

**Registered Attendees:**

<input checked="" type="checkbox"/>	Anthony Pheasant (HCA)	<input checked="" type="checkbox"/>	Jennifer Inman (HCA)	<input checked="" type="checkbox"/>	Michelle Chillstrom
<input checked="" type="checkbox"/>	Amie Kidane	<input checked="" type="checkbox"/>	JoAnna Gaffney (HCA)	<input checked="" type="checkbox"/>	Mike Short
<input checked="" type="checkbox"/>	Andrea Medlock	<input checked="" type="checkbox"/>	Kathryn Byers (HCA)	<input checked="" type="checkbox"/>	Polly MacLEan
<input checked="" type="checkbox"/>	Ashley Boysen (HCA)	<input checked="" type="checkbox"/>	Kristi Cruz	<input checked="" type="checkbox"/>	Rena Long
<input checked="" type="checkbox"/>	Becky Carrell (HCA)	<input checked="" type="checkbox"/>	Katherine	<input checked="" type="checkbox"/>	Sarah Hammert
<input checked="" type="checkbox"/>	Berle Ross (ODHH)	<input checked="" type="checkbox"/>	Kathleen To	<input checked="" type="checkbox"/>	Scott Sankey
<input checked="" type="checkbox"/>	Brittany Cirineo	<input checked="" type="checkbox"/>	Kristi Cruz	<input checked="" type="checkbox"/>	Shelly Hansen
<input checked="" type="checkbox"/>	Damon Mickelsen	<input checked="" type="checkbox"/>	Katherine Oum	<input checked="" type="checkbox"/>	Todd Slettvet (HCA)
<input checked="" type="checkbox"/>	Janelle Utheim	<input checked="" type="checkbox"/>	Lindsay Higdon	<input checked="" type="checkbox"/>	+16 unidentified guests on the phone.

<b>Agenda Items</b>	<b>Time</b>	<b>Lead</b>	<b>Summary Notes</b>
<b>Welcome/Introductions</b> <ul style="list-style-type: none"> <li>Ground Rules</li> </ul>	2:00 – 2:10	Deborah (ODHH)	<ul style="list-style-type: none"> <li>There will be an interpreter rotation every 15 minutes. We ask that if this rotation occurs while you are speaking that you pause and allow the interpreters time to switch.</li> <li>When addressing the group always introduce yourself by name and organization.</li> <li>To ensure that we touch on every item on the agenda, please hold any comments/questions related to a specific agenda item until the Question and Answer session at the end of the meeting. We will write down the names of those who have questions and when we get to the Question and Answer session, we will start answering questions based on that list of names.</li> <li>Be respectful, engaged, and considerate of others.</li> <li>Help our interpreters by speaking clearly and slowly.</li> </ul>
<b>Workgroup Discussion</b> <ul style="list-style-type: none"> <li>ProviderOne Billing &amp; Claim Submission</li> </ul>	2:10 – 3:00	Rebecca (HCA)	<p>An overview of the attached PowerPoint <i>Medicaid 1010 Sign Language Interpreter Claims</i> was provided by Becky Carrell. This PowerPoint covered 1) How to submit a claim and 2) Template Billing</p> <ul style="list-style-type: none"> <li>There is one diagnosis code: Z710</li> </ul>
<b>Question &amp; Answer Session</b>	3:00 – 3:20	Rebecca (HCA)	<p><b>Questions/Answers:</b></p> <ul style="list-style-type: none"> <li>How can Deaf or DeafBlind individuals access the webinar? <ul style="list-style-type: none"> <li>Reach out to the HCA to receive 1:1 support.</li> </ul> </li> <li>Where is the PA reference number on the DSHS 17-123A form? <ul style="list-style-type: none"> <li>The PA reference number is added at the top of the <a href="#">DSHS Request for Sign Language Interpreter form (DSHS 17-123A)</a>.</li> </ul> </li> <li>When will there be a space on the DSHS 17-123A Form to put the PA reference number?</li> <li>The DSHS 17-123A Form was updated this week to include the PA reference number. The original form is still located on the HCA and ODHH websites.</li> <li>What do we do with DSHS 17-123A forms that do not have a client ID number? <ul style="list-style-type: none"> <li>Email HCA Interpreter Services: <a href="mailto:INTERPRETERSVC@hca.wa.gov">INTERPRETERSVC@hca.wa.gov</a>.</li> </ul> </li> <li>Kari with ASL Professionals and Rena Long are both receiving DSHS 17-123A forms with missing information. City is often missing.</li> </ul>

