

Submit nursing home institutional claims using templates



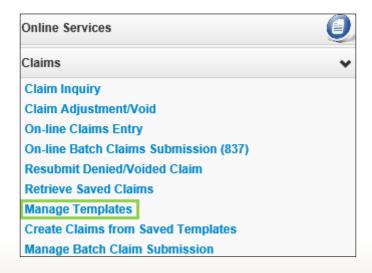
Topics

- > Create institutional claim templates
- > Build a batch of claims from templates
- > Submit a batch of template claims
- > Submit individual claims from templates

Note: As of March 1, 2019, NH providers are required to submit primary health insurance payment and denial information on NH claims using the Other Payer fields on the institutional direct data entry claim screen. Please refer to the <u>Direct Data Entry of an Institutional claim</u> webinar, starting on slide 36, for instructions on completing these fields.

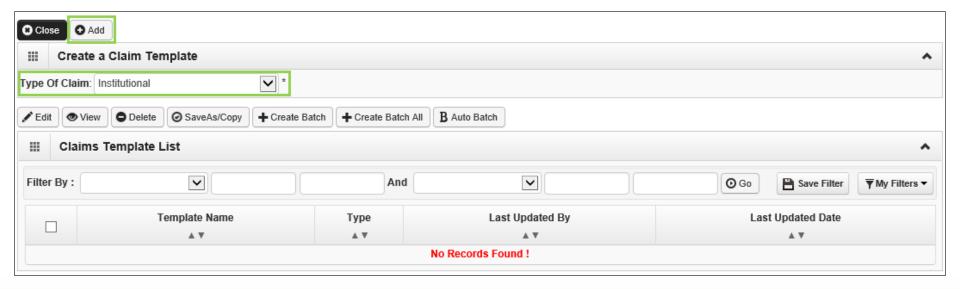


- Log into the ProviderOne Portal
 - www.waproviderone.org
 - Use EXT Provider Claims Submitter, EXT Provider Super User, or EXT Eligibility Checker/Claims Submitter
- Select Manage Templates





On the Create a Claim Template screen, choose Institutional from the Type of Claim dropdown and click the Add button.





Complete the minimum required information and questions:

* Template Name:		
* Is this a Medicare	Crossover Claim?	⊜Yes ⊜No

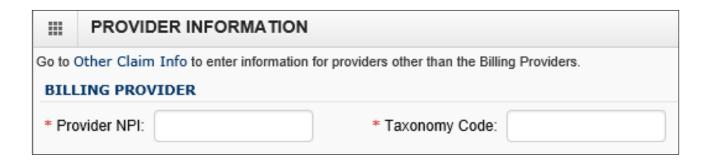
Note: To save the template only the minimum required information needs to be filled out. This presentation will show many of the fields that should be completed.



> Enter a **Template Name**:



> Enter the billing **Provider NPI** and **Taxonomy Code**:





> Enter the **Client ID** including the WA:



Click on the red (+) expander to open up the Additional Subscriber/Client information section.



Click on the red (+) expander to open up the Additional Subscriber/Client Information section:



Enter at a minimum the Org/Last Name, Date of Birth, and Gender.



Enter basic **Claim Data**. The next slides will go over each area separately:

III CLAIM INFORMATION							
Go to Other Claim Info to enter	addition	al claim in	formation no	ot displayed on t	his page.		
CLAIM DATA							
Patient Account No.:							
Medical Record Number:							
* Type Of Facility:				~			
* Bill Classification:				~			
	mm	dd	осуу		mm	dd	ссуу
* Statement Dates: From:					То:		
	mm	dd	ссуу	hh	mm		
Admission Date/Hour:]:[
Priority(Type) Admission/Visit:				~			
Point Of Origin Admission/Visit:				~			
	hh	mm					
Discharge Hour:]:[
* Discharge Status:				~			
* Total Claim Charge: \$							
Patient Est. Amount Due: \$							
DRG Code:							



➤ If your facility uses either **Patient Account Numbers** or **Medical Record Numbers**, enter them in the appropriate boxes:

CLAIM DATA	
Patient Account No.:	
Medical Record Number:	



Choose the Type of Facility from the dropdown menu. Nursing homes should choose 2-Skilled Nursing:

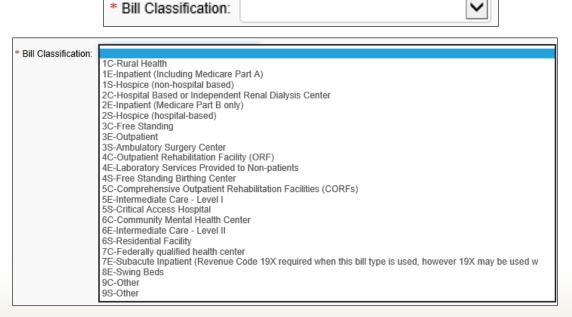
* Type Of Facility:	
+ -Medical Health Care Institutions - -Medical Health Care Institutions - Care	- Hospital Inpatient (formerly referred to as Christi - Post-Hospital Extended Care Services (formerly refe



Choose the Bill Classification from the dropdown menu

 Nursing homes using the DDE feature will choose 1E from the list. This type of bill will be converted in ProviderOne

to a 211.





- Do not include the **Statement Dates** (dates of service) on the template as these will be entered when the claim is submitted.
- > Add in the **Admission Date/Hour**:

* Statement Dates: From:	nm dd	ссуу		To:	dd ccyr	,
Admission Date/H	lour:	dd	ссуу	hh	mm :	



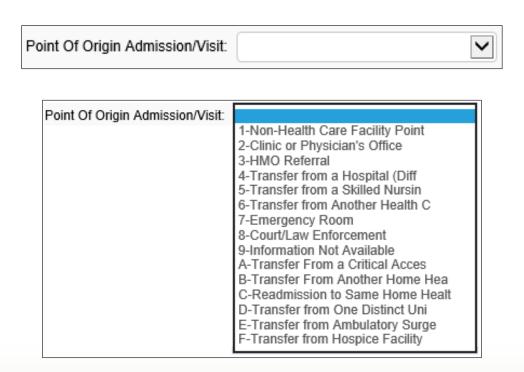
Select the appropriate Priority (Type) Admission/Visit from the dropdown option:

Priority(Type) Admission/Visit:	
Priority(Type) Admission/Visit:	1-Emergency 2-Urgent 3-Elective 4-Newborn 5-Trauma Center 9-Information Not Available

Note: Do not select option **9-Information Not Available**.



Select the appropriate Point of Origin Admission/Visit from the dropdown option:



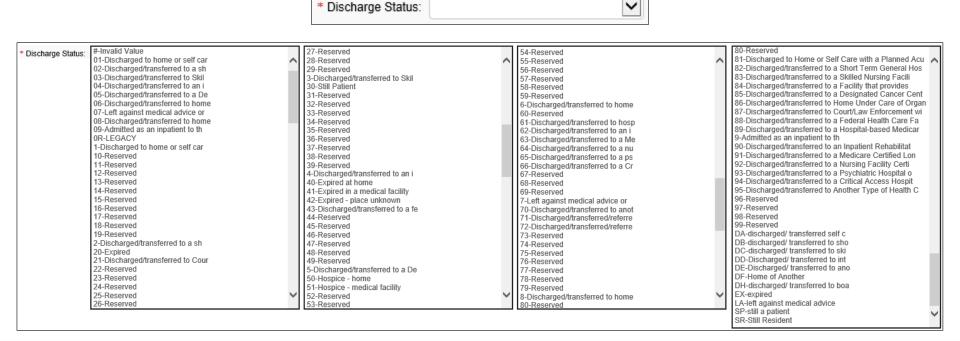


➤ If you are going to enter a discharge status other than **30-Still Patient** (next slide), a discharge hour is required.

	hh	mm
Discharge Hour:		:



> Select the appropriate **Discharge Status** from the dropdown option:





> Enter the appropriate **Total Claim Charge**:



Answer the question Is this a Medicare Crossover Claim?





