Washington State Health Care Authority

Health Care Authority, Interpreter Services

Sign Language Contractors Claiming Guide Tips

November 10, 2020

Washington State Health Care Authority

Understanding claim status

The Remittance Advice (RA) provides detail about the status of claims in ProviderOne.

The RA is broken down into key elements:

- RA newsletter
- RA summary
- Paid Claims
- Denied Claims
- In-process claims
- Adjusted claims

Payment Process

ProviderOne makes weekly payments every Monday.

- Clean claims are claims that have all of the required data elements and do not conflict with Apple Health program policies.
- Claim submission cutoff in the payment system is Tuesday at 5 p.m. Pacific Time to make payment the following Monday on a "clean" claim.
    - Claims may arrive in the payment system before 5 PM on Tuesday, but may not process until after the cutoff time. These claims will miss the next Friday payment and be paid the following payment cycle on the following Friday.
- Clean claims submitted after cutoff will be paid the following payment cycle on the following Monday.
- ProviderOne issues an RA every week, following Monday's payment cycle.

Retrieving the RA

There are two ways to access your RA:

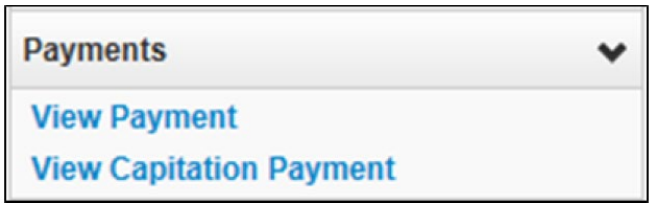
- ProviderOne portal (PDF file)
- HIPAA EDI transactions (Electronic 835)

This guide covers the process related to using the ProviderOne portal.

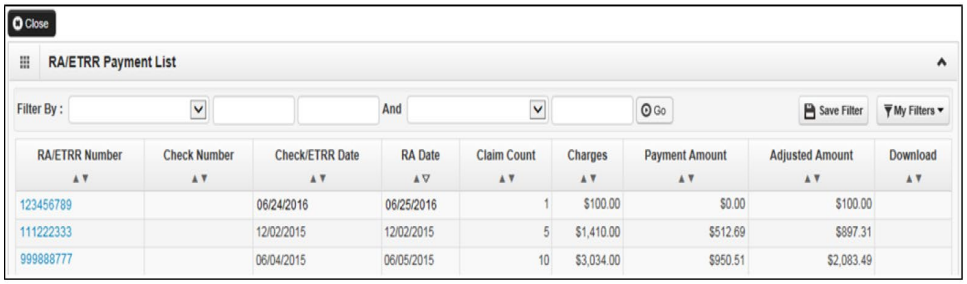
Retrieving your RA via the ProviderOne Portal:

1. Log in to ProviderOne.

2. Choose your **EXT Provider Super User** profile. Select **View Payment**



ProviderOne will display the following segment:



