



# SSPS ProviderOne Claim Submission and Creating Templates

Date: 2014

# Accessing ProviderOne

- Before logging into ProviderOne:
  - ✓ Make sure you are using Microsoft Internet Explorer version 6.0 and above
  - ✓ Pop Up Blocker should be turned “OFF”
  - ✓ You are using a PC (MACs are not supported by ProviderOne)

# Manage Profiles

# Accessing ProviderOne


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



The screenshot shows the ProviderOne login interface. At the top, there is a header with the "ProviderOne" logo on the left and a "Home" link on the right. Below the header is a light blue banner containing a question mark icon. The main login area has a dark blue background. It features three white input fields labeled "Domain:", "Username:", and "Password:". Below these fields is a yellow "Login" button. At the bottom of the page, there are three links: "To Reset Password, Click here", "If you are a Client, Click here", and "Creating new Session, Click here".

# Determine What Profile to Use

Welcome  
to the  
Medicaid Management Information System  
for



Select a profile to use during this session:

EXT Provider Social Services Medical \* Go

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

- For updating profiles use the following profile:
  - ✓ **EXT Provider System Administrator** (only for setting up and updating user files)

# How to add system profiles

- Click on **"Maintain Users"** from the Provider Portal
- The system will display the **"User List"** screen
- Click on the **"Name"** of the person to be updated

Provider	Hide/Max
Provider Inquiry	
Manage Provider Information	
Initiate New Enrollment	
Track Application	
HIPAA	Hide/Max
Submit HIPAA Batch Transaction	
Retrieve HIPAA Batch Responses	
Admin	Hide/Max
Change Password	
Maintain Users	

CloseAddApproveReject

Manage Users

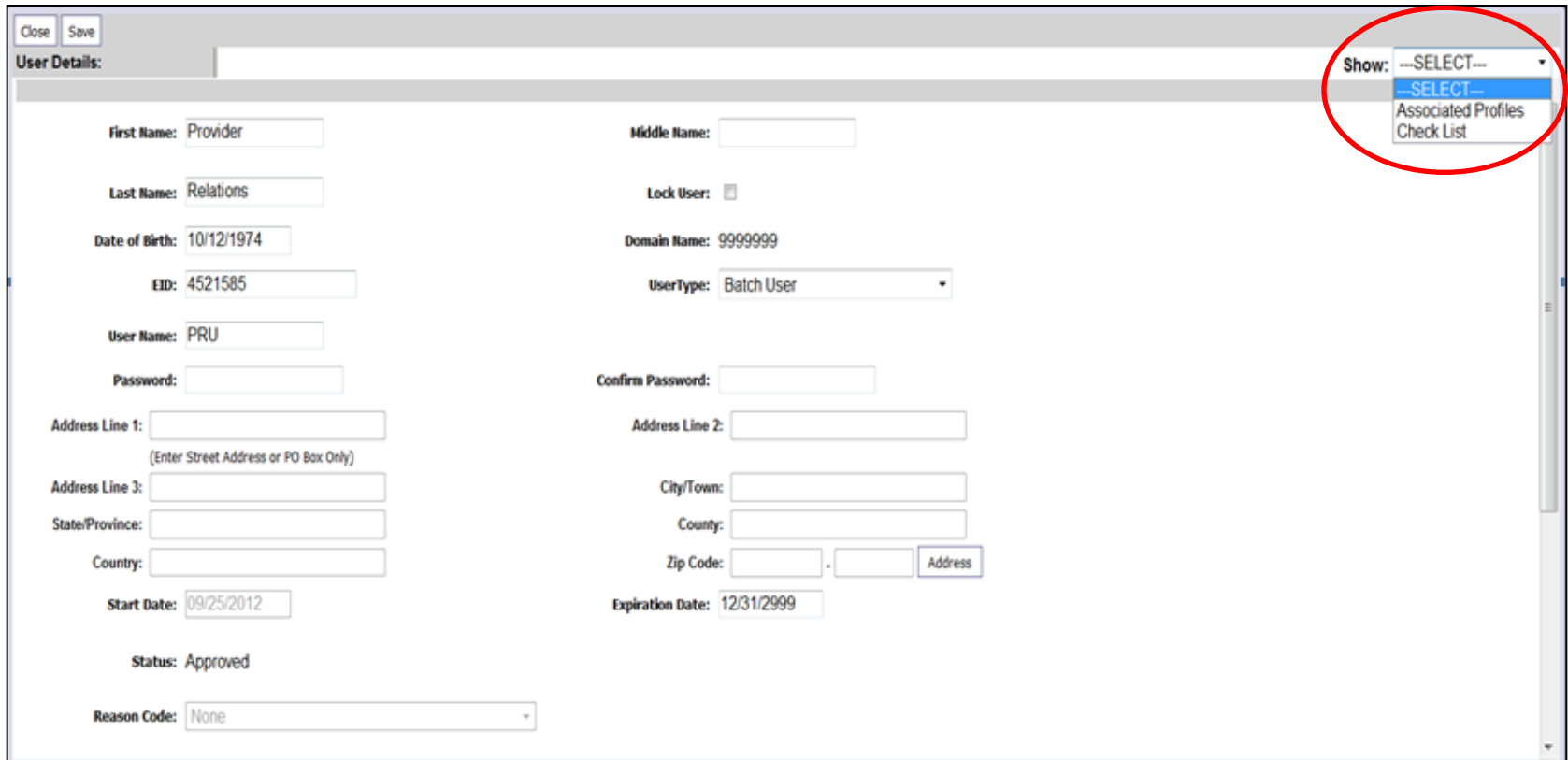
Filter By: And: With Status: Go

<input type="checkbox"/>	Name ▲ ▼	Domain Name ▲ ▼	Organization ▲ ▼	Status ▲ ▼	Start Date ▲ ▼	End Date ▲ ▼	LastName ▲ ▼
<input type="checkbox"/>	Relations, Provider	9999999	Test FAOI	Approved	09/25/2012	12/31/2999	Relations
<input type="checkbox"/>	Relations, Provider	9999999	Test FAOI	Rejected	11/28/2012	12/31/2999	Relations

<<PrevViewing Page 1Next>>1GoPage CountSaveToXLS

# How to add system profiles

- The **"User Details"** page is displayed.
- Choose **"Associated Profiles"** from the **"Show"** Menu dropdown



The screenshot shows the 'User Details' page with a 'Show' dropdown menu open in the top right corner. The dropdown menu has three options: '---SELECT---', 'Associated Profiles', and 'Check List'. The 'Associated Profiles' option is highlighted in blue. The 'User Details' page contains various input fields for user information, including First Name, Last Name, Date of Birth, EID, User Name, Password, Address Line 1, Address Line 2, City/Town, County, Zip Code, Start Date, Expiration Date, Status, and Reason Code. The 'Show' dropdown menu is circled in red.