			<ul style="list-style-type: none"> <li>○ The new DSHS 17-123A form should resolve some of issues with missing information.</li> <li>● What do we do if we have need an interpreter for an appointment that is very soon, such as within the next two weeks? <ul style="list-style-type: none"> <li>○ Best practice is to always request an interpreter as soon as the appointment is known, and at least 14 days in advance.</li> <li>○ Requests are very hard to fill when there is not enough advance notice. The HCA has been working on developing a formal process for “last-minute requests”. Providers can use the reimbursement process. Providers still to submit a request for an interpreter through ProviderOne. DSHS 17-123A form is required to be paid by the HCA directly.</li> </ul> </li> <li>● Michelle Chillstrom, Scott Sankey/Kathleen To, and Lindsay Higdon all are having issues in their provider clinic. Transition to this process is difficult for them. Judy Tran from Children’s Hospital is also having issues. Problem solving meeting is desired. <ul style="list-style-type: none"> <li>○ The HCA can help mitigate these issues if you reach out to the email box. The HCA is hosting Rapid Response Calls every Friday of February – this is a good format to bring up these issues.</li> <li>○ HCA will reach out directly to the providers having difficulty to provide technical assistance and brainstorm solutions. HCA is committed to assisting them in being successful in requesting ASL interpreters.</li> </ul> </li> <li>● Can we still submit requests for interpreters in bulk like with ULS? <ul style="list-style-type: none"> <li>○ The process we are walking through today needs to be followed (*see attached PowerPoint). It is electronic but different.</li> <li>○ HCA is committed to meeting with providers to assist with this new process and brainstorm ways to improve it.</li> </ul> </li> <li>● Jennifer (HCA) Dates and Times that everyone would like to see training in the future? <ul style="list-style-type: none"> <li>○ Michelle: Between 10am-2pm on Tuesdays, Wednesday, or Thursday work best for UWMC.</li> </ul> </li> </ul>
<b>Action Item Review</b>	3:20 – 3:25	Rebecca (HCA)	N/A
<b>Wrap-Up/Conclusion</b>	3:25 – 3:30	Deborah (ODHH)	<i>Thank you for your time!</i>

<b>Action Items</b>				
<b>Action Item</b>	<b>Assigned To:</b>	<b>Date Assigned:</b>	<b>Date Due:</b>	<b>Action Taken:</b>
Send out registration information for SL interpreter and agency webinars training	HCA	2/3/20	2/10/20	Completed
Follow-up with providers/facilities: Michelle Chillstrom, Scott Sankey/Kathleen To, and Lindsay Higdon.	HCA - Becky	2/3/20	2/10/20	Pending

<b>Additional Resources</b>	
<b>Description</b>	<b>Hyperlink</b>
<b>HCA Fill Rate Data</b>	<a href="#">Interpreter Services Data Dashboard</a> <a href="#">Interpreter Services Interpreter Coverage Report</a>
<b>HCA Transition Webpage</b>	<a href="#">Sign Language Interpreter Contract Transition</a>

<p><b>Upcoming Rapid Response Calls</b></p> <p><a href="#">Join here</a>  Call-In: 360-407-3811  Conference ID: 1089895</p>	<ul style="list-style-type: none"> <li>• Friday, February 7, 2020 at 11:00-11:30 a.m.</li> <li>• Friday, February 11, 2020 at 9:00-9:30 a.m.</li> <li>• Friday, February 14, 2020 at 9:00-9:30 a.m.</li> <li>• Friday, February 17, 2020 at 9:00-9:30 a.m.</li> <li>• Friday, February 28, 2020 at 11:00-11:30 a.m.</li> </ul>
<p><b>Interpreter/Agency Billing Webinar</b></p>	<p>February 13, 2020 from 8:30—10:00 AM PST. We encourage all sign language agencies and independent contractors to <a href="#">register</a> for this training.</p>
<p><b>Email Contact for Questions</b></p>	<p>HCA Interpreter Services <a href="mailto:INTERPRETERSVCS@hca.wa.gov">INTERPRETERSVCS@hca.wa.gov</a></p>



