



Medicaid 101 for MIE providers

2022

Getting Started

ProviderOne is used by Washington Apple Health providers to submit claims and manage their provider accounts. It is compatible with the most common internet browsers: Google Chrome, Firefox, Microsoft Edge, and Safari for Windows and MAC.

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

Getting Started

- Use web address
<https://www.waproviderone.org>
- Complete the **Domain**,
Username, and **Password**
fields
- Click on the **Login** button

ProviderOne

Domain Name

User Name

Password

Login

Note: The Domain, Username and Password fields are case sensitive.

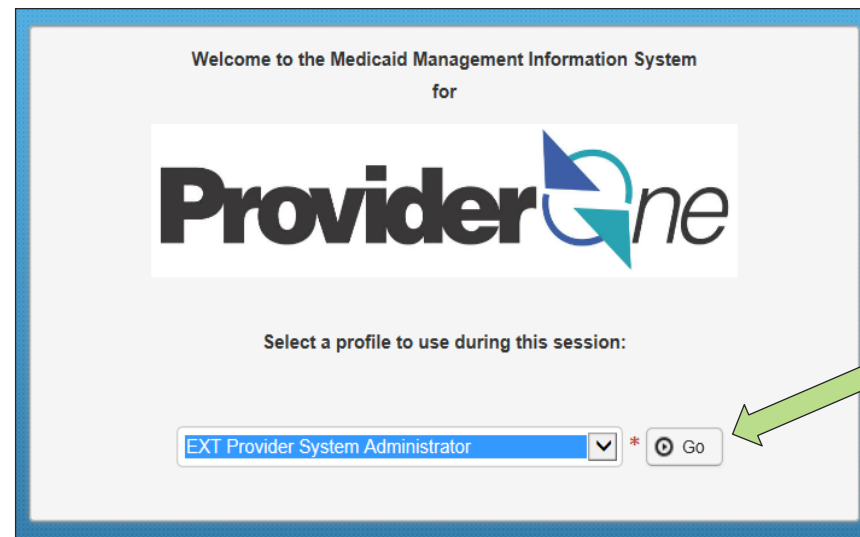
Unlock Account and Reset Password? [Click here](#)

If you are a Client, [Click here](#)

Login Problems? [Click here](#)

Managing Profiles

Adding a Super User Profile



Welcome to the Medicaid Management Information System
for

ProviderOne

Select a profile to use during this session:

EXT Provider System Administrator * Go

- A profile describes the level of access a user has in your domain.
- You will start with only the **EXT Provider System Administrator** profile assigned, which can only set up and manage other users and profiles (including your own).
- You must assign at least one user (usually yourself) the **EXT Provider Super User** in order to access full ProviderOne functionality.
- Choose the System Administrator profile and click **Go**.

Adding User Profiles

- Scroll down on the left-hand side of the Provider Portal and click **Maintain Users**.
- The system will display all past and present users associated to your domain.
- Click on the name of the person to be updated.



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	LastName	FirstName
<input type="checkbox"/>	Relations, Provider	9999999	Test FAOI	Approved	07/27/2015	12/31/2999	Relations	Provider

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

Adding User Profiles

- ProviderOne displays the **User Details** page for this user.
- Choose **Associated Profiles** from the **Show** menu.

User Login Id: PRU Name: Relations,Provider

Close Save Show ▾

User Details

First Name: Middle Name:

Last Name: Lock User:

Date of Birth: EID:

User Name: User Type:

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:

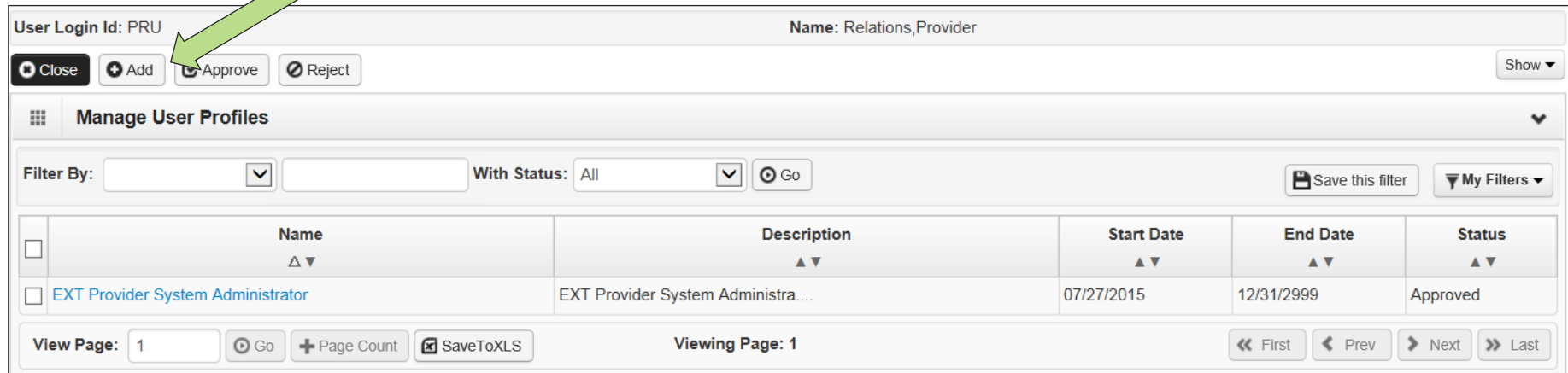
Start Date: Expiration Date:

Status: Approved

Associated Profiles
Check List

Adding User Profiles

- The **Manage User Profiles** page is displayed.
- If you are new to ProviderOne you will see only the **EXT Provider System Administrator** profile is active.
- Click the **Add** button.



