

Washington State Health Care Authority

Submit nursing home institutional claims using templates

2022







- 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

- <u>www.waproviderone.org</u>
- 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.

Close 🗲	Add									
III Crea	Create a Claim Template									
Type Of Clair	Of Claim: Institutional									
🖍 Edit	/iew Delete O SaveAs/Copy + Create Bat	ch Create Batch Al	B Auto Batch							
III Clair	ms Template List			^						
Filter By :		And		O Go Bave Filter ▼My Filters ▼						
	Template Name	Туре	Last Updated By	Last Updated Date						
			No Records Found !							





Complete the minimum required information and questions:

340	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:

* Template Name:

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

 PROVIDER INFORMATION							
Go to Other Claim Info to enter information for providers other than the Billing Providers. BILLING PROVIDER							
 vider NPI:	* Taxonomy Code:						





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

	SUBSCRIBER/CLIENT INFORMATION
SUB	SCRIBER/CLIENT
* Clie	ent ID:
+ /	Additional Subscriber/Client Information

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:

	SUBSCRIBE	R/CLIEN		ORMATION			
SUBS	SCRIBER/CLIEN	т					
* Clie	ent ID:						
	Additional Subse	riber/C	lient I	nformation			
:	* Org/Last Name:					First Name:	
		mm	dd	ссуу			
	* Date of Birth:)		* Gender:	

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:

	ON							
Go to Other Claim Info to enter	Go to Other Claim Info to enter additional claim information not displayed on this page.							
CLAIM DATA								
Patient Account No.:								
Medical Record Number:								
* Type Of Facility:				~				
* Bill Classification:				\checkmark				
	mm	dd	ссуу		mm	dd	ссуу	
* Statement Dates: From:					To:			
Administra Data (Usua	mm	dd	ссуу	hh	mm			
Admission Date/Hour:								
Priority(Type) Admission/Visit:				\checkmark				
Point Of Origin Admission/Visit:				\checkmark				
	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:
* Type Of Facility:	1-Hospital 2-Skilled Nursing 3-Home Health + 4-Religious Non-Medical Health Care Institutions - Hospital Inpatient (formerly referred to as Christi 5-Religious Non-Medical Health Care Institutions - Post-Hospital Extended Care Services (formerly refe 6-Intermediate Care 7-Clinic 8-Special Facility





Choose the Bill Classification from the dropdown menu

Bill Classification:

 Nursing homes using the DDE feature will choose 1E from the list. This type of bill will be converted in ProviderOne to a 211.

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* Bill Classification:	
	1C-Rural Health
	1E-Inpatient (Including Medicare Part A)
	1S-Hospice (non-hospital based)
	2C-Hospital Based or Independent Renal Dialysis Center
	2E-Inpatient (Medicare Part B only)
	2S-Hospice (hospital-based)
	3C-Free Standing
	3E-Outpatient
	3S-Ambulatory Surgery Center
	4C-Outpatient Rehabilitation Facility (ORF)
	4E-Laboratory Services Provided to Non-patients
	4S-Free Standing Birthing Center
	5C-Comprehensive Outpatient Rehabilitation Facilities (CORFs)
	5E-Intermediate Care - Level I
	5S-Critical Access Hospital
	6C-Community Mental Health Center
	6E-Intermediate Care - Level II
	6S-Residential Facility
	7C-Federally qualified health center 7E-Subacute Inpatient (Revenue Code 19X required when this bill type is used, however 19X may be used w
	8E-Swing Beds
	9C-Other
	9S-Other
	22-01161





- 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**:

* St	atement Dates: From:	mm	dd	ссуу		To:	im	dd	ссуу	
			mm	dd	ссуу	ŀ	ъh	mr	n]
	Admission Date	/Hour:				-):[





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.





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Creating a claim template

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

Point Of Origin Admission/Visit:

Point Of Origin Admission/Visit:	
	1-Non-Health Care Facility Point 2-Clinic or Physician's Office 3-HMO Referral 4-Transfer from a Hospital (Diff 5-Transfer from a Skilled Nursin 6-Transfer from Another Health C 7-Emergency Room 8-Court/Law Enforcement 9-Information Not Available A-Transfer From a Critical Acces B-Transfer From Another Home Hea C-Readmission to Same Home Healt D-Transfer from One Distinct Uni E-Transfer from Ambulatory Surge F-Transfer from Hospice Facility





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







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

* Discharge Status:

