

ProviderOne Provider System User Manual



Managed Care

Disclaimer:

A contract, known as the Core Provider Agreement, governs the relationship between the State of Washington and Medical Assistance providers. The Core Provider Agreement's terms and conditions incorporate federal laws, rules and regulations, state laws, rules and regulations, as well as program policies, numbered memoranda, and billing instructions, including the materials located in this presentation. Providers must submit a claim in accordance with the rules, policies, numbered memoranda, and billing instructions in effect at the time they provided the service.

Every effort has been made to ensure the accuracy of this material. However, in the unlikely event of an actual or apparent conflict between this material and a department rule, the department rule controls.



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Table of Contents

Managed Care	
Viewing the Enrollment Roster and Client Enrollment Details	
Viewing the Managed Care Capitation Report	
Downloading an Encounter Transaction Results Report - ETRR	



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Managed Care

Viewing Enrollments, Payment Summary, and Encounter Transaction Results Report (ETRR).

The following ProviderOne tasks are covered in this section:

- Viewing the Enrollment Roster and Transaction Details
- Viewing the Managed Care Capitation Report and Payment Details
- Downloading the Encounter Transaction Results Report (ETRR)



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Viewing the Enrollment Roster and Client Enrollment Details

Accessing the 834 Transaction List (Enrollment Roster)

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Using the EXT Provider Managed Care Only user profile, from the Provider Portal, click the View Enrollment Roster link.





ProviderOne displays the 834 Transaction List.

Clos	e										
	Transaction						r				
	er By : Action		▼] An	d Quar	tor	▼ Go	And		-		
¢.		Transaction #	Payer ID	Payer Name	Health Plan Id		File Effective Date	Report Start Date	Report End Date		Maintenance Reason Code
►	0000001	00001	723711880	мнс	000999222	CHANGE	03/01/2010	03/01/2010	03/01/201	21-Addition	28-Initial Enrollment
►	0000001	00002	723711880	MHC	000999222	CHANGE	03/01/2010	03/01/2010	03/01/201	21-Addition	28-Initial Enrollment
►	0000001	00003	723711880	MHC	000999222	CHANGE	03/01/2010	03/01/2010	03/01/201	21-Addition	28-Initial Enrollment
►	0000001	00004	723711880	MHC	000999222	CHANGE	03/01/2010	03/01/2010	03/01/201	21-Addition	28-Initial Enrollment
►	0000001	00005	723711880	MHC	000999222	CHANGE	03/01/2010	03/01/2010	03/01/201	21-Addition	28-Initial Enrollment
►	0000001	00006	723711880	MHC	000999222	CHANGE	03/01/2010	03/01/2010	03/01/201	21-Addition	28-Initial Enrollment
►	0000001	00007	723711880	MHC	000999222	CHANGE	03/01/2010	03/01/2010	03/01/201	21-Addition	28-Initial Enrollment
►	0000001	00008	723711880	MHC	000999222	CHANGE	03/01/2010	03/01/2010	03/01/201	21-Addition	28-Initial Enrollment
►	0000001	00009	723711880	MHC	000999222	CHANGE	03/01/2010	03/01/2010	03/01/201	21-Addition	28-Initial Enrollment
►	0000001	00010	723711880	MHC	000999222	CHANGE	03/01/2010	03/01/2010	03/01/201	21-Addition	28-Initial Enrollment
<	< Prev Viewi	ng Page 1 🔜	lext >>		Go Page	2 Count	SaveToXLS				

Figure 1 - 834 Transaction List

About the 834 Transaction List

- Only transactions for clients enrolled in your MCO or clinic are viewable.
- Use list filters and sort icons to narrow the results.



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Viewing 834 Transaction Details

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4		ſ,	
6	N.	L	

From the 834 Transaction List page, click the arrow hyperlink in the first column for the transaction you wish to view.