The screenshot shows the 'Manage User Profiles' interface. At the top, it displays 'User Login Id: PRU' and 'Name: Relations,Provider'. Below this are buttons for 'Close', 'Add', 'Approve', and 'Reject'. A green arrow points to the 'Add' button. The main section is titled 'Manage User Profiles' and includes a filter section with 'Filter By:' and 'With Status: All'. Below the filter is a table with the following data:

	Name	Description	Start Date	End Date	Status
<input type="checkbox"/>	EXT Provider System Administrator	EXT Provider System Administra...	07/27/2015	12/31/2999	Approved

At the bottom, there are navigation controls including 'View Page: 1', 'Go', 'Page Count', 'SaveToXLS', 'Viewing Page: 1', and navigation buttons for 'First', 'Prev', 'Next', and 'Last'.

Adding User Profiles

ProviderOne will display a pop-up with a list of Available Profiles:

- Choose the **EXT Provider Super User** profile from **Available Profiles** list.
- Use the arrows to move the profile to the **Associated Profiles** list.
- Do not change the **Start Date** or **End Date**.
- Click the **OK** button in lower right corner.

Add New Profiles to User

User Name: Relations,Provider

Start Date: * 07/15/2016 X [calendar icon] End Date: * 12/31/2999 [calendar icon]

Available Profiles

EXT Provider Super User

Associated Profiles

[OK] [Cancel]

Add New Profiles to User

User Name: Relations,Provider

Start Date: * 07/15/2016 [calendar icon] End Date: * 12/31/2999 [calendar icon]

Available Profiles

Associated Profiles

EXT Provider Super User

[OK] [Cancel]

Adding User Profiles


- You will return to the **Manage User Profiles** page.
- The **EXT Provider Super User** profile you added will have a status of **In Review**.
- Check the box on the left of the **In Review** profile and select the **Approve** button in the upper left corner.

The screenshot shows the 'Manage User Profiles' interface. At the top, there is a toolbar with buttons for 'Close', 'Add', 'Approve', and 'Reject'. A green arrow points to the 'Approve' button. Below the toolbar is a filter section with 'Filter By' and 'With Status' dropdowns, and a 'Go' button. A table below the filter section displays user profiles. The table has columns for Name, Description, Start Date, End Date, and Status. The 'EXT Provider Super User' profile is listed with a status of 'In Review'.

	Name	Description	Start Date	End Date	Status
<input type="checkbox"/>					
<input type="checkbox"/>	EXT Provider Super User	EXT Provider Super User	07/27/2015	12/31/2999	In Review

Adding User Profiles

- The **Update Status** box appears.
- The **Remarks** field can be skipped.
- Click **OK** to approve your **EXT Provider Super User** profile and return to the **Manage User Profiles** page.



The screenshot shows a dialog box titled "Update Status". It contains the following fields:

- Status Type:** A dropdown menu with "Approved" selected and an asterisk (*) to its right.
- Reason Code:** A dropdown menu with "None" selected.
- Remarks:** A large, empty text area with a vertical scrollbar on the right side.
- Buttons:** "OK" and "Cancel" buttons are located at the bottom right of the dialog box. A green arrow points to the "OK" button.

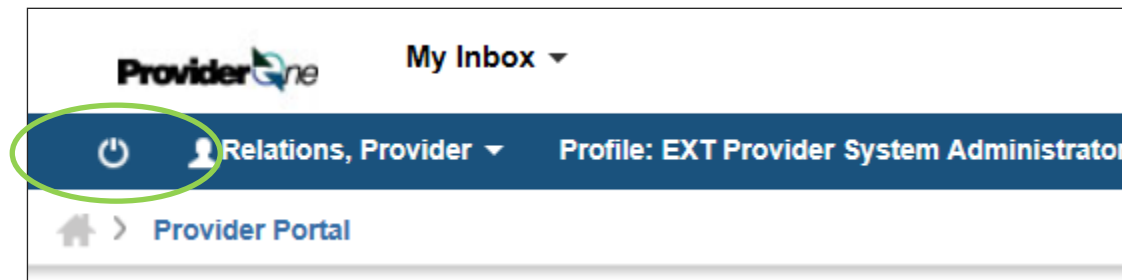
Adding User Profiles

- The **EXT Provider Super User** profile is now showing **Approved** status.
- Today's date will be listed under **Start Date**.
- The **End Date** will show as 12/31/2999 to indicate the profile currently has no end date.
- To inactivate a user, follow the steps above but enter the date you wish to end the user's access.
- Click on the **Close** button in the upper left of the screen.

