

ProviderOne Provider System User Manual



Managing Billing Agent /
Clearinghouse Provider
Information

Disclaimer:

A contract, known as the Core Provider Agreement, governs the relationship between DSHS and Medical Assistance providers. The Core Provider Agreement's terms and conditions incorporate federal laws, rules and regulations, state law, DSHS rules and regulations, and DSHS program policies, numbered memoranda, and billing instructions, including this Guide.

Providers must submit a claim in accordance with the DSHS rules, policies, numbered memoranda, and billing instructions in effect at the time they provided the service. Every effort has been made to ensure this Guide's accuracy. However, in the unlikely event of an actual or apparent conflict between this document and a department rule, the department rule controls."



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Managing Billing Agent / Clearinghouse Provider Information

The following ProviderOne topics and tasks are covered in this section:

- [Accessing the Provider Business Process Wizard](#)
- [Modifying Provider Information](#)
- [Submitting the Modification Application to DSHS](#)



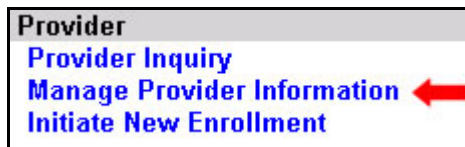
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Accessing the File Maintenance Business Process Wizard



From the Provider Portal, select the Manage Provider Information link.



ProviderOne displays the View/Update Business Process Wizard

View/Update Provider Data - Billing Agent/Clearinghouse;
 Business Process Wizard - Provider Data Modification (Billing Agent/Clearinghouse). In order to finalize submission

<input type="checkbox"/>	Step	Required	Last Modification Date	Last Review Date	Status	Modification Status	Step Remark
<input type="checkbox"/>	Step 1: Basic Information	Required	07/02/2008	07/02/2008	Incomplete		
<input type="checkbox"/>	Step 2: Identifiers	Required	07/02/2008	07/02/2008	Incomplete		
<input type="checkbox"/>	Step 3: EDI Submission Method	Required	07/02/2008	07/02/2008	Incomplete		
<input type="checkbox"/>	Step 4: EDI Billing Software Details	Required	07/02/2008	07/02/2008	Incomplete		
<input type="checkbox"/>	Step 5: EDI Contact Information	Required	07/02/2008	07/02/2008	Incomplete		
<input type="checkbox"/>	Step 6: Submit Modification for Review	Required	07/02/2008	07/02/2008	Incomplete		

Figure 1 - View/Update Business Process Wizard



Click the Step hyperlink to access the Provider Information



ProviderOne displays the appropriate information pages.



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View/Update Basic Information

Accessing the Provider Details Page

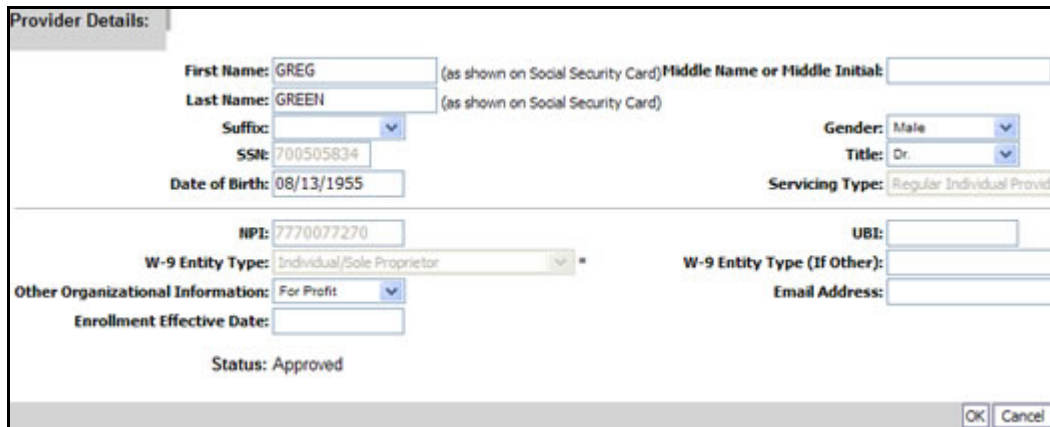


From the Business Process Wizard, click the Basic Information link.