Close Save

User Details:

First Name: Provider Middle Name:

Last Name: Relations Lock User: ☐

Date of Birth: 10/12/1974 Domain Name: 9999999

EID: 4521585 UserType: Batch User

User Name: PRU

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: 09/25/2012 Expiration Date: 12/31/2999


Status: Approved

Reason Code: None

Show: ---SELECT---  
---SELECT---  
Associated Profiles  
Check List

# How to add system profiles



- The “**Manage User Profiles**” page is displayed
- Choose “**Add**” from the upper left corner



Close Add Approve Reject

Manage User Profiles Show: ---SELECT---

Filter By: With Status: All Go

	Name ▲ ▼	Description ▲ ▼	Start Date ▲ ▼	End Date ▲ ▼	Status ▲ ▼
	EXT Limited Provider Social Services	EXT Limited Provider Social Se...	11/14/2014	12/31/2999	Approved
	EXT Provider Claims Payment Status Checker	EXT Provider Claims Payment St...	08/02/2013	12/31/2999	Approved



# How to add system profiles

- Choose the **"EXT Provider Social Services Medical"** profile from **"Available Profiles"** list
- Use arrows to move selected profile to the **"Associated Profiles"**
- Click on the **"OK"** button in lower right corner

**Add New Profiles to User:**

**User Name:** user,test

**Start Date:** \* 12/08/2014      **End Date:** \* 12/31/2999

Available Profiles		Associated Profiles
EXT Limited Provider Social Services	➤ ≡ ➤	EXT Provider Social Services Medical
EXT Provider Claims Payment Status Checker		
EXT Provider Claims Submitter		
EXT Provider Download Files		
EXT Provider EHR Administrator		
EXT Provider Eligibility Checker		
EXT Provider File Maintenance		
EXT Provider File View Only		
EXT Provider Managed Care Only		
EXT Provider Social Services		

OK Cancel

# How to add system profiles

- The **"Manage User Details"** page is displayed with the new added profile showing as **"In Review"**
- Check the box on the **"In Review"** profile and select the **"Approve"** button in the upper left

Manage User Profiles

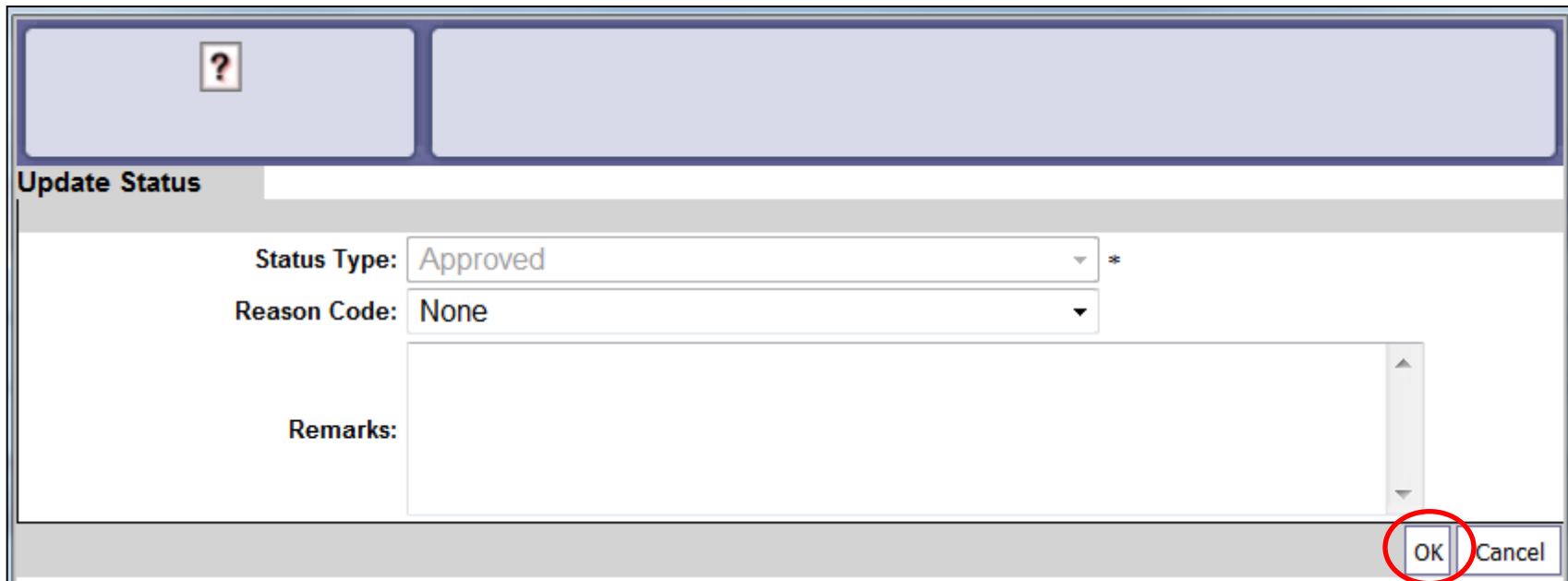
Show: ---SELECT---

Filter By:  With Status: All

<input type="checkbox"/>	Name ▲▼	Description ▲▼	Start Date ▲▼	End Date ▲▼	Status ▲▼
<input type="checkbox"/>	EXT Provider Eligibility Checker-Claims Submitter	EXT Provider Eligibility Check...	08/27/2013	12/31/2999	Approved
<input checked="" type="checkbox"/>	EXT Provider Social Services Medical	EXT Provider Social Services M...	12/08/2014	12/31/2999	In Review
<input type="checkbox"/>	EXT Provider Upload and Download Files	EXT Provider Upload and Downlo...	08/27/2013	12/31/2999	Approved

# How to add system profiles

- Click on the **"OK"** button from screen that is displayed to approve the profile
- No remark is needed



