# Sign Language Interpreter Claim Template Creation Claim Template Submission

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# Getting Started in ProviderOne

- **ProviderOne** is used by Washington Apple Health providers to submit claims and manage their provider accounts. It is compatible with the most commonly used internet browsers: Google Chrome, Firefox, Microsoft Edge, Internet Explorer (IE) for Windows, and Safari for Windows and MAC.

- In order for **ProviderOne** to work on your computer, verify your browser allows popups, as these are vital to successful claims submission.

# Logging into ProviderOne

- Use web address: https://www.waproviderone.org

- Complete the **Domain**, **Username**, and **Password** fields.

- Click on the **Login** button.

# Logging into ProviderOne

Select the **EXT Provider Super User** profile to start using the Direct Data Entry (DDE) template feature and click **GO**.

# Creating a Claim Template

Click on the **Manage Templates** hyperlink.

| Claims | ⌄ |
|---|---|
| **Claim Inquiry** | |
| **Claim Adjustment/Void** | |
| **On-line Claims Entry** | |
| **On-line Batch Claims Submission (837)** | |
| **Resubmit Denied/Voided Claim** | |
| **Retrieve Saved Claims** | |
| **Manage Templates** | |
| **Create Claims from Saved Templates** | |
| **Manage Batch Claim Submission** | |
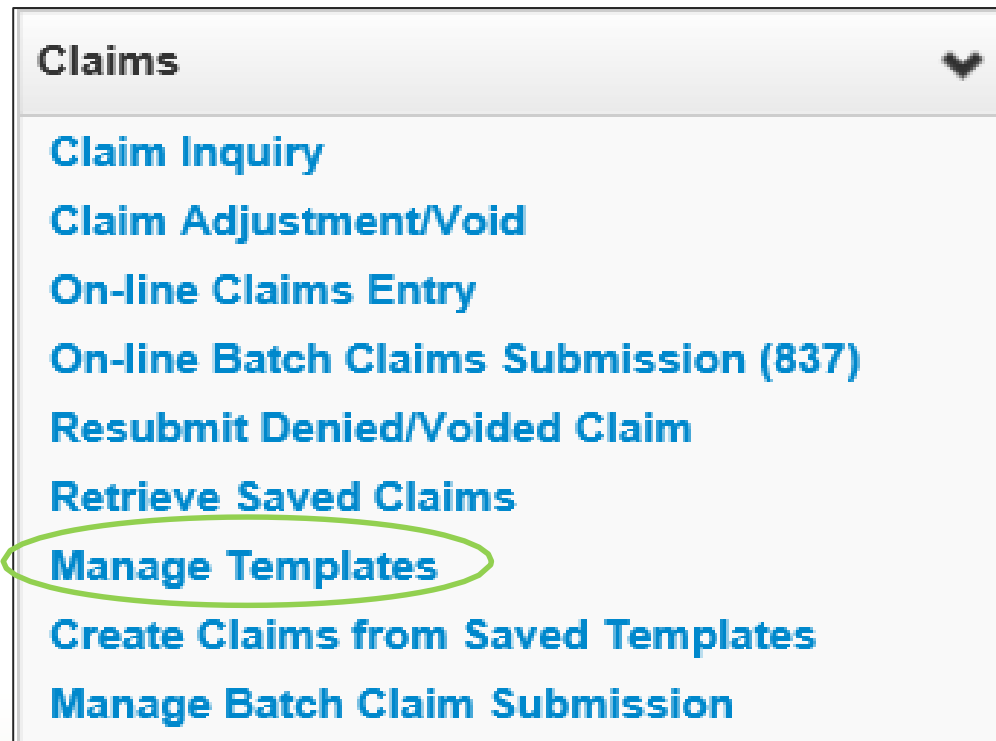
# Creating a Claim Template

- 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.

# Creating a Claim Template

Preview of claims screen with addition of **Template Name**.

# Required Claim Template Information

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.