Discharge Status:	#-Invalid Value		27-Reserved		54-Reserved		80-Reserved	
charge otatas.	01-Discharged to home or self car	\sim	28-Reserved	\mathbf{A}	55-Reserved	\wedge	81-Discharged to Home or Self Care with a Planned Ac	CU
	02-Discharged/transferred to a sh		29-Reserved		56-Reserved		82-Discharged/transferred to a Short Term General Ho	0S
	03-Discharged/transferred to Skil		3-Discharged/transferred to Skil		57-Reserved		83-Discharged/transferred to a Skilled Nursing Facili	
	04-Discharged/transferred to an i		30-Still Patient		58-Reserved		84-Discharged/transferred to a Facility that provides	
	05-Discharged/transferred to a De		31-Reserved		59-Reserved		85-Discharged/transferred to a Designated Cancer Cer	
	06-Discharged/transferred to home		32-Reserved		6-Discharged/transferred to home		86-Discharged/transferred to Home Under Care of Org	
	07-Left against medical advice or		33-Reserved		60-Reserved		87-Discharged/transferred to Court/Law Enforcement w	
	08-Discharged/transferred to home		34-Reserved		61-Discharged/transferred to hosp		88-Discharged/transferred to a Federal Health Care Fa	
	09-Admitted as an inpatient to th		35-Reserved		62-Discharged/transferred to an i		89-Discharged/transferred to a Hospital-based Medicar	ar
	0R-LEGACY		36-Reserved		63-Discharged/transferred to a Me		9-Admitted as an inpatient to th	
	1-Discharged to home or self car		37-Reserved		64-Discharged/transferred to a nu		90-Discharged/transferred to an Inpatient Rehabilitat	
	10-Reserved		38-Reserved		65-Discharged/transferred to a ps		91-Discharged/transferred to a Medicare Certified Lon	1
	11-Reserved		39-Reserved		66-Discharged/transferred to a Cr		92-Discharged/transferred to a Nursing Facility Certi	
	12-Reserved		4-Discharged/transferred to an i		67-Reserved		93-Discharged/transferred to a Psychiatric Hospital o	
	13-Reserved		40-Expired at home		68-Reserved		94-Discharged/transferred to a Critical Access Hospit	
	14-Reserved		41-Expired in a medical facility		69-Reserved		95-Discharged/transferred to Another Type of Health C	С
	15-Reserved		42-Expired - place unknown		7-Left against medical advice or		96-Reserved	
	16-Reserved		43-Discharged/transferred to a fe		70-Discharged/transferred to anot		97-Reserved	
	17-Reserved		44-Reserved		71-Discharged/transferred/referre		98-Reserved	
	18-Reserved		45-Reserved		72-Discharged/transferred/referre		99-Reserved	
	19-Reserved		46-Reserved		73-Reserved		DA-discharged/ transferred self c	
	2-Discharged/transferred to a sh		47-Reserved		74-Reserved		DB-discharged/ transferred to sho	
	20-Expired		48-Reserved		75-Reserved		DC-discharged/ transferred to ski	
	21-Discharged/transferred to Cour		49-Reserved		76-Reserved		DD-Discharged/ transferred to int	
	22-Reserved		5-Discharged/transferred to a De		77-Reserved		DE-Discharged/ transferred to ano	
	23-Reserved		50-Hospice - home		78-Reserved		DF-Home of Another	
	24-Reserved		51-Hospice - medical facility		79-Reserved		DH-discharged/ transferred to boa	
	25-Reserved		52-Reserved	\sim	8-Discharged/transferred to home		EX-expired	
	26-Reserved		53-Reserved		80-Reserved		LA-left against medical advice	
							SP-still a patient	
							SR-Still Resident	

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

* Total Claim Charge: \$

Answer the question Is this a Medicare Crossover Claim?







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

	VALUE INFORMATION	
- VALUE INFORMATION		
1 * Value Code:	* Value Amount: \$	Add Another

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:

VALUE INFORMATION					
1 * Value Code:	24	* Value Amount: \$	20	Add Another	

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

VALUE INFORMATION									
1 * Value Code:	24	* Value Amount: \$	20	Add Another					
2 Value Code:	31	Value Amount: \$	250.50	DeleteRow2					





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

	DIAGNOSIS INFORMATION							
DIAGNOSIS INFORMATION								
* Principal Diagnosis Code:	Present On Admission:							
Admitting Diagnosis Code:								
1 * E-Code:	Present On Admission: Add	Another						
Reason For Visit: 1:	2: 3:							
🕂 Other Diagnosis Information	on							

Enter the Principal Diagnosis Code and Admitting Diagnosis Code.





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

DIAGNOSIS INFORMATIO	N	
* Principal Diagnosis Code:	Present On Admission:	
Admitting Diagnosis Code:		
1 * E-Code:	Present On Admission:	Add Another
Reason For Visit: 1:	2:	3:
🛨 🕂 Other Diagnosis Informa	tion	

😑 Other Diagnosis Informa	ition			
1 * Other Diagnosis Code:		Present On Admission:	~	Add Another

> 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 PHYSICIAN INFORMATION						
* Provider NPI:	Taxonomy Code:					



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

SERVICE LINE ITEM INFORMATION								
Click on the Other Svc Info link associated with each added Service Line 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:				
	mm	dd	ссуу					
Service Date/First Date of Service:								
	mm	dd	ссуу					
Last Date of Service:								
* Service Units:								
* Total Line Charges: \$				Non-covered Line Charges: \$				
Line Item Control Number:								
Hedicare Crossover Items								
National Drug Code:								
+ Drug Identification								
Additional Service Line Information								
				Add Service Line Item				



Enter the **Revenue Code** of 0190:

* Revenue Code:

Enter the Service Units:

* Service Units:

> Enter the **Total Line Charges**:

* Total Line Charges: \$

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

Add Service Line Item												
Prev	Previously Entered Line Item Information											
Clic	k a Line No. be	elow to view/u	odat	te t	that	Lin	e Item Inform	ation.				
Line			Modifiers		Service Dates							
Rev. Code Proc. Code I 2 3 4 From To Units Charges Non-covered Charges						Non-covered Charges						
1	0190								30	5784.00		Delete or Other Service Info





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:

Clo										
	Create a Claim Template			^						
Туре (Type Of Claim: Institutional									
🖍 Edi	Letit View Collecte SaveAs/Copy Create Batch Create Batch All Auto Batch									
	Claims Template List									
Filte	r By :	And		O Go						
				Save Filter The Filters -						
	Template Name	Туре	Last Updated By	Last Updated Date						
1	NURSING HOME 1	Institutional	PRU	05/29/2018						
Vie	View Page: 1 O Go + Page Count Image: SaveToXLS Viewing Page: 1 Image: Next >> Last									





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

Clo	se Add								
	Create a Claim Template			^					
Туре (Df Claim: Institutional								
🖍 Edit	t 💿 View 🕒 Delete 🕝 SaveAs/Copy 🕇 Cre	ate Batch + Create Batch All	Auto Batch						
	Claims Template List			*					
Filter	r By :	And		O Go					
				Save Filter The Filters The Filters The Filters The Filters The Filter The Filters The Filter State St					
	Template Name	Туре	Last Updated By	Last Updated Date					
	▲ ▼	▲ ▼							
	NURSING HOME 1	Institutional	PRU	05/29/2018					
Vie	View Page: 1 O Go + Page Count SaveToXLS Viewing Page: 1 Image: 1 Im								

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:

Close	Save	e Template								
iii Ir	nstitutio	nal Claim								^
Note: ast	terisks (*) o	denote required fields.								Billing Instructions
Basie	ic Claim II	n fo Other Claim	ı Info							
Billing Pro	ovider S	ubscriber Claim Sei	rvice							
									Submitter ID:	200320900
* Templa	Template Name:									
III F	PROVIDE	R INFORMATION								^
Go to Other Claim Info to enter information for providers other than the Billing Providers.										
BILLING PROVIDER										
* Provid	der NPI:	1801231717	* Taxonomy Code:	207Q00000X						
										Тор





- 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:

8 CI												
	Create a Claim Template											
Type Of Claim: Institutional			*									
Edit View Delete SaveAs/Copy		+ Create Batch	Create Batch All B Auto Batch									
	Claims Template List											
Filte	Filter By :				And					O Go		
										Bave Filter ▼ My Filters ▼		
	Template Name			Туре		Last Updated By			Last Updated Date			
	A 7						▲ ▼					
	NURSING HO	DME 1		Instituti	onal	PRU		05	5/29/2018			
	NURSING HO	DME 3		Instituti	onal	PRU		05	5/29/2018			
	NURSING HO	DME 2		Instituti	onal	PRU		05	5/29/2018			
Vie	View Page: 1 O Go + Page Count SaveToXLS Viewing Page: 1 SaveToXLS Viewing Page: 1 SaveToXLS Viewing Page: 1 SaveToXLS											





- > 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.

0 CI									
	Create a Claim Template								
Туре	Of Claim: Institutional 💌 *								
E	dit 💿 View 🕒 Delete 🕝 SaveAs/Copy 🕇 Crea	te Batch + Create Batch All	B Auto Batch						
	Claims Template List								
Filte	er By :	And		O Go					
				Save Filter Y My Filters -					
	Template Name	Туре	Last Updated By	Last Updated Date					
	▲ ▼								
✓	NURSING HOME 1	Institutional	PRU	05/29/2018					
	NURSING HOME 3	Institutional	PRU	05/29/2018					
	NURSING HOME 2	Institutional	PRU	05/29/2018					
View Page: 1 O Go + Page Count SaveToXLS Viewing Page: 1 SaveToXLS Vie									





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

Close Add								
III Create a Claim Template								
Type Of Claim: Institutional								
Edit View Delete SaveAs/Copy + Create	e Batch	Auto Batch						
III Claims Template List	III Claims Template List							
Filter By : And Go Go								
			Save Filter Vilters V					
Template Name	Туре	Last Updated By	Last Updated Date					
▲▼	▲ ▼	▲ ▼						
VURSING HOME 1	Institutional	PRU	05/29/2018					
NURSING HOME 3	Institutional	PRU	05/29/2018					
NURSING HOME 2	Institutional	PRU	05/29/2018					




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.

Close • Add			
III Create a Claim Template			^
Type Of Claim: Institutional			
Edit View Delete SaveAs/Copy + Crea	te Batch + Create Batch All	Auto Batch	
III Claims Template List			^
Filter By :	essage from webpage	t to delete the selected Templates.	O Go ■ Save Filter ▼My Filters ▼
Template Name	•		Last Updated Date
▲▼			
VURSING HOME 1		OK Cancel	05/29/2018
NURSING HOME 3	Institutional	PRU	05/29/2018
NURSING HOME 2	Institutional	PRU	05/29/2018
View Page: 1 O Go + Page Count	SaveToXLS Viewin	g Page: 1	K First Prev Next X Last





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

Close Add			
III Create a Claim Template			^
Type Of Claim: Institutional			
Edit View Delete SaveAs/Copy	ate Batch 🛛 🕂 Create Batch All 🖉	Auto Batch	
III Claims Template List			^
Filter By :	And		O Go
			Save Filter The Filters
Template Name	Туре	Last Updated By	Last Updated Date
▲▼		A V	
NURSING HOME 1	Institutional	PRU	05/29/2018
NURSING HOME 3	Institutional	PRU	05/29/2018
NURSING HOME 3 NURSING HOME 2	Institutional Institutional	PRU PRU	05/29/2018 05/29/2018



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

Close Add			
III Create a Claim Template			^
Type Of Claim: Institutional *			
Edit View Delete SaveAs/Copy + Creat	e Batch + Create Batch All	Auto Batch	
III Claims Template List			*
Filter By :	And		O Go
			Save Filter 🐺 My Filters 🔻
Template Name	Туре	Last Updated By	Last Updated Date
▲ ▼	A 7	A T	
VINURSING HOME 1	Institutional	PRU	05/29/2018
NURSING HOME 3	Institutional	PRU	05/29/2018
NURSING HOME 2	Institutional	PRU	05/29/2018
View Page: 1 O Go + Page Count	SaveToXLS	g Page: 1	K First Prev Next Last





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**:

🚔 Print 🛛 🤋 Hel)	
Batch Claim Attril	ufoc:	~
Batch Glaim Attri	ules.	~
Claim Type:	Institutional	
From Date of Service:	01/01/2018	
To Date of Service:	01/31/2018	
		Build Batch Cancel





Click on the **Build Batch** button.