3. Select **RA/ETRR Number** in the first column to review your RA.

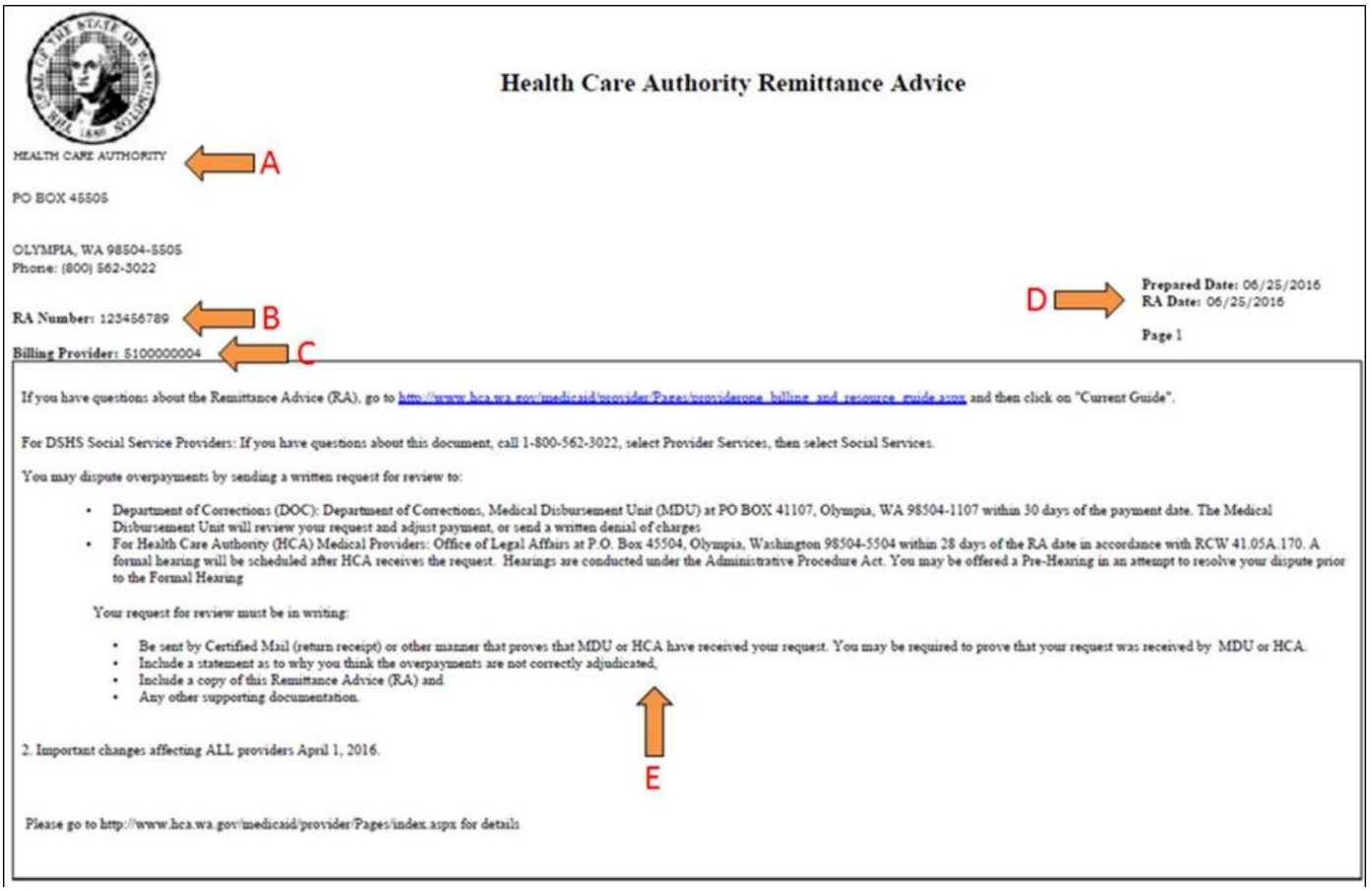
Pitfalls

- Using the incorrect user profile. This may result in not being able to retrieve the RA in the ProviderOne.
- Logging into the wrong domain number. This may result in not finding the RA matching your payment.
- Selecting the incorrect RA. ProviderOne does not always display the latest RA at the top of the list unless you use the arrows in the **RA Date** column to sort by date.

Reviewing updates and key messages

ProviderOne uses the RA newsletter to communicate changes and new information relevant to ProviderOne users. Taking the time to review this section will ensure you see the most current and important changes, messages, and announcements

View of the first page of your RA:



Health Care Authority Remittance Advice

HEALTH CARE AUTHORITY A

PO BOX 45505

OLYMPIA, WA 98504-5505
Phone: (800) 562-3022

RA Number: 123456789 B

Billing Provider: 5100000004 C

D Prepared Date: 06/25/2016
RA Date: 06/25/2016

Page 1

If you have questions about the Remittance Advice (RA), go to http://www.hca.wa.gov/medicaid/provider/Pages/providerone_billing_and_resource_guide.aspx and then click on "Current Guide".

For DSHS Social Service Providers: If you have questions about this document, call 1-800-562-3022, select Provider Services, then select Social Services.

You may dispute overpayments by sending a written request for review to:

- Department of Corrections (DOC): Department of Corrections, Medical Disbursement Unit (MDU) at PO BOX 41107, Olympia, WA 98504-1107 within 30 days of the payment date. The Medical Disbursement Unit will review your request and adjust payment, or send a written denial of charges
- For Health Care Authority (HCA) Medical Providers: Office of Legal Affairs at P.O. Box 45504, Olympia, Washington 98504-5504 within 28 days of the RA date in accordance with RCW 41.05A.170. A formal hearing will be scheduled after HCA receives the request. Hearings are conducted under the Administrative Procedure Act. You may be offered a Pre-Hearing in an attempt to resolve your dispute prior to the Formal Hearing

Your request for review must be in writing:

- Be sent by Certified Mail (return receipt) or other manner that proves that MDU or HCA have received your request. You may be required to prove that your request was received by MDU or HCA.
- Include a statement as to why you think the overpayments are not correctly adjudicated,
- Include a copy of this Remittance Advice (RA) and
- Any other supporting documentation.