<input type="button" value="Close"/> <input type="button" value="Add"/> <input type="button" value="Approve"/> <input type="button" value="Reject"/> <input type="button" value="Show"/>					
☰ Manage User Profiles ▼					
Filter By: <input type="text" value="Filter By"/> <input type="button" value="v"/> With Status: <input type="text" value="All"/> <input type="button" value="v"/> <input type="button" value="Go"/> <input type="button" value="Save this filter"/> <input type="button" value="My Filters"/> <input type="button" value="v"/> 					
	Name	Description	Start Date	End Date	Status
	▲▼	▲▼	▲▼	▲▼	▲▼
<input type="checkbox"/>	EXT Limited Provider Social Services	EXT Limited Provider Social Se...	07/27/2015	12/31/2999	Approved

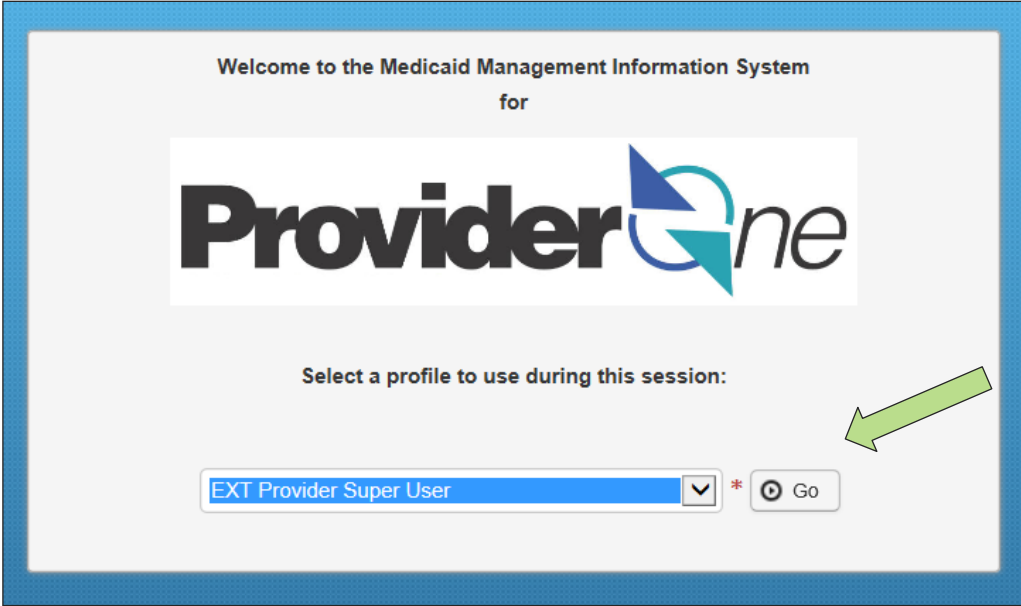
Adding User Profiles

- You will return to the **User Details** page.
- Log out of ProviderOne using the power button on the top left-hand corner.
- You will have access to the **EXT Provider Super User** profile next time you log into ProviderOne.



Claim Submission

Getting Started



Welcome to the Medicaid Management Information System
for

ProviderOne

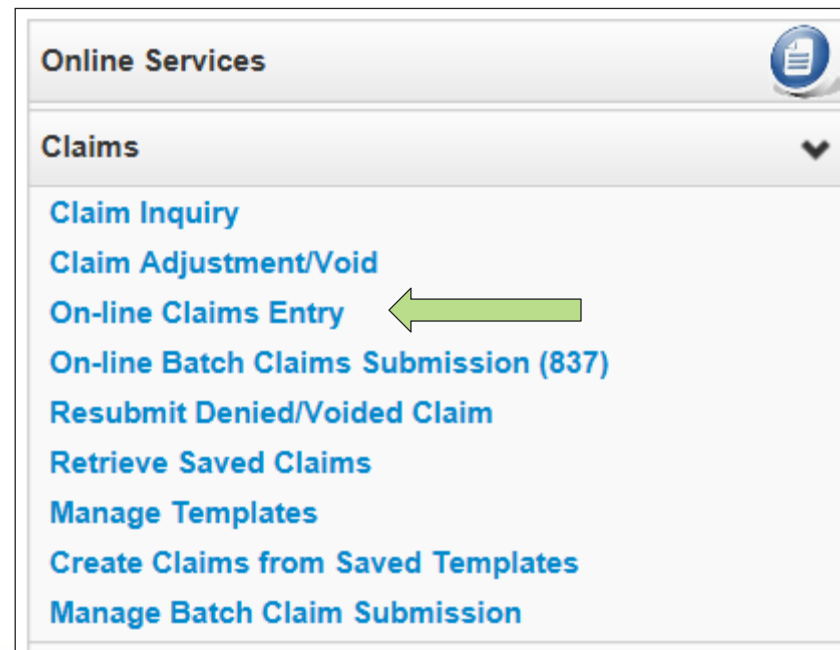
Select a profile to use during this session:

EXT Provider Super User * Go

- Select **EXT Provider Super User** to submit claims using Direct Data Entry (DDE) and click **Go**.

