



Social Service Claim Authorization, Claim Submission, and Template Creation in ProviderOne for Nurse Delegates

Date: 2022

Accessing ProviderOne

Accessing ProviderOne

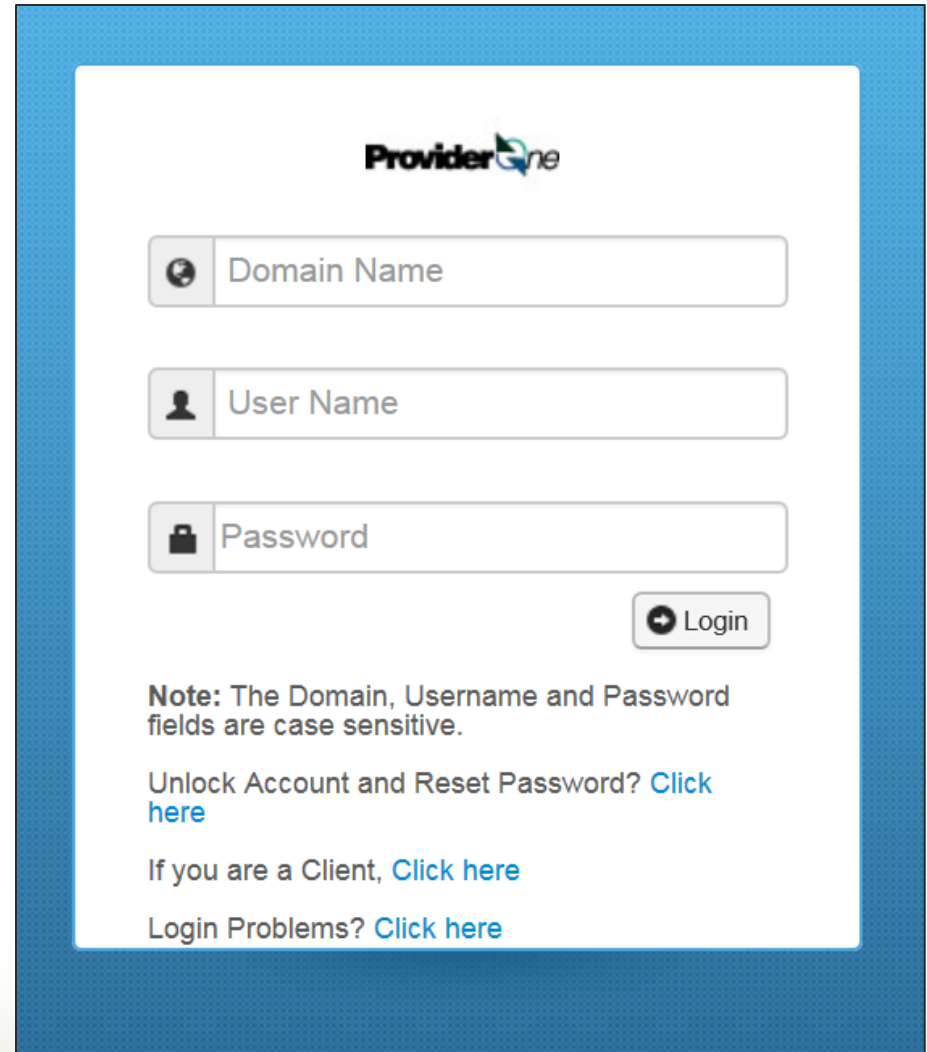
➤ Before logging into ProviderOne:

- Make sure you are using one of the following and your popup blockers are turned **OFF**:

Computer operating systems	Internet browsers
Windows <ul style="list-style-type: none"> • 10 • 8.1 • 8 • 7 	Internet Explorer <ul style="list-style-type: none"> • 11 • 10
Macintosh <ul style="list-style-type: none"> • OS 10.12 Sierra • OS X 10.11 El Capitan • OS X 10.10 Yosemite 	Google Chrome <ul style="list-style-type: none"> • 55.0.2883 • 54.0.2840
	Firefox <ul style="list-style-type: none"> • 50.0.2 • 45.5.1 ESR
	Safari <ul style="list-style-type: none"> • 10.0.1

Accessing ProviderOne

- Use web address
<https://www.waproviderone.org>
- Ensure that your system “**Pop Up Blockers**” are turned “**OFF**”.
- Login using assigned Domain, Username, and Password.
- Click the “**Login**” button.

A screenshot of the ProviderOne login interface. The page has a blue header with the 'ProviderOne' logo. Below the logo are three input fields: 'Domain Name' with a globe icon, 'User Name' with a person icon, and 'Password' with a lock icon. To the right of the password field is a 'Login' button with a right-pointing arrow. Below the input fields is a 'Note' stating that the fields are case sensitive. At the bottom, there are three links: 'Unlock Account and Reset Password? Click here', 'If you are a Client, Click here', and 'Login Problems? Click here'.

ProviderOne Users

HCA establishes System Administrators for your domain/NPI


- The System Administrator for your domain is responsible for setting up individual users.
- A System Administrator can assign profiles to these users to determine the level of access to ProviderOne they should have.

Visit the [ProviderOne Security web page](#).

How to Get Access in ProviderOne

- The ProviderOne User Access Request form is for a newly enrolled facility, clinic, individual provider, or a new office administrator.
- Complete the form and fax to: 360-507-9019.
- If changing system administrators, a letter on office correspondence must also be completed and faxed with the form.

State of Washington



ProviderOne User Access Request

IMMEDIATE ACTION REQUIRED

Domain/ProviderOne ID:

In order to gain access to ProviderOne, you must complete and return this form. This form will be used to establish the System Administrator for your assigned Domain (ProviderOne ID) in the ProviderOne system.

The System Administrator is responsible for maintaining access to ProviderOne for your [staff](#), which includes setting up user accounts, assigning profiles to user accounts, resetting user passwords and deactivating user accounts.

After you have completed the form, return to ProviderOne Security and your user account will be created. You will receive two separate emails, to email address provided, with your username and a temporary password.

ProviderOne System Administrator Information	
THIS COLUMN IS FOR THE INDIVIDUAL	THIS COLUMN IS FOR THE BUSINESS
Name of System Administrator (First, Last, Middle Initial):	Physical Address (Street): (City): (State): (Zip):
System Administrator's Date of Birth:	Business Name:
System Administrator's Individual Email Address: <input type="checkbox"/> Check here to verify that you are the only one with access to this email.	National Provider Identifier (NPI if applicable):
System Administrator's Phone Number:	Federal Tax ID (FEIN/SSN):

Each domain user must have their own account

With the system administrator login information, ProviderOne Security we will send instructions regarding how to create additional user accounts for your Domain and how to add profiles to user accounts. To better understand the different types of user profiles, please see the Security Profiles and Descriptions page on our website: <https://www.hca.wa.gov/p1-profiles>

To review or update provider information:

You may edit information in your provider file at any time by using the EXT Provider File Maintenance or EXT Provider Super User profile. As soon as you receive your login information, we encourage you to verify all the data in your provider file including:

- Address Information
- Payment Detail
- Electronic Data Interchange Information if you plan on submitting HIPAA batch files

If updates are made in the Provider File Business Process Wizard, please make sure you go to the last step and *submit* your modification request for review and approval.

Return this completed form by either:
Emailing to: provideronesecurity@hca.wa.gov
Faxing to: 360-507-9019
Mailing to: HCA IT Security, PO Box 42711, Olympia, WA 98504-2711

Sign up for email broadcast messages regarding updates to ProviderOne at:
<https://public.govdelivery.com/accounts/WAHCASubscriber/new>

How to Get Access in ProviderOne

- If you are a new provider and did not receive the ProviderOne User Access Request form, please review the [ProviderOne Security](#) webpage for more information and access to the form.

How to Set Up a User

- Log in with the **System Administrator** Profile.
- Click on **Maintain Users**.
- The system now displays the user list screen.
- Click on the **Add** button.

Provider

[Provider Inquiry](#)
[Manage Provider Information](#)
[Initiate New Enrollment](#)
[Track Application](#)
[Provider File Upload](#)

HIPAA

[Submit HIPAA Batch Transaction](#)
[Retrieve HIPAA Batch Responses](#)

Admin

[Change Password](#)
[Maintain Users](#)

Close

Add

Approve

Reject

Manage Users

Filter By: And: With Status: All Go

Save Filter

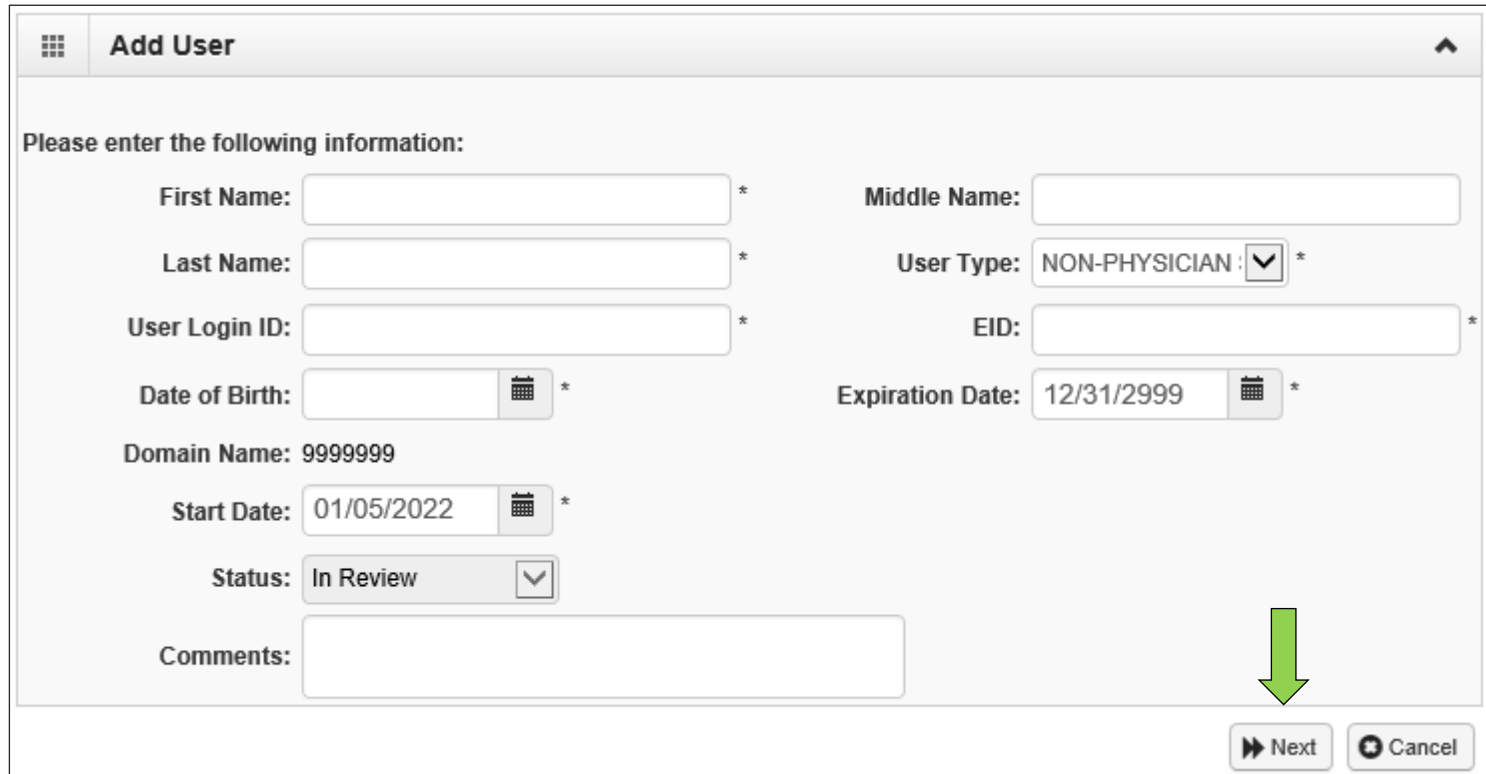
My Filters

	Name	Domain Name	Organization	Status	Start Date	End Date

No Records Found !

