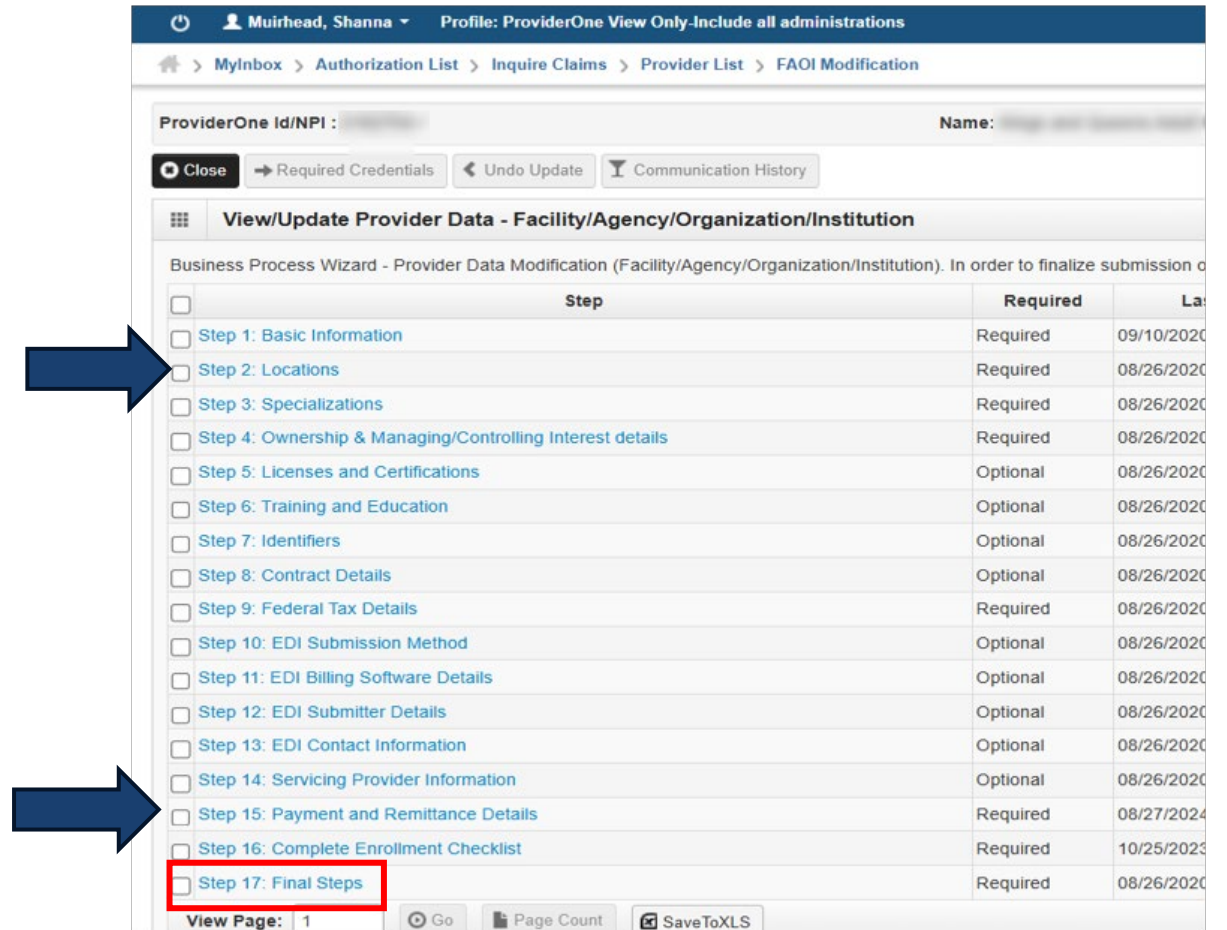
This screen is called the 'Business Process Wizard':



Step	Required	Last Modified
<input type="checkbox"/> Step 1: Basic Information	Required	09/10/2020
<input type="checkbox"/> Step 2: Locations	Required	08/26/2020
<input type="checkbox"/> Step 3: Specializations	Required	08/26/2020
<input type="checkbox"/> Step 4: Ownership & Managing/Controlling Interest details	Required	08/26/2020
<input type="checkbox"/> Step 5: Licenses and Certifications	Optional	08/26/2020
<input type="checkbox"/> Step 6: Training and Education	Optional	08/26/2020
<input type="checkbox"/> Step 7: Identifiers	Optional	08/26/2020
<input type="checkbox"/> Step 8: Contract Details	Optional	08/26/2020
<input type="checkbox"/> Step 9: Federal Tax Details	Required	08/26/2020
<input type="checkbox"/> Step 10: EDI Submission Method	Optional	08/26/2020
<input type="checkbox"/> Step 11: EDI Billing Software Details	Optional	08/26/2020
<input type="checkbox"/> Step 12: EDI Submitter Details	Optional	08/26/2020
<input type="checkbox"/> Step 13: EDI Contact Information	Optional	08/26/2020
<input type="checkbox"/> Step 14: Servicing Provider Information	Optional	08/26/2020
<input type="checkbox"/> Step 15: Payment and Remittance Details	Required	08/27/2024
<input type="checkbox"/> Step 16: Complete Enrollment Checklist	Required	10/25/2023
<input type="checkbox"/> Step 17: Final Steps	Required	08/26/2020

# Getting Started & Billing Essentials: Managing Provider Information, *continued*

- Providers are automatically signed up to receive paper checks (warrants).
  - Checks are mailed to the 'Pay-To' address listed in ProviderOne.
  - Click on the '**Locations**' step to review the Physical Location, Mailing, & Pay-To addresses for each location.
- Providers can sign up to receive electronic payments (direct deposit) by clicking on the '**Payment and Remittance Details**' step.



ProviderOne Id/NPI : [redacted] Name: [redacted]

Close Required Credentials Undo Update Communication History

### View/Update Provider Data - Facility/Agency/Organization/Institution

Business Process Wizard - Provider Data Modification (Facility/Agency/Organization/Institution). In order to finalize submission of

Step	Required	Last Modified
<input type="checkbox"/> Step 1: Basic Information	Required	09/10/2020
<input type="checkbox"/> Step 2: Locations	Required	08/26/2020
<input type="checkbox"/> Step 3: Specializations	Required	08/26/2020
<input type="checkbox"/> Step 4: Ownership & Managing/Controlling Interest details	Required	08/26/2020
<input type="checkbox"/> Step 5: Licenses and Certifications	Optional	08/26/2020
<input type="checkbox"/> Step 6: Training and Education	Optional	08/26/2020
<input type="checkbox"/> Step 7: Identifiers	Optional	08/26/2020
<input type="checkbox"/> Step 8: Contract Details	Optional	08/26/2020
<input type="checkbox"/> Step 9: Federal Tax Details	Required	08/26/2020
<input type="checkbox"/> Step 10: EDI Submission Method	Optional	08/26/2020
<input type="checkbox"/> Step 11: EDI Billing Software Details	Optional	08/26/2020
<input type="checkbox"/> Step 12: EDI Submitter Details	Optional	08/26/2020
<input type="checkbox"/> Step 13: EDI Contact Information	Optional	08/26/2020
<input type="checkbox"/> Step 14: Servicing Provider Information	Optional	08/26/2020
<input type="checkbox"/> Step 15: Payment and Remittance Details	Required	08/27/2024
<input type="checkbox"/> Step 16: Complete Enrollment Checklist	Required	10/25/2023
<input type="checkbox"/> Step 17: Final Steps	Required	08/26/2020

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# Getting Started & Billing Essentials: Managing Provider Information, *continued*

- If a 'Required' step is showing as 'Incomplete', you must complete the step before moving on to the next step.
- You won't be able to see your changes right away. You must submit the modification to HCA for review & approval.
- **Important!** After making any changes, click '**Final Steps**' to submit the changes to HCA for review.