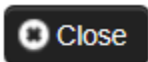
Getting Started

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



Claim Submission

- Select the **Submit Professional** option for medical claims, which is equivalent to the submission of a CMS-1500 claim form.

	
Choose an Option.	
Submit Professional	Submit Professional
Submit Institutional	Submit Institutional
Submit Dental	Submit Dental

DDE Overview

- Overview of the upper half of the DDE Professional claim screen:

Close Save Claim Submit Claim Reset

Professional Claim Billing Instructions

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 a Birthing Parent'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

DDE Overview

- Overview of the lower half of the DDE Professional claim screen:

? * 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.

Claim Level: Billing Provider Details

- The “claim level” information applies to the entire claim. The first section of the claim form is the **Billing Provider**. These fields describe the provider and his/her specialty (taxonomy), as well as whether the claim is the result of a referral.

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

- Enter your **Billing Provider NPI**:
- Enter the appropriate **Billing Provider Taxonomy Code** for the services you are submitting:
- If your Billing Provider NPI and your Rendering Provider NPI are the same, answer **Yes**:
- Always answer **No**:

* Provider NPI:

* Taxonomy Code:

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

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

Claim Level: Subscriber/Client Details

- The next section of the claim form is the **Subscriber/Client** information.

- Enter the Client ID including the WA and click the  icon to expand this section:

- Enter the client's **Last Name**, **First Name**, **DOB**, and **Gender**.
- Leave **Date of Death**, **Patient Weight**, and **Patient is Pregnant** blank.

Claim Level: Unused Fields

<input type="checkbox"/> ?	Is this claim for a Baby on a Birthing Parent's Client ID?	<input type="radio"/> Yes <input type="radio"/> No
<input type="checkbox"/> ?	* Is this a Medicare Crossover Claim?	<input type="radio"/> Yes <input type="radio"/> No
<input type="checkbox"/> +	OTHER INSURANCE INFORMATION	
<hr/>		
<input type="checkbox"/> +	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.		
<input type="checkbox"/> +	PRIOR AUTHORIZATION	
<input type="checkbox"/> +	CLAIM NOTE	
<input type="checkbox"/> +	EPSDT INFORMATION	
<input type="checkbox"/> +	CONDITION INFORMATION	
<input type="checkbox"/> ?	* Is this claim accident related?	<input type="radio"/> Yes <input type="radio"/> No

- The following fields are not used; address each as follows:
 - Answer **No** to **Is this claim for a Baby on a Birthing Parent's Client ID?**
 - Answer **No** to **Is this a Medicare Crossover Claim?**
 - **Skip** Prior Authorization, Claim note, EPSDT Information, and Condition Information.
 - Answer **No** to **Is this claim accident related?**

Claim Level: Claim Data

- The remaining fields for the claim level should be addressed as follows:

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:

- **Patient Account No.** is an optional field for you to enter an internal patient ID number to assist in reconciling patient accounts. This number will be returned on the weekly Remittance Advice.
- Always select **Place of Service** 11 for “office”.
- Skip **Additional Claim Data**.
- Enter the **Diagnosis Codes** appropriate for the services rendered, leaving out the decimal point; note the number assigned to each, called a “pointer”, which we will address how to use at the line level (below).

Line Level: Service Details

- Overview of the Basic Line Item fields:

☰ **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: <input type="text" value="mm"/> <input type="text" value="dd"/> <input type="text" value="ccyy"/>	* Service Date To: <input type="text" value="mm"/> <input type="text" value="dd"/> <input type="text" value="ccyy"/>
Place of Service: <input type="text" value=""/> ▼	
* Procedure Code: <input type="text" value=""/>	Modifiers: 1: <input type="text" value=""/> 2: <input type="text" value=""/> 3: <input type="text" value=""/> 4: <input type="text" value=""/>
* Submitted Charges: \$ <input type="text" value=""/>	Diagnosis Pointers: * 1: <input type="text" value=""/> ▼ 2: <input type="text" value=""/> ▼ 3: <input type="text" value=""/> ▼ 4: <input type="text" value=""/> ▼
* Units: <input type="text" value=""/>	

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

[Top](#)

- Completing the **Basic Service Line Items** results in service lines appearing at the bottom beneath the grey columns.

Line Level: Service Details

- The **Service Date From** and **Service Date To** must include the first and last dates of service on your claim.

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

- The **Place of Service** field is optional at the line level, as it was already entered at the claim level.
- Enter the CPT you wish to bill for in the **Procedure Code** field, followed by any applicable **Modifiers**.

* Procedure Code:	<input type="text"/>	Modifiers: 1:	<input type="text"/>	2:	<input type="text"/>	3:	<input type="text"/>	4:	<input type="text"/>
-------------------	----------------------	---------------	----------------------	----	----------------------	----	----------------------	----	----------------------

- Enter your usual and customary charges for this CPT in the **Submitted Charges** field.