Click on the red (+) expander to open the Value Information section.



➤ Enter Value Code 24 and enter the appropriate class code in the Value Amount field.



Click on the Add Another blue link to add another Value Code and Value Amount:

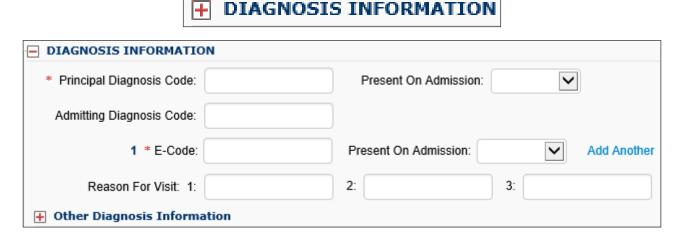


Enter Value Code 31 and enter the patient participation in the Value Amount field (even if it is \$0.00):





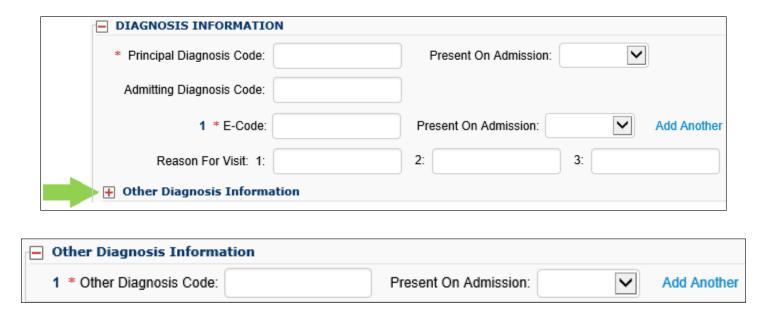
Click on the red (+) expander to open up the Diagnosis Information section:



Enter the Principal Diagnosis Code and Admitting Diagnosis Code.



Click on the red (+) expander to open up the Other Diagnosis Information section.



Enter the Other Diagnosis as necessary.



Next, expand the Attending Physician Information

section.



 Enter the NPI for the attending physician – the taxonomy code is not required.

■ ATTENDING PH	CIAN INFORMATION	_1
* Provider NPI:	Taxonomy Code:	



Enter the **Service Line Item Information**. The next slides will go over each area separately.

## SERVICE LINE ITEM IN	FORM	OITAN	1	
Click on the Other Svc Info link associat	ed with	each add	led Service Li	ne Item to enter line item information other than that displayed on this page.
Service Line Items				
* Revenue Code:				
Procedure Code:				Modifiers: 1: 2: 3: 4:
Service Date/First Date of Service:	mm	dd	ссуу	
Last Date of Service:	mm	dd	ссуу	
* Service Units:				
* Total Line Charges: \$				Non-covered Line Charges: \$
Line Item Control Number:				
★ Medicare Crossover Items				
National Drug Code:				
+ Drug Identification				
+ Additional Service Line Info	rmati	on		
				Add Service Line Item



> Enter the **Revenue Code** of 0190:



> Enter the Service Units:

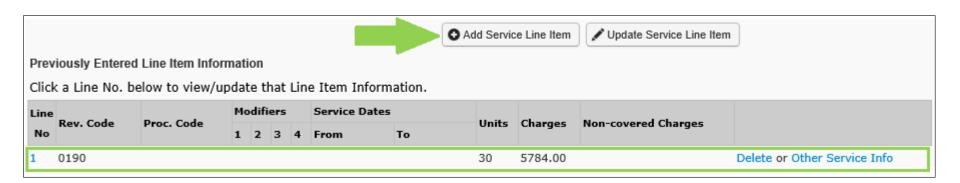


> Enter the **Total Line Charges**:

* Total Line Charges: \$	



After entering the service line data, click on the Add Service Line Item button to add the data to the template:



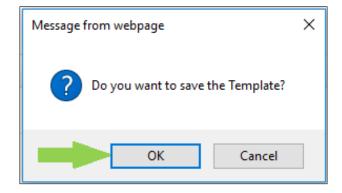


The template is complete and ready to save - click on the **Save Template** button.



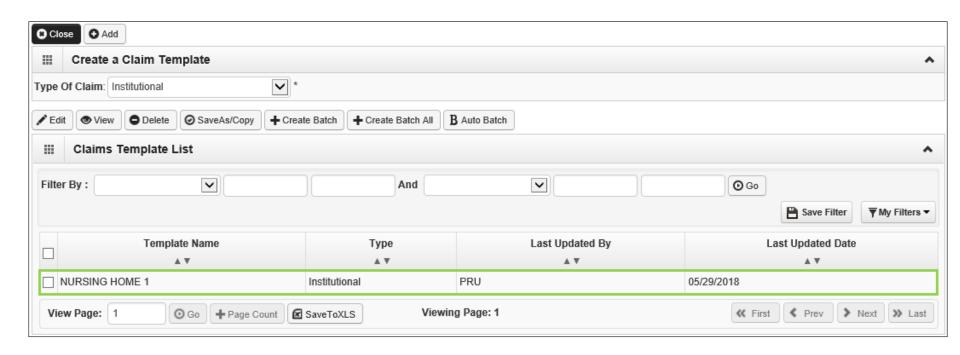


ProviderOne will display the following dialogue box asking if the template should be saved. Click the OK button.



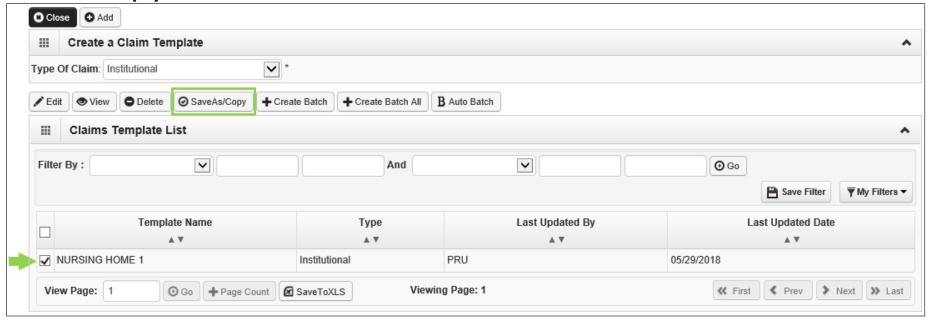


The first created template is now listed:





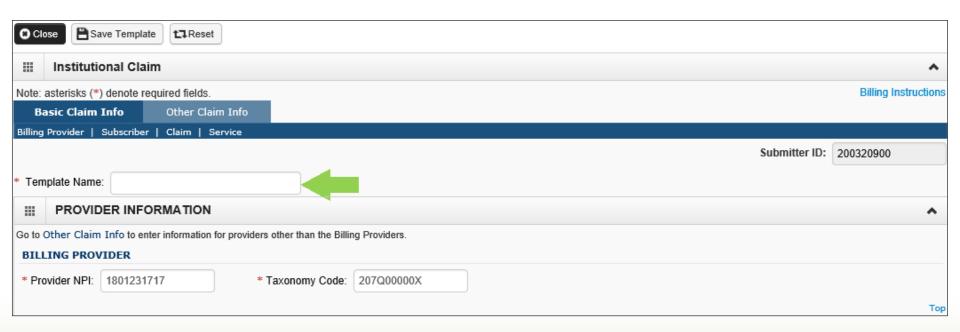
Add as many templates as you need by using the previous instructions or select a saved template to copy and edit.



To copy a template select the template and click on the Save As/Copy button.



