ProviderOne for Social Services

Submitting and Adjusting Social Service Claims Guide

Updated June 2025

INTRODUCTION

This publication takes effect June 2025 and supersedes earlier billing guides for Social Service Providers.

Every effort has been made to ensure this guide's accuracy. If an actual or apparent conflict between this document and a Health Care Authority (HCA) or Department of Social & Health Services rule arises, the rule applies.

The purpose of this guide is to serve as a resource for Social Service providers and billing staff so they can:

- **Submit Social Service Claims**
  - This section outlines how to submit basic bills, also known as direct data entry (DDE) billing. For DDE, you must enter all billing information (Provider ID, Client ID, Authorization Number, Dates of Service, Service Code, and Units) each time you create & submit the claim.
- **Create Social Service Claim Templates**
  - This section outlines how to create and submit claim templates. Claim templates allow a provider to save claim information such as Provider ID, Client ID, and authorization number. This method can save time and reduce claiming errors.

Note: This billing guide contains attachments. To view these attachments, you must first download and save this guide as a PDF.

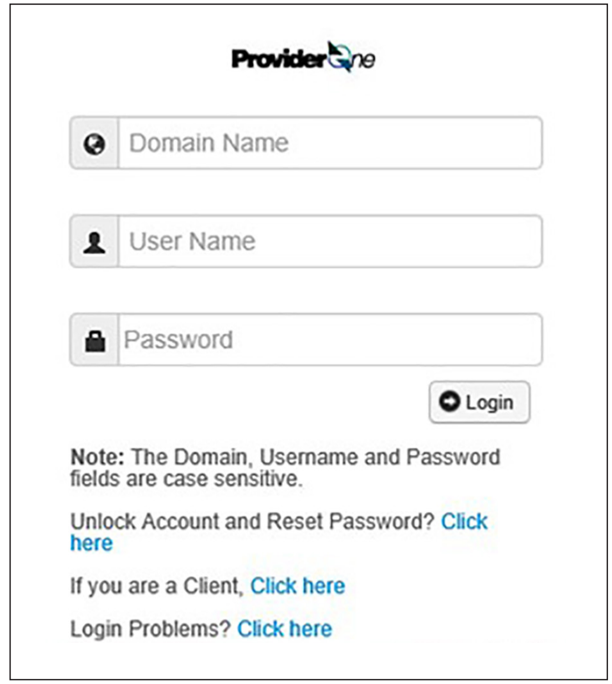
- **Create and Submit Batch Claims**
  - This section outlines how to create & submit template batch claims. Template batch claims are a group of claims that share the same date of service. This method allows you to create a group (batch) of templates, change the date of service on all the templates at one time, and submit the batch all at once. This method can save time and reduce claiming errors.
- **Create and Submit .dat Batch Upload Claims**
  - This section outlines ProviderOne transaction standards and business rules for social service .dat batch upload billing. This method of claiming is only allowed for Social Services (non-medical) Providers.
- **Adjust, Void, and Resubmit Social Service Claims**
  - This section outlines how to adjust, modify, and void claims. This section also outlines how to resubmit a claim that has been denied or voided.

TABLE OF CONTENTS

SOCIAL SERVICE PROVIDERS

GETTING STARTED

Welcome to the *ProviderOne for Social Services: Submitting and Adjusting Social Service Claims Guide*. The following section explains the basics of the ProviderOne system, including:



Note:

Please note some screen grabs in this section are from the Social Service Billing side and some are from the Social Service Medical Billing side of ProviderOne. The directions and information provided is applicable to both Provider types.

GENERAL TIPS

General Notes

- "OK" signifies a Yes response and "Cancel" a No Response
- Asterisk (*) denotes a required field
- "%" acts as a wildcard, returning information that corresponds with the current search
    - For example, if searching for authorizations for multiple locations you could enter your seven digit Provider ID and add % to the end in order to return authorizations for each of your locations
- Make sure your Pop-Up Blockers are turned off on your preferred browser (i.e.., Chrome, Edge) you are using to access ProviderOne
    - If pop-up blockers are not turned off, it will result in errors when trying to submit claims.
    - If you chose to turn the pop-up blockers back on when you are not using ProviderOne, remember to turn them back off when you are utilizing ProviderOne.
    - Each specific browser has their own instructions on how to turn off pop-Up blockers.
- Clearing your browser history (Cache) regularly will help the overall performance of ProviderOne.
    - Clearing browser history will not delete saved favorites, book marks, or passwords.
- Columns can be sorted from A-Z or Z-A by using the controls below the name of each column:

Passwords

Passwords and Security Questions:

The first time you log into ProviderOne you will be required to change your temporary password and create a security question. Please note passwords and security questions are case sensitive.

When creating a password for ProviderOne they must contain the following:

- Cannot be the same as your last five passwords
- Must be at least eight characters long
- Must contain at least one letter
- Must contain at least one number
- Must contain at least one of the following special characters:

!@ # $ % ^ & * ( ) _ + - < >

After three unsuccessful attempts to login, your domain will be locked. You can unlock and reset your password by reaching out to ProviderOne Security here: provideronesecurity@hca.wa.gov

When you update your password, you will be asked if you want to update your secret question. You can change it at this time or select No.

Note:

As an added security measure, ProviderOne passwords must be changed every 90 days.

ACRONYMS & DEFINITIONS

- **AAA -** Area Agency on Aging
- **CARS** - Collections and Accounts Receivable System. The system DSHS's Office of Financial Recovery uses to manage providers' debt (overpayments).
- **CMS** - Center for Medicare and Medicaid Services
- **COFF** - CARS Offset (lien)
- **DDE** - Direct Data Entry
- **Domain** - Also known as your ProviderOne ID.
- **DOS** - Date of Service
- **DSHS** - Department of Social and Health Services. State agency in charge of delivering s a variety of social services, employment supports, safety programs, and court-ordered behavioral health care.
- **EFT** - Electronic Funds Transfer. This is when funds are deposited directly into a banking account for claims payments.
- **HCA** - Health Care Authority. HCA is WA State's Medicaid agency. HCA is in charge of managing the ProviderOne system.
- **HCLA** - Home and Community Living Administration. HCLA is a newly formed administration within DSHS effective May 1, 2025. This administration focuses on coordinating home and community-based services to support clients in their own environments. It was formed by merging key functions from the Developmental Disabilities Administration (DDA) and the Aging and Long-Term Support Administration (ALTSA).
- **HIPAA -** Health Insurance Portability & Accountability Act
- **MOS -** Month of Service
- **NOC -** Non-Offset to CARS
- **NPI -** National Provider Identifier. Most social service vendors are not required to have one.
- **OFIN -** Oracle Financial System
- **OFR -** Office of Financial Recovery
- **PPSU -** Payment Policy & Systems Unit. Housed within DSHS/HCLA, this unit manages the ProviderOne for Social Services webpage, P1 for Social Services billing guides & P1 for Social Services monthly newsletter. PPSU is also in charge of ProviderOne configuration for social service claims and post payment reviews/adjustments.
- **P1OFF -** ProviderOne Offset (claim adjustment)
- **PHI -** Protected Health Information
- **ProviderOne or P1** - ProviderOne is the Medicaid management information system (MMIS) utilized by WA State.
- **ProviderOne ID.** A 7-digit ID assigned to each provider's ProviderOne account. Also known as the Provider Domain ID or Domain Name.
- **RA -** Remittance Advice. RAs provides details about paid, denied, adjusted and in-process claims submitted in ProviderOne.
- **TCN -** Transaction Control Number. A unique tracking number assigned to each claim (also known as the claim number).
- **Warrant –** A paper check issued for claim payments

CONTACT INFORMATION

I need help with ...	Contact ...
• There is no active authorization • The authorization is 'in error' status • The dates, units, or rates on the authorization are wrong	**The client's Case Manager**
• Signing up to receive electronic payments (EFT) • Updating information in ProviderOne (location addresses, email addresses, communication preferences) • Social Service Medical providers only: ○ Updating business license, taxonomy, NPI, or Dept. of Health license in ProviderOne	**Health Care Authority--Provider Enrollment** **Phone**: 1-800-562-3022 ext. 16137 **Phones are open**: Tuesdays and Thursdays from 7:30 a.m. to 4:30 p.m. (Closed from noon to 1 p.m.) **Email**: ProviderEnrollment@hca.wa.gov When emailing Provider Enrollment, you will get you a ticket/incident number. Save this ticket/incident # for future reference as needed.
• Direct Data Entry (DDE) basic billing and claims assistance • Creating claim templates/template batch billing • Payment issues (lost checks) • Basic ProviderOne navigation & questions	**Health Care Authority--Medical Assistance Customer Service Center (MACSC)** **Phone**: 1-800-562-3022, choose "provider services" **Online**: HCA Secure form
• Accessing ProviderOne • Login issues (i.e., password reset, locked out) • Setting up additional users, profiles, or system administrators	**Health Care Authority--ProviderOne Security** **Email:** ProviderOneSecurity@hca.wa.gov **Online:** HCA Secure form

CONTACT INFORMATION *continued*

I need help with ...	Contact ...
• .dat file claim submissions/adjustments	**Health Care Authority--HIPAA Help Desk** **Email:** hipaa-help@hca.wa.gov In the subject line type: "Social Service Batch Upload" In the body of the email include your: • Name • ProviderOne ID/domain • Name of the batch file you are referencing ("SOC.xxxxxxx.20150131xxxxxx.SAMPLE_BATCH.dat") • Description of your issue or what you need help with • Your telephone number if you request a return call
• Overpayment questions	**DSHS--Office of Financial Recovery (OFR)** Phone: 360-664-5700, option 3, 1-800-562-6114, or TTY WA 1-800-833-6388
• Urgent payment issues Note: You should only contact the DSHS ProviderOne payment teams after you have tried resolving your issue through the appropriate channels (i.e., case manager, contract specialist, or HCA) AND client services are impacted.	**DSHS--ALTSA or DDA ProviderOne payment teams** **DSHS ALTSA providers/clients** **Email:** P1_escalation@dshs.wa.gov **DSHS DDA providers/clients** Contact the DDA resource developer or contractor who will escalate to the regional payment specialist as needed. When emailing DSHS, please include your: • Name (first and last) • Name of your organization • ProviderOne ID (also known as your P1 domain) • The date you emailed HCA and the corresponding HCA Ticket # • A brief description of your issue, who you've tried to contact, and how the issue impacts client services and/or your ability to receive payment

SUBMITTING SOCIAL SERVICE CLAIMS

This section outlines how to submit basic bills, also known as direct data entry (DDE) billing. For DDE, you must enter all billing information (Provider ID, Client ID, Authorization Number, Dates of Service, Service Code, and Units) each time you submit a claim.

Certain information needed for claim entry such as the authorization #, procedure code, modifier, etc. can be found on the client's authorization. See the *Getting Started & Billing Essentials* guide for directions on how to view your authorization list.

Note: The following directions are for non-medical Social Services Providers. If you are a Social Services Medical Provider, please use the *Submitting and Adjusting Social Service Medical Claims Guide*.

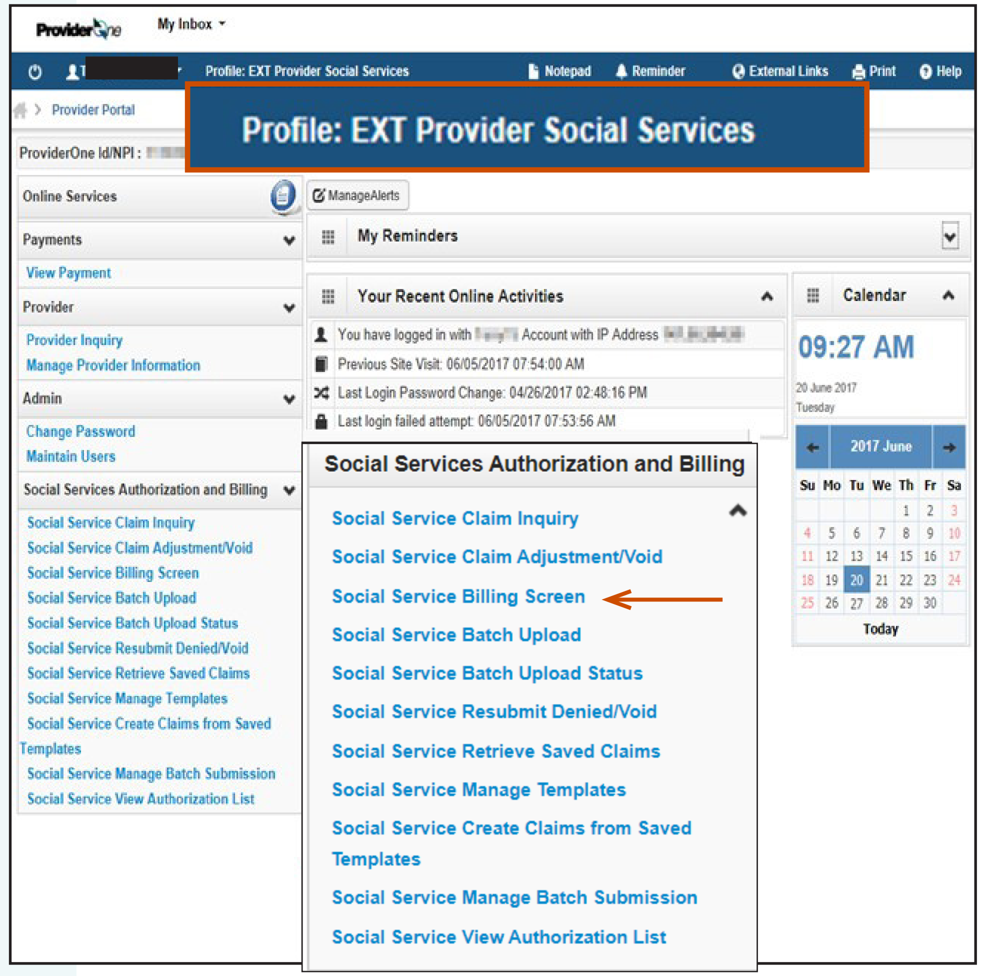
SUBMIT BASIC BILL

This section explains how to submit a basic bill for non-medical Social Services. This is also known as Direct Data Entry (DDE).

DDE means that you input all the needed information into the billing form.

To submit a basic bill:

- Log in to ProviderOne using the EXT Provider Social Services profile.
- Click on Social Service Billing Screen.

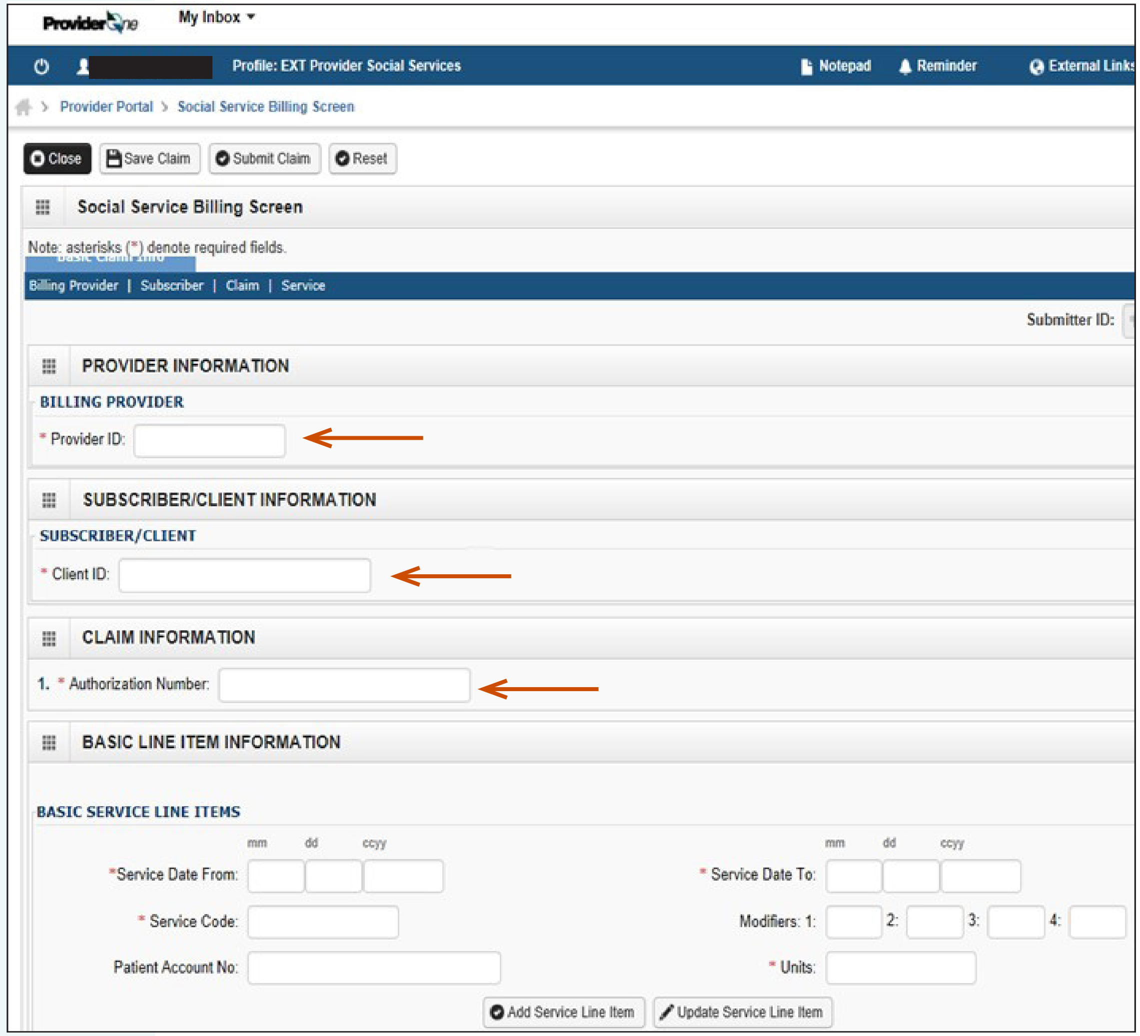


SUBMIT BASIC BILL *continued*

The **Social Service Billing Screen** appears.

Enter the following information:

- **Provider ID** (your 7-digit domain/ProviderOne ID plus your 2 digit location code)
- **Client ID** (9-digit number that ends in WA)
- **Authorization Number**



Notes:

You must turn off your pop-up blocker before you begin billing.

Asterisks (*) denote required fields.

The billing information is taken directly from the client's authorization. Exporting the authorization info to an Excel file allows you to copy and paste information for accuracy. Check your authorization before each billing as authorizations may change. View the [Getting Started & Billing Essentials Guide]() for directions on how to view your authorization list.

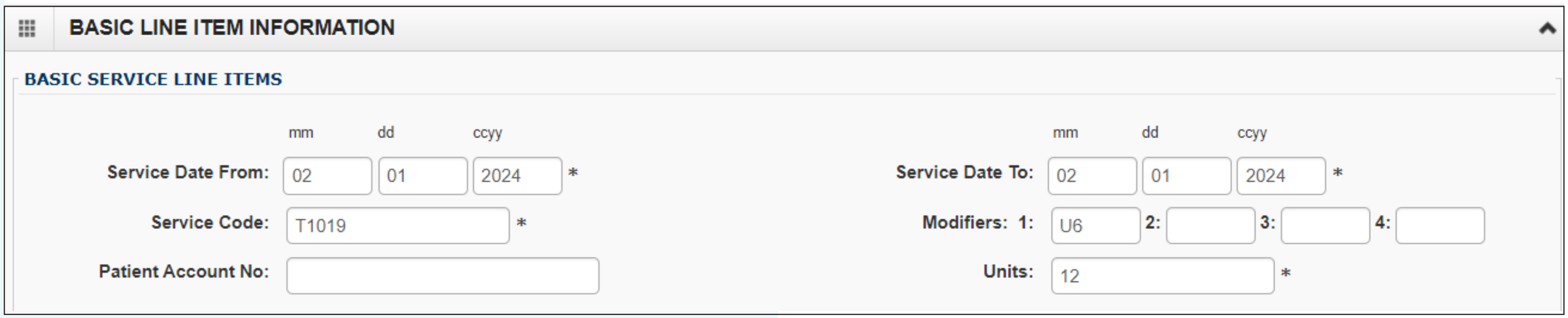
SUBMIT BASIC BILL *continued*

Under **Basic Line Item Information,** fill out the following information:

- **Service Date From**
- **Service Date To**
- **Service Code**
- **Modifier** *(if applicable)*
- **Units**

Notes:

- Each service line spans a single day.
- All units of a specific code for the same day should be on the same line.
- A date range can be used only if:
  - The unit types are **daily** or **monthly**
  - Days are consecutive (worked in a row)
  - All days are within the same calendar month or include entire months
- The unit type can be found on the client's authorization

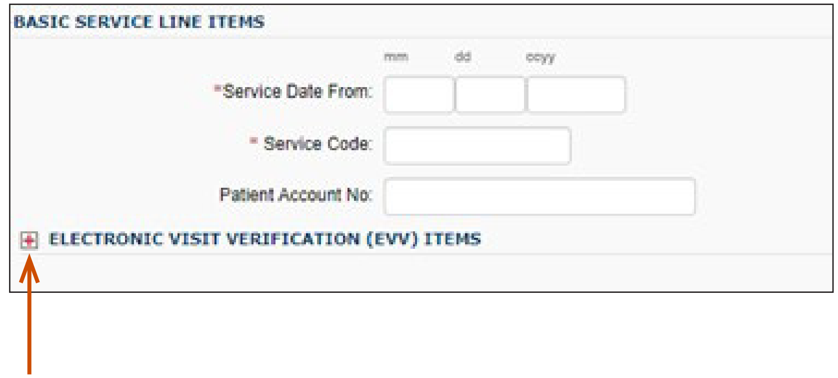


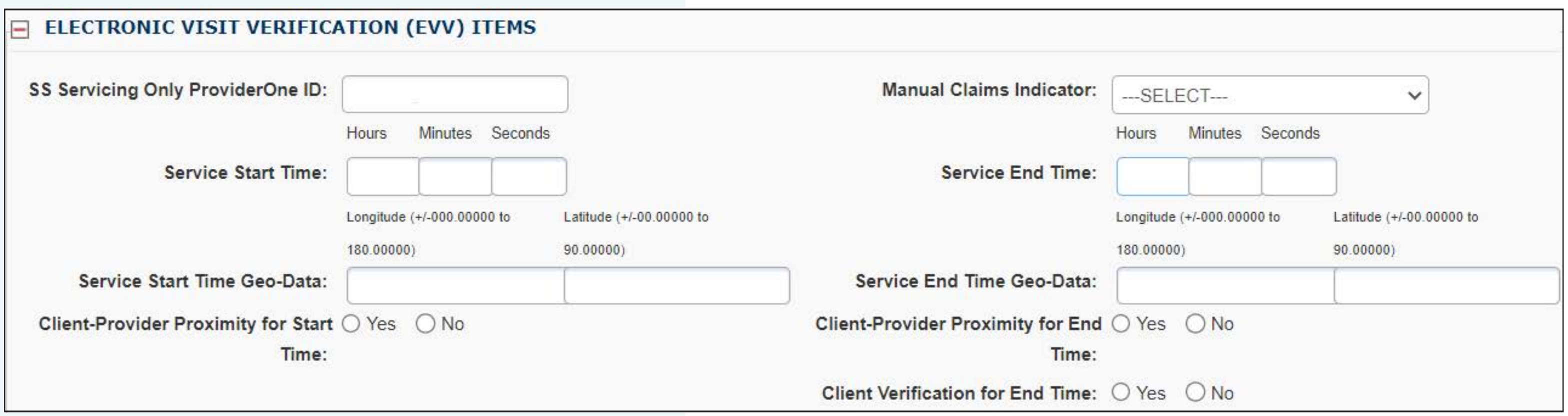
SUBMIT BASIC BILL *continued*

Electronic Visit Verification (EVV) Items:

If you are billing for In-Home Personal Care Services or Respite Care Services, your claims must comply with Electronic Visit Verification (EVV) Items requirements. Click on the red + to expand this section.

If you are not billing for In-Home Personal Care Services or Respite Care Services, you can skip these instructions and go to page 13.





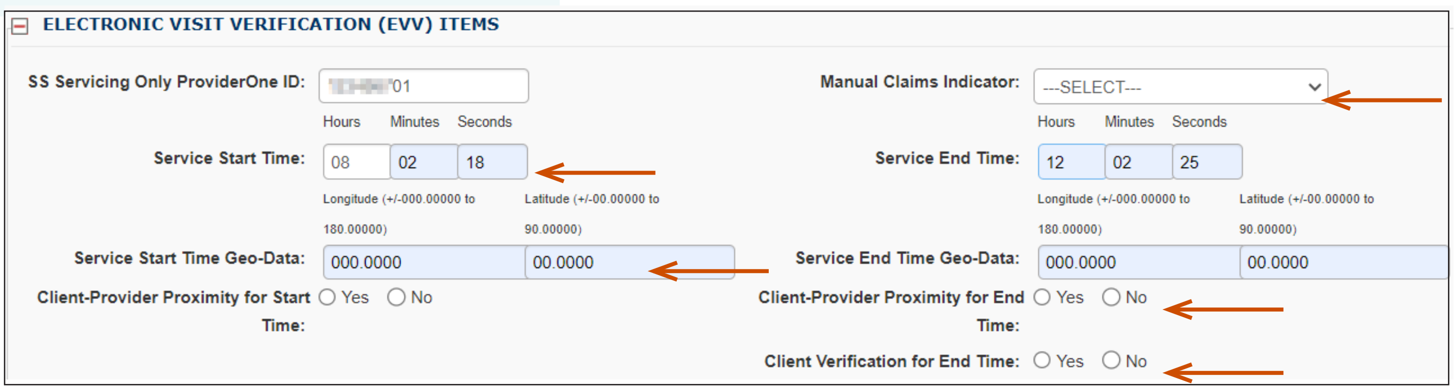
SUBMIT BASIC BILL *continued*

EVV continued:

- **In order to meet the Cures Act requirements, these fields are required for EVV billing:**
  - **SS Servicing Only ProviderOne ID**
  - **Service Start/End Time**, Start and End times need to use 24 hour clock format. (example: 8:15am would be 08:15 and 8:15pm would be 20:15)
  - **Service Start/End Time Geo-Data**.
- **Additional required field for EVV basic billing (DDE):**
  - **Manual Claims Indicator**
- **These fields are optional at this time:**
  - **Client-Provider Proximity for Start/End Time**, this refers to if your EVV solution verifies that the provider and the client are nearby at the time the service starts/ends, such as through location technology or an affixed electronic device at the client's location.
  - **Client Verification for End Time**, this refers to if your EVV solution includes having the client verify that the service was performed at the end of the service episode.

Note:

The Manual Claim Indicator was added as a mandatory element in April 2023 when submitting basic bill claims. This indicator explains why the data wasn't loaded electronically.

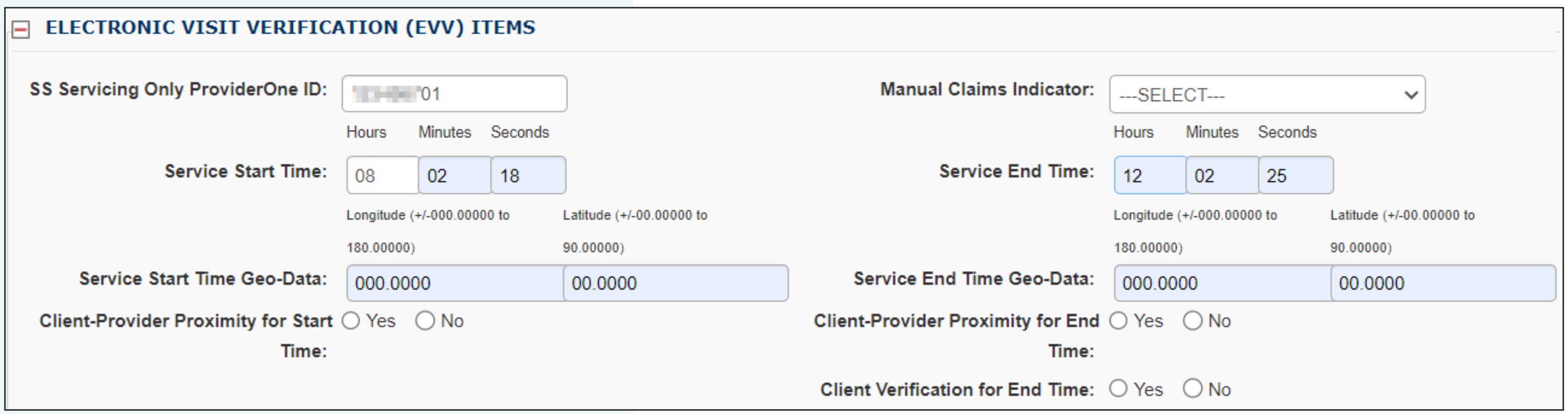


SUBMIT BASIC BILL *continued*

EVV Notes about Geo-Data:

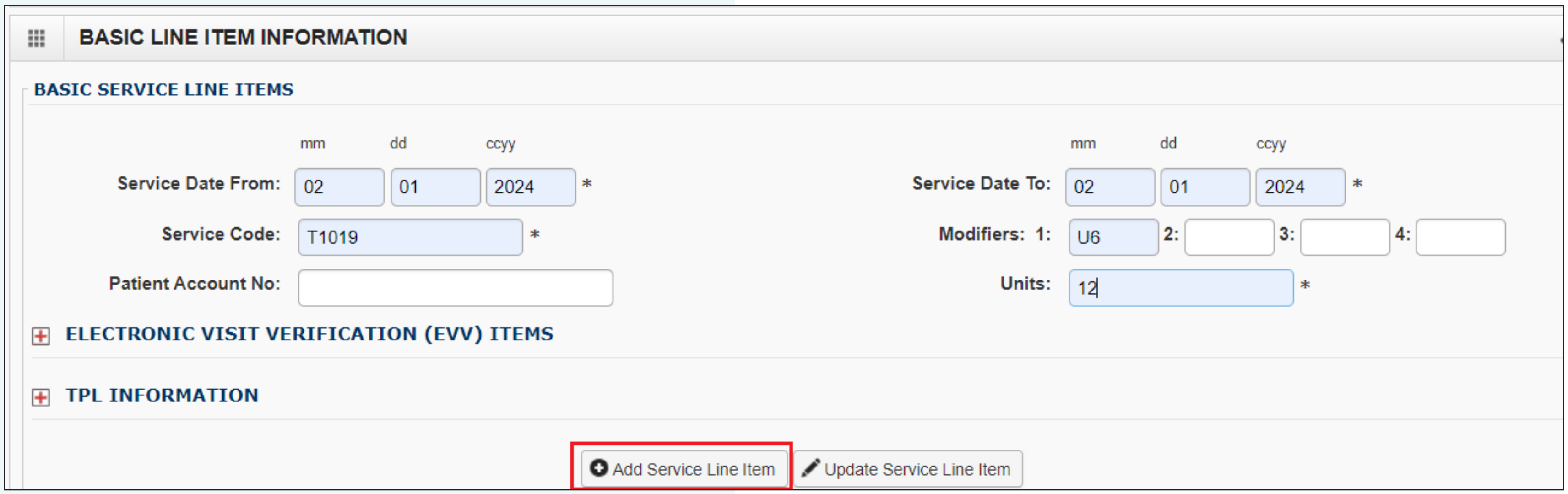
- All Geo-Data entries must be entered to at least 4 decimal places.
- Only the location(s) at Service Start Time and Service End Time must be captured and included in claim submission.
    - Geo-Data does not need to be gathered for the duration of the care encounter.

Note:
When a caregiver is unable to utilize the agency's EVV software solution, billers should manually add Geo-Data coordinates and use the appropriate manual claims indicator code.



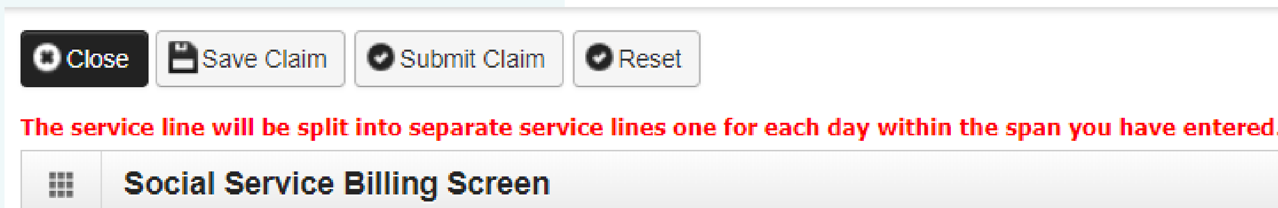
SUBMIT BASIC BILL *continued*

Once all billing information is entered on the **Basic Service Line Items** section and **EVV Items** section (if applicable), select **Add Service Line Item.**



SUBMIT BASIC BILL *continued*

If you entered a date range and are billing for a DAILY unit type, a note will appear telling you that the date range will be broken down into individual daily service lines when the claim is processed:



Note:

ProviderOne will display instructional information before this message if any data entered is incorrect, i.e., Provider ID, Client ID, Authorization Number, or if Service Date To is earlier than Service Date From. Correct data per the message and continue.

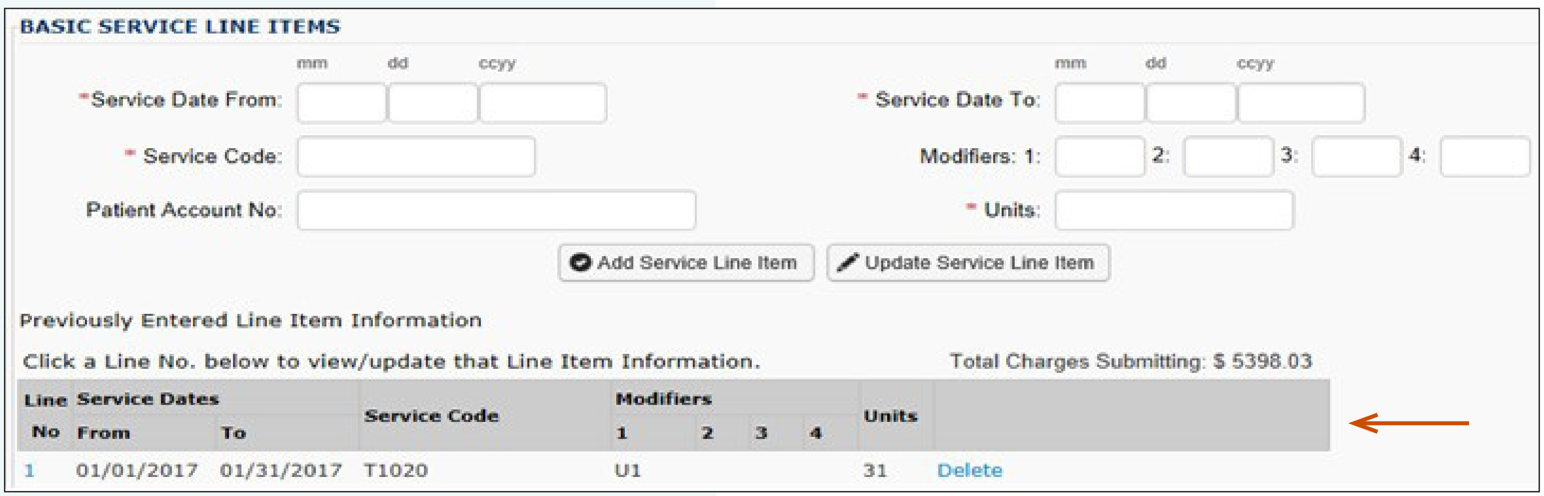
SUBMIT BASIC BILL *continued*

Once you click **Add Service Line Item** the **Basic Service Line Items** section clears. This allows entry of any subsequent service lines before submitting your claim.

Additional service lines must be for the same authorization and client. Different service codes are allowed if they are from the same authorization.

A claim service line appears under **Previously Entered Line Item Information**. The claim service line will show service dates, service code and modifier, as well as units entered. The total charges submitted will also be available to view.

Check the line information for accuracy.



BASIC SERVICE LINE ITEMS

*Service Date From: mm dd ccyy

* Service Date To: mm dd ccyy

* Service Code:

Modifiers: 1: 2: 3: 4:

Patient Account No:

* Units:

Add Service Line Item

Update Service Line Item

Previously Entered Line Item Information

Click a Line No. below to view/update that Line Item Information.