How to Set Up a User

➤ Adding a user:



Add User

Please enter the following information:

First Name: *

Last Name: *

User Login ID: *

Date of Birth: *

Middle Name:

User Type: NON-PHYSICIAN *

EID: *

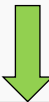
Expiration Date: 12/31/2999 *

Domain Name: 9999999

Start Date: 01/05/2022 *

Status: In Review

Comments:



- Fill in all required boxes that have an asterisk *.
- Click the **Next** button.

How to Set Up a User

- Complete remaining required fields:

Add User:

Please enter the following information:

User Login ID: TESTP Domain: 9999999

Password: * Confirm Password: *

Email: *

Phone Number: * Pager Number:

Mobile Number:

Address Line 1: Address Line 2:
(Enter Street Address or PO Box Only)

Address Line 3: City/Town:

State/Province: County:

Country: Zip Code: -

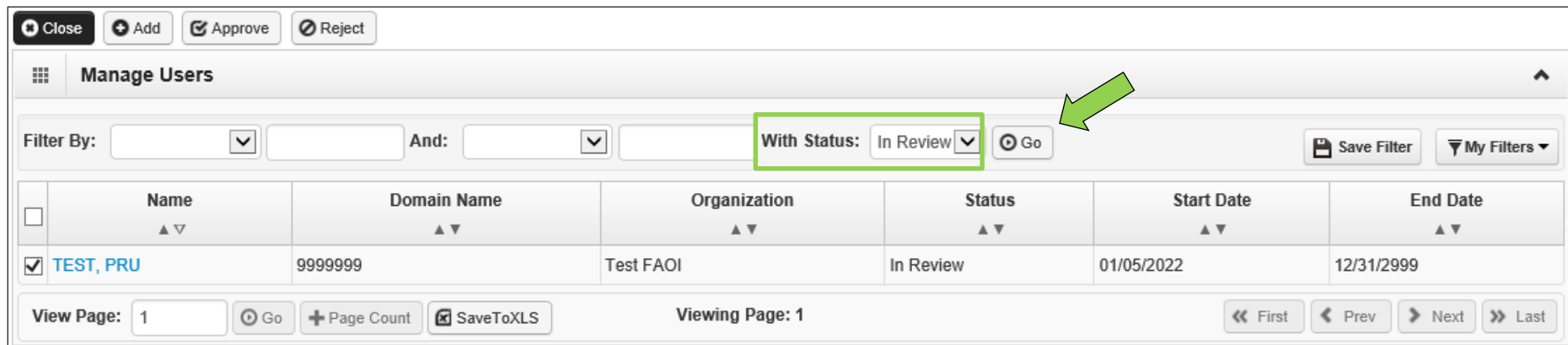
Note: It is not necessary to complete the address information

- Click the **Finish** button.

How to Set Up a User

➤ To display the new user:

- In the **With Status** dropdown, select **In Review** and click **Go**.
- The user's name is displayed with **In Review** status.
- Click the box next to the user's name, then click the **Approve** button.

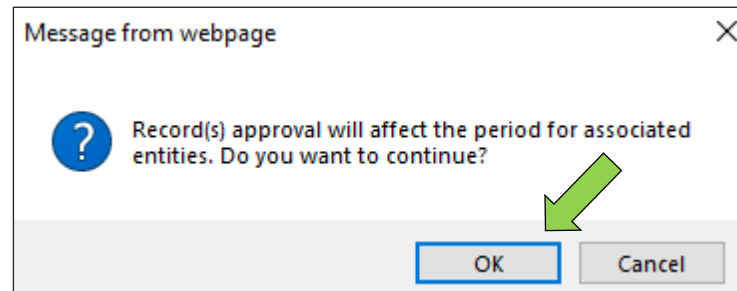


The screenshot shows the 'Manage Users' interface. At the top, there are buttons for 'Close', 'Add', 'Approve', and 'Reject'. Below these is a 'Filter By' section with two dropdown menus and an 'And' connector. The 'With Status' dropdown is highlighted with a green box and a green arrow pointing to it, showing 'In Review' selected. To the right of the dropdown is a 'Go' button. Further right are 'Save Filter' and 'My Filters' buttons. Below the filter section is a table with columns: Name, Domain Name, Organization, Status, Start Date, and End Date. The first row of data shows a user named 'TEST, PRU' with domain '9999999', organization 'Test FAOI', status 'In Review', start date '01/05/2022', and end date '12/31/2999'. At the bottom, there is a 'View Page: 1' section with 'Go', 'Page Count', and 'SaveToXLS' buttons. To the right of this is 'Viewing Page: 1' and a set of navigation buttons: '<< First', '< Prev', '> Next', and '>> Last'.

	Name	Domain Name	Organization	Status	Start Date	End Date
<input checked="" type="checkbox"/>	TEST, PRU	9999999	Test FAOI	In Review	01/05/2022	12/31/2999

How to Set Up a User

- Once approved, a dialogue box will pop up, click **Ok**.



- Once clicked, another window will appear warning you that profiles must be added for this new user. Click **Ok** or **Cancel**.

Info: After clicking the OK button, the Associated profiles must be added and approved before the user is able to access ProviderOne.

Update Status	
Status Type:	Approved <input type="button" value="v"/> *
Reason Code:	None <input type="button" value="v"/>
Remarks:	<input type="text"/>
<input type="button" value="OK"/> <input type="button" value="Cancel"/>	

How to Set Up a User

- The user is now in **Approved** status.

Close Add Approve Reject

Manage Users

Filter By: [] And: [] With Status: All [] Go Save Filter My Filters

	Name ▲▼	Domain Name ▲▼	Organization ▲▼	Status ▲▼	Start Date ▲▼	End Date ▲▼	First Name ▲▼
<input type="checkbox"/>	TEST, PRU	9999999	Test FAOI	Approved	01/05/2022	12/31/2999	PRU

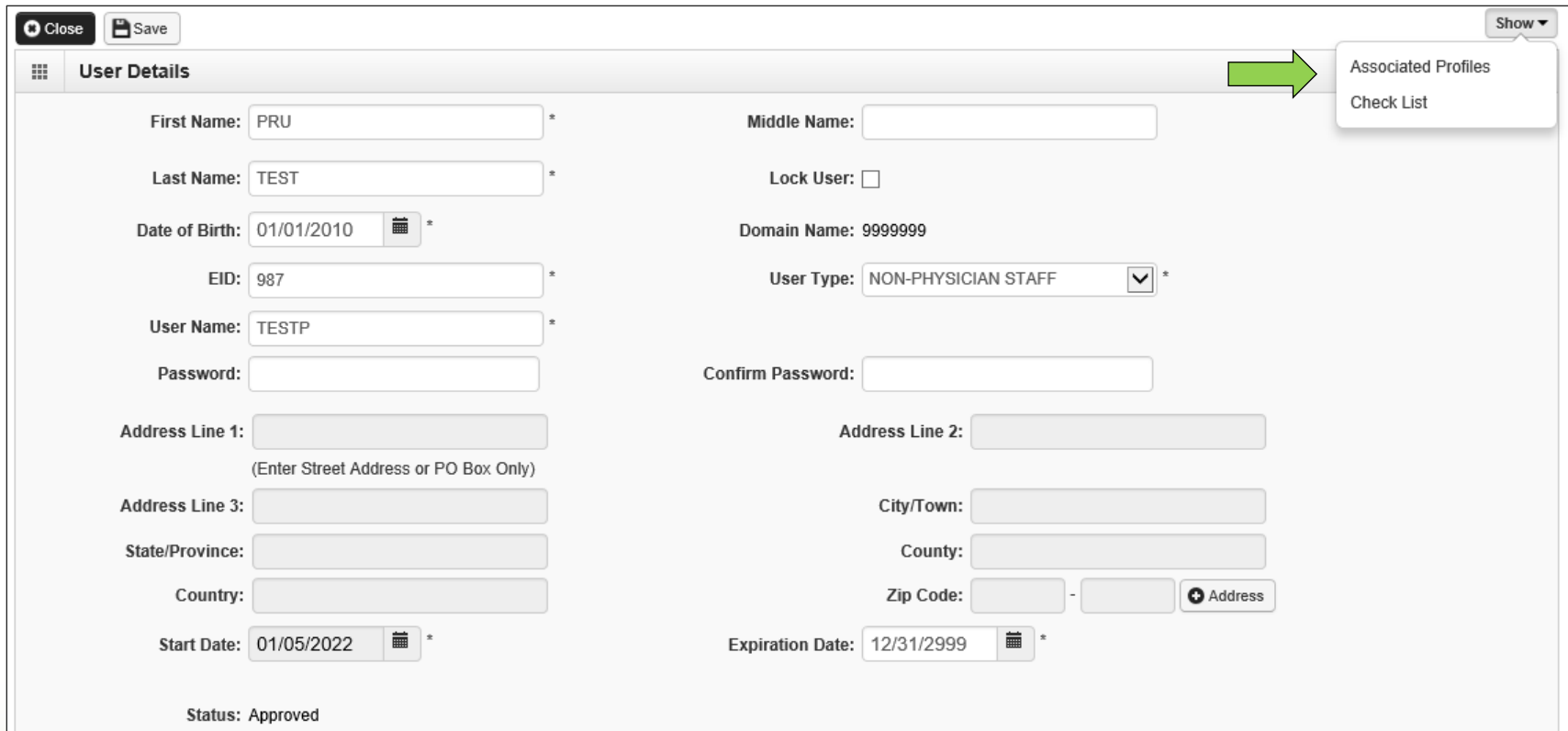
View Page: 1 Go Page Count SaveToXLS Viewing Page: 1 << First < Prev > Next >> Last

- Click on the **User Name** to access their user account so the appropriate needed profiles can be added.

How to Set Up a User

➤ Adding Profiles:

- On the Show menu click on **Associated Profiles**.



