Adjust, Void and Resubmit Claims

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Definitions

1099 Provider: A provider that receives a 1099 tax document at the end of the year. Except for Individual ProviderOne providers, all providers contracted with DSHS are 1099 providers.

Adjust Claim: To make changes to a paid claim and submit the revised claim to be processed

Client ID: The client's ProviderOne ID number, 9 digits followed by WA, *ex: 123456789WA*

Denied Claim: A claim where one or more denial reasons are present, causing the entire claim to be denied. There is no payment.

Non-Offset Adjustment: A method of recouping overpayments where the debt is sent to the Office of Financial Recovery (OFR) for collection.

Offset Adjustment: A method of recouping overpayments where future payments are reduced until the debt is repaid.

Overpayment: A debt owed to the State. May be due to a voided claim or an adjusted claim that pays less than the original claim.

Paid Claim: A claim where at least one service line was not denied. There may or may not be a payment associated with a paid claim, a claim can be considered paid even if the payment was $0.

Provider ID: The provider's ID number for ProviderOne, 7 digits. This is the same as the Domain number. You will see this listed on the Authorization with a 2 digit location code such as 01, *ex: 123456701.*

TCN: Transaction Control Number; also called the claim number, this is an 18 digit number assigned to a claim for tracking purposes.

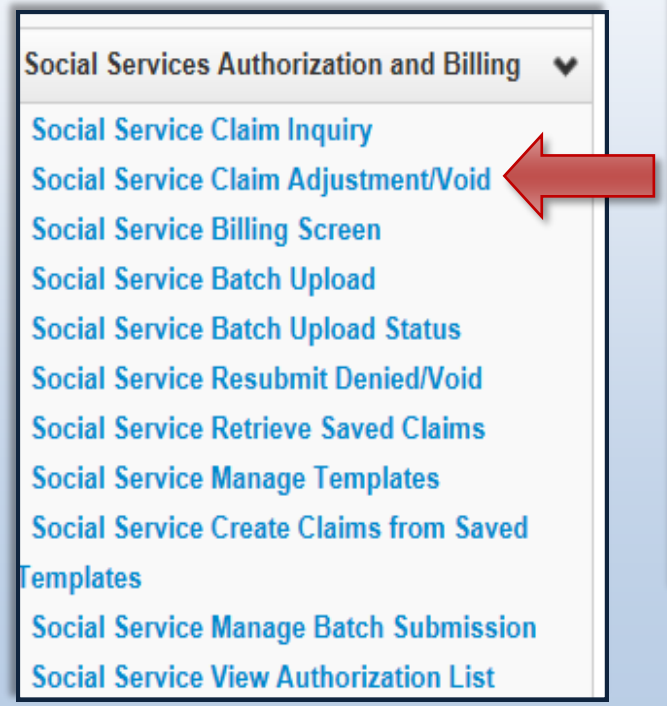
Voided Claim: A claim that was originally paid, and then later was canceled and the payment taken back.