Update Status

Status Type:  \*

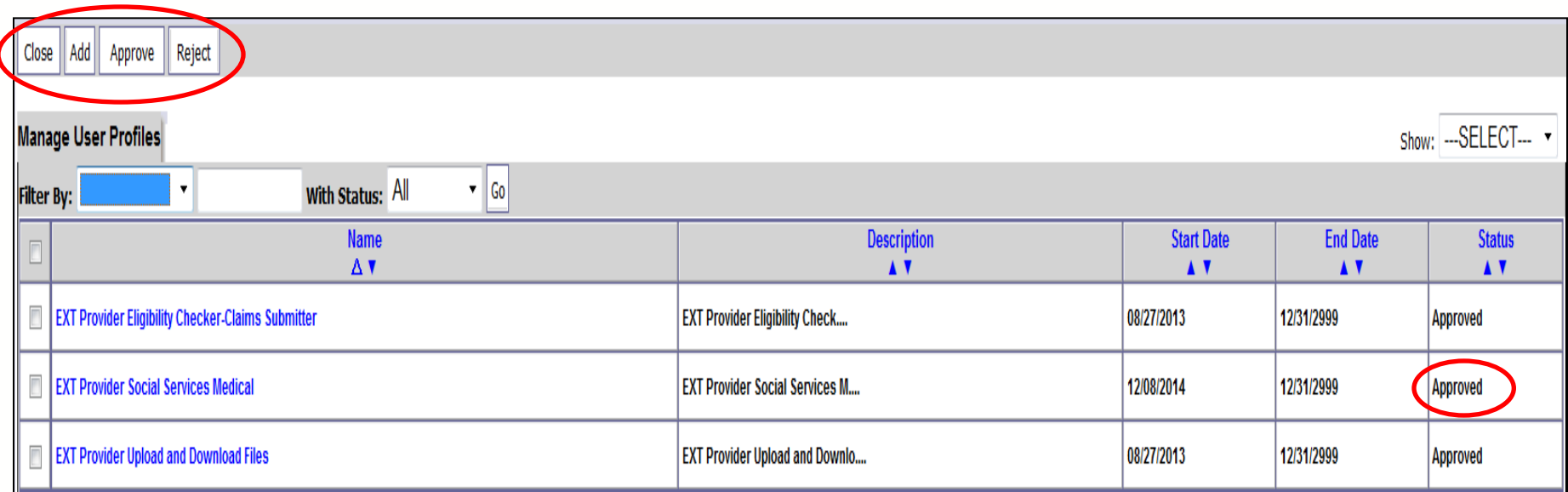
Reason Code:

Remarks:

OK Cancel

# How to add system profiles

- The **"Manage User Details"** page is displayed with the new added profile showing as **"Approved"**
- Click on the **"Close"** button in the upper left of screen



Close Add Approve Reject

Manage User Profiles Show: ---SELECT---

Filter By:  With Status: All Go

	Name ▲ ▼	Description ▲ ▼	Start Date ▲ ▼	End Date ▲ ▼	Status ▲ ▼
<input type="checkbox"/>	EXT Provider Eligibility Checker-Claims Submitter	EXT Provider Eligibility Check....	08/27/2013	12/31/2999	Approved
<input type="checkbox"/>	EXT Provider Social Services Medical	EXT Provider Social Services M....	12/08/2014	12/31/2999	Approved
<input type="checkbox"/>	EXT Provider Upload and Download Files	EXT Provider Upload and Downlo....	08/27/2013	12/31/2999	Approved

# How to add system profiles

- The “**User Details**” page is displayed
- Click on the “**Doorway Icon**” to logoff. You need to log back in to allow the update to take effect.

Path: [Provider Portal/ UserList/ UserDetails](#)  
User Login Id: user Name: user,test

Close Save

User Details: Show: ---SELECT---

First Name: test Middle Name:

Last Name: user Lock User: ☐

Date of Birth: 01/01/2013 Domain Name: 9999999

EID: 12345678 UserType: Batch User

User Name: user Password:

Confirm Password:

Address Line 1: PO BOX 45560 Address Line 2:

(Enter Street Address or PO Box Only)

Address Line 3:

City/Town: OLYMPIA

State/Province: WASHINGTON County: THURSTON

Country: UNITED STATES Zip Code: 98504 - 5560 Address

Start Date: 08/27/2013 Expiration Date: 12/31/2999

Status: Approved

# Direct Data Entry Claims (DDE)

# After this training, you can:

- Submit individual ProviderOne Direct Data Entry (DDE) claims
- Create and save claim templates
- Submit claim templates as claims through the ProviderOne Direct Data Entry (DDE) system

# Direct Data Entry Claims (DDE)

- ProviderOne allows providers to enter claims directly into the payment system
- All claim types can be submitted through the DDE system
  - ✓ Professional (CMS 1500)



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Select a profile to use during this session:

EXT Provider Social Services Medical \* Go

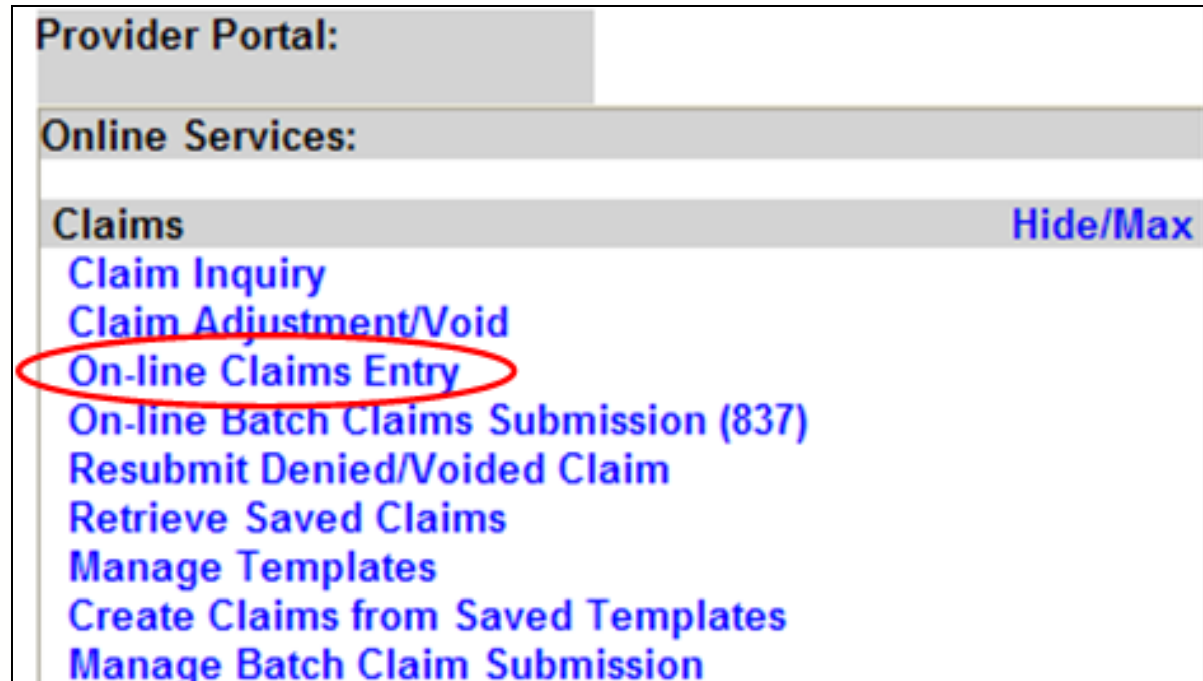
- EXT Provider Social Services Medical
- EXT Provider Super User
- EXT Provider System Administrator