The screenshot shows the 'User Details' form with the following fields and values:

- Close** (button), **Save** (button)
- Show** (dropdown menu) with a green arrow pointing to the **Associated Profiles** option.
- User Details** (tab)
- First Name:** PRU *
- Middle Name:**
- Last Name:** TEST *
- Lock User:** ☐
- Date of Birth:** 01/01/2010 * (calendar icon)
- Domain Name:** 9999999
- EID:** 987 *
- User Type:** NON-PHYSICIAN STAFF *
- User Name:** TESTP *
- Password:**
- Confirm Password:**
- Address Line 1:** (Enter Street Address or PO Box Only)
- Address Line 2:**
- Address Line 3:**
- City/Town:**
- State/Province:**
- County:**
- Country:**
- Zip Code:** - **Address** (button)
- Start Date:** 01/05/2022 * (calendar icon)
- Expiration Date:** 12/31/2999 * (calendar icon)
- Status:** Approved

How to Set Up a User

➤ Adding Profiles:

- Click on the **Add** button to select profiles.



Close Add Approve Reject Show

Manage User Profiles

Filter By: Filter By With Status: All Go Save this filter My Filters

	Name ▲▼	Description ▲▼	Start Date ▲▼	End Date ▲▼	Status ▲▼
No Records Found !					

How to Set Up a User

➤ Adding Profiles:

Add New Profiles to User

User Name: TEST,PRU

Start Date: 01/05/2022 * End Date: 12/31/2999 * Go

Available Profiles

- EXT Provider Claims Submitter
- EXT Provider Download Files
- EXT Provider EHR Administrator
- EXT Provider Eligibility Checker
- EXT Provider Eligibility Checker-Claims Submitter
- EXT Provider File Maintenance
- EXT Provider File View Only
- EXT Provider Managed Care Only
- EXT Provider Upload Files
- EXT Provider Upload and Download Files

Associated Profiles

- EXT Provider Social Services Medical
- EXT Provider Social Services
- EXT Provider Super User
- EXT Provider System Administrator

» «

OK Cancel

- Highlight Available Profiles desired.
- Click **double arrow button** and move to Associated Profiles box then click the **OK** button.

How to Set Up a User

➤ Adding Profiles:

Close Add **Approve** Reject Show

Manage User Profiles

Filter By: Filter By With Status: All Go Save this filter My Filters

	Name	Description	Start Date	End Date	Status
<input checked="" type="checkbox"/>	EXT Provider Social Services	EXT Provider Social Services	01/06/2022	12/31/2999	In Review
<input checked="" type="checkbox"/>	EXT Provider Social Services Medical	EXT Provider Social Services M...	01/06/2022	12/31/2999	In Review
<input checked="" type="checkbox"/>	EXT Provider Super User	EXT Provider Super User	01/06/2022	12/31/2999	In Review
<input checked="" type="checkbox"/>	EXT Provider System Administrator	EXT Provider System Administra...	01/06/2022	12/31/2999	In Review

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

➤ To Display the new profiles:

- The **With Status** dropdown box should state **All**. Click **Go**.
- The profiles are displayed with **In Review** status.
- Click the box next to the profile name, then click the **Approve** button.

How to Set Up a User

- Once approved a dialogue box will pop up, click **Ok**.



Update Status

Status Type: Approved *
Reason Code: None
Remarks:

OK Cancel

How to Set Up a User

- The profile statuses are now Approved.

Close
Add
Approve
Reject
Show

Manage User Profiles

Filter By:

Filter By

With Status:

All

Go

Save this filter

My Filters

	Name	Description	Start Date	End Date	Status
<input type="checkbox"/>	EXT Provider Social Services	EXT Provider Social Services	01/05/2022	12/31/2999	Approved
<input type="checkbox"/>	EXT Provider Social Services Medical	EXT Provider Social Services M...	01/05/2022	12/31/2999	Approved
<input type="checkbox"/>	EXT Provider Super User	EXT Provider Super User	01/05/2022	12/31/2999	Approved
<input type="checkbox"/>	EXT Provider System Administrator	EXT Provider System Administra...	01/05/2022	12/31/2999	Approved

View Page:

1

Go

Page Count

SaveToXLS

Viewing Page:

1

First

Prev

Next

Last

- Click **Close** to return to User Details.

How to Set Up a User

➤ Setting up a user's password:

- Enter the new temporary password and click **Save** and then **Close**.

User Details

Close Save Show ▼

First Name: PRU * Middle Name: *

Last Name: TEST * Lock User: ☐

Date of Birth: 01/01/2010 * Domain Name: 9999999

EID: 987 * User Type: NON-PHYSICIAN STAFF *

User Name: TESTP *

Password: * Confirm Password: *

Address Line 1: Address Line 2:

(Enter Street Address or PO Box Only)

Address Line 3: City/Town:

State/Province: County:

Country: Zip Code: - Address

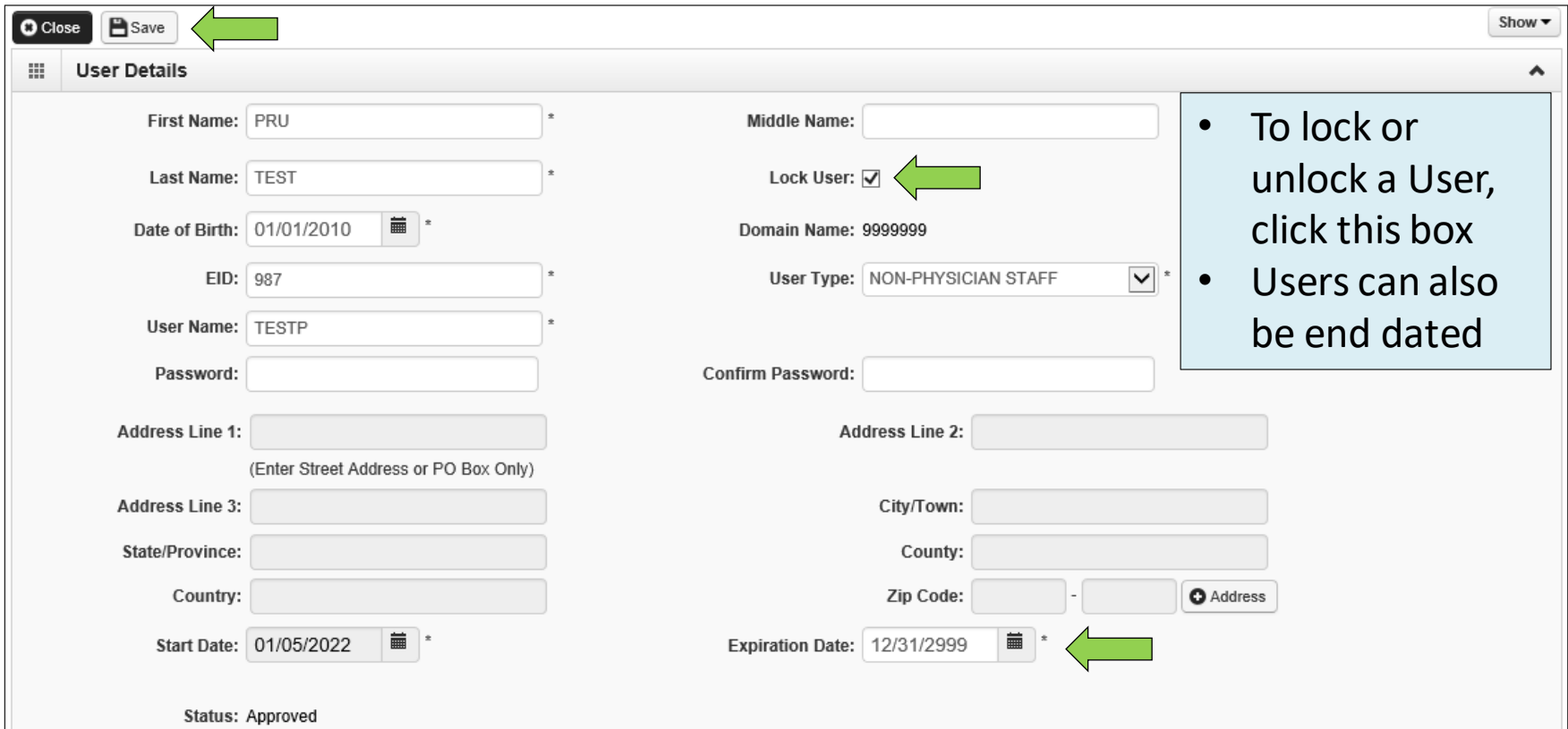
Start Date: 01/05/2022 * Expiration Date: 12/31/2999 *

Status: Approved

Note: Passwords must be changed every 120 days!

How to Manage a User

➤ How to lock or end date a user:



The screenshot shows the 'User Details' form with the following fields and values:

- First Name:** PRU *
- Last Name:** TEST *
- Date of Birth:** 01/01/2010 *
- EID:** 987 *
- User Name:** TESTP *
- Password:** (empty)
- Address Line 1:** (empty)
- Address Line 2:** (empty)
- Address Line 3:** (empty)
- State/Province:** (empty)
- Country:** (empty)
- Start Date:** 01/05/2022 *
- Expiration Date:** 12/31/2999 *
- Middle Name:** (empty)
- Lock User:** ☒ *
- Domain Name:** 9999999
- User Type:** NON-PHYSICIAN STAFF *
- Confirm Password:** (empty)
- City/Town:** (empty)
- County:** (empty)
- Zip Code:** (empty) - (empty) + Address

At the top left, there are 'Close' and 'Save' buttons. A green arrow points to the 'Save' button. Another green arrow points to the 'Lock User' checkbox. A third green arrow points to the 'Expiration Date' field. A blue box on the right contains the following text:

- To lock or unlock a User, click this box
- Users can also be end dated

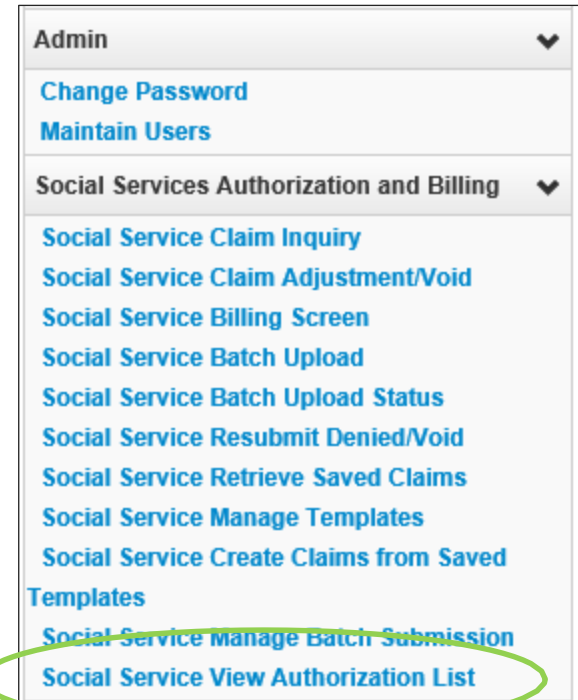
At the bottom left, the status is 'Approved'.

➤ Click **Save** and then **Close**.

Social Services Authorizations

Social Services Authorizations

- Log in with one of the following profiles:
 - **EXT Provider Super User**
 - **EXT Provider Social Services**
 - **EXT Provider Social Services Medical**
- Click on **Social Service View Authorization List** under the **Social Services Authorization and Billing** heading.