- ProviderOne will display the new template form and clears the template name. All other template data is retained.
- > Enter the new **Template Name**:



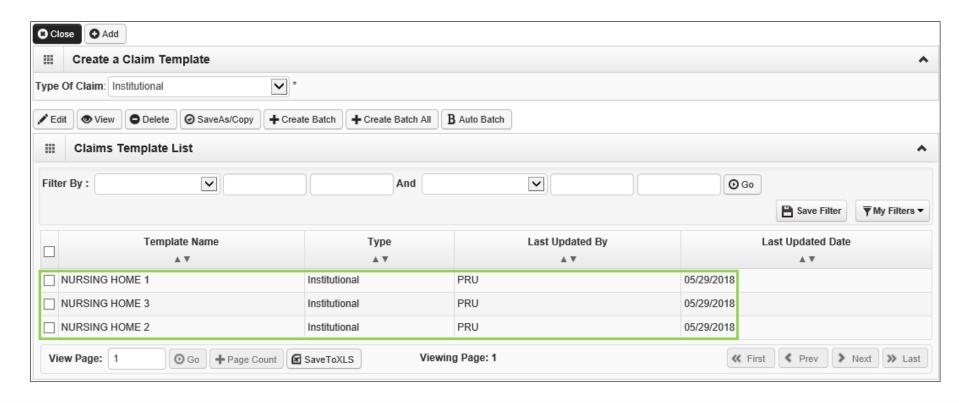


- Update template to reflect any changes such as:
 - Client ID, name, date of birth, gender
 - Admit date and other admission data
 - Patient responsibility amount
 - Diagnosis code
- Click on the Save Template button.





Additional templates are now listed:



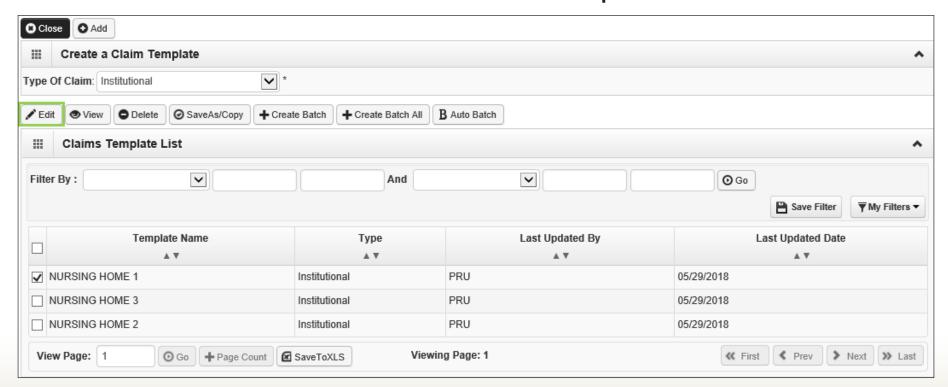


- Other functions of the claim template option include:
 - Edit
 - View
 - Delete
 - Create Batch
 - Create Batch All
 - Auto Batch



Edit a claim template

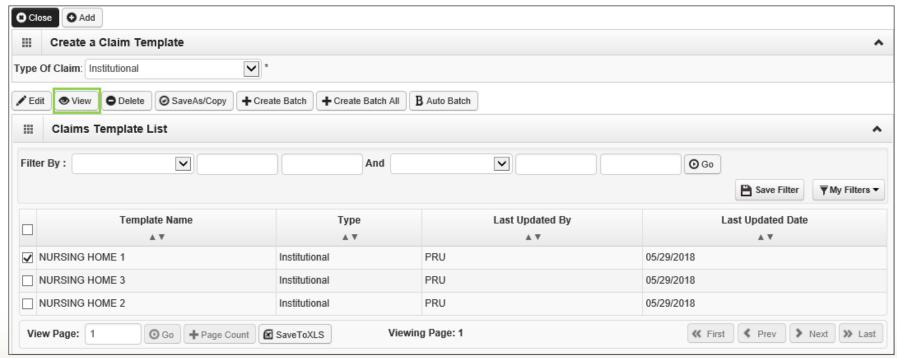
- > Select a template off the list to edit.
- Click on the Edit button to bring up the template.
- Edit as needed and save the template.





View a claim template

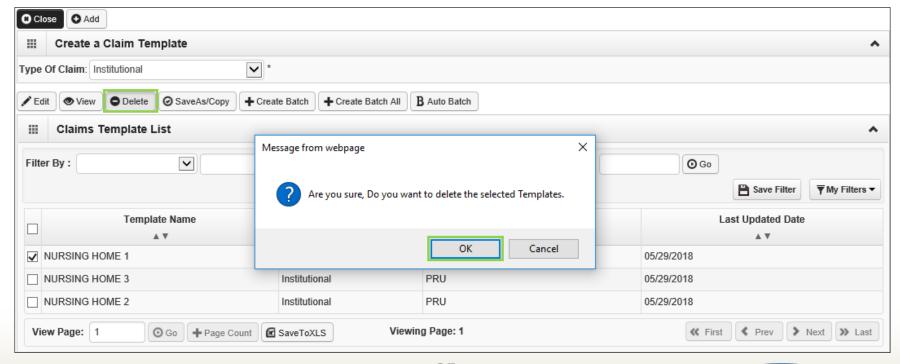
- > Select a template off the list to view.
- Click on the View button to bring the template up.
- The view option only allows you to see template data. You are unable to update or correct using this





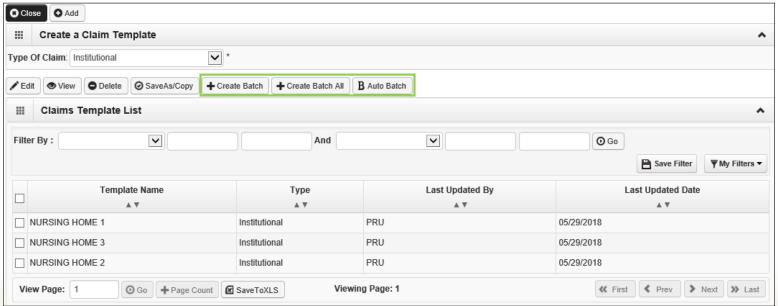
Delete a claim template

- Select a template off the list to view.
- Click on the Delete button.
- Clicking the **OK** button will remove the template from ProviderOne.



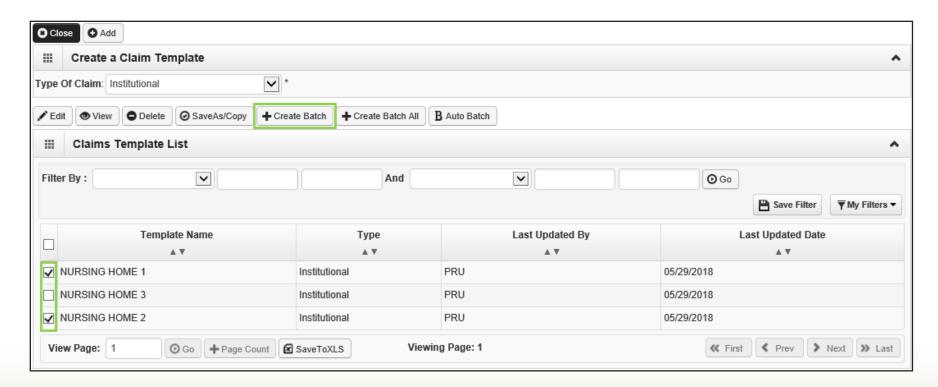


- ProviderOne allows three options for batch claim submission:
 - Create Batch
 - Create Batch All
 - Auto Batch



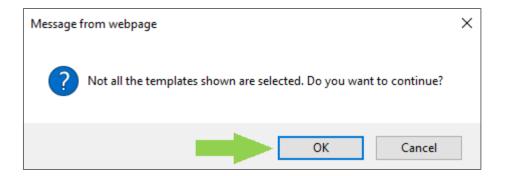


- If the entire list of templates will not be submitted together, select the ones that should be sent.
- Click on the Create Batch button.





➤ If all claims are not selected, ProviderOne will display the following message. Click on **OK** to continue or **Cancel** to go back.