\$	Transaction Set ID □ ▼	Transaction #	Payer ID ▲ ▼	Payer Name	Health Plan Id A T		File Effective Date	Member Id
١.	0000001	00001	723711880	MHC	000999222	CHANGE	03/01/2010	
	0000001	00002	723711880	MHC	000999222	CHANGE	03/01/2010	



ProviderOne displays the 834 Transaction Detail page.

Welcome Brown, Betty . You have logged-in with EXT P	rovider Managed Care Only profile. Links:Select-
Path: Provider Portal/ 834 Transaction List/ 83	4 Transaction Detail
TransactionSet ID: 0000001	Transaction #: 00
Health Plan ID/Name: 000999222/MHC	Member Id/Name:
Close	ShowSELECT
834 Transaction Detail:	
Maintenance Type: 001-Change	Maintenance Reason: 33-Personnel Data
Maintenance Effective Date: 12/01/2010	
Health Coverage Start Date: 12/01/2007	Health Coverage End Date:
Medicaid Eligibility Begin Date:	Medicaid Eligibility End Date:
Premium Rate Amount: \$376.18	Insurance Line:HMO
Plan Coverage Description:	
Rate Cohort Combination: 546	
Premium Determinant RAC: 1028-Categorically Nee related/Family Medicai	dy TANF d; adult or child Medicare Status:
Pregnancy Due Date:[Enrollment Form]: 99/99/9999	Self Assesment:
Special Needs Indicator:	Surgery Date:
Recertification Date: 04/23/2011	PRR Indicator:NO
Client Exception Indicator:	Expected Delivery Date[ACES]:
Z2-Change in client info Transaction Reason: affect rates; Rate Coho DOB, Gender, address,	rts, RAC,
Member Other Demographics:	
SSN:	Gender: E-Female
Race or Ethinicity: 07-Not Provided	Citizen Status
Language	Head of Household Name
Birth Date	Insured Individual Death Date:
Confidentiality Code: R - Restricted Access	

Figure 2 - 834 Transaction Detail

About the 834 Transaction Detail Page

• The header area identifies the current transaction being viewed.





<u>.</u>

From the 834 Transaction Detail page, use the Show drop-down menu to view the following detail pages:



- 834 Member Identification Number
- 834 Transaction Address Communication Detail
- 834 Transaction COB List
- 834 Transaction Incorrect Information
- 834 Transaction Provider Information



When finished viewing the detail pages, return to the 834 Transaction List by clicking the 834 Transaction List hyperlink located in the Path.

Path: Provider Portal/ 834 Transaction List/	834 Transaction Detail	
TransactionSet ID: 0000001	Transaction #: 00 Member Id/Name	



Viewing the 834 Member Identification Number

	60
0	
	Υ.

Click the 834 Member Identification Number option from the Show drop-down menu.

Show:	SELECT	-
1	SELECT MC 834 Member Identification Number	
	MC 834Transaction Address Communication Detail MC 834Transaction COB List	
	MC 834Transaction Incorrect Information	
	MC 834Transaction Provider Information	



ProviderOne displays the 834 Member Identification Number page.

TransactionSet ID: 0000001	ransaction Detail/ 834 Member Identification Number Fransaction #: 00 Member Id/Name Show:SELECT
Member Identification Number:	Show. Steel
Reference Id Qualifier	Reference Id Qualification
23-Client Number	- Caraly
3H-Case Number	
Dx-Department/Agency Number	058
22-Mutually Defined	0100088118992
<< Prev Viewing Page 1 Next >> 1 Go Page Count Sa	VETOXLS

Figure 3 - 834 Member Identification Number

To return to the 834 Transaction List, click the 834 Transaction List hyperlink located in the Path.

Path: Provider Portal/ 834 Transaction	List/ 834 Transaction Detail/ 834 Member Identification Number
TransactionSet ID: 0000001	Transaction #: 00
Health Plan ID/Name: 000999222	Member Id/Name:



07

To close the Member Identification Number page and return to the previous page in the Path, click the Close button.