🚔 Print 🛛 He	p		
Batch Claim Attri	outes:		^
Claim Type:	Institutional		
From Date of Service:	01/01/2018		
To Date of Service:	01/31/2018		
		Build Batch Cancel	





- 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.

🚔 Print 😲 Hel		
Batch Number is 12807	73560567. Total claim templates selected = 2.	
Batch Claim Attrib	utes:	^
Claim Type: From Date of Service: To Date of Service:	Institutional ✓ 01/01/2018 ■ 01/31/2018 ■	
	Build Batch Cancel	





- 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.

Close Add			
III Create a Claim Template			^
Type Of Claim: Institutional	*		
Edit View Delete SaveAs/Copy	Create Batch + Create Batch All	B Auto Batch	
III Claims Template List			^
Filter By :	And		O Go
			Save Filter V Filters V
Template Name	Туре	Last Updated By	Last Updated Date
A V	▲ ▼		
NURSING HOME 1	Institutional	PRU	05/29/2018
NURSING HOME 3	Institutional	PRU	05/29/2018
NURSING HOME 2	Institutional	PRU	05/29/2018
View Page: 1 O Go + Page Count	SaveToXLS Viewin	ig Page: 1	K First Prev Next S Last





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**.

🚔 Print 🛛 🧐 Hel	p	
Batch Claim Attrib	outes:	•
Claim Type:	Institutional	
From Date of Service:	01/01/2018	
To Date of Service:	01/31/2018	
	Build Batch Cancel	





Click on the **Build Batch** button.

🚔 Print 📀 Hel	elp	
Batch Claim Attrib	ibutes:	^
Claim Type:	Institutional	
From Date of Service:	: 01/01/2018	
To Date of Service:	01/31/2018	
	Build Batch Cancel	





- 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.

🚔 Print 🛛 9 Hel	p			
Batch Number is 12807	73560566.			
Batch Claim Attrib	outes:			*
Claim Type:	Institutional	\checkmark		
From Date of Service:	01/01/2018			
To Date of Service:	01/31/2018			
			Build Batch Cancel	





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.

O Close			
III Create a Claim Template			^
Type Of Claim: Institutional *			
Edit View Delete SaveAs/Copy + Creat	e Batch + Create Batch All	Auto Batch	
III Claims Template List			^
Filter By :	And		O Go
			Save Filter The Filters
Template Name	Туре	Last Updated By	Last Updated Date
▲▼			
NURSING HOME 1	Institutional	PRU	05/29/2018
NURSING HOME 3	Institutional	PRU	05/29/2018
NURSING HOME 2	Institutional	PRU	05/29/2018
View Page: 1 O Go + Page Count	SaveToXLS	g Page: 1	K First Firev Next Last





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**.

🚔 Print (9 Hel	р		
Batch Claim Attrib	outes:		^
Claim Type:	Institutional		
From Date of Service:	01/01/2018		
To Date of Service:	01/31/2018		
		Build Batch Cancel	





Click on the **Build Batch** button.

🚔 Print 📀 Hel	D			
Batch Claim Attrib	utes:			*
Claim Type:	Institutional	~		
From Date of Service:	01/01/2018			
To Date of Service:	01/31/2018			
			Build Batch Cancel	





- 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.

🚔 Print 😧 Helj)	
Batch Number is 12807	73560569. Total number of claim templates = 3, Actual no. of claim templates selected = 1.	
Batch Claim Attrib	utes:	^
Claim Type: From Date of Service: To Date of Service:	Institutional ▼ 01/01/2018 ■ 01/31/2018 ■	
	Build Batch Cancel	
	53	



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 Clain	n Submissi	on Status L	.ist						
ilte	er By :				And			O Go	🗎 Sar	ve Filter 🔻 My Filters 🕶
	Batch Number ▲ ▼	Type ▲ ▼	Created By ▲ ▼	Batch Creation Date	Status ▲ ▼	From DOS	To DO S ▲ ▼	Total Billed Amount ▲ ▼	Claim Count	Submitted Claim Coun
	1280773560569	Institutional	PRU	05/30/2018	Waiting	01/01/2018	01/31/2018	0	1	
	1280773560567	Institutional	PRU	05/30/2018	In Process	01/01/2018	01/31/2018	0	1	
	1280773560566	Institutional	PRU	05/30/2018	Failed In Validation	01/01/2018	01/31/2018	0	3	
	1280773560505	Institutional	PRU	05/30/2018	Passed Validation	01/01/2018	01/01/2018	\$974.58	2	
	1280770669611	Institutional	PRU	05/30/2018	Scheduled for Claims Loading	01/01/2018	01/31/2018	\$1463.37	3	



- 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.