# Medicaid 101

## Sign Language Interpreter Claims

January 2020

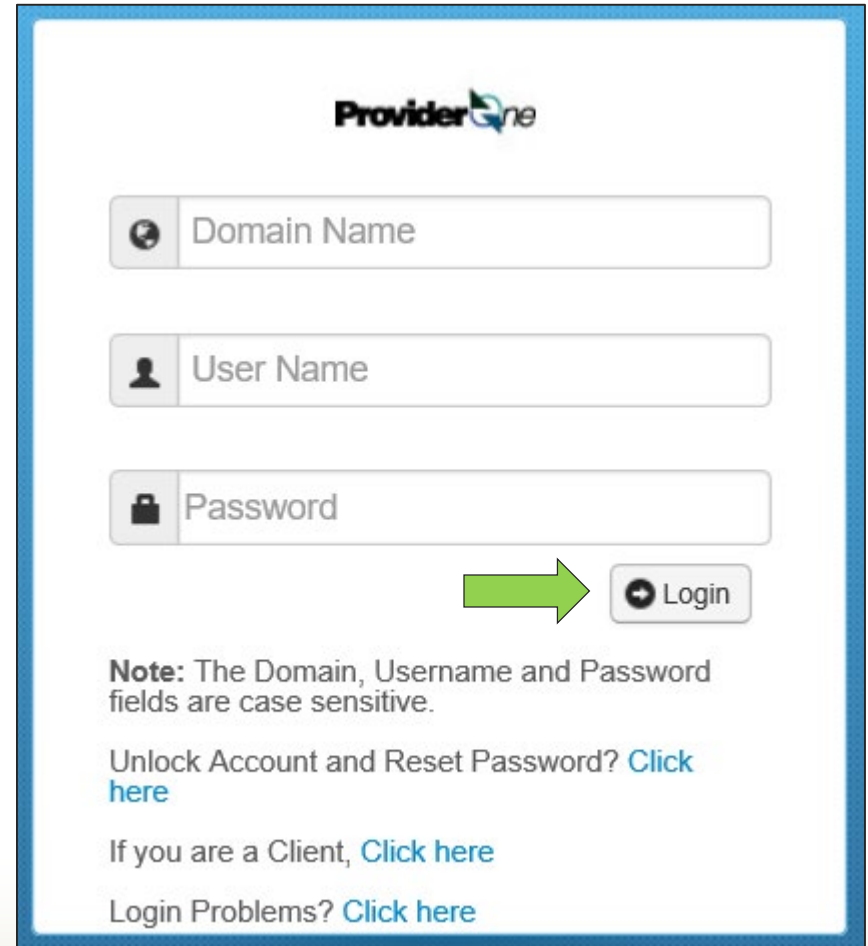
# Getting Started

**ProviderOne** is used by Washington Apple Health providers to submit claims and manage their provider accounts. It is compatible with the most commonly used internet browsers: Google Chrome, Firefox, Microsoft Edge, Internet Explorer (IE) for Windows, and Safari for Windows and MAC.

In order for **ProviderOne** to work on your computer, verify your browser allows popups, as these are vital to successful claims submission.

# Getting Started

- Use web address:  
<https://www.waproviderone.org>
- Complete the **Domain**,  
**Username**, and **Password**  
fields.
- Click on the **Login** button.




**ProviderOne**

Domain Name

User Name

Password

 Login

**Note:** The Domain, Username and Password fields are case sensitive.

Unlock Account and Reset Password? [Click here](#)

If you are a Client, [Click here](#)


Login Problems? [Click here](#)

# Claim Submission

# Claim Submission


- Select the **EXT Provider Super User** profile to submit claims using Direct Data Entry (DDE) and click **GO**.

Welcome to the Medicaid Management Information System  
for



Select a profile to use during this session:

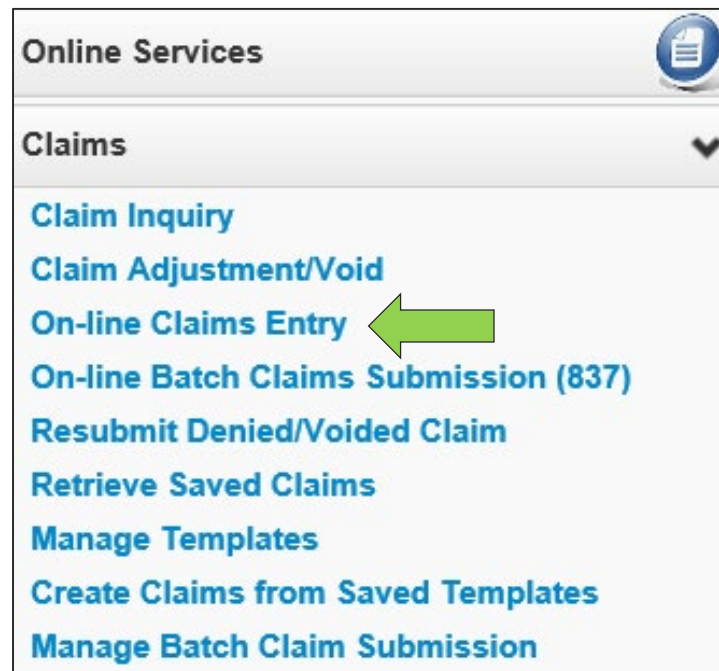
EXT Provider Super User  \*





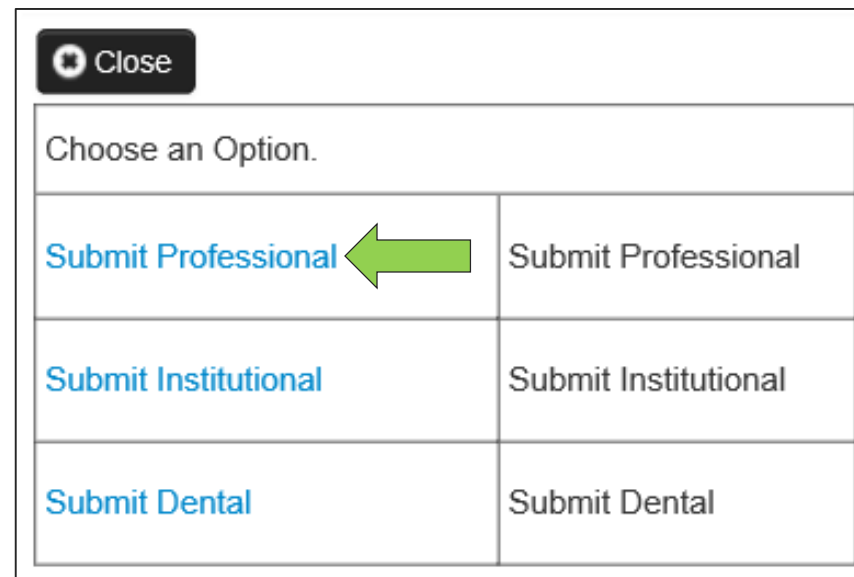
# Claim Submission

- From the Provider Portal, select the **Online Claims Entry** option located under the **Claims** heading.