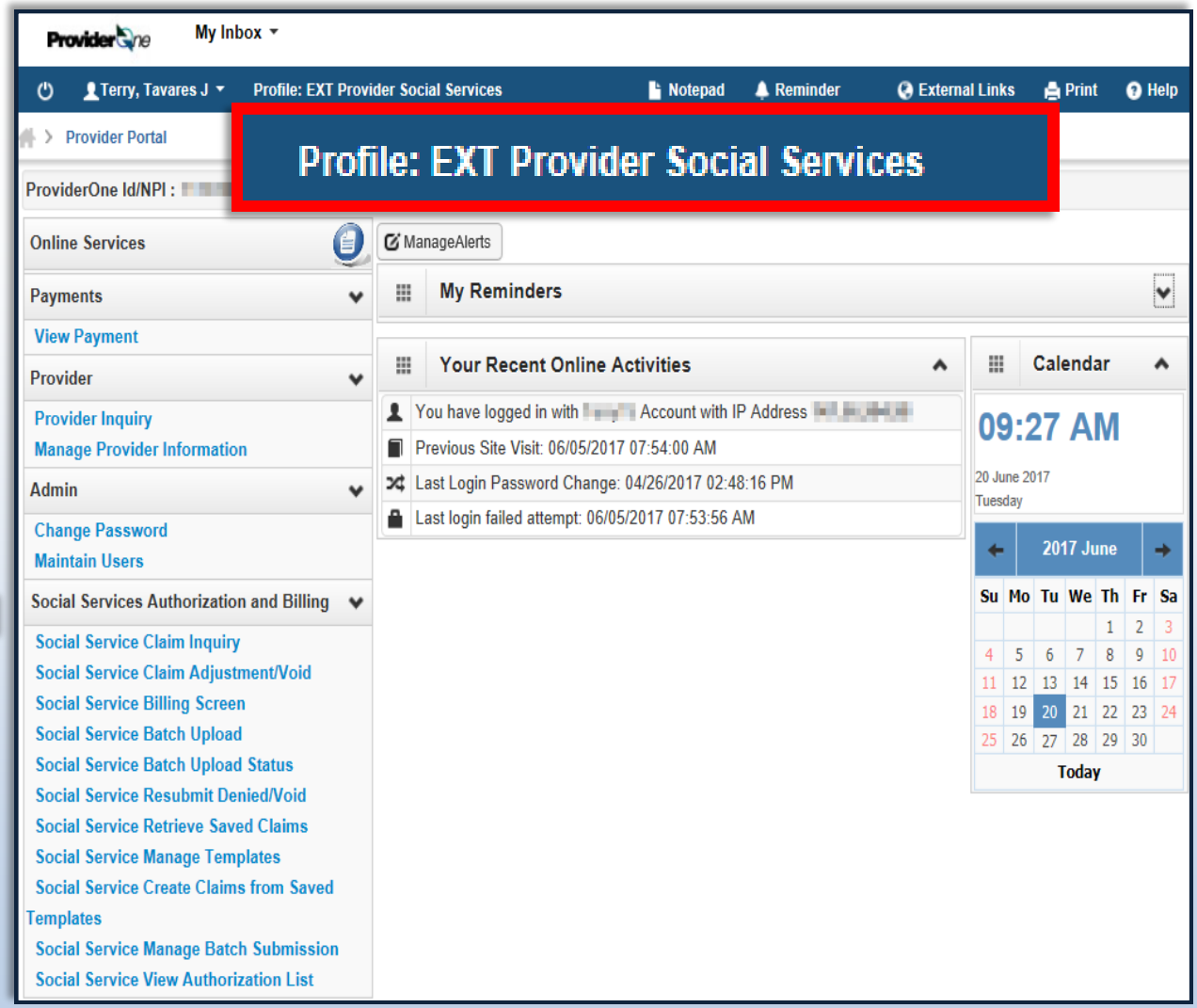
Adjust Claims

Adjust Claims

To adjust a paid claim:

- Log in to ProviderOne using the 'EXT Provider Social Services' profile,
- Click on 'Social Service Claim Adjustment/Void'.