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)

# Direct Data Entry Claims (DDE)

- 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

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. 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 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 Top

+ **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**

❖ Screen shot of first half of claim form

# Direct Data Entry Claims (DDE)

**?** \* 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:

Top

---

**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:

\* Submitted Charges: \$

\* Units:

Modifiers: 1:  2:  3:  4:

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

**+ 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.

❖ Screen shot of second half of claim form

# Billing Provider Information

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

**Professional Claim:**

Note: asterisks (\*) denote required fields.

**Basic Claim Info** | Other Claim Info

Billing Provider | Rendering Provider | Subscriber | Claim | Service

---

**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

- Note: Questions to be answered in section one 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: This taxonomy code 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**

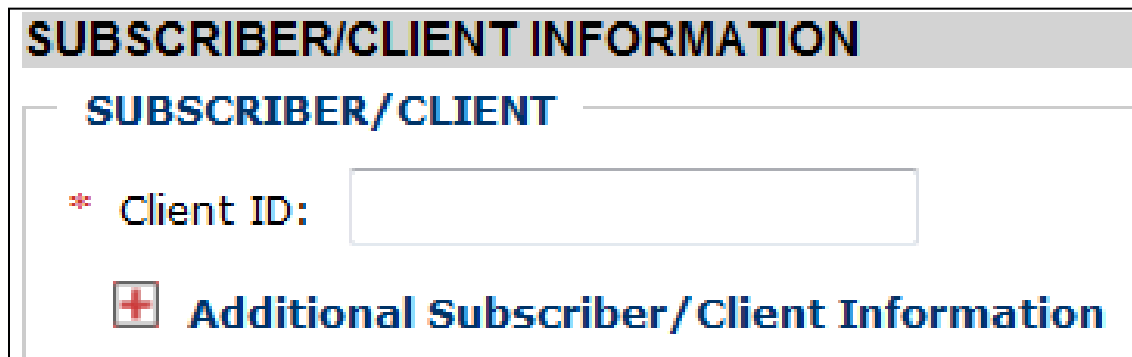
SUBSCRIBER/CLIENT INFORMATION	
<b>SUBSCRIBER/CLIENT</b>	
* Client ID: <input type="text"/>	
+ <b>Additional Subscriber/Client Information</b>	
? Is this claim for a Baby on Mom's Client ID?	<input type="radio"/> Yes <input type="radio"/> No
? * Is this a Medicare Crossover Claim?	<input type="radio"/>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

➤ Note: Questions to be answered in section two 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



The screenshot shows a web form titled "SUBSCRIBER/CLIENT INFORMATION" in a grey header. Below the header, the text "SUBSCRIBER/CLIENT" is displayed in blue. Underneath, there is a red asterisk followed by the label "Client ID:" and an empty text input box. At the bottom of the form, there is a red square icon containing a white plus sign, followed by the text "Additional Subscriber/Client Information" in blue.

- 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 INFORMATION**

**SUBSCRIBER/CLIENT**

\* Client ID:

☐ **Additional Subscriber/Client Information**

\* Org/Last Name:  First Name:


\* Date of Birth:  mm  dd  ccyy \* Gender:  

Date of Death:  mm  dd  ccyy Patient Weight:  lbs

Patient is pregnant: ☐ Yes ☐ No

# Baby on Mom's Client ID

➤ Answer this question **"NO"**

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

# Medicare Crossover Claim

- This question should be answered **“NO”**



\* Is this a Medicare Crossover Claim?



Yes



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**

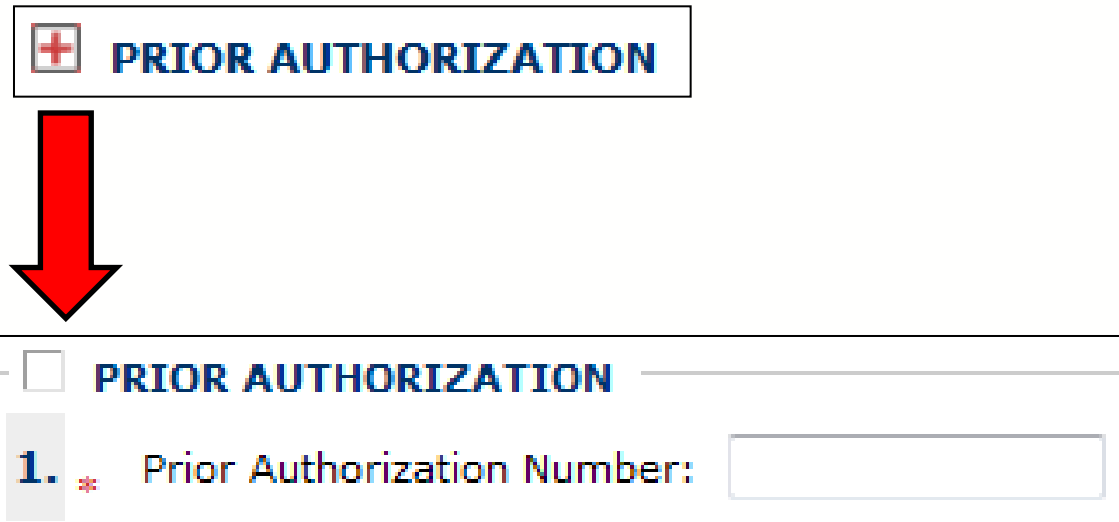
Diagnosis Codes: \* 1:  2:  3:  4:  5:  6:   
7:  8:  9:  10:  11:  12:

- Note: Questions to be answered in section three 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



The diagram illustrates the process of expanding a form field. At the top, a collapsed box contains a red square icon with a white plus sign and the text "PRIOR AUTHORIZATION". A large red arrow points down to an expanded version of the same box. The expanded box has a minus sign icon in the top left corner and contains a numbered list item "1." followed by the text "Prior Authorization Number:" and an empty input field.