# Claim Submission

- Select the **Submit Professional** option for medical claims, which is equivalent to the submission of a CMS-1500 claim form.



Close

Choose an Option.

<a href="#">Submit Professional</a>	Submit Professional
<a href="#">Submit Institutional</a>	Submit Institutional
<a href="#">Submit Dental</a>	Submit Dental

# Claim Submission

- Overview of the upper half of the DDE Professional claim screen

Close Save Claim Submit Claim Reset

**Professional Claim**

Note: asterisks (\*) denote required fields. [Billing Instructions](#)

**Basic Claim Info**    Other Claim Info

Billing Provider | Rendering Provider | Subscriber | Claim | Service

Submitter ID:

**PROVIDER INFORMATION**

Go to [Other Claim Info](#) to enter information for Referring, Purchasing, Supervising and other providers.

**BILLING PROVIDER**

\* Provider NPI:       \* Taxonomy Code:

? \* Is the Billing Provider also the Rendering Provider?     Yes  No

? \* Is this service the result of a referral?     Yes  No

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**SUBSCRIBER/CLIENT INFORMATION**

**SUBSCRIBER/CLIENT**

\* Client ID:

+ **Additional Subscriber/Client Information**

? Is this claim for a Baby on Mom's Client ID?     Yes  No

? \* Is this a Medicare Crossover Claim?     Yes  No

+ **OTHER INSURANCE INFORMATION**

[Top](#)

**CLAIM INFORMATION**

Go to [Other Claim Info](#) to include the following claim detail information:  
Specialized Line Services, Miscellaneous Line Data, Line Level Providers, Miscellaneous Line Dates, Test Results or Form Identification Information.

+ **PRIOR AUTHORIZATION**

+ **CLAIM NOTE**

+ **EPSDT INFORMATION**

+ **CONDITION INFORMATION**

? \* Is this claim accident related?     Yes  No

# Claim Submission

- Overview of the lower half of the DDE Professional claim screen

**CLAIM DATA**

Patient Account No.:

\* Place of Service:

**+ Additional Claim Data**

Diagnosis Codes: \* 1:  2:  3:  4:  5:  6:   
 7:  8:  9:  10:  11:  12:

[Top](#)

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**BASIC LINE ITEM INFORMATION**

Click on Other Svc Info in each line item to include the following additional line item information:  
 Attachment, Drug, DMERC Condition, Health Services, Test Results, Home Oxygen Therapy, Service Facility, Miscellaneous Numbers, Indicators, Providers, Dates and Amounts, Medical Equipment, Ambulance Transport, Line Item Note, Other Payer, Spinal Manipulations, Purchased Services and Line Adjudication.

**BASIC SERVICE LINE ITEMS**

\* Service Date From:  \* Service Date To:

Place of Service:

\* Procedure Code:  Modifiers: 1:  2:  3:  4:

\* Submitted Charges: \$  Diagnosis Pointers: \* 1:  2:  3:  4:

\* Units:

**+ Medicare Crossover Items**

National Drug Code:

**+ Drug Identification**

**+ Prior Authorization**

**+ Additional Service Line Information**

Note: Please ensure you have entered any necessary claim information (found in the other sections on this or another page) before adding this service line.

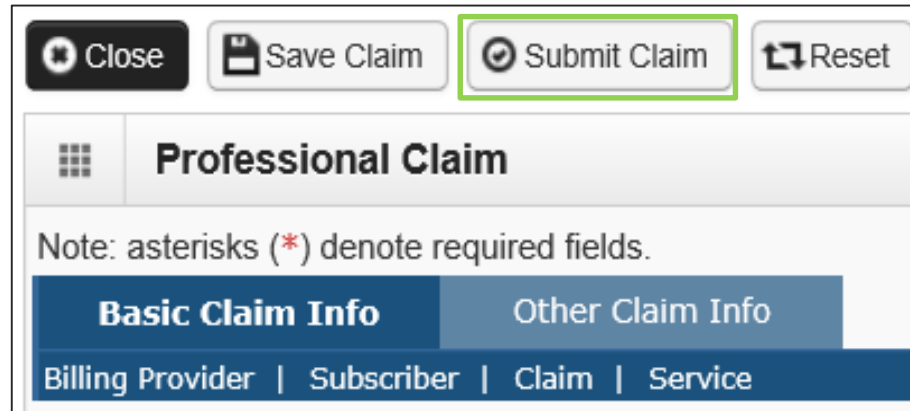
Previously Entered Line Item Information

Click a Line No. below to view/update that Line Item Information. Total Submitted Charges: \$

Line Service Dates		Proc. Code	Modifiers				Diagnosis Pntns				Submitted Charges	Units	PA Number
No	From To		1	2	3	4	1	2	3	4			

# Submitting Claim for Processing

- When the claim is ready to submit into ProviderOne for processing, use the **Submit Claim** button on the top left header bar.



Close Save Claim **Submit Claim** Reset

Professional Claim

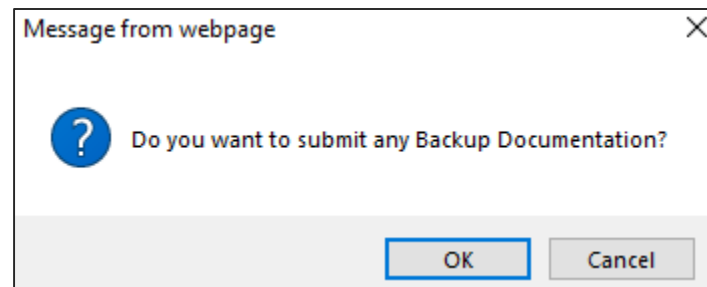
Note: asterisks (\*) denote required fields.