To view additional transaction detail pages, open the Show dropdown and select from the available options.

Show:	SELECT	
	SELECT	۳Ŗ
	MC 834 Member Identification Number	-1
	MC 834Transaction Address Communication Detail	_
	MC 834Transaction COB List	
	MC 834Transaction Incorrect Information	
	MC 834Transaction Provider Information	

<u>.</u>



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Viewing 834 Transaction Address Communication Details

d		-
1		
7	N	
-		_

Click the 834 Transaction Address Communication Detail option from the Show drop-down menu.

Show:	SELECT
	SELECT
-	MC 834 Transaction Detail
	MC 834Transaction Address Communication Detail
	MC 834Transaction COB List
	MC 834Transaction Incorrect Information
	MC 834Transaction Provider Information



ProviderOne displays the 834 Transaction Address Communication Detail page.

? 4	Path: Provider Portal/ 834 Transaction Lis /834 Address and Communication TransactionSet ID: 0000001 Health Plan ID/Name: 000999222/MHC	st/ 834 Transaction Detail/ 834 Member Identification Number Transaction #: 00 Member Id/Name:	
Close		Show:SELECT	•
Residential Address:			
	1 ne:SPOKANE le:99999-9999	Address Line 2: State or Provience Code:WA-Washington Country Code:US-United States	
Mailing Address:			
	1e:SPOKANE 1e:99999-9999	Address Line 2: State or Provience Code: WA-Washington Country Code: US-United States	
Communication:			
Communication Qualifi	er:TE-Telephone	Communication Qualifier	

Figure 4 - 834 Transaction Address Communication Detail



To return to the 834 Transaction List, click the 834 Transaction List hyperlink located in the Path.

Path: Provider Portal/ 834 Transaction List /834 Address and Communication	/ 834 Transaction Detail/ 834 Member Identification Number
TransactionSet ID: 0000001	Transaction #: 0
Health Plan ID/Name: 000999222/MHC	Member Id/Name



99

To close the 834 Transaction Address Communication Detail page and return to the previous page in the Path, click the Close button. Close



MC 834 Member Identification Number MC 834Transaction Address Communication Detai MC 834Transaction COB List MC 834Transaction Incorrect Information MC 834Transaction Provider Information

Every effort has been made to ensure this Guide's accuracy. However, in the unlikely event of an actual or apparent conflict between this document and a department rule, the department rule controls.



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Viewing the 834 Transaction COB List

<u>8</u> 2	Click	the 834 Tra	ansacti	on COB I	List optio	on from	the Sho	ow drop	o-down 1	nenu.
	(SELECT MC 834 Member Ide MC 834 Transaction MC 834Transaction MC 834Transaction MC 834Transaction	Detail COB List Incorrect Ir	nformation						
S	Provi	derOne disp	plays ti	he 834 Tra	ansaction	n COB	List.			
?	/83 Tra	th: Provider Portal, 4 Address and Comr ansactionSet ID: 000 alth Plan ID/Name: (munication/)0001	834 Transaction	ransaction Det COB List Transaction #: Member Id/Nam	oc	er Identificati	on Number		
lose						Show:	SELECT			_
34 Transaction C	COB List:					chem				_
ayer Responsible Sequence #		Insurer Name		Insurer Iden. Code Qualifier	Insurer Identifier	Policy#	Account	Group #	Benefits Start Date	Benefits End Date
)1	ACME Insur	rance Company							01/12/2010	06/12/2010
<< Prev Viewing F	Page 1 Ne	ext >> 1	Go Pag	re Count Sa	veToXLS					

Figure 5 - 834 Transaction COB List



To return to the 834 Transaction List, click the 834 Transaction List hyperlink located in the Path.