Social Services Authorizations

- The **Provider Authorization List** page is displayed.
- All information concerning authorizations assigned to your domain will be listed here.

Close

Show Error List

Provider Authorization List

Filter By :

And

And

Go

Save Filter

My Filters

<input type="checkbox"/>	Authorization # ▲▼	Line # ▲▼	Suffix # ▲▼	Client ID ▲▼	Client Name ▲▼	Provider ID ▲▼	Service Code ▲▼	Service Code Description ▲▼	Modifier ▲▼	Modifier Description ▲▼	Start Date ▲▼	End Date ▲▼	Rate ▲▼	Units ▲▼	Unit Type ▲▼	Billing Type ▲▼	Client Responsibility ▲▼	Last Updated ▲▼	Business Status ▲▼	Error Status ▲▼	First Error Date ▲▼	Partial Month Error (Yes/No) ▲▼	Case Manager Name ▲▼	Case Manager Phone Number ▲▼
<input type="checkbox"/>	1112222333	2	1	999999998WA	RELATIONS, PROVIDER	123456701	SA019	Pandemic-related extraordinary services	U4	M/icaid care lev 4 state def **1st Trimester Abortion @ 1 - 13.0 wks - Facility Use (59899 CT=J) - Contract Specific **Interpreter Services (T1014 CT=J) Effective 9/24/2012 **Effective 08/01/20 Interpreter Services (T1013 CT=J) Crisis OPI	12/23/2021	03/31/2022	\$0.69	36	1/4 Hour	Monthly Recurring	\$0.00	01/12/2022	Approved	No Error		No	PRU, PRU	8005623022
<input type="checkbox"/>	1112222333	1	1	999999998WA	RELATIONS, PROVIDER	123456701	H2014	Skills train and dev, 15 min	U5	M/icaid care lev 5 state def	12/23/2021	09/30/2022	\$12.46	36	1/4 Hour	Monthly Recurring	\$0.00	01/12/2022	Approved	No Error		No	PRU, PRU	8005623022

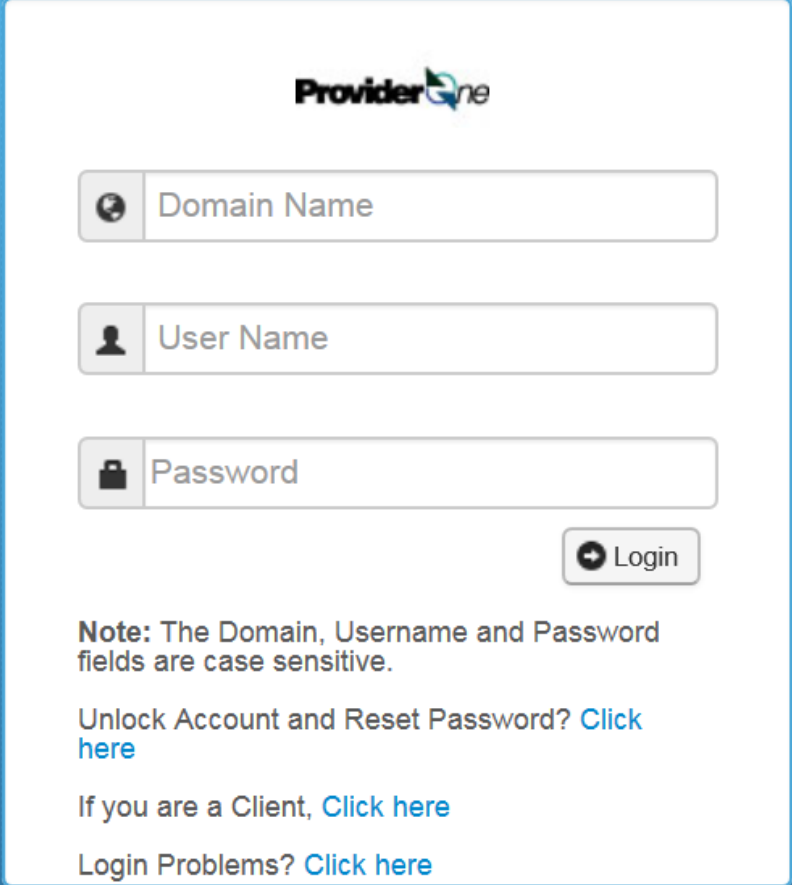
Direct Data Entry Claims (DDE) Regular Nurse Delegation Claims and Templates

Direct Data Entry (DDE) Claims

- ProviderOne allows providers to enter claims directly into the payment system.
- All claim types can be submitted through the DDE system:
 - Professional (CMS 1500)
 - Institutional (UB-04)
 - Dental (ADA Form)
- Providers can CORRECT and RESUBMIT denied or previously voided claims.
- Providers can ADJUST or VOID previously paid claims.

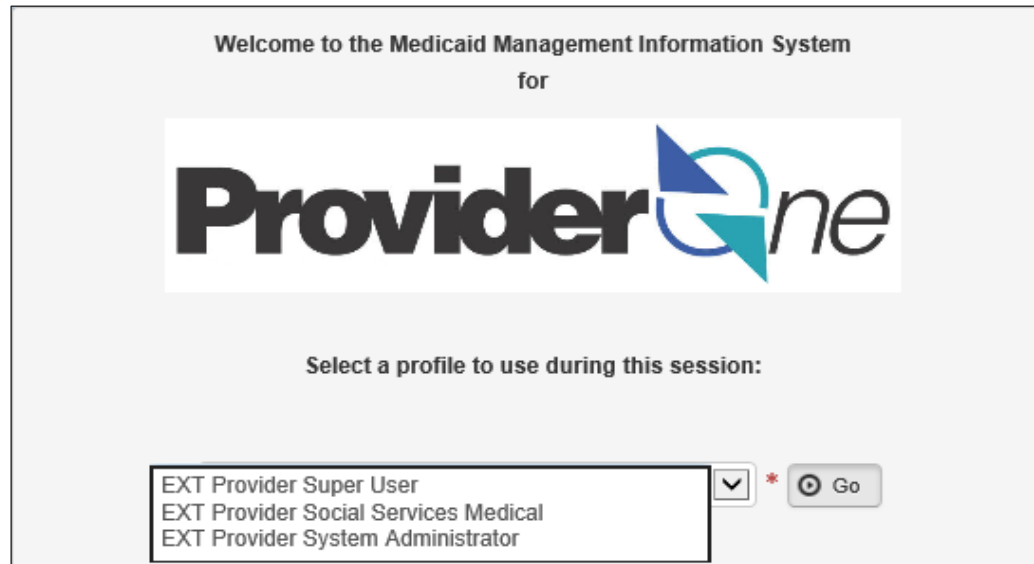
Accessing ProviderOne

- Use web address
<https://www.waproviderone.org>
- Ensure that your system **Pop Up Blockers** are turned **OFF**.
- Log in using assigned Domain, Username, and Password.
- Click the **Login** button.



The screenshot shows the ProviderOne login interface. At the top is the 'ProviderOne' logo. Below it are three input fields: 'Domain Name' with a globe icon, 'User Name' with a person icon, and 'Password' with a lock icon. To the right of the password field is a 'Login' button with a right-pointing arrow. Below the input fields, there is a note: 'Note: The Domain, Username and Password fields are case sensitive.' followed by two links: 'Unlock Account and Reset Password? Click here' and 'If you are a Client, Click here'. At the bottom, there is another link: 'Login Problems? Click here'.

Determine What Profile to Use



Welcome to the Medicaid Management Information System
for

ProviderOne

Select a profile to use during this session:

EXT Provider Super User
EXT Provider Social Services Medical
EXT Provider System Administrator

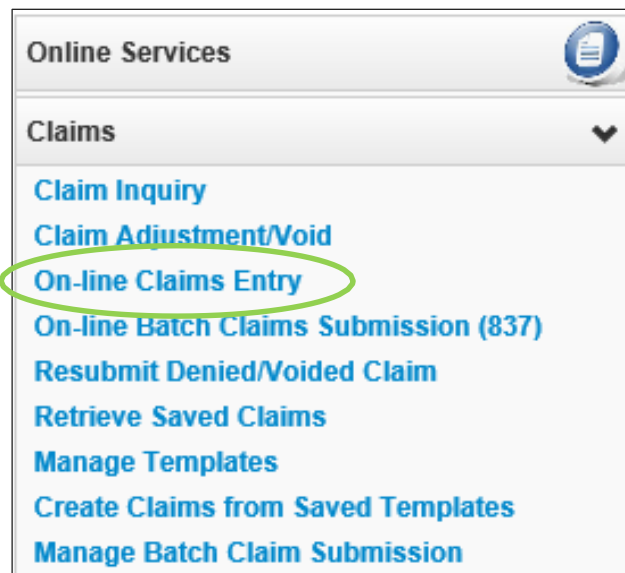
Go

For claims submission choose one of the following profiles:

- EXT Provider Social Services Medical (use for submitting claims and viewing authorization list page)
- EXT Provider Super User (can use for everything except for authorization list page)
- EXT Provider System Administrator (only for setting up and updating user files)

Submitting an Individual ND Claim

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



Direct Data Entry Claims (DDE)

➤ Choose the type of claim that you would like to submit.

- ✓ Professional is the CMS 1500
- ✓ Institutional is the UB04
- ✓ Dental is the 2006 ADA form

➤ Note: you will always choose **Professional** as the claim type

Close

Choose an Option.

Submit Professional	Submit Professional
Submit Institutional	Submit Institutional
Submit Dental	Submit Dental

Direct Data Entry Claims (DDE)

Close
Save Claim
Submit Claim
Reset

Professional Claim

Note: asterisks (*) denote required fields.

Basic Claim Info
Other Claim Info

Billing Provider | Rendering Provider | Subscriber | Claim | Service

Submitter ID: 200320900

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

Top

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

First half of
Claim Form

Direct Data Entry Claims (DDE)

Second half of Claim Form

☐ 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, 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.

Billing Provider Information

- **Section 1:** Billing Provider Information of the DDE Professional claim form

PROVIDER INFORMATION	
Go to Other Claim Info to enter information for Referring, Purchasing, Supervising and other providers.	
BILLING PROVIDER	
* Provider NPI: <input type="text"/>	* Taxonomy Code: <input type="text"/>
? * Is the Billing Provider also the Rendering Provider? <input type="radio"/> Yes <input type="radio"/> No	
? * Is this service the result of a referral? <input type="radio"/> Yes <input type="radio"/> No	

- Note: Questions to be answered in section 1 of the claim form. Next slides show each question individually.

Billing Provider Information

- Enter the Billing Provider NPI and taxonomy code.
 - Use your NPI number and the taxonomy code of **163W00000X**

BILLING PROVIDER	
* Provider NPI:	<input type="text"/>
* Taxonomy Code:	<input type="text" value="163W00000X"/>

- Note: The taxonomy code 163W00000X is the only one used for nurse delegation.


Rendering Provider Information

- This question should always be answered **YES** for your billing.

 * Is the Billing Provider also the Rendering Provider? ☒ Yes ☐ No

Referring Provider Information



- This question should always be answered **NO**. You will get your referrals from the case manager and through the authorization process.

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

➤ Note: This type of referral is from doctor to doctor.