Basic Claim Info Other Claim Info

Billing Provider | Subscriber | Claim | Service

# Submitting Claim for Processing

- After the **Submit Claim** button is pushed, the following pop up window is displayed.
- Click on the **Cancel** button if no backup is being sent.



# Submitting Claim for Processing

- The **Submitted Professional Claim Details** confirmation page is displayed. It will display a summary of the basic claim information, as well as the assigned claim number (TCN).
- ProviderOne displays **No Records Found** if no backup documents have been attached.
- Click the final **Submit** button to send your claim to ProviderOne.

**Submitted Professional Claim Details:**

TCN: 202002300185004000  
 Provider NPI: 5100000004  
 Client ID: 999999998WA  
 Date of Service: 01/23/2020-01/23/2020  
 Total Claim Charge: \$ 15.00

Please click "Add Attachment" button, to attach the documents. ➕ Add Attachment

**Attachment List**

Line No	File Name	Attachment Type	Transmission Code	Attachment Control #	File Size	Delete	Uploaded On
No Records Found !							

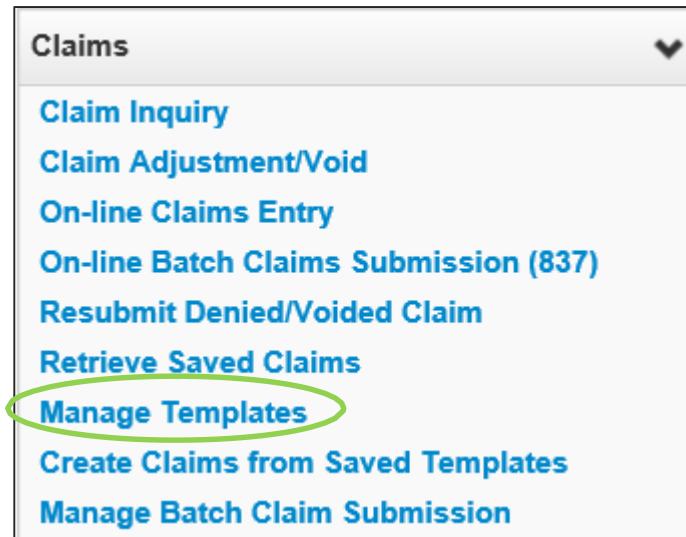
🖨️ Print
🖨️ Print Cover Page
➤ Submit

# Template Billing



# Creating a Claim Template

- ProviderOne allows creating and saving templates.
- Click on the **Manage Templates** hyperlink.



# Creating a Claim Template

- At the Create a Claim Template and list screen, choose **Professional** from the **Type of Claim** box.
- Click the **ADD** button to bring up the claim template form.

The screenshot shows a web application interface for creating and managing claim templates. At the top, there are 'Close' and 'Add' buttons. Below this is a section titled 'Create a Claim Template' with a dropdown menu for 'Type Of Claim' set to 'Professional'. A row of action buttons includes 'Edit', 'View', 'Delete', 'SaveAs/Copy', 'Create Batch', 'Create Batch All', and 'Auto Batch'. Below this is a 'Claims Template List' section with a filter bar and a table. The table has columns for 'Template Name', 'Type', 'Last Updated By', and 'Last Updated Date'. The table is currently empty, displaying 'No Records Found!' in red text.

# Creating a Claim Template

- Same claim form as above instructions – addition of **Template Name**.


Close Save Template Reset

**Professional Claim**

Note: asterisks (\*) denote required fields.

**Basic Claim Info** Other Claim Info

Billing Provider | Rendering Provider | Subscriber | Claim | Service

\* Template Name:  

**PROVIDER INFORMATION**

Go to Other Claim Info to enter information for Referring, Purchasing, Supervising and other providers.

**BILLING PROVIDER**

\* Provider NPI:  \* Taxonomy Code:

\* Is the Billing Provider also the Rendering Provider?  Yes  No

\* Is this service the result of a referral?  Yes  No

**SUBSCRIBER/CLIENT INFORMATION**

**SUBSCRIBER/CLIENT**

\* Client ID:

**Additional Subscriber/Client Information**

Is this claim for a Baby on Mom's Client ID?  Yes  No

\* Is this a Medicare Crossover Claim?  Yes  No

**OTHER INSURANCE INFORMATION**

**CLAIM INFORMATION**

Go to Other Claim Info to include the following claim detail information:  
Specialized Line Services, Miscellaneous Line Data, Line Level Providers, Miscellaneous Line Dates, Test Results or Form Identification Information.