2. Important changes affecting ALL providers April 1, 2016. E

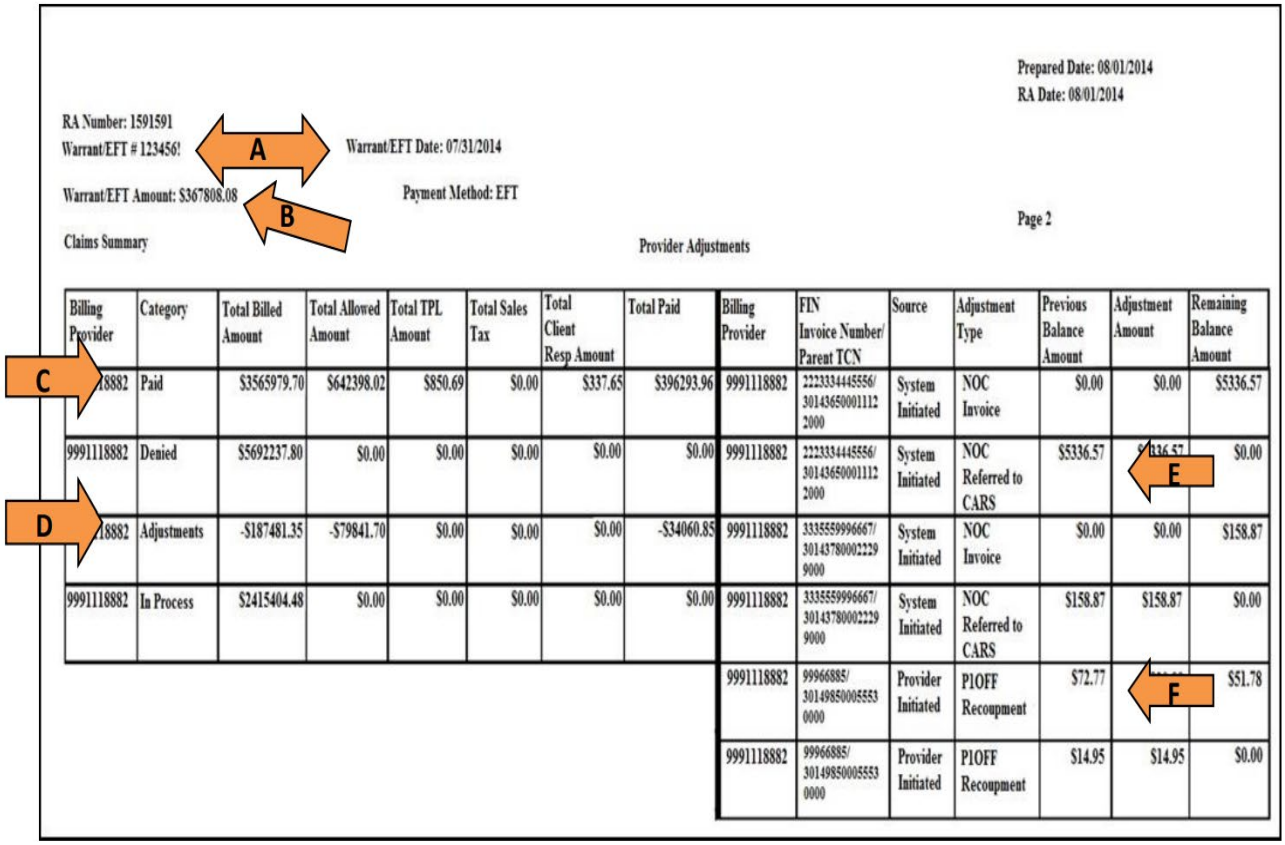
Please go to http://www.hca.wa.gov/medicaid/provider/Pages/index.aspx for details

The following information displays:

A. Sign Language Biller demographic
B. The number assigned to the RA
C. The billing NPI used in ProviderOne
D. The date the RA was prepared, and the RA Date (payment date)
E. The main body of the RA page is the newsletter with important provider updated information (sometimes specific to certain provider groups).

Review the summary page

The summary page lists the totals of all the claim payments and adjustments amounts.



Prepared Date: 08/01/2014
RA Date: 08/01/2014

RA Number: 1591591
Warrant/EFT # 123456!
Warrant/EFT Amount: $367808.08
Warrant/EFT Date: 07/31/2014
Payment Method: EFT
Page 2

Claims Summary

Billing Provider	Category	Total Billed Amount	Total Allowed Amount	Total TPL Amount	Total Sales Tax	Total Client Resp Amount	Total Paid
8882	Paid	$3565979.70	$642398.02	$850.69	$0.00	$337.65	$396293.96
9991118882	Denied	$5692237.80	$0.00	$0.00	$0.00	$0.00	$0.00
8882	Adjustments	-$187481.35	-$79841.70	$0.00	$0.00	$0.00	-$34060.85
9991118882	In Process	$2415404.48	$0.00	$0.00	$0.00	$0.00	$0.00