- ProviderOne now displays the Batch Claim Attributes screen.
- Enter the From and To Date of Service:



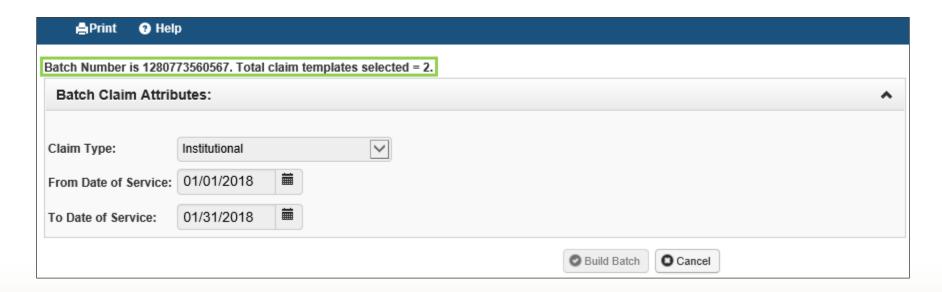


Click on the Build Batch button.



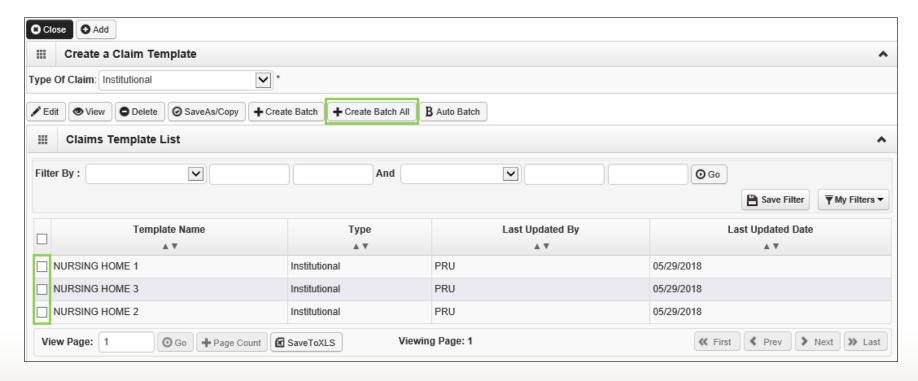


- ProviderOne builds the batch and assigns a batch number.
- Each template uses the date of service and adjusts the monetary amounts based on the date span.



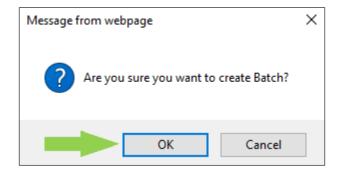


- ➤ If the entire list of templates will be submitted together, you do not need to checkmark any templates.
- Click on the Create Batch All button.



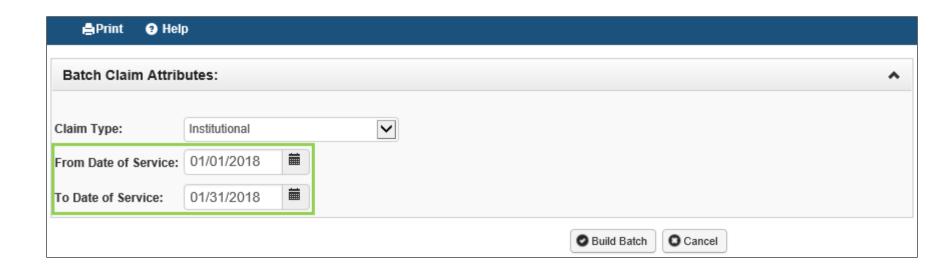


The following dialogue box will appear. If you are sure you want to create a batch, click on the **OK** button.



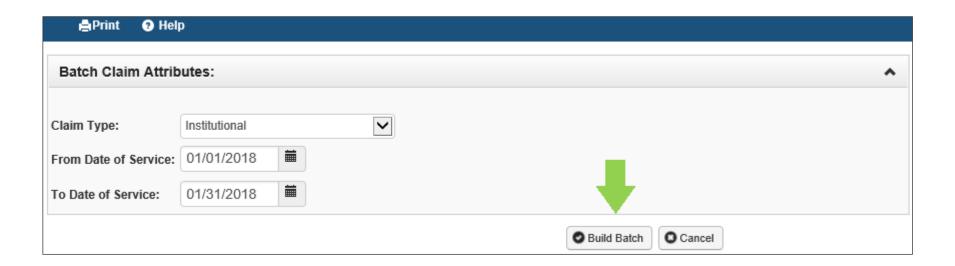


- ProviderOne now displays the Batch Claim Attributes screen.
- Enter the From and To Date of Service.



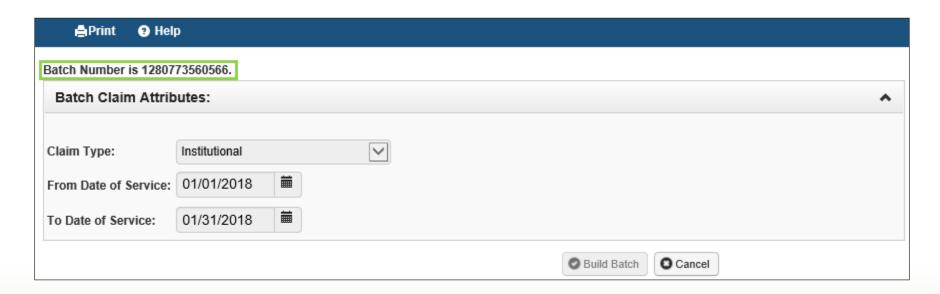


Click on the Build Batch button.



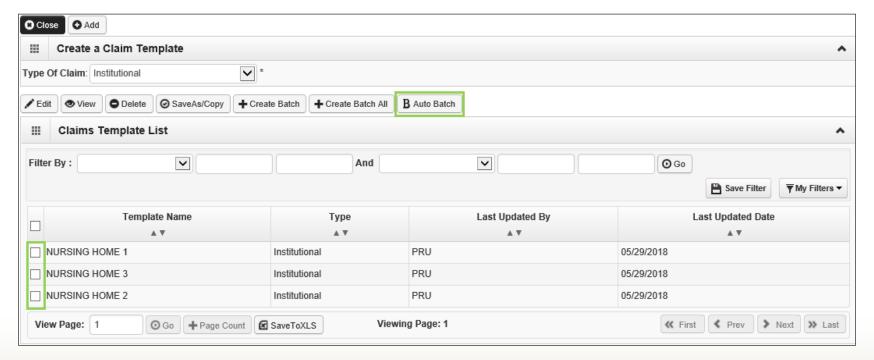


- ProviderOne builds the batch and assigns a batch number.
- Each template uses the date of service and adjusts the monetary amounts based on the date span.



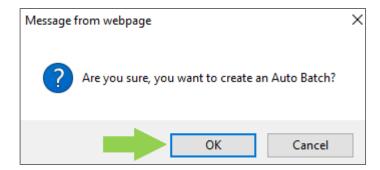


ProviderOne will allow templates to be auto batched. Click on the Auto Batch button and all templates that have an admit date listed on them within the from and to dates of service will be included in the auto batch.



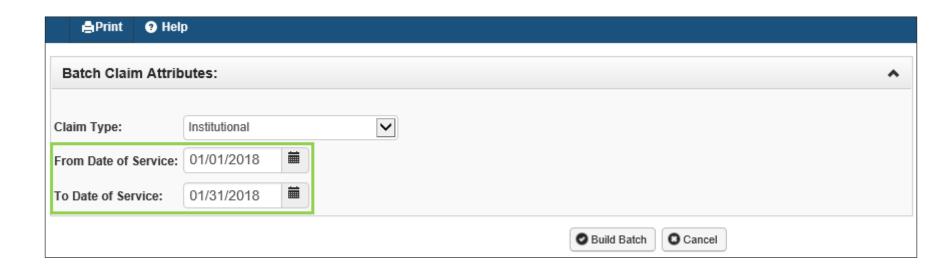


The following dialogue box will appear. If you are sure you want to create an auto batch, click on the **OK** button.