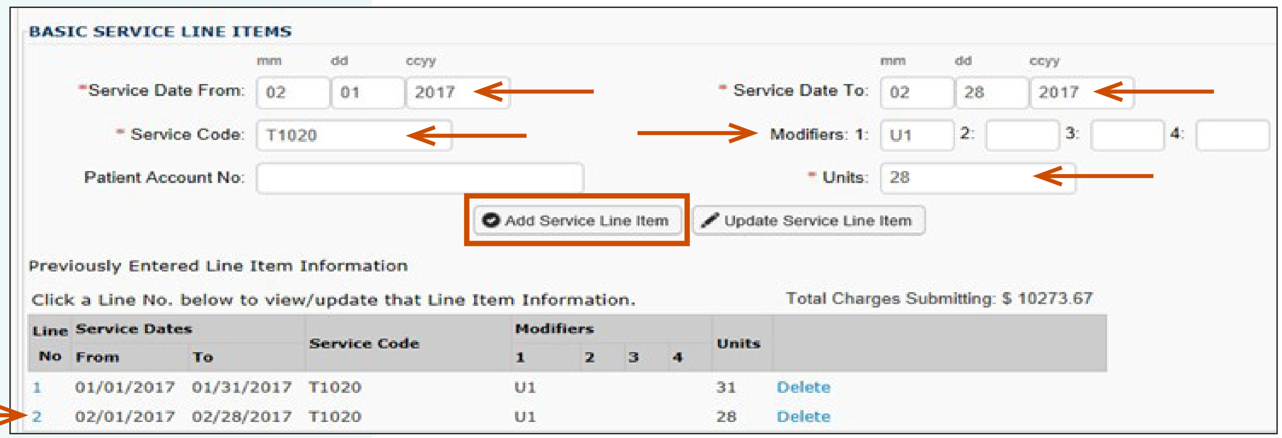
Total Charges Submitting: $ 5398.03

Line No	Service Dates From	To	Service Code	Modifiers 1	2	3	4	Units	
1	01/01/2017	01/31/2017	T1020	U1				31	Delete

SUBMIT BASIC BILL *continued*

Option 1 of entering additional service lines:

- Enter basic service line information in the cleared fields
  - **Service Date From/To**,
  - **Service Code**,
  - **Modifier**,
  - **Units**.
- Click on **Add Service Line Item**. *(The new service line appears; shown below as line #2.)*



Note:

*You can add up to **31** service lines per claim.*

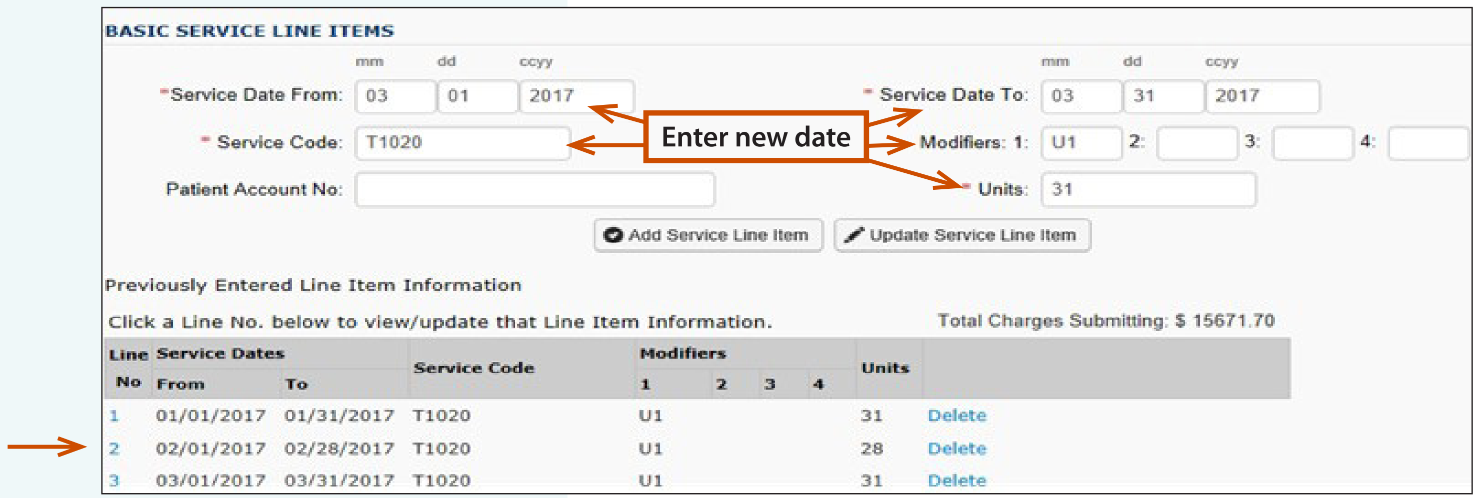
Note:

The examples on page 16-18 shows a daily billing type. For billing types that are not daily or month, the Service Date From and Service Date To need to match.

SUBMIT BASIC BILL *continued*

Option 2 of entering additional service lines:

- Click on an existing **service line number**,
- The entered service line information populates,
- Enter **new data**,
- Click on **'Add Service Line Item'.**
- **New service line appears.** (Shown below as line #3.)



SUBMIT BASIC BILL *continued*

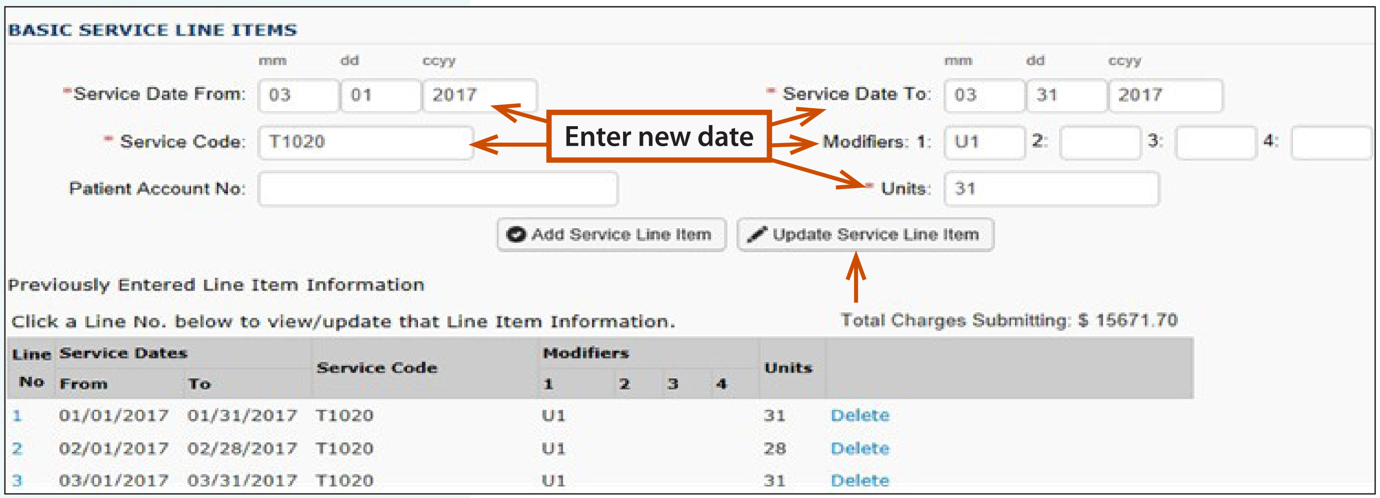
Editing a Service Line:

You may see the information previously entered has an error. To correct the data so that the service line is correct:

- Select the line number you wish to edit,
- The service line data appears,
- Make the needed correction to the service line data,
- Now select **Update Service Line Item.**

Note:

The new data you have entered will now be shown on the chosen line. (Shown below as line #2.)



SUBMIT BASIC BILL *continued*

Deleting a Service Line:

You may see a line previously entered that was created in error and needs to be deleted in order to correct the data.

- Determine which line needs to be deleted in the **Previously Entered Line Item Information** section,
- Click **Delete** at the end of the line you wish to remove,

Previously Entered Line Item Information

Click a Line No. below to view/update that Line Item Information.

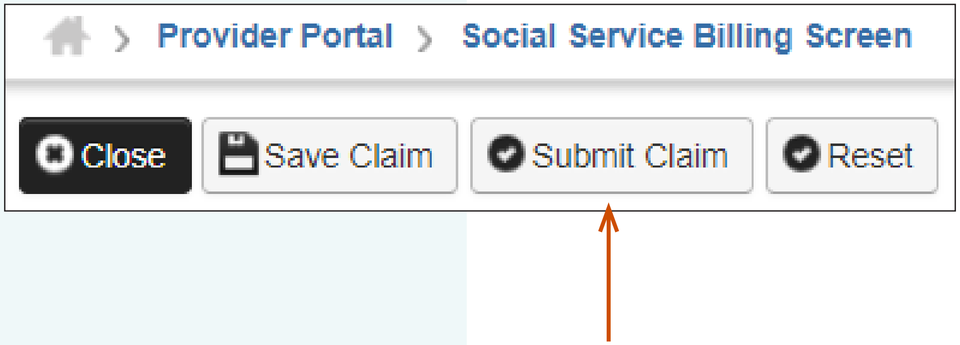
Line No	Service Dates From	To	Service Code	Modifiers 1	2	3	4	Units	
1	09/21/2019	09/21/2019	T1019					1	Delete
2	09/22/2019	09/22/2019	T1019					1	Delete

- The line disappears from the claim.

Line No	Service Dates From	To	Service Code	Modifiers 1	2	3	4	Units	
1	09/21/2019	09/21/2019	T1019					1	Delete

SUBMIT BASIC BILL *continued*

Once all service line information is entered and checked for accuracy, click **Submit Claim** at the top of the screen.



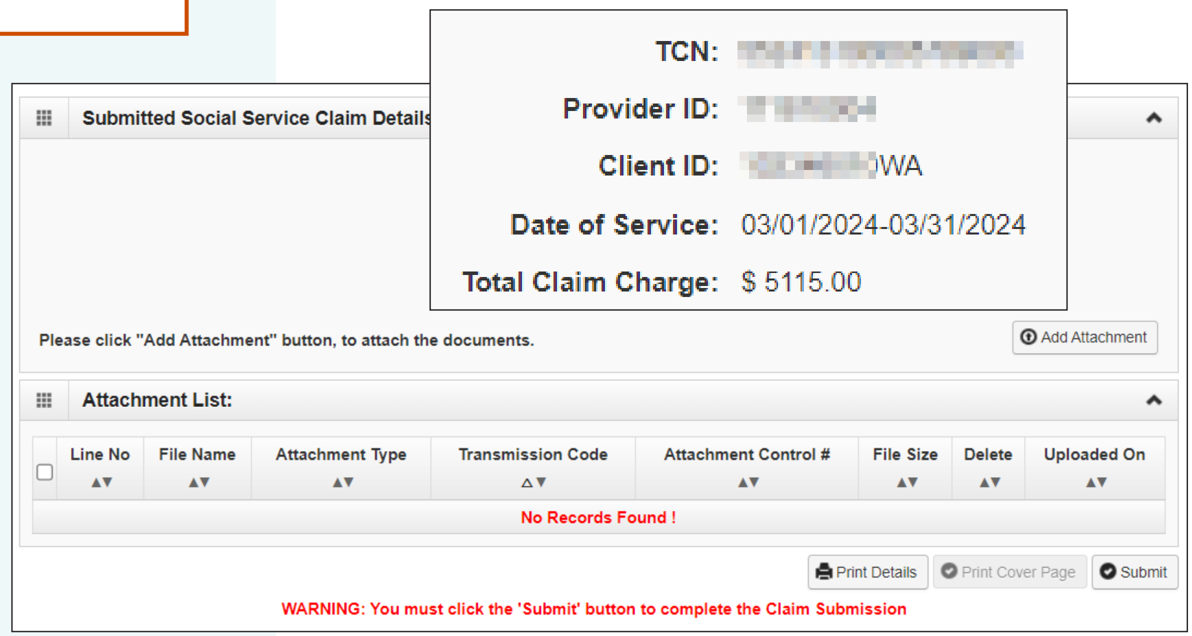
SUBMIT BASIC BILL *continued*

After selecting **Submit Claim**, the **Submitted Social Service Claim Details** screen appears.

*****Your claim has not yet been submitted.*****

Here you will see the **Transaction Control Number (TCN)**, **Provider ID**, **Client ID**, **Date of Service** and **Total Claim Charge**.

If you do not receive a pop-up message displaying the TCN, Provider ID, etc., it is probably because your pop-up blockers are turned on. You will have to [turn off your pop-up blockers] and then try submitting the claim again.



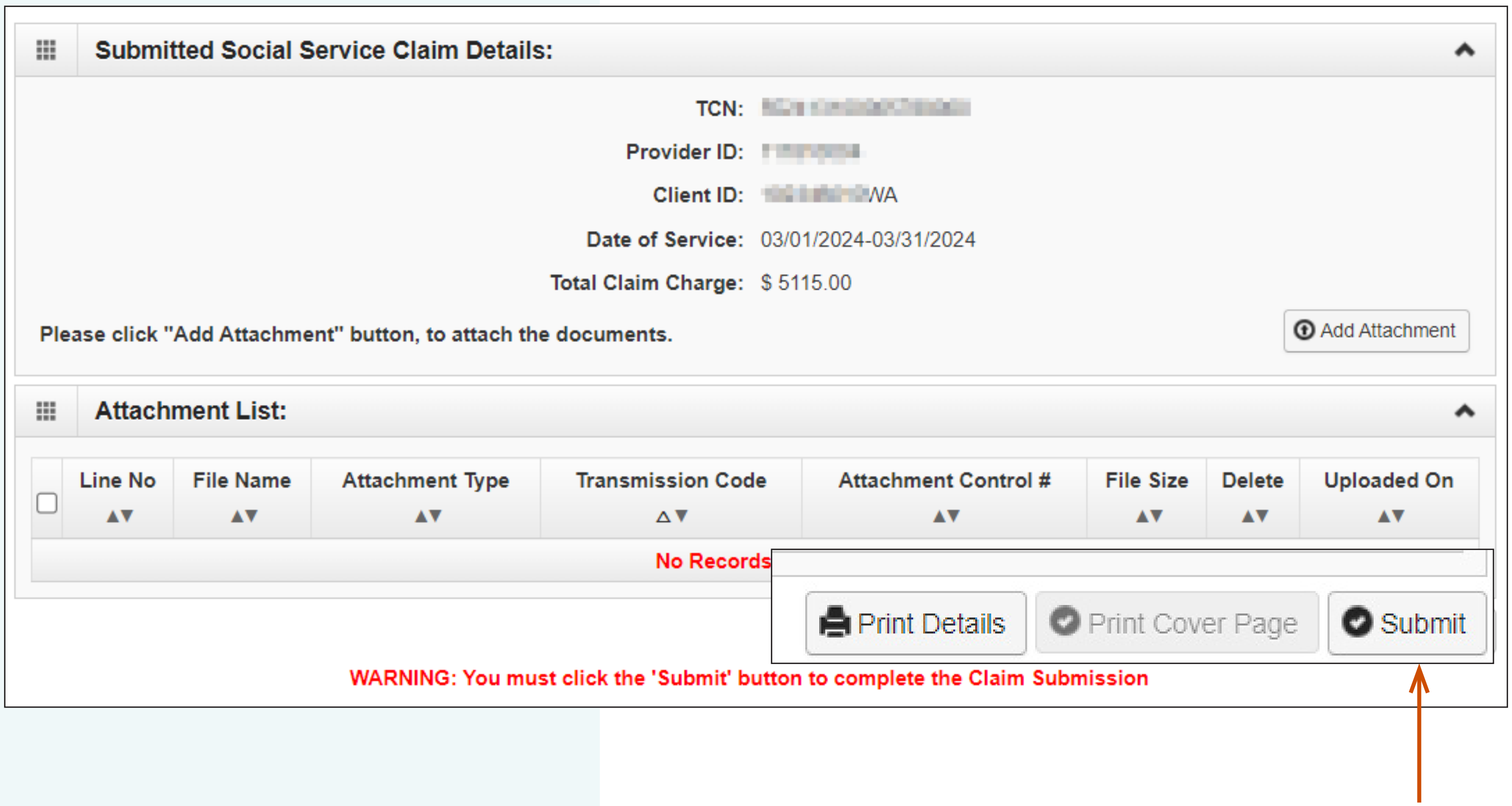
Note:

'No Records Found!' *refers to attachments such as backup documentation. Social Service providers will not add attachments.*

SUBMIT BASIC BILL *continued*

When you see the **Submitted Social Service Claim Details** screen you may want to record the information. You can print a hard copy, print to a file on your computer, or record this information in another manner.

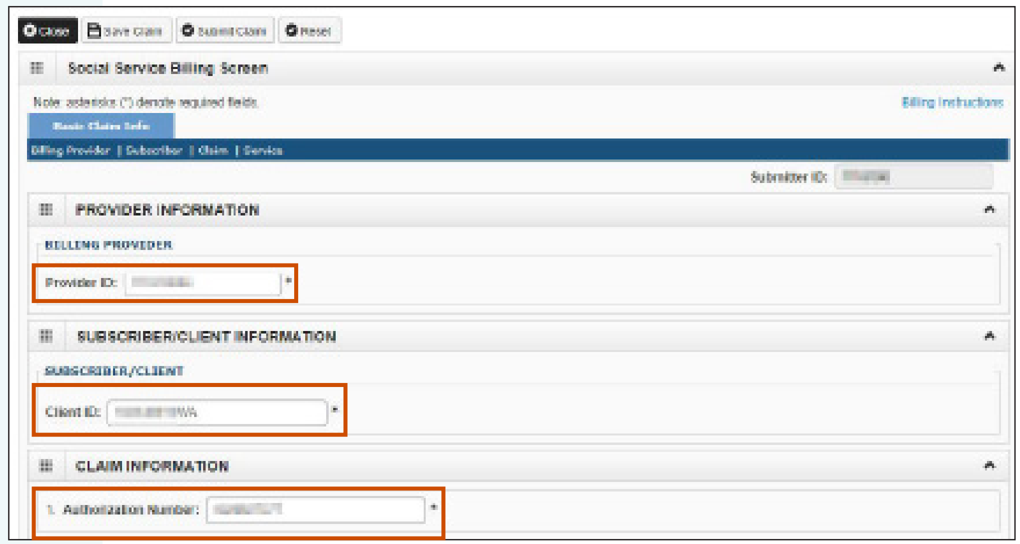
To complete claim submission, click on the **Submit** button (located on the bottom right corner of the page).



SAVE BASIC BILL

If you need to stop your work and return later to complete it, you can save the claim by:

- While in the **Social Service Billing Screen** make sure you have filled out at least these three fields:
  - **Provider ID**
  - **Client ID**
  - **Authorization Number**
- Click on **Save Claim**. (Located near the top left of the screen.)
- Confirm that you would like to save the claim by pressing **OK** on the pop -up message.



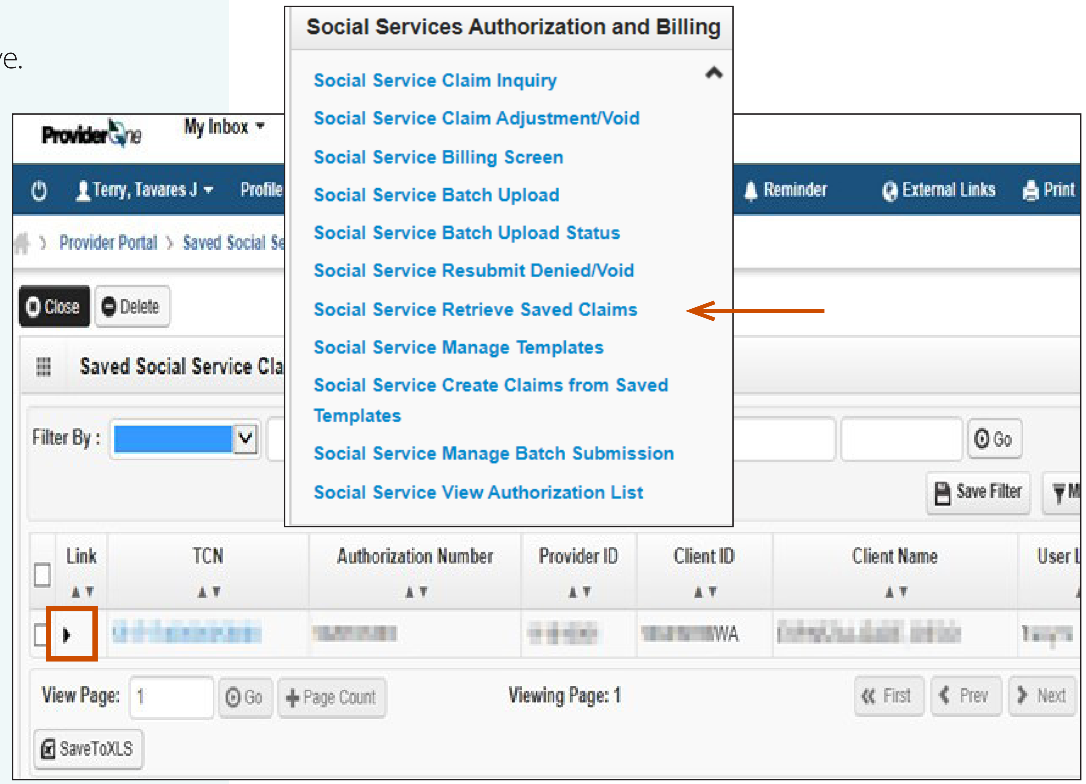
RETRIEVE SAVED CLAIM

In order to retrieve a claim you saved:

- Log in to ProviderOne using the **EXT Provider Social Services** profile
- Click on **Social Service Retrieve Saved Claims**
- Click on the ▸ next to the claim you want to retrieve.

Note:

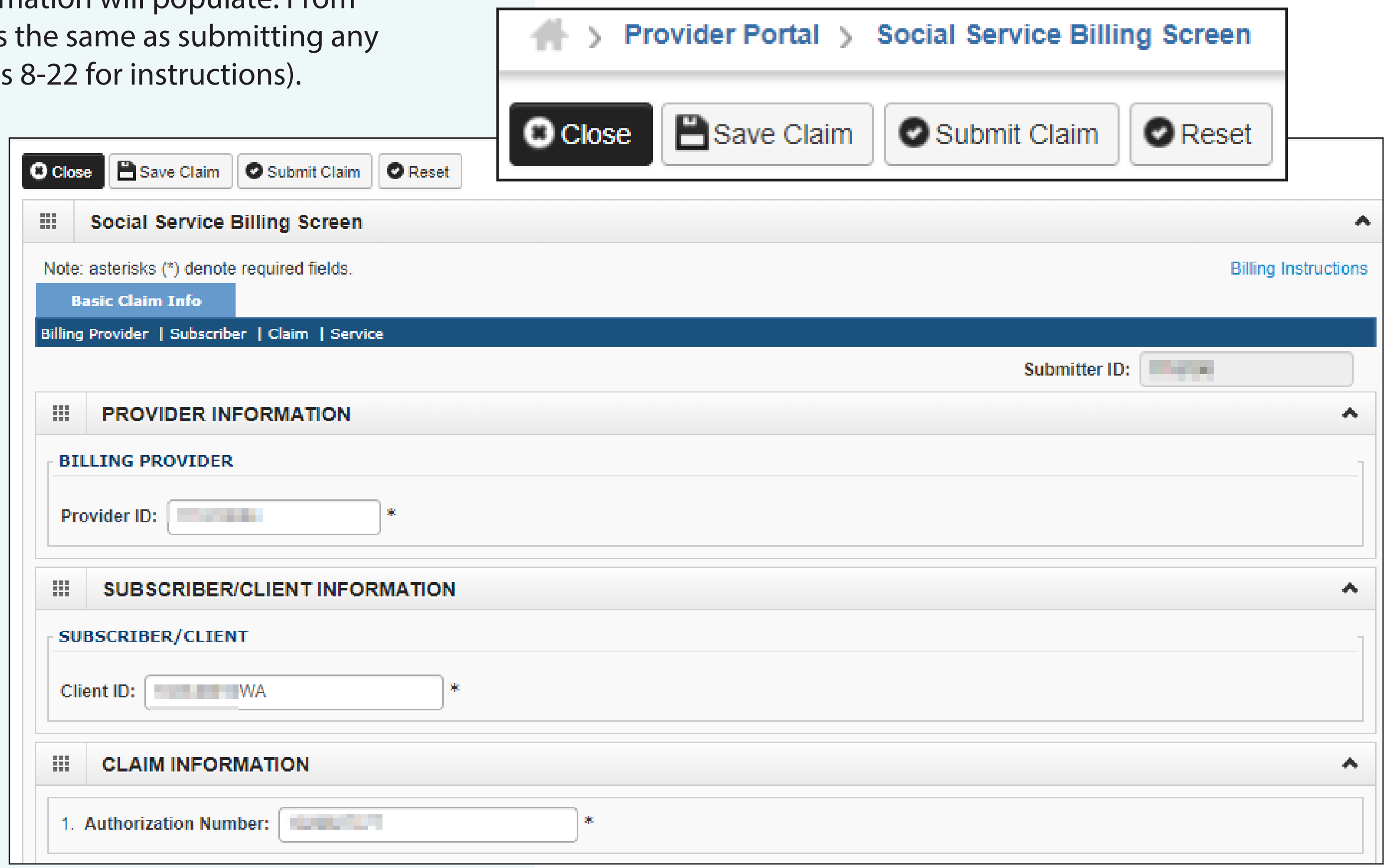
You can see that a TCN has been created for the claim, however, this TCN has not been submitted for ProviderOne to process and will not be until you complete the claim submission.



RETRIEVE SAVED CLAIM *continued*

Once the claim you wish to finish has been selected, the basic billing screen appears.

The previously saved information will populate. From here the process continues the same as submitting any other claim. (Refer to pages 8-22 for instructions).



CREATING SOCIAL SERVICE CLAIM TEMPLATES

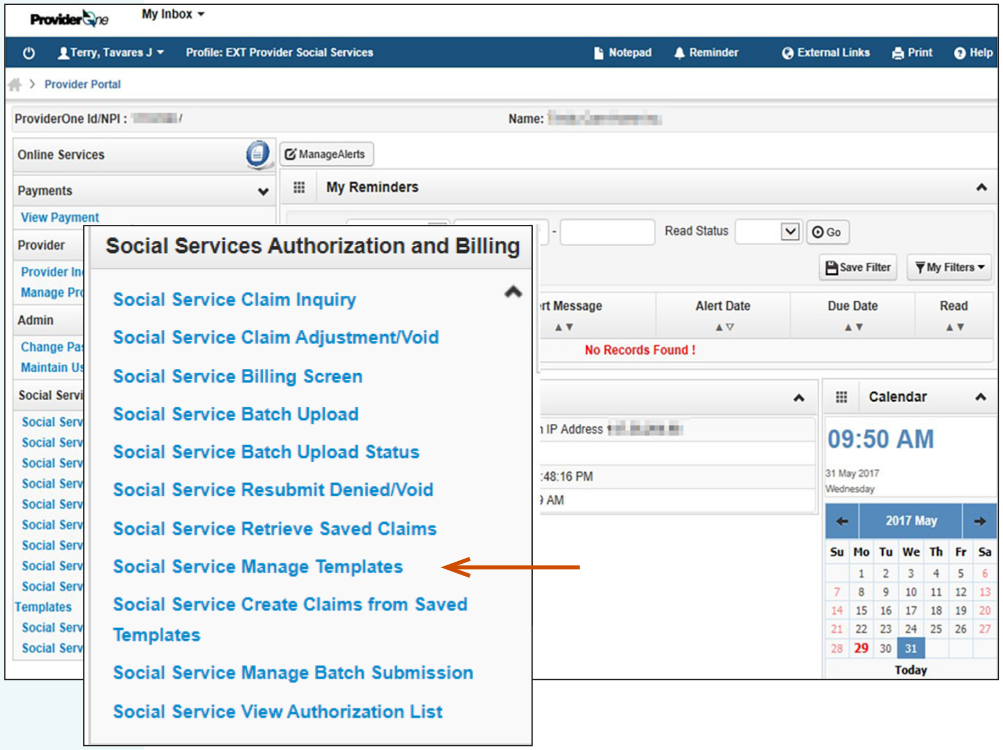
This section explains how to create claim templates. Claim templates allow you to save data such as Provider ID, Client ID, and authorization number which helps eliminate errors by reducing the amount of data entry for each claim.

CREATE A TEMPLATE

Creating claim templates are a good option if you have repetitive billing (i.e., the claim is the same or nearly the same each time you bill).

Using templates with previously saved information will help cut down on errors by reducing the amount of data entry for each claim, and is a great way to save time and make billing easier.

To create a Social Service Claim Template, first log in to ProviderOne using the **EXT Provider Social Services** profile. Then select **Social Service Manage Templates.**



Note:

Creating or 'managing' a template is not the same as submitting a claim.

The Manage Templates screen is for creating, editing, or removing templates. No claims can be submitted from the Manage Templates screen.

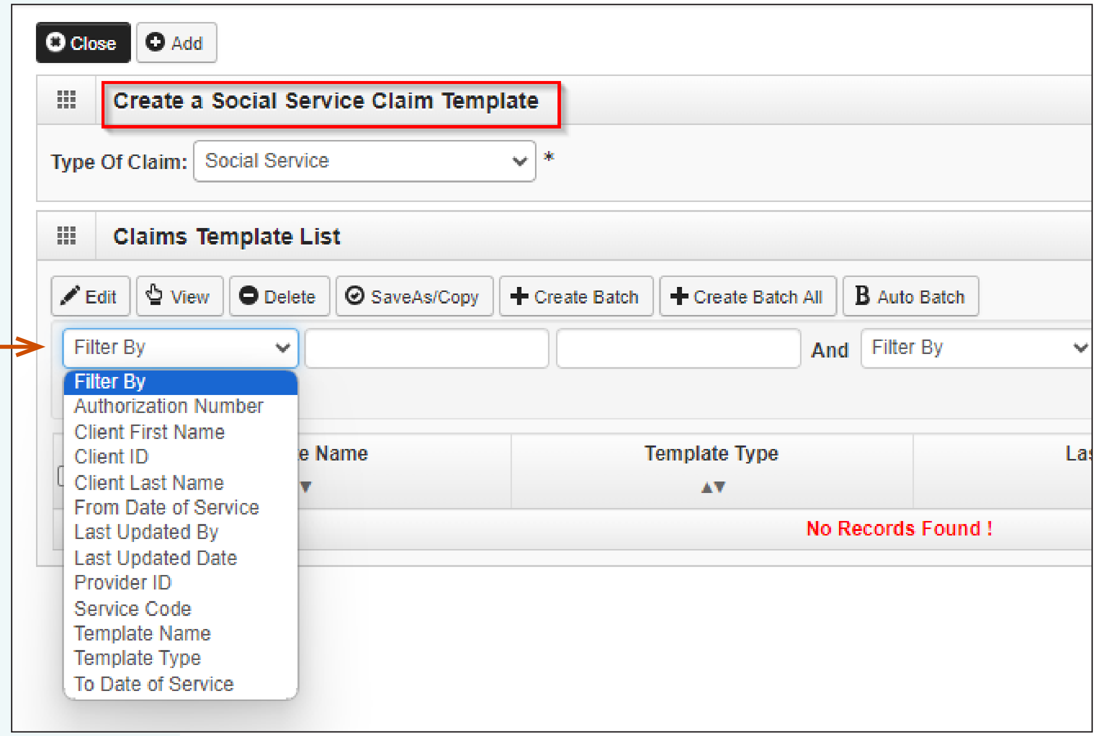
See pages 37-39 for directions on how to submit claims from a template.

CREATE A TEMPLATE *continued*

The **Create a Social Service Claim Template** page appears.

Here you will see any previously saved templates.

When there are a large number of templates, you can use the **Filter By** function to find a template.



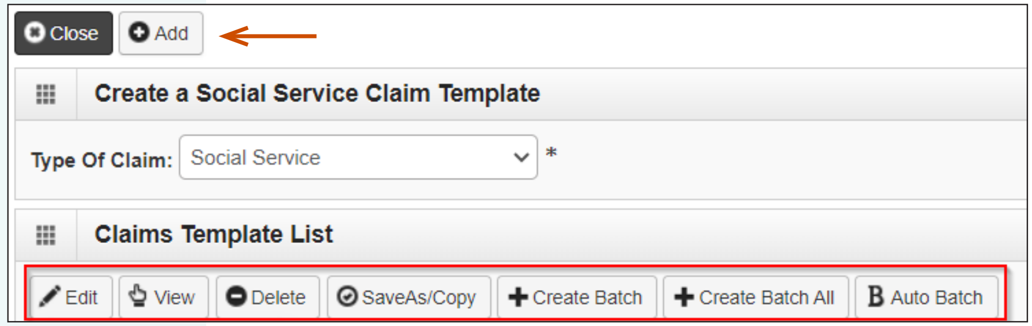
Note:

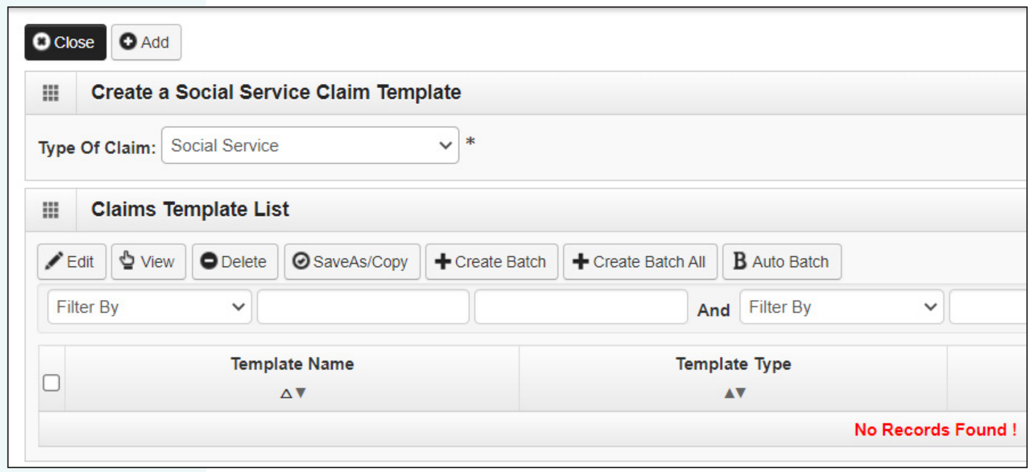
The default Type of Claim is Social Service and should not be changed.

CREATE A TEMPLATE *continued*

The **Create a Social Service Claim Template** page can be used to do several things:

- **Add** a new template
- **Edit** a saved template
- **View** a saved template
- **Delete** a saved template
- Change template name **(Save As)** or **Copy** a template
- **Create** a template batch





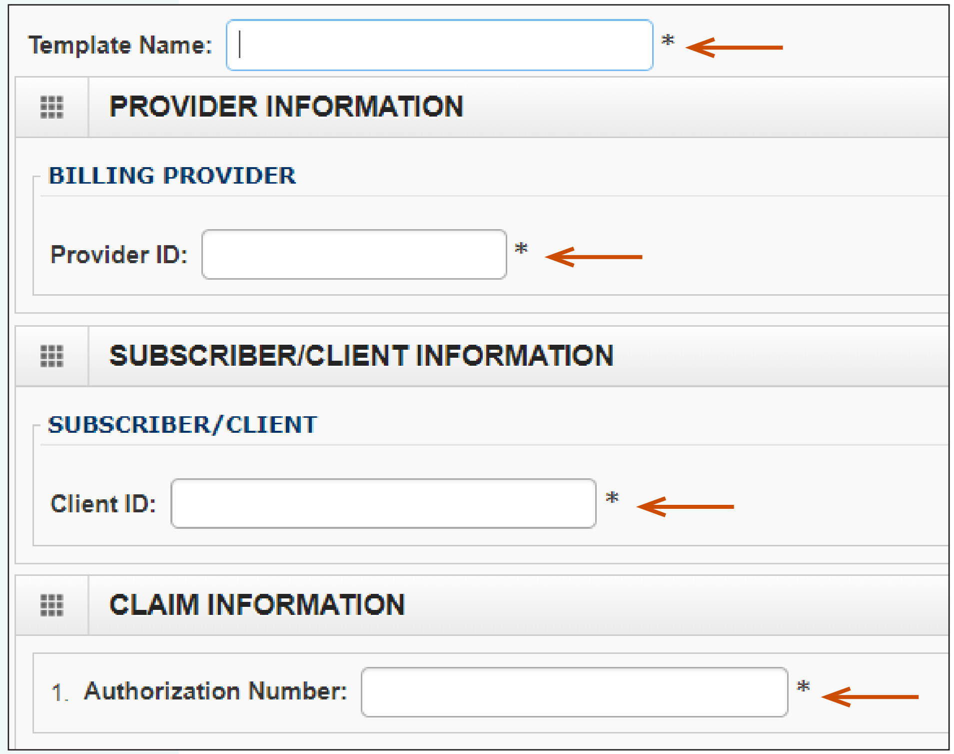
CREATE A TEMPLATE *continued*

To create a new template, click on **Add**.