**PRIOR AUTHORIZATION**

**CLAIM NOTE**

**EPSDT INFORMATION**

**CONDITION INFORMATION**

\* Is this claim accident related?  Yes  No

**CLAIM DATA**

Patient Account No.:

\* Place of Service:

**Additional Claim Data**

Diagnosis Codes: \* 1:  2:  3:  4:  5:  6:   
7:  8:  9:  10:  11:  12:

**BASIC LINE ITEM INFORMATION**

Click on Other Svc Info in each line item to include the following additional line item information:  
Attachment, Drug, DMERC Condition, Health Services, Test Results, Home Oxygen Therapy, Service Facility, Miscellaneous Numbers, Indicators, Providers, Dates and Amounts, Medical Equipment, Ambulance Transport, Purchased Services and Line Adjudication.

**BASIC SERVICE LINE ITEMS**

mm dd cyy mm dd cyy

\* Service Date From:  \* Service Date To:

Place of Service:

\* Procedure Code:  Modifiers: 1:  2:  3:  4:

\* Submitted Charges: \$  Diagnosis Pointers: \* 1:  2:  3:  4:

\* Units:

**Medicare Crossover Items**

National Drug Code:

**Drug Identification**

**Prior Authorization**

**Additional Service Line Information**

Note: Please ensure you have entered any necessary claim information (found in the other sections on this or another page) before adding this service line.

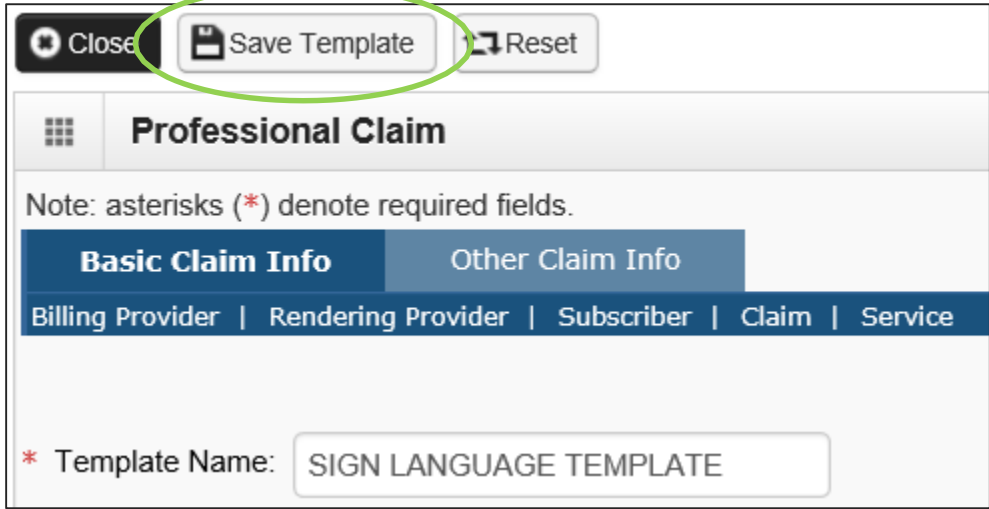
Previously Entered Line Item Information

Click a Line No. below to view/update that Line Item Information. Total Submitted Charges: \$

Line Service Dates		Proc. Code	Modifiers				Diagnosis Ptrns				Submitted Charges	Units	PA Number
No	From To		1	2	3	4	1	2	3	4			

# Saving a Claim Template

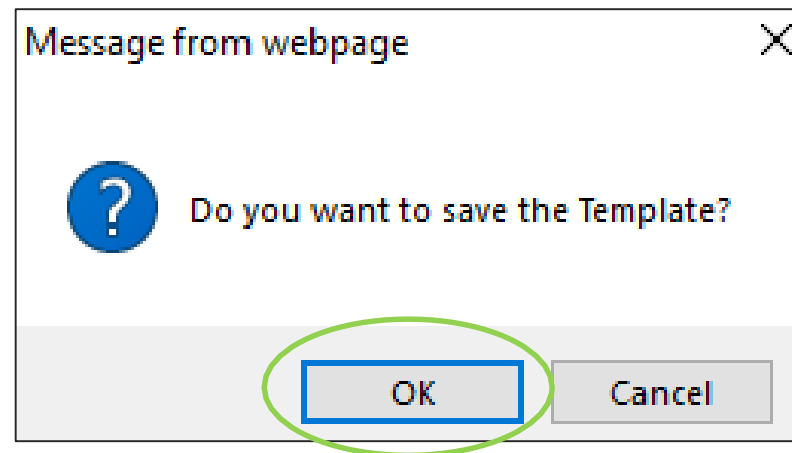
- When done entering information needed, click on the **Save Template** button in the upper left corner.



The screenshot shows a web interface for a "Professional Claim" form. At the top, there are three buttons: "Close", "Save Template", and "Reset". The "Save Template" button is circled in green. Below the buttons is a header for "Professional Claim" with a grid icon. A note states: "Note: asterisks (\*) denote required fields." There are two tabs: "Basic Claim Info" (selected) and "Other Claim Info". Below the tabs is a navigation bar with links: "Billing Provider", "Rendering Provider", "Subscriber", "Claim", and "Service". At the bottom, there is a required field labeled "\* Template Name:" with the text "SIGN LANGUAGE TEMPLATE" entered.