View/Update Provider Data - Facility/Agency/Organization/Institution

Business Process Wizard - Provider Data Modification (Facility/Agency/Organization/Institution). In order to finalize submission of your requested changes, you must complete the FINAL Step - Submit Modification Request for Re

<input type="checkbox"/>	Step	Required	Last Modification Date	Last Review Date	Status
<input type="checkbox"/>	Step 1: Basic Information	Required	05/01/2025	05/01/2025	Complete
<input type="checkbox"/>	Step 2: Locations	Required	05/01/2025	05/01/2025	Complete
<input type="checkbox"/>	Step 3: Specializations	Required	05/01/2025	05/01/2025	Complete
<input type="checkbox"/>	Step 4: Ownership & Managing/Controlling Interest details	Required	05/01/2025	05/01/2025	Incomplete
<input type="checkbox"/>	Step 5: Licenses and Certifications	Optional	05/01/2025	05/01/2025	Incomplete
<input type="checkbox"/>	Step 6: Training and Education	Optional	05/01/2025	05/01/2025	Incomplete
<input type="checkbox"/>	Step 7: Identifiers	Optional	05/01/2025	05/01/2025	Incomplete
<input type="checkbox"/>	Step 8: Contract Details	Optional	05/01/2025	05/01/2025	Incomplete
<input type="checkbox"/>	Step 9: Federal Tax Details	Required	05/01/2025	05/01/2025	Incomplete
<input type="checkbox"/>	Step 10: EDI Submission Method	Not Required	05/01/2025	05/01/2025	Incomplete
<input type="checkbox"/>	Step 11: EDI Billing Software Details	Not Required	05/01/2025	05/01/2025	Incomplete
<input type="checkbox"/>	Step 12: EDI Submitter Details	Not Required	05/01/2025	05/01/2025	Incomplete
<input type="checkbox"/>	Step 13: EDI Contact Information	Not Required	05/01/2025	05/01/2025	Incomplete
<input type="checkbox"/>	Step 14: Servicing Provider Information	Optional	05/01/2025	05/01/2025	Incomplete
<input type="checkbox"/>	Step 15: Payment and Remittance Details	Required	05/01/2025	05/01/2025	Incomplete
<input type="checkbox"/>	Step 16: Complete Enrollment Checklist	Required	05/01/2025	05/01/2025	Incomplete
<input type="checkbox"/>	Step 17: Final Steps	Required	05/01/2025	05/01/2025	Incomplete

View Page: 1 Go Page Count SaveToXLS Viewing Page: 1

# Getting Started & Billing Essentials: Managing Provider Information, *continued*

- After you submit your changes to HCA, your ProviderOne account will show as ‘HCA-In Review’.
- While the account status is ‘HCA-In Review’, you can submit claims, but you will not be able to make any other changes to your account until HCA processes the modification.
- To check on the status of your modification, or if you need help with making changes, contact HCA’s Office of Provider Enrollment at 1-800-562-3022 ext. 16137 or [ProviderEnrollment@hca.wa.gov](mailto:ProviderEnrollment@hca.wa.gov).



ProviderOne Id/NPI : [REDACTED] Name: [REDACTED] **Review Status: HCA-In Review**

**View/Update Provider Data - Facility/Agency/Organization/Institution**

Business Process Wizard - Provider Data Modification (Facility/Agency/Organization/Institution). In order to finalize submission of your requested changes, you must complete the FINAL Step - Submit

<input type="checkbox"/>	Step	Required	Last Modification Date	Last Review Date	Status
<input type="checkbox"/>	Step 1: Basic Information	Required	06/23/2022	06/23/2022	Complete
<input type="checkbox"/>	Step 2: Locations	Required	05/19/2025	06/23/2022	Complete
<input type="checkbox"/>	Step 3: Specializations	Required	06/23/2022	06/23/2022	Complete
<input type="checkbox"/>	Step 4: Ownership & Managing/Controlling Interest details	Required	06/23/2022	06/23/2022	Complete
<input type="checkbox"/>	Step 5: Licenses and Certifications	Optional	06/23/2022	06/23/2022	Incomplete
<input type="checkbox"/>	Step 6: Training and Education	Optional	06/23/2022	06/23/2022	Incomplete
<input type="checkbox"/>	Step 7: Identifiers	Optional	06/23/2022	06/23/2022	Incomplete
<input type="checkbox"/>	Step 8: Contract Details	Optional	06/23/2022	06/23/2022	Complete
<input type="checkbox"/>	Step 9: Federal Tax Details	Required	06/23/2022	06/23/2022	Complete
<input type="checkbox"/>	Step 10: EDI Submission Method	Not Required	06/23/2022	06/23/2022	Incomplete
<input type="checkbox"/>	Step 11: EDI Billing Software Details	Not Required	06/23/2022	06/23/2022	Incomplete
<input type="checkbox"/>	Step 12: EDI Submitter Details	Not Required	06/23/2022	06/23/2022	Incomplete
<input type="checkbox"/>	Step 13: EDI Contact Information	Not Required	06/23/2022	06/23/2022	Incomplete
<input type="checkbox"/>	Step 14: Servicing Provider Information	Optional	06/23/2022	06/23/2022	Incomplete
<input type="checkbox"/>	Step 15: Payment and Remittance Details	Required	12/18/2024	06/23/2022	Complete
<input type="checkbox"/>	Step 16: Complete Enrollment Checklist	Required	10/25/2023	10/25/2023	Complete



# Getting Started & Billing Essentials: Pay Periods

- ProviderOne makes weekly payments.
- Claims entered into ProviderOne by 5 p.m. Tuesday (Pacific Time) should pay the same week on Friday or the following Monday.
  - Holidays, ProviderOne maintenance, and how you receive payments (check vs electronic payment) may impact this.
- Providers are encouraged to set up a billing routine that best meets their needs and also aligns with the services they are authorized to provide.

June 2025						
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	Claim for Client A submitted at 4 pm Claim for Client B submitted at 6 pm	18	19	Possible pay day for Client A	21
22	Possible pay day for Client A	24	25	26	Possible pay day for Client B	28
29	Possible pay day for Client B	30				

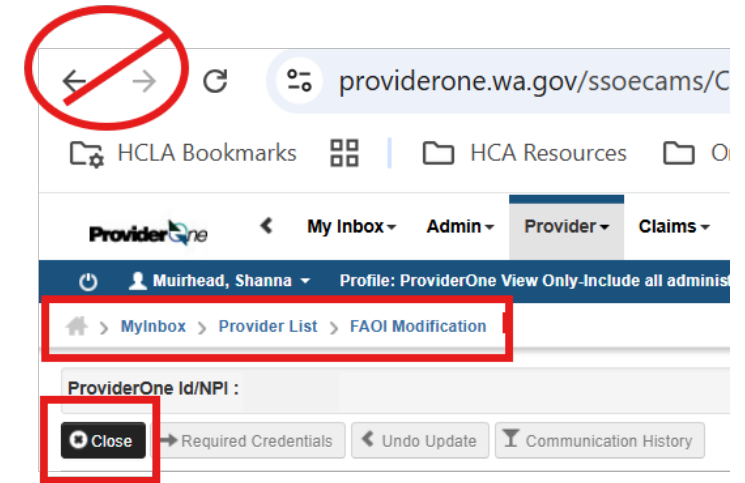
Example: Claims submitted by 5pm on Tues, 6/17 should pay on Friday, 6/20 or Monday, 6/23. Claims submitted after 5pm on Tues, 6/17 will pay the following Friday, 6/27 or Monday, 6/30.