Subscriber/Client Information

➤ Section 2: Subscriber/Client Information


SUBSCRIBER/CLIENT INFORMATION	
SUBSCRIBER/CLIENT	
* Client ID:	<input type="text"/>
<div> Additional Subscriber/Client Information</div>	
<div></div> Is this claim for a Baby on Mom's Client ID?	<input type="radio"/> Yes <input type="radio"/> No
<div></div> * Is this a Medicare Crossover Claim?	<input type="radio"/> Yes <input type="radio"/> No
<div> OTHER INSURANCE INFORMATION</div>	

➤ Note: Questions to be answered in section 2 of the claim form.
Next slides show each question individually.

Subscriber/Client Information

- Enter the Subscriber/Client ID found on the WA Medicaid medical card. This ID is a 9 digit number followed by a **WA**.

- Example: 123456789WA

SUBSCRIBER/CLIENT	
* Client ID:	<input type="text"/>
	Additional Subscriber/Client Information

- Click on the red **+** to expand the **Additional Subscriber/Client Information** to enter required information.

Subscriber/Client Information

- Once the field is expanded enter the **Patient's Last Name, Date of Birth, and Gender.**
 - Date of birth must be in the following format: **MM/DD/CCYY**
 - Additional shown information fields are not needed

SUBSCRIBER/CLIENT

* Client ID:

☐ **Additional Subscriber/Client Information**

* Org/Last Name:

mm dd ccyy

* Date of Birth:

mm dd ccyy

Date of Death:

Patient is pregnant: ☐ Yes ☐ No



First Name:

* Gender:

Patient Weight: lbs

Baby on Mom's Client ID/Medicare Crossover Claims

➤ These questions should be answered **NO**

	Is this claim for a Baby on Mom's Client ID?	<input type="radio"/> Yes <input checked="" type="radio"/> No
	* Is this a Medicare Crossover Claim?	<input type="radio"/> Yes <input checked="" type="radio"/> No

Claim Information

Section 3: Claim Information Section

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:

➤ Note: Questions to be answered in section 3 of the claim form.
Next slides show each question individually.

Prior Authorization

- Click on the red **+** to expand the **Prior Authorization** field
- Enter the Authorization number given to you by the case manager.

 **PRIOR AUTHORIZATION**

 **PRIOR AUTHORIZATION**

1. * Prior Authorization Number:

Claim Note, EPSDT Information, Condition Information

- These red + expanders are not needed for your billing.



CLAIM NOTE



EPSDT INFORMATION



CONDITION INFORMATION

Is the Claim Accident Related?

- This question will always be answered **NO** as Washington Medicaid has a specific casualty office that handles claims where another casualty insurance may be primary.

 * Is this claim accident related? ☐ Yes ☒ No

Patient Account Number

- The **Patient Account No.** field allows the provider to enter their internal patient account numbers assigned to the patient by their practice management system.
- This step is optional.

Patient Account No.:

- Note: Entering internal patient account numbers may make it easier to reconcile the weekly remittance and status report (RA) as these numbers will be posted on the RA.

Place of Service

- The **Place of Service** code is required.

* Place of Service: 12-Home



01-PHARMACY	20-URGENT CARE FACILITY	51-INPATIENT PSYCHIATRIC FACILITY
03-SCHOOL	21-INPATIENT HOSPITAL	52-PSYCHIATRIC FACILITY - PARTIAL HOSPITALIZATION
04-HOMELESS SHELTER	22-OUTPATIENT HOSPITAL	53-COMMUNITY MENTAL HEALTH CENTER
05-INDIAN HLTH SVC FREE-STANDING FACILITY	23-EMERGENCY ROOM - HOSPITAL	54-INTERMEDIATE CARE FACILITY (ICF/MR)
06-INDIAN HLTH SVC PROVIDER-BASED FACILITY	24-AMBULATORY SURGICAL CENTER	55-RESIDENTIAL SUBSTANCE ABUSE TREATMENT FACILITY
07-TRIBAL 638 FREE-STANDING FACILITY	25-BIRTHING CENTER	56-PSYCHIATRIC RESIDENTIAL TREATMENT CENTER
08-TRIBAL 638 PROVIDER-BASED FACILITY	26-MILITARY TREATMENT FACILITY	57-NON-RESIDENTIAL SUBSTANCE ABUSE TREATMENT FACILITY
09-PRISON/CORRECTIONAL FACILITY	31-SKILLED NURSING FACILITY (SNF)	60-MASS IMMUNIZATION CENTER
11-OFFICE	32-NURSING FACILITY	61-COMPREHENSIVE INPATIENT REHAB FACILITY
12-Home	33-CUSTODIAL CARE FACILITY	62-COMPREHENSIVE OUTPATIENT REHAB FACILITY
13-ASSISTED LIVING FACILITY	34-Hospice	65-END-STAGE RENAL DISEASE TREATMENT FACILITY
14-Group Home	41-AMBULANCE - LAND	71-PUBLIC HEALTH CLINIC
15-MOBILE UNIT	42-AMBULANCE - AIR OR WATER	72-RURAL HEALTH CLINIC (RHC)
16-TEMPORARY LODGING	49-INDEPENDENT CLINIC	81-INDEPENDENT LABORATORY
17-WALK-IN RETAIL HEALTH CLINIC	50-FEDERALLY QUALIFIED HEALTH CENTER (FQHC)	99-OTHER PLACE OF SERVICE

- Note: Your billing will always be place of service 12.

Additional Claim Data

- The **Additional Claim Data** red + expander is not needed for your billing.



Diagnosis Codes

- Enter the appropriate ICD-10 diagnosis code or codes.

Diagnosis Codes: * 1:	<input type="text"/>	2:	<input type="text"/>	3:	<input type="text"/>	4:	<input type="text"/>	5:	<input type="text"/>	6:	<input type="text"/>
7:	<input type="text"/>	8:	<input type="text"/>	9:	<input type="text"/>	10:	<input type="text"/>	11:	<input type="text"/>	12:	<input type="text"/>

- Note: Use the most appropriate diagnosis code for the medical condition of the patient. Only use **one** diagnosis. **DO NOT enter decimal codes on the diagnosis.**

Basic Service Line Items

➤ Section 4: Basic Line Item Information

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, A
Payer, Spinal Manipulations, Purchased Services and Line Adjudication.

BASIC SERVICE LINE ITEMS

mmddccyy

* Service Date From:

mmddccyy

* 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.

+ Add Service Line Item

+ Update Service Line Item

Previously Entered Line Item Information

Click a Line No. below to view/update that Line Item Information.

Line Service Dates

NoFromTo

Proc. Code

Modifiers

1234

Diagnosis Pntrs

1234

Submitted Charges

Units

PA Number

➤ Note: Questions to be answered in section 4 of the claim form. Next slides show each question individually.

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Basic Service Line Items

➤ Enter the **From Service Date**

	mm	dd	ccyy
* Service Date From:	<input type="text"/>	<input type="text"/>	<input type="text"/>

➤ Enter the **To Service Date**

	mm	dd	ccyy
* Service Date To:	<input type="text"/>	<input type="text"/>	<input type="text"/>

➤ Note: The dates of service must be in the format of 2-digit month, 2-digit day, and 4-digit year, for example 01/01/2022.

Basic Service Line Items

- Place of Service Code is optional (not required here as already entered).

Place of Service: 

- Note: Use the drop down arrow to display all POS codes loaded in ProviderOne.

- POS codes available:

01-PHARMACY	20-URGENT CARE FACILITY	51-INPATIENT PSYCHIATRIC FACILITY
03-SCHOOL	21-INPATIENT HOSPITAL	52-PSYCHIATRIC FACILITY - PARTIAL HOSPITALIZATION
04-HOMELESS SHELTER	22-OUTPATIENT HOSPITAL	53-COMMUNITY MENTAL HEALTH CENTER
05-INDIAN HLTH SVC FREE-STANDING FACILITY	23-EMERGENCY ROOM - HOSPITAL	54-INTERMEDIATE CARE FACILITY (ICF/MR)
06-INDIAN HLTH SVC PROVIDER-BASED FACILITY	24-AMBULATORY SURGICAL CENTER	55-RESIDENTIAL SUBSTANCE ABUSE TREATMENT FACILITY
07-TRIBAL 638 FREE-STANDING FACILITY	25-BIRTHING CENTER	56-PSYCHIATRIC RESIDENTIAL TREATMENT CENTER
08-TRIBAL 638 PROVIDER-BASED FACILITY	26-MILITARY TREATMENT FACILITY	57-NON-RESIDENTIAL SUBSTANCE ABUSE TREATMENT FACILITY
09-PRISON/CORRECTIONAL FACILITY	31-SKILLED NURSING FACILITY (SNF)	60-MASS IMMUNIZATION CENTER
11-OFFICE	32-NURSING FACILITY	61-COMPREHENSIVE INPATIENT REHAB FACILITY
12-Home	33-CUSTODIAL CARE FACILITY	62-COMPREHENSIVE OUTPATIENT REHAB FACILITY
13-ASSISTED LIVING FACILITY	34-Hospice	65-END-STAGE RENAL DISEASE TREATMENT FACILITY
14-Group Home	41-AMBULANCE - LAND	71-PUBLIC HEALTH CLINIC
15-MOBILE UNIT	42-AMBULANCE - AIR OR WATER	72-RURAL HEALTH CLINIC (RHC)
16-TEMPORARY LODGING	49-INDEPENDENT CLINIC	81-INDEPENDENT LABORATORY
17-WALK-IN RETAIL HEALTH CLINIC	50-FEDERALLY QUALIFIED HEALTH CENTER (FQHC)	99-OTHER PLACE OF SERVICE

Basic Service Line Items

- Enter the **Procedure Code**. Your only procedure code will be H2014. The authorization form will show this procedure code.

* Procedure Code:

Basic Service Line Items

- Enter modifier **U5**. Your only modifier will be U5. The authorization form will show this modifier.

Modifiers: 1:	<input type="text" value="U5"/>	2:	<input type="text"/>	3:	<input type="text"/>	4:	<input type="text"/>
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Basic Service Line Items

- Enter **Submitted Charges**.

* Submitted Charges: \$

➤ Note: If dollar amount is a whole number no decimal point is needed.

➤ Note: You will need to do the math depending on how many units you are billing. Current rate for nurse delegation is \$12.46 per unit.

Basic Service Line Items

- Enter appropriate **Diagnosis Pointer**.

Diagnosis Pointers: * 1: 2: 3: 4:

1
10
11
12
2
3
4
5
6
7
8
9

▼ ▼ ▼

➤ Note:

- Use drop down from box 1
- Select the number **1** from this list to add diagnosis into box 1

Basic Service Line Items





- Enter procedure **Units**. The units for this billing are in 15-minute unit increments.

* Units:

➤ Note: At least 1 unit is required.

Basic Service Line Items

- The following are not needed for this billing:

	Medicare Crossover Items
National Drug Code: <input type="text"/>	
	Drug Identification
	Prior Authorization
	Additional Service Line Information

- Note: The prior authorization number has already been entered in a previous step.

Add Service Line Items

- Click on the **Add Service Line Item** button to list the procedure line on the claim.