Step # : Basic Information



ProviderOne displays the Provider Details page.



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

First Name:	GREG	(as shown on Social Security Card)	Middle Name or Middle Initial:	
Last Name:	GREEN	(as shown on Social Security Card)		
Suffix:			Gender:	Male
SSN:	700505834		Title:	Dr.
Date of Birth:	08/13/1955		Servicing Type:	Regular Individual Provider
NPI:	777007270		UBI:	
W-9 Entity Type:	Individual/Sole Proprietor		W-9 Entity Type (If Other):	
Other Organizational Information:	For Profit		Email Address:	
Enrollment Effective Date:				
Status:	Approved			

Buttons: OK, Cancel

Figure 2 - Provider Details



After completing your modifications, click the OK button to save.

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View/Update Provider Identifiers

Accessing the Provider Identifiers List

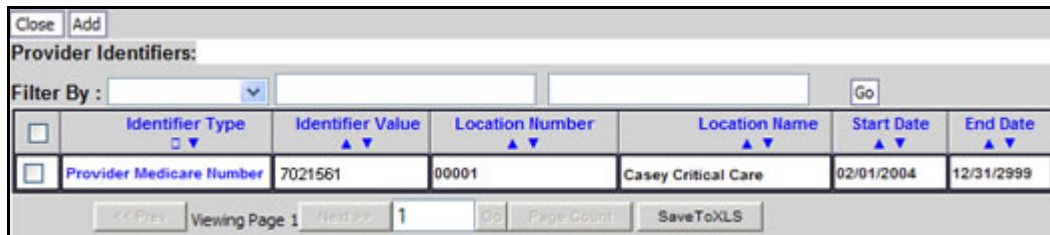


From the Business Process Wizard, click the Identifiers link.

Step # : Identifiers



ProviderOne displays the Provider Identifiers List.



Identifier Type	Identifier Value	Location Number	Location Name	Start Date	End Date
Provider Medicare Number	7021561	00001	Casey Critical Care	02/01/2004	12/31/2999

Figure 3 - Provider Identifiers List

About the Provider Identifiers List

- Each row displays a specific identifier for a location.
- Locations may have more than one identifier.



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Adding an Identifier



To add a new record, click the Add button.

ProviderOne displays the Add New Identifier form.

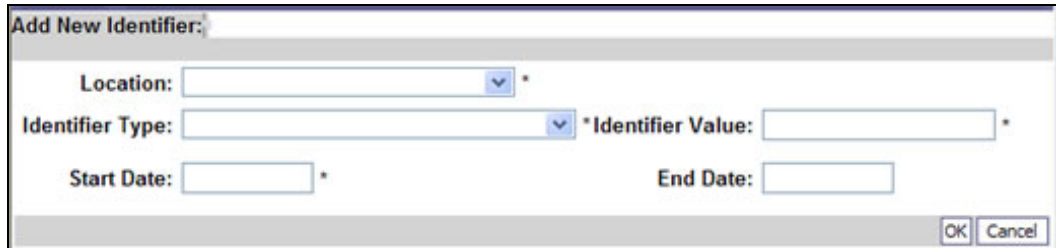


Figure 4 - Add New Identifier

About the Add New Identifier Form

- The Location drop-down will display all current Provider locations.
- To apply the Identifier to All locations, click the All option from the Location drop-down list.




Click the OK button to save the information and close the window, or Cancel to close the window without saving..