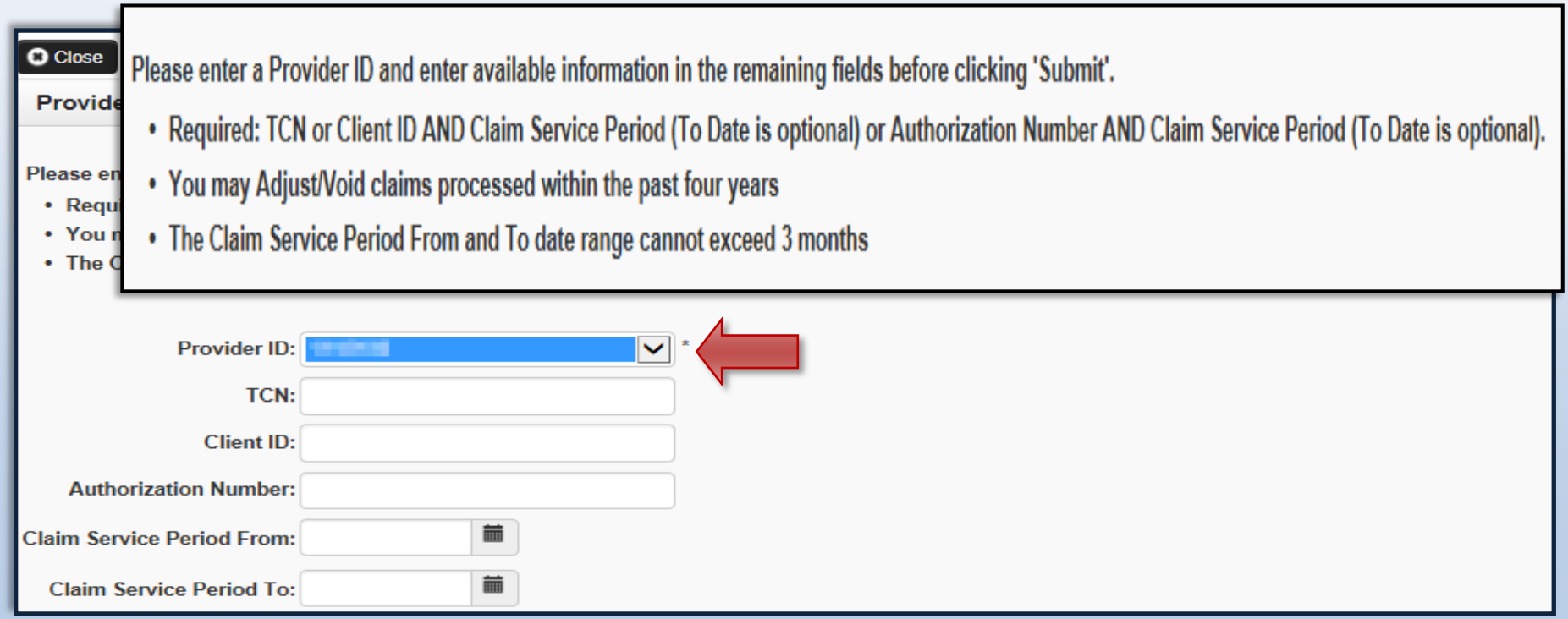
Adjust Claims

The '**Provider Social Service Claim Adjust/Void Search**' page appears. There are search requirements to be aware of when searching for claims.

The 'Provider ID' associated to the domain currently in use will automatically be listed in the Provider ID dropdown. You can search by:

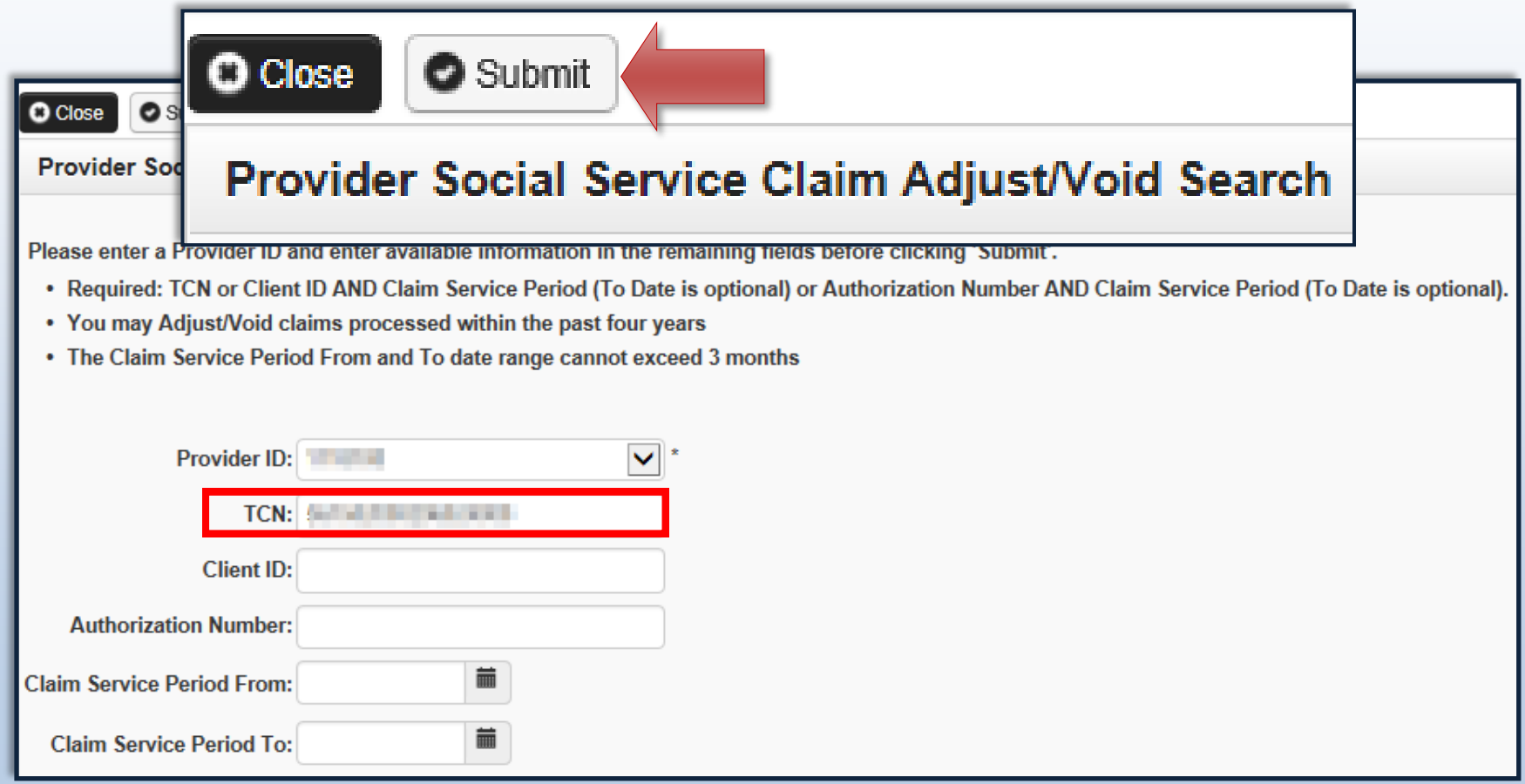
- **TCN** *(Transaction Control Number)* or,
- **Client ID and Claim Service Period.** *(From and To Date)*

Note:
Search requests must be for claims submitted within the past 4 years. The Claim Service Period cannot exceed 3 months.



Search Using the TCN:

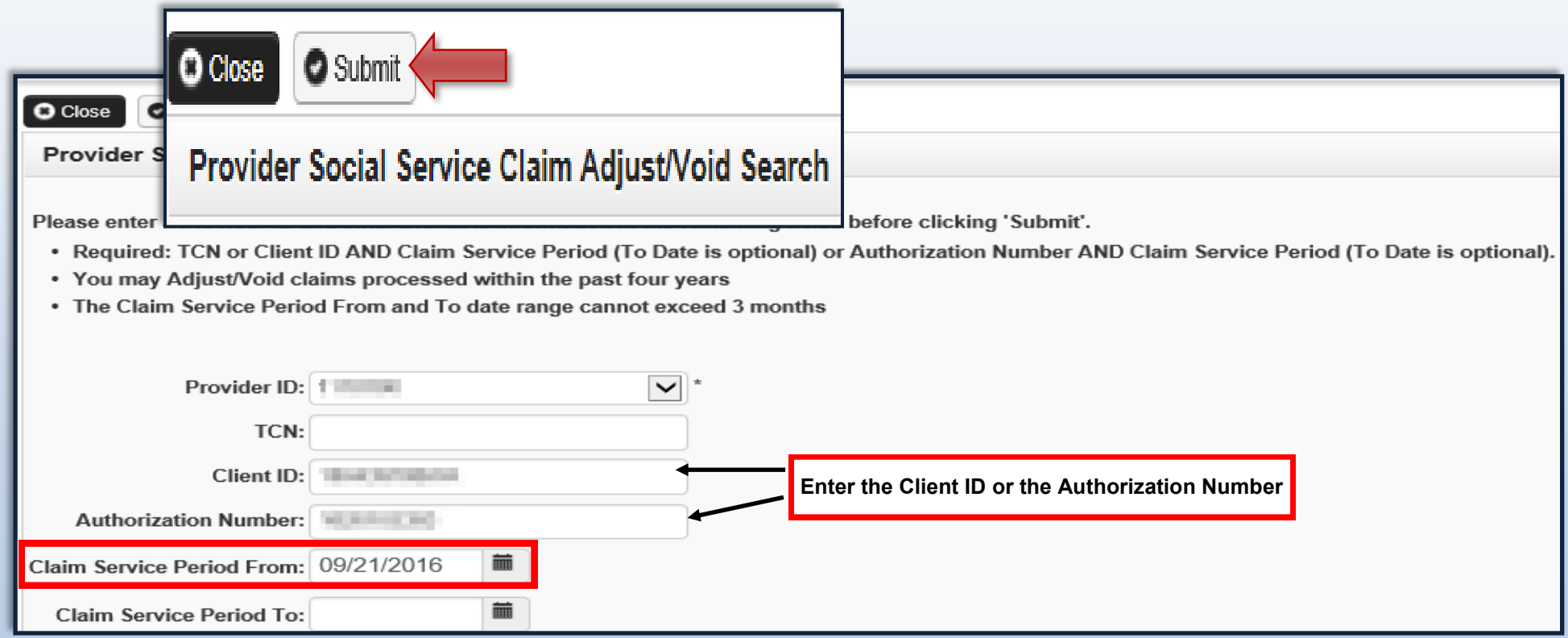
- Enter the ‘TCN’,
- Click on ‘**Submit**’. *(Located near the top left corner of the page.)*