# Getting Started & Billing Essentials:

## General Tips

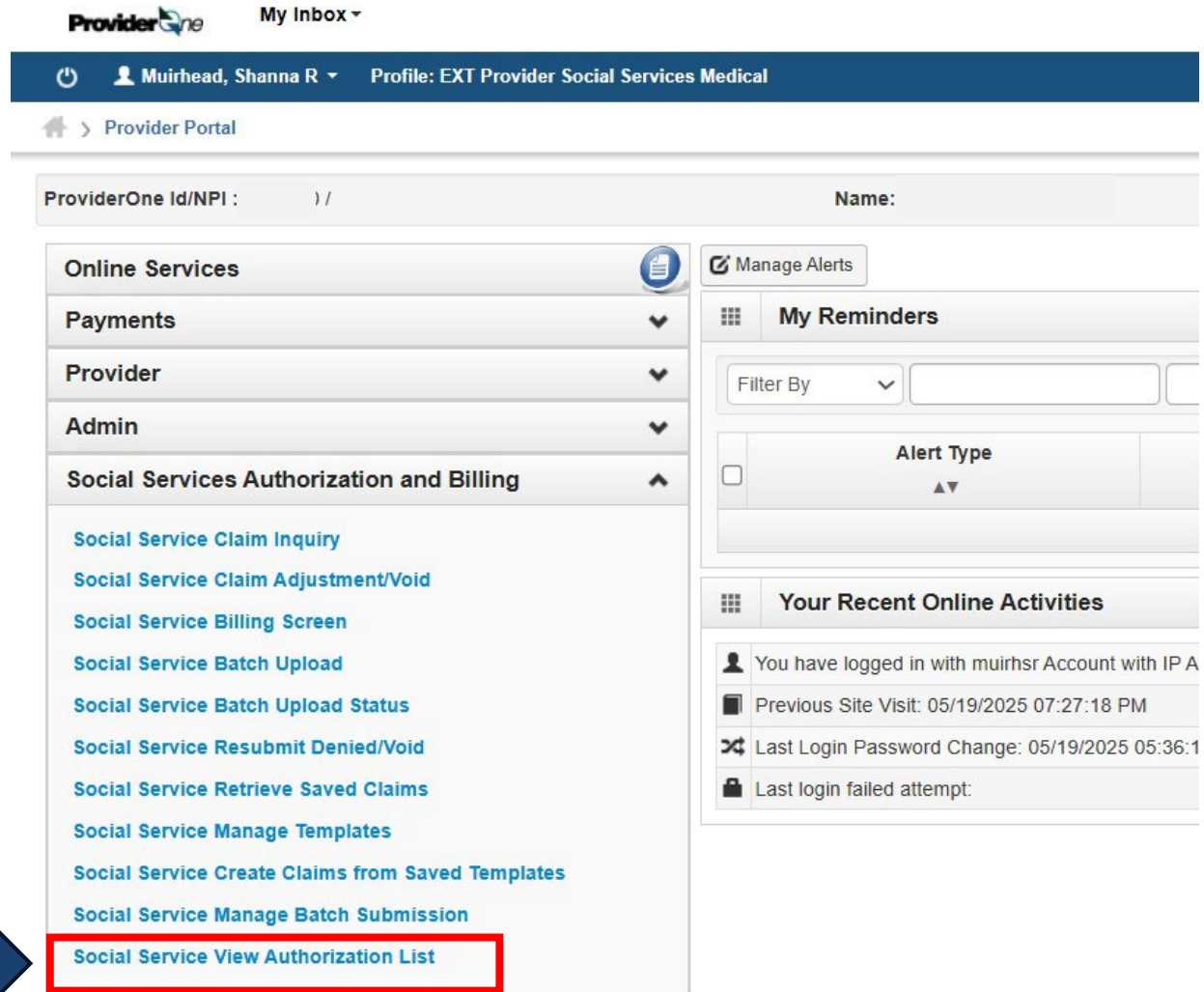
- Make sure pop-up blockers are turned off
  - [How to turn off pop-up blockers](#)
- Do not use the back button on your browser. Use the controls within ProviderOne ('Close', 'OK', 'Cancel', & path along top of screen).
- You must change your password every 90 days.
- See the billing guides for more tips.



# Getting Started & Billing Essentials:

## Viewing Your Authorization List

- Your authorization list shows authorizations for each of your clients.
- It is important to familiarize yourself with your authorization list so you can easily identify when there may be an issue that could affect your payments.



ProviderOne My Inbox

Power User Muirhead, Shanna R Profile: EXT Provider Social Services Medical

Home > Provider Portal

ProviderOne Id/NPI : // Name:

Online Services Payments Provider Admin 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**

Manage Alerts

My Reminders

Filter By


Alert Type

Your Recent Online Activities

You have logged in with muirhsr Account with IP A  
Previous Site Visit: 05/19/2025 07:27:18 PM  
Last Login Password Change: 05/19/2025 05:36:1  
Last login failed attempt:

# Getting Started & Billing Essentials:

## Viewing Your Authorization List, *continued*



 Close Show Error List Retrieve Correspondence

**Provider Authorization List**

Filter By  And Filter By  And Filter By  Go Save Filter My Filters

Authorization #	Line #	Suffix #	Client ID	Client Name	Provider ID	Service Code	Service Code Description	Modifier	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
<input type="checkbox"/>	3	6				T1019	Personal care ser per 15 min	U6	09/01/2024	08/31/2025	\$10.29	576	1/4 Hour	Monthly Recurring	\$157.00	04/30/2025	Approved	No Error		No		
<input type="checkbox"/>	6	5				T1019	Personal care ser per 15 min	U6	07/01/2024	05/31/2025	\$10.29	492	1/4 Hour	Monthly Recurring	\$0.00	04/30/2025	Approved	No Error		No		
<input type="checkbox"/>	1	2				H2014	Skills train and dev, 15 min	U5	07/01/2023	05/31/2025	\$12.86	25	1/4 Hour	Monthly Recurring	\$0.00	04/30/2025	Approved	No Error		No		
<input type="checkbox"/>	6	1				H2014	Skills train and dev, 15 min	U5	10/28/2024	06/30/2025	\$12.86	100	1/4 Hour	Monthly Recurring	\$0.00	04/30/2025	Approved	No Error		No		

View Page: 2 Go Page Count SaveToXLS Viewing Page: 1 First Prev Next



- To see past or inactive authorizations, or to search for authorizations for specific clients, use the **‘Filter By’** function.
- Click **‘Save ToXLS’** to save this info to an Excel worksheet. Saving the list to Excel will assist you when entering your claim data in ProviderOne.



- **Your authorizations must be in ‘Approved’ and ‘No Error’ status before you can provide and claim for services.**
- If an authorization is in ‘Canceled’ or ‘Error’ status, you must contact the client’s case manager before providing services.



# Getting Started & Billing Essentials:

## Viewing Your Authorization List, *continued*

⏻ Muirhead, Shanna R Profile: EXT Provider Social Services Medical
📄 Notepad 🔔 Reminder 🔗 External Links 🖨️ Print 🆘 Help

🏠 > Provider Portal > Provider Authorization List

🔒 Close 👁️ Show Error List 🔄 Retrieve Correspondence

**Provider Authorization List**

Filter By ▼  And Filter By ▼  And Filter By ▼  🔍 Go
💾 Save Filter 🔼 My Filters

<input type="checkbox"/>	Authorization # ▲▼	Line # ▲▼	Suffix # ▲▼	Client ID ▲▼	Client Name ▲▼	Provider ID ▲▼	Service Code ▲▼	Service Code Description ▲▼	Modifier ▲▼	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 ▲▼
<input type="checkbox"/>		3	6				T1019	Personal care ser per 15 min	U6	09/01/2024	08/31/2025	\$10.29	576	1/4 Hour	Monthly Recurring	\$157.00	04/30/2025	Approved	No Error		No		
<input type="checkbox"/>		6	5				T1019	Personal care ser per 15 min	U6	07/01/2024	05/31/2025	\$10.29	492	1/4 Hour	Monthly Recurring	\$0.00	04/30/2025	Approved	No Error		No		
<input type="checkbox"/>		1	2				H2014	Skills train and dev, 15 min	U5	07/01/2023	05/31/2025	\$12.86	25	1/4 Hour	Monthly Recurring	\$0.00	04/30/2025	Approved	No Error		No		
<input type="checkbox"/>		6	1				H2014	Skills train and dev, 15 min	U5	10/28/2024	06/30/2025	\$12.86	100	1/4 Hour	Monthly Recurring	\$0.00	04/30/2025	Approved	No Error		No		

- When you start services with a new client, or when new service lines are authorized, providers should verify the authorized services, rates, & units are consistent with the client's care plan/assessment.
- Rates can be verified against published rates found here: <https://www.dshs.wa.gov/altsa/management-services-division/office-rates-management>

# Getting Started & Billing Essentials:

## Viewing Your Authorization List, *continued*

⏻ Muirhead, Shanna R Profile: EXT Provider Social Services Medical
📄 Notepad 🔔 Reminder 🔗 External Links 🖨️ Print 🔧 Help

🏠 > Provider Portal > Provider Authorization List

🔒 Close 👁️ Show Error List 🔄 Retrieve Correspondence

**Provider Authorization List**

Filter By ▼  And Filter By ▼  And Filter By ▼  🔍 Go
💾 Save Filter 🔍 My Filters

<input type="checkbox"/>	Authorization # ▲▼	Line # ▲▼	Suffix # ▲▼	Client ID ▲▼	Client Name ▲▼	Provider ID ▲▼	Service Code ▲▼	Service Code Description ▲▼	Modifier ▲▼	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 ▲▼
<input type="checkbox"/>	1000000000	3	6	1000000000	1000000000	1000000000	T1019	Personal care ser per 15 min	U6	09/01/2024	08/31/2025	\$10.29	576	1/4 Hour	Monthly Recurring	\$157.00	04/30/2025	Approved	No Error		No	1000000000	1000000000
<input type="checkbox"/>	1000000000	6	5	1000000000	1000000000	1000000000	T1019	Personal care ser per 15 min	U6	07/01/2024	05/31/2025	\$10.29	492	1/4 Hour	Monthly Recurring	\$0.00	04/30/2025	Approved	No Error		No	1000000000	1000000000
<input type="checkbox"/>	1000000000	1	2	1000000000	1000000000	1000000000	H2014	Skills train and dev, 15 min	U5	07/01/2023	05/31/2025	\$12.86	25	1/4 Hour	Monthly Recurring	\$0.00	04/30/2025	Approved	No Error		No	1000000000	1000000000
<input type="checkbox"/>	1000000000	6	1	1000000000	1000000000	1000000000	H2014	Skills train and dev, 15 min	U5	10/28/2024	06/30/2025	\$12.86	100	1/4 Hour	Monthly Recurring	\$0.00	04/30/2025	Approved	No Error		No	1000000000	1000000000

- This is the amount of client responsibility you must collect from the client.
- This amount may change. If it changes, you will be notified via an authorization letter.