Modifying a Provider Identifier Record

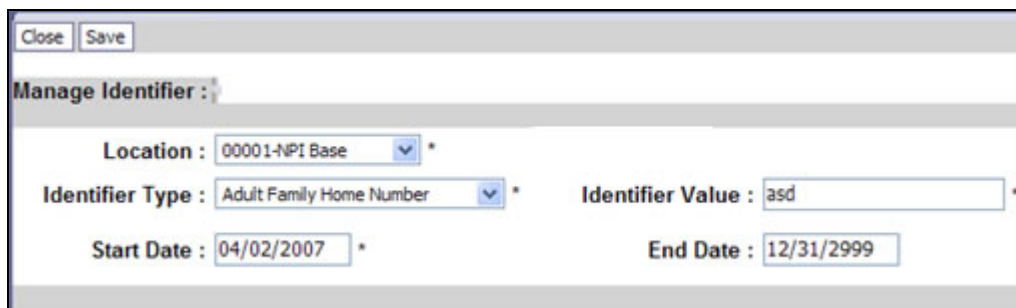


From the ProviderOne Provider Identifiers list, click the link in the Identifier Type column.

<input type="checkbox"/>	Identifier Type □ ▼
<input type="checkbox"/>	Provider Medicare Number



ProviderOne displays the Manage Identifier page.



The screenshot shows a web form titled "Manage Identifier :". At the top left are "Close" and "Save" buttons. The form contains the following fields:

- Location : 00001-NPI Base ▼ *
- Identifier Type : Adult Family Home Number ▼ *
- Identifier Value : asd *
- Start Date : 04/02/2007 *
- End Date : 12/31/2999

Figure 5 - Manage Identifier



After making your changes, click the OK button to save, or the Cancel button to close the window without saving.

View/Update EDI Submission Method

Accessing the EDI Submission Details Page

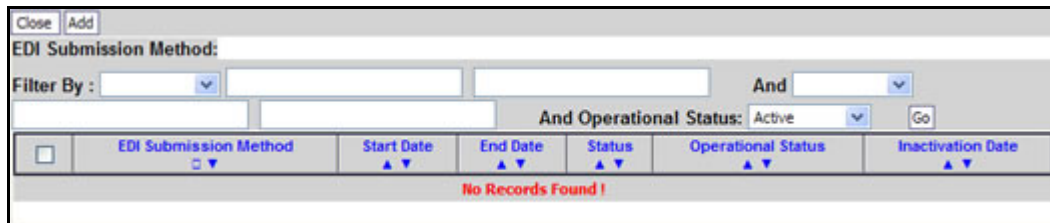


From the Business Process Wizard, click the EDI Submission Method link.

Step # : EDI Submission Method



ProviderOne displays the EDI Submission Method list.



Close Add

EDI Submission Method: _____

Filter By : _____ And _____

And Operational Status: Active Go

<input type="checkbox"/>	EDI Submission Method	Start Date	End Date	Status	Operational Status	Inactivation Date
No Records Found!						

Figure 6 - EDI Submission Method

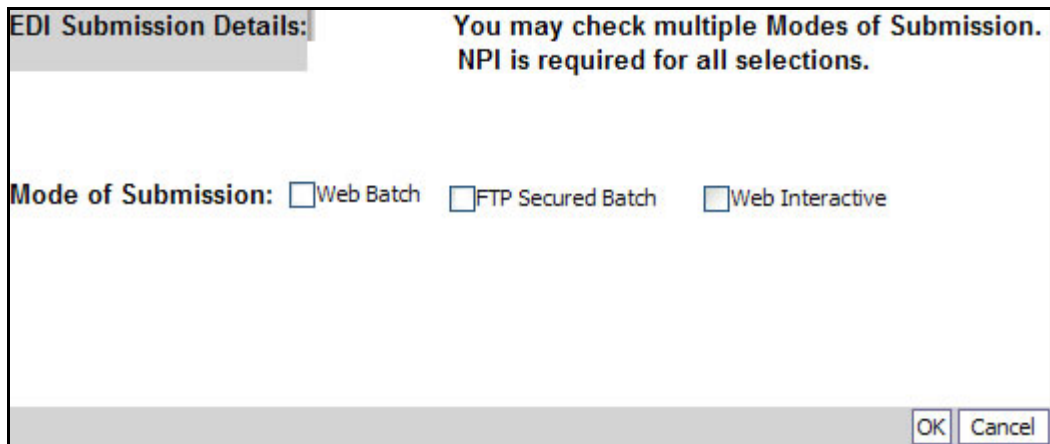
Adding a Submission Method



From the EDI Submission Method list, click the Add button.



