

Tribal Affairs ProviderOne Billing Quick Reference Sheet

How to Void a Claim

1. Log into ProviderOne

.

2. Click on claims adjustment/void

👍 🧃 Home - MACSC Knowled 🧉 M	ledicaid Providers Home 🧧 httpwww.npai	ht
ovider My Inbox		
	Welcome Longnecker, Mike . You h	av
? 🖣	Path: Provider Portal ProviderOne Id/NPI :	
Provider Portal:	ł.	
Online Services:	N	Ne
Claims	Hide/Max	
Claim Inquiry		Т
Claim Adjustment/Void	-	g
On-line Claims Entry		a
Resubmit Denied/Voided Claim		
Retrieve Saved Claims		т
Manage Templates		
Create Claims from Saved Templates		
Manage Batch Claim Submission		
Client	Hide/Max	
Client Limit Inquiry		
Benefit Inquiry	,	Лy
Devenuesta	F	ilt
View Daymont	Hide/Max	Re.
View Capitation Payment	ŕ	
them cupitation rayment		
ProviderOne-Generated Invoices	Hide/Max	
View Invoice		
Validate Invoice		
Managed Care	Hide/Max	
View Enrollment Roster		
View ETRR		
Prior Authorization	Hide/Max	
ge ID: pgProviderPortal(Provider)	E	Ēnv

- 3. Your screen should pre-populate with your NPI
- 4. Enter the TCN into the field and click the submit button

	Welcome Longnecker, Nike . You have logged in with EXT Provider Claims Submitter profile
? 4	Path: Provider Portal/Provider Claim Adjust Void Search
Jose Submit	
ovider Claim Adjust Void Search:	
Yeease • Re • Yo • Th • On	enter a Provider MPA and enter available information in the remaining fields before clicking Subm pured: TON or Client ID AND Claim Service Period (To date is optional) u may Adjust/Noid daims processed within the past four years e Claim Service Period From and To date range cannot exceed 3 months ly paid daims satisfying the selection criterion will be returned
Provider NPI:	· ·
TCN: 3	01304600039194000
Client ID:	
Claim Service Period From:	
Claim Service Period To:	
ID: pgProviderGlaimAdjVoidSearch(Claims)	Environment: UAT

5	. Toggle (click th	e square box) next to	your claim and click on	the void claim button
00.	- /			

Provider In Hy Inbox Welcome Longnecker, Hike . You have logged-in with EXT Provider Claims Submitter profile. Path: Provider Portal/ Provider Claim Adjust Void Search/ Provider Claims Adjust Void List Close Adjust Void Claim Provider Claims Adjust Void List Provider Claims Adjust Void List Provider Claims Adjust Void List Image: Claim Adjust Void List Image: Claim Status Adjust Void List Image: Claim Adjust Void List Image: Claim Status Adjust Void List Image: Claim Adjust Void List Image: Claim Status Adjust Void List Image: Claim Adjust Void List Image: Claim Status Adjust Void List Image: Claim Status Adjust Void Distribution Image: Claim Status Adjust Void List Image: Void Void List: Image: Claim Status Adjust Void List Image: Void Void Void List: Image: Claim Status Adjust Void List Image: Void Void Void Void Void Void Void Void
Welcome Longnecker, Hike . You have logged-in with EXT Provider Claims Submitter profile. Path: Provider Portal/ Provider Claim Adjust Void Search/ Provider Claims Adjust Void List Close Adjust Yoid Claim Provider Claims Adjust Void List Image: Claim Status Adjust Void List Image: Void Claim Status Adjust Void List Image: Void Status Adjust Void List Image: Void Void Void Void List Image: Void Void Void Void Void Void Void Void
Path: Provider Portal/ Provider Claim Adjust Void Search/ Provider Claims Adjust Void List Close Adjust Void Claim Provider Claims Adjust Void List: Provider NPI: 1 TCN Date of Service Claim Status A A A I Join 100/06/2012 1: For more detailed information, see remittance advice. Viewing Page 1 1 Core Page Count
Close Adjust Void Claim Provider Claims Adjust Void List: TCN Date of Service Claim Status 301304500039194000 09/06/2012 1: For more detailed information, see remittance advice. Viewing Page 1 1 Col Page Count SaveToXLS
Provider NPI: 1
Provider Claims Adjust Void List: TCN Date of Service Claim Status 301304500039194000 09/06/2012 1: For more detailed information, see remittance advice. Vewing Page 1 Next >> 1 Col Page Count SaveToXLS
TCN Date of Service Claim Status A T A T A T 301304500039194000 09/06/2012 1: For more detailed information, see remittance advice. Yewing Page 1 Next >> 1 Co Page Count SaveToXLS
301304500039194000 09/06/2012 1: For more detailed information, see remittance advice. Yewing Page 1 Next >> 1 Go Page Count SaveToXLS
Viewing Page 1 Next 200 1 Go Page Count SaveToXLS