Provider Adjustments

Billing Provider	FIN Invoice Number/ Parent TCN	Source	Adjustment Type	Previous Balance Amount	Adjustment Amount	Remaining Balance Amount
9991118882	2223334445556/ 30143650001112000	System Initiated	NOC Invoice	$0.00	$0.00	$5336.57
9991118882	2223334445556/ 30143650001112000	System Initiated	NOC Referred to CARS	$5336.57	[illegible]	$0.00
9991118882	3335559996667/ 30143780002229000	System Initiated	NOC Invoice	$0.00	$0.00	$158.87
9991118882	3335559996667/ 30143780002229000	System Initiated	NOC Referred to CARS	$158.87	$158.87	$0.00
9991118882	99966885/ 30149850005553 0000	Provider Initiated	P1OFF Recoupment	$72.77	[illegible]	$51.78
9991118882	99966885/ 30149850005553 0000	Provider Initiated	P1OFF Recoupment	$14.95	$14.95	$0.00

The following Information displays:

A. Check number (also called Warrant or EFT) and date
B. Total payment received on the check
C. Total of the paid claims on this RA
D. Deduction due to a claim adjustment form the total paid amount
E. Deduction due to an overpayment
F. Deduction due to a provider adjustment

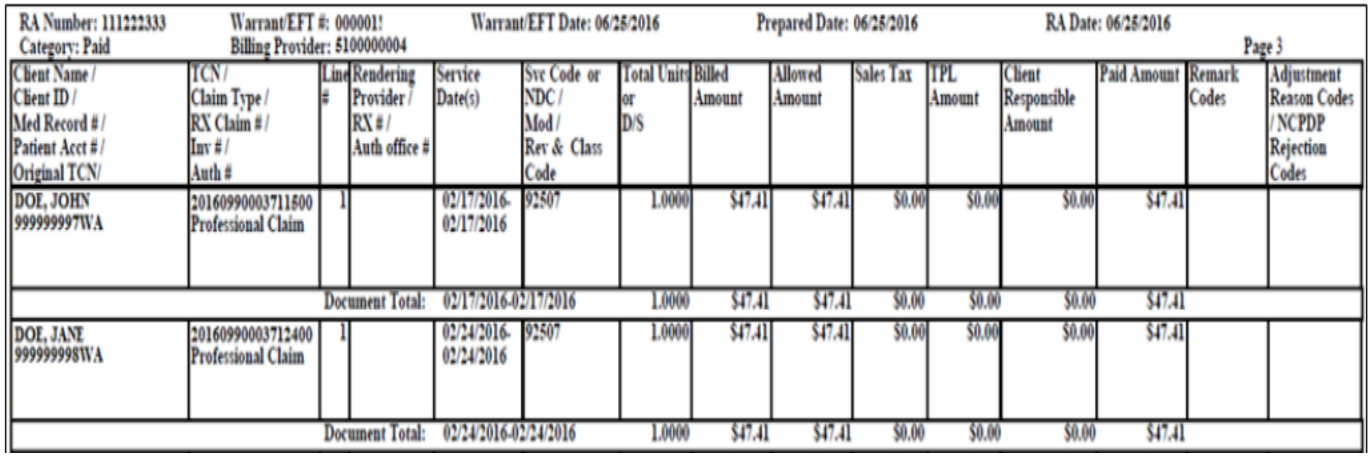
To see more information about adjustments please visit the complete **ProviderOne Billing and Resource Guide**.

Washington State Health Care Authority

Reviewing paid claims

There may be more than one paid claim section depending upon what services were provided and have been paid for.

- Claims will show the client name and ProviderOne number.
- The TCN (Transaction Control Number) and the claim type
- Dates of service and Services codes
- Billed amount, Allowed amount and paid amount
- Some paid claims may also contain denied service lines. These will also be displayed in the paid claims section within the specific claim that was paid, but will have the same remark codes as denials in the denied section.



RA Number: 111222333 Warrant/EFT #: 000001! Warrant/EFT Date: 06/25/2016 Prepared Date: 06/25/2016 RA Date: 06/25/2016
Category: Paid Billing Provider: 5100000004 Page 3