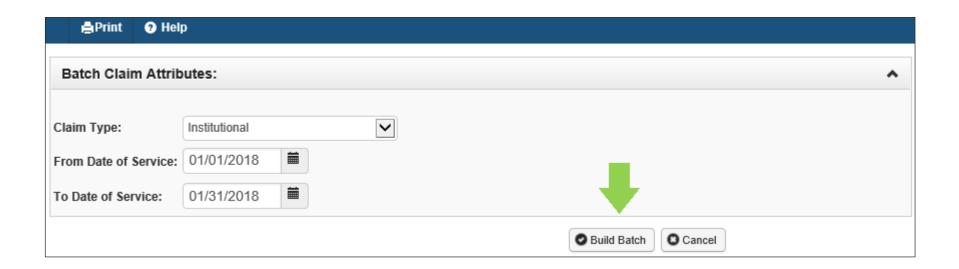


- ProviderOne now displays the Batch Claim Attributes screen.
- Enter the From and To Date of Service.



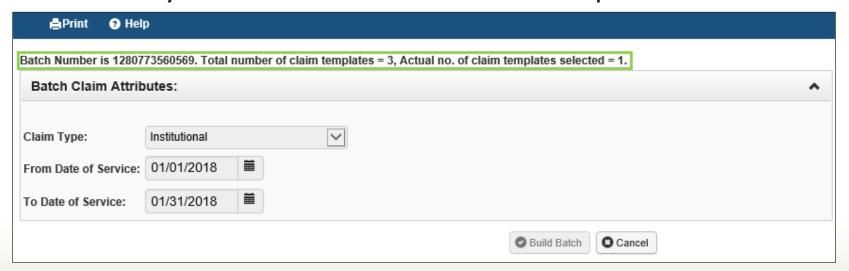


Click on the Build Batch button.



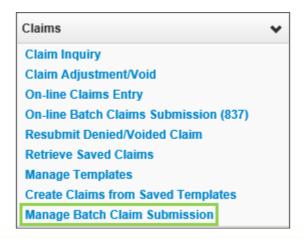


- ProviderOne builds the batch and assigns a batch number.
- ProviderOne shows how many templates are included in the auto batch.
- Each template uses the date of service and adjusts the monetary amounts based on the date span.





- Log into the ProviderOne Portal
 - www.waproviderone.org
 - Use EXT Provider Claims Submitter, EXT Provider Super User, or EXT Eligibility Checker/Claims Submitter
- Select Manage Batch Claim Submission.

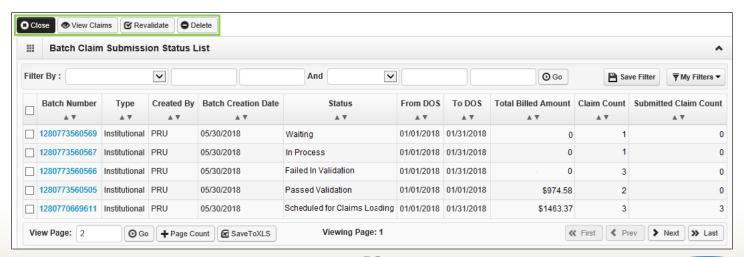




- ➤ The Manage Batch Claim Submission Status List screen has action buttons and column headings including:
 - View Claims button
 - Revalidate button
 - Delete batches button
 - Batch Number column heading
 - Batch Type column heading
 - Batch Created By and Batch Creation Date column headings
 - Batch Status column heading

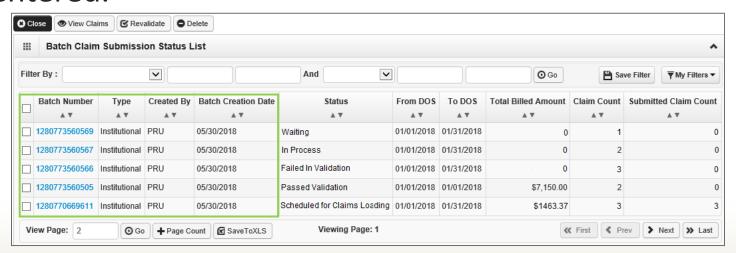


- The View Claims button allows you to look at the template but not make changes.
- ➤ **Revalidate** allows to you validate again the information listed on the template is complete.
- Delete allows you to remove a template from the batch.



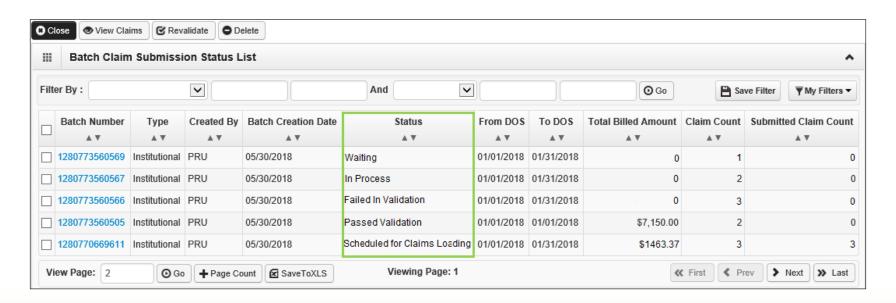


- Batch Number is the assigned number for the submission in ProviderOne.
- > Type is the claim format being submitted.
- Created By is the person that created the batch within ProviderOne.
- > Batch Creation Date is when the batch of claims was entered.



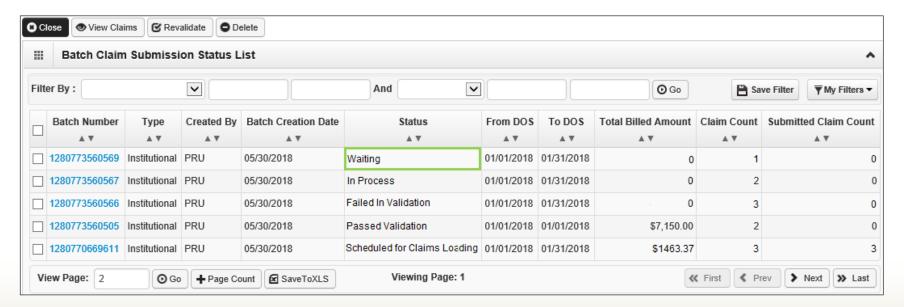


- Status gives the user information on the batch validation process.
 - A description of each type of status will be shown on the next slides.



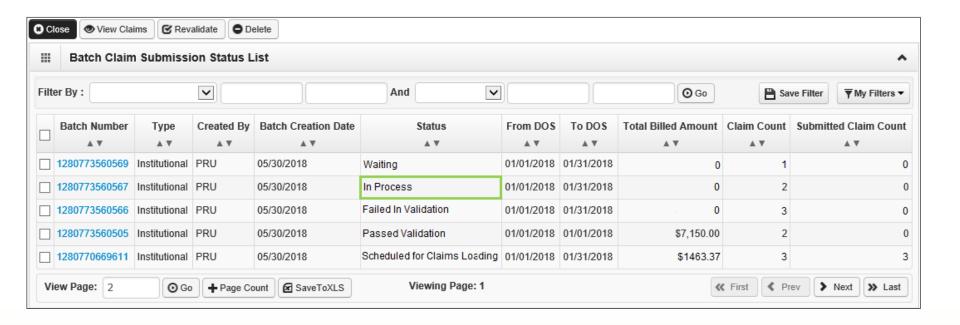


- > Status of Waiting:
 - The batch of claims has been submitted and is waiting to be validated by ProviderOne.
 - ProviderOne will move the batch of templates to the process queue on the next system cycle.