☐ PRIOR AUTHORIZATION

1. \* Prior Authorization Number:

# Claim Note

- This red “+” expander is not needed for your billing



# EPSDT Information

- This red “+” expander is not needed for your billing





# Condition Information

- This red “+” expander is not needed for your billing



# 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?	<input type="radio"/> Yes	<input checked="" type="radio"/> 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



**Additional Claim Data**



# Diagnosis Codes

- Enter the appropriate ICD-9 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, Ambulance Transport, Line Item Note, Other Payer, Spinal Manipulations, Purchased Services and Line Adjudication.

**BASIC SERVICE LINE ITEMS**

Service Date From: mm dd cyyy

Service Date To: mm dd cyyy

Place of Service:

Procedure Code:

Submitted Charges: \$

Units:

Modifiers: 1:  2:  3:  4:

Diagnosis Pointers: 1:  2:  3:  4:

☐ Medicare Crossover Items

National Drug Code:

☐ Drug Identification

☐ Prior Authorization

☐ Additional Service Line Information

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

Previously Entered Line Item Information

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

Total Submitted Charges: \$

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

- Note: Questions to be answered in section four of the claim form. 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 10/03/2011.

# Basic Service Line Items

- **Optional** “Place of Service Code” (Not required here as already entered)

Place of Service:  

- Note: Use the “Blue Arrow” drop down 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
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# Basic Service Line Items

- Enter the “**Procedure Code**”. Your only Procedure code will be H2014. The authorization form will have the code to bill.

⌘ Procedure Code:	H2014
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- Note: Your only procedure code will be H2014. The authorization form will show this procedure code.

# Basic Service Line Items

- Enter **Modifier “U5”** - this modifier will be used on all your billing

Modifiers:	1: <input type="text" value="U5"/>	2: <input type="text"/>	3: <input type="text"/>	4: <input type="text"/>
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- Note: Your only modifier will be U5. The authorization form will show this modifier.

# 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.

# 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 into box "1"



# Basic Service Line Items


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

* Units:	<input type="text"/>
----------	----------------------


- 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:

 Drug Identification

 Prior Authorization

← Already entered

 Additional Service Line Information

# Add Service Line Items

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

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: \$ 32.00

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	12/01/2014	12/01/2014	H2014	U5				1				32.00	4		<a href="#">Delete or Other Service Info</a>

- 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.

Close Save Template Reset

**Professional Claim:**

Note: asterisks (\*) denote required fields.

Basic Claim Info Other Claim Info

Billing Provider | Rendering Provider | Subscriber | Claim | **Service**

- Then follow the same procedure as outlined above for entering data for each line.

# Update Service Line Items

- Update a previously added service line item by clicking on the line number of 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: \$ 32.00

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	12/01/2014	12/01/2014	H2014	U5				1				32.00	4		<a href="#">Delete or Other Service Info</a>

- 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.

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: \$ 32.00

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	12/01/2014	12/01/2014	H2014	U5				1				32.00	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.

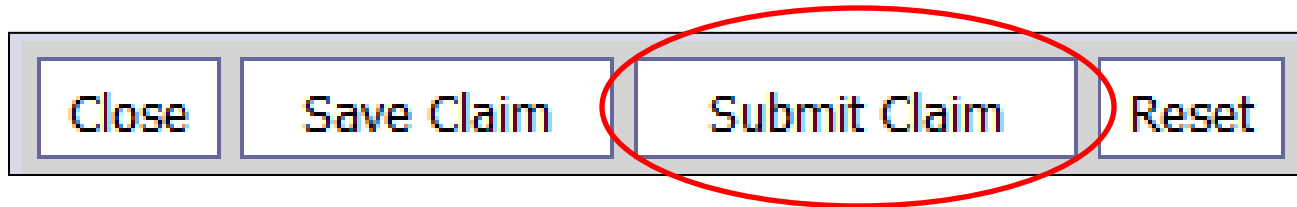
Total Submitted Charges: \$ 32.00

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	12/01/2014	12/01/2014	H2014	U5				1				32.00	4		<a href="#">Delete or Other Service Info</a>

- 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.

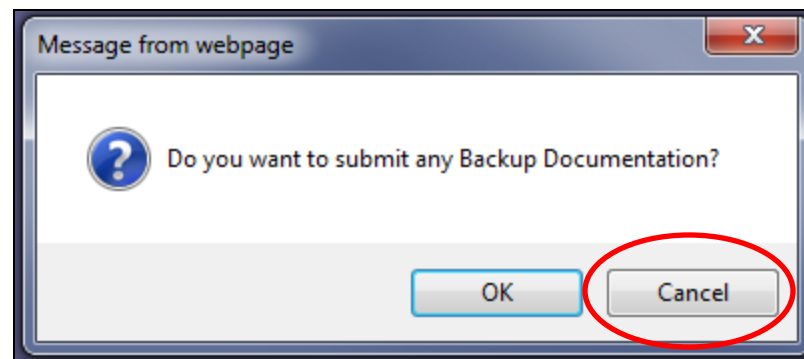


- Note: Make sure the browser **“Pop Up Blocker”** is **OFF** or the system will not allow the claim to be submitted.



# 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 **"OK"** button to finish submitting the claim

**Submitted Professional Claim Details:**


TCN: 201434300000003000  
Provider NPI: 1598858094  
Client ID: 200814953WA  
Date of Service: 12/01/2014-12/01/2014  
Total Claim Charge: \$ 30.00

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

**Attachment List:**

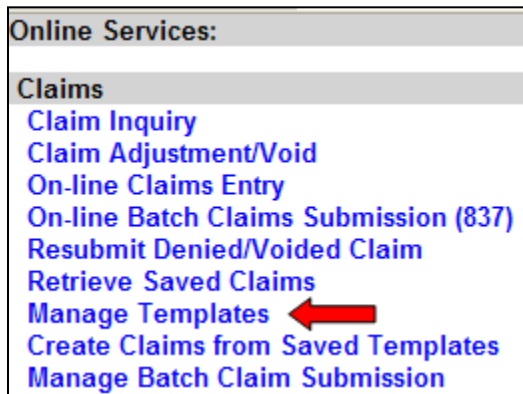
	Line No	File Name	Attachment Type	Transmission Code	Attachment Control #	File Size	Delete	Uploaded On
	▲ ▼	▲ ▼	▲ ▼	▲ ▼	▲ ▼	▲ ▼	▲ ▼	▲ ▼
No Records Found !								

