How to resubmit a paper claim using ProviderOne
Why is this process necessary?

- Washington Apple Health (Medicaid) implemented paperless billing as of October 1, 2016.
  - See the [ProviderOne Billing and Resource Guide webpage](#) and scroll down to [Paperless billing at HCA](#) for more information.
  - If a provider was approved temporarily to continue billing paper claims, their temporary extension expired April 1, 2017.
  - All tribal billing offices were exempted from this requirement and may continue billing paper.

- All providers must submit electronic claims:
  - By using the direct data entry (DDE) function through the ProviderOne portal; or
  - By submitting HIPAA EDI claims.
Why is this process necessary?

• Some providers are still transitioning to electronic billing.

• This process will show how to bring up a previously submitted paper claim in ProviderOne and correct it using DDE.
How can I tell it is a paper claim submission?

- Get the TCN or claim number of the claim to correct.
- Each digit of the TCN has a meaning:
  - The first digit is called the Claim Medium Indicator.
  - If the first digit is a “1,” that indicates a paper claim submission.
  - A 3 represents a HIPAA EDI claim.
  - A 2 represents a DDE claim submitted through ProviderOne.
- See the next slide for complete details on reading a TCN or claim number.
How do I read a TCN?

1st digit - Claim Medium Indicator
- 1 - paper
- 2 - Direct Data Entry
- 3 - electronic, batch submission
- 4 - system generated (Credits/Adjustment)

2nd digit - Type of Claim
- 0 - Medical/Dental
- 2 - Crossover or Medical

3rd thru 7th digits - Date Claim was Received
- 3rd and 4th digits are the year
- 5th, 6th and 7th digits are the day it was received

Example TCN: 301610465325134000

3 Electronic submission via batch
0 Medical claim
16 Year claim was received - 2016
104 Day claim was received - April 13
How do I process a correction using DDE?

• Log into ProviderOne using one of the following profiles:
  ✓ EXT Provider Super User
  ✓ EXT Provider Claims Submitter
  ✓ EXT Provider Eligibility Checker – Claims Submitter

• Select the option under the Claims heading based on the status of the claim needing correction:
  ✓ Claim Adjustment/Void for paid or partially paid claim;
  ✓ Resubmit Denied/Voided Claim for claim denials.
How do I process an adjustment using DDE?

- If you clicked on Claim Adjustment/Void, enter the TCN or client ID and dates of service for the claim you wish to modify on the Provider Claim Adjust Void Search screen and click Submit.
How do I process an adjustment using DDE?

- ProviderOne will bring up the TCN you entered or a list of claims for that date of service.
- Check the box next to the TCN you would like to correct, and click either the Adjust or Void Claim button.

- Voiding a claim allows you to send the payment back to HCA.
  ✓ The claim screen will be grayed out so no changes can be made.
- Clicking the Adjust button will repopulate the claim screen for any corrections to be made.
- Submit the claim as normal.
How do I resubmit a denied claim using DDE?

- If you clicked on **Resubmit Denied/Voided Claim**, enter the TCN or client ID and dates of service of the claim you wish to modify on the **Provider Claim Model Search** screen and click **Submit**.
How do I resubmit a denied claim using DDE?

- ProviderOne will bring up the TCN you entered or a list of claims for that date of service.
- Check the box next to the TCN you would like to correct, and click the Retrieve button.

- Clicking the Retrieve button will repopulate the claim screen for any corrections to be made.
- Submit the claim as normal.
NPI and taxonomy denials on professional claims

- If a professional claim was submitted using a CMS 1500 claim form, the NPI and taxonomy used for the servicing or rendering provider will be populated at both the claim level and the line level in ProviderOne.
- If you received a denial for a servicing/rendering provider NPI or taxonomy on your paper claim submission, you must take extra steps to correct this information using the Resubmit Denied/Voided Claim DDE feature of ProviderOne.
NPI and taxonomy denials on professional claims

• Once you have retrieved your claim in ProviderOne, make the correction of the NPI and/or taxonomy if necessary in the claim level area.

• To correct the information on the service line, you can do one of two things:
  ✓ Delete the NPI and taxonomy on the service line altogether; or
  ✓ Correct the information on the service line.
NPI and taxonomy denials on professional claims

- Once the claim screen has been repopulated, scroll down to the Basic Line Item Information area.
- Click on the **Other Service Info** hyperlink to the right of the Previously Entered Line Item Information:
NPI and taxonomy denials on professional claims

- On the Other Service Line Information screen, click the red + to expand the **Rendering Provider Information** section:
NPI and taxonomy denials on professional claims

- This allows you to either remove the information completely; or
- Correct the NPI and/or taxonomy based on the services rendered:

<table>
<thead>
<tr>
<th>OTHER SERVICE LINE INFORMATION</th>
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<tr>
<td>Go to Basic Claim Info to enter basic service line information.</td>
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<th>RELEVANT DATES</th>
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<tr>
<th>SERVICE LINE PROVIDER INFORMATION</th>
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<table>
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<tr>
<th>RENDERING PROVIDER INFORMATION</th>
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<tr>
<td>* Provider NPI:</td>
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<tr>
<td>Taxonomy Code:</td>
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</table>
NPI and taxonomy denials on professional claims

- At the top of the Other Service Info section, click the Basic Claim Form button to return to the main claim screen.

Note: Do not click the Close button here. It will return you to the main claim form, but you will lose the information you entered on the Other Service Info tab.

- Back on the Claim Submission screen, submit the claim as you normally would.
Resources

• ProviderOne Billing and Resource Guide
• ProviderOne training resources:
  ✓ Fact sheets
  ✓ Webinars
• Provider billing guides and fee schedules
• Hospital reimbursement
• HCA Forms and publications