# Additional Claim Template Info

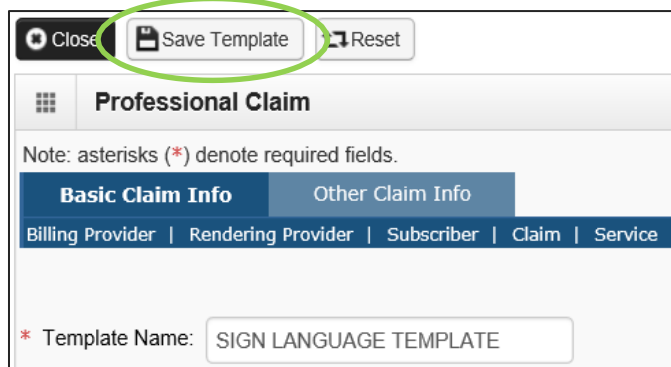Additional information that can be entered on each template and saved:

**BILLING PROVIDER**

| * Provider NPI: | | * Taxonomy Code: | 171R00000X |
|---|---|---|---|

Diagnosis Codes: * 1: Z710  2:  3:  4:  5:  6:
7:  8:  9:  10:  11:  12:

➢ Note: Although procedure information including date of service, procedure code, modifiers, units, and dollar amount, can be entered in the **Basic Service Line Item** detail, it is recommended that this area on your template be left blank. For example the dates of service will always change so will need to be added each time you submit a claim from a template.

# Saving a Claim Template

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



- You will receive a pop up asking if you would like to save the template. Answer **OK** to save.
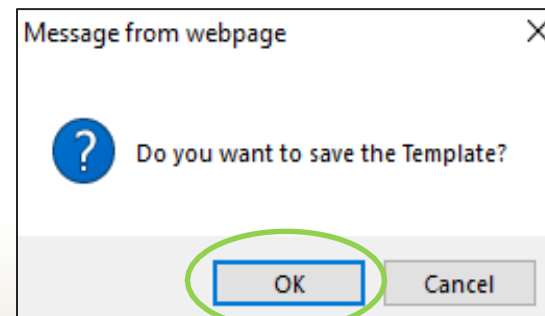
# Claim Template List

- Claim options from the Claim Template List are:
  - Edit template
  - View template
  - Delete template
  - Save As/Copy template

# Claim Template List

- Enter a **check mark** in the box next to the
- template name.
- Click on the option button (Edit, View, Delete, SaveAs/Copy)

# Save As/ Copy Template

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

# 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.
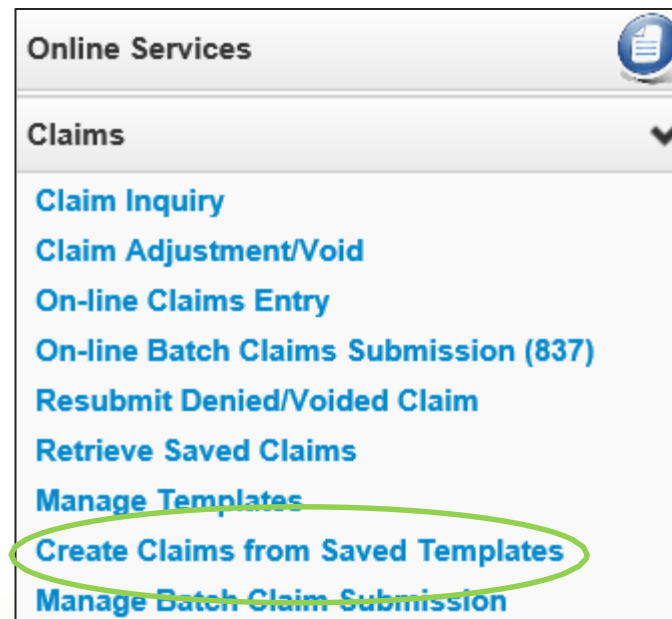
# Submitting a Template Claim

- Once the template is displayed, continue to fill out the remaining missing information.

- Click on the **Submit Claim** button in the upper left corner.

# Questions?

# Contact and Support

- Contact Interpreter Services at:
  - interpretersvcs@hca.wa.gov
- Interpreter Services Website:
  - www.hca.wa.gov/isproviders
  - www.hca.wa.gov/sli-transition
- HCA Provider Enrollment
  - providerenrollment@hca.wa.gov
  - 1-800-562-3022 ext 16137
- Contact Provider Relations:
  - providerrelations@hca.wa.gov

- ODHH
  - www.dshs.wa.gov/altsa/office-deaf-and-hard-hearing
  - 1-800-422-3263

Note: Contact Interpreter Services for program and policy questions. Contact Provider Enrollment for provider file updates. Contact Provider Relations for DDE billing claims/templates or profiles.