	Batch Clain	1 Submissi	on Status L	.ist						-
Filt	er By :				And			O Go	🗎 Sa	ve Filter 🔻 My Filters 🕶
	Batch Number ▲ ▼	Type ▲ ▼	Created By ▲ ▼	Batch Creation Date ▲ ▼	Status ▲ ▼	From DOS	To DO S ▲ ♥	Total Billed Amount ▲ ▼	Claim Count	Submitted Claim Coun
	1280773560569	Institutional	PRU	05/30/2018	Waiting	01/01/2018	01/31/2018	0	1	
	1280773560567	Institutional	PRU	05/30/2018	In Process	01/01/2018	01/31/2018	0	2	
	1280773560566	Institutional	PRU	05/30/2018	Failed In Validation	01/01/2018	01/31/2018	0	3	
	1280773560505	Institutional	PRU	05/30/2018	Passed Validation	01/01/2018	01/01/2018	\$7,150.00	2	
	1280770669611	Institutional	PRU	05/30/2018	Scheduled for Claims Loading	01/01/2018	01/31/2018	\$1463.37	3	



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

	Batch Clain	n Submissi	on Status L	ist						^
Filte	er By :				And			O Go	🖺 Sa	ve Filter ▼ My Filters ▼
	Batch Number ▲ ▼	Type ▲ ▼	Created By ▲ ▼	Batch Creation Date	Status ▲ ▼	From DOS	To DO S ▲ ♥	Total Billed Amount ▲ ▼	Claim Count	Submitted Claim Count
	1280773560569	Institutional	PRU	05/30/2018	Waiting	01/01/2018	01/31/2018	0	1	(
	1280773560567	Institutional	PRU	05/30/2018	In Process	01/01/2018	01/31/2018	0	2	
	1280773560566	Institutional	PRU	05/30/2018	Failed In Validation	01/01/2018	01/31/2018	0	3	
	1280773560505	Institutional	PRU	05/30/2018	Passed Validation	01/01/2018	01/01/2018	\$7,150.00	2	
	1280770669611	Institutional	PRU	05/30/2018	Scheduled for Claims Loading	01/01/2018	01/31/2018	\$1463.37	3	





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.

	Batch Claim	n Submissi	on Status L	ist						^
Filt	er By :				And			O Go	💾 Sa	ve Filter ▼ My Filters ▼
	Batch Number	Type ▲ ▼	Created By	Batch Creation Date	Status ▲ ▼	From DOS	To DOS ▲ ▼	Total Billed Amount ▲ ▼	Claim Count	Submitted Claim Count
	1280773560569	Institutional	PRU	05/30/2018	Waiting	01/01/2018	01/31/2018	0	1	0
	1280773560567	Institutional	PRU	05/30/2018	In Process	01/01/2018	01/31/2018	0	2	(
	1280773560566	Institutional	PRU	05/30/2018	Failed In Validation	01/01/2018	01/31/2018	0	3	C
	1280773560505	Institutional	PRU	05/30/2018	Passed Validation	01/01/2018	01/01/2018	\$7,150.00	2	C
	1280770669611	Institutional	PRU	05/30/2018	Scheduled for Claims Loading	01/01/2018	01/31/2018	\$1463.37	3	3

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Status of **In Process**:

- The batch of claims has been submitted.
- ProviderOne is picking up the templates to validate.

	Batch Clain	1 Submissi	on Status L	.ist						^
Filte	er By :				And			O Go	💾 Sav	ve Filter ▼ My Filters ▼
	Batch Number ▲ ▼	Type ▲ ▼	Created By ▲ ▼	Batch Creation Date	Status ▲ ▼	From DOS	To DOS ▲ ♥	Total Billed Amount ▲ ▼	Claim Count	Submitted Claim Count
	1280773560569	Institutional	PRU	05/30/2018	Waiting	01/01/2018	01/31/2018	0	1	(
	1280773560567	Institutional	PRU	05/30/2018	In Process	01/01/2018	01/31/2018	0	2	
	1280773560566	Institutional	PRU	05/30/2018	Failed In Validation	01/01/2018	01/31/2018	0	3	
	1280773560505	Institutional	PRU	05/30/2018	Passed Validation	01/01/2018	01/01/2018	\$7,150.00	2	
	1280770669611	Institutional	PRU	05/30/2018	Scheduled for Claims Loading	01/01/2018	01/31/2018	\$1463.37	3	:





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.

	Batch Clain	n Submissi	on Status L	.ist						-
Filt	er By :				And			O Go	🖺 Sa	ve Filter 🔻 My Filters 🕶
	Batch Number	Type ▲ ▼	Created By ▲ ▼	Batch Creation Date	Status ▲ ▼	From DOS	To DO S ▲ ♥	Total Billed Amount ▲ ▼	Claim Count	Submitted Claim Court
	1280773560569	Institutional	PRU	05/30/2018	Waiting	01/01/2018	01/31/2018	0	1	
	1280773560567	Institutional	PRU	05/30/2018	In Process	01/01/2018	01/31/2018	0	2	
	1280773560566	Institutional	PRU	05/30/2018	Failed In Validation	01/01/2018	01/31/2018	0	3	
	1280773560505	Institutional	PRU	05/30/2018	Passed Validation	01/01/2018	01/01/2018	\$7,150.00	2	
	1280770669611	Institutional	PRU	05/30/2018	Scheduled for Claims Loading	01/01/2018	01/31/2018	\$1463.37	3	





Status of **Passed Validation**:

- The batch of claims has been submitted.
- All of the templates in the batch passed validation.