# Getting Started & Billing Essentials: Authorization Changes

- It is important to be familiar with your authorization list in case an authorization changes.
- An authorization may change due to:
  - Rate changes (typically occur in January & July)
  - Change in client eligibility
  - Change in client responsibility
  - Change in services
- You will be notified of an authorization change via letter or a notification in ProviderOne (depending on your communication preferences).
- You can also view authorization letters in ProviderOne.

# Getting Started & Billing Essentials:

## Viewing Authorization Letters

- Click on the box next to the authorization you want to view.
- Next, click on 'Retrieve Correspondence'.



Provider Portal > Provider Authorization List

Close Show Error List **Retrieve Correspondence**

Provider Authorization List

Filter By [ ] And Filter By [ ]

Authorization #	Line #	Suffix #	Client ID	Client Name	Provider ID	Service Code	Service Code Description	Modifier	Start Date	End Date	Rate	Units	Unit Type
<input checked="" type="checkbox"/>	3	6				T1019	Personal care ser per 15 min	U6	09/01/2024	08/31/2025	\$10.29	576	1/4 Ho
<input type="checkbox"/>	6	5				T1019	Personal care ser per 15 min	U6	07/01/2024	05/31/2025	\$10.29	492	1/4 Ho

- A list of letters for the authorization are displayed.
- Click on blue hyperlink to view letter.



Cancel

Correspondence Retrieval Page

Filter By [ ] And Filter By [ ] And Filter By [ ] And Filter By [ ]

Go Save Filter My Filters

E2 VAULT KEY	CORRESPONDENCE TITLE	SENT BY	SENT DATE	JOB TYPE	STATUS	Media Type	Authorization #
<a href="#">[Link]</a>	PE408 Authorization Letter	Administrator,Super	03/28/2025	PC	File Archived	Electronic	
<a href="#">[Link]</a>	PE408 Authorization Letter	Administrator,Super	01/03/2025	PC	File Archived	Paper	
<a href="#">[Link]</a>	PE408 Authorization Letter	Administrator,Super	01/03/2025	PC	File Archived	Electronic	
<a href="#">[Link]</a>	PE408 Authorization Letter	Administrator,Super	12/01/2024	PC	File Archived	Paper	
<a href="#">[Link]</a>	PE408 Authorization Letter	Administrator,Super	12/01/2024	PC	File Archived	Electronic	
<a href="#">[Link]</a>	PE408 Authorization Letter	Administrator,Super	11/01/2024	PC	File Archived	Paper	

View Page: 2 Go Page Count SaveToXLS Viewing Page: 1 << First < Prev > Next >> Last





# Getting Started & Billing Essentials: Sample Authorization Letter



March 28, 2025

The authorization letter displays the:

- Authorization #
- Services authorized
- Dates authorized
- Client responsibility (CR) amounts
  - The CR amount is deducted from claims in ProviderOne
  - You must collect CR from the client
- Case manager contact information

ABC Home Care  
1234 Maple Lane  
Olympia, WA 98501

RE: Authorization Number: [REDACTED]  
ProviderOne ID #: [REDACTED]

Dear ABC Home Care:

**Information for clients receiving services from [REDACTED]. The rate included on this letter is NOT the wage paid to Individual Providers. It is the total rate paid to the company to cover all expenses including wages, benefits, taxes, and administrative costs.**

Similarly, the rate included on this letter for any other provider is not necessarily the wage paid to the provider's employees.

This is to notify you your authorization has been modified:

ABC Home Care - 01 [REDACTED] is authorized to provide the following service(s) for [REDACTED]


T1019 U6 Personal care ser per 15 min from 09/01/2024 to 08/31/2025 at the rate of \$10.29 per 15 minutes. Payment may be made for a maximum of ( 576 ) 15 minute units up to a maximum of \$5,927.04 per month. You are allowed 144 hours per month at the hourly rate of \$41.16.

\*You must claim in 15 minute units.

[REDACTED] is responsible for paying you an amount each month. This amount will be deducted from your payment before it is issued. Do not collect more than the cost of the services authorized and provided. The total amount to be paid by [REDACTED] includes:

Month & Year	Client Responsibility
Sep-2024	\$152.00
Oct-2024	\$152.00
Nov-2024	\$152.00
Dec-2024	\$152.00

# Submitting and Adjusting Claims



**ProviderOne for Social Services**  
Submitting and Adjusting  
Social Service Claims Guide



**ProviderOne for Social Services**  
Submitting and Adjusting Social  
Service Medical Claims Guide

## These two guides show how to:

- Submit claims
- Create claim templates
- Submit batch template claims
- Submit a .dat batch file (non-medical providers only)
- Adjust and void paid claims
- Resubmit denied/voided claims

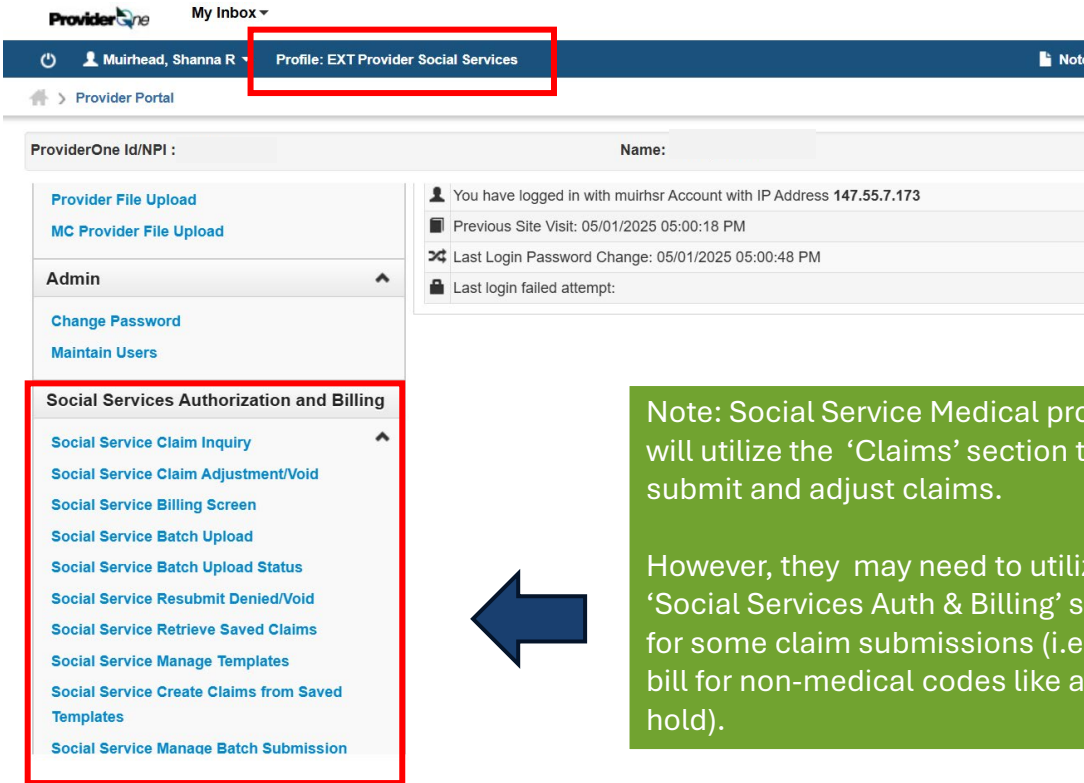
# Submitting and Adjusting Claims:

## Claim Submission Methods

- **Basic bill:** This process is also known as direct data entry (DDE) billing. You fill in all required billing information on each claim.
- **Claims from saved templates:** This process allows you to create claim templates with previously saved information. This helps eliminate errors by reducing the amount of data entry for each claim.
- **Template Batch:** A group of claims which share the same date of service. Allows you to create a group (batch) of templates, change the date of service on all the templates at the same time, and submit the batch all at once.
- **Batch Upload:** This process allows providers to extract billing data elements from their current timekeeping and/or billing software and upload the claim(s) data into ProviderOne.
  - Social Service (non-medical) providers use the “.dat” file batch upload process.
  - Social Service (medical) providers use the “HIPAA” batch upload process.
  - Questions about both the .dat batch upload & HIPAA upload process should be directed to HCA’s HIPAA Help Desk at [hipaa-help@hca.wa.gov](mailto:hipaa-help@hca.wa.gov).