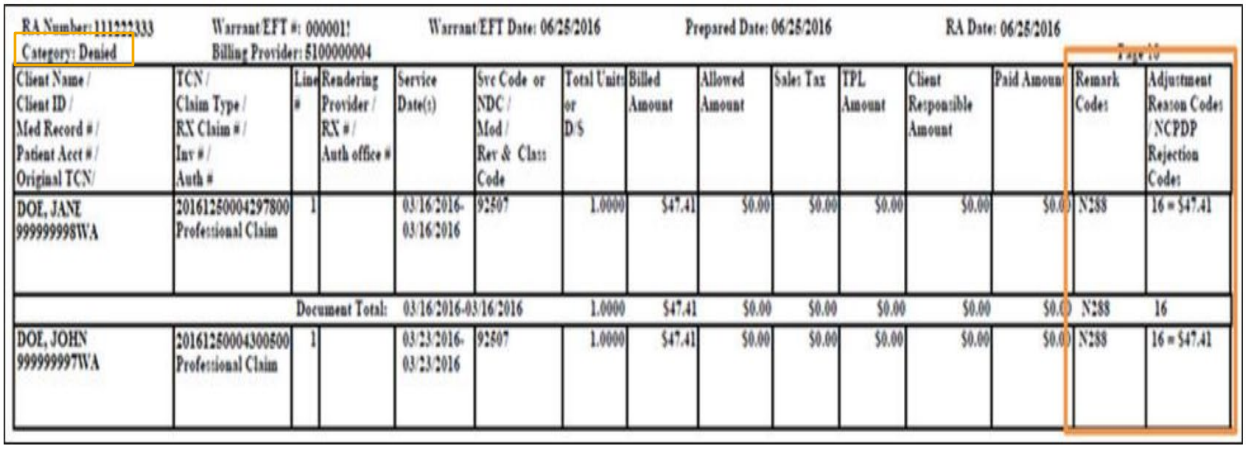
Client Name / Client ID / Med Record # / Patient Acct # / Original TCN/	TCN / Claim Type / RX Claim # / Inv # / Auth #	Line #	Rendering Provider / RX # / Auth office #	Service Date(s)	Svc Code or NDC / Mod / Rev & Class Code	Total Units or D/S	Billed Amount	Allowed Amount	Sales Tax	TPL Amount	Client Responsible Amount	Paid Amount	Remark Codes	Adjustment Reason Codes / NCPDP Rejection Codes
DOE, JOHN 999999997WA	20160990003711500 Professional Claim	1		02/17/2016-02/17/2016	92507	1.0000	$47.41	$47.41	$0.00	$0.00	$0.00	$47.41		
Document Total:				02/17/2016-02/17/2016		1.0000	$47.41	$47.41	$0.00	$0.00	$0.00	$47.41		
DOE, JANE 999999998WA	20160990003712400 Professional Claim	1		02/24/2016-02/24/2016	92507	1.0000	$47.41	$47.41	$0.00	$0.00	$0.00	$47.41		
Document Total:				02/24/2016-02/24/2016		1.0000	$47.41	$47.41	$0.00	$0.00	$0.00	$47.41		

Pitfalls

- Overlooking a paid claim page or section. This may result in a claim rebill or time spent trying to track down where payment is that can be extra work and time for you.

Reviewing Denied Claims

Locate the denied claims section on the RA:



RA Number: 111222333 Warrant/EFT #: 000001! Warrant/EFT Date: 06/25/2016 Prepared Date: 06/25/2016 RA Date: 06/25/2016
Category: Denied Billing Provider: 5100000004

Client Name / Client ID / Med Record # / Patient Acct # / Original TCN/	TCN / Claim Type / RX Claim # / Inv # / Auth #	Line #	Rendering Provider / RX # / Auth office #	Service Date(s)	Svc Code or NDC / Mod / Rev & Class Code	Total Units or D/S	Billed Amount	Allowed Amount	Sales Tax	TPL Amount	Client Responsible Amount	Paid Amount	Remark Codes	Adjustment Reason Codes / NCPDP Rejection Codes
DOE, JANE 999999998WA	20161250004297800 Professional Claim	1		03/16/2016-03/16/2016	92507	1.0000	$47.41	$0.00	$0.00	$0.00	$0.00	$0.00	N288	16 = $47.41
		Document Total:		03/16/2016-03/16/2016		1.0000	$47.41	$0.00	$0.00	$0.00	$0.00	$0.00	N288	16
DOE, JOHN 999999997WA	20161250004300500 Professional Claim	1		03/23/2016-03/23/2016	92507	1.0000	$47.41	$0.00	$0.00	$0.00	$0.00	$0.00	N288	16 = $47.41

Look for the HIPAA-compliant Adjustment Reason Codes and RA Remark Codes to determine why each claim denied. Every denied claim (or denied line item on a Paid claim) will have an Adjustment Reason Code. Some will also have a RA Remark Code for further information. This is because some claim adjustment reason codes can be very general in nature and require the extra remark to provide specificity.

If you are unable to understand the reasons a claim or line denied, you can email the Interpreter Services inbox for assistance.

After reviewing the adjustment reason code and RA remarks codes, determine the denial reason and if the claim can be corrected. Resubmit the claim when:

- The entire claim denied
- An individual line on a paid claim is denied. This can usually be rebilled as a new claim.
- If the individual line cannot be rebilled as a new claim, the paid claim can be adjusted to correct the error on the denied line.

Tip: The Denied Claims Desk Aid for Sign Language Contractors may help you troubleshoot why the claim was denied.