Previously Entered Line Item Information

Click a Line No. below to view/update that Line Item Information.

Total Submitted Charges: \$ 45.32

Line No	Service Dates		Proc. Code	Modifiers				Diagnosis Ptrs				Submitted Charges	Units	PA Number			
	From	To		1	2	3	4	1	2	3	4						
1	10/01/2018	10/01/2018	H2014					U5					1	45.32	4		Delete or Other Service Info

- Note: Please ensure all necessary claim information has been entered before clicking the **Add Service Line Item** button to add the service line to the claim.

- Note: Once the procedure line item is added, ProviderOne will refresh and return to the top of the claim form.

Add Additional Service Line Items

- If additional service lines need to be added, click on the **Service** hyperlink at the top of page to get quickly back to the **Basic Service Line Items** section.

The screenshot shows a web form titled "Professional Claim". At the top, there are four buttons: "Close", "Save Claim", "Submit Claim", and "Reset". Below the title bar, a note states: "Note: asterisks (*) denote required fields." There are two tabs: "Basic Claim Info" (selected) and "Other Claim Info". Under the "Basic Claim Info" tab, there is a horizontal menu with five items: "Billing Provider", "Rendering Provider", "Subscriber", "Claim", and "Service". The "Service" item is highlighted in a darker blue.

- Follow the same procedure as outlined on previous slides for entering data for each line.

Update Service Line Items

- Update a previously added service line by clicking on the line number highlighted in blue, for the line that needs to be updated. This will repopulate the service line item boxes for changes to be made.

Click a Line No. below to view/update that Line Item Information.

Total Submitted Charges: \$ 45.32

Line No	Service Dates		Proc. Code	Modifiers				Diagnosis Pntrs				Submitted Charges	Units	PA Number	
	From	To		1	2	3	4	1	2	3	4				
1	10/01/2018	10/01/2018	H2014					1				45.32	4		Delete or Other Service Info

- Note: Once the line number is chosen, ProviderOne will refresh the screen and return to the top of the claim form. Use the **Service** hyperlink to quickly return to the service line item boxes and make corrections.

Update Service Line Items

- Once the service line is corrected, click on the **Update Service Line Item** button to add corrected information on the claim.

Previously Entered Line Item Information

Click a Line No. below to view/update that Line Item Information. Total Submitted Charges: \$ 45.32

Line No	Service Dates		Proc. Code	Modifiers				Diagnosis Pntrs				Submitted Charges	Units	PA Number		
	From	To		1	2	3	4	1	2	3	4					
1	10/01/2018	10/01/2018	H2014					U5					45.32	4		Delete or Other Service Info

- Note: Once the **Update Service Line Item** button is chosen, ProviderOne will refresh the screen and return to the top of the claim form. Use the **Service** hyperlink to quickly return to the service line item section to view and verify that changes were completed.

Delete Service Line Items

- A service line can easily be deleted from the claim before submission by clicking on the **Delete** option at the end of the added service line.

Click a Line No. below to view/update that Line Item Information.

Total Submitted Charges: \$ 45.32

Line No	Service Dates		Proc. Code	Modifiers				Diagnosis Pntrs				Submitted Charges	Units	PA Number
	From	To		1	2	3	4	1	2	3	4			
1	10/01/2018	10/01/2018	H2014	U5				1				45.32	4	Delete or Other Service Info

- Note: Once the service line item is deleted it will be permanently removed from the claim. If the service line was accidentally deleted, the provider will need to re-enter the information following previous instructions.

Submit Claim for Processing

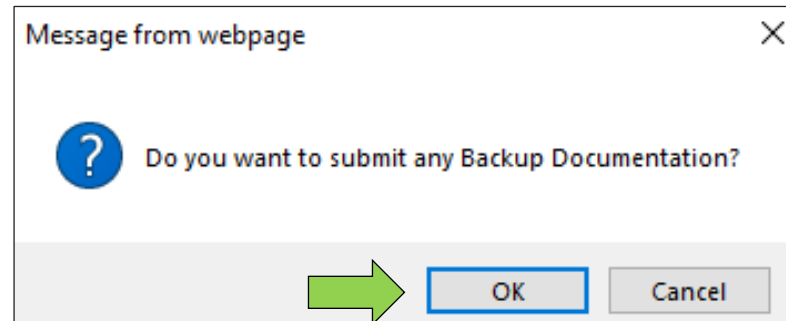
- When the claim is ready for processing, click the **Submit Claim** button at the top of the claim form.



- Note: Make sure the browser **Pop Up Blocker** is **OFF** or the system will not allow the claim to be submitted.

Submit Claim for Processing

- After the **Submit Claim** button is pushed, the following **Pop Up** is displayed:



- Click on the **Cancel** button if no backup is to be sent.

➤ Note: Your program will not require you to send in any backup documentation. Always answer this question **Cancel**.

Submit Claim for Processing

- ProviderOne now displays the **Submitted Professional Claim Detail** screen.
- Click on the **Submit** button to finish submitting the claim.

Submitted Professional Claim Details:

TCN: 201827600015279000

Provider NPI: 1801231717

Client ID: 999999998WA

Date of Service: 10/01/2018-10/01/2018

Total Claim Charge: \$ 22.66

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 !								

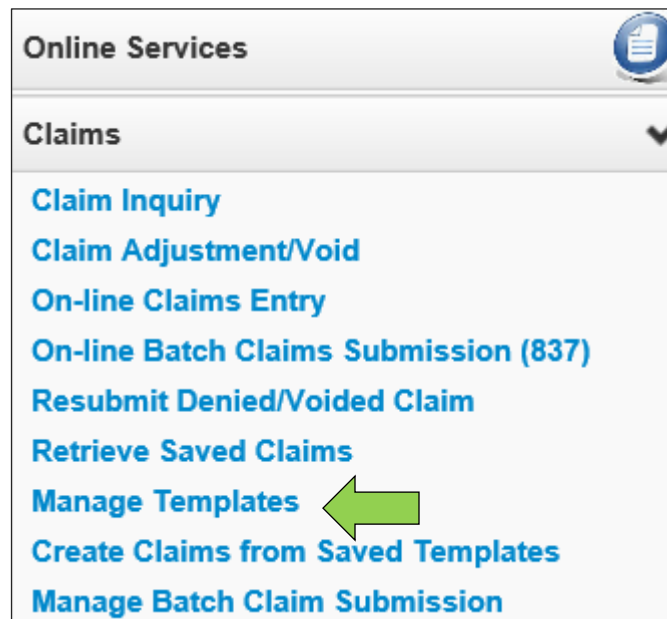
Print

Print Cover Page

Submit

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 displays a web application interface for creating and managing claim templates. At the top, there are 'Close' and 'Add' buttons. A green arrow points to the 'Add' button. 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 section titled 'Claims Template List' with a filter section and a table. The filter section includes 'Filter By' dropdowns and a 'Go' button. 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.

	Template Name	Type	Last Updated By	Last Updated Date
No Records Found !				

Creating a Claim Template

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

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

* Service Date From: mm dd cyy * Service Date To: mm dd cyy

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.

Add Service Line Item
Update Service Line Item

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			

Creating a Claim Template

- Minimum required information to save template shown below:

* Template Name:

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

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

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

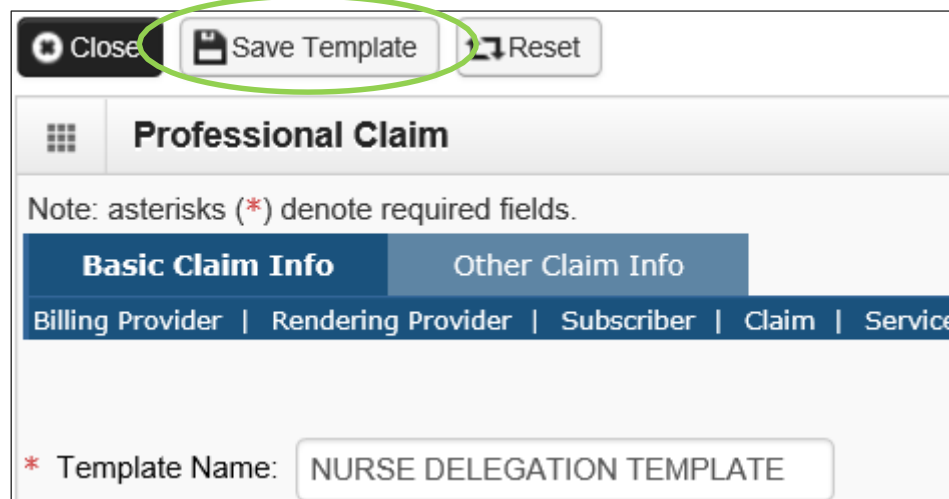
? * Is this a Medicare Crossover Claim? ☐ Yes ☐ No

? * Is this claim accident related? ☐ Yes ☐ No

- Note: You can fill in as much information on the claim form template as long as the minimum information above is entered.

Saving a Claim Template

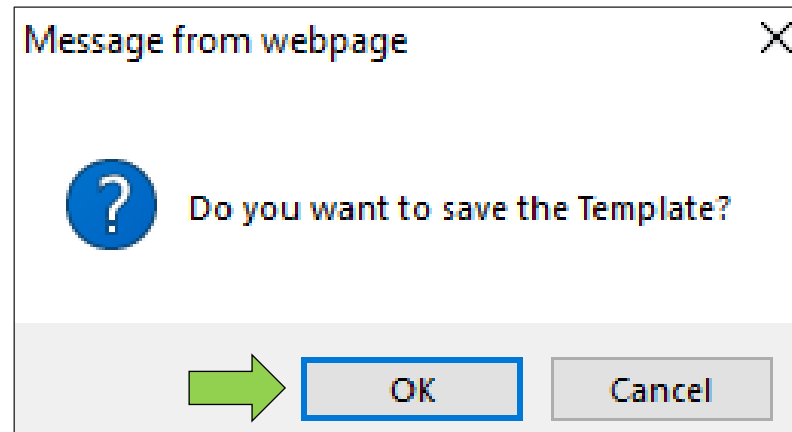
- When done entering information needed, click on the **Save Template** button in the upper left corner.



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 tabbed interface with "Basic Claim Info" and "Other Claim Info" tabs. Under "Basic Claim Info", there are links for "Billing Provider", "Rendering Provider", "Subscriber", "Claim", and "Service". At the bottom, there is a field labeled "* Template Name:" with the text "NURSE DELEGATION 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.



Claim Template List

- After the template is saved, it is listed on the **Claim Template List**.

Create a Claim Template

▲

Type Of Claim: Professional *

Claims Template List

▲

Filter By : And

<input type="checkbox"/>	Template Name ▲▼	Type ▲▼	Last Updated By ▲▼	Last Updated Date ▲▼
<input type="checkbox"/>	NURSE DELEGATION TEMPLATE	Professional	PRU	10/03/2018

View Page: 1
 Viewing Page: 1

Claim Template List

➤ Claim options from the **Claim Template List** are:

- Edit template
- View template
- Delete template
- Save As/Copy template

Close
Add

Create a Claim Template

Type Of Claim: Professional

Edit View Delete SaveAs/Copy Create Batch Create Batch All Auto Batch

Claims Template List

Filter By :
And
Go
Save Filter
My Filters

	Template Name	Type	Last Updated By	Last Updated Date
<input type="checkbox"/>	NURSE DELEGATION TEMPLATE	Professional	PRU	10/03/2018

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

SaveToXLS

Edit Template

- To edit a template, enter a check mark in the box next to the template name.
- Click on the **Edit** button.