# Submitting and Adjusting Claims: Provider Portal

## Social Service Providers (non-medical)



ProviderOne Id/NPI :      Name:      My Inbox

Muirhead, Shanna R      Profile: EXT Provider Social Services      Note

Provider Portal

ProviderOne Id/NPI :      Name:      You have logged in with muirhsr Account with IP Address 147.55.7.173

Previous Site Visit: 05/01/2025 05:00:18 PM

Last Login Password Change: 05/01/2025 05:00:48 PM

Last login failed attempt:

Provider File Upload

MC Provider File Upload

Admin

Change Password

Maintain Users

**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

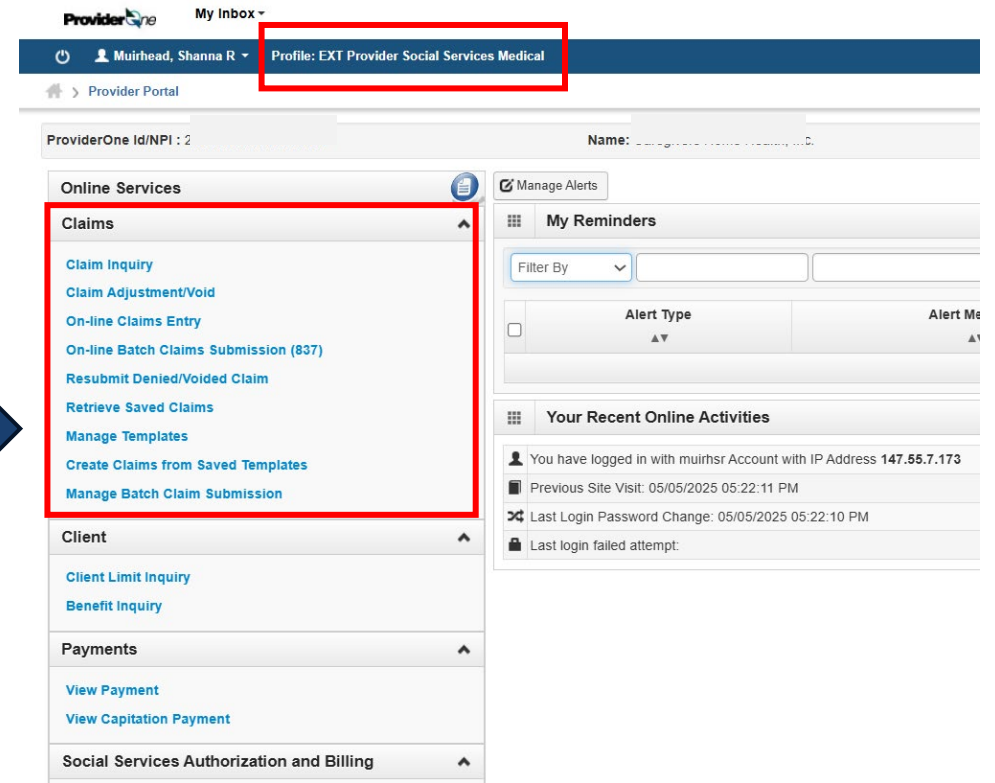
Social Service Create Claims from Saved Templates

Social Service Manage Batch Submission

Note: Social Service Medical providers will utilize the 'Claims' section to submit and adjust claims.

However, they may need to utilize the 'Social Services Auth & Billing' section for some claim submissions (i.e., to bill for non-medical codes like a bed-hold).

## Social Service Providers (medical)



ProviderOne Id/NPI :      Name:      My Inbox

Muirhead, Shanna R      Profile: EXT Provider Social Services Medical      Note

Provider Portal

ProviderOne Id/NPI :      Name:      You have logged in with muirhsr Account with IP Address 147.55.7.173

Previous Site Visit: 05/05/2025 05:22:11 PM

Last Login Password Change: 05/05/2025 05:22:10 PM

Last login failed attempt:

Online Services

**Claims**

Claim Inquiry

Claim Adjustment/Void

On-line Claims Entry

On-line Batch Claims Submission (837)

Resubmit Denied/Voided Claim

Retrieve Saved Claims

Manage Templates

Create Claims from Saved Templates

Manage Batch Claim Submission

Client

Client Limit Inquiry

Benefit Inquiry

Payments

View Payment

View Capitation Payment

Social Services Authorization and Billing

Manage Alerts

My Reminders

Filter By

Alert Type

Alert Me

Your Recent Online Activities

# Submitting and Adjusting Claims:

## Tips and Reminders

Claims must be submitted in ProviderOne within 365 days from the date-of-service.

Adjust paid claims if you need to change units, rates, or remove dates.

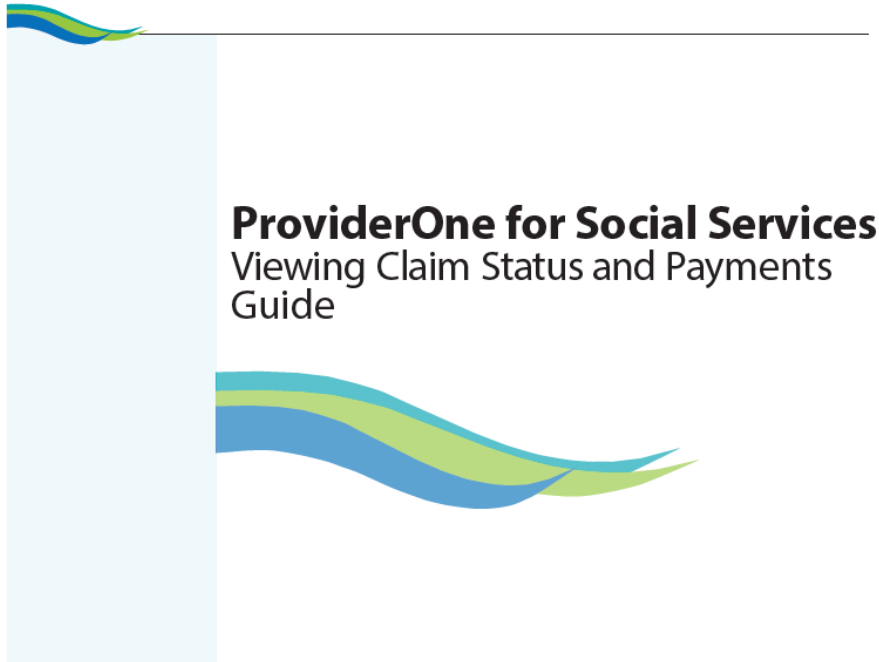
If you need to add dates of service, you should submit a new claim rather than adjusting.

Adjusting a paid claim can result in no change, additional payment, or an overpayment to the provider.

Never complete an adjustment to a claim that is in ADJUSTED or CREDIT status. You can only adjust a claim in PAID status.

You can resubmit a DENIED or VOIDED claim to have it reprocessed. Modify the claim prior to resubmission if needed.

# Viewing Claim Status & Payments



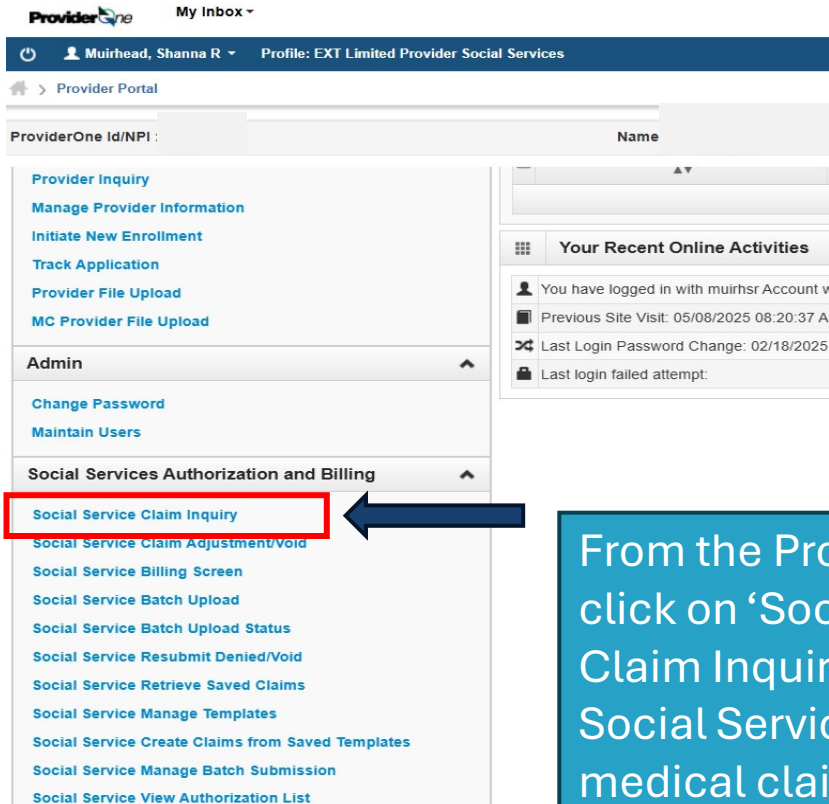
## **This guide covers:**

- Viewing claim status in ProviderOne
- Viewing and understanding the remittance advice (RA)
- Overpayments