Pitfalls

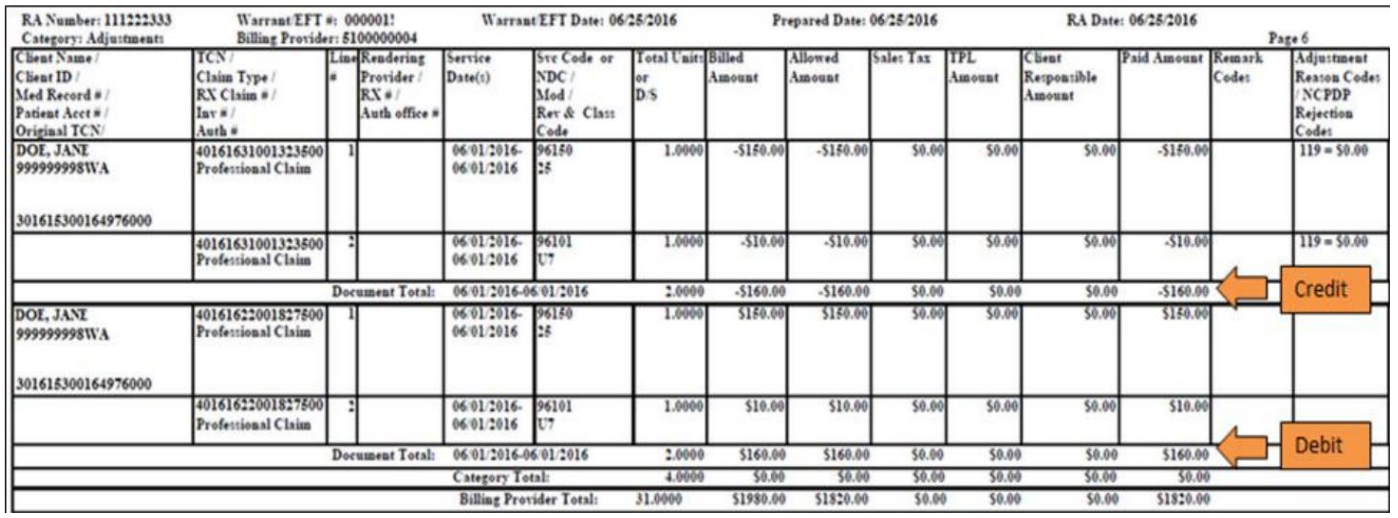
- Overlooking a denied claim page or section on your RA.
- Overlooking a claim or line that needs to be rebilled or resubmitted and delay payment.
- Overlooking rebilling or resubmitting a claim or line until it is past the timely billing period.

Reviewing Adjusted Claims

This section of the RA lists claims that have been adjusted or modified after the original payment (denied claims cannot be adjusted).

You may have sent in an adjustment request to correct a paid claim. In other cases, ProviderOne initiates an adjustment due to an overpayment or some other kind of error. Adjusted claims may or may not affect the amount of the payment for services, depending on the changes made. For instance, it may be necessary to change a modifier on a claim, so you would see a paid claim adjusted to a new TCN with no change in the paid amount.

Page through the RA until the section category labeled "Adjustments", as shown below:



RA Number: 111222333 Warrant/EFT #: 000001 Warrant/EFT Date: 06/25/2016 Prepared Date: 06/25/2016 RA Date: 06/25/2016
Category: Adjustments Billing Provider: 5100000004 Page 6

Client Name / Client ID / Med Record # / Patient Acct # / Original TCN/	TCN / Claim Type / RX Claim # / Inv # / Auth #	Line #	Rendering Provider / RX # / Auth office #	Service Date(s)	Svc Code or NDC / Mod / Rev & Class Code	Total Units or D/S	Billed Amount	Allowed Amount	Sales Tax	TPL Amount	Client Responsible Amount	Paid Amount	Remark Codes	Adjustment Reason Codes / NCPDP Rejection Codes
DOE, JANE 999999998WA 301615300164976000	40161631001323500 Professional Claim	1		06/01/2016- 06/01/2016	96150 25	1.0000	-$150.00	-$150.00	$0.00	$0.00	$0.00	-$150.00		119 = $0.00
	40161631001323500 Professional Claim	2		06/01/2016- 06/01/2016	96101 U7	1.0000	-$10.00	-$10.00	$0.00	$0.00	$0.00	-$10.00		119 = $0.00
			Document Total:	06/01/2016-06/01/2016		2.0000	-$160.00	-$160.00	$0.00	$0.00	$0.00	-$160.00		
DOE, JANE 999999998WA 301615300164976000	40161622001827500 Professional Claim	1		06/01/2016- 06/01/2016	96150 25	1.0000	$150.00	$150.00	$0.00	$0.00	$0.00	$150.00		
	40161622001827500 Professional Claim	2		06/01/2016- 06/01/2016	96101 U7	1.0000	$10.00	$10.00	$0.00	$0.00	$0.00	$10.00		
			Document Total:	06/01/2016-06/01/2016		2.0000	$160.00	$160.00	$0.00	$0.00	$0.00	$160.00		
				Category Total:		4.0000	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00		
				Billing Provider Total:		31.0000	$1980.00	$1820.00	$0.00	$0.00	$0.00	$1820.00		