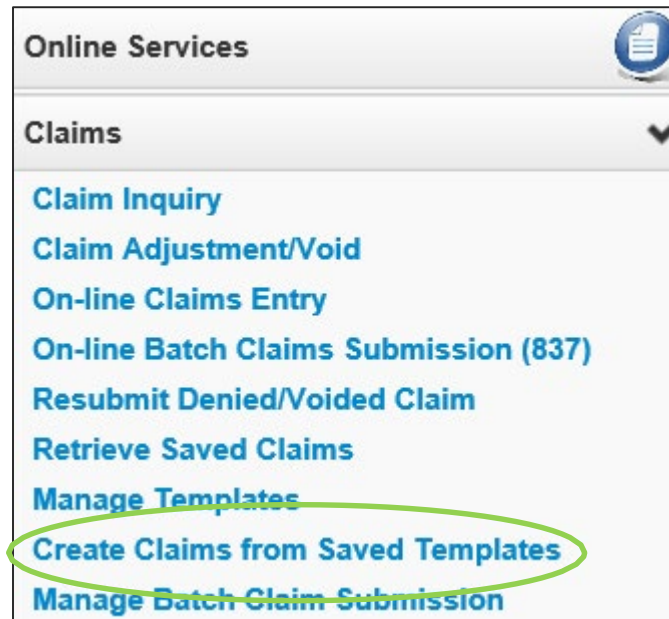
# Saving a Claim Template

- You will receive a pop up asking if you would like to save the template. Answer **OK** to save.



# Submitting a Template Claim

- Claims can be submitted from a template.
- Click on the **Create Claims from Saved Templates** hyperlink.



# Submitting a Template Claim

- The **Create Claims from Saved Templates** list is displayed.
- Click on the **Template Name** to bring up the template.

Close

Create Claim from Saved Templates List

Filter By :   And     Go Save Filter My Filters

Template Name ▲▼	Type ▲▼	Last Updated By ▲▼	Last Updated Date ▲▼
<a href="#">SIGN LANGUAGE TEMPLATE</a>	Professional	PRU	01/31/2020
<a href="#">SIGN LANGUAGE TEMPLATE 2</a>	Professional	PRU	01/31/2020

View Page: 1 Go Page Count SaveToXLS Viewing Page: 1 First Prev Next Last

# Submitting a Template Claim

- Once the claim is displayed, continue to fill out the remaining missing information. This is the same process as shown in the previous slides.
- Click on the **Submit Claim** button in the upper left corner.

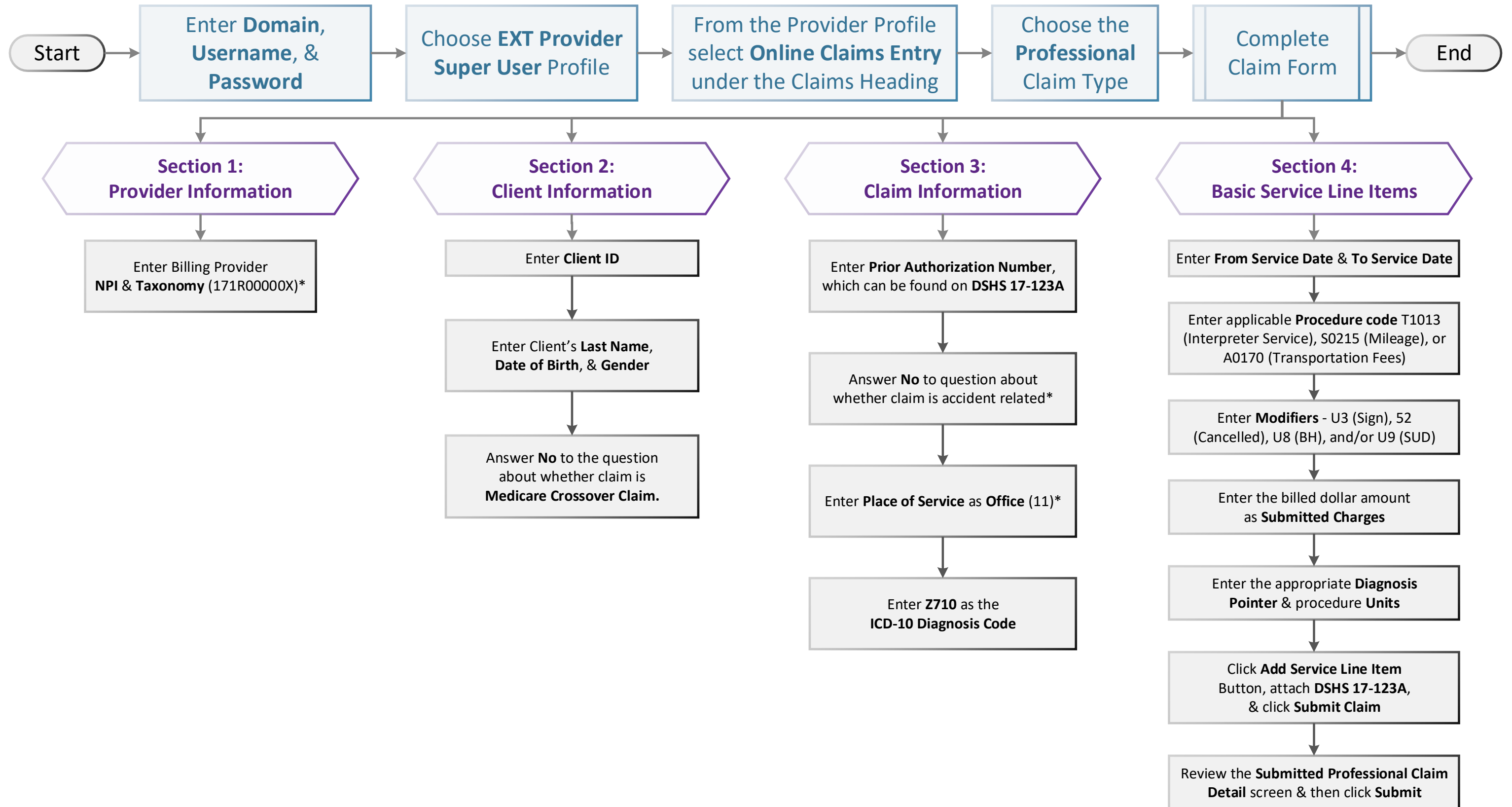
The screenshot shows a web interface for submitting a claim. At the top, there are four buttons: 'Close', 'Save Claim', 'Submit Claim', and 'Reset'. The 'Submit Claim' button is highlighted with a green circle. Below the buttons is a section titled 'Professional Claim' with a sub-tab 'Basic Claim Info'. A note indicates that asterisks (\*) denote required fields. The 'BILLING PROVIDER' section contains two input fields: '\* Provider NPI:' and '\* Taxonomy Code:'. Below these are two questions with radio button options: '\* Is the Billing Provider also the Rendering Provider?' (Yes/No) and '\* Is this service the result of a referral?' (Yes/No). A 'Submitter ID' field with the value '200320900' is visible on the right side.