**WARNING: You must click the "OK" button to complete the claims submission**



# Creating a Claim Template

- ProviderOne allows creating and saving templates



- ✓ Log into ProviderOne
- ✓ Click on the **"Manage Templates"** hyperlink

# Creating a Claim Template

- At the Create a Claim Template and list screen, click the **"Type of Claim"** option
- Click the **"ADD"** button to bring up the claim template form

The screenshot shows a web application interface for creating a claim template. At the top left, there are 'Close' and 'Add' buttons. A red arrow points to the 'Add' button. Below this is a section titled 'Create a Claim Template'. Under this section, there is a 'Type Of Claim' dropdown menu with 'Professional' selected. A red oval highlights this dropdown. Below the dropdown is a 'Claims Template List' section. This section contains a toolbar with buttons: 'Edit', 'View', 'Delete', 'SaveAs/Copy', 'Create Batch', 'Create Batch All', and 'Auto Batch'. Below the toolbar is a 'Filter By' section with two dropdown menus and a 'Go' button. Below the filter section is a table with four columns: 'Template Name', 'Type', 'Last Updated By', and 'Last Updated Date'. Each column has a small triangle icon below it. At the bottom of the page, there is a pagination bar with '<< Prev', 'Viewing Page 1', 'Next >>', '2', 'Go', 'Page Count', and 'SaveToXLS'.

- Note: You will want to make sure that the **"Type of Claim"** is always **"Professional"**.

# Creating a Claim Template

- Same claim 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**

First Half

? \* 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 No and Line Adjudication.

**BASIC SERVICE LINE ITEMS**

\* Service Date From:  mm  dd  ccyy \* Service Date To:  mm  dd  ccyy

Place of Service:

\* Procedure Code:

\* Submitted Charges: \$

\* Units:

Modifiers: 1:  2:  3:  4:

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

+ **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 No	Service Dates	Proc Code	Modifiers	Diagnosis Ptrs	Submitted Charges	Units	PA Number
	From	To	1 2 3 4	1 2 3 4			

Second Half

# 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

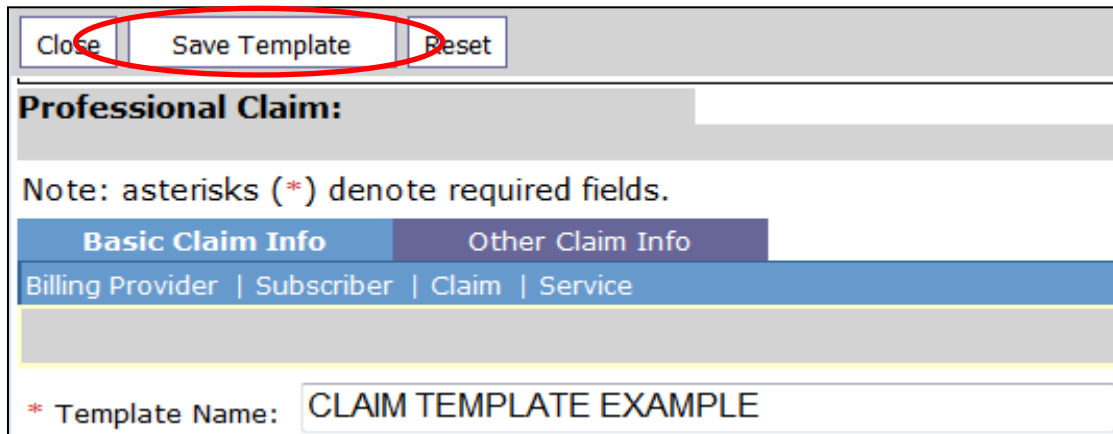
? \* Is this a Medicare Crossover Claim? ☐ Yes ☐ No

? \* 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

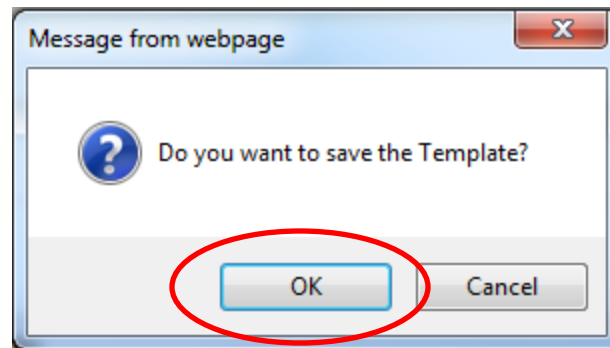
- When done entering information needed, click on the **"Save Template"** button in the upper left corner



The screenshot shows a web interface for saving a claim template. At the top, there is a header bar with three buttons: "Close", "Save Template", and "Reset". The "Save Template" button is circled in red. Below the header, the text "Professional Claim:" is displayed. A note states: "Note: asterisks (\*) denote required fields." Below the note, there are two tabs: "Basic Claim Info" (selected) and "Other Claim Info". Under the "Basic Claim Info" tab, there are four sub-tabs: "Billing Provider", "Subscriber", "Claim", and "Service". Below these sub-tabs, there is a text input field labeled "\* Template Name:" with the value "CLAIM TEMPLATE EXAMPLE".

# 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**”

Close Add

Create a Claim Template

Type Of Claim: Professional \*

Claims Template List

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

Filter By:  And  Go

	Template Name ▲▼	Type ▲▼	Last Updated By ▲▼	Last Updated Date ▲▼
<input type="checkbox"/>	CLAIM TEMPLATE EXAMPLE	Professional	PRU	12/09/2014

<< Prev Viewing Page 1 Next >> 2 Go Page Count SaveToXLS

# 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

Claims Template List

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

Filter By:   And   Go

<input type="checkbox"/>	Template Name ▲ ▼	Type ▲ ▼	Last Updated By ▲ ▼	Last Updated Date ▲ ▼
<input type="checkbox"/>	CLAIM TEMPLATE EXAMPLE	Professional	PRU	12/09/2014