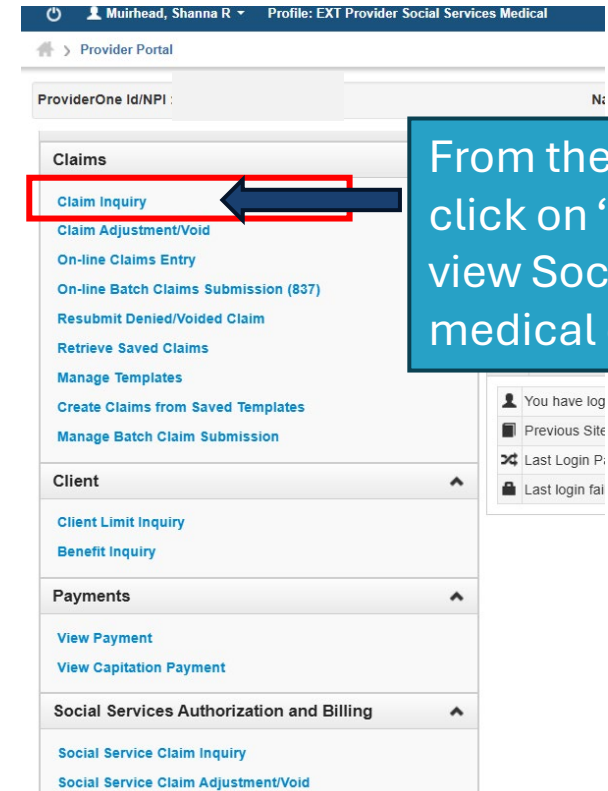
# Viewing Claim Status & Payments: Claim Status Inquiry

## Social Service Providers (non-medical)



From the Provider Portal,  
click on 'Social Service  
Claim Inquiry' to view  
Social Service non-  
medical claims

## Social Service Providers (medical)



From the Provider Portal,  
click on 'Claim Inquiry' to  
view Social Service  
medical claims

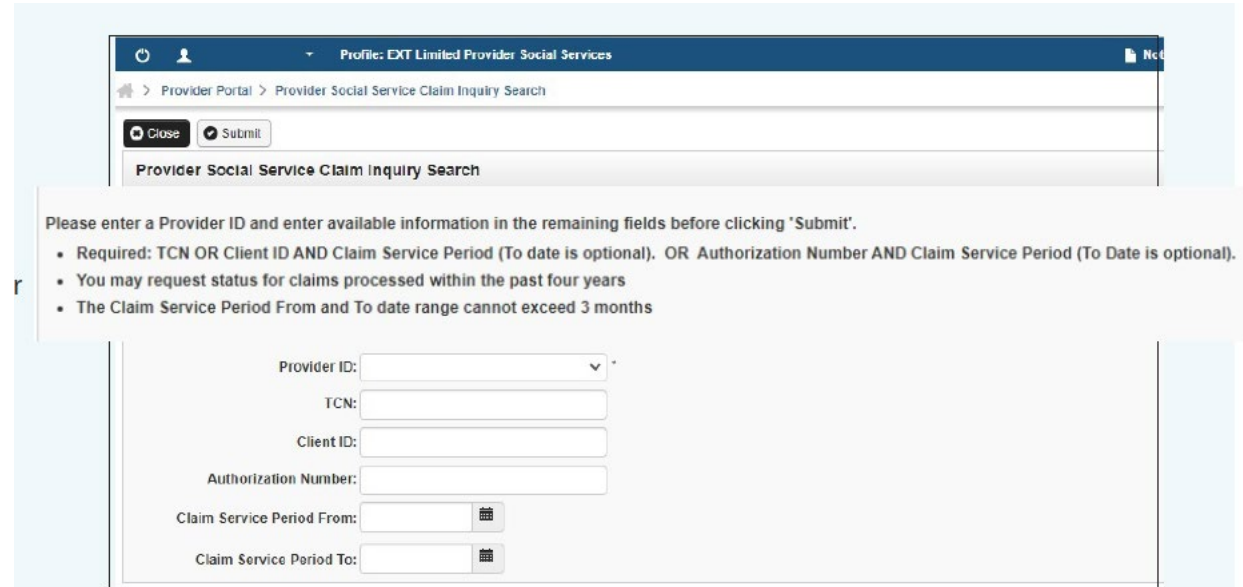


# Viewing Claim Status & Payments:

## Claim Status Inquiry, *continued*

**You can search for a claim multiple ways:**

- Search by TCN (claim number), or
- Client ProviderOne ID and claim service period, or
- Authorization # and claim service period



The screenshot shows a web application interface for searching claim status. At the top, there is a navigation bar with a user profile icon and the text "Profile: EXT Limited Provider Social Services". Below this is a breadcrumb trail: "Provider Portal > Provider Social Service Claim Inquiry Search". There are "Close" and "Submit" buttons. The main heading is "Provider Social Service Claim Inquiry Search". Below this, a message states: "Please enter a Provider ID and enter available information in the remaining fields before clicking 'Submit'." This is followed by three bullet points: "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 request status for claims processed within the past four years", and "The Claim Service Period From and To date range cannot exceed 3 months". The form fields include: "Provider ID:" (a dropdown menu), "TCN:" (a text input), "Client ID:" (a text input), "Authorization Number:" (a text input), "Claim Service Period From:" (a date picker), and "Claim Service Period To:" (a date picker).





# Viewing Claim Status & Payments:

## Claim Status Inquiry, *continued*

- If your search is successful, you will see the claim number (**TCN**), **Claim Status**, and **Claim Payment Amount**
- Click on blue hyperlinked TCN to view more details

Profile: EXT Limited Provider Social Services

Provider Portal > Provider Social Service Claim Inquiry Search > Claim Inquiry Providers List

Close

Provider ID : 1 1

Inquire Social Service Claims List

TCN ▲ ▼	Authorization Number ▲ ▼	From Date ▲ ▼	To Date ▲ ▼	Claim Status ▲ ▼	RA Date ▲ ▼	RA Number ▲ ▼	Claim Charged Amount ▲ ▼	Claim Payment Amount ▲ ▼	Client Name ▲ ▼	Client ID ▲ ▼
652000	13	08/01/2020	08/02/2020	F1:Finalized/Payment-The claim/line has been paid.	08/08/2020	58	\$175.78	\$0.00		1YYA

View Page: 1

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Claim Status

F1:Finalized/Payment-The claim/line has been paid.

