**Billing Training Notes:**

The tutorial is on the website:

<https://www.dshs.wa.gov/sites/default/files/ALTSA/hcs/documents/ND/P1%20Common%20Billing%20Questions.pdf>

Emails: [nursedelegation@dshs.wa.gov](mailto:nursedelegation@dshs.wa.gov); [janet.wakefield@dshs.wa.gov](mailto:janet.wakefield@dshs.wa.gov); for DDA specific [doris.barett@dshs.wa.gov](mailto:doris.barett@dshs.wa.gov); [matt.ashton@hca.wa.gov](mailto:matt.ashton@hca.wa.gov)

Q - Can you please explain the associate profiles you recommended?

A - The profiles that I recommend would be the following:

* EXT Provider Super User – This will allow you to everything in ProviderOne except for the System Administrator functions.
* EXT Provider Social Services Medical – Like the Super Use profile this will allow you to fill out the full Professional claim, the Social Services Claims, and anything that is listed under the Social Services section of the ProviderOne homepage.
* EXT Provider System Administrator – This profile can only be used when you are adding or updating existing ProviderOne Users. The only area of the ProviderOne homepage that this profile will work is the Admin section.

Q - What is if you are already using provider one for social service billing?

A - If you are already using ProviderOne to do your Social Service billing then you are doing everything we are asking of you and if you are successful in the submissions then you do not need to do anything differently.

Q - Matt, what phone number and email can we use if we have questions regarding billing problems, before contacting costumer service (Frontline)

A - You can utilize the Provider Relations email address which goes to both myself and my coworker Marci. This is [providerrelations@hca.wa.gov](mailto:providerrelations@hca.wa.gov). You can always email me directly as well at [matt.ashton@hca.wa.gov](mailto:matt.ashton@hca.wa.gov)

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Q - Do we need to have billers sign a HIPAA document? Yes, you do.

​ A- If they are a clearinghouse, they will need to fill out a form through our HIPAA office. This office can also answer the specific question better and can be reached at [hipaa-help@hca.wa.gov](mailto:hipaa-help@hca.wa.gov)

Q - Is the ACES number available anywhere on ProviderOne?

​A – Yes, the ACES number is available in ProviderOne, however it will not be used when the billing occurs. This number can be found when you do an eligibility search in ProviderOne. Here is a factsheet that covers how to do this eligibility search in ProviderOne. <https://www.hca.wa.gov/assets/billers-and-providers/BenefitInquiry2014FactSheet.pdf>

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​​Q - What are the modifiers for holidays?

A - There are not modifiers for holidays. There is a regular pay and a pandemic rate currently.

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​​Q - How do I know why a payment has been rejected? I get rejection code e.g., N54.

A- You can verify the reason a claim is denying by reviewing the online Remittance and Status report. This will show a list of all the claims that were processed and either paid, denied, or still in process for that week. The last page of this Remittance and Status report will give the description of what the denials are for. As for the N54 it could be a couple different things wrong. Here as some common reasons

* You are billing for the DOS that were authorized
* You are billing with the wrong client information or wrong authorization, and they are not matching what ProviderOne has
* The authorization number you are using is currently in an “Error” status for that DOS being billed.

Q - I have heard some people bill each day charges and some bill just a weekly total? Is either right or wrong?

A - You should bill for the day of service, but you can do that billing on a weekly basis if desired.

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Q - Are there any exceptions to the annual billing?

A - Only if there was an error that did not get corrected.

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Q - How about every phone call, fax, emails related to the visit?

A - Yes, you can bill for time communicating with the collateral contacts such as the caregivers/facility.

​​Q - So, visit should be date specific, but the CC we can roll into visit if we can account for the units? A - Yes

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Q - Who would I contact about a client we got approved for extra units, but the CM did not approve it until a couple days past the 365-day deadline (we asked several months ahead of the deadline)? Wondering who we could contact to make an exception for that? You might have that in the contact list at the end of the presentation?

A - Contact Janet Wakefield, Program Manager or DDA, Doris Barret. You can also email the [nursedelegation@dshs.wa.gov](mailto:nursedelegation@dshs.wa.gov) email address and it will get to the right person.

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​Q - I have not submitted my pandemic rate, can i still submit it?

A - Yes, you can still submit your pandemic charges. Just like a regular ND claim you have up to 1 year from the DOS to get a claim into ProviderOne before it will deny out for timeliness. If after this time you need to make corrections to the claim you will be given an additional year for up to 2 years from the DOS on the claim. If the claim is submitted after the 1-year mark and is going to deny you can contact Janet Wakefield and she may authorize our office to process and pay the claim.

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Q - Client moved out of the facility before I submit my claim. how would go about billing the claim? A - You can bill up until the authorization ended and you are still eligible to bill for the services if you saw the client while they were still in the facility. You have up to 1 year from the DOS to get the initial claim submitted.

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**Billing tutorial** Matt is sharing:  <https://www.dshs.wa.gov/sites/default/files/ALTSA/hcs/documents/ND/P1%20Common%20Billing%20Questions.pdf>

**This is also on the RND website.**

​Q - Where do I request for additional units?

A - You request units above 36 to 100 from CM. Above 100 you fill in the Request for Additional Units form and send to PM or DDA.

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Q - When does the Pandemic Pay end?

A - We do not have an end date.

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Q - Can I still submit my claim I have not done since June last year?

A - You have up to a year, but it is HIGHLY encouraged you submit claims early and frequently. It is easier to track if there is an error the sooner it is discovered from when the service was provided.

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​Q - Is it possible to reach out to Matt, and have you help me with templates?

A - Yes, you can reach out to me for assistance with setting up a template. I can be reached at [providerrelations@hca.wa.gov](mailto:providerrelations@hca.wa.gov) or at [matt.ashton@hca.wa.gov](mailto:matt.ashton@hca.wa.gov)

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Q - Sometimes there is work done after the authorized dates. How do we capture that for billing? For example, if I bill a month later and the time it takes me to bill today (which is after the auth ended).

A - You need to complete work during Authorization period. If the DOS you are billing was included in the dates that were authorized you will still be able to bill the service up to the 1-year mark.

​​ Q - How do I print a report after entering the claim?

A - You can do a printout of the final page before you hit the final “Submit” button to send in the claim. If you do not do it at this time, you are able to go in once the claims have cycled through and look at your payment remittance. This will be found under the “Payment” section by clicking on the “View Payments” hyperlink.

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Q - I have a question regarding actual visit billing: For example, if we see two clients at same home, do we divide travel time in between clients or total time for each client separately?

I bill for travel time for each client even if in same home.

A - You need to divide as you cannot bill two people for the same time rendered. You cannot do this legally for Medicaid.

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​Q - If I submitted a claim for a DOS, then realized I needed to add or change the units. Can I submit another claim for the same DOS without it getting denied?

A - If you get denied, we can adjust the error. Let either the CM or Program manager know.​

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​Q - I had a client go to the hospital.  They were in and out a lot.  CMs for hospital and DSHS would contact me even while they were hospitalized.  Can I bill for that time?

A – Yes. There is a policy in place for this. Contact the CM or PM

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​Q - Do we get credits for this class? Can we bill clients for this class time?

A - No to both

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Q - Do temporary caregivers need to be delegated?

A - YES, if a caregiver is doing a delegated task they MUST be delegated by the RND.

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Q - If a client has delegation needs for blood sugar checks but not taking insulin, can I go x 4 weeks for this delegation?

A - It is up to you as the RN to decide how often you need to do the supervision for any client outside of the required timeframes. Use your nurse judgment and document.

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