	Batch Clain	n Submissi	on Status L	.ist						^
Filt	er By :				And			O Go	🖺 Sa	ve Filter ▼ My Filters ▼
	Batch Number	Type ▲ ▼	Created By	Batch Creation Date	Status	From DOS	To DOS	Total Billed Amount ▲ ▼	Claim Count	Submitted Claim Count
	1280773560569	Institutional	PRU	05/30/2018	Waiting	01/01/2018	01/31/2018	0	1	(
	1280773560567	Institutional	PRU	05/30/2018	In Process	01/01/2018	01/31/2018	0	2	(
	1280773560566	Institutional	PRU	05/30/2018	Failed In Validation	01/01/2018	01/31/2018	0	3	
	1280773560505	Institutional	PRU	05/30/2018	Passed Validation	01/01/2018	01/01/2018	\$7,150.00	2	
	1280770669611	Institutional	PRU	05/30/2018	Scheduled for Claims Loading	01/01/2018	01/31/2018	\$1463.37	3	





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.

	Batch Clain	n Submissi	on Status L	.ist						~
Filte	er By :				And			O Go	🖺 Sa	ve Filter 🔻 My Filters 🕶
	Batch Number	Type ▲ ▼	Created By ▲ ▼	Batch Creation Date	Status ▲ ▼	From DOS	To DO S ▲ ♥	Total Billed Amount ▲ ▼	Claim Count	Submitted Claim Court
	1280773560569	Institutional	PRU	05/30/2018	Waiting	01/01/2018	01/31/2018	0	1	
	1280773560567	Institutional	PRU	05/30/2018	In Process	01/01/2018	01/31/2018	0	2	
	1280773560566	Institutional	PRU	05/30/2018	Failed In Validation	01/01/2018	01/31/2018	0	3	
	1280773560505	Institutional	PRU	05/30/2018	Passed Validation	01/01/2018	01/01/2018	\$7,150.00	2	
	1280770669611	Institutional	PRU	05/30/2018	Scheduled for Claims Loading	01/01/2018	01/31/2018	\$1463.37	3	



- 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.

	Batch Clain	n Submissi	on Status L	.ist						^
Filt	er By :				And			O Go	🖺 Sar	ve Filter 🔻 My Filters 🕶
	Batch Number	Type ▲ ▼	Created By ▲ ▼	Batch Creation Date	Status ▲ ▼	From DOS	To DO S ▲ ▼	Total Billed Amount ▲ ▼	Claim Count ▲ ▼	Submitted Claim Count
	1280773560569	Institutional	PRU	05/30/2018	Waiting	01/01/2018	01/31/2018	0	1	(
	1280773560567	Institutional	PRU	05/30/2018	In Process	01/01/2018	01/31/2018	0	2	
	1280773560566	Institutional	PRU	05/30/2018	Failed In Validation	01/01/2018	01/31/2018	0	3	-
	1280773560505	Institutional	PRU	05/30/2018	Passed Validation	01/01/2018	01/01/2018	\$7,150.00	2	
	1280770669611	Institutional	PRU	05/30/2018	Scheduled for Claims Loading	01/01/2018	01/31/2018	\$1463.37	3	





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

	Batch Claim	n Submissi	on Status L	.ist						
ilte	er By :				And			O Go	💾 Sar	ve Filter 🔻 My Filters 🕶
	Batch Number ▲ ▼	Type ▲ ▼	Created By ▲ ▼	Batch Creation Date	Status ▲ ▼	From DOS	To DOS ▲ ▼	Total Billed Amount ▲ ▼	Claim Count ▲ ▼	Submitted Claim Coun
	1280773560569	Institutional	PRU	05/30/2018	Waiting	01/01/2018	01/31/2018	0	1	
	1280773560567	Institutional	PRU	05/30/2018	In Process	01/01/2018	01/31/2018	0	2	
	1280773560566	Institutional	PRU	05/30/2018	Failed In Validation	01/01/2018	01/31/2018	0	3	
	1280773560505	Institutional	PRU	05/30/2018	Passed Validation	01/01/2018	01/01/2018	\$7,150.00	2	
	1280770669611	Institutional	PRU	05/30/2018	Scheduled for Claims Loading	01/01/2018	01/31/2018	\$1463.37	3	



- 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.

	Batch Clain	n Submissi	on Status L	.ist						-
Filt	er By :				And			O Go	🖺 Sar	ve Filter 🔻 My Filters 🕶
	Batch Number	Type ▲ ▼	Created By ▲ ▼	Batch Creation Date	Status ▲ ▼	From DOS	To DO S ▲ ▼	Total Billed Amount ▲ ▼	Claim Count	Submitted Claim Coun
	1280773560569	Institutional	PRU	05/30/2018	Waiting	01/01/2018	01/31/2018	0	1	
	1280773560567	Institutional	PRU	05/30/2018	In Process	01/01/2018	01/31/2018	0	2	
	1280773560566	Institutional	PRU	05/30/2018	Failed in Validation	01/01/2018	01/31/2018	0	3	
~	1280773560505	Institutional	PRU	05/30/2018	Passed Validation	01/01/2018	01/01/2018	\$7150.00	2	
	1280770669611	Institutional	PRU	05/30/2018	Scheduled for Claims Loading	01/01/2018	01/31/2018	\$1463.37	3	





- 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.