* Submitted Charges: \$	<input type="text"/>
-------------------------	----------------------

Line Level: Service Details

- Indicate the diagnosis codes(s) you wish to use for this service line by using the **Diagnosis Code Pointers** (1-12) assigned to each of the **Diagnosis Codes** (see slide 23), with 1 being primary.

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

- Enter the number of units you wish to bill for this service line.

* Units:

- The rest of this section can be skipped:

Medicare Crossover Items

National Drug Code:

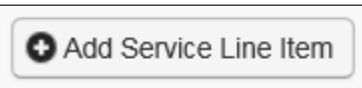
Drug Identification

Prior Authorization

Additional Service Line Information

Line Level: Service Details

- Now that you have completed your first service line, you need to add it to your claim using the **Add Service Line Item** button.



- Repeat as needed to add additional service lines to your claim.

- As each line appears at the bottom of your claim, note there is a number next to it which will bring it back up to the Basic Service Line Items section for review or change.



- To change a line rather than add it as an additional line, click the Update Service Line Item button.

Note: Each line added brings you to the top of the claim screen where you can use the Service hyperlink to return to the service line area.

Note: asterisks (*) denote required fields.

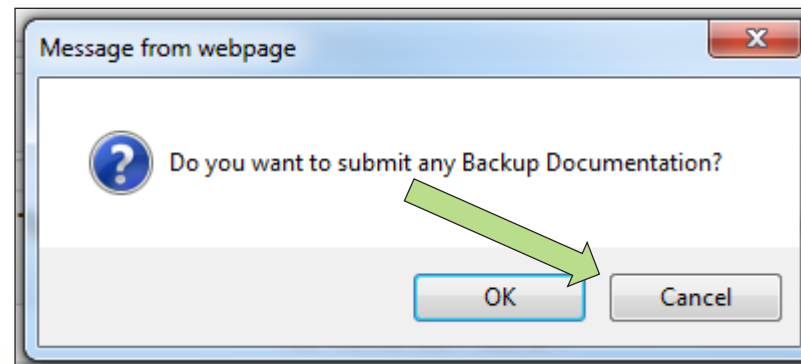
Basic Claim Info				Other Claim Info	
Billing Provider	Rendering Provider	Subscriber	Claim	Service	

Submitting Your Claim

- When ready to submit your claim to ProviderOne for processing, use the **Submit Claim** button on the grey header bar at the top of your screen:



- The final pop-up gives providers the opportunity to add backup documentation; skip this by selecting **Cancel**.



Submitting Your Claim

- Finally you will see a pop-up with a summary of your claim, including the claim number (TCN) and other basic information.
- ProviderOne displays **No Records Found !** to indicate no backup documents have been attached.

Submitted Professional Claim Details:

TCN: 201620100000001000
 Provider NPI: 5100000004
 Client ID: 999999998WA
 Date of Service: 06/01/2016-06/01/2016
 Total Claim Charge: \$ 50.00

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 !							

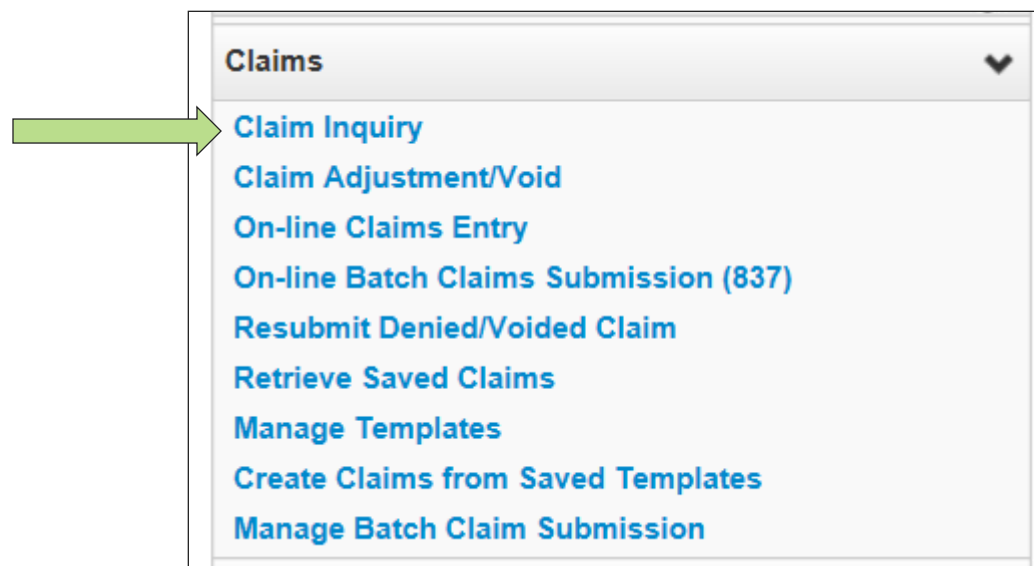
Print Print Cover Page Submit

- Click the **Submit** button to send your claim to ProviderOne.

