



# Quick Reference Desk Aid for Creating a Claim Template in ProviderOne

HCA Interpreter Services Program  
Medicaid Programs Division  
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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.



**ProviderOne**

Domain Name

User Name

Password

Login

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

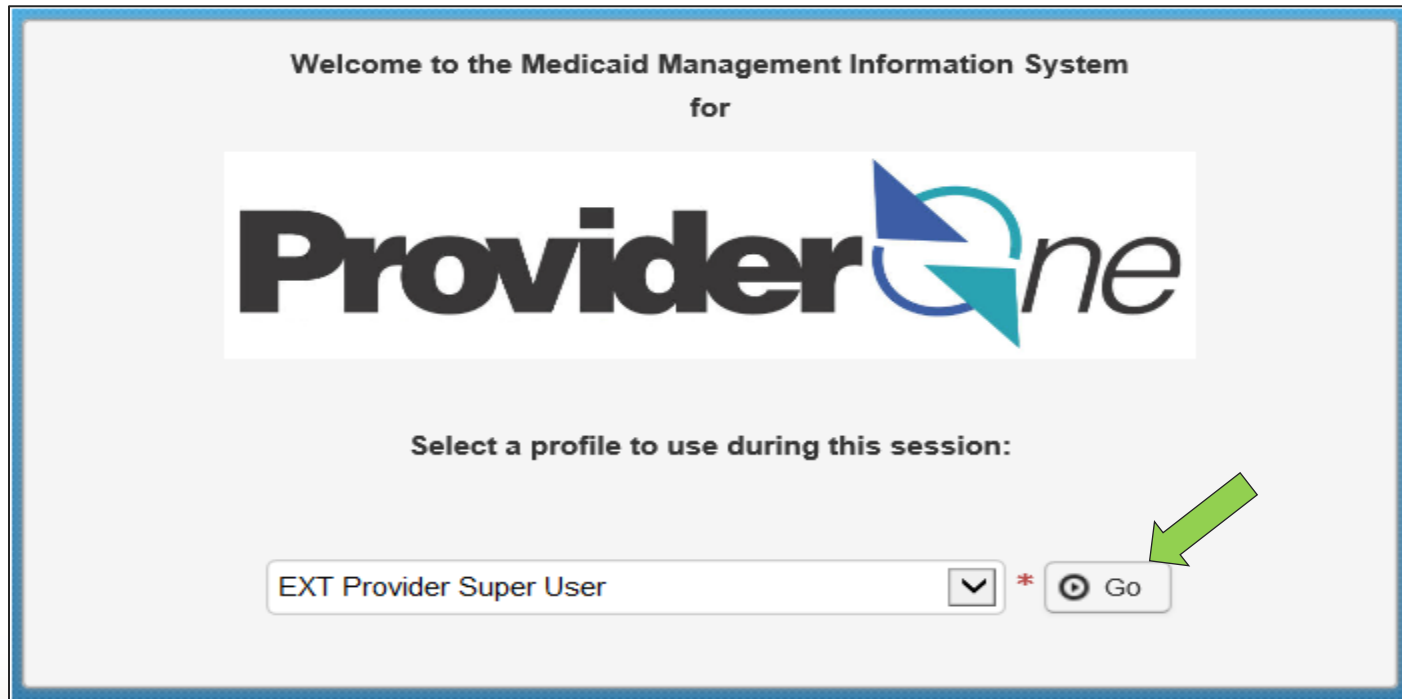
Unlock Account and Reset Password? [Click here](#)

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

Login Problems? [Click here](#)