	Cla	ims created from Batch	List						
iter E	3y:				And			Go Go	▼ My Filters
Lin		System Generated Claim ID ▲ ▼	Template Name ▲ ▼	Client ID ▲ ▼	Patient Responsibility ▲ ▼	From Date Of Service	To Date Of Service ▲ ▼	Client Class Code	Client Last Na
] 🕨	2	201715300253713000	Nursing Home Example 4	999999998WA		01/01/2018	01/31/2018	\$25.00	DOE
•	2	201715300253717000	Nursing Home Example 5	999999998WA		01/01/2018	01/31/2018	\$25.00	DOE
		201715300253718000	Nursing Home Example 6			01/01/2018	01/31/2018	\$25.00	DOF



- > 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.

	Batch Clain	n Submissi	on Status L	.ist						
Filt	er By :				And			O Go	🖺 Sa	ve Filter 🔻 My Filters 🕶
	Batch Number	Type ▲ ▼	Created By ▲ ▼	Batch Creation Date	Status ▲ ▼	From DOS	To DOS	Total Billed Amount ▲ ▼	Claim Count	Submitted Claim Coun
	1280773560569	Institutional	PRU	05/30/2018	Waiting	01/01/2018	01/31/2018	0	1	
	1280773560567	Institutional	PRU	05/30/2018	In Process	01/01/2018	01/31/2018	0	2	
	1280773560566	Institutional	PRU	05/30/2018	Failed in Validation	01/01/2018	01/31/2018	0	3	
	1280773560505	Institutional	PRU	05/30/2018	Passed Validation	01/01/2018	01/31/2018	\$7150.00	2	
	1280770669611	Institutional	PRU	05/30/2018	Scheduled for Claims Loading	01/01/2018	01/31/2018	\$1463.37	3	

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

	Batch Claim	Submissi	on Status L	.IST							^
Filt	er By :				And	~)		O Go	🗎 Sa	ve Filter 🔻 My Filters 🕶
	Batch Number	Type ▲ ▼	Created By	Batch Creation Date		Status ▲ ▼	From DOS	To DO S ▲ ▼	Total Billed Amount ▲ ▼	Claim Count	Submitted Claim Count
	1280773560569	Institutional	PRU	05/30/2018	Waiting		01/01/2018	01/31/2018	0	1	
	1280773560567	Institutional	PRU	05/30/2018	In Process		01/01/2018	01/31/2018	0	2	
	1280773560566	Institutional	PRU	05/30/2018	Failed in Va	lidation	01/01/2018	01/31/2018	0	3	
	1280773560505	Institutional	PRU	05/30/2018	Passed Val	idation	01/01/2018	01/31/2018	\$7150.00	2	
	1280770669611	Institutional	PRU	05/30/2018	Scheduled f	or Claims Loading	01/01/2018	01/31/2018	\$1463.37	3	





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

Close Revalidate									
Wiew Templates List from Batch		^							
Filter By : And		O Go ➡ Save Filter ▼ My Filters ▼							
Template Name	Status	Claim Type							
A V		▲ ▼							
NURSING HOME 1	Invalid	Institutional							
NURSING HOME 2	Invalid	Institutional							
View Page: 1 O Go + Page Count SaveToXLS Viewing	Page: 1	K First Prev Next Last							

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

Template Name: NURSING HOME 1 Client ID: 99999998WA Error Description: The Type of Facility is Invalid/Empty.The Bill Classification is	
Error Description: The Type of Facility is Invalid/Empty The Bill Classification is	
Invalid/Empty. The Total Claim Charge is Invalid/Empty. Invalid combination	
of Type Of Facility and Bill Classification for the Statement date entered	





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

Close Close										
Wiew Templates List from Batch		^								
Filter By : And		Go Go Save Filter ▼ My Filters ▼								
Template Name	Status	Claim Type								
× ▼										
NURSING HOME 1	Invalid	Institutional								
NURSING HOME 2	Invalid	Institutional								
View Page: 1 O Go + Page Count SaveToXLS Viewing Page	ge: 1	K First Prev Next S Last								




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.

Close Save Template								
Institutional Claim								
Note: asterisks (*) denote required fields.	_	Billing Instructions						
Basic Claim Info Other Claim Info	Message from webpage X							
Billing Provider Subscriber Claim Service	5 15							
	Do you want to save the Template?	Submitter ID: 200320900						
* Template Name: NURSING HOME 1	· · · · · · · · · · · · · · · · · · ·							
PROVIDER INFORMATION		^						
Go to Other Claim Info to enter information for provid-	e OK Cancel							
BILLING PROVIDER								





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.

Close Revalidate									
Wiew Templates List from Batch		^							
Filter By : And		O Go ➡ Save Filter ▼ My Filters ▼							
Template Name	Status	Claim Type							
▲ ▼									
NURSING HOME 1	Invalid	Institutional							
NURSING HOME 2	Invalid	Institutional							
View Page: 1 O Go + Page Count SaveToXLS Viewing Page: 1 SaveToXLS Viewing Page: 1 SaveToXLS Viewing Page: 1									





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







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

C Close										
Create Claim from Saved Templates List										
Filter By :		And		O Go						
Save Filter ▼My Filters ▼										
Tem	plate Name	Туре	Last Updated By	Last Updated Date						
			× 7	A 7						
NURSING HOME 1		Institutional	PRU	05/30/2018						
NURSING HOME 3		Institutional	PRU	05/29/2018						
NURSING HOME 2		Institutional	PRU	05/29/2018						
View Page: 1 O Go + Page Count SaveToXLS Viewing Page: 1										





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

0 CI	Save Claim Submit Claim	
	Institutional Claim	^
Note:	asterisks (*) denote required fields.	Billing Instructions
В	nsic Claim Info Other Claim Info	
Billing	Provider Subscriber Claim Service	
	Submitter ID: 2	200320900
	PROVIDER INFORMATION	^
Go to	Other Claim Info to enter information for providers other than the Billing Providers.	
BIL	ING PROVIDER	
* Pro	wider NPI: 1801231717 * Taxonomy Code: 207Q00000X	
		Тор
	SUBSCRIBER/CLIENT INFORMATION	^
SUB	SCRIBER/CLIENT	
* Cli	ent ID: 999999998WA	





- 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.