<<Prev Viewing Page 1 Next >> 2 Go Page Count SaveToXLS

# Edit Template

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

Close Add

Create a Claim Template

Type Of Claim: Professional

Claims Template List

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

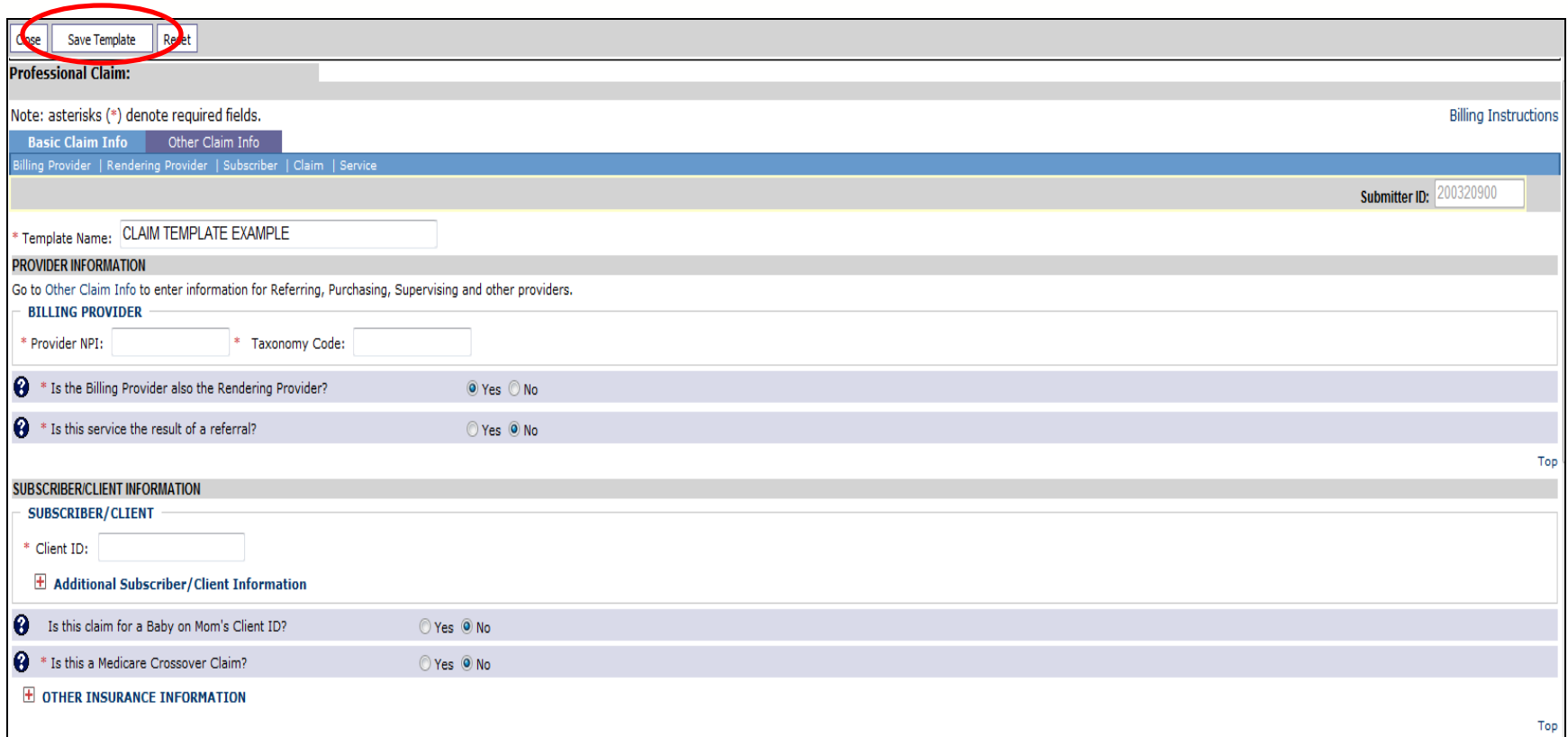
Filter By: And Go

	Template Name ▲▼	Type ▲▼	Last Updated By ▲▼	Last Updated Date ▲▼
<input checked="" type="checkbox"/>	CLAIM TEMPLATE EXAMPLE	Professional	PRU	12/09/2014

<< Prev Viewing Page 1 Next >> 2 Go Page Count SaveToXLS

# 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 form titled "Edit Template". At the top left, there are three buttons: "Close", "Save Template", and "Reset". The "Save Template" button is circled in red. Below the buttons, the form is divided into sections. The first section is "Professional Claim:" followed by a text input field. Below this is a note: "Note: asterisks (\*) denote required fields." and a link "Billing Instructions". The form has two tabs: "Basic Claim Info" (selected) and "Other Claim Info". Below the tabs is a navigation bar with links: "Billing Provider", "Rendering Provider", "Subscriber", "Claim", and "Service". The "Submitter ID:" field is set to "200320900". The "Template Name:" field contains "CLAIM TEMPLATE EXAMPLE". The "PROVIDER INFORMATION" section includes a note: "Go to Other Claim Info to enter information for Referring, Purchasing, Supervising and other providers." and a "BILLING PROVIDER" section. The "BILLING PROVIDER" section has fields for "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). The "SUBSCRIBER/CLIENT INFORMATION" section includes a "SUBSCRIBER/CLIENT" section with a "Client ID:" field. Below this is a link "Additional Subscriber/Client Information". The "SUBSCRIBER/CLIENT INFORMATION" section has two questions: "Is this claim for a Baby on Mom's Client ID?" (Yes/No) and "Is this a Medicare Crossover Claim?" (Yes/No). At the bottom is a link "OTHER INSURANCE INFORMATION". A "Top" link is in the bottom right 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: CLAIM TEMPLATE EXAMPLE

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

# 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

Claims Template List

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

Filter By: And Go

	Template Name ▲▼	Type ▲▼	Last Updated By ▲▼	Last Updated Date ▲▼
<input checked="" type="checkbox"/>	CLAIM TEMPLATE EXAMPLE	Professional	PRU	12/09/2014

<< Prev Viewing Page 1 Next >> 2 Go Page Count 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: CLAIM TEMPLATE EXAMPLE