# Logging into ProviderOne

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



Welcome to the Medicaid Management Information System  
for

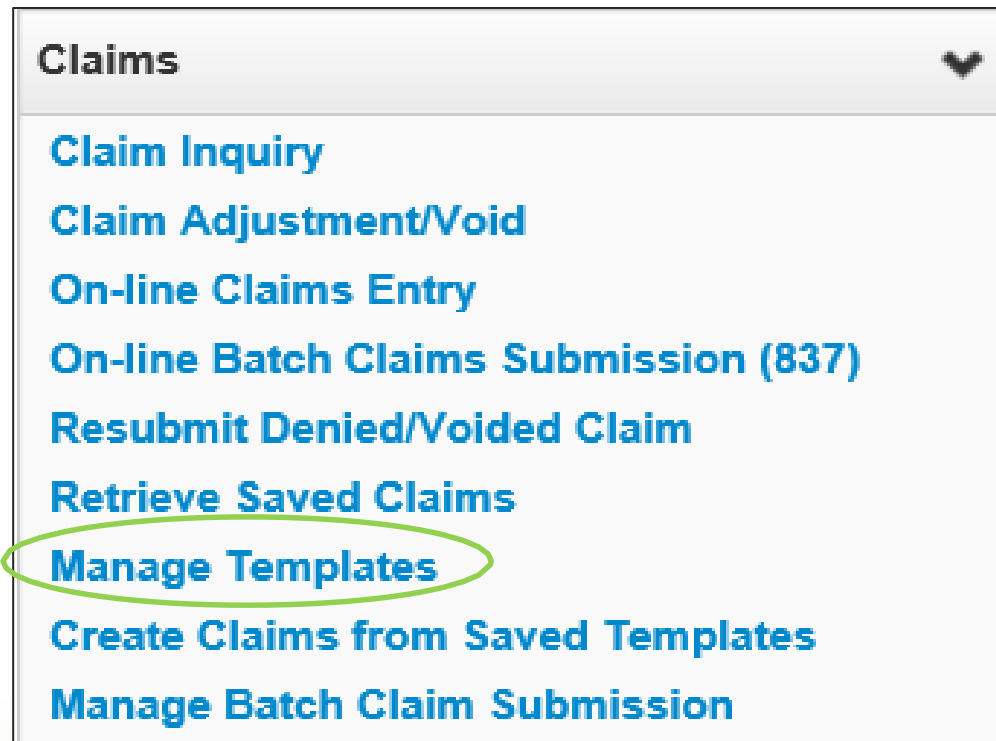
**ProviderOne**

Select a profile to use during this session:

EXT Provider Super User ▼ \* Go

# Creating a Claim Template

Click on the **Manage Templates** hyperlink.



# Creating a Claim Template

- At the Create a Claim Template and list screen, choose **Professional** from the **Type of Claim** box.
- Click the **ADD** button to bring up the claim template form.

Close + Add

Create a Claim Template

Type Of Claim Professional

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

Claims Template List

Filter By : [ ] And [ ] [ ] Go Save Filter My Filters

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

# Creating a Claim Template

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

Close Save Template Reset

### Professional Claim

Note: asterisks (\*) denote required fields.

Basic Claim Info
Other Claim Info

Billing Provider
Rendering Provider
Subscriber
Claim
Service

\* Template Name:

### PROVIDER INFORMATION

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

#### BILLING PROVIDER

\* Provider NPI:       \* Taxonomy Code:

Is the Billing Provider also the Rendering Provider?     Yes  No

Is this service the result of a referral?                             Yes  No

### SUBSCRIBER/CLIENT INFORMATION

#### SUBSCRIBER/CLIENT

\* Client ID:

**Additional Subscriber/Client Information**

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

\* Is this a Medicare Crossover Claim?     Yes  No

**OTHER INSURANCE INFORMATION**

### CLAIM INFORMATION

Go to [Other Claim Info](#) to include the following claim detail information:  
Specialized Line Services, Miscellaneous Line Data, Line Level Providers, Miscellaneous Line Dates, Test Results or Form Identification Information.

**PRIOR AUTHORIZATION**

**CLAIM NOTE**

**EPSDT INFORMATION**

**CONDITION INFORMATION**

\* Is this claim accident related?     Yes  No

# 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:	<input type="text"/>
* Taxonomy Code:	<input type="text" value="171R00000X"/>

Diagnosis Codes: * 1:	<input type="text" value="Z710"/>	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: 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.

Close Save Template Reset

**Professional Claim**

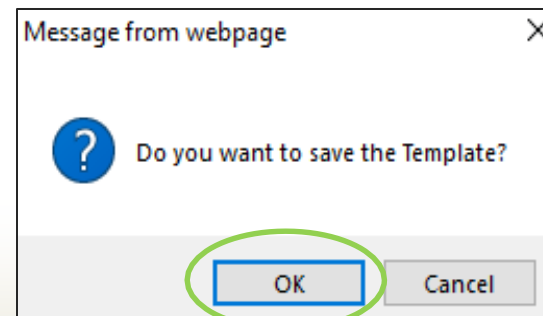
Note: asterisks (\*) denote required fields.