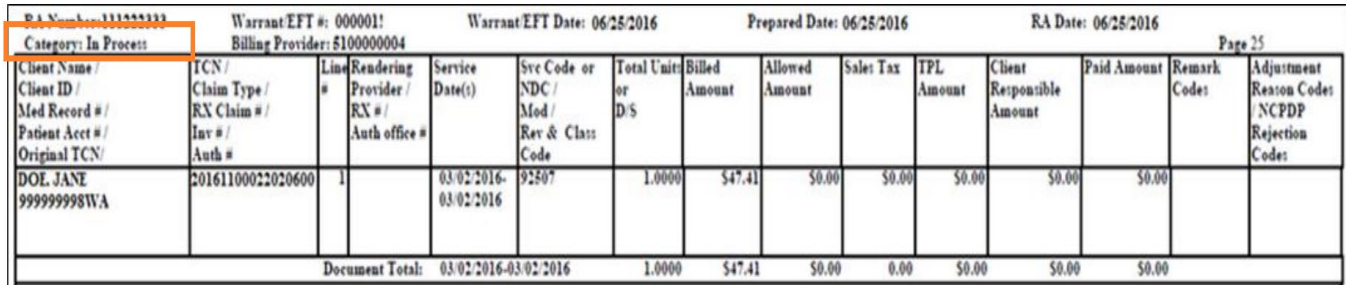
- Adjustments to modify or correct claim billing errors utilizes these basic accounting principles and will have two transactions displayed on the RA:
    - The **Credit** transaction is a copy of the original claim with dollar amounts listed as a negative.
    - The **Debit** transaction is a repayment that displays the modification or corrections made to the original claim with the associated repayment dollar amounts.

ProviderOne will then subtract the original payment amount from the adjusted claim payment amount and include this difference in the current payment amount.

Reviewing In Process Claims or Suspended Claims

This section of the RA displays claims that are currently in process. These claims are in the payment system but may be pending review by HCA claims processing staff. These will appear in the In-Process section on each RA until they are paid or denied.

Review the section under the "In Process" claims category:



RA Number: 111222333 Warrant/EFT #: 000001! Warrant/EFT Date: 06/25/2016 Prepared Date: 06/25/2016 RA Date: 06/25/2016

Category: In Process Billing Provider: 5100000004 Page 25

Client Name / Client ID / Med Record # / Patient Acct # / Original TCN/	TCN / Claim Type / RX Claim # / Inv # / Auth #	Line #	Rendering Provider / RX # / Auth office #	Service Date(s)	Svc Code or NDC / Mod / Rev & Class Code	Total Units or D/S	Billed Amount	Allowed Amount	Sales Tax	TPL Amount	Client Responsible Amount	Paid Amount	Remark Codes	Adjustment Reason Codes / NCPDP Rejection Codes
DOE, JANE 999999998WA	20161100022020600	1		03/02/2016-03/02/2016	92507	1.0000	$47.41	$0.00	$0.00	$0.00	$0.00	$0.00		
Document Total:				03/02/2016-03/02/2016		1.0000	$47.41	$0.00	0.00	$0.00	$0.00	$0.00		

When a claim is suspended, it must be reviewed by staff and released. Examples include:

- Meeting the mileage cap.
- Being recognized as a possible duplicate claim. Claims that appear to be duplicates must be released by staff reviewing suspended claims.

Note: If your TCN has been suspend for longer than 10 days, please reach out to Interpreter Services Inbox to check status.

Pitfalls

- Rebilling a claim because you do not see them in the other sections of the RA; make sure to review the claim "in process" section.
- Mistaking a suspended claim for a denied claim.

Washington State Health Care Authority

Reviewing the EOB codes to determine denial reason

There could be many reasons causing a claim to deny. You can find definitions of relevant HIPAA-compliant Adjustment Reason Codes and RA Remark Codes on the last page of your RA.

The complete list of the Federal adjustment reason codes and remark codes are located on the **Washington Publishing Company's website.** All HIPAA-compliant billing systems are restricted to using these codes and are unable to create codes of their own to be more specific to a given program. Therefore, it can be difficult for ProviderOne to post a denial that that relays clear information to claim submitters.

The Denied Claims Desk Aid for Sign Language Contractors may be useful in helping you decipher why your claim was denied.

Pitfalls

- It is easy to mis-type a DOB, which ProviderOne requires in the claim submission process. Check the original request form to ensure you have the correct DOB. If the form and your claim match, check **client's eligibility** page to determine if the date of birth matches what is entered into ProviderOne.
- Prior Authorization information could be missing or incorrect. Make sure the codes and modifiers are correct, and the prior authorization number itself was not keyed incorrectly.

Washington State Health Care Authority

Adjusting and Resubmitting Claims

Adjusting, resubmitting or voiding a claim

ProviderOne does not process claim appeals. If a claim has any paid amount (i.e., is not in denied status) you must submit an adjustment in order to make any changes to it. If a claim was denied, verify the denial reason(s) and correct the claim for resubmission – denied claims cannot be adjusted.