ProviderOne displays the EDI Submission Details page.



EDI Submission Details: You may check multiple Modes of Submission. NPI is required for all selections.

Mode of Submission: Web Batch FTP Secured Batch Web Interactive

OK Cancel

Figure 7 - EDI Submission Details



Place a check in the box next to the EDI Submission Method(s) you will use and click the OK button.



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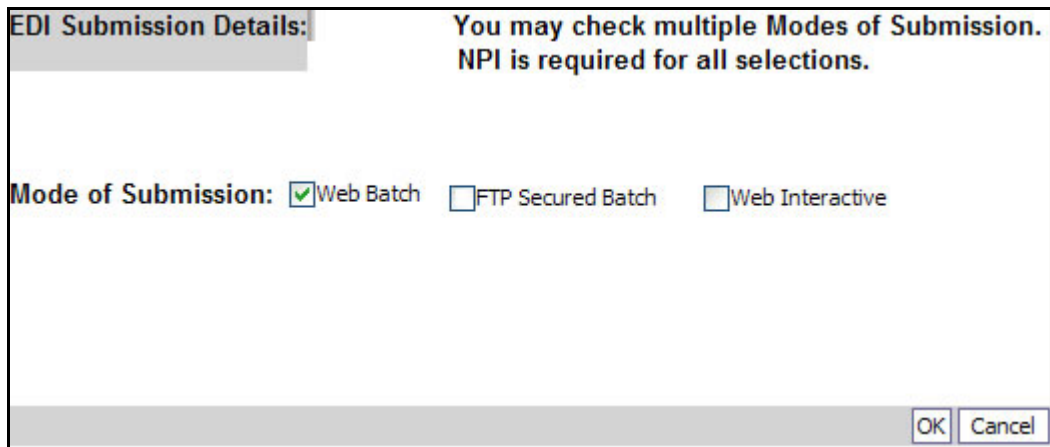
Modifying an EDI Submission Method



From the EDI Submission Method list, click the hyperlink in the EDI Submission Method column.



ProviderOne displays the EDI Submission Details page.



The screenshot shows a dialog box titled "EDI Submission Details:". The main text reads: "You may check multiple Modes of Submission. NPI is required for all selections." Below this, there is a section labeled "Mode of Submission:" with three radio button options: "Web Batch" (which is selected), "FTP Secured Batch", and "Web Interactive". At the bottom right of the dialog box are "OK" and "Cancel" buttons.

Figure 8 - EDI Submission Details



After completing your modifications, click the OK button to save the changes and close the window.

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View/Update EDI Billing Software Details

Accessing the EDI Billing Software Information List



From the Business Process Wizard, click the EDI Billing Software Details link.

Step # : EDI Billing Software Details



ProviderOne displays the EDI Billing Software Information list.

Close		Add					
EDI Billing Software Information:							
Filter By :		<input type="text"/>	<input type="text"/>	<input type="text"/>	Go		
<input type="checkbox"/>	Software Name	Software Version	Software Vendor Name	Vendor Contact Title	Vendor Contact Name	Vendor Contact Phone Number	End Date
	□ ▼	▲ ▼	▲ ▼	▲ ▼	▲ ▼	▲ ▼	▲ ▼
No Records Found !							