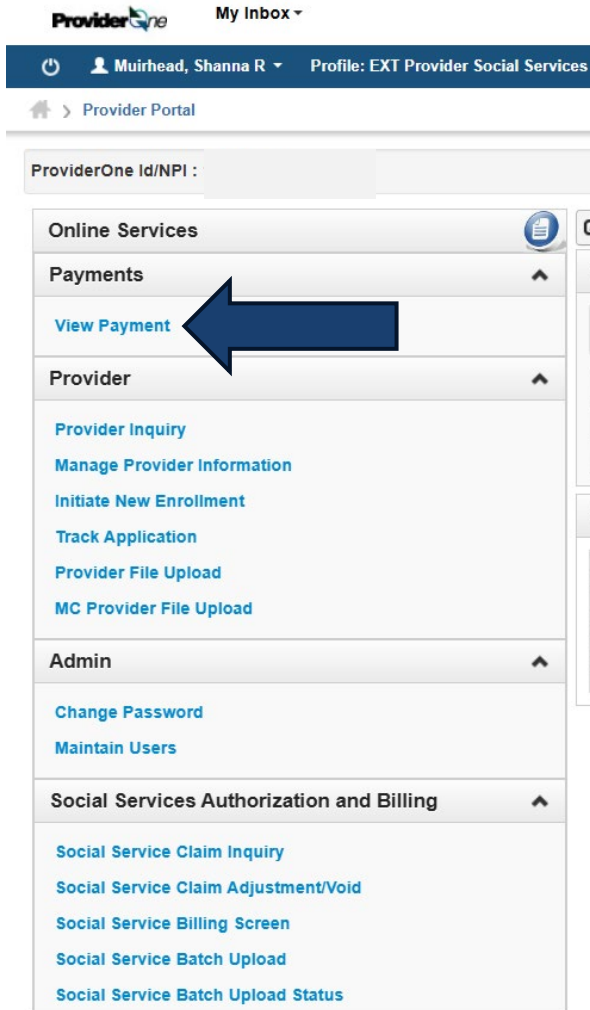
Claim Payment Amount

\$0.00

<div> <div>Close</div> <div> <div>Status Category Code: F1:Finalized/Payment-The claim/line has been paid.</div> <div>1: For more detailed Status: information, see remittance advice.</div> </div> </div>	
<div> <div>Claim Details</div> <div> <div>Status Information Effective Date: 11/17/2021</div> <div>Status Category Code: F1:Finalized/Payment-The claim/line has been paid.</div> <div>Service Period: From 08/01/2020 To 08/02/2020</div> <div>Bill Type Identifier:</div> <div>Charged Amount: \$175.78</div> <div>Payment Amount: \$0.00</div> </div> </div>	<div> <div>1CN: 052 000</div> <div>Status: 1: For more detailed information, see remittance advice.</div> <div>Adjudication or Payment Date: 08/06/2020</div> <div>Check Issue or EFT Effective Date: 08/06/2020</div> <div>Check or EFT Trace Number:</div> </div>
<div> <div>Charged Amount: \$175.78</div> <div>Payment Amount: \$0.00</div> </div>	
<div> <div>Rem/Remark Codes</div> <div>Provider NPI:</div> <div>Name or Servicing Organization:</div> </div>	
<div> <div>Client Data</div> <div> <div>Name:</div> <div>Client ID: 1 WA</div> <div>Patient Control Number:</div> </div> </div>	
<div> <div>Payer Data</div> <div> <div>Name: WASHINGTON STATE DSHS MAA</div> <div>Identification: 77045</div> </div> </div>	

# Viewing Claim Status & Payments:

## Viewing your Remittance Advice

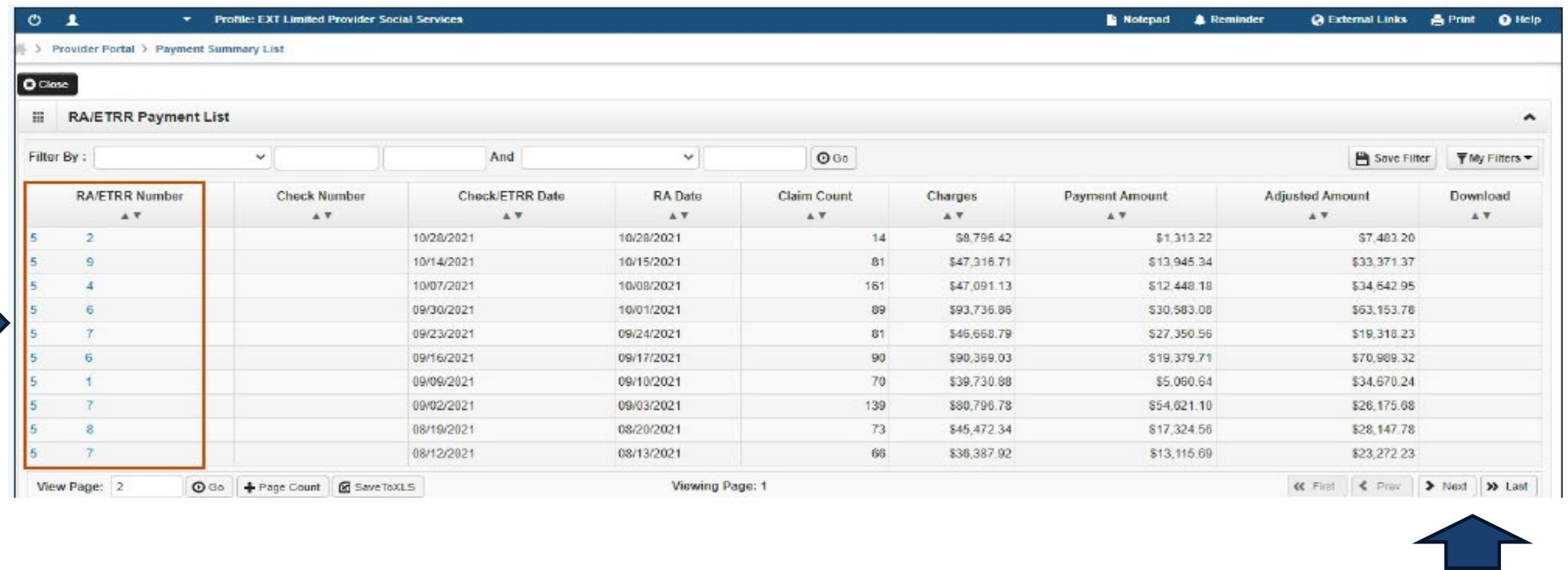


- You can also view and track claim status on the weekly remittance advice (RA).
- Claims submitted by Tuesday at 5 pm will be on that Friday's RA.
- The RA shows paid, denied, adjusted, and in process claims for claims submitted during the previous week.
- You should review each RA as soon as they are available to ensure claims paid correctly & make any adjustments as needed.
- RAs are available in ProviderOne for up to 4 years.
  - Providers are required to retain Medicaid records for up to 6 years.

# Viewing Claim Status & Payments:

## Viewing your Remittance Advice, *continued*

- 10 most recent RAs are displayed.
- Click on blue hyperlinked RA number to view the RA.



Profile: EXT Limited Provider Social Services

Provider Portal > Payment Summary List

Close

RA/ETRR Payment List

Filter By: [ ] And [ ] Go Save Filter My Filters

RA/ETRR Number	Check Number	Check/ETRR Date	RA Date	Claim Count	Charges	Payment Amount	Adjusted Amount	Download
5 2		10/28/2021	10/28/2021	14	\$8,796.42	\$1,313.22	\$7,483.20	
5 9		10/14/2021	10/15/2021	81	\$47,316.71	\$13,945.34	\$33,371.37	
5 4		10/07/2021	10/08/2021	161	\$47,091.13	\$12,448.18	\$34,642.95	
5 6		09/30/2021	10/01/2021	89	\$93,736.06	\$30,583.08	\$63,153.78	
5 7		09/23/2021	09/24/2021	81	\$46,668.79	\$27,350.56	\$19,318.23	
5 6		09/16/2021	09/17/2021	90	\$90,369.03	\$19,379.71	\$70,989.32	
5 1		09/09/2021	09/10/2021	70	\$39,730.88	\$5,060.64	\$34,670.24	
5 7		09/02/2021	09/03/2021	139	\$80,796.78	\$54,021.10	\$26,175.08	
5 8		08/19/2021	08/20/2021	73	\$45,472.34	\$17,324.56	\$28,147.78	
5 7		08/12/2021	08/13/2021	66	\$36,387.92	\$13,115.69	\$23,272.23	

View Page: 2 Go Page Count Save To XLS Viewing Page: 1 First Prev Next Last

- Click 'Next' or 'Last' to view additional RAs.

# Viewing Claim Status & Payments:

## Viewing your Remittance Advice, *continued*

- After clicking on the RA you want to review, your RA will open in PDF format.
  - If you have Adobe Acrobat Pro, you may be able to save the RA as an Excel spreadsheet which may be helpful when reconciling payments.
  - Your RA could be multiple pages long; take note before printing!
- The RA is broken into four main sections:
  - Cover page: Mailing information
  - Page 1: Current RA messages (ProviderOne ID w/ location code, RA date, etc.)
  - Page 2: Payment & Adjustment Summary (overpayments listed here)
  - Additional pages: Specific claim information broken down by client and claim status
- Review the [Viewing Claim Status and Payments Guide](#) and the [How to View Your Remittance Advice \(RA\)](#) document for more information.

# Viewing Claim Status & Payments:

## Overpayments

- Overpayments occur when a paid claim is voided or adjusted.
- Overpayments are automatically referred to the Office of Financial Recovery (OFR).
- If you want your overpayment deducted from a future claim, contact HCA before adjusting or contact OFR after adjusting.