Adjust Claims

Search Using Client ID or Authorization Number:

- Enter the 'Client ID' *(client ID ends in WA and is found on the authorization)* **or**,
- Enter the 'Authorization Number' and,
- Enter 'Claim Service Period From' date in MM/DD/YYYY format *(Claim Service Period To date is optional, but not using it may return multiple claims),*
- Click on '**Submit**' *(located near the top left corner of the page).*



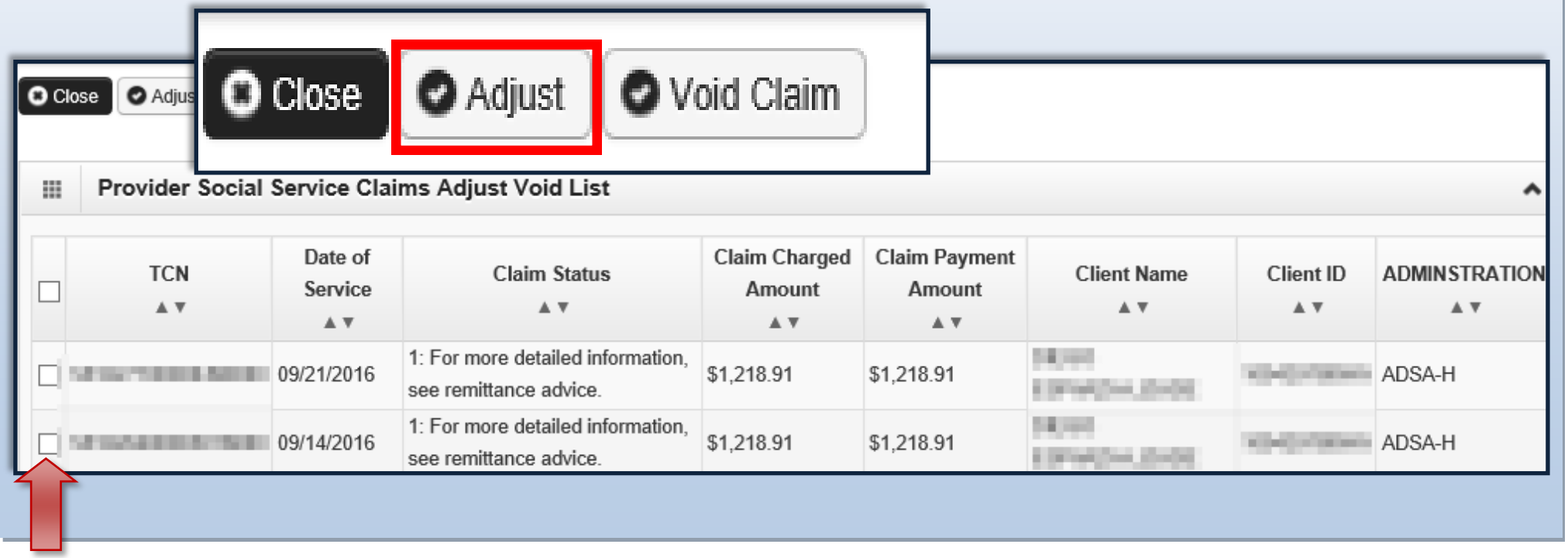
Adjust Claims

The '**Provider Social Service Claims Adjust Void List**' appears.