Figure 9 - EDI Billing Software Information



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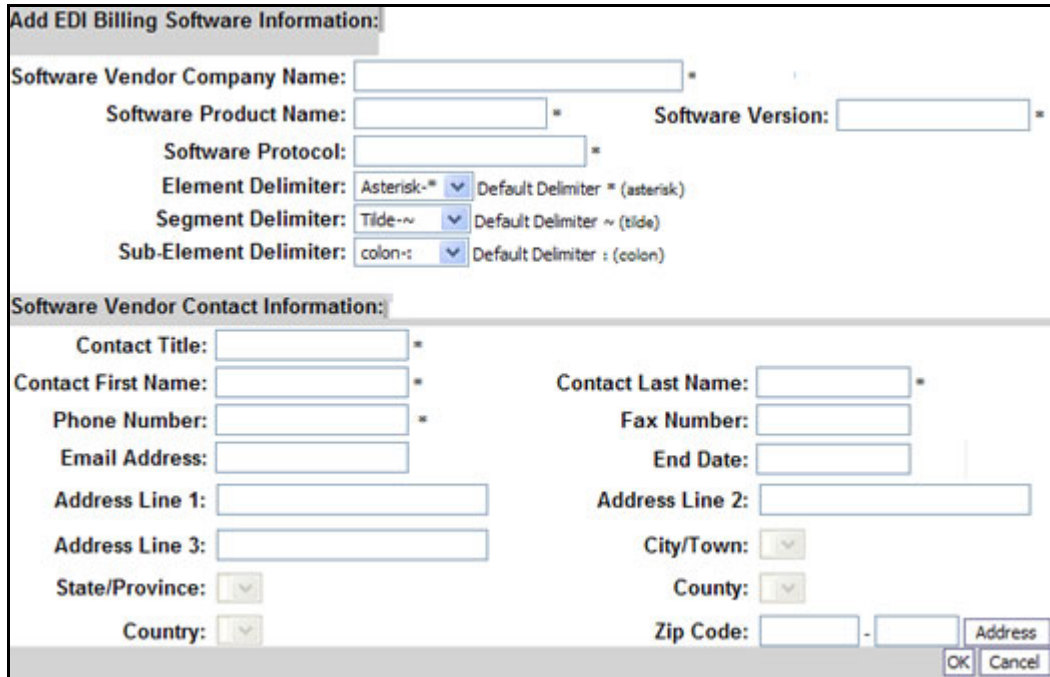
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Adding an EDI Billing Software Record



To add a new record, click the Add button.

ProviderOne displays the Add EDI Billing Software Information page.



The screenshot shows a web form titled "Add EDI Billing Software Information". It is divided into two main sections: "Software Vendor Company Information" and "Software Vendor Contact Information".

Software Vendor Company Information:

- Software Vendor Company Name: *
- Software Product Name: * Software Version: *
- Software Protocol: *
- Element Delimiter: Asterisk-* (Default Delimiter = (asterisk))
- Segment Delimiter: Tilde~ (Default Delimiter ~ (tilde))
- Sub-Element Delimiter: colon: (Default Delimiter : (colon))

Software Vendor Contact Information:

- Contact Title: *
- Contact First Name: * Contact Last Name: *
- Phone Number: * Fax Number:
- Email Address:
- End Date:
- Address Line 1:
- Address Line 2:
- Address Line 3:
- City/Town:
- State/Province:
- County:
- Country:
- Zip Code: -

Buttons: Address, OK, Cancel

Figure 10 - Add EDI Billing Software Information

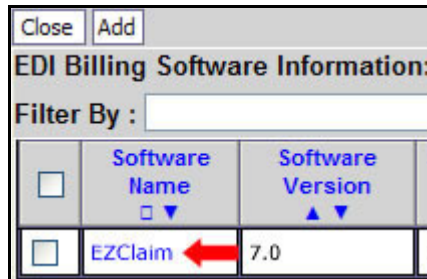


After completing the form, click the OK button to save the information and close the window, or Cancel to close the window without saving..