Path: Provider Portal/ 834 Transaction /834 Address and Communication, 1994 T	List/ 834 Transaction Detail/ 834 Member Identificati ansaction COB List	ion Number
TransactionSet ID: 0000001	Transaction #: 00	
Health Plan ID/Name: 000999222/MHC	Member Id/Name	



To close the 834 Transaction COB List and return to the previous page in the Path, click the Close button. Close

<u>.</u>

To view additional transaction detail pages, open the Show dropdown and select from the available options.

SELECT
SELECT
MC 834 Member Identification Number 🛁
MC 834Transaction Address Communication Detail
MC 834Transaction COB List
MC 834Transaction Incorrect Information
MC 834Transaction Provider Information



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Viewing 834 Transaction Incorrect Information

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	100
	14.0
-	

9

Click the 834 Transaction Incorrect Information option from the Show dropdown menu.

Show:	SELECT	•
	SELECT MC 834 Member Identification Number MC 834Transaction Address Communication Detail MC 834 Transaction Detail	
L.	MC 834Transaction Incorrect Information MC 834Transaction Provider Information	



ProviderOne displays the 834 Transaction Incorrect Information page.

	Path: Provider Portal/ 834 Transaction List/ 834 /834 Address and Communication/ 834 Transactio TransactionSet ID: 0000001 Health Plan ID/Name: 000999222/MHC	Transaction Detail/ 834 Member Identification Number on COB List/ Transaction Jocorrect Information Transaction #: 00 Member Id/Name	
Close		Show:SELECT	•
Incorrect Name:			
First Name: Prefix:	Middle Name: Suffix:	Last Name: SSN:	
Incorrect Demographics:			
Date of Birth:	Gender:		

Figure 6 - 834 Transaction Incorrect Information



To return to the 834 Transaction List, click the 834 Transaction List hyperlink located in the Path.

Path: Provider Portal/ 834 Transaction /834 Address and Communication/ 83	List/ 834 Transaction Detail/ 834 Member Identification Number ransaction COB List/ Transaction Incorrect Information
TransactionSet ID: 0000001	Transaction #: 00
Health Plan ID/Name: 000999222/MHC	Member Id/Name:



To close the 834 Transaction Incorrect Information page and return to the previous page in the Path, click the Close button. Close



To view additional transaction detail pages, open the Show dropdown and select from the available options.

Show:	SELECT
	SELECT
	MC 834 Member Identification Number 🛁
	MC 834Transaction Address Communication Detail
	MC 834Transaction COB List
	MC 834Transaction Incorrect Information
	MC 834Transaction Provider Information



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Viewing 834 Transaction Provider Information

2	2	7	5

Click the 834 Transaction Provider Information option from the Show drop-down menu.

Show:	SELECT	•
	SELECT	_
	MC 834 Member Identification Number	
	MC 834Transaction Address Communication Detail	
	MC 834Transaction COB List	
	MC 834 Transaction Detail	
- -	MC 834Transaction Provider Information	



ProviderOne displays the Provider Identification Number List.

? 4	Path: Provider Port /834 Address and Cor TransactionSet ID: 0 Health Plan ID/Name		00	vider Information	
Close			Show:SELECT	•	
Provider Identification Number:					
Assigned #	Provider Identifier Code	Provider Name		Provider Telephone	
No Records Found !					

Figure 7 - 834 Provider Identification Number List



To return to the 834 Transaction List, click the 834 Transaction List hyperlink located in the Path.

Path: Provider Portal/ 834 Transactio /834 Address and Communication/ 810	h List/ 834 Transaction Detail/ 834 Membe Fransaction COB List/ Transa	r Identification Number pvider Information
TransactionSet ID: 0000001	Transaction #: 00	
Health Plan ID/Name: 000999222/MHC	Member Id/Name	



To close the Provider Identification Number List and return to the previous page in the Path, click the Close button. Close



To view additional transaction detail pages, open the Show dropdown and select from the available options.