Create a Claim Template

▲

Type Of Claim: Professional ▼ *

Claims Template List

▲

Filter By : ▼ And ▼

	Template Name ▲ ▼	Type ▲ ▼	Last Updated By ▲ ▼	Last Updated Date ▲ ▼
<input checked="" type="checkbox"/>	NURSE DELEGATION TEMPLATE	Professional	PRU	10/03/2018

View Page: 1
 Viewing Page: 1

Edit Template

- The claim template will be displayed and will allow changes to be made. Once updated, click on the **Save Template** button in the upper left corner.

The screenshot shows a web application interface for editing a claim template. At the top, there are three buttons: 'Close', 'Save Template' (circled in green), and 'Reset'. Below these is a section titled 'Professional Claim' with a dropdown arrow. A note states: 'Note: asterisks (*) denote required fields.' and a link for 'Billing Instructions' is on the right. The 'Basic Claim Info' tab is selected, showing a breadcrumb trail: 'Billing Provider | Rendering Provider | Subscriber | Claim | Service'. The 'Submitter ID' is 200320900. The 'Template Name' field contains 'NURSE DELEGATION TEMPLATE X'. Below this is the 'PROVIDER INFORMATION' section with a dropdown arrow. A note says: 'Go to Other Claim Info to enter information for Referring, Purchasing, Supervising and other providers.' The 'BILLING PROVIDER' section includes fields for 'Provider NPI' and 'Taxonomy Code'. At the bottom, there 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 'Top' link is in the bottom right corner.

View Template

- To view the template, enter a check mark in the box next to the template name.
- Click on the **View** button.

Close
Add

Create a Claim Template

Type Of Claim: Professional

Edit View Delete SaveAs/Copy Create Batch Create Batch All Auto Batch

Claims Template List

Filter By :
And
Go
Save Filter
My Filters

	Template Name	Type	Last Updated By	Last Updated Date
<input checked="" type="checkbox"/>	NURSE DELEGATION TEMPLATE	Professional	PRU	10/03/2018

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

SaveToXLS

View Template

- The claim template will be displayed and the user can only view what has been entered. No changes will be allowed. Notice the **Save Template** button is not active.

Close
Save Template

Professional Claim

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

Basic Claim Info

Other Claim Info

Billing Provider | Rendering Provider | Subscriber | Claim | Service

Submitter ID: 200320900

* Template Name: NURSE DELEGATION TEMPLATE

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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Delete Template

- To delete a template, enter a check mark in the box next to the template name.
- Click on the **Delete** button.

Close
Add

Create a Claim Template

Type Of Claim: Professional

Edit View **Delete** SaveAs/Copy Create Batch Create Batch All Auto Batch

Claims Template List

Filter By :
And
Go
Save Filter
My Filters

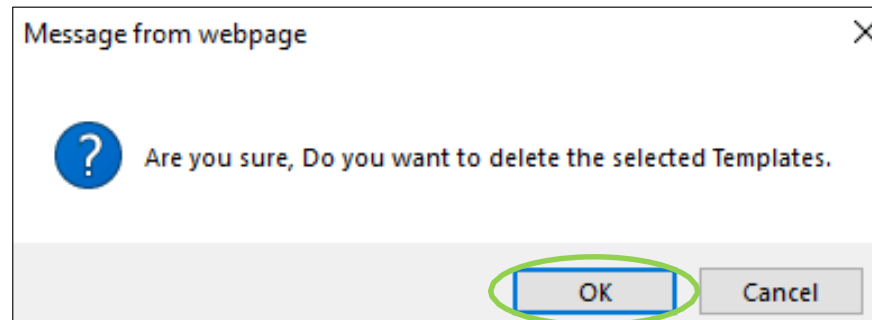
	Template Name	Type	Last Updated By	Last Updated Date
<input checked="" type="checkbox"/>	NURSE DELEGATION TEMPLATE	Professional	PRU	10/03/2018

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

SaveToXLS

Delete Template

- The following pop up will appear. To complete deletion of the template, click on the **OK** button.



- Note: Once the template is deleted, it will be permanently removed from the template list. If the template is deleted accidentally, it will need to be recreated and saved again.

Save As/Copy Template

- You can Save As/Copy a template creating a new template with the same information. Enter a check mark in the box next to the template name.
- Click on the **Save As/Copy** button.

Create a Claim Template

Type Of Claim: Professional ☐ *

Claims Template List

Filter By :

<input type="checkbox"/>	Template Name ▲▼	Type ▲▼	Last Updated By ▲▼	Last Updated Date ▲▼
<input checked="" type="checkbox"/>	NURSE DELEGATION TEMPLATE	Professional	PRU	10/03/2018

View Page: 1 Viewing Page: 1

Save As/Copy Template

- Rename the template.
- Change any other information needed.
- Click on the **Save Template** button in upper left corner.

Close
Save Template
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: 200320900

* Template Name: NURSE DELEGATION TEMPLATE 2

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

Top

Save As/Copy Template

- You now have another template listed in the **Claims Template List**.
- If additional templates need to be created, follow above steps again.

Close
Add

Create a Claim Template

Type Of Claim: Professional

Edit
View
Delete
SaveAs/Copy
Create Batch
Create Batch All
Auto Batch

Claims Template List

Filter By :

Go

Save Filter

My Filters

	Template Name	Type	Last Updated By	Last Updated Date
<input type="checkbox"/>	NURSE DELEGATION TEMPLATE	Professional	PRU	10/03/2018
<input type="checkbox"/>	NURSE DELEGATION TEMPLATE 2	Professional	PRU	10/03/2018

View Page: 1

Go

Page Count

SaveToXLS

Viewing Page: 1

First

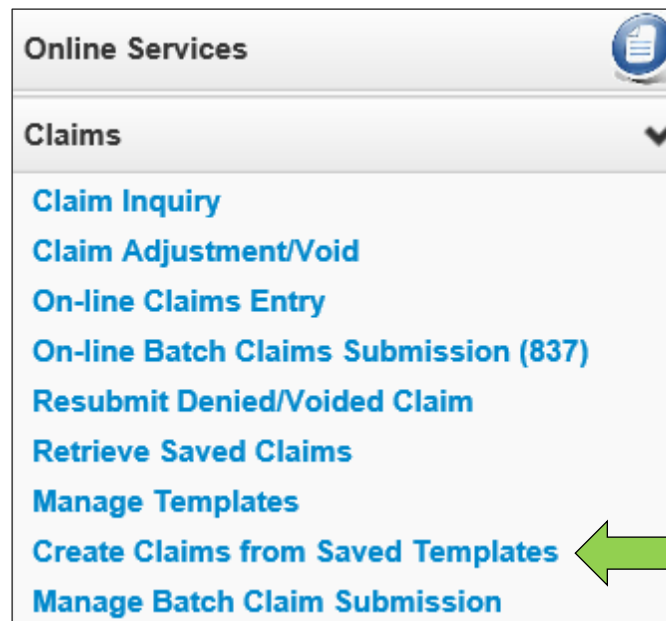
Prev

Next

Last

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 ▲▼
NURSE DELEGATION TEMPLATE	Professional	PRU	10/03/2018
NURSE DELEGATION TEMPLATE 2	Professional	PRU	10/03/2018

View Page: 1
Go
+ Page Count
Viewing Page: 1
<< First
< Prev
Next >
>> Last

SaveToXLS

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 the 'Professional Claim' submission interface. At the top, there are four buttons: 'Close', 'Save Claim', 'Submit Claim' (circled in green), and 'Reset'. Below the buttons is a section titled 'Professional Claim' with a 'Billing Instructions' link. The 'Basic Claim Info' tab is active, showing a 'Billing Provider' tab and a 'Subscriber' tab. The 'Submitter ID' is 200320900. The 'PROVIDER INFORMATION' section is expanded, showing a note to go to 'Other Claim Info' for Referring, Purchasing, Supervising and other providers. The 'BILLING PROVIDER' section contains two required fields: 'Provider NPI' and 'Taxonomy Code'. Below these are two questions: 'Is the Billing Provider also the Rendering Provider?' (Yes/No) and 'Is this service the result of a referral?' (Yes/No).

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: 200320900

PROVIDER INFORMATION

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

BILLING PROVIDER

* Provider NPI: * Taxonomy Code:

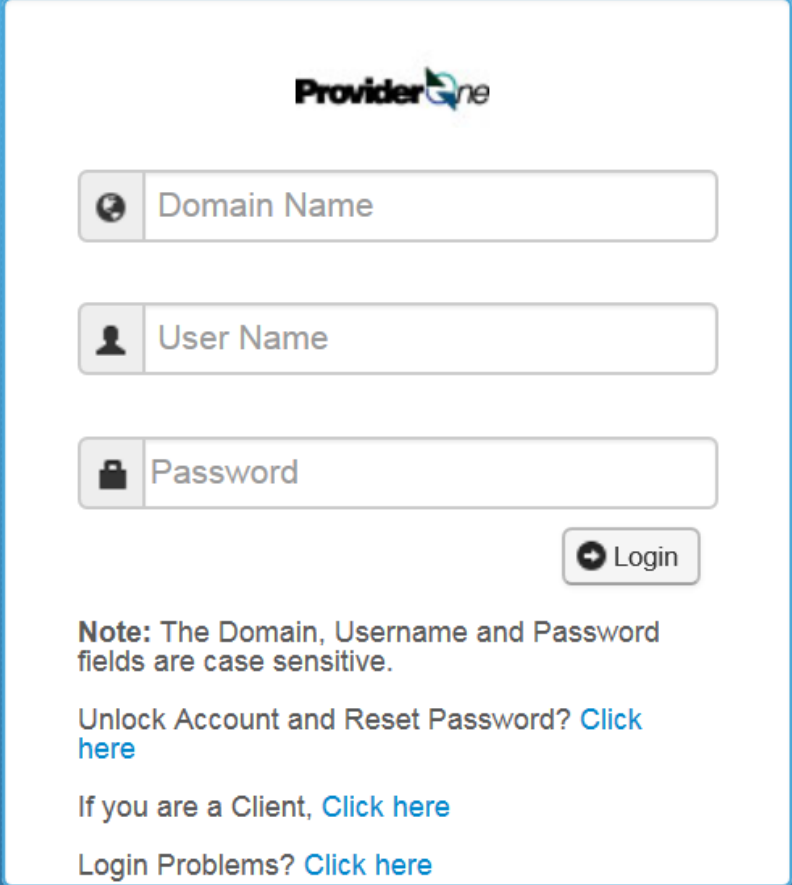
? * Is the Billing Provider also the Rendering Provider? ☒ Yes ☐ No

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

Direct Data Entry Claims (DDE) Pandemic Hazard Pay

Accessing ProviderOne

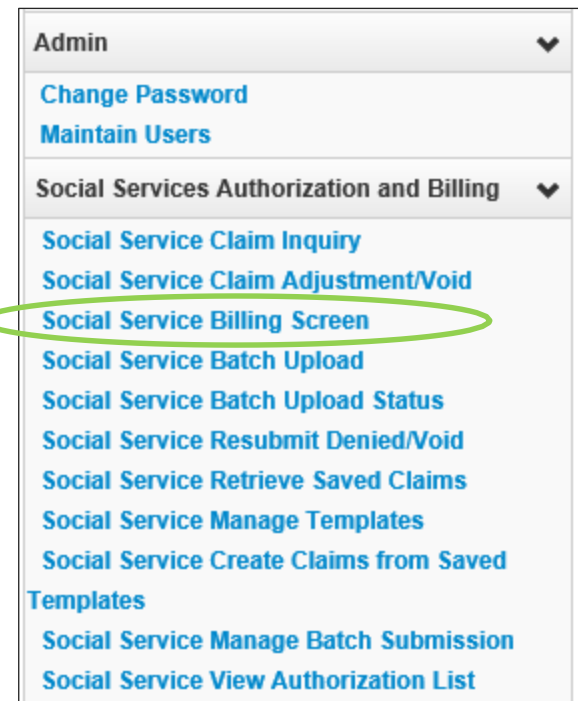
- Use web address
<https://www.waproviderone.org>
- Ensure that your system **Pop Up Blockers** are turned **OFF**.
- Log in using assigned Domain, Username, and Password.
- Click the **Login** button.