III Submitted Institutional Claim Details:										
TCN: 20181500000286000										
	Provider NPI: 1801231717									
	Client ID: 99999998WA									
	Date of Service: 01/01/2018-01/31/2018									
			Total Claim Charge: \$	7150.00						
Plea	se click "Ad	ld Attachmenť	button, to attach the d	locuments.				Add Attachment		
	Attachm	ent List						^		
	Line No	File Name	Attachment Type	Transmission Code	Attachment Control #	File Size	Delete	Uploaded On		
	A 7			$ \land \overline{\bullet}$		A 7	A 7			
No Records Found !										
	Print Over Page Submit									



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.

Plea	se select one of the	option from the Required Fields * and s	elect Line No, if the atta	achment is for specific Service Line Item	ı.
	Attachment Type:	03-Report Justifying Treatment Bey 🗸 *	Transmission Code:	AA-Available on Request at Provid 💌 *	
	Line No:				
	Please attach	the File(s). The File Format must t	e PDF, DOC, TIF, XI	LS, XLSX, DOCX-	^
		Filename: Browse	*		
					O OK Cancel





Submit a single template claim → 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.

III Submitted Institutional Claim Details:									
			TCN: 201	1815000000286000					
Provider NPI: 1801231717									
Client ID: 99999998WA									
			Date of Service: 01/	01/2018-01/31/2018					
		Т	otal Claim Charge: \$7	150.00					
lease	e click "A	Add Attachment"	button, to attach the do	ocuments.			•	Add Attachment	
	Attach	ment List							
1.1	ine No	File Name	Attachment Type	Transmission Code	Attachment Control #	File Size	Delete	Uploaded On	
				∆▼		A 7	A .		
		▲ ▼ appendix-c.pdf	EB	EL	A V	▲ ▼ 504kb	× v	▲ ▼ 05/30/2018	
0			ЕВ			504kb	x		



Submit a single template claim Submit Claim for Processing – With Backup (Mailing or Faxing)

- ProviderOne displays the Claims Backup Documentation screen:
 - \circ Enter the Attachment Type from the dropdown.
 - Choose the Transmission Code of BM-By Mail or FX-By Fax.
 - $\circ~$ Do **not** choose a Line No.
- Click the OK button.

Pleas	se select one of the	option from the Required Fie	lds * and se	lect Line No, if the atta	chment is for specif	fic Service Line Item.	
	Attachment Type:	EB-Explanation of Benefits	*	Transmission Code:	BM-By Mail	*	
	Line No:		\checkmark				
	Please attach	the File(s). The File Form	at must b	e PDF, DOC, TIF, XL	.s, XLSX, DOCX-		^
		Filename:	Browse	*			
							O OK Cancel
				0.0			



Submit a single template claim ➤ 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	tted Institutio	onal Claim Details:					
			TCN: 2	201815000000286000				
			Provider NPI:	1801231717				
Client ID: 99999998WA								
Date of Service: 01/01/2018-01/31/2018								
			Total Claim Charge:	\$ 7150.00				
ea	se click "/	Add Attachmen	t" button, to attach the	documents.			[O Add Attachmer
	Attach	ment List						
	Attach	File Name	Attachment Type	Transmission Code	Attachment Control #	File Size	Delete	Uploaded Or
]			Attachment Type	Transmission Code	Attachment Control #	File Size ▲ ▼	Delete	Uploaded O
	Line No	File Name						
	Line No	File Name	⊾ ▼ EB	A▼		▲ ▼ 0kb	×▼ X	
	Line No	File Name	⊾ ▼ EB	∆▼ BM		▲ ▼ 0kb	×▼ X	▲ ▼ 05/30/2018
	Line No	File Name	⊾ ▼ EB	∆▼ BM		▲▼ 0kb ≪ First ≪	×▼ X	▲▼ 05/30/2018 Next ≫ L



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 a single template claim → Submit Claim for Processing – With Backup (Mailing or Faxing)

• Click on the Submit button to finalize the submission of your claim.

	Submitted Institutional Claim Details:										
	TCN: 20181500000286000										
	Provider NPI: 1801231717										
	Client ID: 99999998WA										
	Date of Service: 01/01/2018-01/31/2018										
			Total Claim Charge:	\$ 7150.00							
Pleas	se click "A	dd Attachmer	it" button, to attach the	e documents.			(O Add Attachment			
	Attachr	nent List						*			
	Line No	File Name	Attachment Type	Transmission Code	Attachment Control #	File Size	Delete	Uploaded On			
	▲ ▼		A 7	△▼	A V	A 7		A 7			
	D	BM	EB	BM		0kb	x	05/30/2018			
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