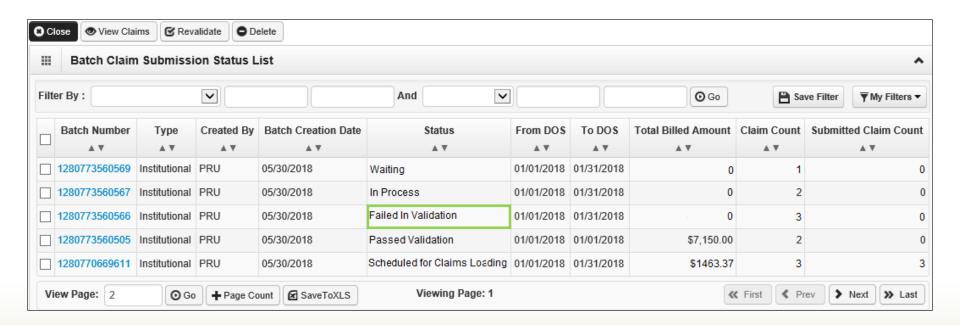


- > Status of In Process:
 - The batch of claims has been submitted.
 - ProviderOne is picking up the templates to validate.



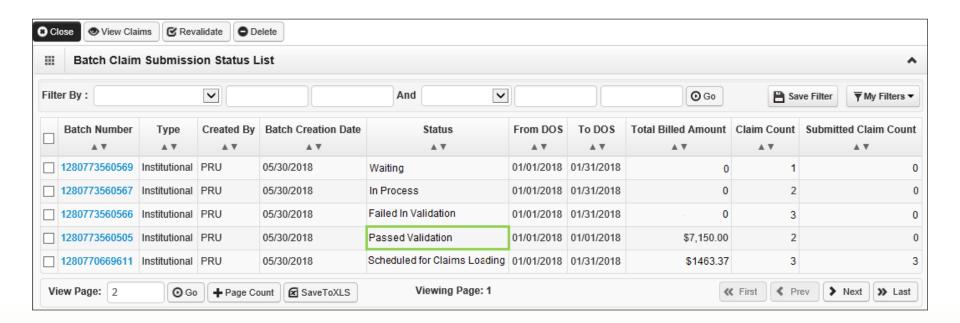


- Status of Failed in Validation:
 - The batch of claims has been submitted.
 - One or more of the templates did not pass validation because of an error.



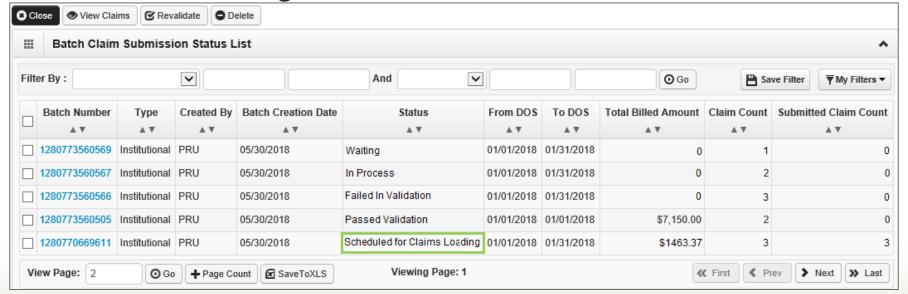


- Status of Passed Validation:
 - The batch of claims has been submitted.
 - All of the templates in the batch passed validation.



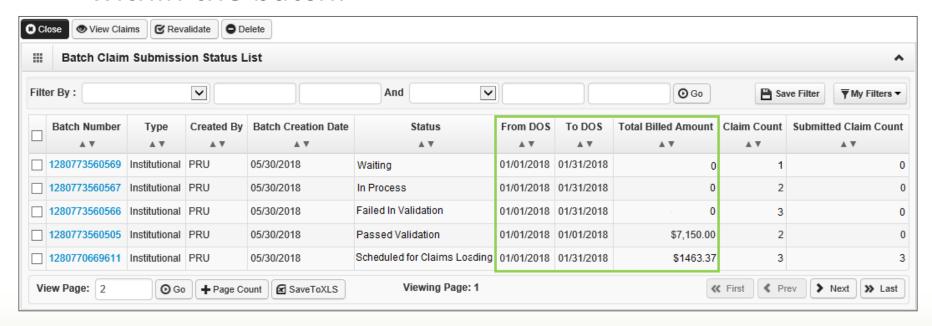


- > Status of Scheduled for Claims Loading:
 - The batch of claims has been submitted.
 - Batch is no longer templates but are now claims:
 - Basic claim data is now displayed (Total Billed Amount and Claim Count).
 - ProviderOne generates the claim TCN number.



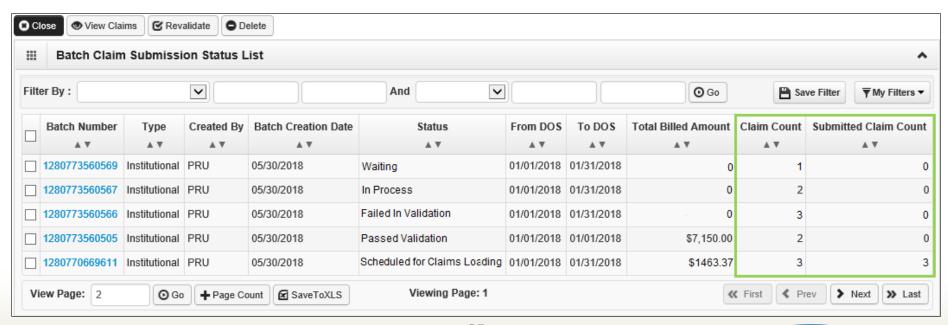


- From DOS and To DOS is the date span listed for all claims within the batch.
- Total Billed Amount gives a total of all the claims within the batch.



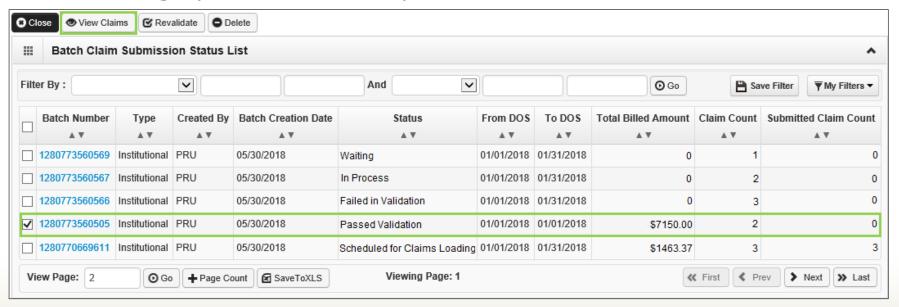


- Claim Count shows how many claims are included in the batch.
- Submitted Claim Count shows how many claims from the batch have been submitted.



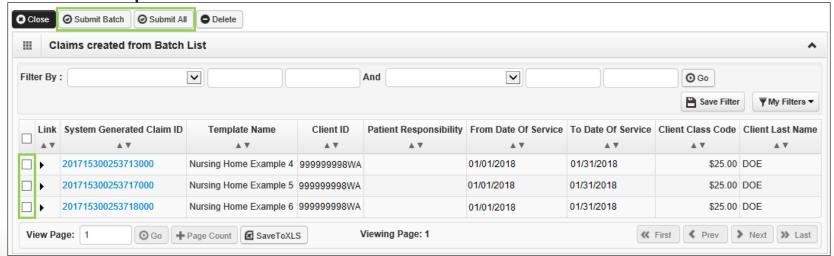


- To submit a batch of templates all claims must have passed validation:
 - Check mark the Batch Number you want to submit.
 - Click on the View Claims button at the top of the screen to bring up the list of templates included in this batch.