6. Click on the submit claim button (clicking submit sounds weird, but you are submitting the void)

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	Welcome Longnecker, Mike . Yo	w have logged-in with EXT Provider Claims Submitte
? 4	Provider Portal/ Provider Cla	aim Adjust Void Search/ Provider Claims Adju
Close Submit Claim		
oid Professional Claim:		
Note: asterisks (*) denote required fields.		
Basic Claim Info Other Claim Info		
Silling Provider Rendering Provider Subscrib	er Claim Service	
VOID INFORMATION		
Original TCN: 301304600039194000		
PROVIDER INFORMATION		
So to Other Claim Info to enter information for	Referring, Purchasing, Supervis	ing and other providers.
* Provider NPI:	xonomy Code: 208D00000X	
Is the Billing Provider also the Renderin	g Provider?	🔿 Yes 🍥 No
RENDERING (PERFORMING) PROVIDER		
* Provider NPI: Ta	xonomy Code: 208000000X	
Is this service the result of a referral?		🔿 Yes 🔘 No

7	Click OK on the window that nonned up
7.	Click OK on the window that popped up

Claims Submission Final Dialog - Windows Internet Explorer			
?			
Tote 201426510215679000 Original TC#: 201426510215679000 Original TC#: 301304600039154000 Provider IRF Client IR: Date of Service: 09/06/2012-09/06/2012	1		
Total Claim Charget 52,55		Print Print Cover Page Ok	
		T	
Page 10: digvoidProfessionalClaimsFinal Environment: UAT Claims)	1D- app01_82	Server Time: 09/22/2014 02:48:53 P0T	
		€ 100% ·	Server

8. System brings you back to the original claim that you are done with, click the close button

wider ne My Inbox	
	Welcome Longnecker, Mike . You ha
? 4	Path: Provider Portal/ Provider Claim
Close	
Void Professional Claim:	
Note: asterisks (*) denote re	equired fields.
Basic Claim Info Ot	her Claim Info
Billing Provider Rendering Pro	wider Subscriber Claim Service
VOID INFORMATION	
* Original TCN: 3013046000	39194000
Go to Other Claim Info to enter BILLING PROVIDER	r information for Referring, Purchasing, Supervising
* Provider NPI:	* Taxonomy Code: 208D00000X
😮 * Is the Billing Provider al	so the Rendering Provider?
RENDERING (PERFORMIN	G) PROVIDER

9. Click OK on the pop-up screen that says "New data entered up to this point will be lost. Do you want to continue?"

See Lidert Gan	
oid Professional Claim:	
ote: asterisks (*) denote required fields. Besic Claim Info Ring Provider Rendering Provider Subsidier Claim Service	Message from webpage
VOID INFORMATION * Original TCN: [201304500039154000	New data entered up to this point will be lost. Do you want to continue?
SOUNDER BEONEATION To to Other Claim Info to enter information for Referring, Purchasing, Supervising and other p BILLING PROVIDER * Provider NP1: * * Taxonomy Code: 2000000000	OK Cancel
* Is the Billing Provider also the Rendering Provider? Yes 2 A RENDERING (PERFORMING) PROVIDER * Provider NPI: * Taxonomy Code: 200000000	6
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