# Contact and Support

- Contact Interpreter Services at:
  - [interpretersvcs@hca.wa.gov](mailto:interpretersvcs@hca.wa.gov)
- Interpreter Services Website:
  - [www.hca.wa.gov/isproviders](http://www.hca.wa.gov/isproviders)
  - [www.hca.wa.gov/sli-transition](http://www.hca.wa.gov/sli-transition)
- Contact Prior Authorization at:
  - [www.hca.wa.gov/billers-providers-partners/prior-authorization-claims-and-billing](http://www.hca.wa.gov/billers-providers-partners/prior-authorization-claims-and-billing)
  - 1-800-562-3022
- HCA Provider Enrollment
  - [providerenrollment@hca.wa.gov](mailto:providerenrollment@hca.wa.gov)
  - 1-800-562-3022 ext 16137
- ODHH
  - [www.dshs.wa.gov/altsa/office-deaf-and-hard-hearing](http://www.dshs.wa.gov/altsa/office-deaf-and-hard-hearing)
  - 1-800-422-3263

# Direct Data Entry Claims in ProviderOne



\*Can be added to your personalized claim template

## Sign Language Resources

Based on active engagement with stakeholders and Sign Language (SL) interpreter agencies to identify ways to improve access to SL interpreters for Apple Health (Medicaid) clients, the Health Care Authority (HCA) has implemented a new process for providing SL interpreters.

HCA's new process for providing SL interpreters utilizes the Office of the Deaf and Hard of Hearing (ODHH) contract. As of January 1, 2020, medical providers who need a SL interpreter for their clients will complete an ODHH request form and send a request via the Provider One Prior Authorization process to HCA. HCA will process the request and send the ODHH form to SL Agencies and Independent Contractors who are contracted with ODHH. When an agency or independent contractor accepts a request this information will be shared with the requestor, or medical provider.

SL interpreters will complete the appointment, have the medical provider or client sign the ODHH form, and then submit the ODHH form to HCA and complete a claim via ProviderOne. HCA will process the claim and issue payment to the SL Agency or Independent Contractor. As long as the claim is submitted correctly, most will be paid within five to seven business days.

HCA and ODHH are committed to providing assistance during this transition. For more information, visit our transition webpage at: <https://www.hca.wa.gov/about-hca/apple-health-medicaid/sign-language-interpreter-contract-transition>. Additionally, please see the list of resources below:

### Sign Language Agencies/Independent Contractors

ProviderOne Application Instructions will be available

Customized for SL Agencies and Independent Contractors Direct Data Entry

Claims Processing Webinar: February 13, 2020 8:30 am

Register for the Sign Language Interpreter/Agency Billing webinar at:  
<https://attendee.gotowebinar.com/register/8040510135813900545>

Have a question? Contact the Interpreter Services Program at:  
[interpreterservices@hca.wa.gov](mailto:interpreterservices@hca.wa.gov)

Call in to a rapid response calls to receive immediate attention:

February 7, 2020 11:00 am to 11:30 am

February 11, 2020 9:00 am to 9:30 am

February 14, 2020 9:00 am to 9:30 am

February 17, 2020 9:30 am to 10:00 am

February 28, 2020 11:00 am to 11:30 am

Rapid response conference line: 360-407-3811

Rapid response conference ID: 1089895

### Medical Provider (Requestor) Resources

How to request an interpreter [webinar is now on our transition webpage](#).

Call in to a rapid response call to receive immediate attention:

February 7, 2020 11:00 am to 11:30 am

February 11, 2020 9:00 am to 9:30 am

February 14, 2020 9:00 am to 9:30 am

Rapid response conference line: 360-407-3811

Rapid response conference ID: 1089895