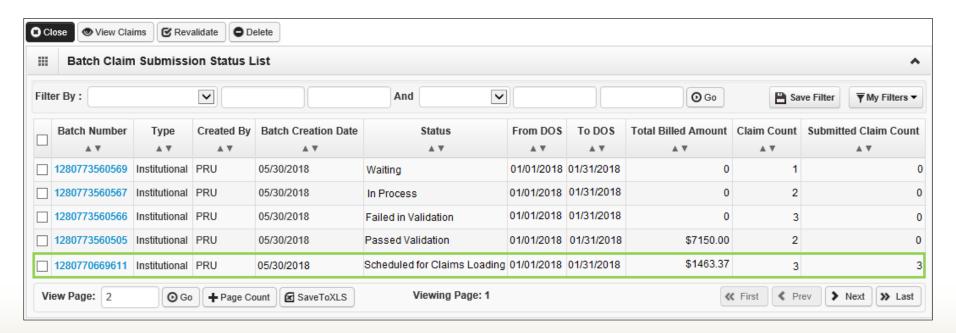


- There are two ways to include templates you want to submit:
 - 1) Check mark only specific templates to submit and click on the **Submit Batch** button; or
 - 2) Click on the **Submit All** button to submit all the listed templates.



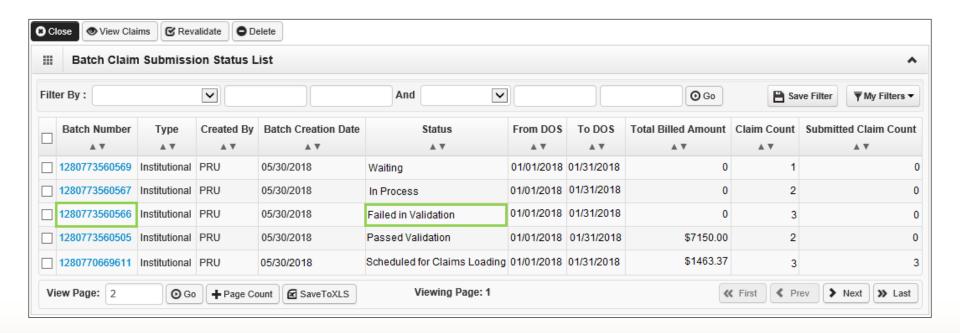


- > The batch of claims is now loaded into ProviderOne.
- > The claims have been assigned TCN numbers.
- This batch will auto purge from the list when claims are loaded.



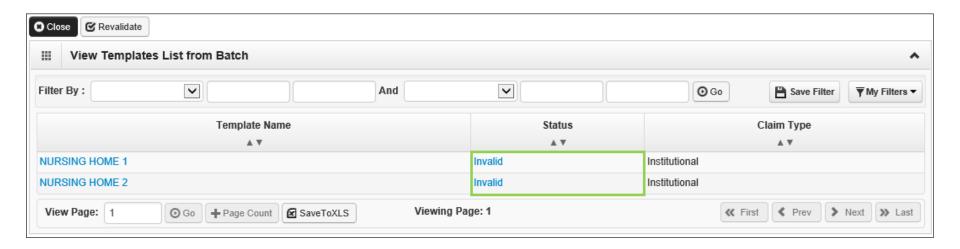


- Fixing batches that are in the **Failed in Validation** status.
- Click on the Batch Number to view the templates.



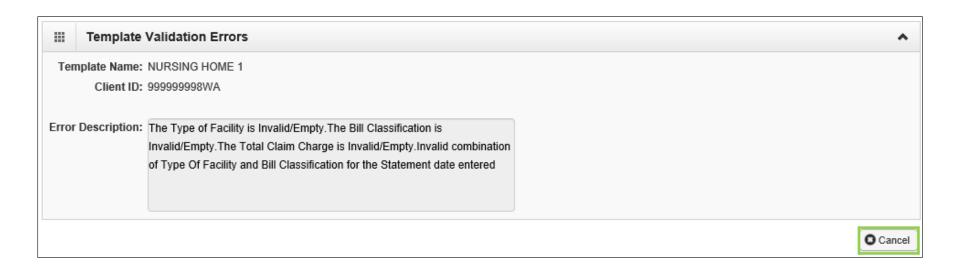


- The list of templates is displayed.
- Under the Status column click on the blue Invalid hyperlink to see the template error.





- ProviderOne will display the template error(s).
- Click on the Cancel button once the errors are identified.





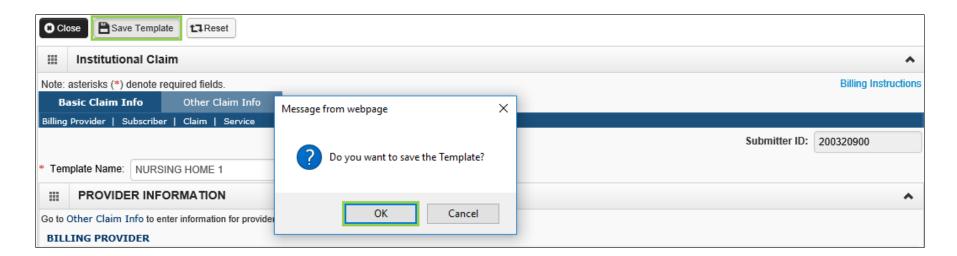
- Click on the Template Name to fix the error(s).
- ProviderOne will load the template form for correction.





Manage batch claim submission

- ➤ When the template is displayed make the appropriate corrections to the error(s).
- Click on the Save Template button.
- > At the dialogue pop up click on the **OK** button.





Manage batch claim submission

- Click on the Revalidate button.
- When ProviderOne refreshes click on the Close button.
- ProviderOne returns to the Batch Claim Submission Status List page showing the batch in the Waiting status.



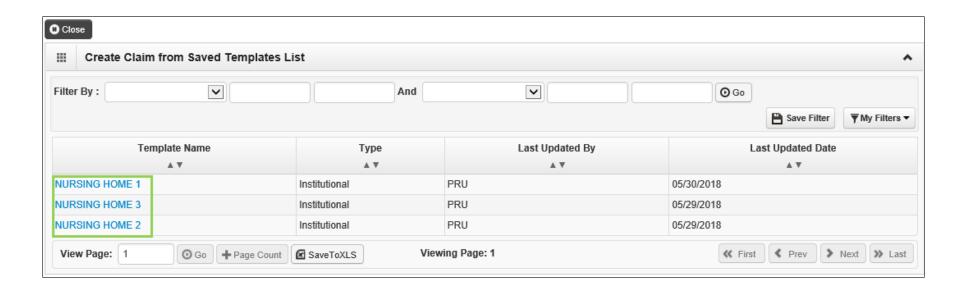


On the Provider Portal click on Create Claims from Saved Templates.



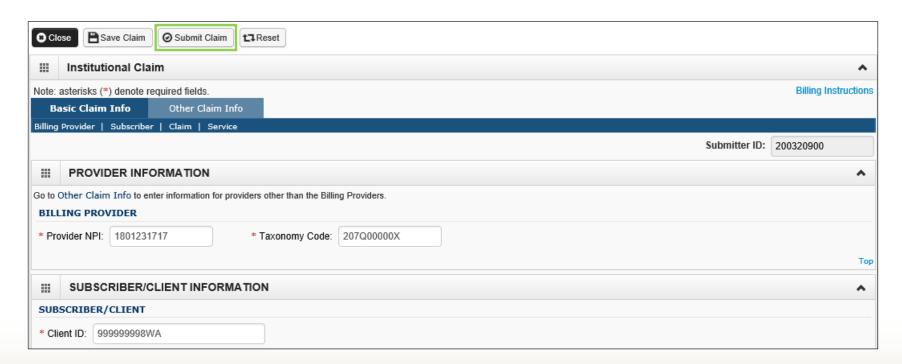


> Click on the **Template Name** to display template.



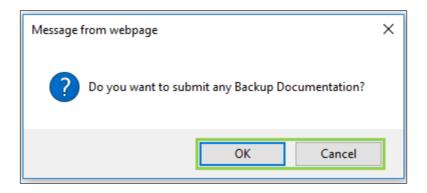


- ➤ When the template is displayed enter the missing claim information.
- > Once complete click on the **Submit Claim** button.