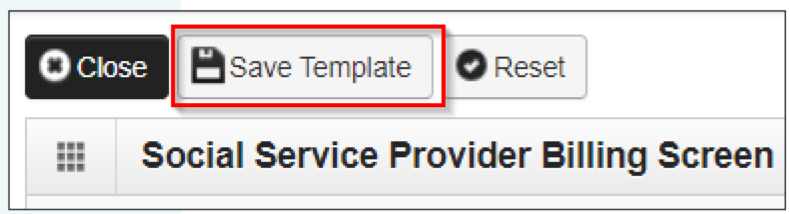
The **Social Service Provider Billing Screen** appears.

In order to save the template you must fill out these fields:

- **Template Name**. This is determined by you and is only used to identify the template.
- **Provider ID** as listed on the authorization.
- **Client ID** as listed on the authorization.
- **Authorization Number** as listed on the authorization.
- **Basic Line Item Information** as listed on the authorization, except for the "Service Date From" and Service Date To" data.



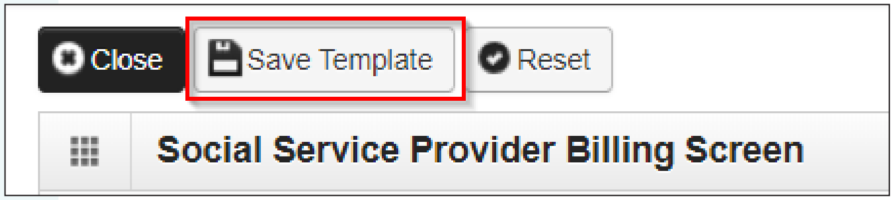
Once the required data elements have been entered, save the template by clicking on Save Template in the upper left corner of the screen.

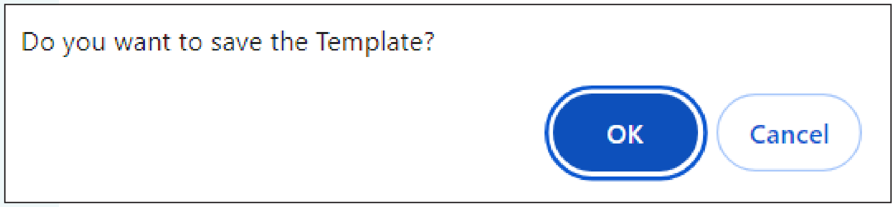


CREATE A TEMPLATE *continued*

After choosing **Save Template**, you will be asked, **Do you want to save the Template?**

Select **OK** to confirm the save of the template. Select **Cancel** if you are not ready to save the template or need to make changes.



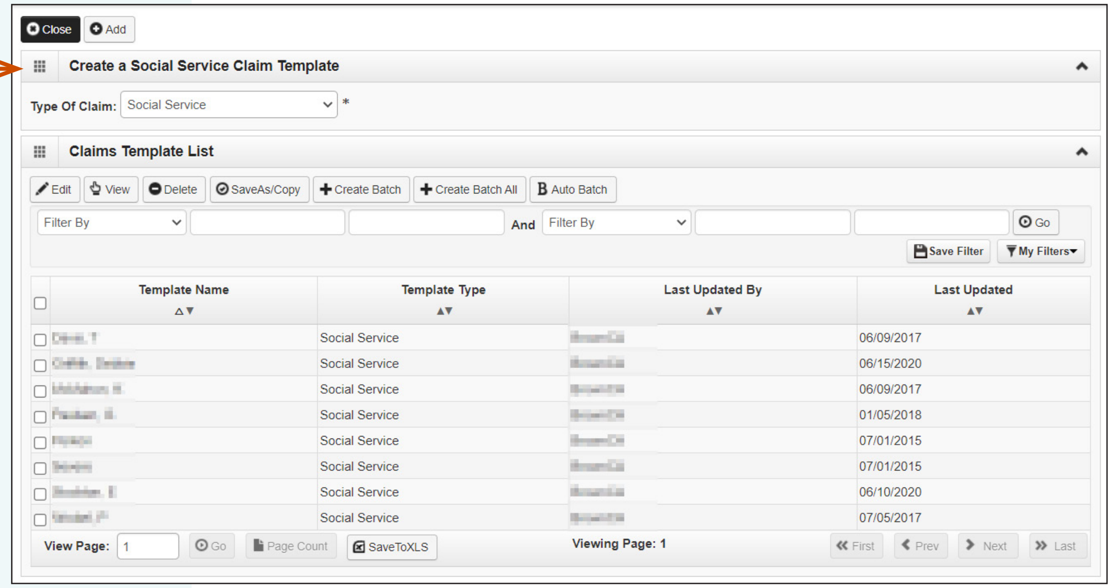


CREATE A TEMPLATE *continued*

You will now be returned to the **Create a Social Service Claim Template** page.

Here, you will see the template you have created. You can see the template name, template type, the user who made the last update and the last updated date.

To view or delete the template, check the box next to the template name and choose the appropriate action button.



COPY A TEMPLATE

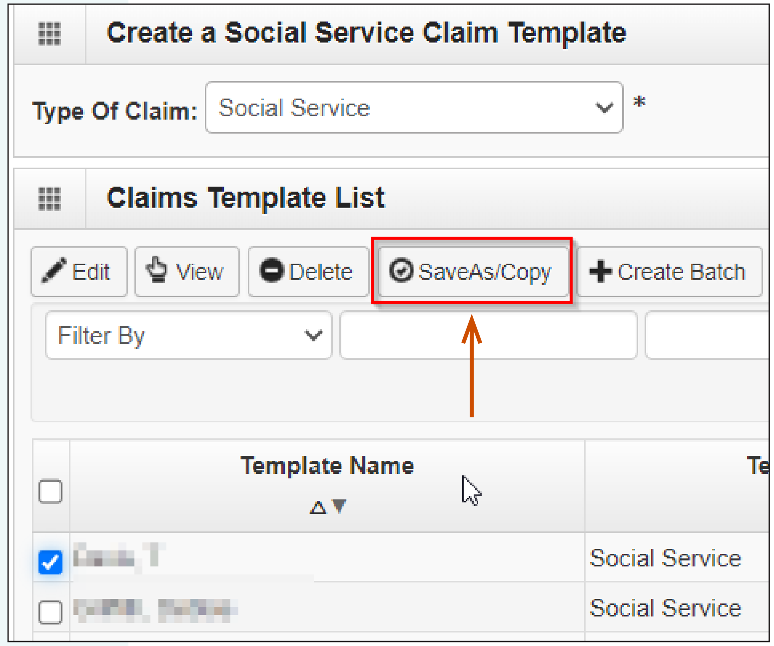
As a way to save time, you can use the template you just created to make similar templates for other clients.

To do this, you can make a copy of an existing template, change the client information, rename the template, and save.

To Copy a Template:

- Check the box next to the desired template name, then
- Select **SaveAs/Copy**.

> **Note:**
> *Creating new templates from a previously saved template can save you time. However, be mindful of the information being entered.*
>
> *Incorrect authorization numbers, Provider IDs. or Client IDs will prevent the template from being saved.*

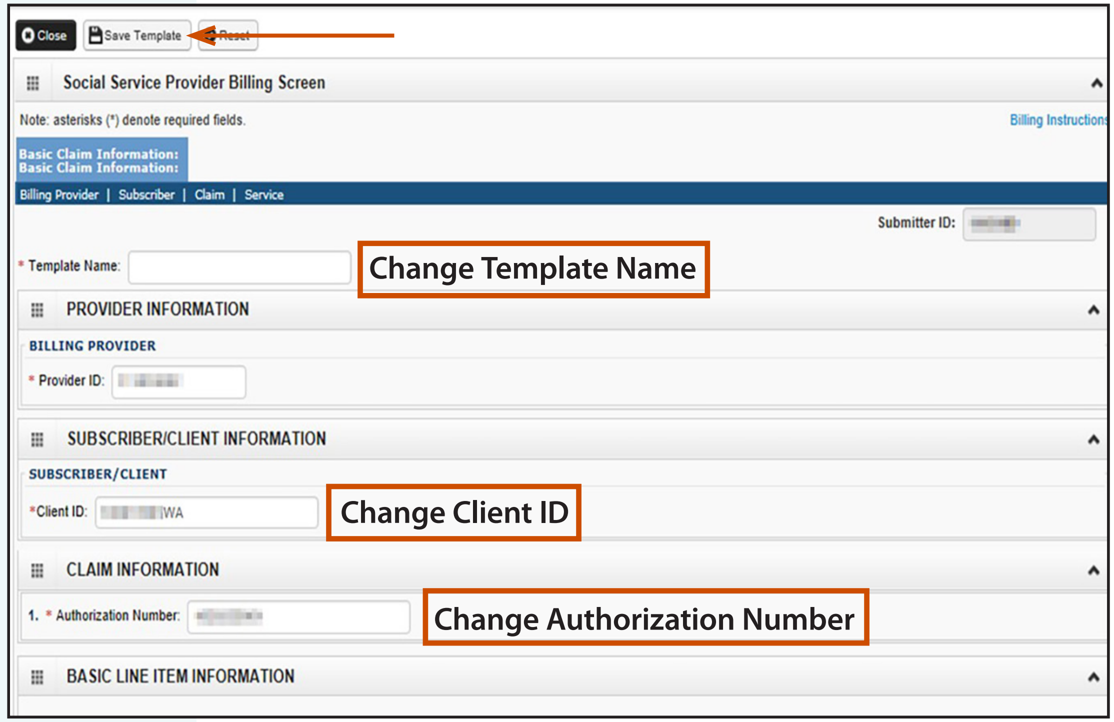


COPY A TEMPLATE *continued*

After choosing **SaveAs/Copy**, the original saved template appears.

To update the template , change any of the details below as needed:

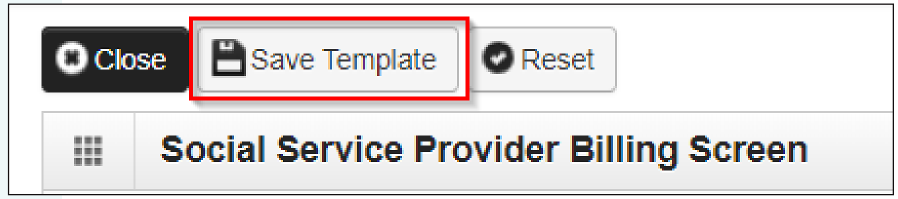
- **Template Name**
- **Provider ID**
- **Client ID**
- **Authorization Number**
- To save the template, click on **Save Template**.

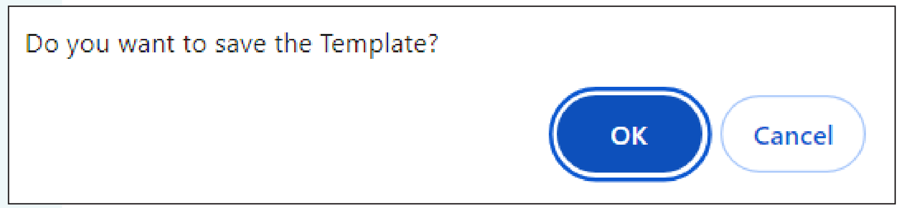


COPY A TEMPLATE *continued*

After choosing **Save Template**, you will be asked, **Do you want to save the Template?**

Select **OK** to confirm the save of the template. Select **Cancel** if you are not ready to save the template or need to make changes.



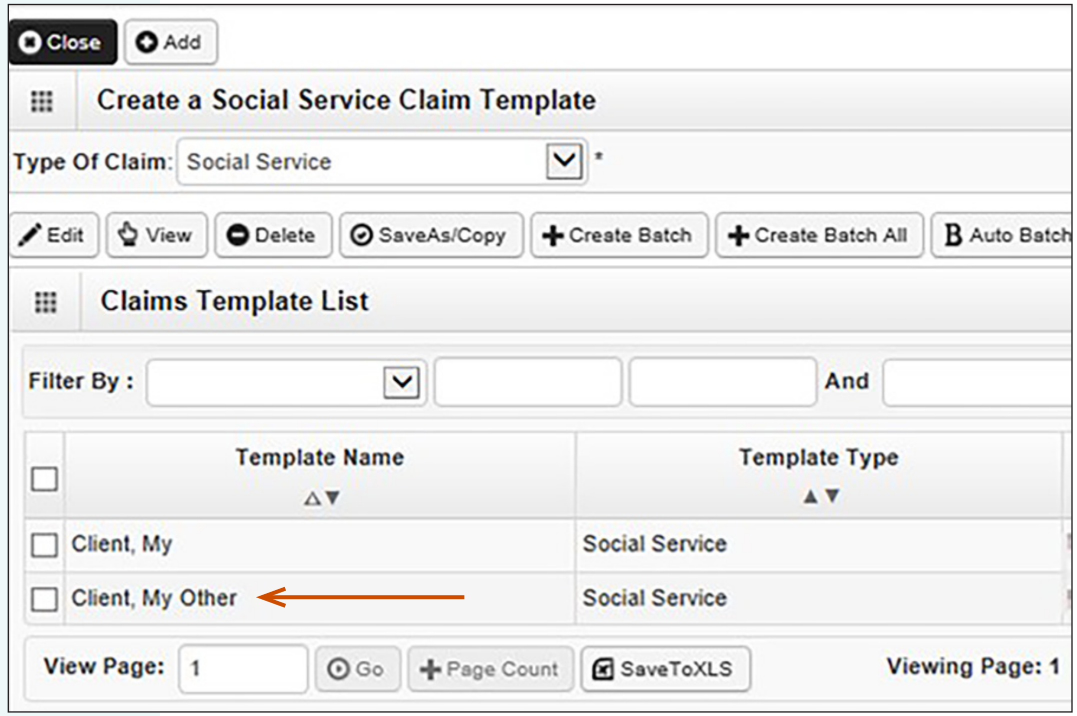


COPY A TEMPLATE *continued*

You will now be returned to the **Create a Social Service Claim Template** page.

The newly saved template will be shown along with the original template.

Repeat the process as many times as needed.

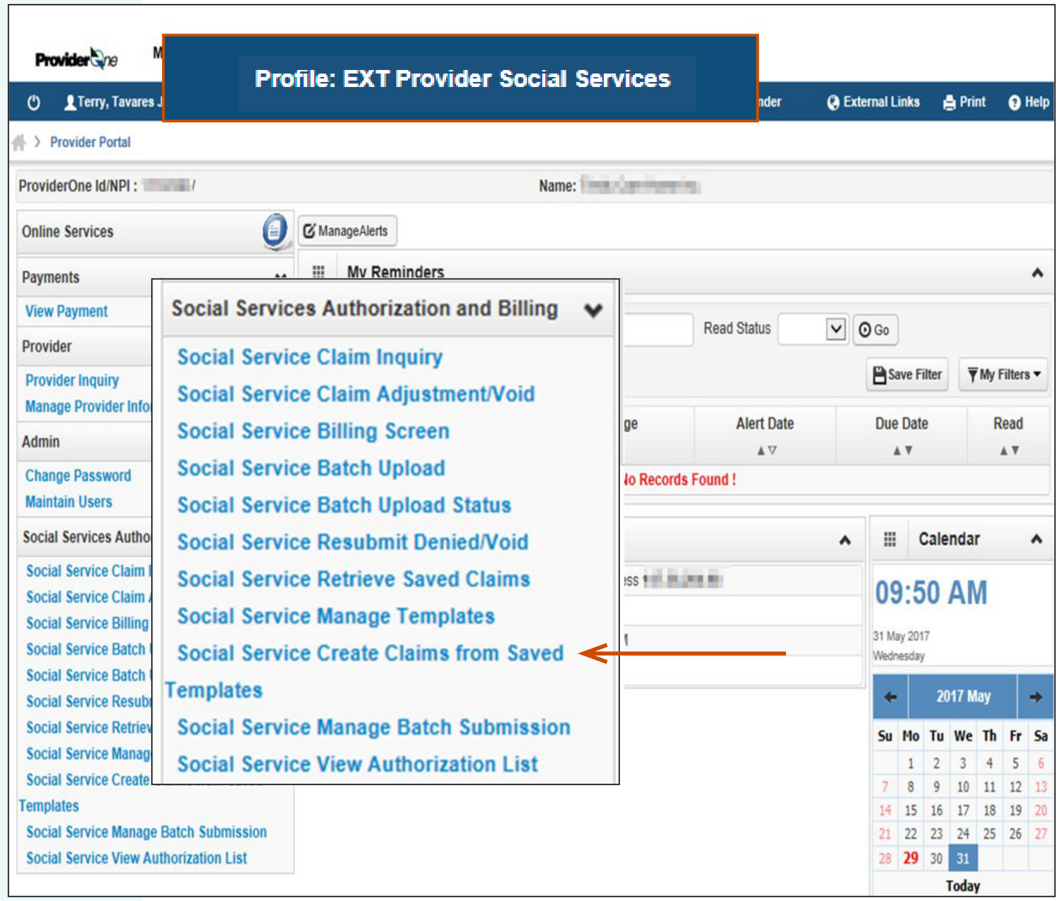


SUBMITTING CLAIMS FROM SAVED TEMPLATES

As previously mentioned, claims cannot be submitted from the **Social Service Manage Templates** screen.

To submit claims using the templates you have saved, first log in to ProviderOne using the **EXT Provider Social Services** profile.

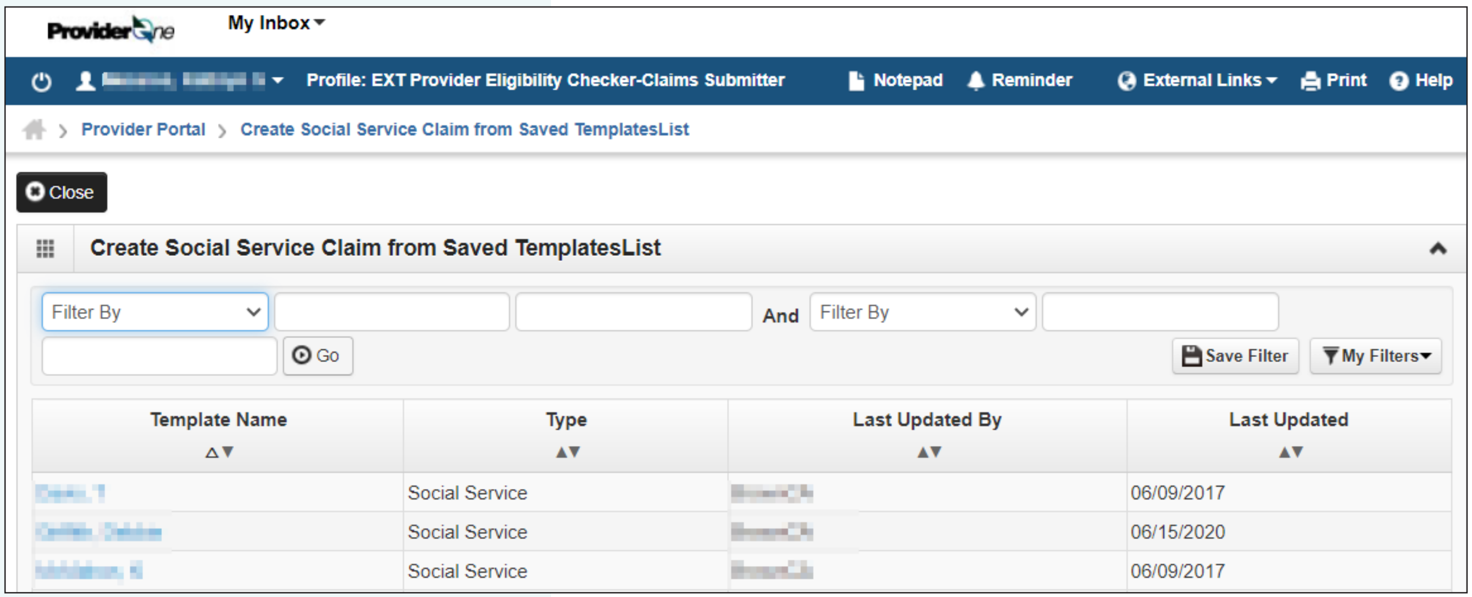
Then select **Social Services Create Claims from Saved Templates**.



SUBMITTING CLAIMS FROM SAVED TEMPLATES *continued*

- The **Create Social Service Claim from Saved Templates List** appears.
- Here you will see all your **claim** templates.

- To select a template, click on the blue hyperlinked name. ------->

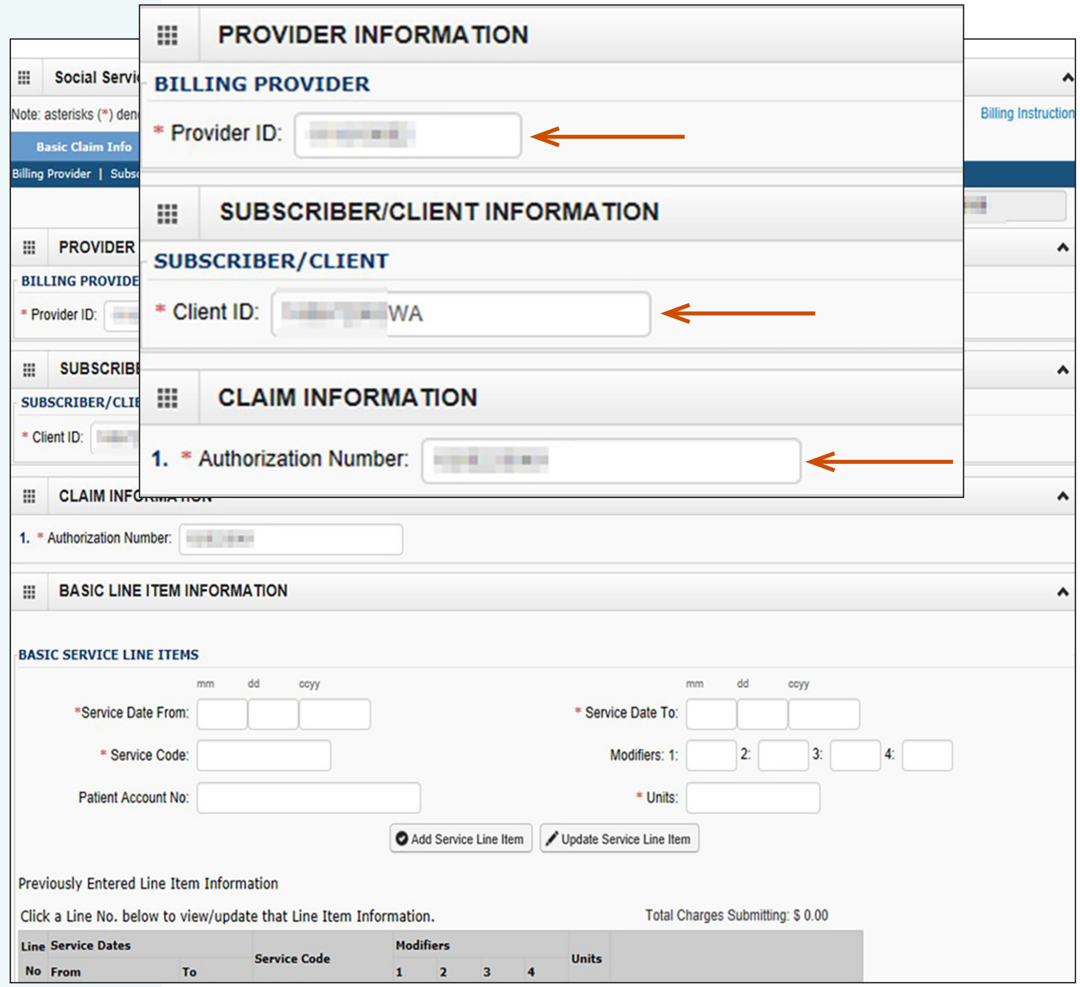


SUBMITTING CLAIMS FROM SAVED TEMPLATES *continued*

After selecting a template, you will see the saved information from the chosen template. This will include:

- **Provider ID**
- **Client ID**
- **Authorization Number**

Next, fill out the rest of the claim information and then submit the claim as instructed on pages 19-22.



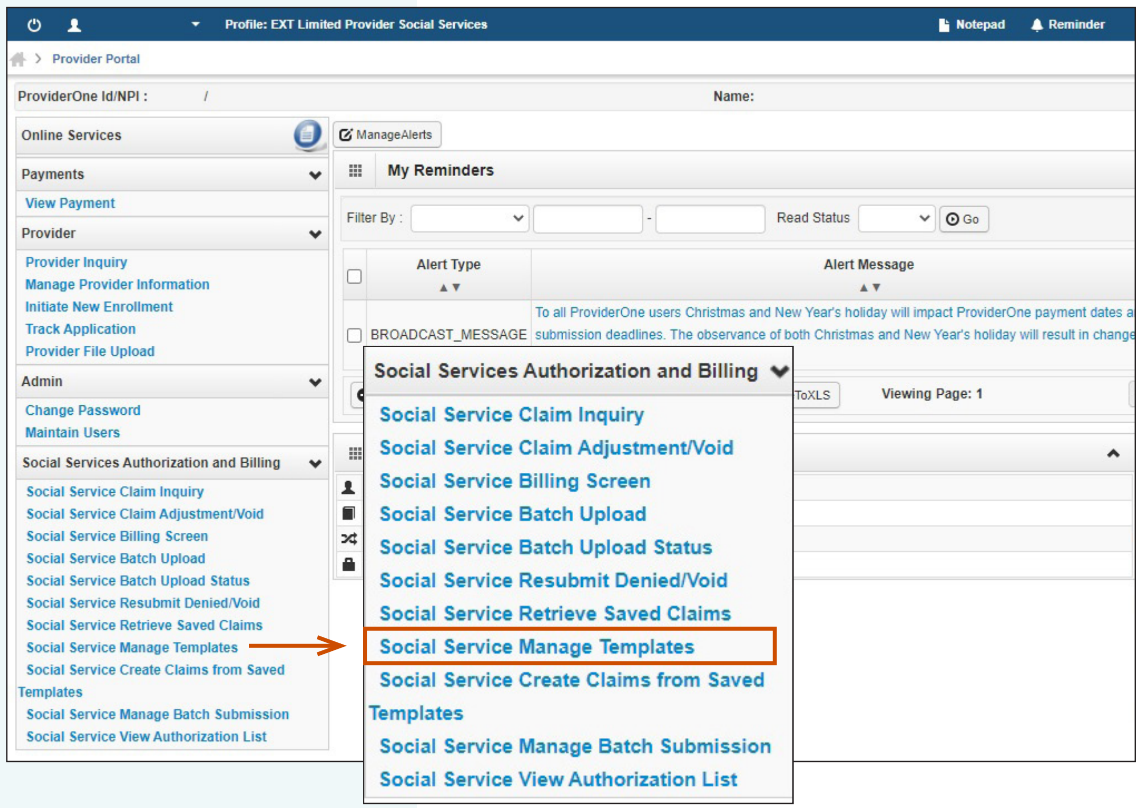
CREATING AND SUBMITTING SOCIAL SERVICE TEMPLATE BATCH CLAIMS

A Batch (template) is a group of claims which share the same date of service. The Batch allows the provider to create a group (batch) of templates, change the date of service on all the templates at one time, and submit the batch all at once.

CREATE A TEMPLATE BATCH

To create a template batch:

From the Provider Portal, click on Social Service Manage Templates:

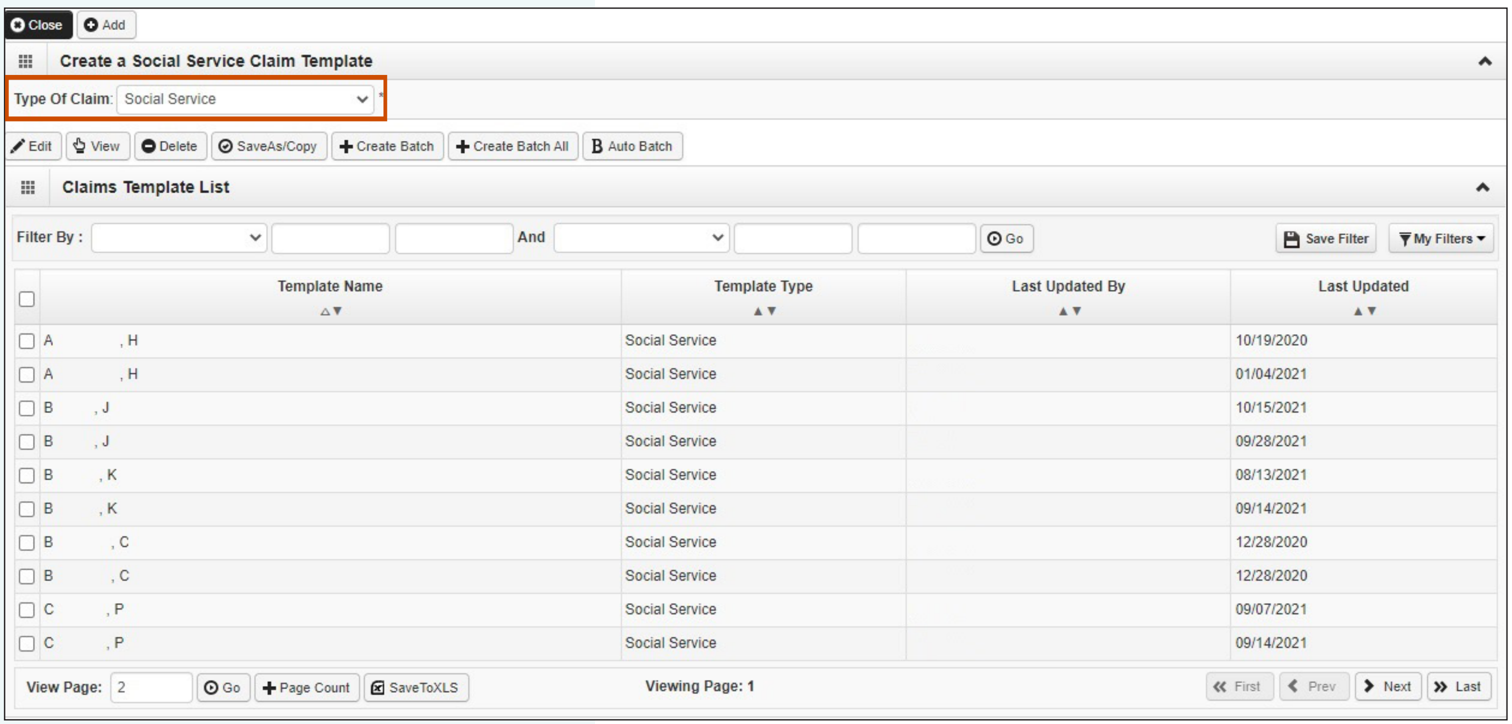


CREATE A TEMPLATE BATCH *continued*

- The **Create a Social Service Claim Template** page appears.
- You will see all the claim templates you have created.
- The **Template Type** should be **Social Service**.
- Before creating a Batch Template, review the individual templates.
    - Individual templates must include Basic Service Line Items.

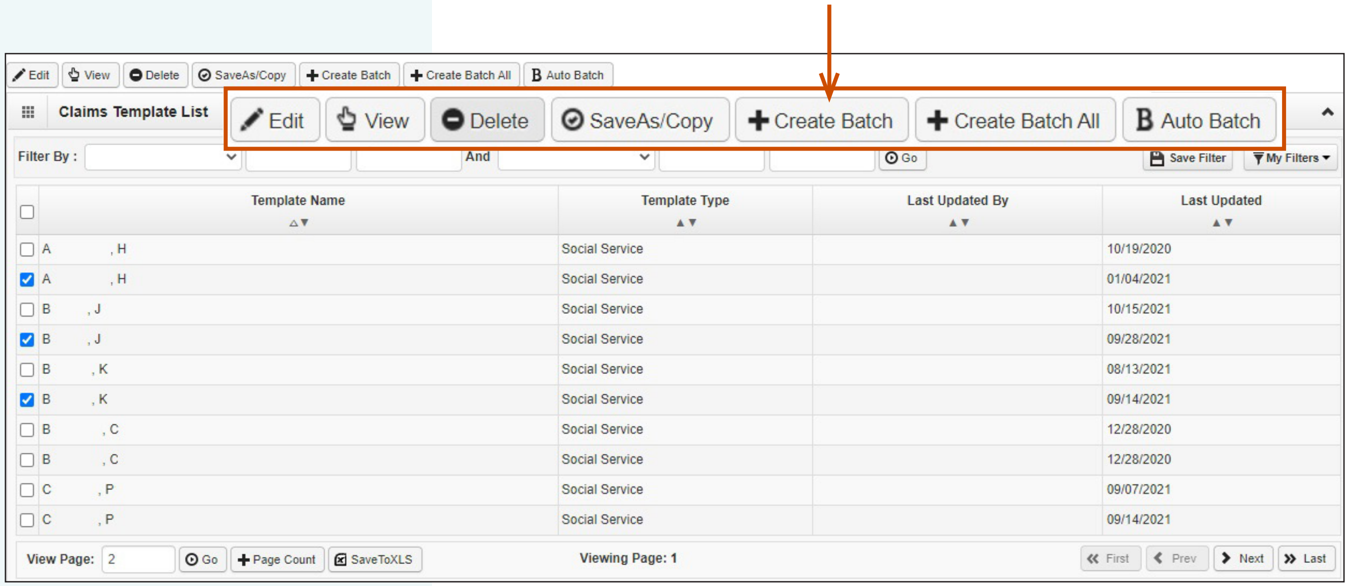
Note:

For information on how to review and edit a Claim Template, go to page 27.

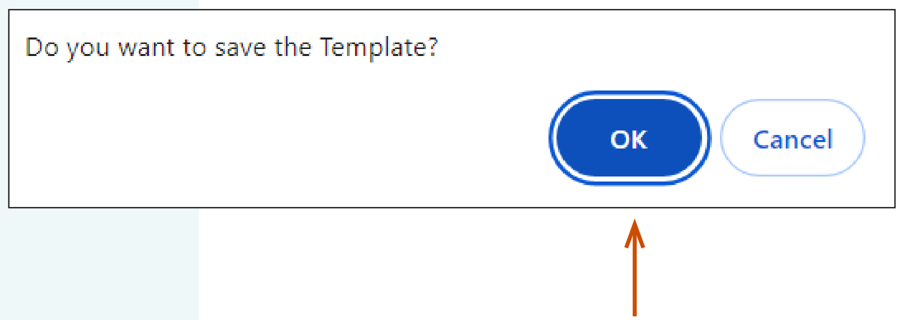


CREATE A TEMPLATE BATCH *continued*

- To submit selected templates in a batch:
  - Click on ▢ box next to the desired Template Names to include in the batch
  - Click Create Batch
- To submit all templates in a batch:
  - Click on **Create Batch All**



- Pop-up appears
- Click OK



CREATE A TEMPLATE BATCH *continued*

Batch Claim Attributes appears:

- **Claim Type** defaults to **Social Service** (do not change this)
- Enter **Service From Date**
- Enter **Service To Date**

Note:

- *The Date of Service will be changed on all the service lines on each template. All claims within the template must be for services provided on the date entered.*
- *The Date of Service can only be a single day.*
- *A date range can be used only if:*
  - *All unit types are **daily** or **monthly***
  - *Days are consecutive (worked in a row)*
  - *All days are within the same calendar month or include entire months*
  - *# of units on templates equals the days or months within the range*
  - *All the templates have the same date range*

CREATE A TEMPLATE BATCH *continued*

- **Click on Build Batch**
- Assigned **Batch Number** appears along with the number of total claims included in the batch
- Click **Cancel**

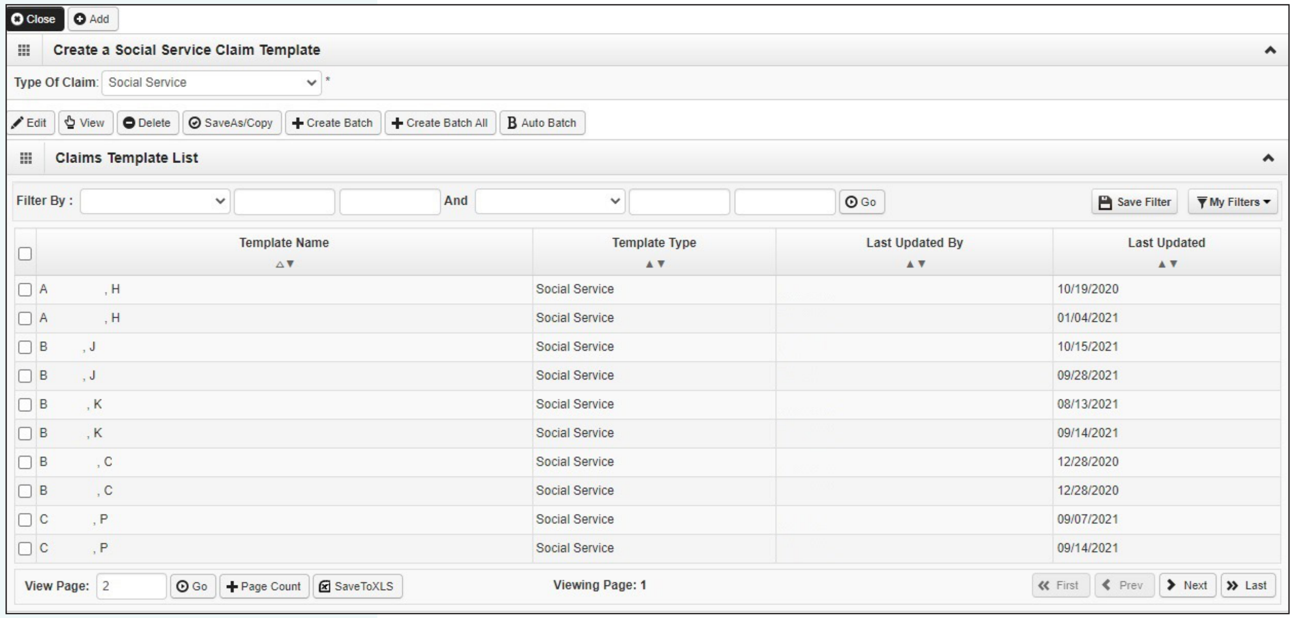
Note:
Your claim has now been built, ***but not yet submitted****.*

CREATE A TEMPLATE BATCH *continued*

The **Create Claim Template** page appears.