Adjust a **paid** claim when:

- A billing error was made (e.g., wrong client, billed amount, wrong service date, incorrect number of units, etc.).
- The claim was overpaid (this may be a voided claim)

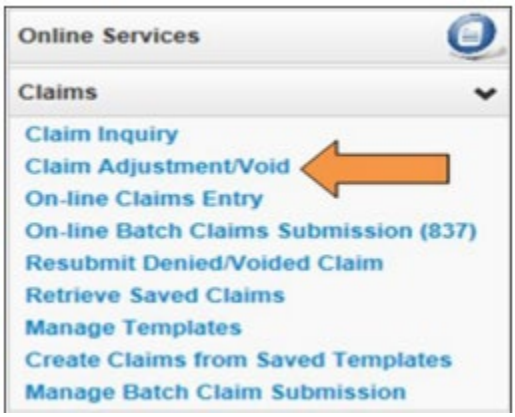
Denied claims can be resubmitted using the ProviderOne resubmit feature and correcting the error that caused your claim to deny. ProviderOne does not post duplicate denials against a previously denied claim. ProviderOne will not allow adjusting or voiding on denied claims.

There are various methods to modify, adjust, or void claims depending on the billing format. If the claim was paid (or partially paid) then you must submit an adjustment in order to make any corrections or modifications using the following guidelines:

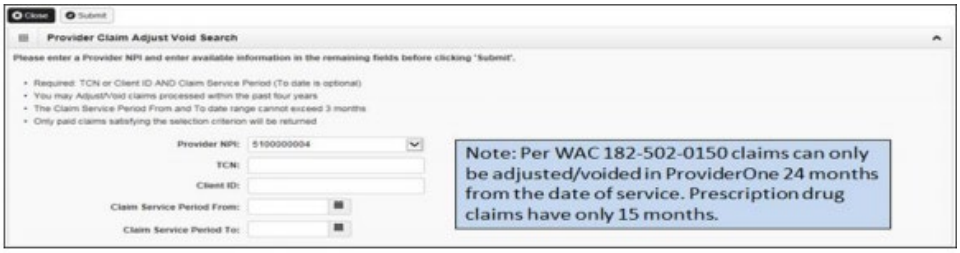
- For DDE adjustments (regardless of submission method used for original claim), log into ProviderOne using either the **EXT Provider Claims Submitter** or **EXT Provider Super User** profile, and use the online **Claim adjustment/Void option.**

Adjusting or voiding a DDE claim

Select **Claim Adjustment/Void** from the Provider Portal



At the search screen enter required information to find the claim to adjust or void and select submit:



The system will then display claim(s) based on the search criteria:

To adjust a paid claim, select the box next to the TCN and click the Adjust button in the upper left-hand corner. The claim will display in the DDE screen with the value of the selected claim. Make the necessary changes then resubmit the adjustment request for processing.

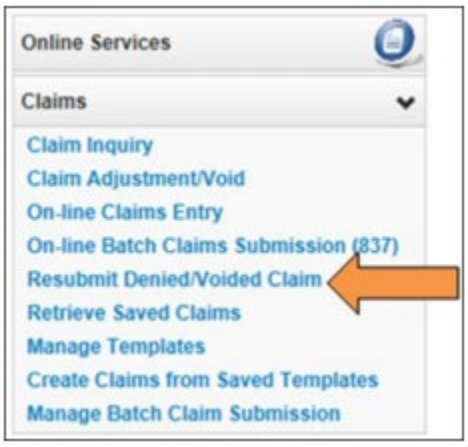
Remember to select **Submit** on the **Submitted claim Details** screen to finish sending the resubmitted claim. ProviderOne will create two new TCNs based on this submission:

- One TCN to represent a recoupment (aka "takeback") of the entire paid amount of the original claim
- A second TCN to represent a new claim with the new paid amount, based on the corrections/changes you made when adjusting the original TCN.

After adjusting a claim, it is sometimes necessary to adjust it again. To do this, you must adjust the new TCN, not the original TCN.

Resubmitting a denied or voided DDE claim

Select **Resubmit Denied/voided Claim** from the provider portal:



Search for the claim by entering the appropriate information then select **Submit:**

ProviderOne will display the claim list screen. Select the box next to the TCN of the claim to be resubmitted then select **Retrieve** in the upper left-hand corner. The claim will display the DDE screen with the values of the selected claim in the fields and will indicate the type of claim.

Make any necessary changes to the claim, and submit to ProviderOne for processing. The system will go through the same final steps of the claim submission asking if you want to send back up documentation.

Pitfalls

- Adjusting the wrong claim or claim line.
- Failing to select **Submit** on the **Submitted Claim Details** Screen.