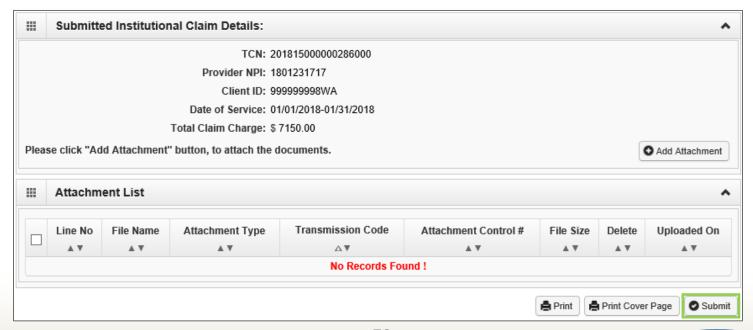


- ProviderOne will display the following dialogue box.
- Click Ok if you need to submit backup documentation.
- Click the **Cancel** button if you do not need to submit backup with this claim.





- ➤ Submit Claim for Processing No Backup
 - ProviderOne now displays the Submitted Institutional Claim Detail screen.
 - Click on the Submit button to finalize the submission of the claim.

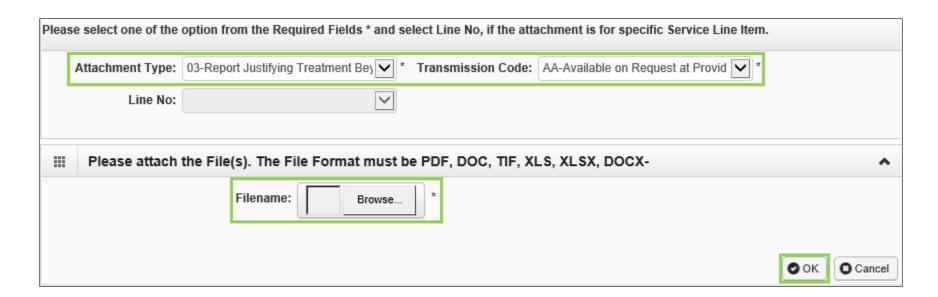




- ➤ Submit Claim for Processing With Backup (Attaching an Electronic File)
 - If you clicked Ok when asked if you want to submit backup documentation:
 - ProviderOne displays the Claims Backup Documentation screen.
 - Enter the Attachment Type from the dropdown.
 - Choose the Transmission Code of EL-Electronic Only.
 - Click on the Browse button to find the electronic file to attach to the claim.
 - The Line No. dropdown is not needed and has been disabled.

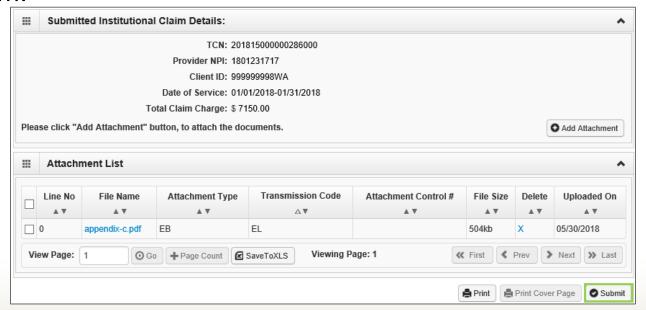


- ➤ Submit Claim for Processing With Backup (Attaching an Electronic File)
 - Click the OK button.



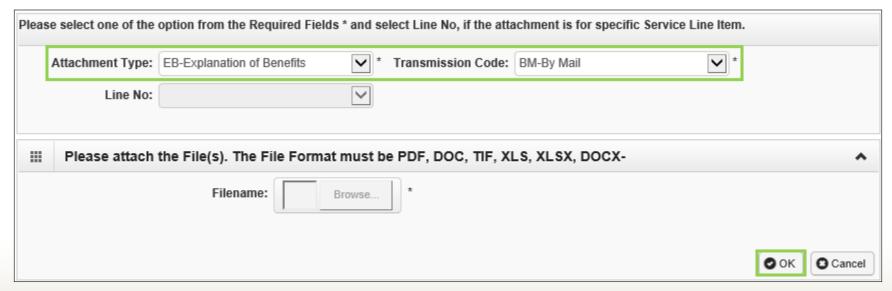


- ➤ Submit Claim for Processing With Backup (Attaching an Electronic File)
 - ProviderOne now displays the Submitted Institutional Claim Detail screen.
 - Click on the Submit button to finalize the submission of the claim.



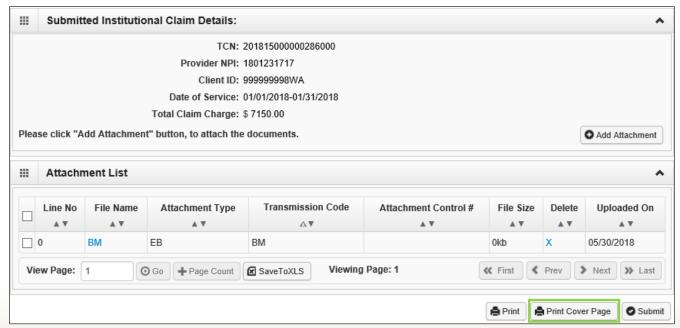


- ➤ Submit Claim for Processing With Backup (Mailing or Faxing)
 - ProviderOne displays the Claims Backup Documentation screen:
 - Enter the Attachment Type from the dropdown.
 - Choose the Transmission Code of BM-By Mail or FX-By Fax.
 - Do not choose a Line No.
 - Click the OK button.





- ➤ Submit Claim for Processing With Backup (Mailing or Faxing)
 - If you are sending backup by mail or fax, you must include a cover sheet. At the Submitted Institutional Claim Details page click on the **Print Cover Page** button.



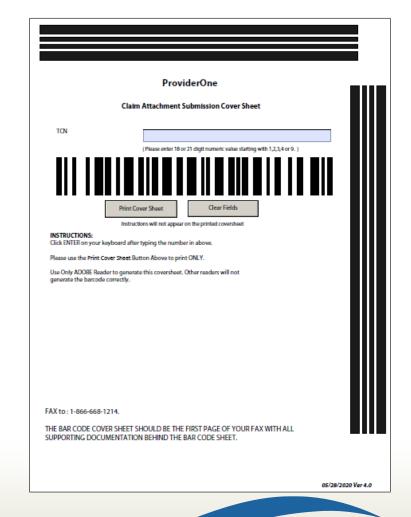


> Submit Claim for Processing - With Backup (Mailing or

Faxing)

- Fill in the TCN field with the claim number received on your claim confirmation screen. Click outside this field or tab to expand the barcode.
- When completed click on the Print Cover Sheet button and mail to:
 - Electronic Claim Back-Up Documentation
 PO Box 45535
 Olympia, WA 98504-5535

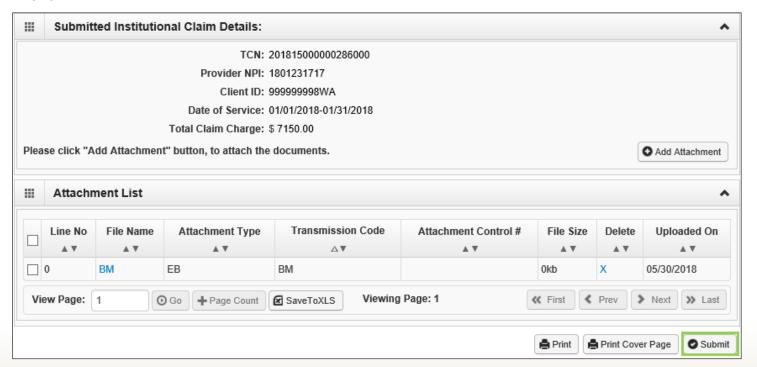
OR



o Fax 1-866-668-1214



- ➤ Submit Claim for Processing With Backup (Mailing or Faxing)
 - Click on the Submit button to finalize the submission of your claim.





Resources

- ProviderOne Billing and Resource Guide webpage
- Provider training resources:
 - Webinar page
 - Fact sheet page