You can repeat the process and create additional batches, or

Click **Close** to return to the Provider Portal.



Note:

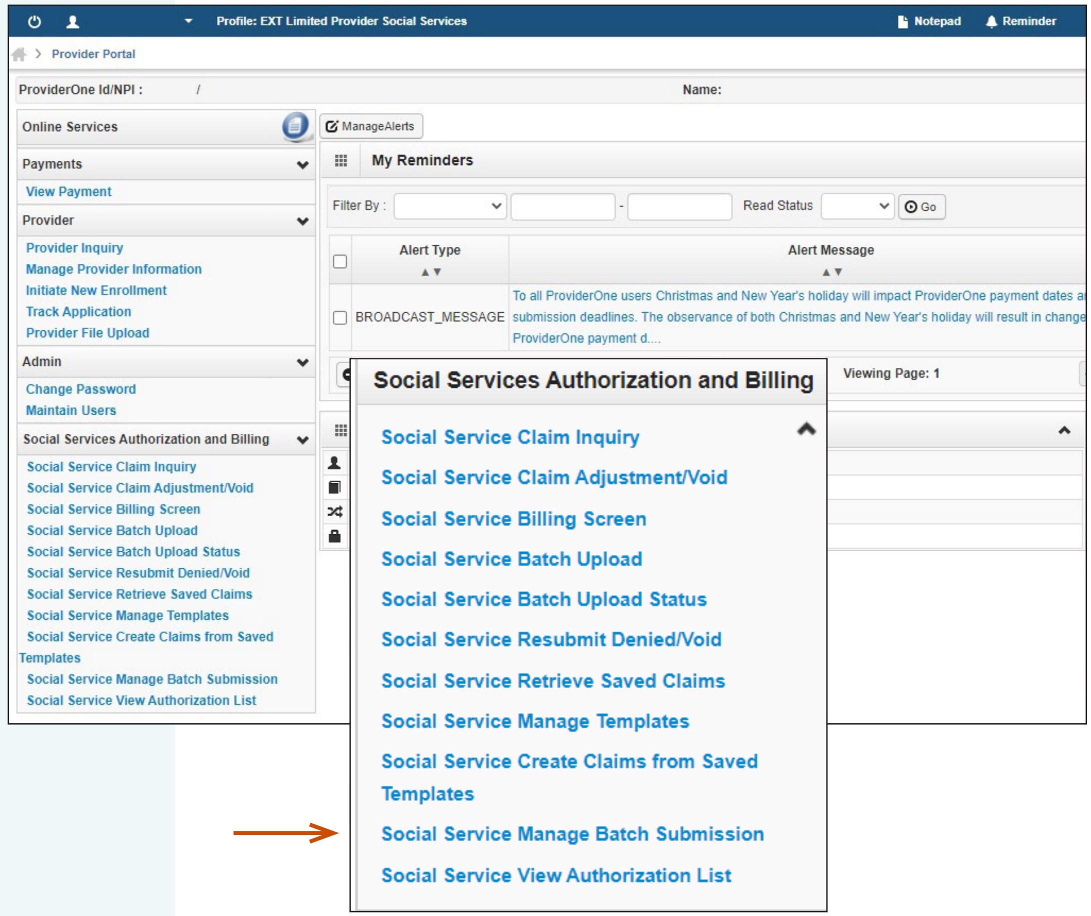
After a batch is created, ProviderOne checks the batch to ensure the templates have complete claim information:

- ***Pass Validation** means all the templates have complete, valid information and the batch can be submitted.*
- ***Failed Validation** means one or more items within the batch is not valid and the batch cannot be submitted. See Revalidate a Template Batch section which starts on page 56.*

SUBMIT A TEMPLATE BATCH

After you have created your template batch and the batch has passed validation, you are now ready to submit the template batch for processing.

- From the Provider Portal, click on **Social Service Manage Batch Submission**

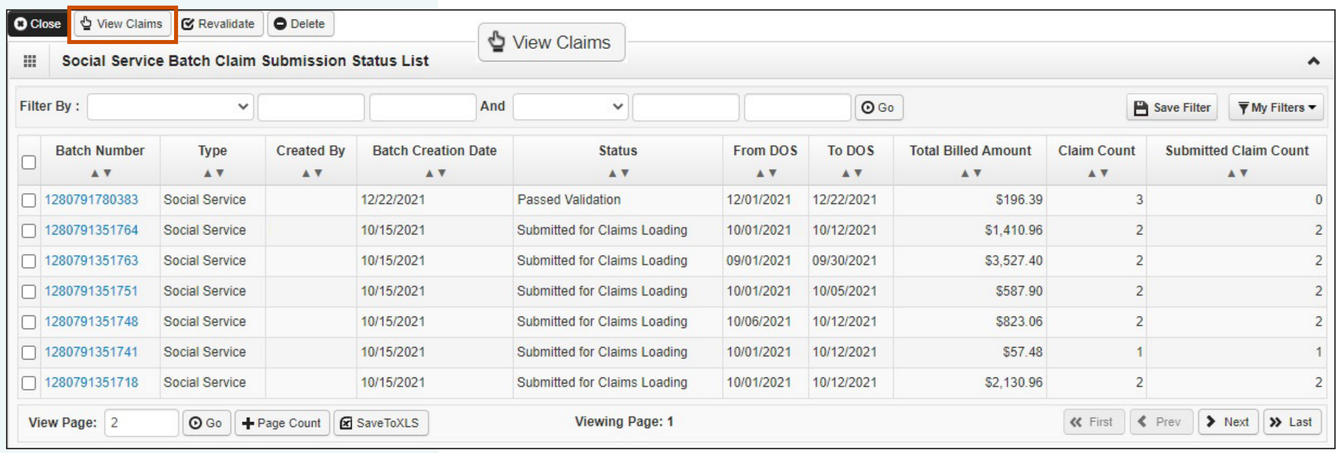


SUBMIT A TEMPLATE BATCH *continued*

- Click on ☐ box next to the desired batch. (A batch must have Passed Validation before it can be submitted.)

	Batch Number	Type	Created By	Batch Creation Date	Status	From DOS	To DOS	Total Billed Amount	Claim Count	Submitted Claim Count
☐	1280791780383	Social Service		12/22/2021	Passed Validation	12/01/2021	12/22/2021	$196.39	3	0

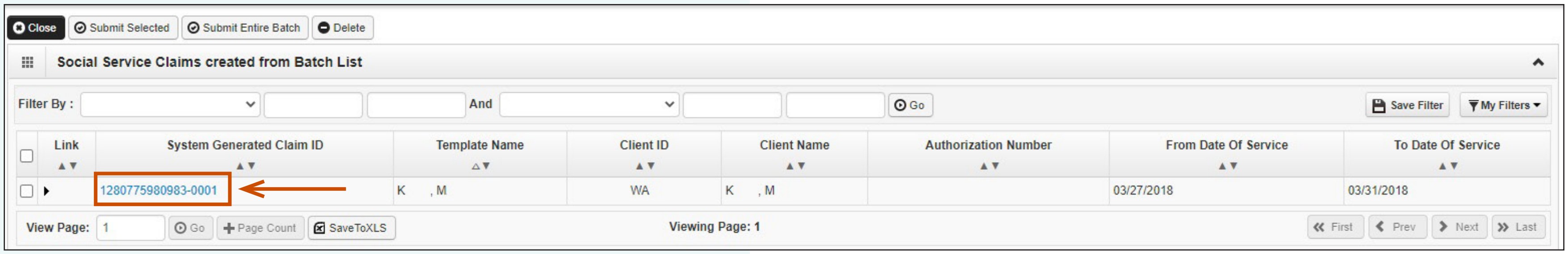
- Click on View Claims.



	Batch Number	Type	Created By	Batch Creation Date	Status	From DOS	To DOS	Total Billed Amount	Claim Count	Submitted Claim Count
☐	1280791780383	Social Service		12/22/2021	Passed Validation	12/01/2021	12/22/2021	$196.39	3	0
☐	1280791351764	Social Service		10/15/2021	Submitted for Claims Loading	10/01/2021	10/12/2021	$1,410.96	2	2
☐	1280791351763	Social Service		10/15/2021	Submitted for Claims Loading	09/01/2021	09/30/2021	$3,527.40	2	2
☐	1280791351751	Social Service		10/15/2021	Submitted for Claims Loading	10/01/2021	10/05/2021	$587.90	2	2
☐	1280791351748	Social Service		10/15/2021	Submitted for Claims Loading	10/06/2021	10/12/2021	$823.06	2	2
☐	1280791351741	Social Service		10/15/2021	Submitted for Claims Loading	10/01/2021	10/12/2021	$57.48	1	1
☐	1280791351718	Social Service		10/15/2021	Submitted for Claims Loading	10/01/2021	10/12/2021	$2,130.96	2	2

SUBMIT A TEMPLATE BATCH *continued*

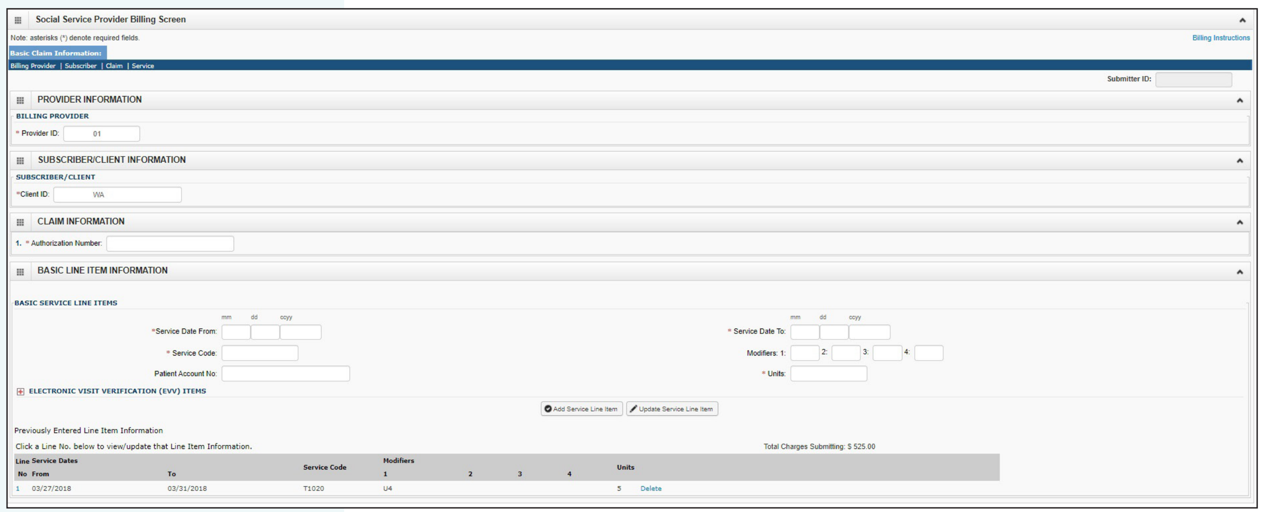
- Claims Created from Batch List appears
- Each template is assigned a System Generated Claim ID**:**



Note:

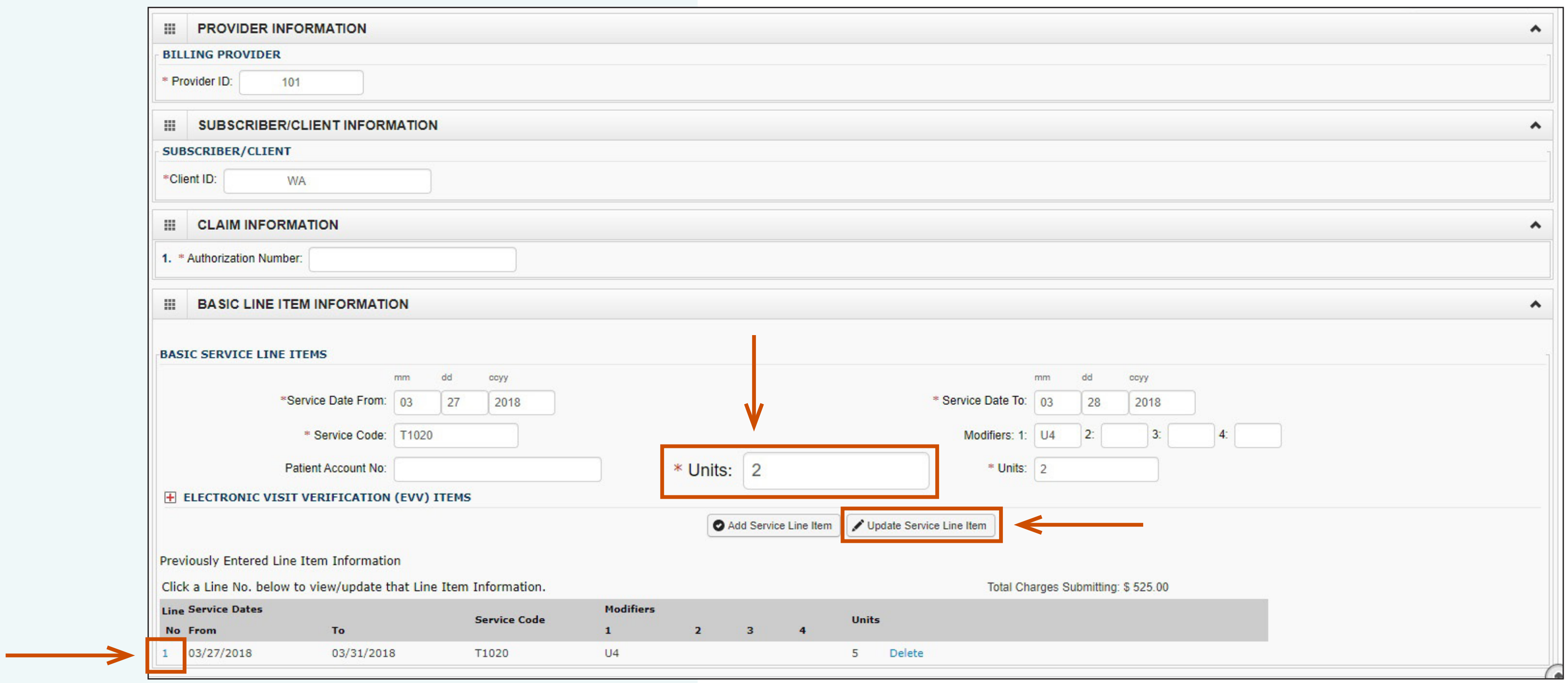
The System Generated Claim ID is the batch number and saved claim number.

- You can modify a claim prior to submission of the Batch.
  - Click on the System Generated Claim ID
  - The template appears
  - Modify the template as needed
  - Save template



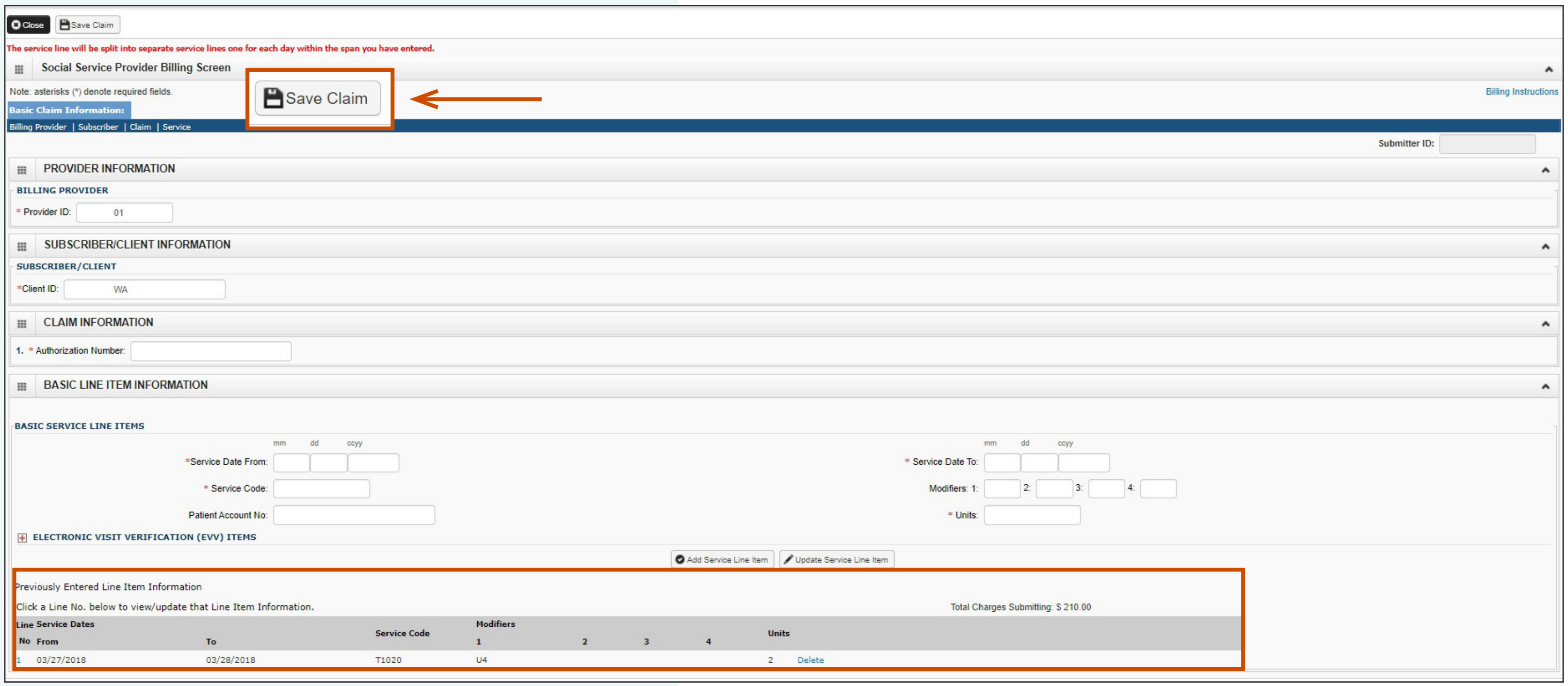
SUBMIT A TEMPLATE BATCH *continued*

- To modify the claim
  - **Click on** Line Number
  - Basic Line Information populates
  - **Enter** modification
  - **Click on** Update Service Line Item



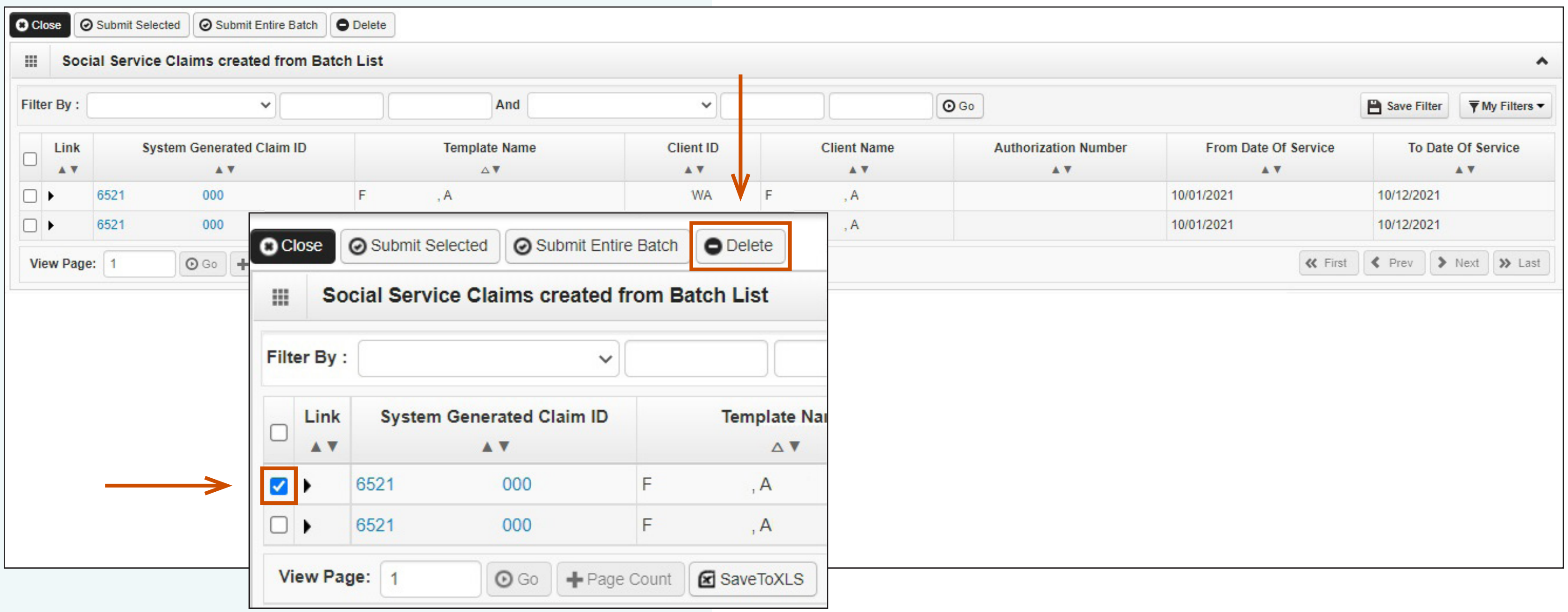
SUBMIT A TEMPLATE BATCH *continued*

- Modified service line appears
- **Click on** Save Claim



SUBMIT A TEMPLATE BATCH *continued*

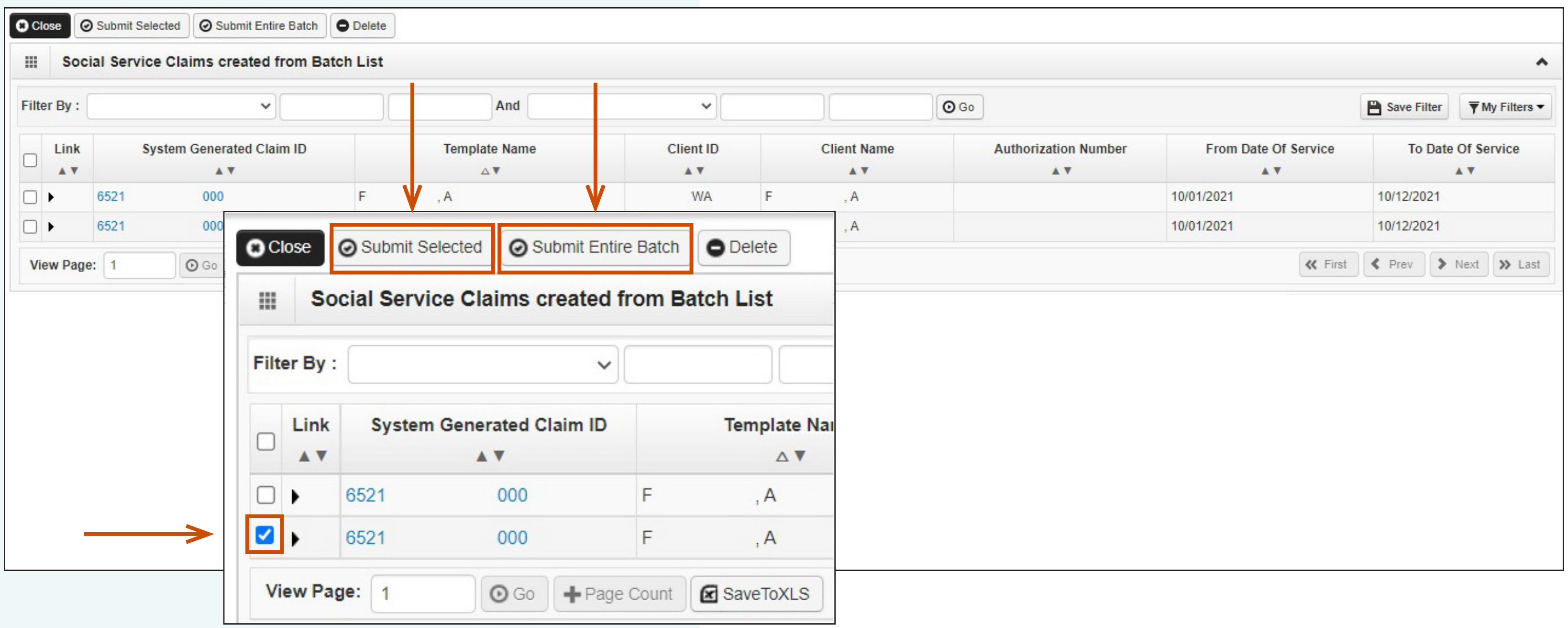
- Claims Created from Batch List appears
- You can delete a claim prior to submission of the batch. **Click on** ☐ box next to the desired batch
- **Click on** Delete



SUBMIT A TEMPLATE BATCH *continued*

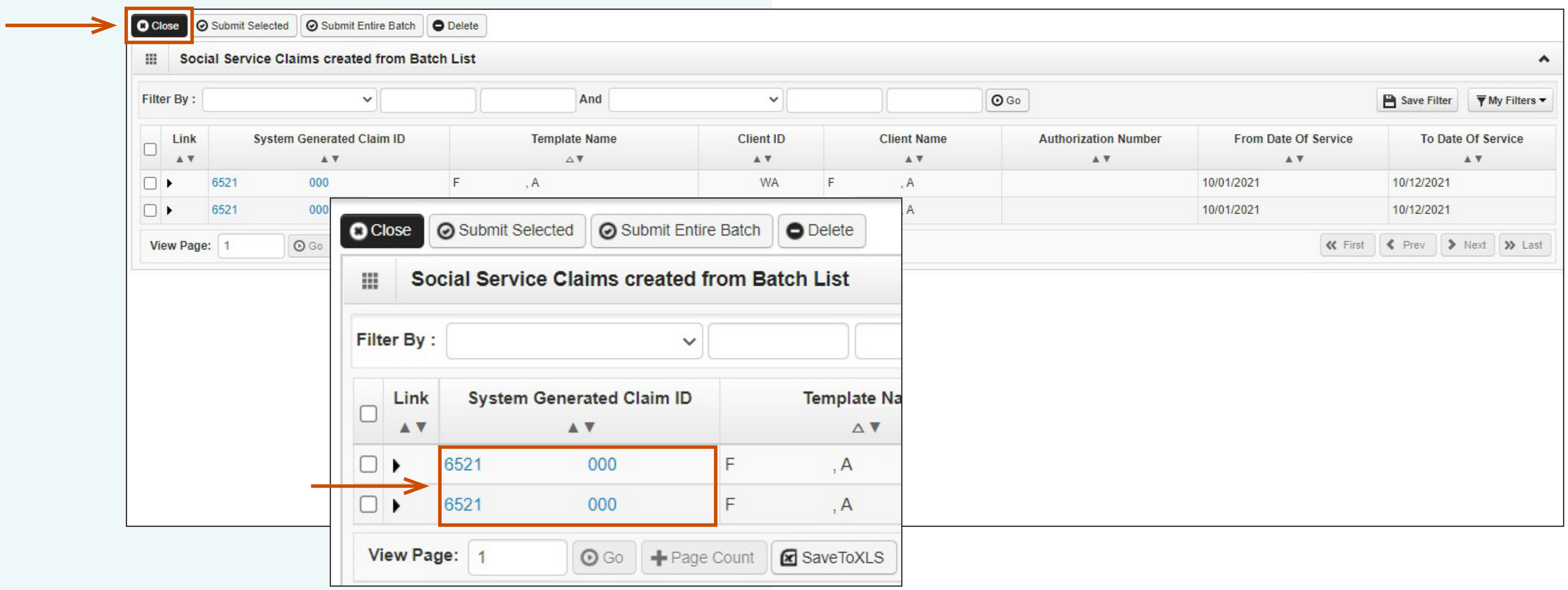
You can submit all or some of the listed claims.

- You select some of the claims, **click on** ☐ box next to the desired claims
- **Click on** Submit Selected
- To submit all of the listed claims, **click on** Submit Entire Batch



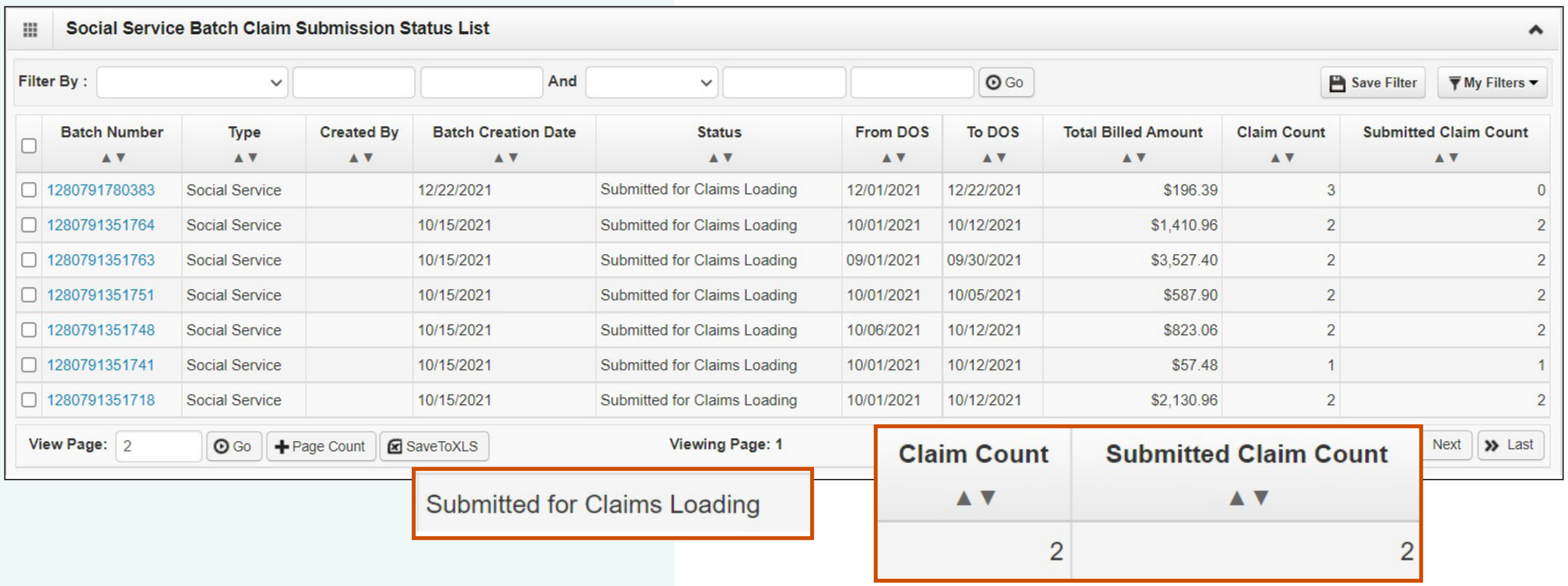
SUBMIT A TEMPLATE BATCH *continued*

- After submitting the batch, the System Generated Claim ID is replaced with the Transaction Control Number (TCN)
- **Click on** Close



SUBMIT A TEMPLATE BATCH *continued*

- Batch Claim Submission Status List appears
- Showing updated status
- Showing Submitted Claim Count
- **Click on** Close



Social Service Batch Claim Submission Status List

Filter By : And Go Save Filter My Filters

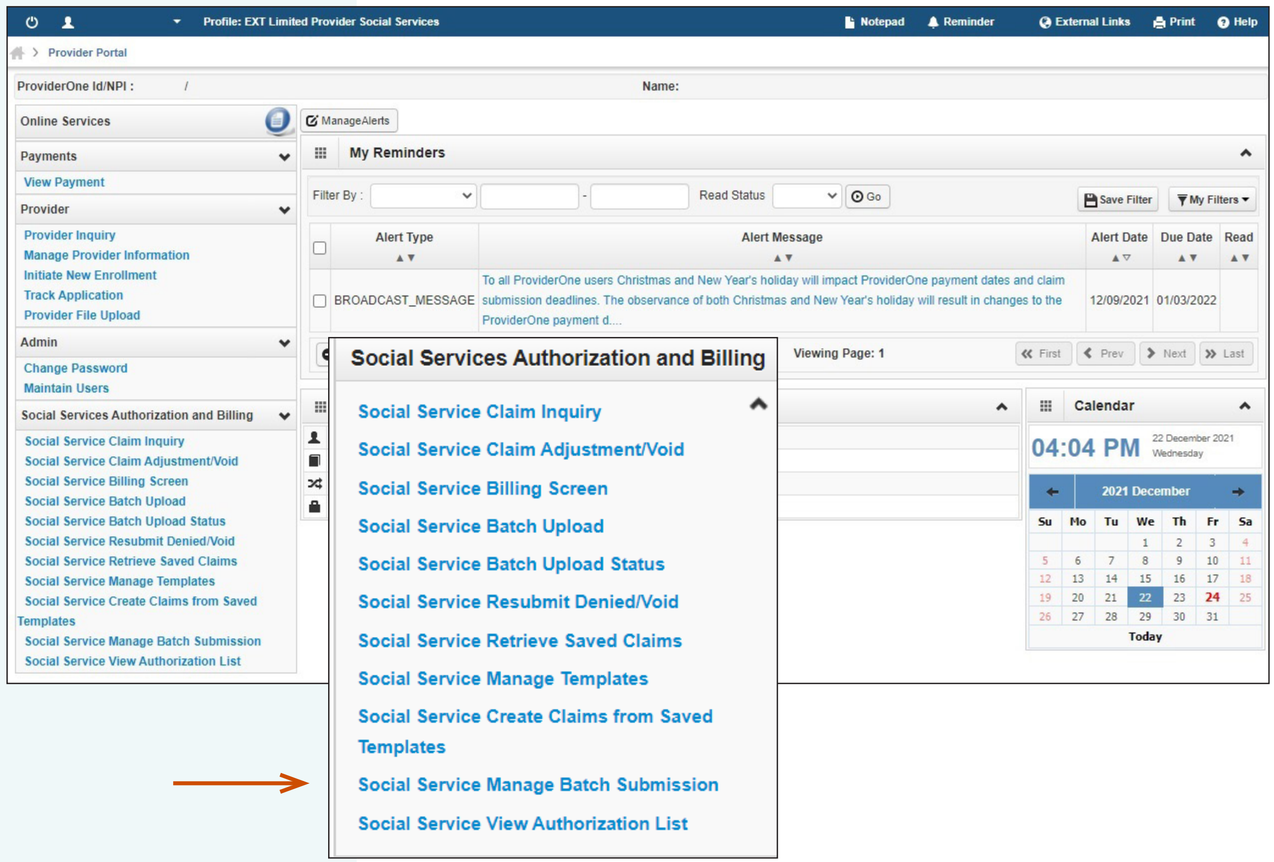
	Batch Number	Type	Created By	Batch Creation Date	Status	From DOS	To DOS	Total Billed Amount	Claim Count	Submitted Claim Count
	1280791780383	Social Service		12/22/2021	Submitted for Claims Loading	12/01/2021	12/22/2021	$196.39	3	0
	1280791351764	Social Service		10/15/2021	Submitted for Claims Loading	10/01/2021	10/12/2021	$1,410.96	2	2
	1280791351763	Social Service		10/15/2021	Submitted for Claims Loading	09/01/2021	09/30/2021	$3,527.40	2	2
	1280791351751	Social Service		10/15/2021	Submitted for Claims Loading	10/01/2021	10/05/2021	$587.90	2	2
	1280791351748	Social Service		10/15/2021	Submitted for Claims Loading	10/06/2021	10/12/2021	$823.06	2	2
	1280791351741	Social Service		10/15/2021	Submitted for Claims Loading	10/01/2021	10/12/2021	$57.48	1	1
	1280791351718	Social Service		10/15/2021	Submitted for Claims Loading	10/01/2021	10/12/2021	$2,130.96	2	2

View Page: 2 Go Page Count SaveToXLS Viewing Page: 1 Next Last

REVALIDATE A TEMPLATE BATCH

After a batch is created, ProviderOne checks the batch to ensure the billing data is valid. This section is on how to check the validation of a batch and revalidate a template batch which has Failed Validation.