Show:	SELECT	7
	SELECT	팬닝
	MC 834 Member Identification Number	<u> </u>
	MC 834Transaction Address Communication Detail	_
	MC 834Transaction COB List	
	MC 834Transaction Incorrect Information	
	MC 834Transaction Provider Information	



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Viewing the Managed Care Capitation Report

- The Capitation Report is used by Managed Care organizations to view Managed Care payment summary information.
- ProviderOne displays the Capitation Report using the Payment Summary List and Payment Summary Detail pages.

Accessing the Payment Summary List

Using the EXT Provider Managed Care Only user profile, from the Provider Portal, click the View Capitation Report link.

Payments	Hide/Max
View Payment	
View Accounts Receivable Invoice	
View Capitation Payment	
ProviderO	Hide/Max

ProviderOne displays the Payment Summary List.

Payment Sum Filter By :	mary Lise	•		A	nd	•			
Consolidated Invoice #	Premium	Premium	Payment Method	Check/EFT Trace #	Cher 'dEFT	otal Premium Amount	Coverage Start Date	Coverage End Date	Paymer Process [A V
500000121			CHK-Check	123987 .	- ML 008	\$33,762.67	03/01/2009	03/31/2009	09/10/2008
500000199			CHK-Check	232975.	09/11/2008	\$33,762.67	04/01/2009	04/30/2009	09/11/2008
500000235			CHK-Check	379 01X	09/15/2008	\$100,697.61	11/01/2008	04/30/2009	09/15/2008
500000367			снк-сн. к	465612X	09/18/2008	\$59,006.37	02/20/2009	05/31/2009	09/18/2008
500000456			ch. Chuck	509130X	09/22/2008	\$123,464.16	04/01/2009	05/31/2009	09/22/2008
500000521			CHK-Check	691011X	09/23/2008	\$321.29	04/01/2009	05/31/2009	09/23/2008
500000609			CHK-Check	799846X	09/24/2008	\$110,886.67	04/01/2009	06/30/2009	09/24/2008
500000768			CHK-Check	800267X	09/29/2008	\$471.81	04/01/2009	05/31/2009	09/29/2008

Figure 8 - Payment Summary List

About the Payment Summary List

- Use the Filter and Sort features to narrow the list of records.
- Only records pertaining to your MCO or practice appear in this list.



To return to the Provider Portal, click the Close button.

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Viewing Payment Summary Details

6		P	1
2	-	7	5

From the Payment Summary List, click the hyperlink located in the Consolidated Invoice # column.

Close						
Payment Sum	mary List:					
Filter By :		•		An	d	•
Consolidated Invoice #	Premium Receiver Id	Premium Receiver Name	Payment Method	Check/EFT Trace #	Check/EFT Date ▲ ▼	Total Premium Amount ▲ ▼
<u>5000000121</u>			CHK-Check	123987X	09/10/2008	\$33,762.67
			CHK-Check	232975X	09/11/2008	\$33,762.67



ProviderOne displays the Payment Summary Detail page for the selected record.

Close					
Payment Summary:					
Premium Receiver Id: Federal Taxpavers I	d-99-99999999 Premi	ium Recei	ver Name:		
Master Account#: 1059997XX		Maste	er Policv#:	1059997XX	-
Check Issue/EFT Effective Date: 09/10/2008			\$33,762.67		
Coverage Start Date: 03/01/2009	-				
Coverage Start Date: 03/01/2009 Coverage End Date: 03/31/2009 Payment Process Date: 09/10/2008 Client count: 591					
Check/EFT Trace #: 123987X					
Individual Level Remittance List:					
Filter By :	And				Go
Assigned # Reference /Patient A/C# Clie	lerOne nt Id Client Name			overage Premiu nd Date Payment	m Premium Amt Billed Amt
	No Records Found !				
Organization Level Remittance List:					
Filter By :	Go				
Assigned # Policy Perference Transaction Type ■ ▼	Transaction Reason	Coverage Start Date ▲ ▼	Coverage End Date	Premium Payment Amount	Premium Billed Amount
1 19-Organization Level Payments	P1-Regular Prospective Payments	11/01/2008	11/01/2008	\$33,762.67	\$0.00
<< Prev Viewing Page 1 Next >> 1 Go Pa	rge Count SaveToXLS				