Modifying an EDI Billing Software Record



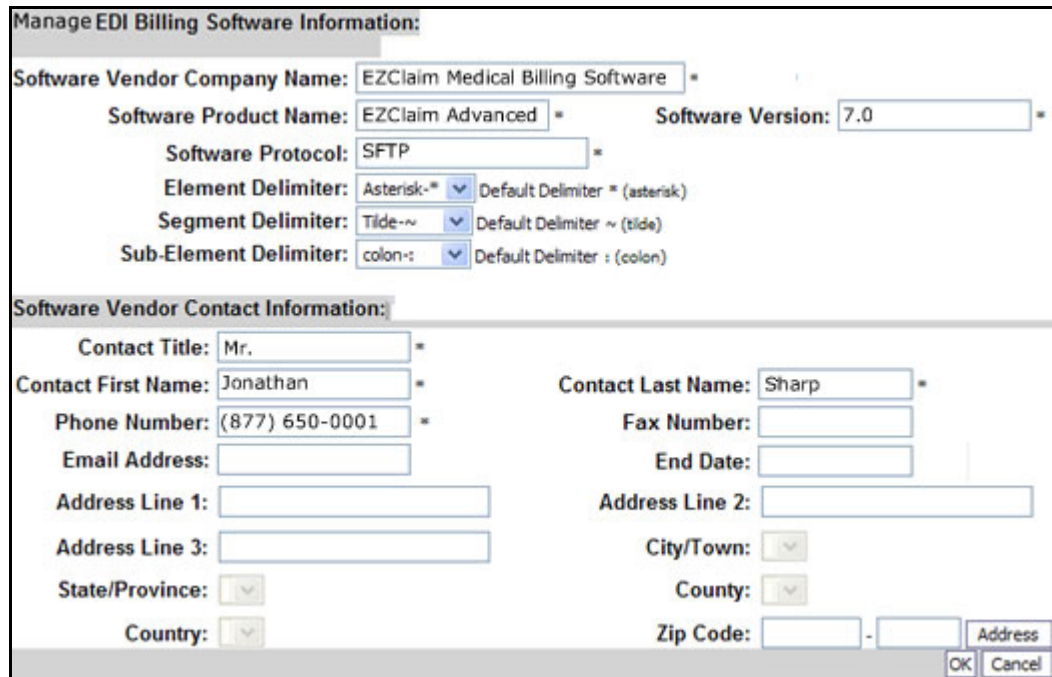
From the EDI Billing Software Information List, click the hyperlink in the Software Name column.



Close		Add	
EDI Billing Software Information:			
Filter By :			
<input type="checkbox"/>	Software Name	Software Version	
<input type="checkbox"/>	EZClaim	7.0	



ProviderOne displays the Manage EDI Billing Software Information page.



Manage EDI Billing Software Information:

Software Vendor Company Name: *

Software Product Name: * Software Version: *

Software Protocol: *

Element Delimiter: ▼ Default Delimiter * (asterisk)

Segment Delimiter: ▼ Default Delimiter ~ (tilde)

Sub-Element Delimiter: ▼ Default Delimiter : (colon)

Software Vendor Contact Information:

Contact Title: *

Contact First Name: * Contact Last Name: *

Phone Number: * Fax Number:

Email Address:

End Date:

Address Line 1:

Address Line 2:

Address Line 3:

City/Town:

State/Province:

County:

Country:

Zip Code: -

Figure 11 - Manage EDI Billing Software Information



After making your changes, click the OK button to save, or the Cancel button to close the window without saving.

View/Update EDI Contact Information

Accessing the EDI Contact List



From the Business Process Wizard, click the EDI Contact Information link.

Step # : EDI Contact Information



ProviderOne displays the EDI Contact Information List.



The screenshot shows a web application window titled "EDI Contact Information List". At the top left are "Close" and "Add" buttons. Below the title is a "Filter By:" section with two input fields and a dropdown menu. To the right is an "And" section with another input field and a dropdown menu. Below these is an "Operational Status:" dropdown menu set to "Active" and a "Go" button. The main area contains a table with the following columns: "Electronic Transaction" (with a checkbox), "Contact Title", "Contact Name", "Contact Phone Number", "Contact Email", "Start Date", "End Date", and "Status". Each column header has a small triangle icon indicating it is sortable. The table is currently empty, and a red message "No Records Found!" is displayed at the bottom of the table area.