- From the Provider Portal
- **Click on** Social Service Manage Batch Submission

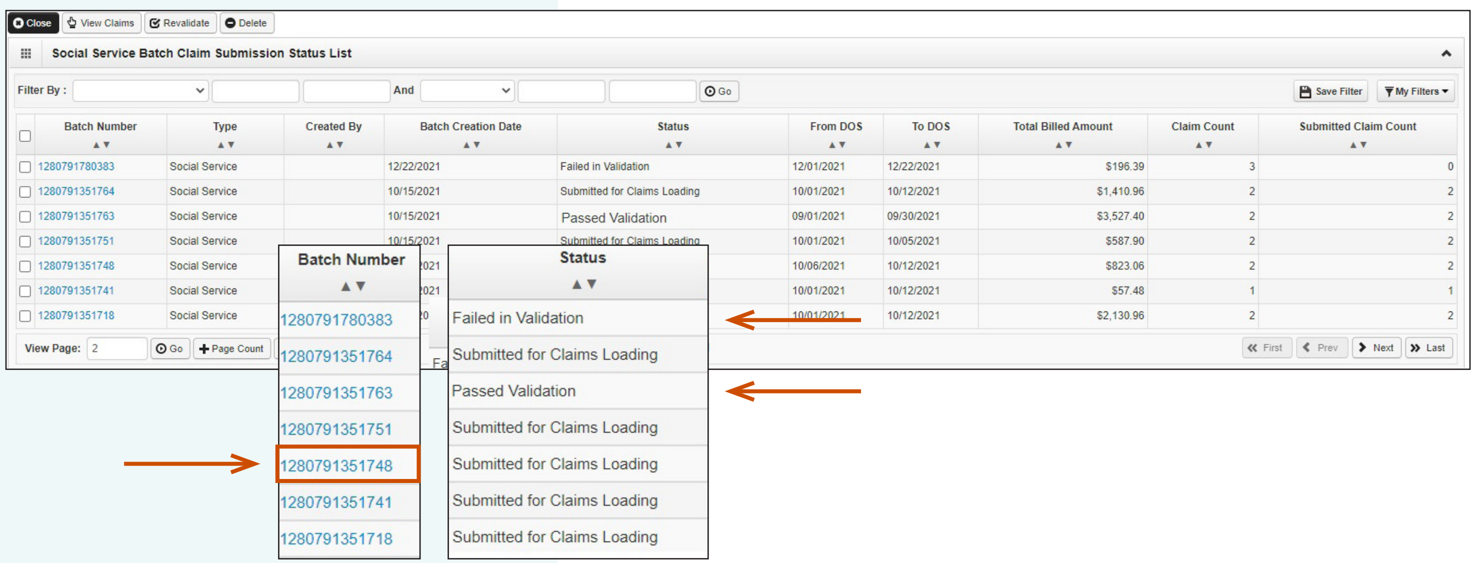


REVALIDATE A TEMPLATE BATCH *continued*

- The Batch Claim Submission Status List appears
- Pass Validation means the all the template have valid information and the batch can be submitted
- Failed Validation means one of more items within the batch is not valid and the batch can not be submitted
- To view why a batch failed validation, **click on** the batch number

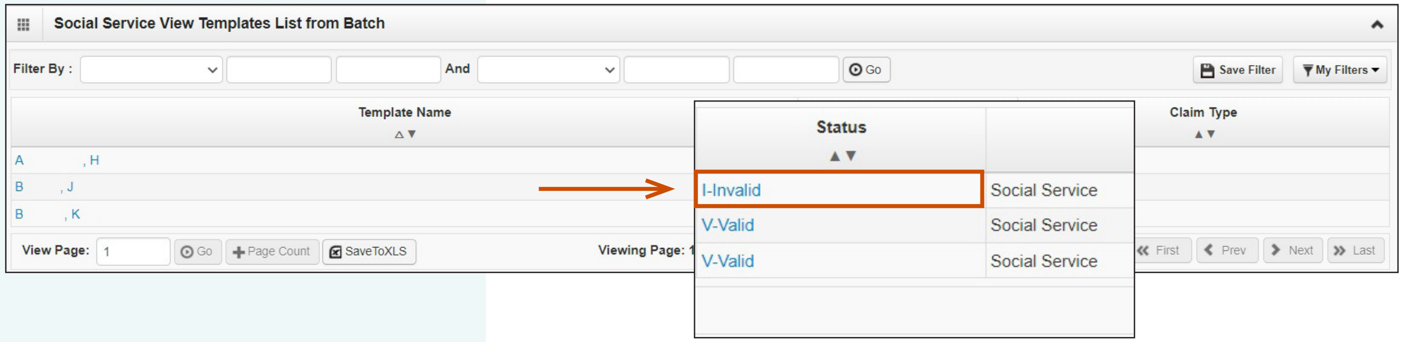
Note:

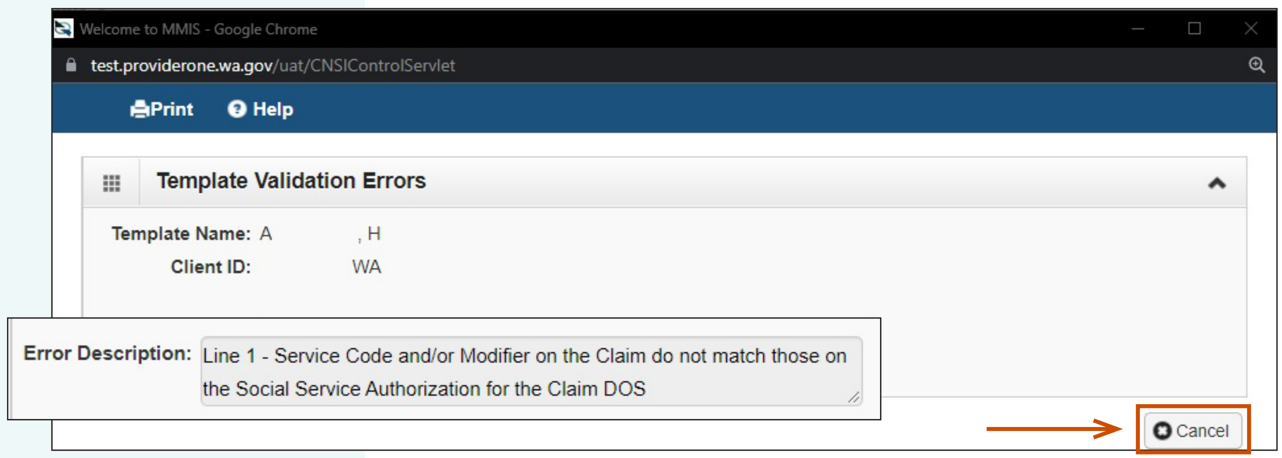
After a batch is created, ProviderOne checks the batch to ensure the billing data is valid.



REVALIDATE A TEMPLATE BATCH *continued*

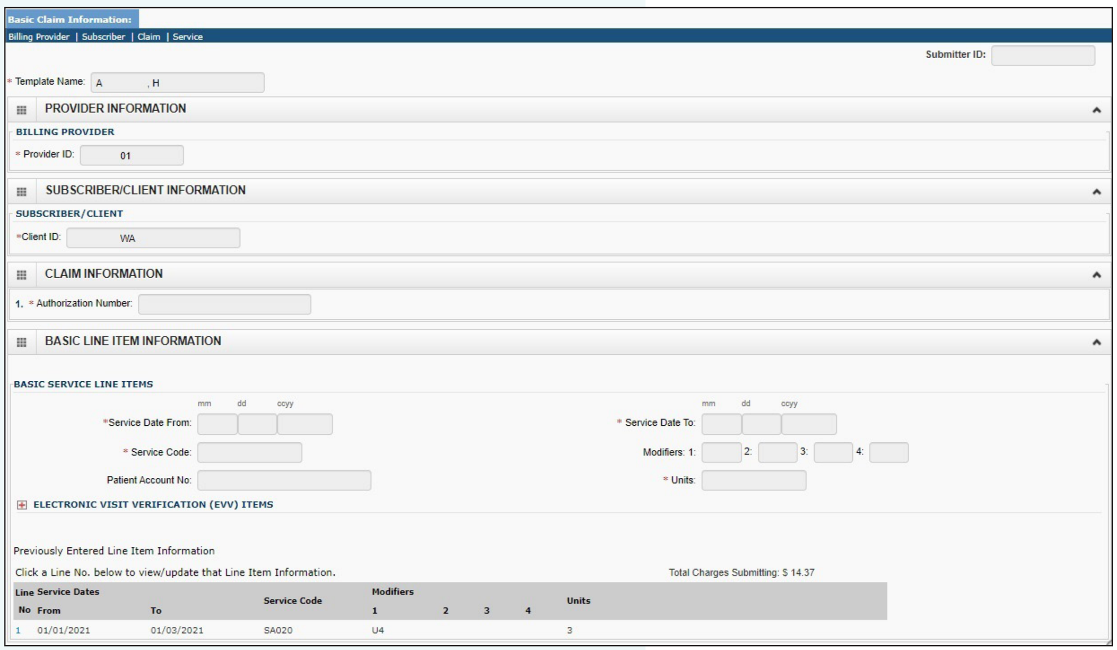
- The View Template List from Batch appears
- Click on status
- Template Validation Errors appears
- View Error Description saying that the service code is invalid or empty
- Click on Cancel





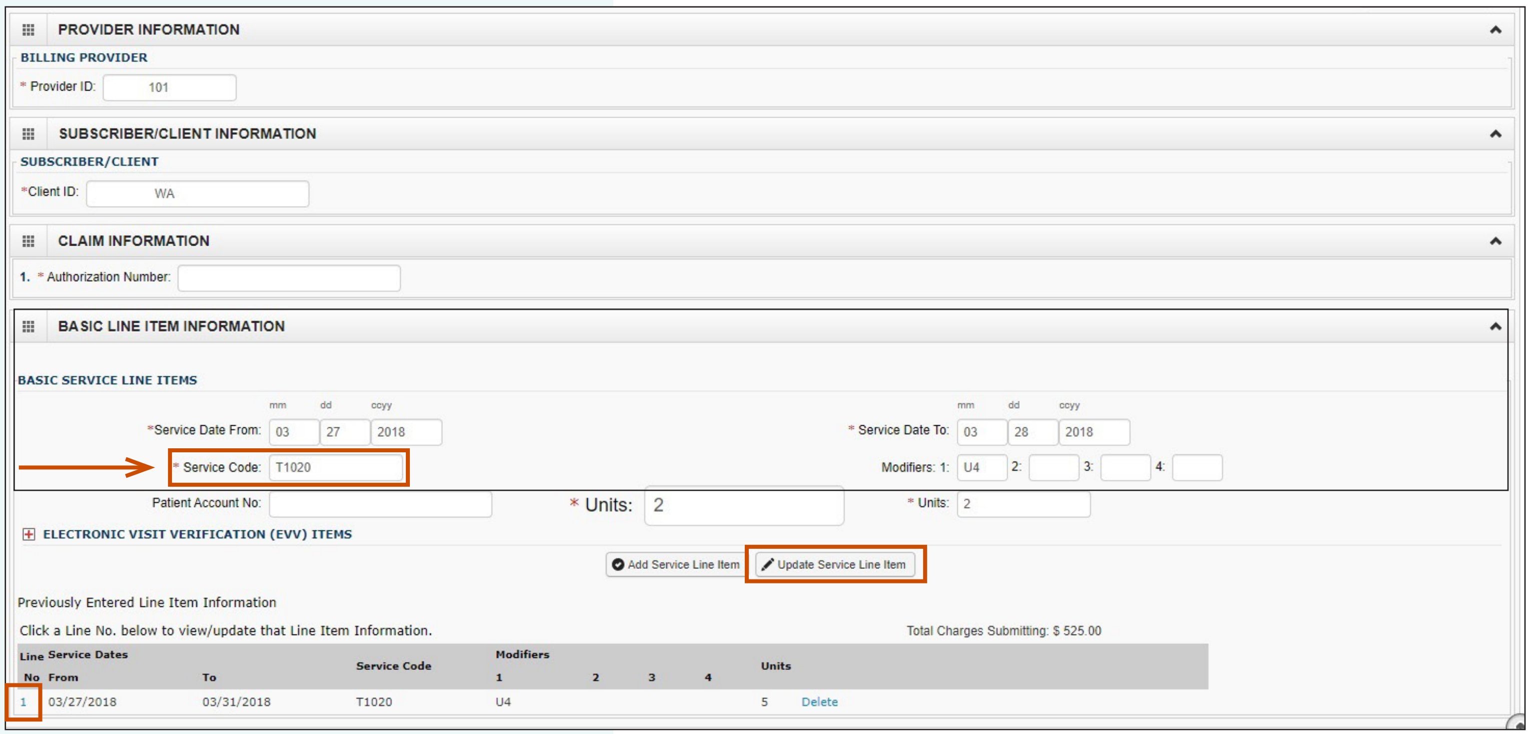
REVALIDATE A TEMPLATE BATCH *continued*

- The View Template List from Batch appears
- **Click on** template name
- The Saved Template appears



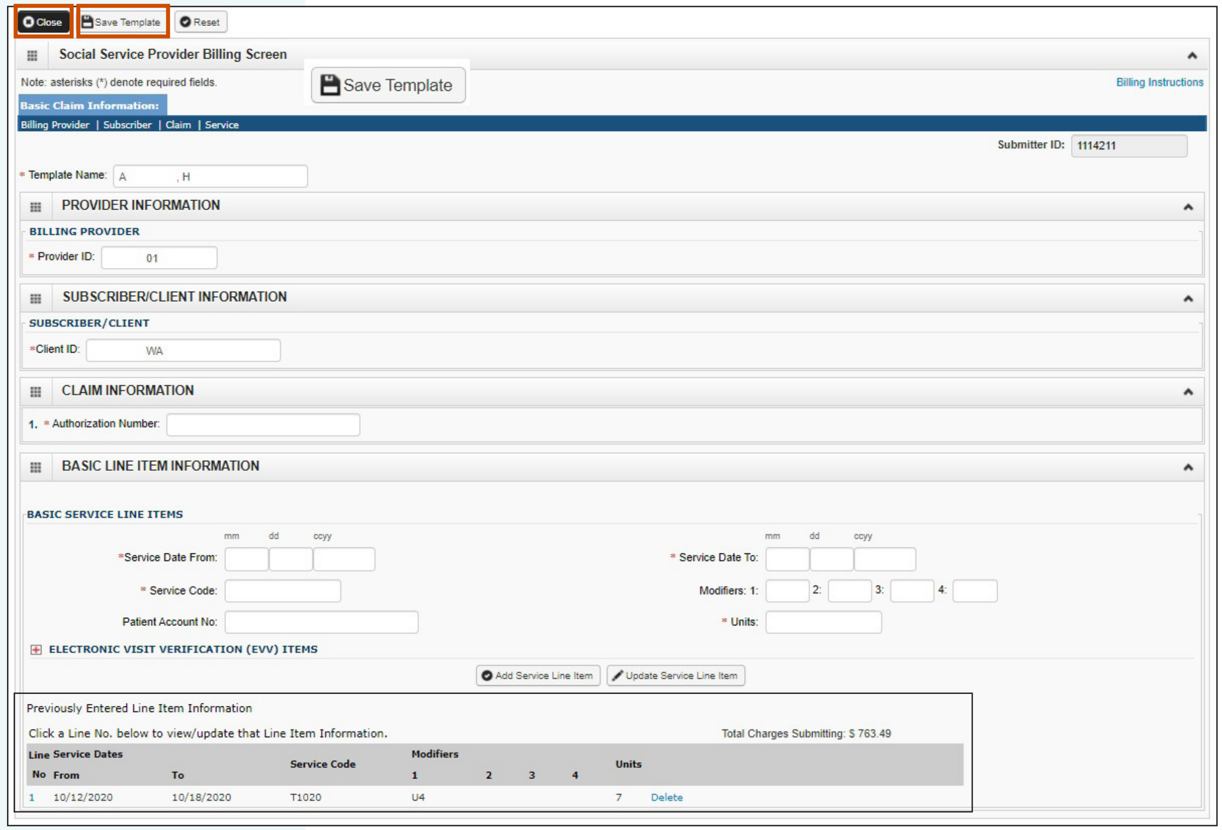
REVALIDATE A TEMPLATE BATCH *continued*

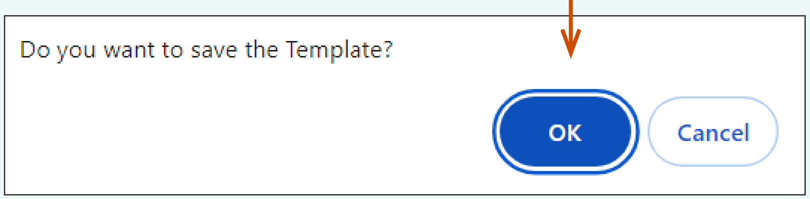
- To correct the problem
  - **Click on** Line Number
  - Basic Line Information populates
  - **Enter** missing data/correct error
  - **Click on** Update Service Line Item



REVALIDATE A TEMPLATE BATCH *continued*

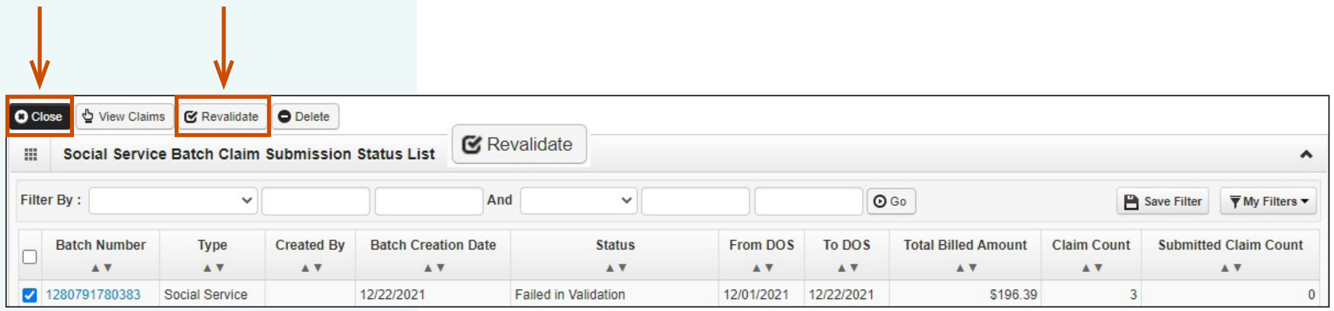
- Corrected service line appears
- **Click on** Save Template
- Pop-up appears
- **Click on** OK
- **Click on** Close

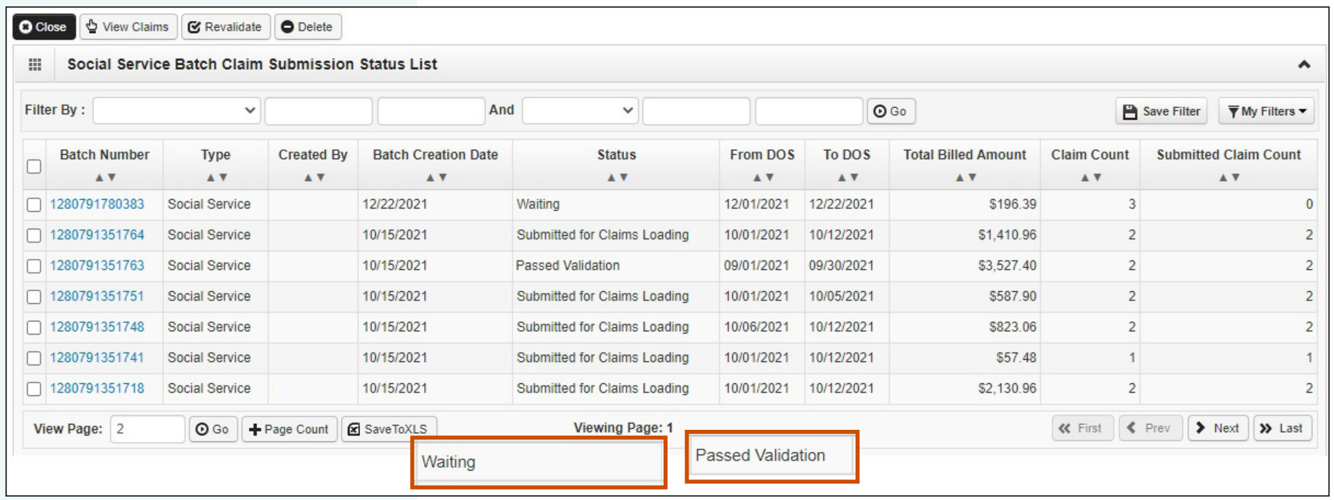




REVALIDATE A TEMPLATE BATCH *continued*

- The View Template List from Batch appears
- **Click on** Revalidate
- The Batch Claim Submission Status List appears
- The updated Status is Waiting. It is most likely that the Status will have completed validation and the results will show
- If the status is Pass Validation, the batch can now be submitted





.dat BATCH UPLOAD SETUP GUIDE

Note:

For assistance with .dat batch claims, contact HCA's HIPAA Help Desk per the instructions on the contact pages 4-5.

Social Service caret delimiter (.dat) batch upload billing is an optional billing method that allows Social Service (non-medical) providers to extract billing data elements from their current timekeeping and/or billing software and upload the claim(s) data into the ProviderOne system. Although .dat batch upload does require additional preparation, your agency could save time and effort with this option.

The .dat batch upload billing method is suitable for large providers and/or providers who are required to bill by date of service such as:

- *Home Care Agencies*
- *Consumer Directed Employer(s)*
- *Adult Day Care/Adult Day Health Centers*
- *Large Residential Facilities*
- *Home Delivered Meals Programs*
- *Personal Emergency Response Systems*

Please share the technical information found in this section with your timekeeping, billing, and/or EVV staff/vendor.

SYSTEM PREPARATION

Business Rules

- A provider can only upload one .dat file to ProviderOne at a time.
- Data is not required for 'Optional' fields for file upload (see pages 67-68).
- The provider must enter data for 'Required' fields for file upload (see pages 67-68).
  - Additional data may be required for claims payment (i.e., modifier or EVV data).
- Only '.dat' extension file types are accepted by the system. If provider attempts to upload a file whose extension is not '.dat', the system will display an error message.
- The file will be transmitted over secure HTTP using encryption.
- When a batch is successfully uploaded, the system will generate the file name while displaying the confirmation message.
  - **Example system generated file name after successful ProviderOne upload:** "SOC.xxxxxxx.20130131xxxxxx.SAMPLE_BATCH.dat" (*contains 'x' for numbers to mask provider and client information)
- When an uploaded .dat batch file contains no validation errors, the batch file status will be 'Accepted' and claims will be loaded into the system for processing.
- When a batch file has encountered errors during file validation, the status of the file will be 'Rejected' and claims will not be loaded into the system for processing.

SYSTEM PREPARATION *continued*

Special Design Constraints or Considerations

- All claim lines of the batch file must not exceed one day of service; with the exception of monthly unit types such as personal emergency response systems.
- The system will only accept one claim line per each day of service, service code, servicing provider (if applicable), and authorization number combination. The system will deny duplicate claim lines.
- The batch file layout and format must comply with the specifications outlined in the **Social Service .dat Batch Upload Format Specification Table** on page 67.

Note:

Daily rates cannot span bill using batch upload method. Span billing is only used in the direct data entry and templates methods with daily or monthly unit types.

SYSTEM PREPARATION *continued*

Special Design Constraints or Considerations

continued

- Unit types must be consistent with what is listed on the client's authorization. **Most billing hours are reported in 15 minute increments** (15 min = 1 unit).

- Each field in each .dat claim line must be separated/ delimited by the ^ (caret symbol). This applies to all fields, regardless if they are required or not for the file to load. Do not add spaces between carets. Each claim line must have 32 carets (^) and include a tilde (~) at the end of the line.

- These .dat claim line fields require data for successful file upload*:
    - Provider ID
    - Client ID
    - Authorization Number
    - Service Date From
    - Service Date To
    - Service Code
    - Units
    - Claim Frequency Type

*Additional data may be required for claims to pay (i.e., modifier if a modifier is authorized with the service code).

- In addition to the above claim elements, these .dat claim line fields are required for **In-home Personal Care** and **In-Home Respite Care** for **EVV Compliance:**
    - SS Servicing Only ProviderOne ID
    - Service Start Time
    - Service End Time
    - Service Start Time Geo-Data
    - Service End Time Geo-Data

Example .dat claim line w/ all claim fields filled in:

Provider ID^Client ID^Authorization Number^Service Date From^Service Date To^Service code^Mod 1^Mod 2^Mod 3^Mod 4^Units^Patient Account Number^SSSOP (ID)^Start Time^End Time^Service Start Time Geo-Data - Latitude^Service Start Time Geo-Data-Longitude^Service End Time Geo-Data - Latitude^Service End Time Geo-Data-Longitude^Cl-Pr Prox ST^Cl-Pr Prox ET^Cl Ver End Time^Clm Freq Type^Parent TCN^Policy Number^Payer/Organization Name^Amount^Adjustment Reason Code^Policy Number^Payer/Organization Name^Amount^Adjustment Reason Code^Manual Claims Indicator~

Note: See page 70 for more .dat claim line examples.

SYSTEM PREPARATION *continued*

In order for your .dat file to be accepted by ProviderOne, you must enter data for any 'Required' field. 'Optional' fields are not required for batch upload but may be required for claim payment (see page 66 for more information).

Note:
A printable version of this table is available as an attachment. Click here for more information.

Social Service .dat Batch Upload Format Specification Table:

Claim Information	Required Field (Y / N)	Data Type	Maximum Size	String Format	Development Notes
Provider ID	Y	string-9	9 digits	numeric	9 digit Provider ID
Client ID	Y	string – up to 20	20 characters	alphanumeric	Client ID
Authorization Number	Y	string – 10	10 digits	Numeric	Authorization Number
Service Date From	Y	string – 8	8 digits	Date (mmddccyy)	Service Date From
Service Date To	Y	string – 8	8 digits	Date(mmddccyy)	Service Date To
Service code	Y	string – 5	5 digits	alphanumeric	Service code
Modifier 1	N	string – 2	2 digits	alphanumeric	Modifier 1
Modifier 2	N	string – 2	2 digits	alphanumeric	Modifier 2
Modifier 3	N	string – 2	2 digits	alphanumeric	Modifier 3
Modifier 4	N	string – 2	2 digits	alphanumeric	Modifier 4
Units	Y	string – up to 16	16 digits	numeric	Units (use whole numbers/not decimals)
Patient Account Number	N	string – up to 13	13 digits	alphanumeric	"Optional" Patient Account Number
SS Servicing Only ProviderOne ID	N	string-9	9 digits	numeric	SS Servicing Only ProviderOne ID
Service Start Time	N	string-6	6 digits	numeric (hhmmss)	Service Start Time, (24 hour format)
Service End Time	N	string-6	6 digits	numeric (hhmmss)	Service End Time, (24 hour format)
Service Start Time Geo-Data Latitude	N	string-9	6 or 7 digits with Sign and a decimal	numeric	Service Start Time Geo-Data – Latitude This will contain Sign. EX: "-12.99999" The system accepts either 4 or 5 digits after decimal
Service Start Time Geo-Data Longitude	N	string-10	7 or 8 digits with Sign and a decimal	numeric	Service Start Time Geo-Data – Longitude This will contain Sign. EX: "-122.99999" The system accepts either 4 or 5 digits after decimal
Service End Time Geo-Data Latitude	N	string-9	6 or 7 digits with Sign and a decimal	numeric	Service End Time Geo-Data – Latitude This will contain Sign. EX: "-12.99999" The system accepts either 4 or 5 digits after decimal
Service End Time Geo-Data Longitude	N	string-10	7 or 8 digits with Sign and a decimal	numeric	Service End Time Geo-Data – Longitude This will contain Sign. EX: "-122.99999" The system accepts either 4 or 5 digits after decimal

SYSTEM PREPARATION *continued*

Social Service .dat Batch Upload Format Specification Table, *continued:*

Column Name	Required Field (Y / N)	Data Type	Maximum Size	String Format	Development Notes
Client-Provider Proximity for Start Time	N	string – 1	1 Character	alphanumeric	Client-Provider Proximity for Start Time
Client-Provider Proximity for End Time	N	string – 1	1 Character	alphanumeric	Client-Provider Proximity for End Time
Client Verification for End Time	N	string – 1	1 Character	alphanumeric	Client Verification for End Time
Claim Frequency Type	Y	string – 1	1 digit	numeric	Values can be: 1 = Original Claim 7 = Adjustment 8 = Void
Parent TCN	N	string – 18	18 digits	numeric	18-digit TCN#
Policy Number (1)	N	string – 15	15 digits	alphanumeric	Policy Number This is 13 Characters in ProviderOne.
Payer / Organization Name (1)	N	string – 50	50 digits	alphanumeric	Payer / Organization Name. All CAPITAL LETTERS
Amount (1)	N	string – 17	13 digits with Sign and two decimals	Floating Number	TPL Amount by the the Payer/Org Example: 1000.00 -900.00 100.00
Adjustment Reason Code (1)	N	string – 3	3 digits	alphanumeric	Adjustment Reason Code.
Policy Number (2)	N	string – 15	15 digits	alphanumeric	Policy Number This is 13 Characters in ProviderOne.
Payer / Organization Name (2)	N	string – 50	50 digits	alphanumeric	Payer / Organization Name. All CAPITAL LETTERS
Amount (2)	N	string – 17	13 digits with Sign and two decimals	Floating Number	TPL Amount by the the Payer/Org Example: 1000.00 -900.00 100.00
Adjustment Reason Code (2)	N	string – 3	3 digits	alphanumeric	Adjustment Reason Code.
Manual Claims Indicator	N	string – 6	6 Character	alphanumeric	Valid values include: SPST01 SPET01 SPEV01 EVSF01 CLSD01

SOCIAL SERVICE BATCH UPLOAD FILE CREATION

Note:
A printable version of the Social Service Batch Upload Excel file is available as an attachment. Click here for more information.

Below is a sample of a what a Social Service Batch Excel file will look like before converting to a .dat file:

A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q
Provider ID	Client ID	Authorization Number	Service Date From	Service Date To	Service code	Mod 1	Mod 2	Mod 3	Mod 4	Units	Patient Account Number	SSSOP (ID)	Start Time	End Time	Service Start Time Geo-Data - Latitude	Service Start Time Geo-Data-Longitude
123123101	444444444WA	999888555	10012024	10012024	S5161					1						
123123101	444444444WA	999888555	10012024	10012024	S5161	U1				1						
123123101	555555555WA	777555444	10012024	10012024	S5161					1						
123123101	666666666WA	666333222	10012024	10012024	S5161					1						

R	S	T	U	V	W	X	Y	Z	AA	AB	AC	AD	AE	AF	AG
Service End Time Geo-Data - Latitude	Service End Time Geo-Data-Longitude	Cl-Pr Prox ST	Cl-Pr Prox ET	Cl Ver End Time	Clm Freq Type	Parent TCN	Policy Number (1)	Payer / Organization Name (1)	Amount (1)	Adjustment Reason Code (1)	Policy Number (2)	Payer / Organization Name (2)	Amount (2)	Adjustment Reason Code (2)	Manual Claims Indicator
					1										~
					1										~
					7	552222222222682000									~
					1										~

SOCIAL SERVICE BATCH UPLOAD FILE CREATION *continued*

Here is an example of what the data should look like once it has been extracted from an excel format to a .dat file:

Caret Delimiter (.dat) Format Sample

When creating or extracting the .dat file from your system, take extra care not to add extra spaces, characters, extra carriage returns, or column headers. You must remove any extra spaces, characters, returns, and column headers before uploading the .dat file to ProviderOne. Compare your .dat file side by side to the examples below. (Samples contain 'x' for numbers to mask provider and client information). As you can see, each line contains a total of 32 carets and a tilde at the end:

Sample original claim with optional patient account number and without EVV data:

```
xxxxxxxxx^xxxxxxxxxWA^xxxxxxxxxx^01012014^01012014^T1019^U6^^^^8^xxxx^^^^^^^^^^^1^^^^^^^^^^~
xxxxxxxxx^xxxxxxxxxWA^xxxxxxxxxx ^01042014^01042014^T1019^U6^^^^10^xxxx^^^^^^^^^^^1^^^^^^^^^^~
xxxxxxxxx^xxxxxxxxxWA^xxxxxxxxxx ^01102014^01102014^T1019^U6^^^^15^xxxx^^^^^^^^^^^1^^^^^^^^^^~
```

Sample original claim without optional patient account number and without EVV data:

```
xxxxxxxxx^xxxxxxxxxWA^xxxxxxxxxx^01012014^01012014^T1019^U6^^^^8^^^^^^^^^^^^1^^^^^^^^^^~
xxxxxxxxx^xxxxxxxxxWA^xxxxxxxxxx ^01042014^01042014^T1019^U6^^^^10^^^^^^^^^^^^1^^^^^^^^^^~
xxxxxxxxx^xxxxxxxxxWA^xxxxxxxxxx ^01102014^01102014^T1019^U6^^^^15^^^^^^^^^^^^1^^^^^^^^^^~
```

Sample adjusted claim with optional patient account number and without EVV data:

```
xxxxxxxxx^xxxxxxxxxWA^xxxxxxxxxx^01012014^01012014^T1019^U6^^^^8^xxxx^^^^^^^^^7^551701000117107000^^^^^^^^^^~
xxxxxxxxx^xxxxxxxxxWA^xxxxxxxxxx ^01042014^01042014^T1019^U6^^^^10^xxxx^^^^^^^^^7^551701000117107000^^^^^^^^^^~
xxxxxxxxx^xxxxxxxxxWA^xxxxxxxxxx ^01102014^01102014^T1019^U6^^^^15^xxxx^^^^^^^^^7^551701000117107000^^^^^^^^^^~
```

Sample adjusted claim without optional patient account number and without EVV data:

```
xxxxxxxxx^xxxxxxxxxWA^xxxxxxxxxx^01012014^01012014^T1019^U6^^^^8^^^^^^^^^^^^^^7^551701000117107000^^^^^^^^^^~
xxxxxxxxx^xxxxxxxxxWA^xxxxxxxxxx^01042014^01042014^T1019^U6^^^^10^^^^^^^^^^^^^^^7^551701000117107000^^^^^^^^^^~
xxxxxxxxx^xxxxxxxxxWA^xxxxxxxxxx^01102014^01102014^T1019^U6^^^^15^^^^^^^^^^^^^^^7^551701000117107000^^^^^^^^^^~
```

Sample adjusted claim with optional patient account number and with EVV data:

```
xxxxxxxxx^xxxxxxxxxWA^xxxxxxxxxx^01012020^01012020^T1019^U6^^^^8^xxxx^999999999^083412^114413^-12.99999^-123.99999^-12.9999^-123.99999^^7^551701000
11710 7000^^^^^^^^^^~
xxxxxxxxx^xxxxxxxxxWA^xxxxxxxxxx^01042020^01042020^T1019^U6^^^^10^xxxx^999999999^083412^114413^-12.99999^-123.99999^-12.9999^-123.99999^^7^551701000
117107000^^^^^^^^^^~
xxxxxxxxx^xxxxxxxxxWA^xxxxxxxxxx^01102020^01102020^T1019^U6^^^^15^xxxx^99999999^083412^114413^-12.99999^-123.99999^-12.9999^-123.99999^^7^5517010001
17 107000^^^^^^^^^^~
```

SOCIAL SERVICE BATCH UPLOAD FILE CREATION *continued*

Caret delimiter (.dat) File Naming Convention

Before converting your files to the caret delimiter (.dat) format, it is beneficial to create a naming convention to suit your business needs. Use a unique name for each file.