Figure 9 - Payment Summary Detail



About the Payment Summary Detail Page

- Contents of the Individual Level Remittance List and the Organization Level Remittance List depend on the type of Payment record selected.
- The hyperlink in the Individual Level Remittance List, 834 Ref# / Patient A/C# column opens the 834 Transaction List for the selected transaction.

Individual Lev	el Remittance L	ist:			
Filter By :	•			And	•
Transaction	Health Plan/Policy	834 Ref# Patient &/C#	ProviderOne Client Id	Client Name	Coverage Start Date
▶ 1					11/01/2008
<< Prev View	ving Page 1 Next >		Go Page Count	SaveToXLS	



To close the Payment Summary page and return to the Payment Summary List, click the Close button.



Viewing the Individual Level Remittance Detail Page:

A	۰.
	J
	c

From the Payment Summary Detail page, click the arrow hyperlink in the first column of the Individual Level Remittance List for the record you wish to view.

Ind	lividual Level Remittan	ce List:		
Filt	ter By : 💽		And	•
ŧ	Transaction Health Plan/P Assigned # Peference	Bicy 834 Ref# ProviderOne Rationt 8/C# Client Id	Client Name	Coverage Start Date
G	1			11/01/2008
1	< Prev Viewing Page 1 N	lext >> 1 Go Page Count	SaveToXLS	



ProviderOne displays the Individual Level Remittance Detail page.

? 4	Path: Provider Portal/ Payment Summary List/ Payment Summary Detail/ Individual Remittance Detail Consolidated Invoice # : 5000000121				
Close	_				
Individual Level Remit	tance Details:				
Premium Receiver Id:	Federal Taxpayers Id-99-99999999	Premium Receiver Name	Health Plan/Policy Reference		
Reference 834		Patient A/C#:			
ProviderOne Client Id:		Client Name			
Coverage Start Date:	11/01/2008 Co	overage End Date: 11/30/2008			
Premium Payment Amount:	\$130.70	Premium Billed Amount: \$0.00			

Figure 10 - Individual Level Remittance Detail



Click the Reference 834 or Patient A/C# hyperlinks to open the 834 Transaction List for this transaction.





To return to the Payment Summary Detail page, click the Close button. Close

Use the Path to navigate to the Provider Portal, the Payment Summary List or other pages shown in the path.

Path: Provider Portal/ Payment Summary List/ Payment Summary Detail/ Individual Remittance Detail Consolidated Invoice # : 5000000121



This page is intentionally left blank.



Viewing the Organization Level Remittance Detail Page

e.		
1	К	
	67	-

From the Payment Summary Detail page, click the arrow hyperlink in the first column of the Individual Level Remittance List for the record you wish to view.

Org	Organization Level Remittance List:						
Filt	er By :	•	Go				
¢	fransaction Assigned #	Health Plan/ Policy Reference	Transaction Type ▲ ▼	Transaction Reason	Premium Payment Amount		
R		1059997XX	19-Organization Level Payments	P1-Regular Prospective Payments	\$33,762.67		



ProviderOne displays the Organization Level Remittance Detail page.