To Adjust a Paid Claim:

- Check the box next to the Transaction Control Number *(TCN)*.
- Click on '**Adjust**'.

Note:
The populated list will show the TCN, Date of Service, Claim Status, Claim Charged Amount, Claim Payment Amount, Client ID and the Administration providing services for the client.



Adjust Claims

The '**Adjust Social Services Claim**' page appears.

The screen is similar to the Billing Screen; however, the page includes an 'Original Transaction Control Number' *(TCN).*

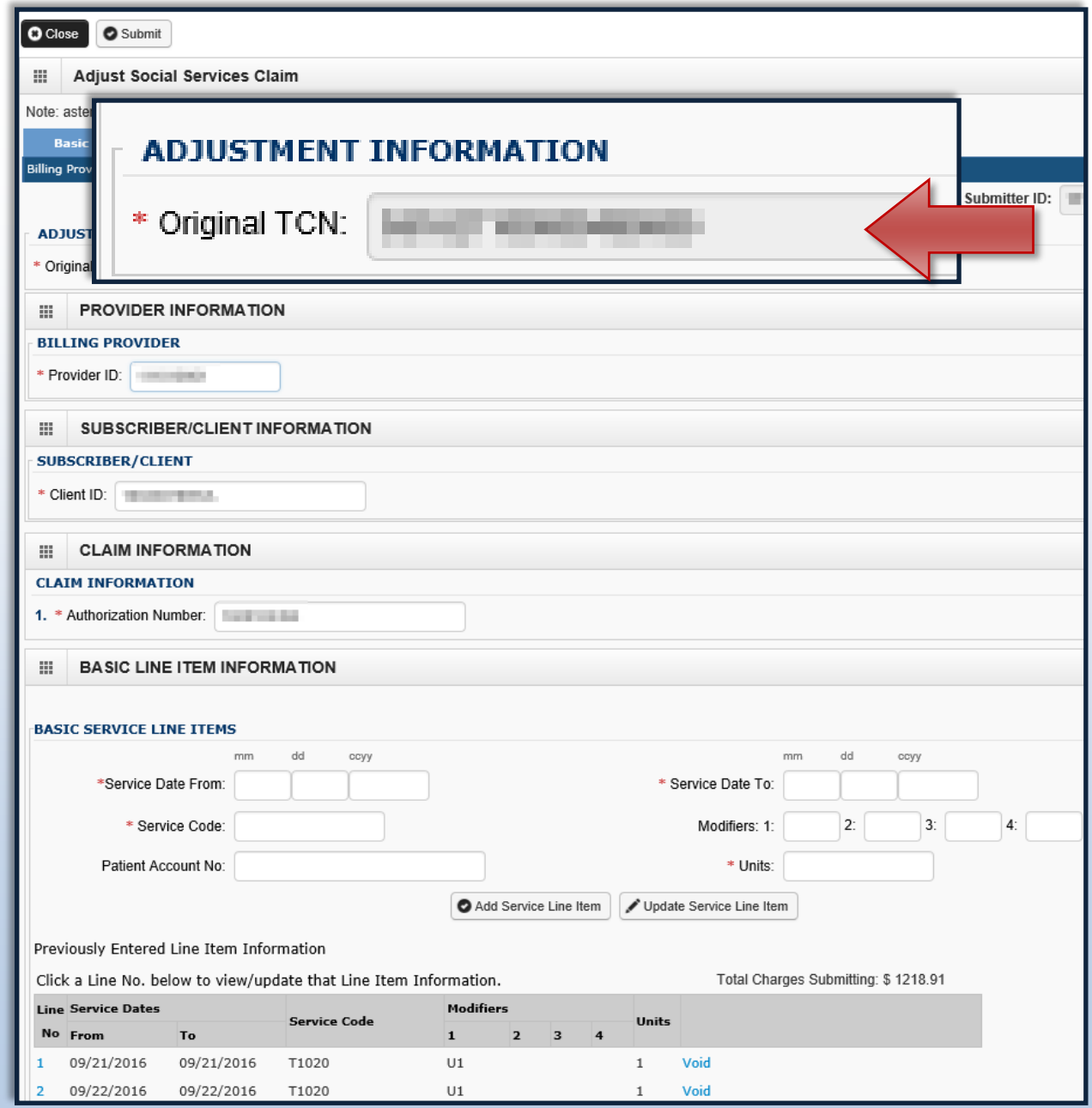
If there has been a change that does not require you to change any data, click '**Submit**' at this point and finish sending the claim to ProviderOne for processing.