Claim Status and Remittance Advice

Checking Claim Status

- To begin, log in as a **EXT Provider Super User** and select **Claim Inquiry** from the left-hand side of the **Provider Portal**.



Checking Claim Status

- Search by either claim number (TCN) or by using Client ID and date of service, using the fields provided, and click **Submit**.

Close Submit

Provider Claim Inquiry Search

Please enter a Provider NPI and enter available information in the remaining fields before clicking 'Submit'.

- Required: TCN or Client ID AND Claim Service Period (To date is optional)
- You may request status for claims processed within the past four years
- The Claim Service Period From and To date range cannot exceed 3 months

Provider NPI: 5100000004

TCN:

Client ID:

Claim Service Period From:

Claim Service Period To:

Checking Claim Status

- Using the TCN of the claim we just entered, it is currently “in process”:

Close

Provider NPI: 510000004

Claim Inquiry Providers List

	TCN	Date of Service	Claim Status	Claim Charged Amount	Claim Payment Amount	Client Name	Client ID
<input type="checkbox"/>	20162010000001000	06/01/2016	0: Cannot provide further status electronically.	\$50.00	\$0.00	Jane	999999998WA

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

- As your claims begin to post, you will see them appear here with hyperlinks that will take you to a status display for that TCN, which you can click on to see whether a claim paid, or whether it denied and why.

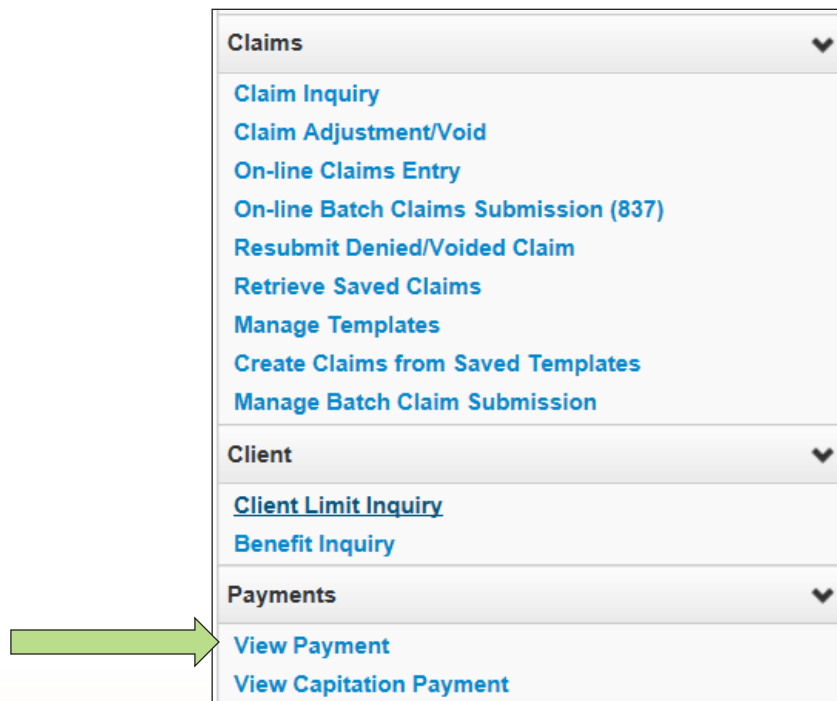
Claim Details

Status Information Effective Date: 07/19/2016	TCN: 20162010000001000
Status Category Code: P1:Pending/In Process-The claim or encounter is in the adjudication system	Status: 0: Cannot provide further status electronically.
Service Period: From 06/01/2016 To 06/01/2016	
Bill Type Identifier:	
Charged Amount: \$50.00	Adjudication or Payment Date:
Payment Amount: \$0.00	Check Issue or EFT Effective Date:
	Check or EFT Trace Number:

[Remit/Remark Codes](#)

Remittance Advice (RA)

- If you wish to see a summary of any given weeks' claims, rather than searching for an individual claim, use the **Remittance Advice** rather than **Claim Status** function by clicking **View Payment**.



Remittance Advice (RA)

- The resulting list will display each of your weekly Remittance Advice, which you can sort using the up and down arrows in each column.
 - Your RA will have a section each for **Paid**, **In Process**, **Denied**, and **Adjusted** claims, so be sure to search in each if you can't find a specific TCN.
 - The last page of the RA will include a description of any denial codes listed in the Denied section.