- You must include .dat at the end of the file name.
- File caret delimiter (.dat) names cannot contain spaces.
- File names are alphanumeric and can only allow the following special characters: . - _
- Batch file names cannot contain any of the following characters: \ / : * ? < >
- Batch file caret delimiter (.dat) names cannot exceed 50 characters including the four characters: '.dat'

When naming your .dat files, you may want to consider the following:

- Name the batch to identify the submitter.
- Name the batch to identify the location.
- Name the batch to identify the type of service provided.

Example file name:
123456701_20250515_PersonalCareServices_.dat

When a batch is successfully uploaded, the system will generate the file name while displaying the confirmation message. The standard file name for the generated message is

"<SOC>.<Provider ID (7 digit)>.<Date & Time Stamp>.<**Provider naming convention including '.dat' extension**>". Example: "SOC.XXXXXXX.20130131XXXXXX.SAMPLE_BATCH.dat"

(Samples contains 'x' for numbers to mask provider identification)

SOCIAL SERVICE BATCH UPLOAD FILE CREATION *continued*

Converting your Excel (.xls) file to a .dat file

If your billing or timekeeping vendor only allows .xls extraction and not .dat file extraction, the following pages show two methods for converting an Excel document into the .dat format.

If you do not want to use either of these methods, you can find and/or purchase utility programs online for Excel that will easily convert files into the .dat format. For the best results, try using a Google search and type “Excel utilities” or “.xls convert to .dat.”

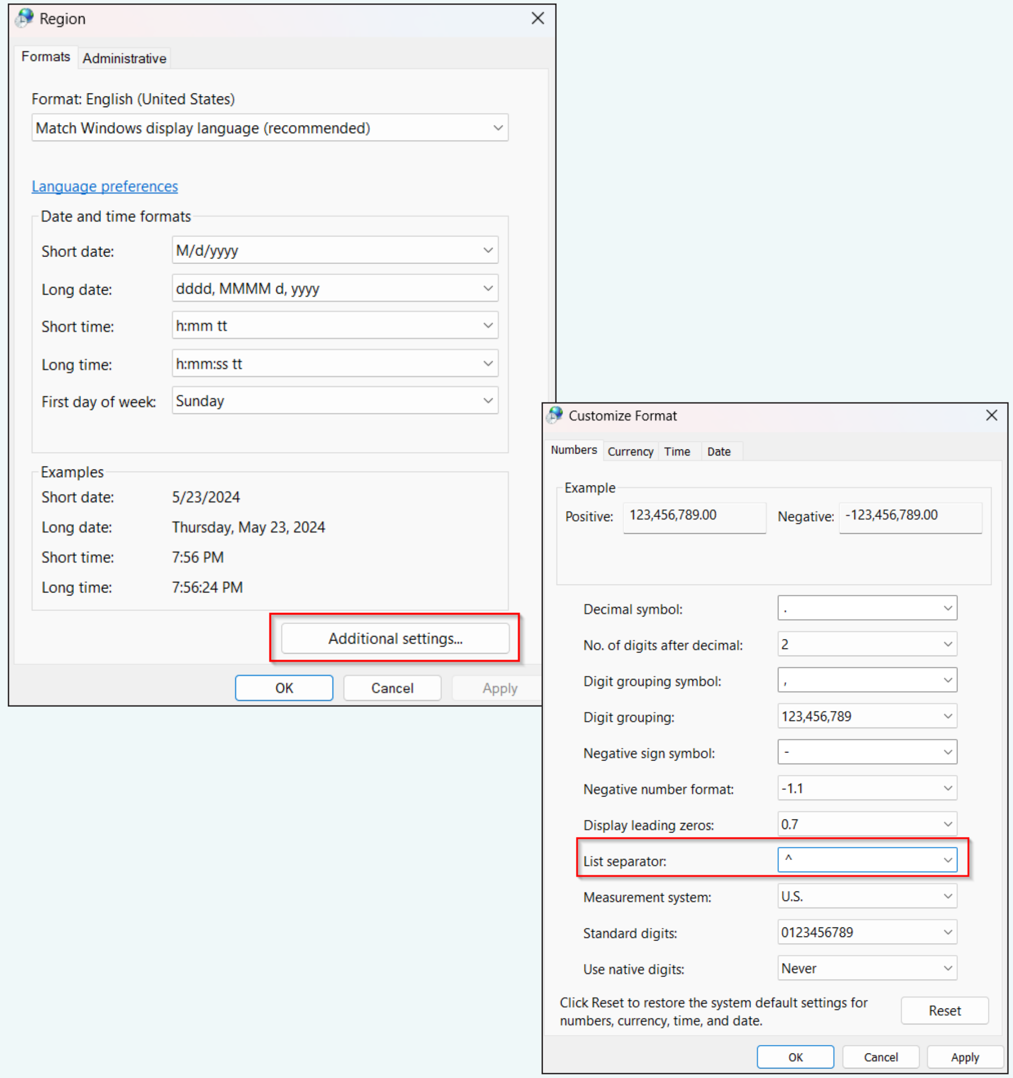
SOCIAL SERVICE BATCH UPLOAD FILE CREATION *continued*

METHOD ONE: Create a .dat file from EXCEL to CSV

(This method is recommended for large .dat files with over 1000 to 1500 plus records.)

Step1: Change your computer's Regional settings:

- In Microsoft Windows, click inside the search icon and type 'Control Panel.'
- Click the 'Region' icon.
- Click 'Additional Settings'
- Find the 'list separator' drop down and type ^
- Click 'apply' and 'OK' twice.



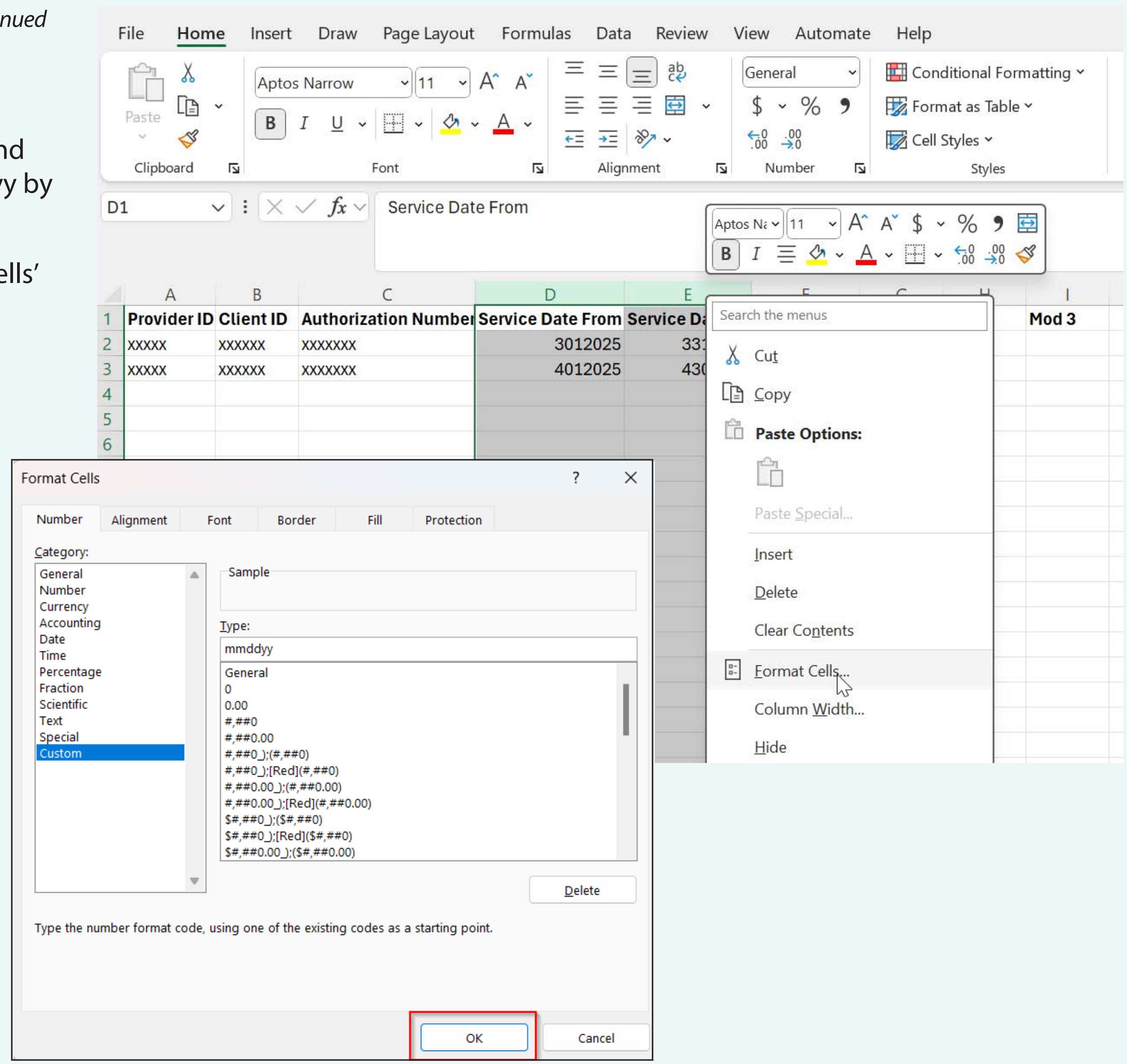
Note:

After you change the list separator character for your computer, all programs will use the new character as a list separator. You can change the character back to the default character by following the same procedure.

SOCIAL SERVICE BATCH UPLOAD FILE CREATION *continued*

Step 2: Format date columns in Excel:

- Format your 'Service Date From' and 'Service Date To' cells to mmddyyyy by highlighting these columns then,
  - Right click and select 'Format Cells'
  - Select 'Custom' and place your cursor in the 'Type' field and type mmddyyyy.
  - Click 'OK'



SOCIAL SERVICE BATCH UPLOAD FILE CREATION *continued*

Step 3: Format additional fields:

- **If you do NOT add data in the Manual Claims Indicator column:**
  - In that cell add a tilde ~

AE	AF	AG
Amount (2)	Adjustment Reason Code (2)	Manual Claims Indicator
		~
		~
		~
		~

- **If you do add data in the Manual Claims Indicator column:**
  - You will need to add a tilde ~ in the cell after the Manual Claims Indicator column

AE	AF	AG	AH
Amount (2)	Adjustment Reason Code (2)	Manual Claims Indicator	
		SPST01	~
		SPST01	~
		SPST01	~
		SPST01	~

Step 4: Delete the header row of your worksheet

Step 5: Delete additional worksheets

Step 6: Save your file:

- Click 'File' and then 'Save As'
- Locate the folder where you want to save your file
- In the 'File Name', name your file. Remember to add .dat to the end of the file name.
- In the 'Save As Type' drop down, select 'CSV (Comma Delimited) (*.csv)'
- Click 'Save'
- The .dat in your file name may disappear. If it does, you will need to type it again.
- You have successfully created a .dat file!

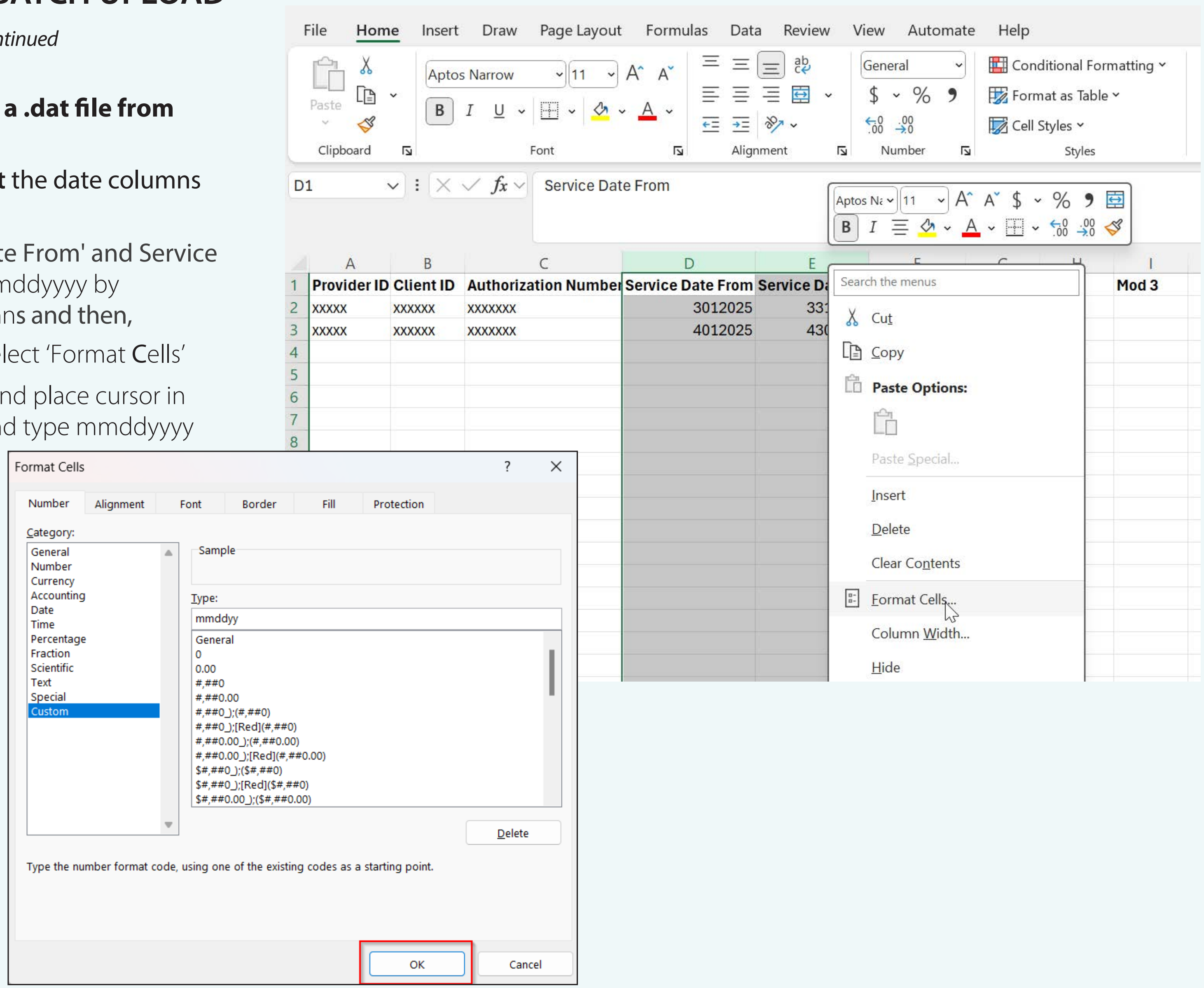
SOCIAL SERVICE BATCH UPLOAD FILE CREATION *continued*

METHOD TWO: Create a .dat file from EXCEL to WORD

Step 1: Correctly **format** the date columns in **Excel:**

Format your **'Service Date From'** and **Service Date To'** date cells to mmddyyyy by highlighting **these columns and then,**

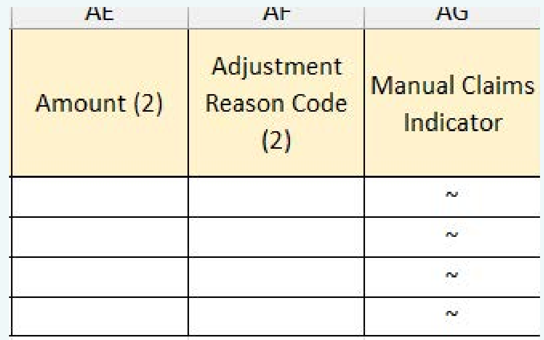
- Right click and select 'Format **Cells'**
- Select 'Custom' and place cursor in the 'Type' field and type mmddyyyy
- Click 'OK'



SOCIAL SERVICE BATCH UPLOAD FILE CREATION *continued*

Step 2: Format additional Excel fields:

- If you do NOT add data in the Manual Claims Indicator column:
  - In that cell add a tilde ~
- If you do add data in the Manual Claims Indicator column:
  - You will need to add a tilde ~ manually during Step 6.

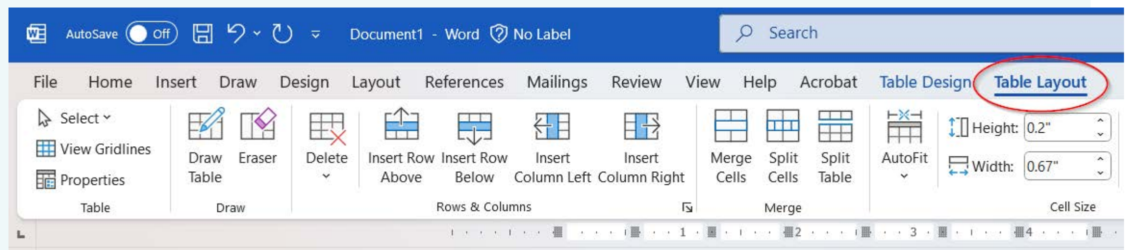


AE	AF	AG
Amount (2)	Adjustment Reason Code (2)	Manual Claims Indicator
		~
		~
		~
		~

Step 3: Delete the header row in your Excel spreadsheet

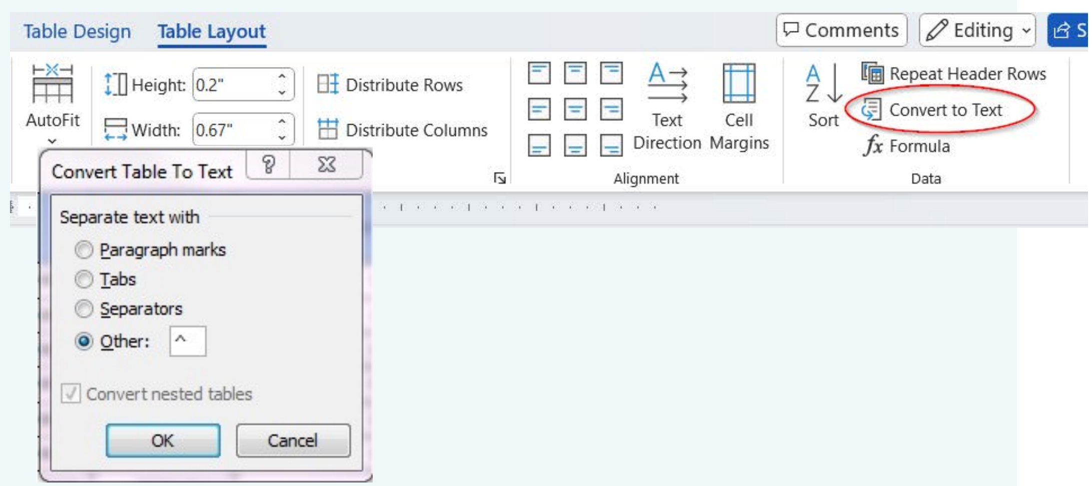
Step 4: Delete additional worksheets

Step 5: Copy the entire worksheet by clicking Ctrl A and then Ctrl C.

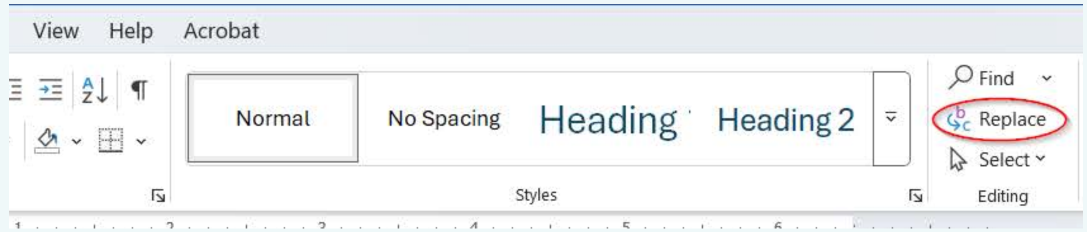


Step 6: Paste into Word:

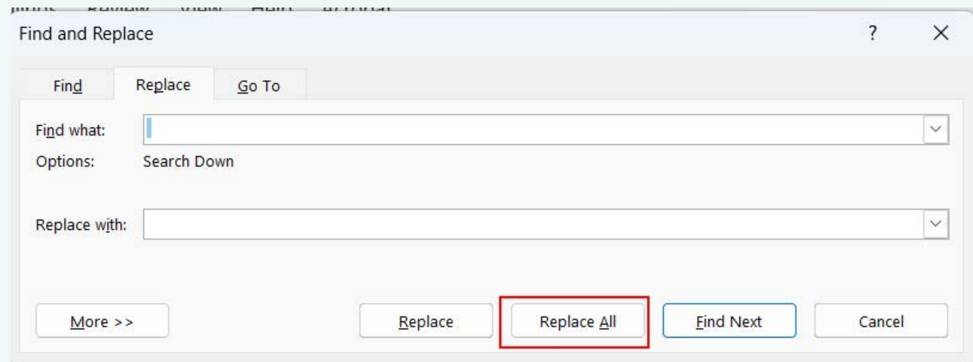
- Open a new blank Word document
- Paste the copied file into Word by clicking Ctrl V. Do not worry if the contents here do not fit onto the document margins.
- Select the table by clicking the box at the left hand top corner.
- Click on the 'Table Layout' Tab.
- On the Table Layout tab, select the box 'Convert to Text'
- You will be prompted to select 'Separate text with'
  - Select 'Other' and insert the caret symbol ^ and click 'OK'



SOCIAL SERVICE BATCH UPLOAD FILE CREATION *continued*



- If you added data in the Manual Claims Indicator column, add a tilde ~ at the end of that line of data
- If there are any spaces between the ^, those must be removed before copying the data.
  - You can remove spaces by selecting the Replace button under the home tab.
  - Put a space in the "Find what" line and make sure there is no data or spaces in the "Replace with" line. Then click on "Replace All"
- Highlight the entire document (Ctrl A) and copy (Ctrl C)



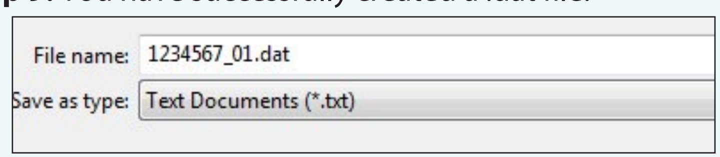
Step 7: Paste into Notepad

- Open Notepad (located in All Programs/Accessories file)
- Click Ctrl V to paste data into Notepad

Step 8: Save your file

- Within Notepad, click on 'File' and select 'Save As'
  - Locate the folder you would like to save your file
  - In the 'File Name', name your file and add .dat at the end of the file name
  - In the 'Save As' section, click the drop down and select 'Text Documents' (*.txt) and click 'Save'
  -

Step 9: You have successfully created a .dat file!



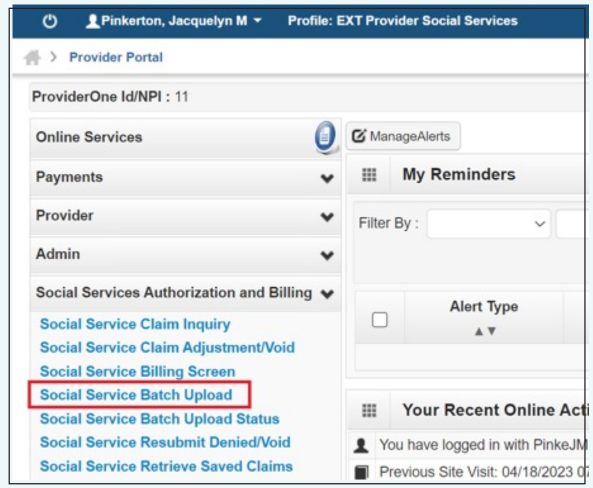
Note: If the icon for notepad does not appear before the file name is saved to your computer, right click, select 'Open with' and choose 'default program.' Select 'Notepad' and make sure the box is checked for 'Always use the selected program to open this kind of file' and click OK. If this last step is not completed, an unexplained rejection will occur in the ProviderOne system.

Note: If the computer changes the saved file extension and adds .txt to the .dat extension file name, go back to your saved document. Do not open the document. Highlight the document, right click and remove .txt from the name, and type .dat. If that does not solve the issue, consider using **a** different method of conversion. Try using an excel utility to convert your files to
the .dat extension

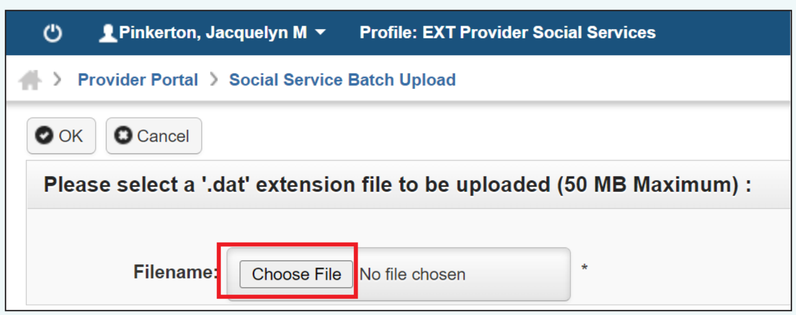
UPLOADING THE .dat BATCH FILE

After the .dat file is created and saved to your computer system, you are ready to upload the file into ProviderOne for claims submission.

Step 1: On the Provider Portal click **'Social Service Batch Upload'**

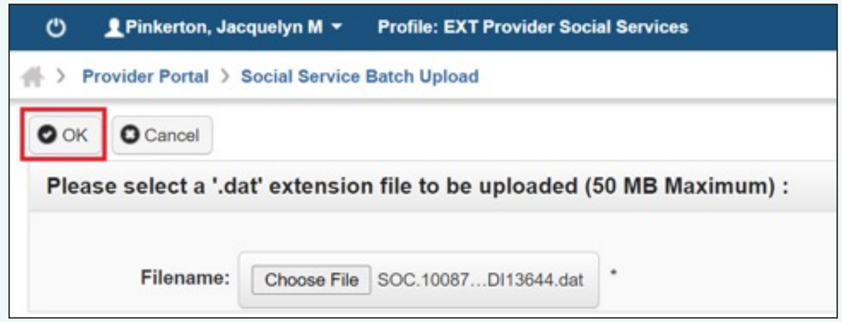


Step 2: Click 'Choose File'

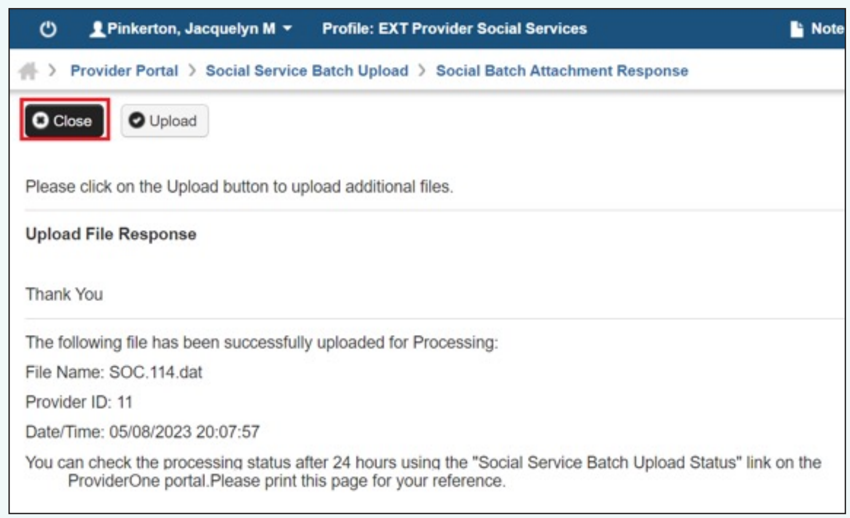


UPLOADING THE .dat BATCH FILE *continued*

Step 3: Select the saved .dat file located on your computer and select 'OK' to upload.

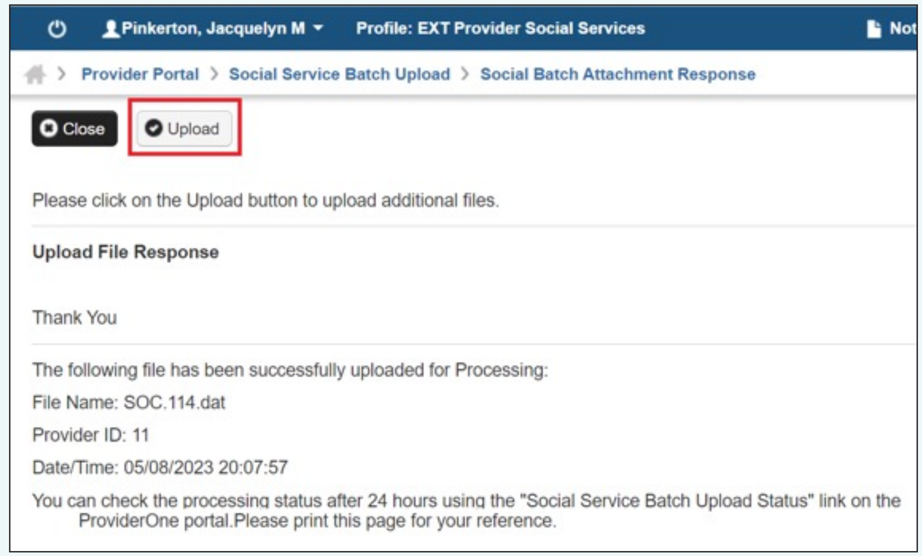


Step 4: Once the initial system check verifies the .dat file extension and file size meet the system requirements, a confirmation message will pop up. Click 'Close'.



UPLOADING THE .dat BATCH FILE *continued*

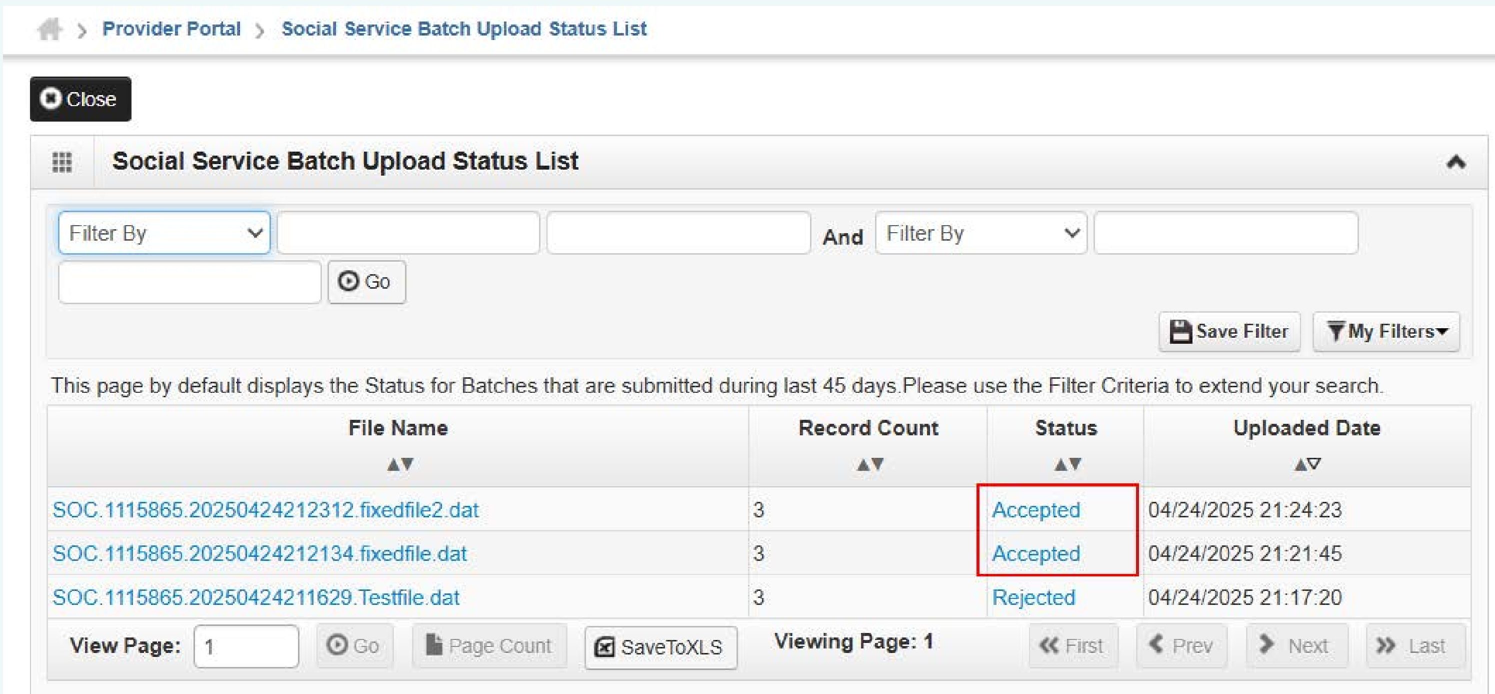
Step 5: To upload additional files, select 'Upload' and repeat Steps 2-4 of this section.



UPLOADING THE .dat BATCH FILE *continued*

Acceptance Message

The next step will validate format and content. An acceptance message on the Social Service Batch Upload Status List page means the file passed format and content requirements. This means all your claim lines have been submitted for claims processing.



UPLOADING THE .dat BATCH FILE *continued*

Rejection Messages

The social service batch upload file will be rejected if the file does not meet the social service batch upload standards and data structure outlined in section **Social Service Batch Upload File Creation**, starting on page 69.

You can extract a custom .xls report of the **Social Service Batch Upload Error Instance List** on page 85, that is user friendly and explains the record reference and the error code that caused the file to reject.

Sometimes the system will give one rejection reason for each submission. You may correct or remove the rejected lines and resubmit and find a new rejection message will appear.

Note:

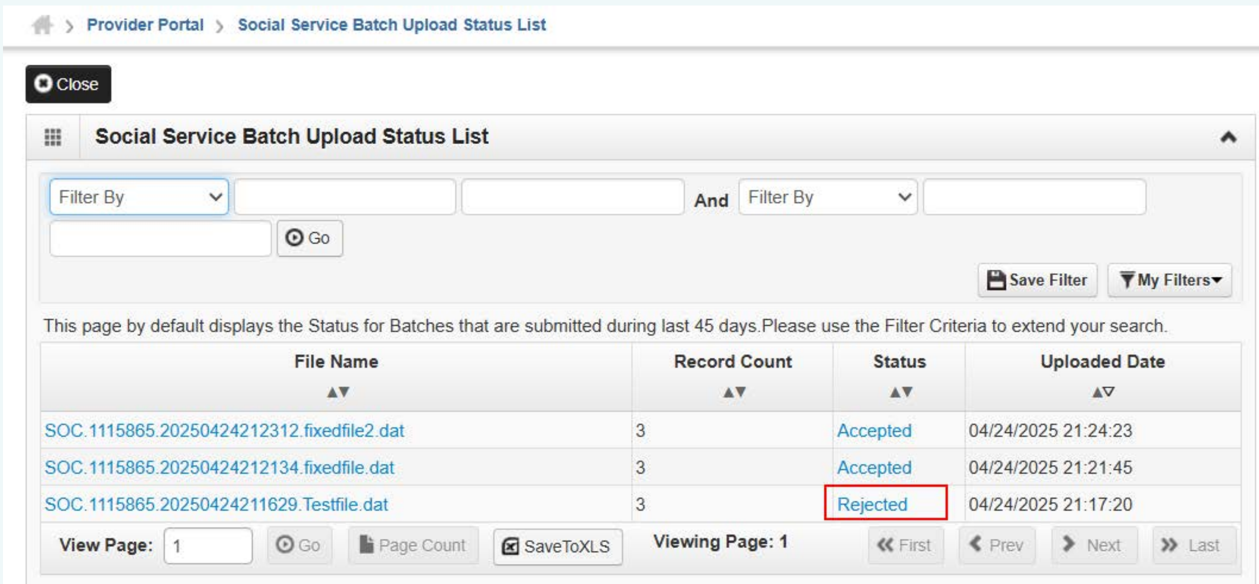
It is highly recommended providers remove the rejected lines and resubmit the caret delimiter (.dat) file to receive an accepted message for lines that do not contain errors to receive timely payment. Rejected lines require further research. Reasons may include:

- *Authorization error*
- *Authorization in canceled status*
- *SS Servicing Only ProviderOne ID issue**

**If you need assistance please review [H24-045](H24-045) or reach out to [EVVQuestions@dshs.wa.gov.](mailto:EVVQuestions@dshs.wa.gov)*

You must remove the rejected lines from the .dat file and resubmit or correct the rejected lines and resubmit. The next page shows the error list for a rejected file and explains in more detail how to fix the line.