Close Organization Level Remittance Details:		
organization Level Kennitance Details.		
Premium Receiver Id:Federal Taxpayers Id-99-99999999	Premium Receiver Name	Health Plan/Policy Reference:1059997XX
Transaction Type:19-Organization Level Payments	Transaction Reason: P1-Regular Prospective Payments	Member Count: 591
Coverage Start Date: 12/31/2010	Coverage End Date: 12/31/2010	
Premium Payment Amount:\$33,762.67	Premium Billed Amount: \$0.00	Check/EFT Trace #:123987X

Figure 11 - Organization Level Remittance Detail



To close the Organization Level Remittance Details page and return to the Payment Summary Detail page, click the Close button. Close

Use the Path to navigate to the Provider Portal, the Payment Summary List or other pages shown in the path.

				t Summary Detail/	Organization Remittance Detail
Consol	idated Invoice #	: 500000	}		



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Downloading an Encounter Transaction Results Report - ETRR

Accessing the Encounter Transaction Results Report (ETRR)



Using the EXT Provider Managed Care Only user profile, from the Provider Portal, click the View ETRR link.

Managed Care	Hide/Max
View Enrollment Roster	
View ETRR	
Prior Authorization	Hide/Max



ProviderOne displays the RA Payment List.

?	Path: Provider Port ProviderOne Id/NPI						
Close							
RA/ETRR Payment Lis	t:						
Filter By :	•			And	•		Go
RA/ETRR Number	Check Number	Check/ETRR Date	Claim Count	Charges	Payment Amount	Adjusted Amount	
5900000010	354987	2/10/2010	2	\$400.00	\$361.70	\$38.30	835
5900000011	645877X	2/12/2010	1	\$50.00	\$25.30	\$24.70	835
5900000012	457321	2/12/2010	1	\$6,050.00	\$1,327.43	\$4,722.57	835
5900000014		3/10/2010	1				ETRR
5900000016		3/10/2010	1				ETRR
5900000035		3/10/2010	1				ETRR
5900000036		3/10/2010	1				ETRR
59000000046	D5900000046	2/10/2010	2	\$938.00	\$0.00	\$938.00	835
59000000056		3/10/2010	1				ETRR
59000000066	D5900000066	2/10/2010	1	\$138.00	\$0.00	\$138.30	835
<< Prev Viewing Page :	1 Next >> 1	Go Page Count	SaveToXL	.s	*		

Figure 12 – RA/ETRR Payment List

About the RA/ETRR Payment List

- The RA/ETRR Payment List is used to download ETRRs.
- Only ETRRs reported by your Managed Care Organization are viewable.
- Use the Filter and Sort features to refine your results.



Downloading and Viewing the ETRR

1	2	e)
2	V	V	5

Click the ETRR link in the Download column and save the file to your local drive.

RA/ETRR Number □ ▼	Check Number	Check/ETRR Date ▲ ▼	Claim Count	Charges	Payment Amount	Adjusted Amount	Download
5900000010	354987	2/10/2010	2	\$400.00	\$361.70	\$38.30	835
5900000011	645877X	2/12/2010	1	\$50.00	\$25.30	\$24.70	835
5900000012	457321	2/12/2010	1	\$6,050.00	\$1,327.43	\$4,722.57	835
5900000014		3/10/2010	1				ETRR
5900000016		3/10/2010	1				R <mark>.</mark>

If you click the hyperlink in the RA/ETRR Number column, ProviderOne displays an error message and direct you to use the ETRR link in the Download column.

Viewing the ETRR

To view the downloaded file, you need to open it using Microsoft WordPad or a word processor with the ability to display documents formatted in Unicode UTF-8.



Click the Close button to return to the Provider Portal.



Table of Figures

Figure 1 - 834 Transaction List	7
Figure 2 - 834 Transaction Detail	9
Figure 3 - 834 Member Identification Number	11
Figure 4 - 834 Transaction Address Communication Detail	13
Figure 5 - 834 Transaction COB List	15
Figure 6 - 834 Transaction Incorrect Information	17
Figure 7 - 834 Provider Identification Number List	19
Figure 8 - Payment Summary List	21
Figure 9 - Payment Summary Detail	23
Figure 10 - Individual Level Remittance Detail	25
Figure 11 - Organization Level Remittance Detail	27
Figure 12 – RA/ETRR Payment List	29