RA/ETRR Payment List								
RA/ETRR Number	Check Number	Check/ETRR Date	RA Date	Claim Count	Charges	Payment Amount	Adjusted Amount	Download
500649639			08/06/2015	2	\$300.00	\$0.00	\$300.00	
500955089			12/16/2015	1	\$100.00	\$0.00	\$100.00	
500960097			01/07/2016	3	\$180.00	\$0.00	\$180.00	
500985678			05/11/2016	1	\$100.00	\$0.00	\$100.00	
501001658			07/13/2016	2	\$300.00	\$0.00	\$300.00	

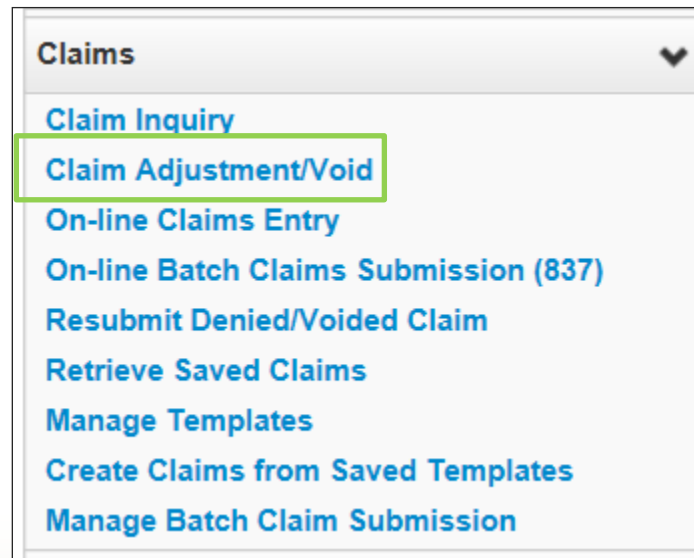
View Page: 1 Go + Page Count SaveToXLS Viewing Page: 1 << First < Prev Next > >> Last

Adjustments, Voids and Resubmissions

Adjustments and Voids

- ProviderOne allows you to adjust, void, and resubmit claims after they have been paid or denied. You cannot adjust, void, or resubmit a TCN that is:
 - Still in process; or
 - Has already been adjusted, voided, or resubmitted.
- Log in as a **EXT Provider Super User** and select **Claim Adjustment/Void** from the left-hand side of the **Provider Portal**.

Note: paid claims needing corrections or resubmissions must be **adjusted**, not resubmitted.



Adjustments and Voids

- Using the fields provided, search by either claim number (TCN) or by using Client ID and date of service, and click **Submit**.

Provider Claim Adjust Void Search

Please enter a Provider NPI and enter available information in the remaining fields before clicking 'Submit'.

- Required: TCN or Client ID AND Claim Service Period (To date is optional)
- You may Adjust/Void claims processed within the past four years
- The Claim Service Period From and To date range cannot exceed 3 months
- Only paid claims satisfying the selection criterion will be returned

Provider NPI:

TCN:

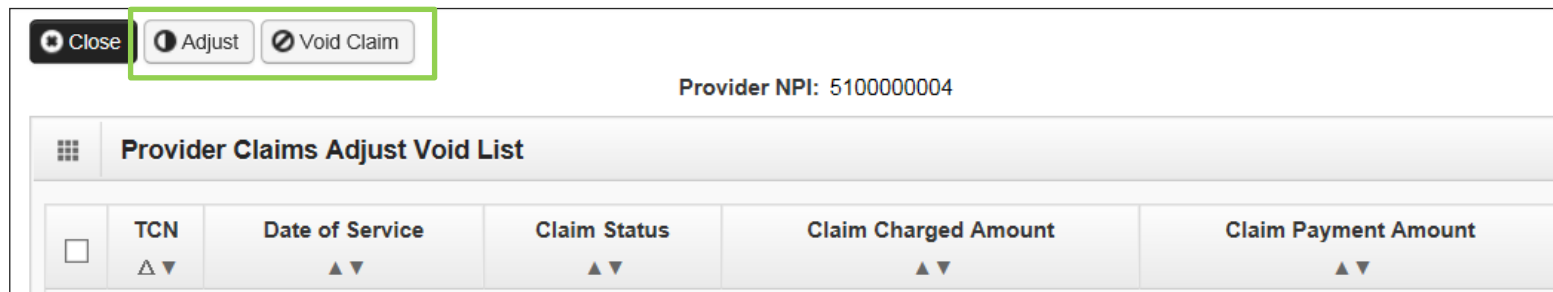
Client ID:

Claim Service Period From:

Claim Service Period To:

Adjustments and Voids

- The resulting TCN can be selected by checking the box next to it and click either **Adjust** or **Void Claim**.