Example:

The authorized rate associated to the service has changed since the claim was submitted and paid. To adjust the claim, do the following:

- Locate the claim,
- Once the claim information loads, select '**Submit**' and finish the claim submission as you would a new claim.

The claim will be reprocessed using the new authorization data under a new TCN.

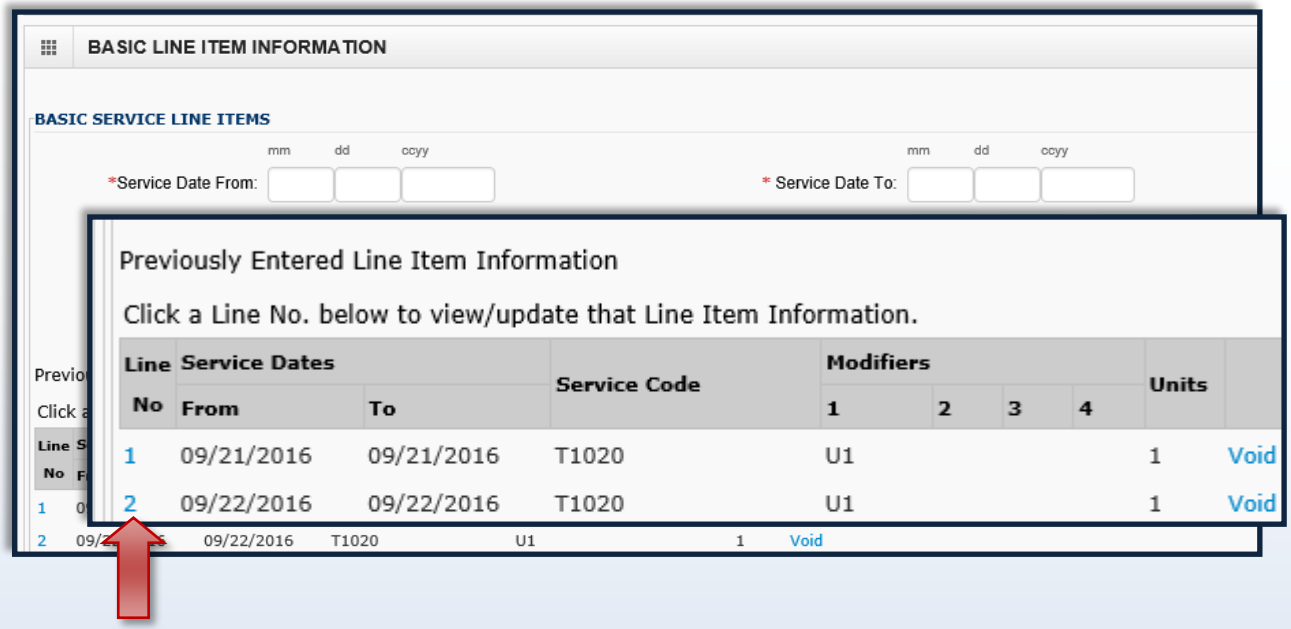


Adjust Claims

In the next few pages, we will explore the different options available when adjusting paid claims.