IMPORTANT: If one line on the batch rejects, no claim lines are submitted for adjudication and payment.



UPLOADING THE .dat BATCH FILE *continued*

Social Service Batch Upload Error Instance List

Social Service Batch Upload Error Instance List will list the line number in the batch (record reference number), the error code, the error message and an example of the caret delimiter (.dat) batch line in the 'Additional Message' column. Below is an example of what you will see in ProviderOne when you select the rejected list. The next page includes the full Error code reference table which contains all the system error types you may receive.

Record reference ▲▼	Error Code ▲▼	Error Message ▲▼	Additional Message ▲▼
Record Reference- 69	92141	Service Code and/or Modifier on the Claim do not match those on the Social Service Authorization for the Claims DOS	xxxxxxxxx^xxxxxxxxxWA^xxxxxxxxxx-^01022014^01022014^T1019^^^^^12^
Record Reference- 70	92141	Service Code and/or Modifier on the Claim do not match those on the Social Service Authorization for the Claims DOS	xxxxxxxxx^xxxxxxxxxWA^xxxxxxxxxx-^01102014^01102014^T1019^^^^^12^
Record Reference- 71	92141	Service Code and/or Modifier on the Claim do not match those on the Social Service Authorization for the Claims DOS	xxxxxxxxx^xxxxxxxxxWA^xxxxxxxxxx-^01102014^01102014^T1019^^^^^12^

UPLOADING THE .dat BATCH FILE *continued*

Note:
A printable version of the Error Code Reference Table is available as an attachment. Click here for more information.

Error Code Reference Table

The following table is the complete list of error code types when the social service batch upload file is rejected.

Error Code	Error Message	Possible Causes
90001	File content is empty	There is no data in the caret delimiter (.dat) file.
90002	File not present in physical location	The file being attached is not present.
90003	Record does not end with ~ symbol	The line is missing the ~ symbol at the end of the record.
90004	Field does not end with ^ symbol	There is no ^ symbol after the units and before the ~ symbol.
90005	Field count in the record is not equal to the actual field count needed for that record	There are too few numbers in one of the date fields (example; Provider Id, Client ID, Authorization #, etc.
91011	Provider ID not present in file	This message can occur for different reasons: • The provider ID is missing from the line and/or file. • Your provider record is in the process of being updated and may not be payable for the next 24 hours.
91012	Provider ID must be numeric	The provider number contains letter(s).
91013	Provider ID length exceeds max allowed characters	The provider number is too long.
91021	Client ID not present in file	The client ID is missing.
91022	Client ID must be alphanumeric	The client ID number contains symbols or other characters.
91023	Client ID length exceeds max allowed characters	The client ID is too long.
91031	Authorization Number not present in file	The authorization number is missing.
91032	Authorization Number must be numeric	The authorization number contains symbols or other characters.
91033	Authorization Number length exceeds max allowed characters	The authorization number is too long.
91041	Service From Date not present in file	The service from date is missing.
91042	Service From Date is not a valid date	The service from date is not a date.
91043	Service From Date is a future date	The service from date is a future date

UPLOADING THE .dat BATCH FILE *continued*

Error Code	Error Message	Possible Causes
91051	Service To Date not present in file	The service to date is missing.
91052	Service To Date is not a valid date	The service to date is not a date.
91053	Service To Date is prior to Service From Date	The service to date is before the service from date.
91054	Service To Date is a future date	The service to date is a future date
91055	'Service Date From' and 'Service Date To' must be within the same calendar month, please update the dates of service and submit a separate claim for each calendar month	The service from and service to date must occur in the same month.
91061	Service Code is not present in file	Service code is missing.
91062	Service Code must be alphanumeric	The service code contains symbols or other characters.
91063	Service code length exceeds max allowed characters	The service code is too long.
91071	Modifier Code 1 must be alphanumeric	The modifier contains symbols or other characters.
91072	Modifier Code 1 length exceeds max allowed characters	The modifier is too long.
91081	Modifier Code 2 must be alphanumeric	The modifier contains symbols or other characters.
91082	Modifier Code 2 length exceeds max allowed characters	The modifier is too long.
91091	Modifier Code 3 must be alphanumeric	The modifier contains symbols or other characters.
91092	Modifier Code 3 length exceeds max allowed characters	The modifier is too long.
91101	Modifier Code 4 must be alphanumeric	The modifier contains symbols or other characters.
91102	Modifier Code 4 length exceeds max allowed characters	The modifier is too long.
91111	Units not present in file	The number of units are not in the file.
91112	Units must be numeric	The units contain symbols or other characters.
91113	Units length exceeds max value	The units are too long
91131	Patient Account Number must be alphanumeric	The patient account number contains symbols or other characters.
91132	Patient Account Number length exceeds max allowed characters	The patient account number is too long.
92011	Provider ID does not exist in the system	The provider ID is not correct.
92012	Submitter Provider ID does not match with the Provider ID in the batch file	The provider ID is not assigned to your domain.
92021	Client ID does not exist in system	The client ID number is not correct.

UPLOADING THE .dat BATCH FILE *continued*

Error Code	Error Message	Possible Causes
92031	Authorization Number does not exist in system	The authorization number is not correct.
92032	Provider ID mismatch in Authorization	The provider ID and authorization number are not authorized together.
92033	Client ID in batch does not match P1 authorization	The client ID does not match the authorization number.
92061	Service Code does not exist in system	The service code is not correct.
92062	Medical Proc/Svc Code cannot be billed on a Social Service Claim	Medical service codes cannot be billed in the social service billing page.
92063	A separate claim line is required for each date of service for the service/ service code entered	The unit type daily, hourly, each, and quarter hour must be billed by date of service using the batch upload method. Those unit types cannot be billed using span.
92064	The Proc/Svc Code Entered is designated for automated payment generated only. This code cannot be submitted or resubmitted for payment.	This service cannot be billed. Payment is sent after the authorizing worker end dates the authorization.
92071	Modifier Code 1 invalid	The modifier is not correct.
92081	Modifier Code 2 invalid	The modifier is not correct.
92091	Modifier Code 3 invalid	The modifier is not correct.
92101	Modifier Code 4 invalid	The modifier is not correct.
92140	Only one unit must be entered for a single day	You are billing more than one unit on a daily unit type.
92141	Service Code and/or Modifier on the Claim do not match those on the Social Service Authorization for the Claims DOS (date of service)	This message can occur for different reasons: 1. The authorization is in Error for the DOS 2. The authorization has been canceled for the DOS 3. The DOS on the claim is outside the authorization DOS. 4. If none of the above notify ProviderOne Health Care Authority at hipaa-help@hca.wa.gov. Type in the subject line: Social Service Batch Upload <insert domain #> In the body of the email include the name of the batch file you are referencing: sample: SOC.xxxxxxx.20150131xxxxxx.SAMPLE_BATCH.dat. and other pertinent information. Include your telephone number if you request a return call.
92145	SS Servicing Only ProviderOne (SSSOP) ID does not exist in the system	1. Each SSSOP ID has a Start Date within ProviderOne. This error will post if the SSSOP ID is added to a claim for a date of service prior to the Start Date. 2. The location code for the SSSOP ID is incorrect. 3. The SSSOP ID is closed in ProviderOne. In this instance please reach out to the EVV PM at EVVQuestions@dshs.wa.gov.

UPLOADING THE .dat BATCH FILE *continued*

Analyzing error codes

To analyze rejection error codes follow the steps listed below:
Step 1: Download the .xls Social Service Batch Upload Error Instance List
Step 2: View the 'Error Message' and 'Additional Message' column that displays the line that was submitted. Compare the lines to the Caret delimiter (.dat) format example on page 67.
Step 3: Compare the line error message to the line in the submitted caret delimiter (.dat) file to find errors and make corrections.
Step 4: If no formatting errors are found, go to the authorization list page in ProviderOne and conduct a 'Filter by' search for the month you are submitting your claims. Note: You may need to add an additional filter for processing status % in order to see authorization history.

a. Is the authorization in error for the date of service (DOS) you are billing?
    i. If yes, contact the authorizing case worker.
b. Has the authorization been canceled for the DOS you are billing?
    i. If yes, contact the authorizing case worker
c. Are the dates on the claim outside of the authorized DOS?
    a. If yes, confirm the dates on the claim are correct. If they are not correct, correct the DOS. If they are correct, contact the authorizing case worker.

If you have checked all formatting errors and verified the authorization information and cannot find the source of the error, contact: ProviderOne Health Care Authority at hipaa-help@hca.wa.gov

Step 1: Type in the subject line: Social Service Batch Upload<insert domain #>
Step 2: In the body of the email include the name of the batch file you are referencing: sample: SOC. xxxxxxx.20150131xxxxxx.SAMPLE_BATCH.dat. and any other pertinent information.
Step 3: Include your telephone number if you request a return call.

UPLOADING THE .dat BATCH FILE *continued*

Note:

A printable version of the Common Error Code Table is available as an attachment. Click here for more information.

Common Error Code Table

Many errors are common and some can be challenging to analyze. Below are several examples identified by other Social Service .dat batch upload providers. To increase your chances of a successful submission, pay special attention to NOT making the errors listed below:

Problem Description	Error Code and Description	Solution
Service dates reported are not for the month authorized.	92141 Service Code and/or Modifier on the Claim do not match those on the Social Service Authorization for the Claim DOS (date of service).	Ensure the service dates fall within the month the service was authorized.
The authorization is in error or canceled for the dates of service submitted.	92141 Service Code and/or Modifier on the Claim do not match those on the Social Service Authorization for the Claim DOS (date of service).	Contact the case worker to resolve error or explain why authorizations have been canceled.
Service dates are for span billing and not for the date the service was provided. Daily rates, quarter hours, and each unit types cannot use span billing. Span billing is considered a date range. *Only monthly service codes such as personal emergency response systems can use span billing for social service batch upload.*	92063 A separate claim line is required for each date of service for the service/ service code entered.	Correct the dates and bill for services by indicating the day the services were provided. If you have questions about billing for date of service, call the specified social service batch upload contact. Below is an example. CORRECT: From 12012013 To 12012013 From 12022013 To 12022013 ERROR: From 12012013 To 12312013
Service dates are not formatted correctly.	91042 Service From Date is not a valid date. 91052 Service To Date is not a valid date.	Correct the date format to mmddyyy. If you have questions call the specified social service batch upload contact. Below is an example. CORRECT: From 12012013 To 12012013 ERROR: From 12/01/2013 To 12/01/2013

UPLOADING THE .dat BATCH FILE *continued*

Problem Description	Error Code and Description	Solution
The file does not contain caret placeholders for the four service code modifiers even though there is no modifier assigned to the service code in the authorization list page.	90005 Field count in the record is not equal to the actual field count needed for that record.	Add the placeholder caret symbol for the service code modifiers. Do not add spaces between the carets. Below is an example of the service code and the caret placeholders in between the number of units.
The caret delimiter (.dat) file contains a caret after the last EVV field when data is entered.	90005 Field count in the record is not equal to the actual field count needed for that record.	Remove the caret. Below is an example of the units showing the caret placement after the last EVV field when data is entered.
There are too many or too few caret delimiters in your data string.	90005 Field count in the record is not equal to the actual field count needed for that record.	Count the total number of carets before the ~ and verify there are 32.*
File contains extra characters, spaces or delimiters that do not follow the required format. Do not use periods, commas, # symbols, etc.	90004 Field does not end with ^ symbol.	The client ID is missing.
Units must be in whole numbers.	90005 Field count in the record is not equal to the actual field count needed for that record.	Only use whole numbers to represent the number of units and remove the .0000 that is displayed in the crosswalk file. Below is an example: CORRECT: ^13^ ERROR: ^13.0000^

UPLOADING THE .dat BATCH FILE *continued*

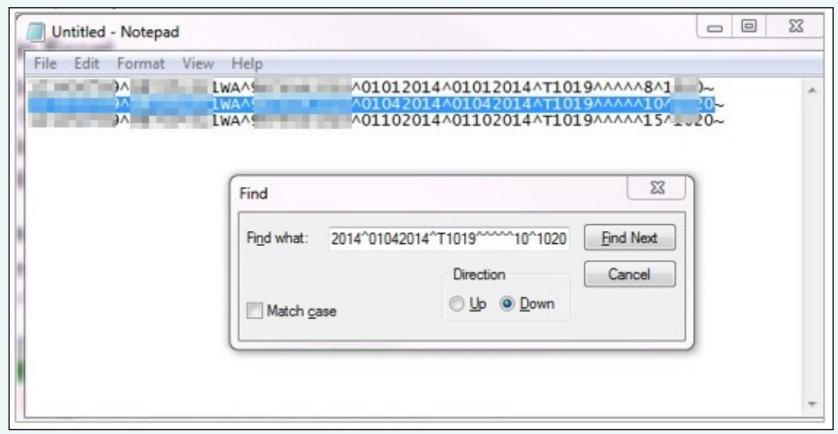
Finding the record reference in error

After your batch has been rejected, it will be necessary to find the record reference in the .dat file to either remove the record or correct the record.

You can find the record one of two methods.

Method One:

a. Open the .dat file that contains the errors.
b. Download the 'Rejected' messages from ProviderOne.
c. Copy the 'Additional Message' in the rejection list.
d. Place your curser at the top of the first record in the .dat file and click Ctrl F.
e. Paste that record reference line in the 'Find what' box.
f. Click 'Find Next' and the line will be highlighted in the .dat file.
g. Remove the line or make corrections.
h. Save and rename the .dat file.
i. Upload the corrected .dat file into ProviderOne.



UPLOADING THE .dat BATCH FILE *continued*

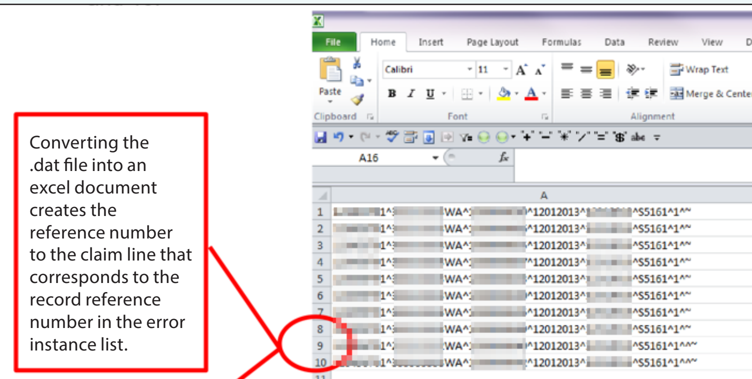
Method Two:

a. Convert the .dat file to Excel (see page 94 for directions).
b. View the .dat file line number.
c. The .dat file line number in Excel will correspond to the record reference error found in ProviderOne.
d. Remove the line or make corrections.
e. Save and rename the file to a .dat file.
f. Upload the corrected .dat file to ProviderOne.

UPLOADING THE .dat BATCH FILE *continued*

.dat File converted to Excel screen shot

The example below demonstrates how to find the errors on a .dat file. The error message indicates the field record count is not accurate, meaning there is an extra caret in the line.



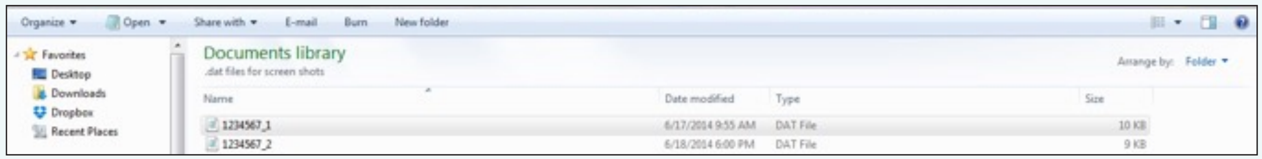
4.2.1.2.2 Example Social Service Batch Upload Error Instance List

Record reference	Error Code	Error Message	Additional Message	RNM
Record Reference- 9	90005	Field count in the record is not equal to the actual field count needed for that record	[redacted]1^[redacted]WA^1[redacted]^12012013^1[redacted]^S5161^1^	1
Record Reference- 10	90005	Field count in the record is not equal to the actual field count needed for that record	[redacted]1^[redacted]WA^[redacted]^12012013^1[redacted]^S5161^1^	2

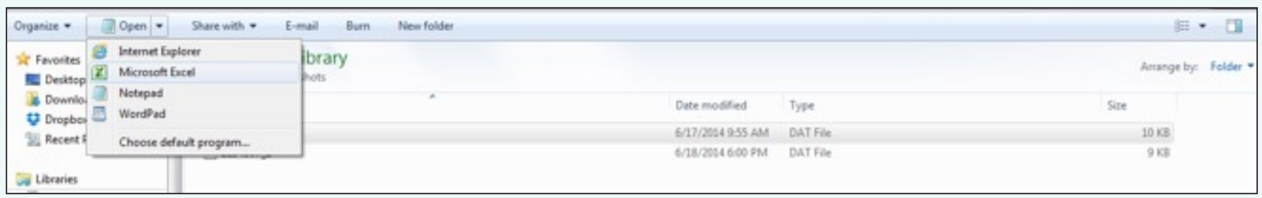
UPLOADING THE .dat BATCH FILE *continued*

Converting the caret delimiter (.dat) file to an Excel file. Follow the instructions below:

1. Right click on the selected saved caret delimiter (.dat) file



2. Right click, or on the tabs above, click Open With: Excel



IF EXCEL IS NOT LISTED

1. Right click, or on the tabs above, click Open With: Choose Default Program
2. Select the browse button.
3. In the search program files type Excel.
4. After the EXCEL program appears double click the EXCEL program.
5. Excel appears.
6. Select Excel.
7. Unclick the box: 'Always Use the Selected Program to Open This Kind of File,' if you do not want to change the default for NotePad. Click OK.

ADJUST, VOID AND RESUBMIT SOCIAL SERVICE CLAIMS

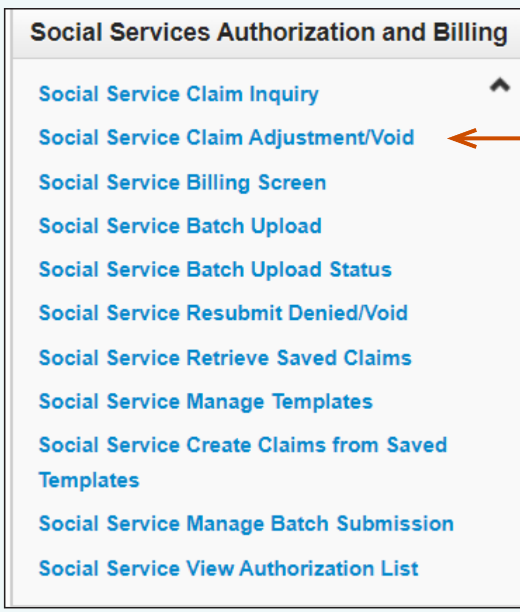
This section explains how to adjust and void claims. A previously paid claim may need to be adjusted (to change the dates, units, or other details) or voided (changing the claim so it is no longer in paid status). This section also shows how to resubmit a claim that has been denied or voided.

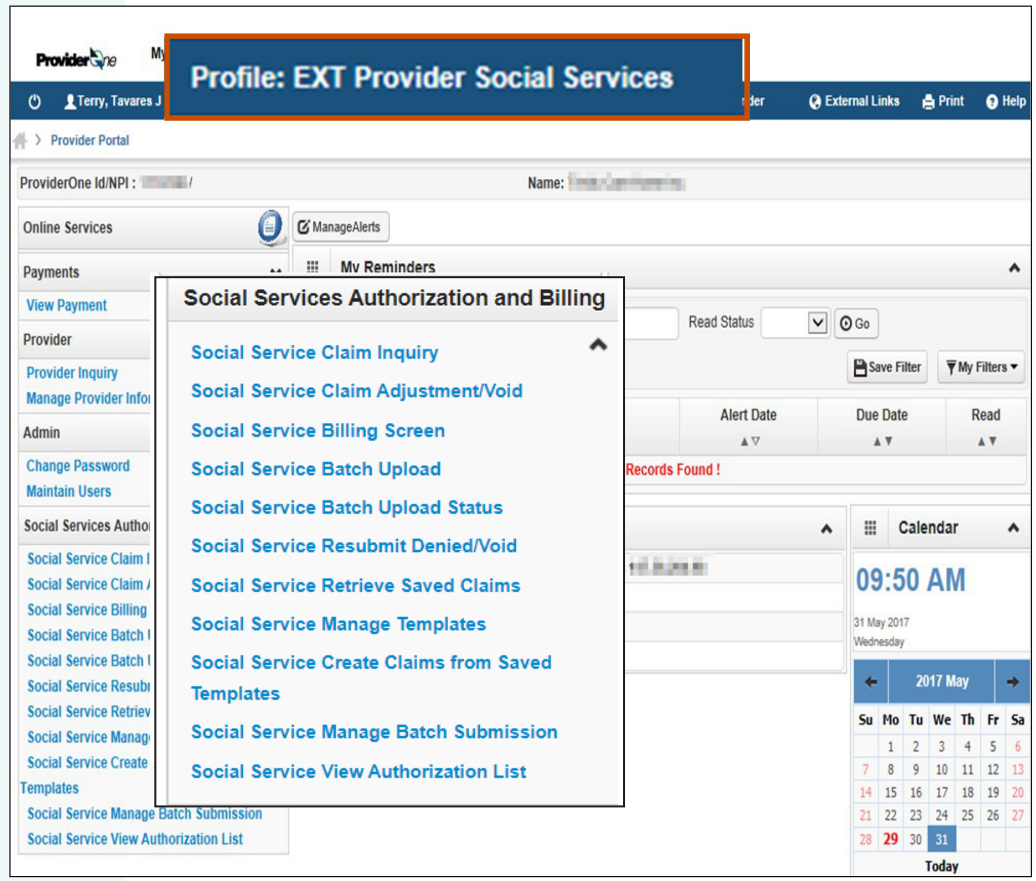
ADJUST PAID CLAIMS

> **Note:**
> *Reasons you may want to adjust or void a claim include (but not limited to): realizing the original claim had incorrect data or finding out the client was not eligible for services on the dates claimed.*

To adjust a paid claim:

- Log in to ProviderOne using the **EXT Provider Social Services** profile,
- Click on **Social Service Claim Adjustment/Void**.





ADJUST PAID CLAIMS *continued*

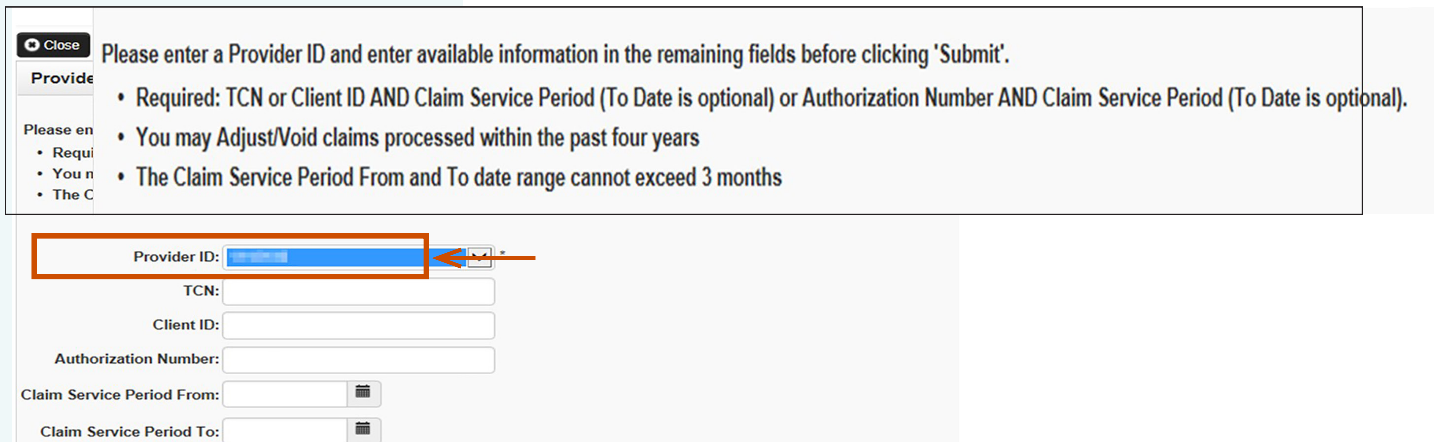
The **Provider Social Service Claim Adjust/Void Search** page appears.

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

- **TCN** (claim #) only

OR

- **Client ID** or **Authorization Number,** AND
- **Claim Service Period From Date**
    - When searching by Client ID Or Authorization Number, 'Claim Service Period From' is required but 'Claim Service Period To' is optional.



Note:

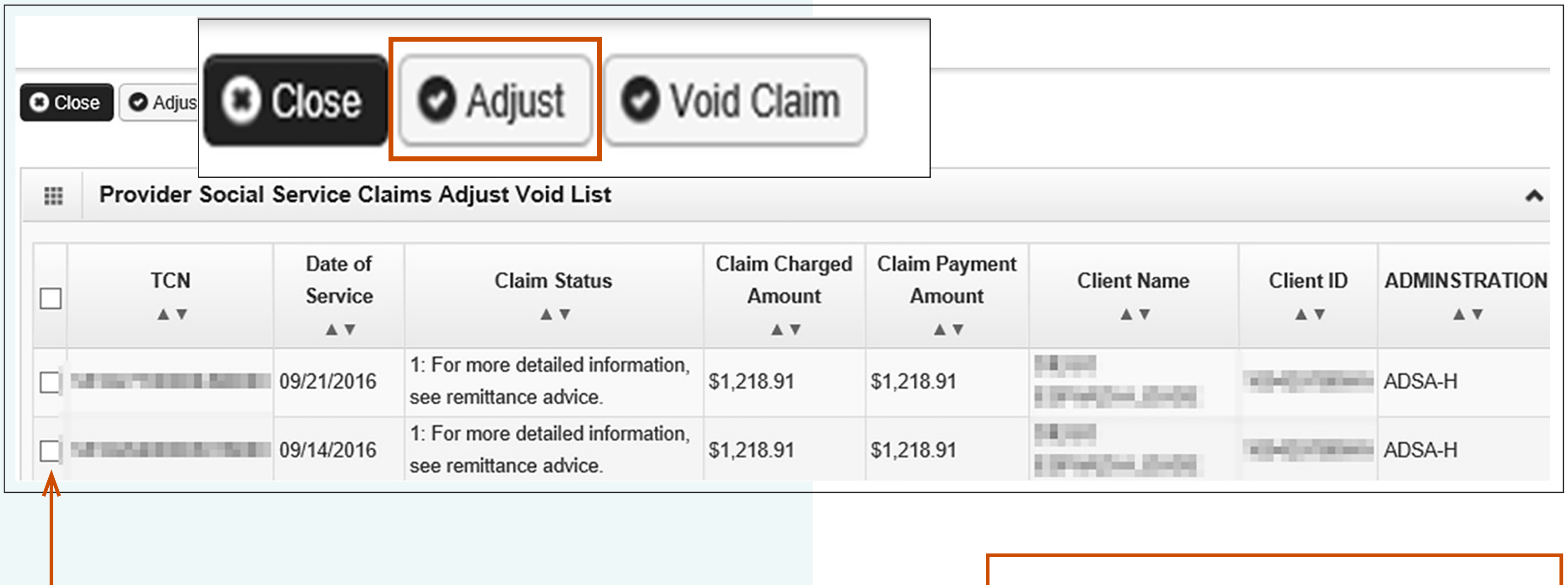
Search requests must be for claims submitted within the past 4 years. If you enter 'Claim Service Period From' date, the range cannot exceed 3 months.

ADJUST PAID CLAIMS *continued*

The **Provider Social Service Claims Adjust Void List** appears.

To Adjust a Paid Claim:

- Check the box next to the the TCN.
- Click on **Adjust**.



	TCN	Date of Service	Claim Status	Claim Charged Amount	Claim Payment Amount	Client Name	Client ID	ADMINSTRATION
☐	[illegible]	09/21/2016	1: For more detailed information, see remittance advice.	$1,218.91	$1,218.91	[illegible]	[illegible]	ADSA-H
☐	[illegible]	09/14/2016	1: For more detailed information, see remittance advice.	$1,218.91	$1,218.91	[illegible]	[illegible]	ADSA-H

Note:

The populated list will show the TCN, Date of Service, Claim Status, Claim Charged Amount, Claim Payment Amount, Client ID and the Administration providing services for the client.

ADJUST PAID CLAIMS *continued*

The **Adjust Social Services Claim** page appears.

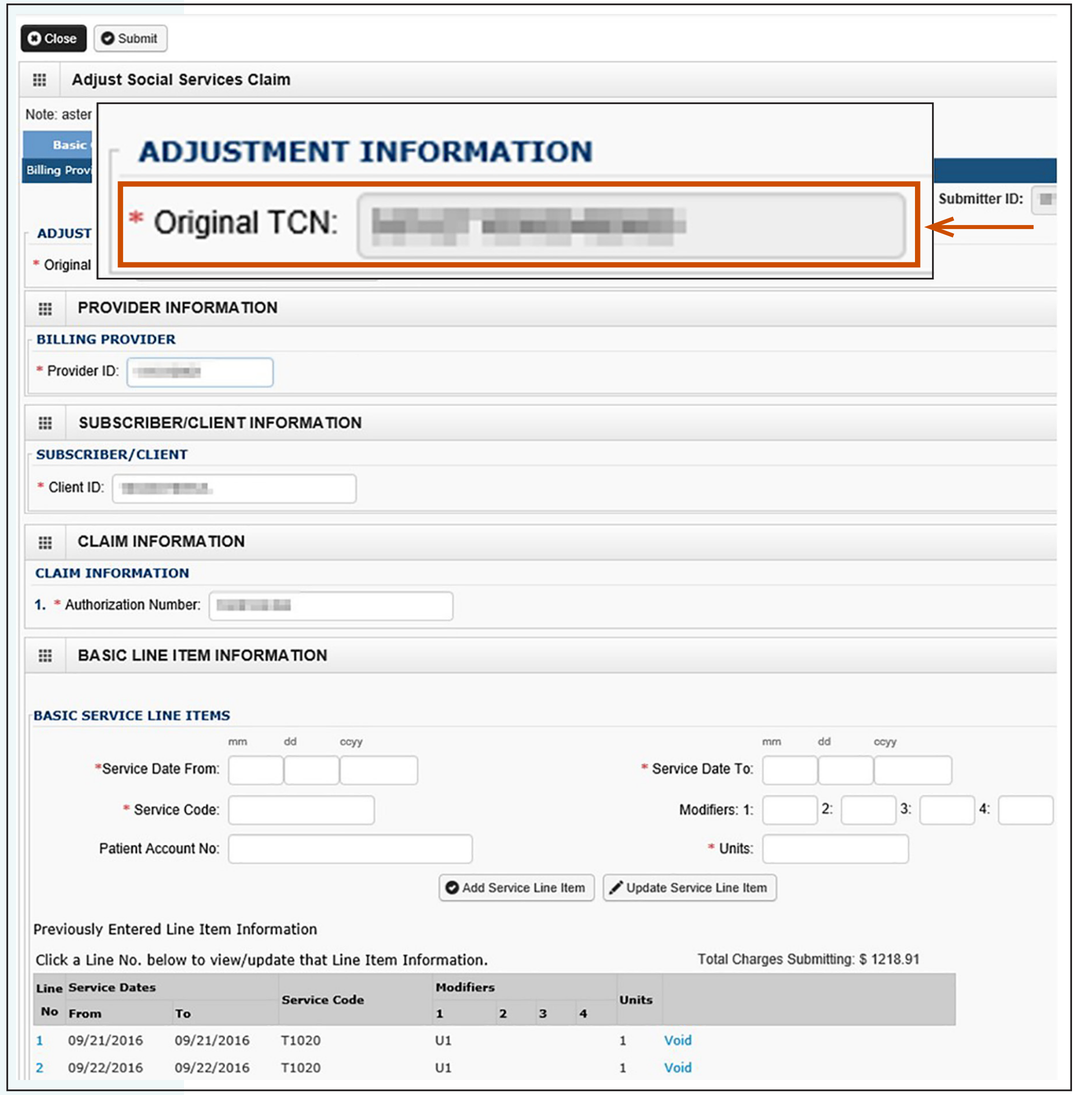
This screen is similar to the Billing Screen; however, the page includes an **Original TCN**.

If there has been a change that does not require you to change any data (example a change in the rate), simply click the **Submit** button to reprocess the claim. Then go to page 103 to finish the adjustment process.

If you need to change data, then continue onto the next pages where we will view the different options available when adjusting paid claims.

These include:

- Modifying Service Line data
- Adding Service Lines
- Voiding Service Lines



Line No	Service Dates From	To	Service Code	Modifiers 1	2	3	4	Units	
1	09/21/2016	09/21/2016	T1020	U1				1	Void
2	09/22/2016	09/22/2016	T1020	U1				1	Void

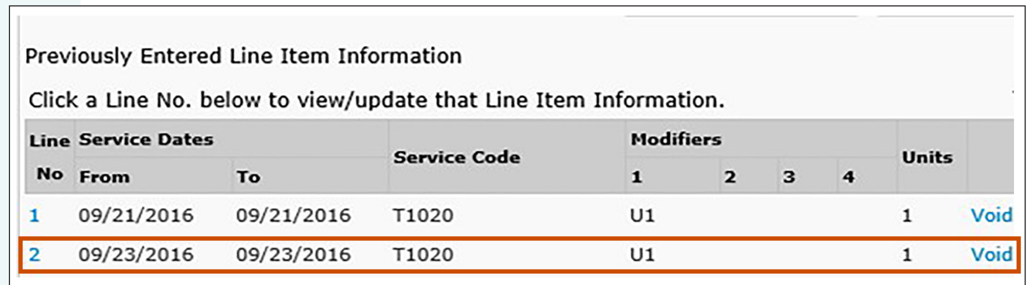
ADJUST PAID CLAIMS: MODIFYING SERVICE LINE DATA

Note:

When adjusting paid claims, changes cannot be made to the Provider ID, Client ID, or Authorization number. If you need to make changes to one of the above 3, void the original claim and submit a new claim.

Modifying Service Line Data:

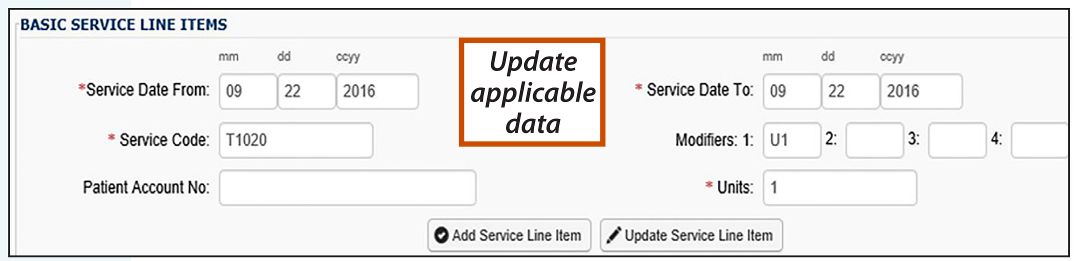
- Click on a **Service Line Number**.
- The corresponding service line information appears in the Basic Service Line Items fields.
- Make needed changes to the data fields. Refer to page 9 for the data fields that can be changed.
- If you are billing for In-Home Personal Care Services or Respite Care Services, please remember that EVV information is required to be submitted with your claims. Refer to pages 10-12 to review EVV requirements.
- Click on **Update Service Line**.
- Go to page 103 to finish the adjustment process.



Previously Entered Line Item Information

Click a Line No. below to view/update that Line Item Information.