Figure 12 - EDI Contact Information List



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Add an EDI Contact



To add a new record, click the Add button.

ProviderOne displays the Add EDI Contact Information page.

Add EDI Contact Information:

Contact Title : *

Contact First Name : * Contact Last Name : *

Phone Number : * Fax Number :

Email Address :

Start Date : * End Date :

Address Line 1: * Address Line 2:

Address Line 3:

City/Town: *

State/Province: * County:

Country: * Zip Code: -

Electronic Transactions:

Available Transactions		Associated Transactions *
270-Eligibility Enquiry 271-Eligibility Response 276-Claim Status Inquiry 277-Claim Status Response 277U-Unsolicited Claims Status Response 278-Prior Authorization Request 278-Prior Authorization Response 820-Premium Payment 834-Benefit Enrollment 835-Healthcare Claim Payment Advice 837D-Dental Claim 837I-Institutional Claim 837P-Professional Claim	<input type="button" value=" >>"/> <input type="button" value=" <<"/>	<div style="border: 1px solid gray; height: 150px; width: 100%;"></div>

Figure 13 - Add EDI Contact Information




After creating the Contact and assigning transactions, click the OK button to save.

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Modifying an EDI Contact



From the EDI Contact Information List, click the hyperlink in the Contact Name column.

EDI Contact Information List:			
Filter By : <input type="text"/> <input type="text"/>			
<input type="checkbox"/>	Electronic Transaction ▲ ▼	Contact Title □ ▼	Contact Name ▲ ▼
<input type="checkbox"/>	270,271,278	Mr. 	Card, Kent



ProviderOne displays the Manage EDI Contact Information page.

Manage EDI Contact Information:

Contact Title : *

Contact First Name : * Contact Last Name : *

Phone Number : * Fax Number :

Email Address :

Start Date : * End Date :

Address Line 1: * Address Line 2:

Address Line 3:

City/Town: * County:

State/Province: * Country: *

Zip Code: -

Electronic Transactions:

<p>Available Transactions</p> <ul style="list-style-type: none"> 276-Claim Status Inquiry 277-Claim Status Response 277U-Unsolicited Claims Status Response 820-Premium Payment 834-Benefit Enrollment 835-Healthcare Claim Payment Advice 837D-Dental Claim 837I-Institutional Claim 837P-Professional Claim 	<input type="button" value=">>"/> <input type="button" value="<<"/>	<p>Associated Transactions *</p> <ul style="list-style-type: none"> 270-Eligibility Enquiry 271-Eligibility Response 278-Prior Authorization Request 278-Prior Authorization Response
---	--	--

Figure 14 - Manage EDI Contact Information



After making your changes, click the OK button to save, or the Cancel button to close the window without saving.

Submit Modification for Review

Accessing the Final Submission Page



From the Business Process Wizard, click the Submit Modification for Review link.

Step # : Submit Modification for Review



ProviderOne displays the Final Submission page.

Close	Submit Provider Modification		
Final Submission			
ProviderOne ID: 2857403		Enrollment Type: Group Practice	
<p>The requested modifications submitted shall be verified and reviewed by the DSHS. During this time, you may not make additional changes. During this time, any changes to the information shall not be accepted. I agree that the information submitted as a part of the application is correct (Privacy and Confidentiality). Please use the Application # in all the documentation sent to the DSHS.</p>			
<p>Instructions for submitting documentation: 1. Please click on this link to display the documentation cover sheet. 2. Print the cover sheet. 3. Write the Application number in the 'Application #' field of the cover sheet. 4. Include the cover sheet, with the Application number, when mailing or faxing documentation to the DSHS.</p>			
Application Document Checklist:			
Forms/Documents ▲ □	Special Instructions ▲ ▼	Source ▲ ▼	Required ▲ ▼
Training and Education	Please provide a copy of all required Training and Documentation.		NO
Tax Documents	Please provide a copy of all required Tax Documents.	http://www.irs.gov	YES
Licenses and Certifications	Please provide a copy of all required Licenses and Certifications.	https://fortress.wa.gov/	NO
EDI Required Documentations	Please provide a copy of all require Trading Partner documents.		NO
Contracts and Agreements	Please provide a copy of Contracts, Agreements and current Core Provider.		YES
Business License	Please provide a copy of business license.	http://dor.wa.gov/content/home/brd/default.aspx	NO