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

# 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

Claims Template List

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

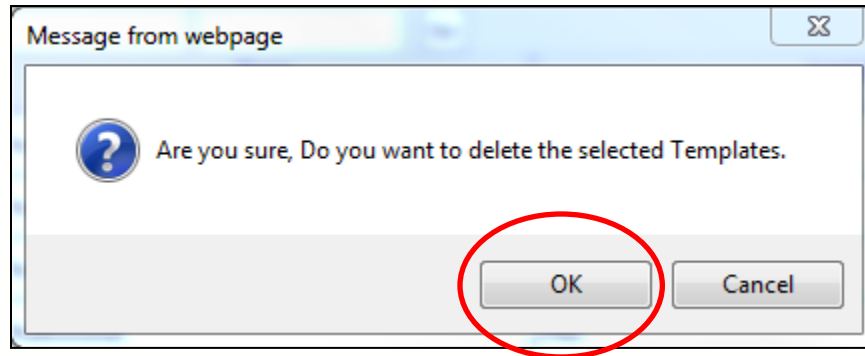
Filter By: And Go

	Template Name ▲▼	Type ▲▼	Last Updated By ▲▼	Last Updated Date ▲▼
<input checked="" type="checkbox"/>	CLAIM TEMPLATE EXAMPLE	Professional	PRU	12/09/2014

<< Prev Viewing Page 1 Next >> 2 Go Page Count 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

Close Add

Create a Claim Template

Type Of Claim: Professional

Claims Template List

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

Filter By:  And  Go

	Template Name ▲▼	Type ▲▼	Last Updated By ▲▼	Last Updated Date ▲▼
<input checked="" type="checkbox"/>	CLAIM TEMPLATE EXAMPLE	Professional	PRU	12/09/2014

<< Prev Viewing Page 1 Next >> 2 Go Page Count SaveToXLS

# Save As/Copy Template

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

The screenshot shows a web form titled "Professional Claim:". At the top left, there are three buttons: "Close", "Save Template", and "Reset". The "Save Template" button is circled in red. Below the buttons, there is a section for "Professional Claim:" with a note: "Note: asterisks (\*) denote required fields." and a link for "Billing Instructions". The form has two tabs: "Basic Claim Info" (selected) and "Other Claim Info". Below the tabs, there is a blue bar with links: "Billing Provider", "Rendering Provider", "Subscriber", "Claim", and "Service". On the right side, there is a "Submitter ID:" field with the value "200320900". Below this, there is a "Template Name:" field with the value "CLAIM TEMPLATE EXAMPLE 2", which is also circled in red. The form is divided into sections: "PROVIDER INFORMATION", "SUBSCRIBER/CLIENT INFORMATION", and "OTHER INSURANCE INFORMATION". The "PROVIDER INFORMATION" section includes a "BILLING PROVIDER" section with fields for "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). The "SUBSCRIBER/CLIENT INFORMATION" section includes a "SUBSCRIBER/CLIENT" section with a "Client ID:" field. Below this is a link for "Additional Subscriber/Client Information". At the bottom of this section are two questions: "Is this claim for a Baby on Mom's Client ID?" (Yes/No) and "Is this a Medicare Crossover Claim?" (Yes/No). The "OTHER INSURANCE INFORMATION" section is partially visible at the bottom.

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: CLAIM TEMPLATE EXAMPLE 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

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

# 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

Claims Template List

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

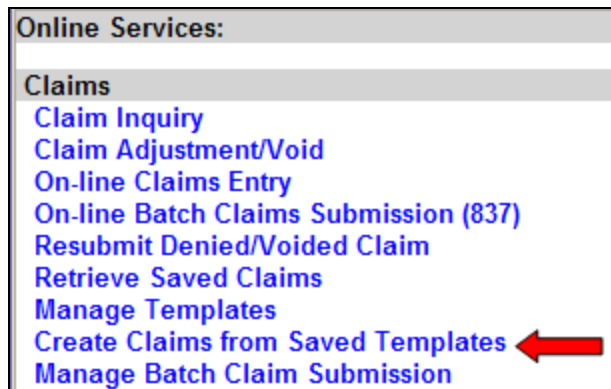
Filter By:  And  Go

	Template Name ▲ ▼	Type ▲ ▼	Last Updated By ▲ ▼	Last Updated Date ▲ ▼
<input type="checkbox"/>	CLAIM TEMPLATE EXAMPLE	Professional	PRU	12/09/2014
<input type="checkbox"/>	CLAIM TEMPLATE EXAMPLE 2	Professional	PRU	12/09/2014

<< Prev Viewing Page 1 Next >> 2 Go Page Count SaveToXLS

# Submitting a Template Claim

- Claims can be submitted from a Template



- ✓ Log into ProviderOne
- ✓ 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

Template Name ▲ ▼	Type ▲ ▼	Last Updated By ▲ ▼	Last Updated Date ▲ ▼
CLAIM TEMPLATE EXAMPLE	Professional	PRU	12/09/2014
CLAIM TEMPLATE EXAMPLE 2	Professional	PRU	12/09/2014

<< Prev Viewing Page 1 Next >> 2 Go Page Count 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 a web form for submitting a claim. At the top left, there are four buttons: 'Close', 'Save Claim', 'Submit Claim' (circled in red), and 'Reset'. Below these buttons is a section titled 'Professional Claim:'. A note states: 'Note: asterisks (\*) denote required fields.' To the right of this note is a link for 'Billing Instructions'. Below the note are two tabs: 'Basic Claim Info' (selected) and 'Other Claim Info'. Under the 'Basic Claim Info' tab, there is a navigation bar with links: 'Billing Provider', 'Rendering Provider', 'Subscriber', 'Claim', and 'Service'. To the right of this bar is a field for 'Submitter ID' with the value '200320900'. Below the navigation bar is a section titled 'PROVIDER INFORMATION'. A note states: 'Go to Other Claim Info to enter information for Referring, Purchasing, Supervising and other providers.' Below this note is a section titled 'BILLING PROVIDER'. It contains two required fields: '\* Provider NPI:' and '\* Taxonomy Code:'. Below these fields are two questions with radio button options: '\* Is the Billing Provider also the Rendering Provider?' (Yes selected, No) and '\* Is this service the result of a referral?' (Yes, No selected). To the right of these questions is a 'Top' link. Below the 'PROVIDER INFORMATION' section is a section titled 'SUBSCRIBER/CLIENT INFORMATION'. It contains a section titled 'SUBSCRIBER/CLIENT' with a required field '\* Client ID:'. Below this field is a section titled 'Additional Subscriber/Client Information' with a plus icon. Below this section are two questions with radio button options: '\* Is this claim for a Baby on Mom's Client ID?' (Yes, No selected) and '\* Is this a Medicare Crossover Claim?' (Yes, No selected). Below these questions is a section titled 'OTHER INSURANCE INFORMATION' with a plus icon. To the right of this section is a 'Top' link.

# Q & A