Close Adjust Void Claim

Provider NPI: 5100000004

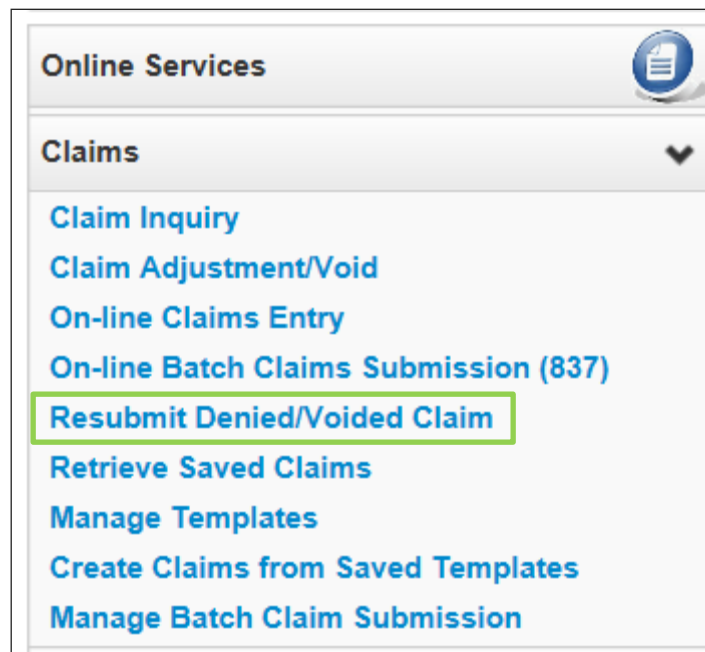
Provider Claims Adjust Void List

<input type="checkbox"/>	TCN ▲▼	Date of Service ▲▼	Claim Status ▲▼	Claim Charged Amount ▲▼	Claim Payment Amount ▲▼
--------------------------	-----------	-----------------------	--------------------	----------------------------	----------------------------

- Clicking **Adjust** will take you to the **Claim Submission** process outlined in previous slides, but with the fields completed as they were when you submitted the claim; simply correct whichever field you wish to change, and submit the claim normally.
- Clicking **Void**, will give the money back that you were originally paid.

Resubmissions

- If you have a denied or voided claim you wish to correct and resubmit, select **Resubmit Denied/Voided Claim** from the left-hand side of the **Provider Portal**.



Resubmissions

- Search by either claim number (TCN) or by using Client ID and date of service, using the fields provided, and click **Submit**.

Close Submit

Provider Claim Model Search


Please enter a Provider NPI and enter available information in the remaining fields before clicking 'Submit'.


- Required: TCN or Client ID AND Claim Service Period (To date is optional)
- You may Model claims processed within the past four years
- The Claim Service Period From and To date range cannot exceed 3 months
- Only denied and voided claims satisfying the selection criterion will be returned

Provider NPI:

TCN:

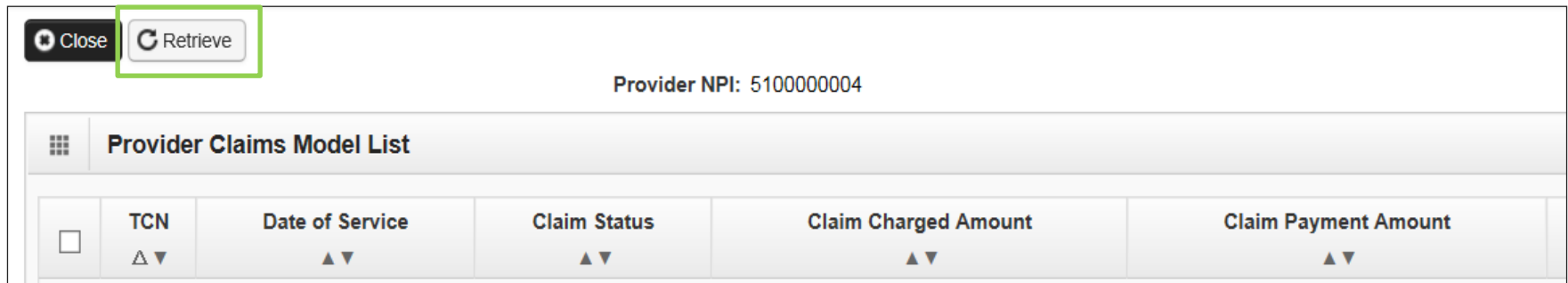
Client ID:

Claim Service Period From: 

Claim Service Period To: 

Resubmissions

- Select the denied TCN you wish to resubmit by checking the box next to it and click **Retrieve**.



Close Retrieve

Provider NPI: 5100000004

Provider Claims Model List

<input type="checkbox"/>	TCN ▲▼	Date of Service ▲▼	Claim Status ▲▼	Claim Charged Amount ▲▼	Claim Payment Amount ▲▼
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- This will take you to the **Claim Submission** process outlined in previous slides, but with the fields completed as they were when you submitted the claim; simply correct whichever field you wish to change and submit the claim normally.

Reference Materials

- For general information about submitting claims in ProviderOne, see the [ProviderOne Billing & Resource Guide web page](#).
- For information about specific programs (including MIE Services) and rates, see our Medicaid Provider Guide pages:
 - [Professional guides and rates web page](#)
 - [Hospital reimbursement](#)

Contact and Support

- To contact Health Care Authority customer service, use the Contact us [web form](#) or through the toll free line: 800-562-3022.
- Training material (such as this slideshow) and much more information about Health Care Authority, Washington Apple Health (Medicaid), and ProviderOne can be found on the [Learn ProviderOne](#) web pages.
- If you prefer to submit claims through electronic HIPAA file transactions, contact our HIPAA Help desk at: hipaa-help@hca.wa.gov.