Figure 15 - Final Submission

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Obtaining Documentation Source Documents



To download source documents, click the hyperlink in the Source column.


Tax Documents	Please provide a copy of all required Tax Documents.	http://www.irs.gov ←	YES
---------------	--	---	-----

Printing the Documentation Cover Sheet



Click the [this link](#) hyperlink to display the documentation cover sheet.

Instructions for submitting documentation:
1. Please click on [this link](#) to display the documentation cover sheet.




ProviderOne displays a PDF version of the cover sheet.



The screenshot shows a web form titled "ProviderOne" with the subtitle "Provider Modification Document Submission Cover Sheet". It features a text input field for "Provider ID", a barcode, and two buttons: "Print Cover Sheet" and "Clear Fields".

Figure 16 - Provider Modification Cover Sheet



Enter the Provider ID and print the cover sheet. Include this cover sheet with the documentation listed in the Application Document Checklist.

Re-printing the Documentation Cover Sheet



From the Business Process Wizard, click the Submit Modification for Review link.

Step # : [Submit Modification for Review](#)



Click the [this link](#) hyperlink to display the documentation cover sheet. Follow the steps on the previous page.

Instructions for submitting documentation:
1. Please click on [this link](#) to display the documentation cover sheet.



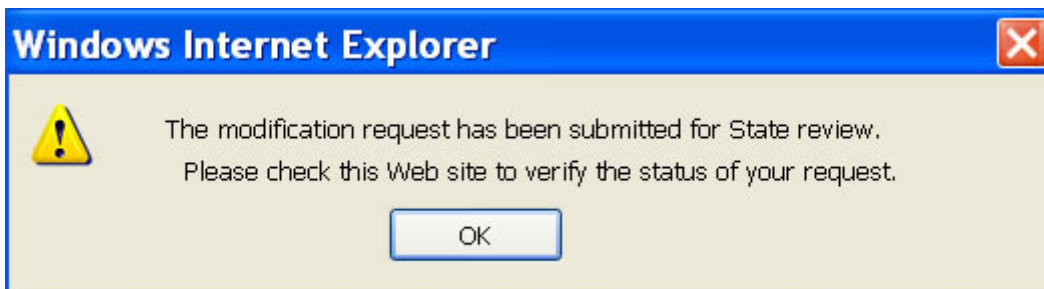
Submitting the Provider Modifications to DSHS



From the Final Submission page, click the Submit Provider Modification button.



ProviderOne displays the following Internet Explorer message.



Click OK to close the message and then click the Close button.

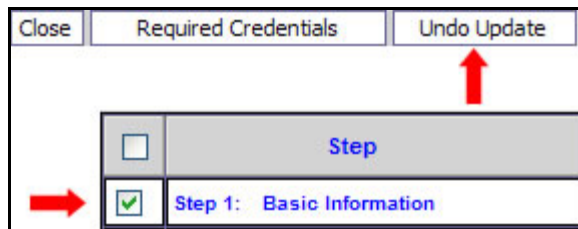
Undoing Provider Information Updates

The Undo Update option is only available prior to clicking the Submit Modification button.



To Undo a modification, check the Step and click the Undo Update button.

Close	Required Credentials	Undo Update
<input type="checkbox"/>	Step	
<input checked="" type="checkbox"/>	Step 1: Basic Information	



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