The screenshot shows the ProviderOne login interface. At the top is the 'ProviderOne' logo. Below it are three input fields: 'Domain Name' with a globe icon, 'User Name' with a person icon, and 'Password' with a lock icon. To the right of the password field is a 'Login' button with a right-pointing arrow. Below the input fields, there is a note: 'Note: The Domain, Username and Password fields are case sensitive.' followed by two links: 'Unlock Account and Reset Password? Click here' and 'If you are a Client, Click here'. At the bottom, there is another link: 'Login Problems? Click here'.

Social Services Authorizations

- Log in with one of the following profiles:
 - **EXT Provider Super User**
 - **EXT Provider Social Services**
 - **EXT Provider Social Services Medical**
- Click on **Social Services Billing Screen** under the **Social Services Authorization and Billing** heading.



Direct Data Entry Claims (DDE)

Close
Save Claim
Submit Claim
Reset

Social Service Billing Screen

Note: asterisks (*) denote required fields.

Basic Claim Info

Billing Provider | Subscriber | Claim | Service

**Claimform
for Pandemic
Hazard Pay**

Billing Instructions

Submitter ID: 2003209

PROVIDER INFORMATION

BILLING PROVIDER

* Provider ID:

SUBSCRIBER/CLIENT INFORMATION

SUBSCRIBER/CLIENT

* Client ID:

CLAIM INFORMATION

1. * Authorization Number:

BASIC LINE ITEM INFORMATION

BASIC SERVICE LINE ITEMS

* Service Date From: mm dd cyy

* Service Code:

Patient Account No:

* Service Date To: mm dd cyy

Modifiers: 1: 2: 3: 4:

* Units:

ELECTRONIC VISIT VERIFICATION (EVV) ITEMS

Add Service Line Item
Update Service Line Item

Previously Entered Line Item Information

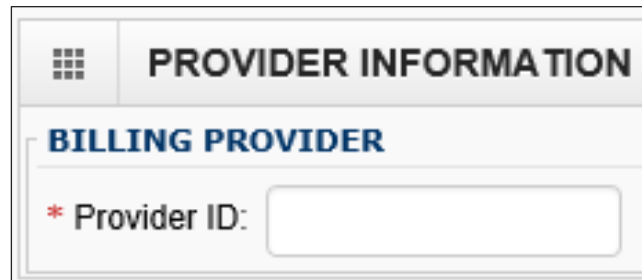
Click a Line No. below to view/update that Line Item Information.

Line No	Service Dates	Service Code	Modifiers	Units
	From	To	1 2 3 4	

Total Charges Submitting: \$ 0.00

Billing Provider Information


- Enter the 9-digit **Provider ID** that is provided on the authorization screen.



The screenshot shows a web form titled "PROVIDER INFORMATION" with a grid icon on the left. Below the title is a section labeled "BILLING PROVIDER". Inside this section, there is a label "* Provider ID:" followed by a text input field.

Subscriber/Client Information

- Enter the **Subscriber/Client ID** found on the ProviderOne medical card. This ID is a 9 digit number followed by a **WA**.
 - Example: 123456789WA

	SUBSCRIBER/CLIENT INFORMATION
SUBSCRIBER/CLIENT	
* Client ID:	<input type="text"/>

Claim Information

- Enter the **Authorization Number** that has been assigned to the client found on the authorization screen.

CLAIM INFORMATION	
1. *	Authorization Number: <input type="text"/>

Basic Service Line Items

BASIC LINE ITEM INFORMATION

BASIC SERVICE LINE ITEMS

mm dd ccyy

*Service Date From:

*Service Code:

Patient Account No:

mm dd ccyy

*Service Date To:

Modifiers: 1: 2: 3: 4:

*Units:

+ ELECTRONIC VISIT VERIFICATION (EVV) ITEMS

Add Service Line Item

Update Service Line Item

Previously Entered Line Item Information

Click a Line No. below to view/update that Line Item Information.

Total Charges Submitting: \$ 0.00

Line Service Dates		Service Code	Modifiers				Units
No	From To		1	2	3	4	

➤ Note: Next slides show each question individually.

Basic Service Line Items

➤ Enter the **From Service Date**

	mm	dd	ccyy
* Service Date From:	<input type="text"/>	<input type="text"/>	<input type="text"/>

➤ Enter the **To Service Date**

	mm	dd	ccyy
* Service Date To:	<input type="text"/>	<input type="text"/>	<input type="text"/>

➤ Note: The dates of service must be in the format of 2-digit month, 2-digit day, and 4-digit year, for example 01/01/2022.

Basic Service Line Items

- Enter the **Procedure Code**. Your only procedure code will be SA019. The authorization form will show this procedure code.

* Service Code:	<input type="text" value="SA019"/>
-----------------	------------------------------------

Basic Service Line Items

- Enter modifier **U4**. Your only modifier will be U4. The authorization form will show this modifier.

Modifiers: 1:	<input type="text" value="U4"/>	2:	<input type="text"/>	3:	<input type="text"/>	4:	<input type="text"/>
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Basic Service Line Items

- The **Patient Account No** is not required to be filled out.

Patient Account No:

Basic Service Line Items

- Enter procedure **Units**. The units for this billing are in 15-minute unit increments.

* Units:

➤ Note: At least 1 unit is required.

Basic Service Line Items

- The **Electronic Visit Verification (EVV) Items** expander is not required for these claims.

 **ELECTRONIC VISIT VERIFICATION (EVV) ITEMS**

Add Service Line Items

- Click on the **Add Service Line Item** button to list the procedure line on the claim.

Previously Entered Line Item Information

Click a Line No. below to view/update that Line Item Information. Total Charges Submitting: \$ 6.90

Line No	Service Dates		Service Code	Modifiers				Units	
	From	To		1	2	3	4		
1	12/01/2020	12/01/2020	SA019	U4				10	Delete

- Note: Please ensure all necessary claim information has been entered before clicking the **“Add Service Line Item”** button to add the service line to the claim.

- Note: Once the procedure line item is added, ProviderOne will refresh and return to the top of the claim form.

Add Additional Service Line Items

- If additional service lines need to be added, click on the **Service** hyperlink at the top of the page to get quickly back to the **Basic Service Line Items** section.

The screenshot shows a web application interface for 'Social Service Billing Screen'. At the top, there are four buttons: 'Close' (with a star icon), 'Save Claim' (with a floppy disk icon), 'Submit Claim' (with a checkmark icon), and 'Reset' (with a circular arrow icon). Below these buttons is a header bar with a grid icon and the title 'Social Service Billing Screen'. A note below the header states: 'Note: asterisks (*) denote required fields.' Underneath the note is a blue bar labeled 'Basic Claim Info'. At the bottom, there is a dark blue navigation bar with four links: 'Billing Provider', 'Subscriber', 'Claim', and 'Service'.

- Follow the same procedure as outlined on previous slides for entering data for each line.

Update Service Line Items

- Update a previously added service line item by clicking on the line number highlighted in blue, for the line that needs to be updated. This will repopulate the service line item boxes for changes to be made.

Previously Entered Line Item Information

Click a Line No. below to view/update that Line Item Information. Total Charges Submitting: \$ 6.90

Line No	Service Dates		Service Code	Modifiers				Units	
	From	To		1	2	3	4		
1	12/01/2020	12/01/2020	SA019	U4				10	Delete

- Note: Once the line number is chosen, ProviderOne will refresh the screen and return to the top of the claim form. Use the **Service** hyperlink to quickly return to the service line item boxes and make corrections.

Update Service Line Items

- Once the service line is corrected, click on the **Update Service Line Item** button to add corrected information on the claim.

Previously Entered Line Item Information

Click a Line No. below to view/update that Line Item Information. Total Charges Submitting: \$ 6.90

Line No	Service Dates		Service Code	Modifiers				Units	
	From	To		1	2	3	4		
1	12/01/2020	12/01/2020	SA019	U4				10	Delete

- Note: Once the **Update Service Line Item** button is chosen, ProviderOne will refresh the screen and return to the top of the claim form. Use the **Service** hyperlink to quickly return to the service line item section to view and verify that changes were completed.

Delete Service Line Items

- A service line can easily be deleted from the claim before submission by clicking on the **Delete** option at the end of the added service line.

Previously Entered Line Item Information

Click a Line No. below to view/update that Line Item Information. Total Charges Submitting: \$ 6.90

Line No	Service Dates		Service Code	Modifiers				Units	
	From	To		1	2	3	4		
1	12/01/2020	12/01/2020	SA019	U4				10	Delete

- **Note:** Once the service line item is deleted it will be permanently removed from the claim. If the service line was accidentally deleted, the provider will need to re-enter the information following previous instructions.

Submit Claim for Processing

- When the claim is ready for processing, click the **Submit Claim** button at the top of the claim form.



- Note: Make sure the browser **Pop Up Blocker** is **OFF** or the system will not allow the claim to be submitted.

Submit Claim for Processing

- ProviderOne now displays the **Submitted Professional Claim Detail** screen.
- Click on the **Submit** button to finish submitting the claim.

Submitted Social Service Claim Details:

TCN: 552203400019602000

Provider ID: 200320901

Client ID: 999999998WA

Date of Service: 01/06/2022-01/06/2022

Total Claim Charge: \$ 16.56

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 Details

Print Cover Page

Submit

WARNING: You must click the 'Submit' button to complete the Claim Submission

- This concludes the presentation for social service claim submission and template creation in ProviderOne for Nurse Delegators.
- If you have any further questions or need additional training please contact:
 - WA State Health Care Authority Medical Assistance Customer Service Center at 800-562-3022; or
 - Use the [Contact us email](#); or
 - Email providerrelations@hca.wa.gov