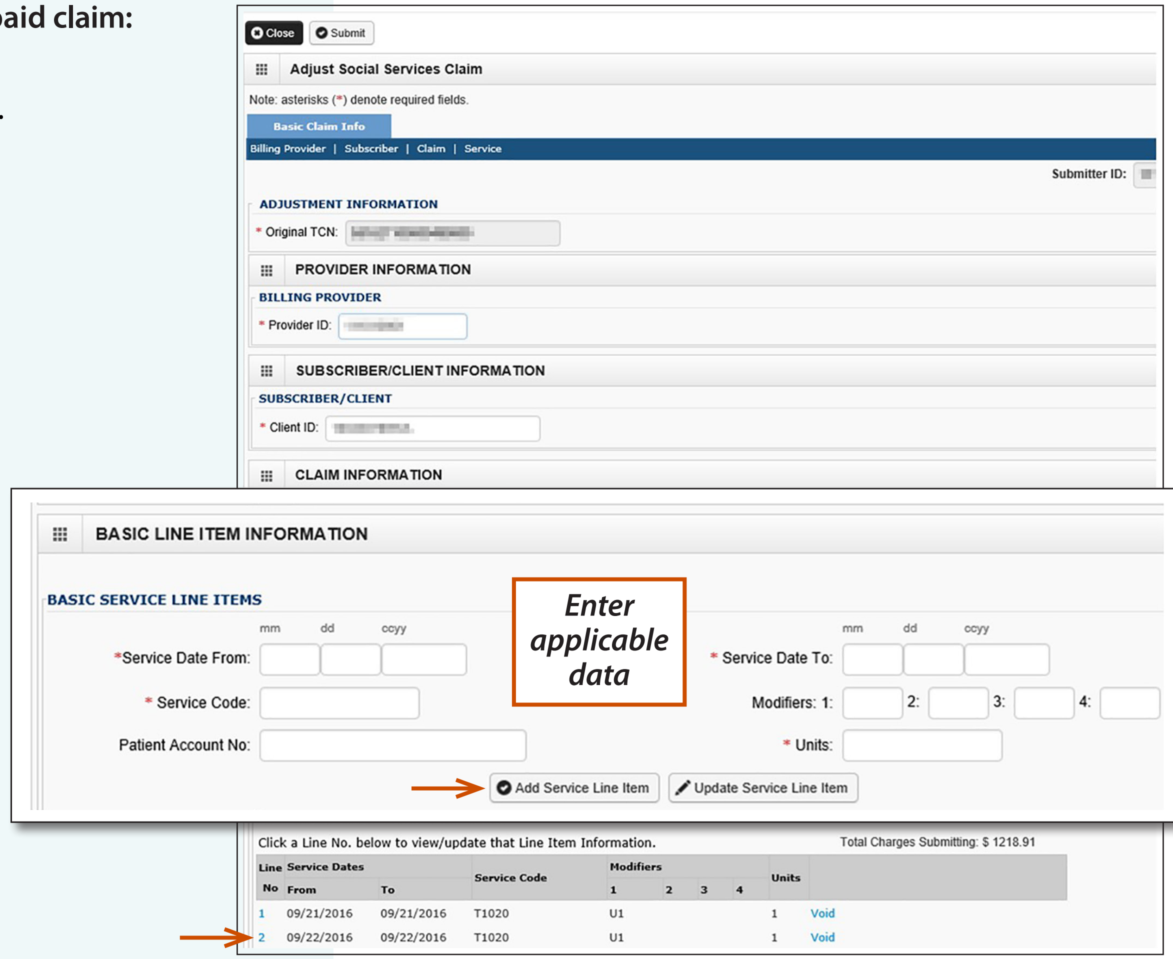
Line No	Service Dates From	Service Dates To	Service Code	Modifiers 1	2	3	4	Units	
1	09/21/2016	09/21/2016	T1020	U1				1	Void
2	09/23/2016	09/23/2016	T1020	U1				1	Void



ADJUST PAID CLAIMS: ADDING DATES OF SERVICES

To add a date of service to a previously paid claim:

- Enter **Basic Service Line** information.
- Click **Add Service Line** and enter applicable data.
- Go to page 103 to finish the adjustment process.



ADJUST PAID CLAIMS: VOIDING SERVICE LINES

Voiding Service Line Data within a Paid Claim:

- Determine which line(s) needs to be voided in the **Previously Entered Line Item Information** section.
- Click **Void** at the end of the line you wish to remove

Previously Entered Line Item Information

Click a Line No. below to view/update that Line Item Information.

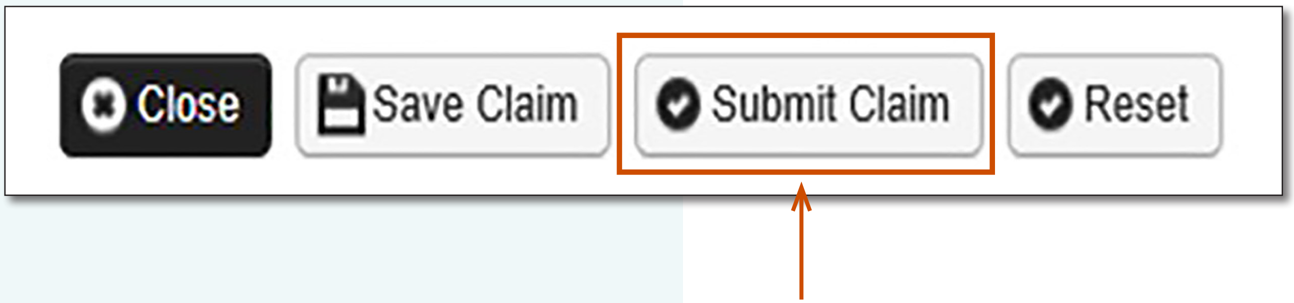
Line No	Service Dates From	To	Service Code	Modifiers 1	2	3	4	Units	
1	01/23/2019	01/23/2019	T1019					32	Void
2	01/24/2019	01/24/2019	T1019					32	Void
3	01/22/2019	01/22/2019	T1019					32	Void
4	01/28/2019	01/28/2019	T1019					32	Void

- The line disappears from the claim, and any subsequent lines will change numbers to match the new order. (Notice that the line for 1/24/2019 (above) has been removed (below), and lines 3 and 4 have moved up in the order.)
- Go to page 103 to finish the adjustment process.

Line No	Service Dates From	To	Service Code	Modifiers 1	2	3	4	Units	
1	01/23/2019	01/23/2019	T1019					32	Void
2	01/22/2019	01/22/2019	T1019					32	Void
3	01/28/2019	01/28/2019	T1019					32	Void

ADJUST PAID CLAIMS *continued*

Once all service line information is entered and checked for accuracy, click **Submit Claim** at the top of the screen.

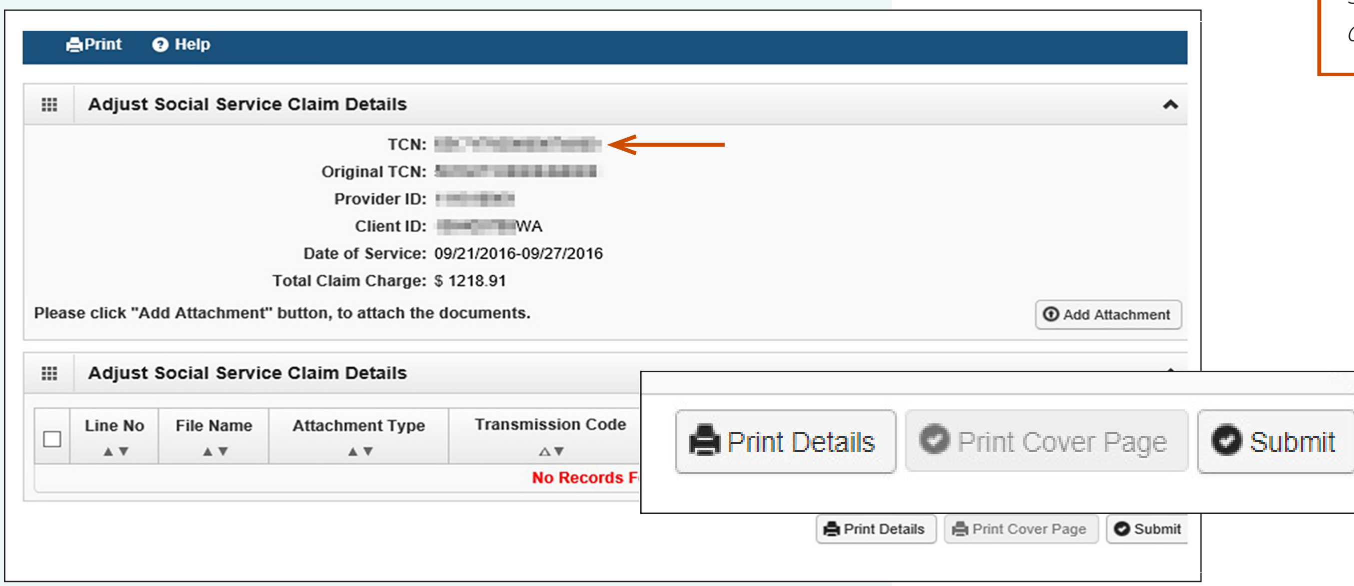


ADJUST PAID CLAIMS *continued*

Once you have clicked **Submit**, the **Adjust Social Service Claim Details** appears. The adjusted claim will have a new **TCN**. This allows for tracking of the changes made to the original claim.

Claim details will include the new **TCN**, **Original TCN**, **Provider ID**, **Client ID**, **Date of Service** and **Total Claim Charge**.

To complete claim submission, click on the **Submit** button (located on the bottom right corner of the page).



Once the claim is processed by ProviderOne, the adjustment is complete. The claim details will be available in the Adjustments category of your Remittance Advice (RA). For more information about your RA, review the RA section in the *Viewing Claim Status and Payments Guide.*

Note:

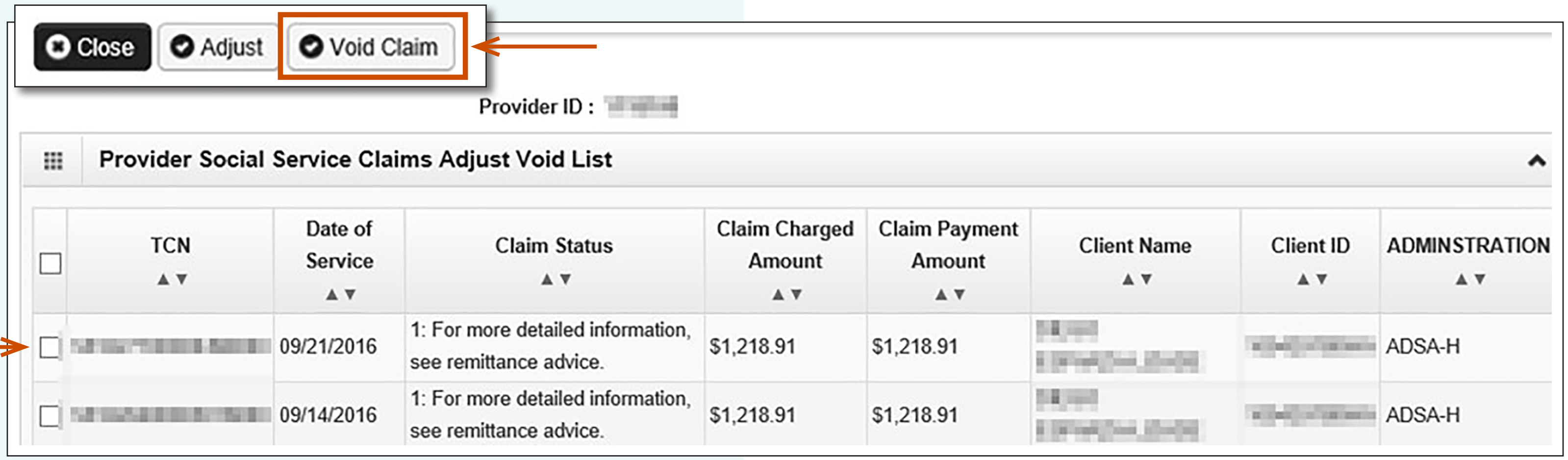
*Make sure to click **Submit** on this screen.*

***No Records Found!** refers to attachments such as backup documentation. Social Service providers will not add attachments.*

VOID PAID CLAIMS

To Void an entire paid claim:

- Locate and select the claim you wish to update (see page 102).
- Check the ☐ box next to the TCN.
- Click **Void Claim**.



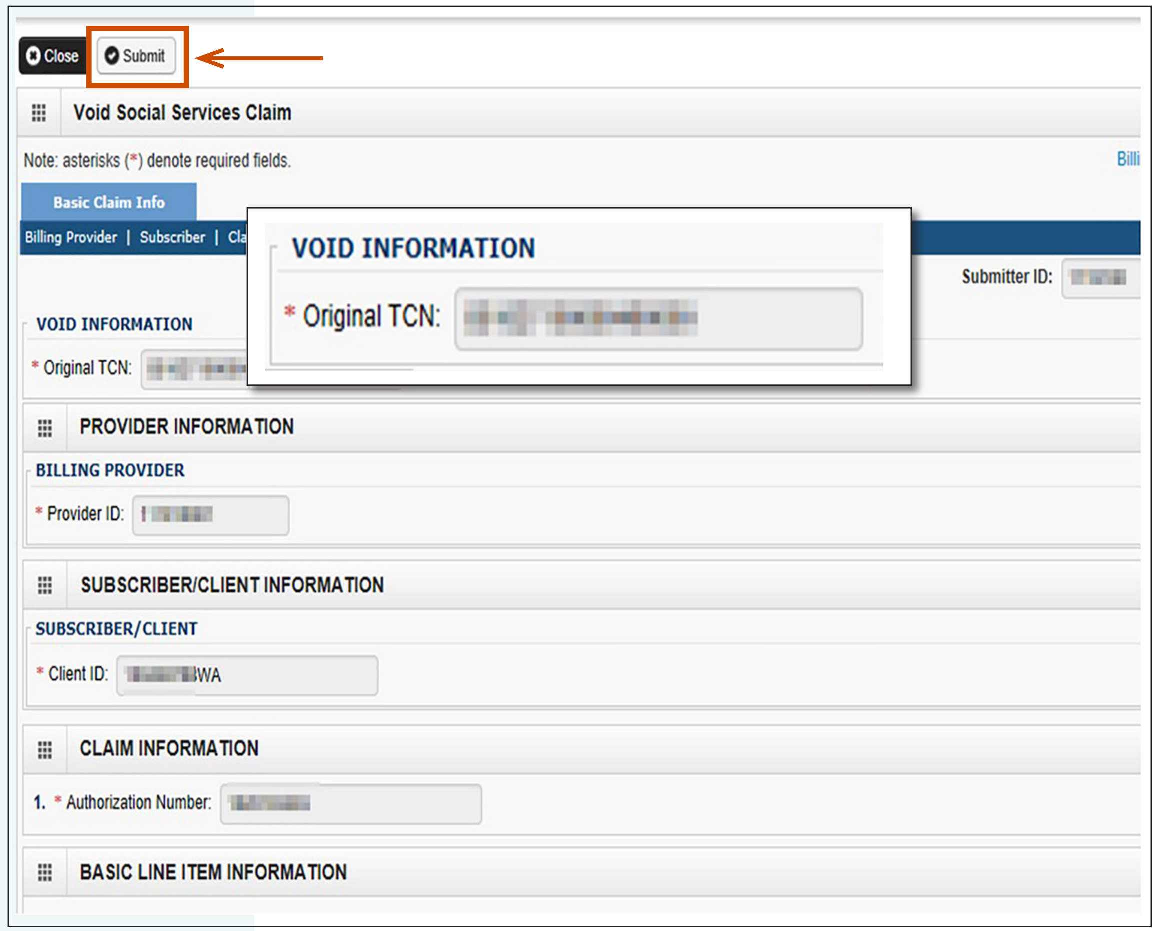
Note:

You should only void an entire claim if you should not have been paid for any of the claim line details associated with the TCN. Voiding a claim will result in an overpayment. This means you must pay DSHS back the original paid amount. ProviderOne does not automatically take the money back. See the [Viewing Claim Status and Payments Guide] for more information about overpayments.

VOID PAID CLAIMS *continued*

The **Void Social Services Claim** page appears with all the fields grayed out.

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

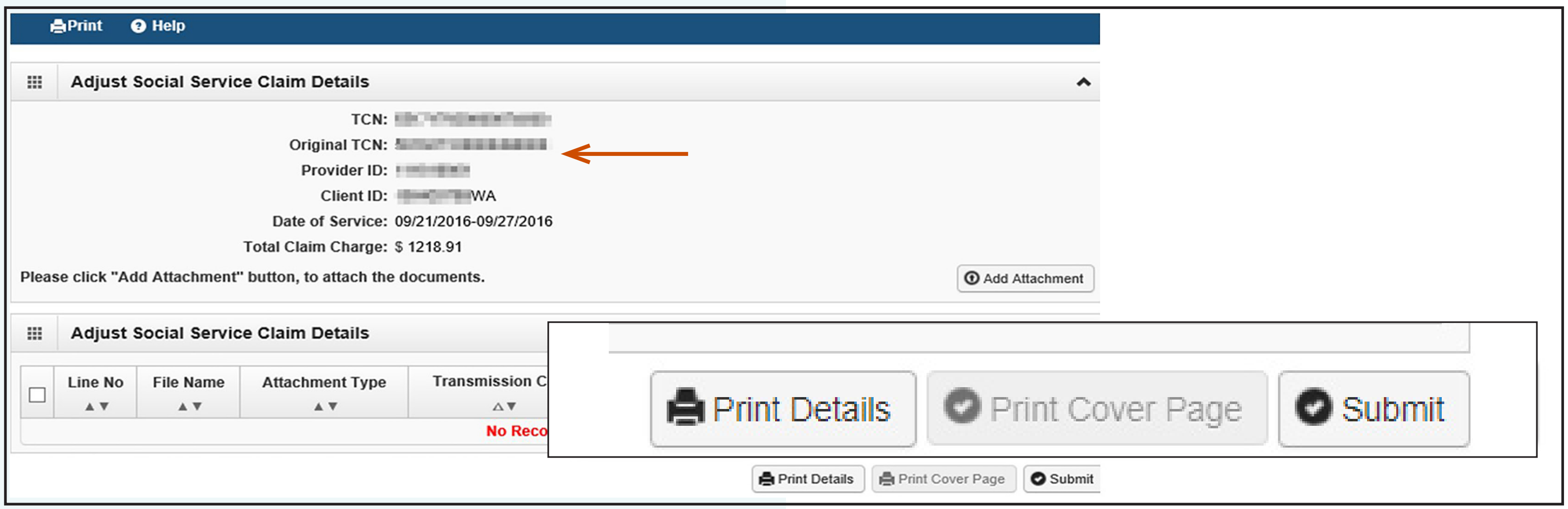


VOID PAID CLAIMS *continued*

The **Adjust Social Services Claim Details** appears. The adjusted claim will have a new **TCN**. This allows for tracking of the changes made to the original claim.

Claim details will include the new **TCN**, **Original TCN**, **Provider ID**, **Client ID**, **Date of Service** and **Total Claim Charge**.

Click on **Submit** to submit the voided claim.



Note:

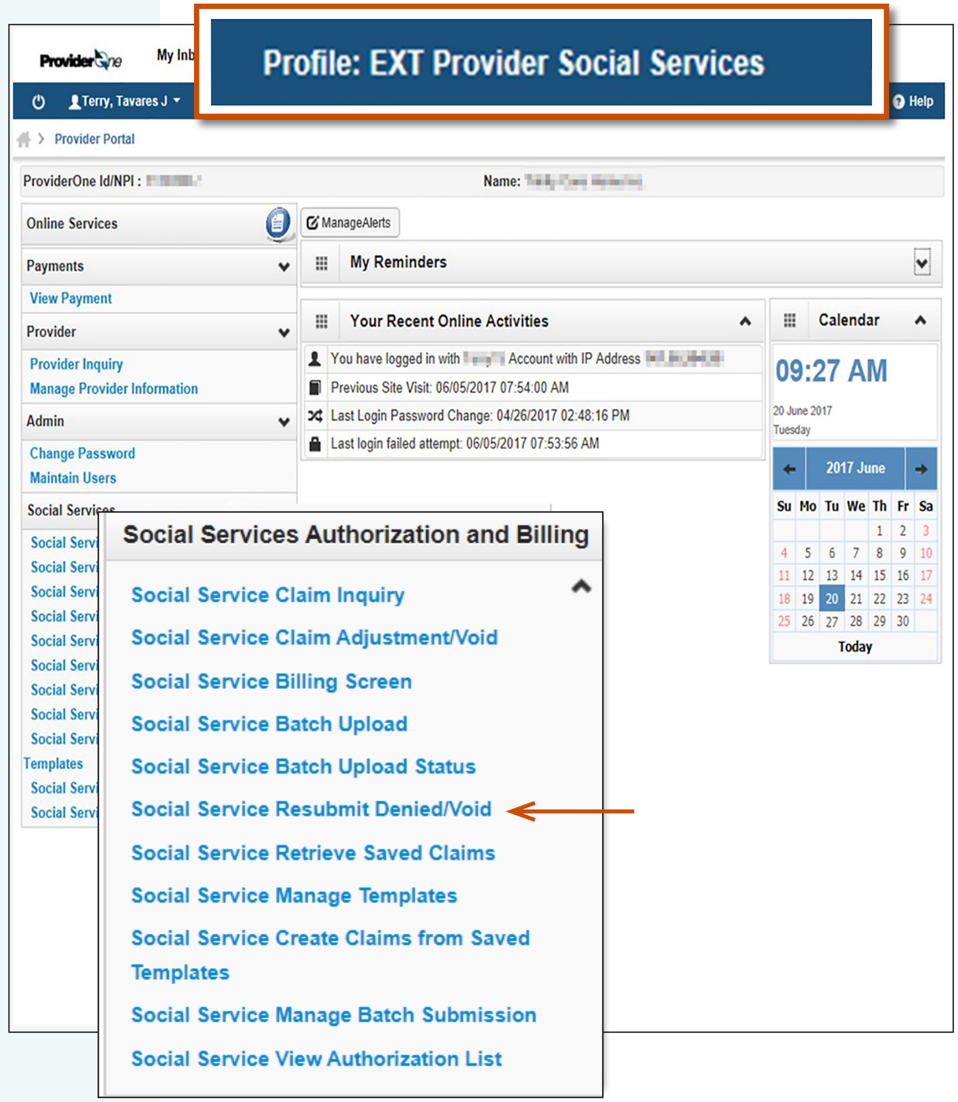
*Make sure to click **Submit** on this screen. **No Records Found!** refers to attachments such as backup documentation Social service providers will not add attachments. Voiding a PAID claim will result in an overpayment. You should review the claim details on your RA when your RA is available.*

RESUBMIT DENIED OR VOIDED CLAIMS

The main reasons a Denied claim may need to be resubmitted include:

- The authorization was in error when the claim was originally submitted and the error has been resolved.
- Basic data had incorrect date, service code, or units.

A Voided claim may need to be resubmitted if a provider discovers they voided the paid claim in error.



To resubmit a denied or voided claim:

- Login to ProviderOne using the **EXT Provider Social Services** profile.
- Click on **Social Service Resubmit Denied/Void**.

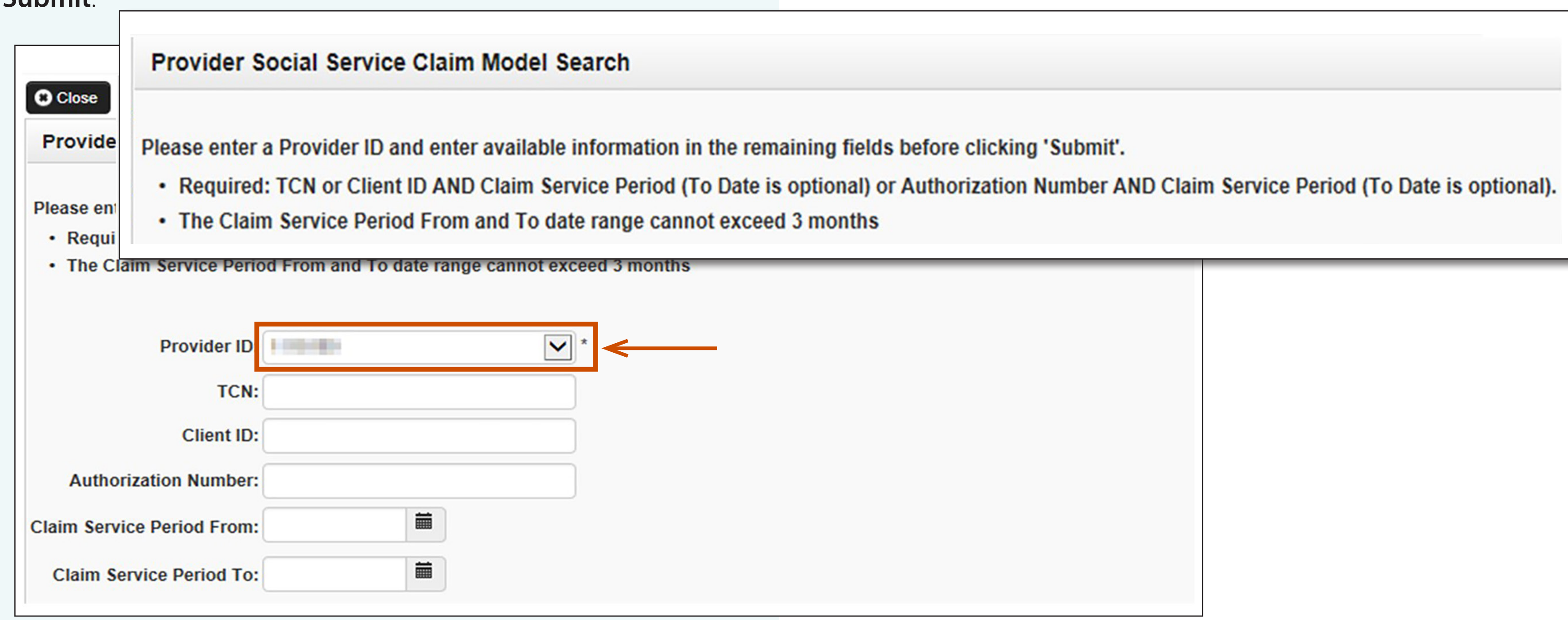
RESUBMIT DENIED OR VOIDED CLAIMS *continued*

The **Provider Social Service Claim Model Search** page appears.

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

- **TCN** or,
- **Client ID and Claim Service Period** (From and To Date).
- Once you enter the necessary search criteria, click **Submit**.

> **Note:**
> *Search requests must be for claims submitted within the past 4 years. If you search using the Claim Service Period From/To dates, the date range cannot exceed 3 months.*



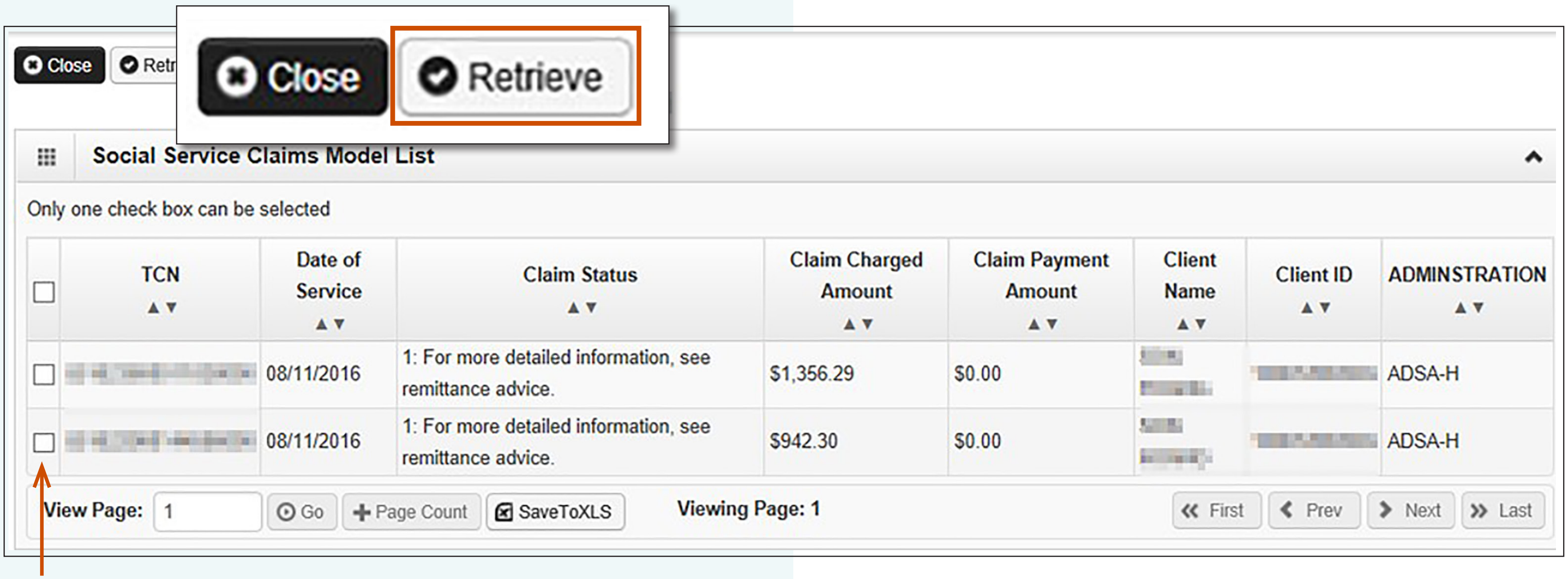
RESUBMIT DENIED OR VOIDED CLAIMS *continued*

The **Social Service Claims Model List** appears.

To Resubmit a Denied or Voided Claim:

- Check the ☐ box next to the **TCN**.
- Click on **Retrieve**.

> **Note:**
> *The populated list will show the TCN, Date of Service, Claim Status, Claim Charged Amount, Claim Payment Amount, Client ID and the Administration providing services for the client.*

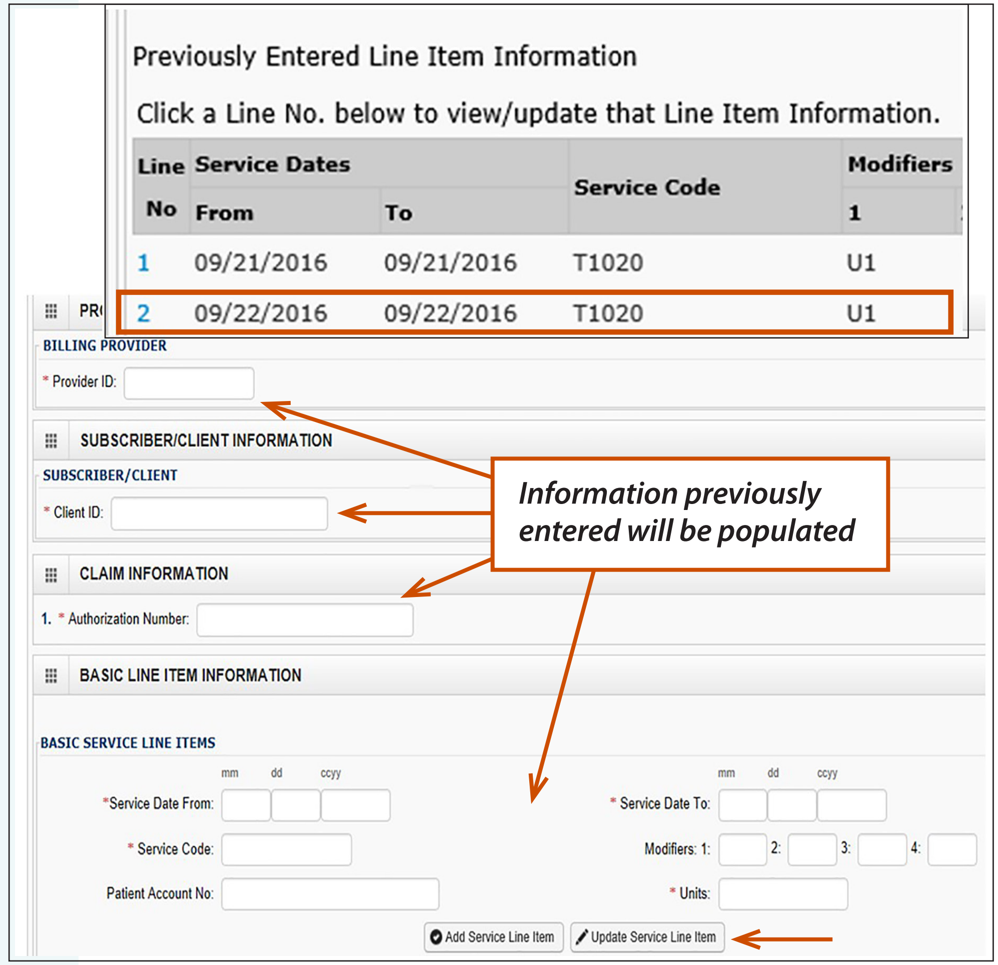


RESUBMIT DENIED OR VOIDED CLAIMS *continued*

The basic billing screen appears.
This screen is similar to the Billing Screen. Locate the line you want to change and:

- Update Basic Service Line information,
- Click on Update Service Line Item.

Once the service line information is entered and checked for accuracy, click 'Submit Claim' at the top of the screen.



Note:

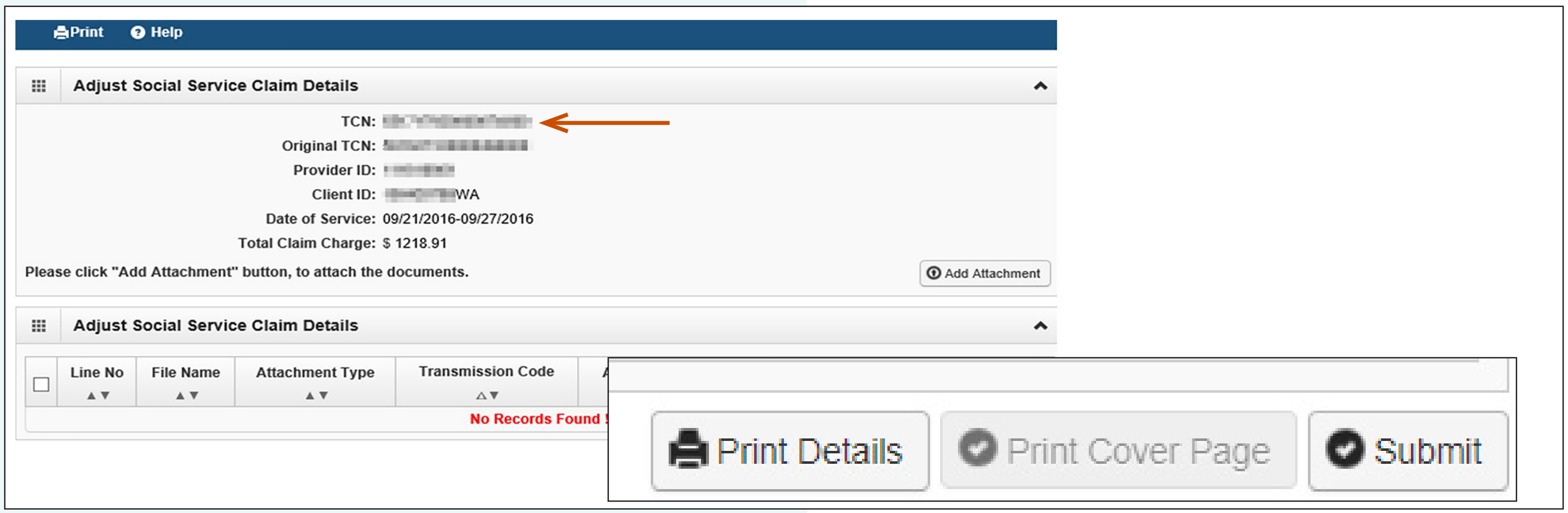
When resubmitting denied claims, changes cannot be made to the Provider ID, Client ID, or Authorization number. If you need to make changes to one of the above 3, submit a new claim.

RESUBMIT DENIED OR VOIDED CLAIMS *continued*

The **Social Services Claim Details** appears. The resubmitted claim will have a new **TCN**. This allows for tracking of the changes made to the original claim.

Claim details will include the new **TCN**, **Original TCN**, **Provider ID**, **Client ID**, **Date of Service** and **Total Claim Charge**.

Click on **Submit** to resubmit the claim.



Additional Resources

Visit the ProviderOne for Social Services webpage for more resources:

- Updates and newsletters
- Additional contact information
- Additional ProviderOne for Social Services Billing Guides:
    - Getting Started and Billing Essentials
    - Submitting and Adjusting Social Service Medical Claims
    - Viewing Claim Status & Payments

For questions, feedback, or suggested changes to this document, please email p1_escalation@dshs.wa.gov.