**Basic Claim Info** Other Claim Info

Billing Provider | Rendering Provider | Subscriber | Claim | Service

\* Template Name: SIGN LANGUAGE TEMPLATE

- 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

Close Add

Create a Claim Template

Type Of Claim: Professional

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

Claims Template List

Filter By: [ ] And [ ] [ ] Go Save Filter My Filters

<input type="checkbox"/>	Template Name ▲▼	Type ▲▼	Last Updated By ▲▼	Last Updated Date ▲▼
<input type="checkbox"/>	SIGN LANGUAGE TEMPLATE	Professional	PRU	01/31/2020

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

# 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)

Close Add

Create a Claim Template

Type Of Claim: Professional

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

Claims Template List

Filter By : And Go Save Filter My Filters

	Template Name	Type	Last Updated By	Last Updated Date
<input checked="" type="checkbox"/>	SIGN LANGUAGE TEMPLATE	Professional	PRU	01/31/2020

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

# Save As/ Copy Template

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

Close Save Template Reset

**Professional Claim**

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

**Basic Claim Info** Other Claim Info

Billing Provider | Rendering Provider | Subscriber | Claim | Service

Submitter ID: 200320900

\* Template Name: SIGN LANGUAGE TEMPLATE 2

**PROVIDER INFORMATION**

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

**BILLING PROVIDER**

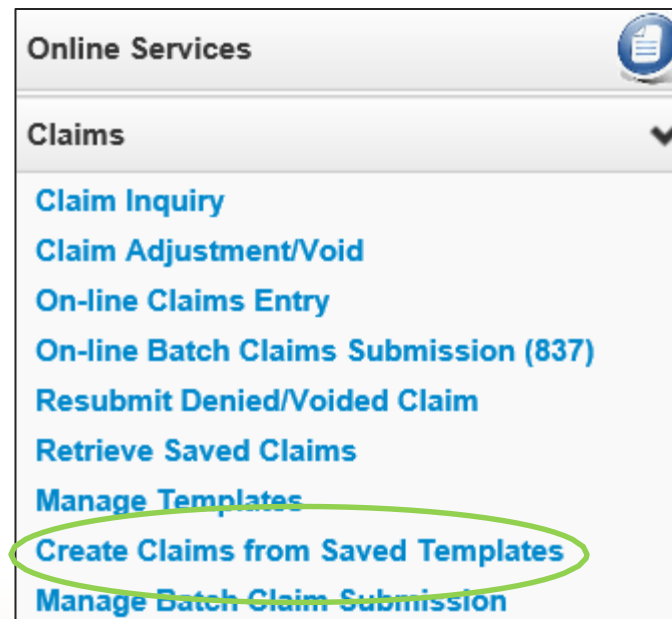
\* Provider NPI:  \* Taxonomy Code:

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

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

# Submitting a Template Claim

- Claims can be submitted from a template.
- Click on the **Create Claims from Saved Templates** hyperlink.



# Submitting a Template Claim

- The **Create Claims from Saved Templates** list is displayed.
- Click on the **Template Name** to bring up the **template**.

Close
Create Claim from Saved Templates List ▲

Filter By :  ▼  And  ▼   Go

Template Name <span style="font-size: 0.8em;">▲▼</span>	Type <span style="font-size: 0.8em;">▲▼</span>	Last Updated By <span style="font-size: 0.8em;">▲▼</span>	Last Updated Date <span style="font-size: 0.8em;">▲▼</span>
SIGN LANGUAGE TEMPLATE	Professional	PRU	01/31/2020
SIGN LANGUAGE TEMPLATE 2	Professional	PRU	01/31/2020

View Page:    
Viewing Page: 1

# 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.

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



# Questions?



# Contact and Support

- Contact Interpreter Services at:
  - [interpretersvcs@hca.wa.gov](mailto:interpretersvcs@hca.wa.gov)
- Interpreter Services Website:
  - [www.hca.wa.gov/isproviders](http://www.hca.wa.gov/isproviders)
- HCA Provider Enrollment
  - [providerenrollment@hca.wa.gov](mailto:providerenrollment@hca.wa.gov)
  - 1-800-562-3022 ext. 16137
- Contact Provider Relations:
  - [providerrelations@hca.wa.gov](mailto:providerrelations@hca.wa.gov)
- ODHH
  - <https://www.dshs.wa.gov/altsa/odhh>
  - 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.