### Voided claim

- When a claim is voided, it will always generate an overpayment because DSHS has paid out money for a claim that is no longer in paid status.
- When a claim is voided, the previously paid amount is not automatically taken back from the provider.
- Provider must pay the \$ back to DSHS.

### Adjusted claim

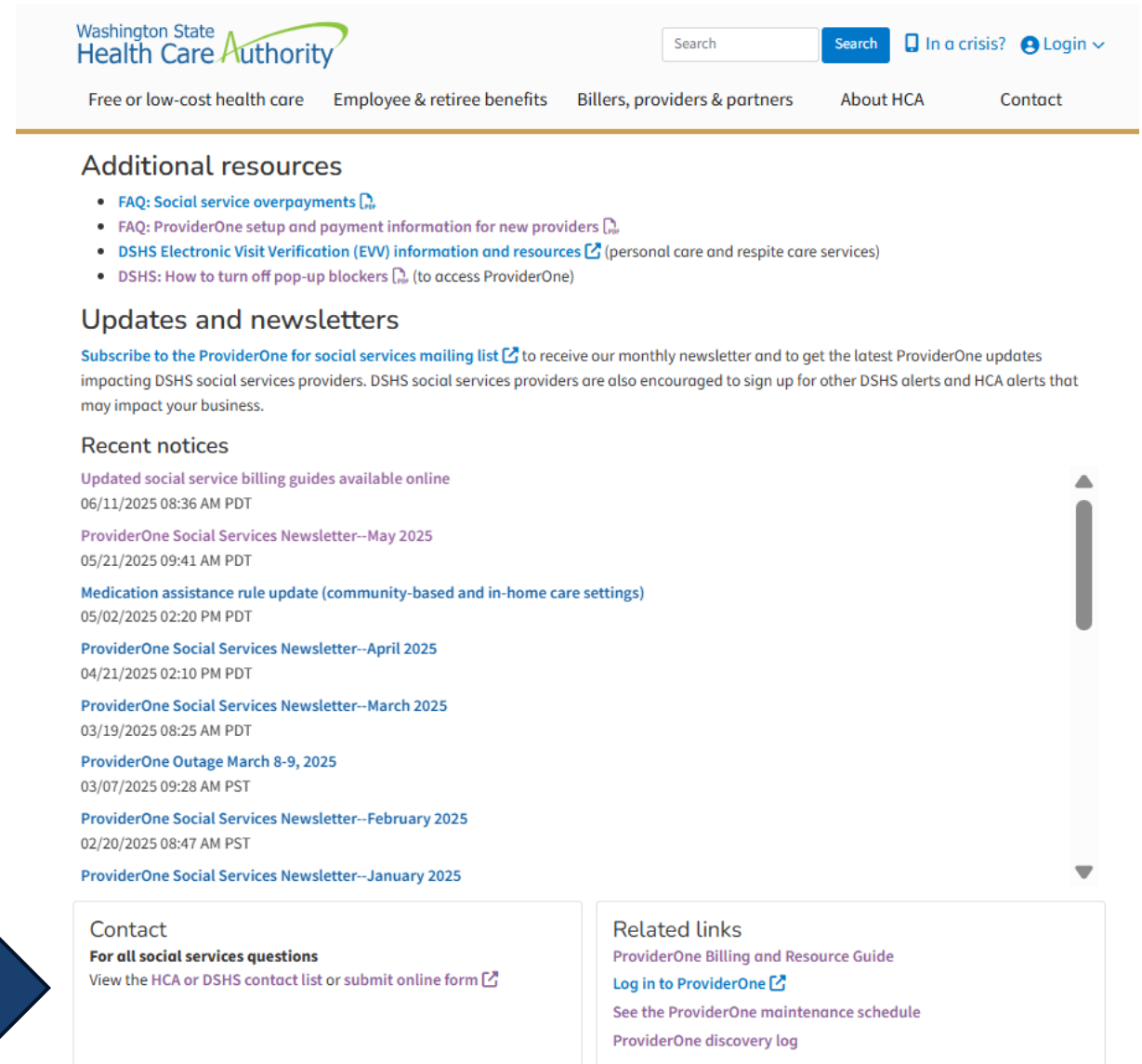
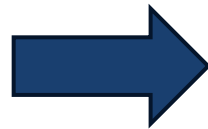
- When a claim is adjusted, an overpayment may be generated if the new paid amount is less than the original claim paid amount.
- Just like with a voided claim, the previously paid amount is not automatically taken back from provider.
- Provider must pay the \$ back to DSHS.

# Resources and Reminders

- Be sure to bookmark the ProviderOne for Social Services [webpage](#).
- [Sign up](#) for the ProviderOne for Social Services monthly newsletters. Past newsletters can be found on our webpage.
- Review the ProviderOne for Social Services webpage, billing guides, FAQs and resources to find answers before contacting HCA or DSHS.
  - If after reviewing the guides and available resources, you still need assistance, contact either HCA or DSHS using the [contact list](#) or [submit online form](#). We are here to help!

# Who to contact

- Depending on your question, you will contact either HCA or DSHS
  - If HCA cannot answer your question, they will escalate to DSHS.
- Contact information can be found on pages 4-5 in each billing guide.
- Link to contact information and online help form can also be found on the ProviderOne for Social Services [webpage](#).



The screenshot shows the Washington State Health Care Authority website. At the top is the logo and a search bar. Below the logo are navigation links: "Free or low-cost health care", "Employee & retiree benefits", "Billers, providers & partners", "About HCA", and "Contact". The main content area is titled "Additional resources" and lists several links: "FAQ: Social service overpayments", "FAQ: ProviderOne setup and payment information for new providers", "DSHS Electronic Visit Verification (EVV) information and resources" (noting it's for personal care and respite care services), and "DSHS: How to turn off pop-up blockers" (to access ProviderOne). Below this is a section for "Updates and newsletters" with a link to subscribe to the "ProviderOne for social services mailing list". The "Recent notices" section lists several updates with dates and times, including "Updated social service billing guides available online" (06/11/2025), "ProviderOne Social Services Newsletter--May 2025" (05/21/2025), "Medication assistance rule update (community-based and in-home care settings)" (05/02/2025), "ProviderOne Social Services Newsletter--April 2025" (04/21/2025), "ProviderOne Social Services Newsletter--March 2025" (03/19/2025), "ProviderOne Outage March 8-9, 2025" (03/07/2025), "ProviderOne Social Services Newsletter--February 2025" (02/20/2025), and "ProviderOne Social Services Newsletter--January 2025". At the bottom, there are two boxes: "Contact" with a link to "View the HCA or DSHS contact list or submit online form" and "Related links" with links to "ProviderOne Billing and Resource Guide", "Log in to ProviderOne", "See the ProviderOne maintenance schedule", and "ProviderOne discovery log".

Washington State Health Care Authority

Search In a crisis? Login

Free or low-cost health care Employee & retiree benefits Billers, providers & partners About HCA Contact

### Additional resources

- [FAQ: Social service overpayments](#)
- [FAQ: ProviderOne setup and payment information for new providers](#)
- [DSHS Electronic Visit Verification \(EVV\) information and resources](#) (personal care and respite care services)
- [DSHS: How to turn off pop-up blockers](#) (to access ProviderOne)

### Updates and newsletters

[Subscribe to the ProviderOne for social services mailing list](#) to receive our monthly newsletter and to get the latest ProviderOne updates impacting DSHS social services providers. DSHS social services providers are also encouraged to sign up for other DSHS alerts and HCA alerts that may impact your business.

### Recent notices

[Updated social service billing guides available online](#)  
06/11/2025 08:36 AM PDT

[ProviderOne Social Services Newsletter--May 2025](#)  
05/21/2025 09:41 AM PDT

[Medication assistance rule update \(community-based and in-home care settings\)](#)  
05/02/2025 02:20 PM PDT

[ProviderOne Social Services Newsletter--April 2025](#)  
04/21/2025 02:10 PM PDT

[ProviderOne Social Services Newsletter--March 2025](#)  
03/19/2025 08:25 AM PDT

[ProviderOne Outage March 8-9, 2025](#)  
03/07/2025 09:28 AM PST

[ProviderOne Social Services Newsletter--February 2025](#)  
02/20/2025 08:47 AM PST

[ProviderOne Social Services Newsletter--January 2025](#)

### Contact

**For all social services questions**  
[View the HCA or DSHS contact list or submit online form](#)

### Related links

- [ProviderOne Billing and Resource Guide](#)
- [Log in to ProviderOne](#)
- [See the ProviderOne maintenance schedule](#)
- [ProviderOne discovery log](#)



# Thank you!

**We want to hear from you! [Post webinar survey](#)**