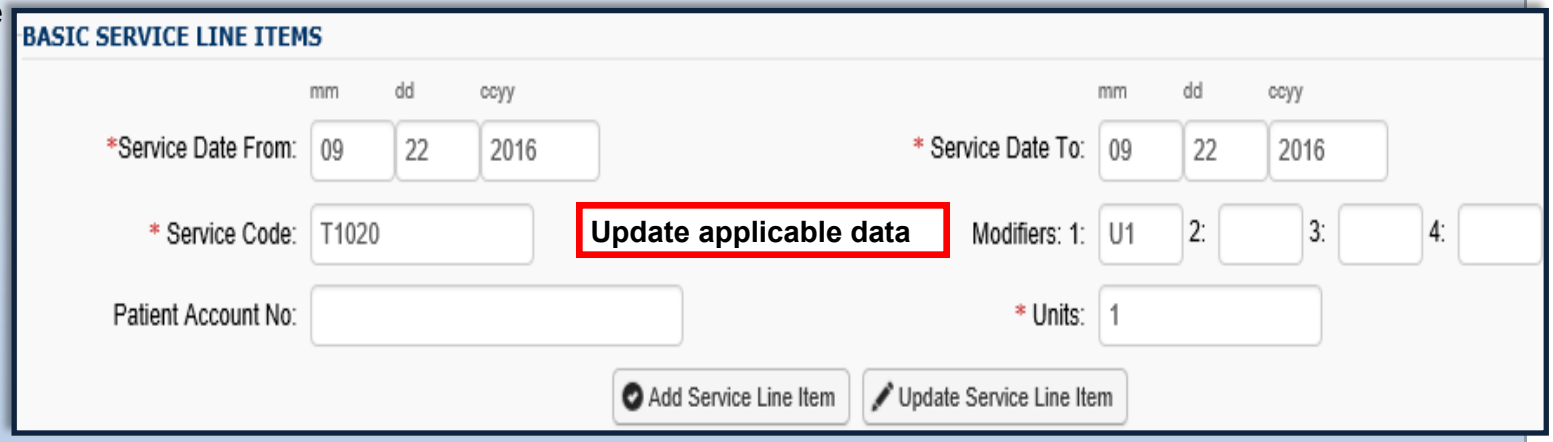
This includes:

- Modifying Service Line data
- Adding Service Lines
- Voiding Service Lines



Modifying Service Line Data:

- Click on a 'Service Line Number',
- The corresponding service line information appears,
- Make needed changes to the data fields.

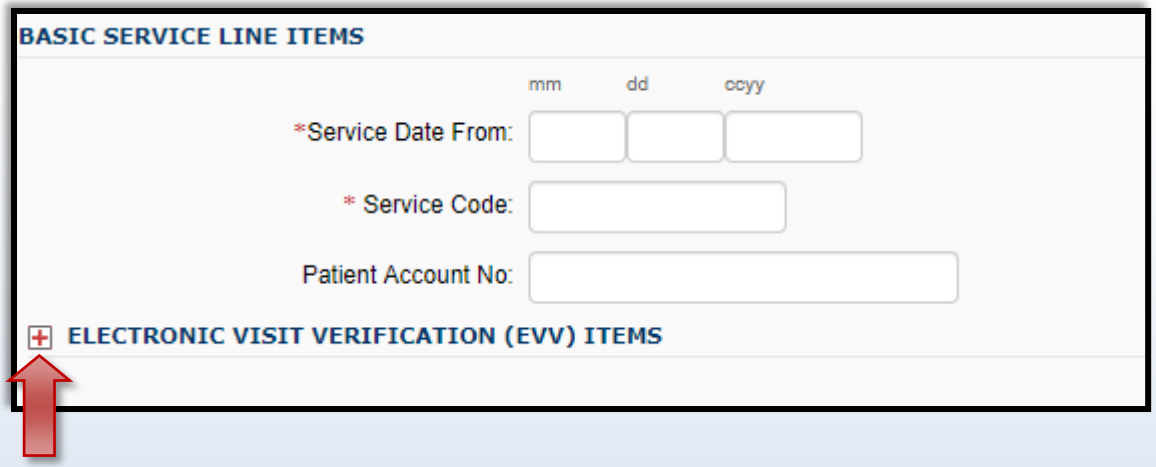


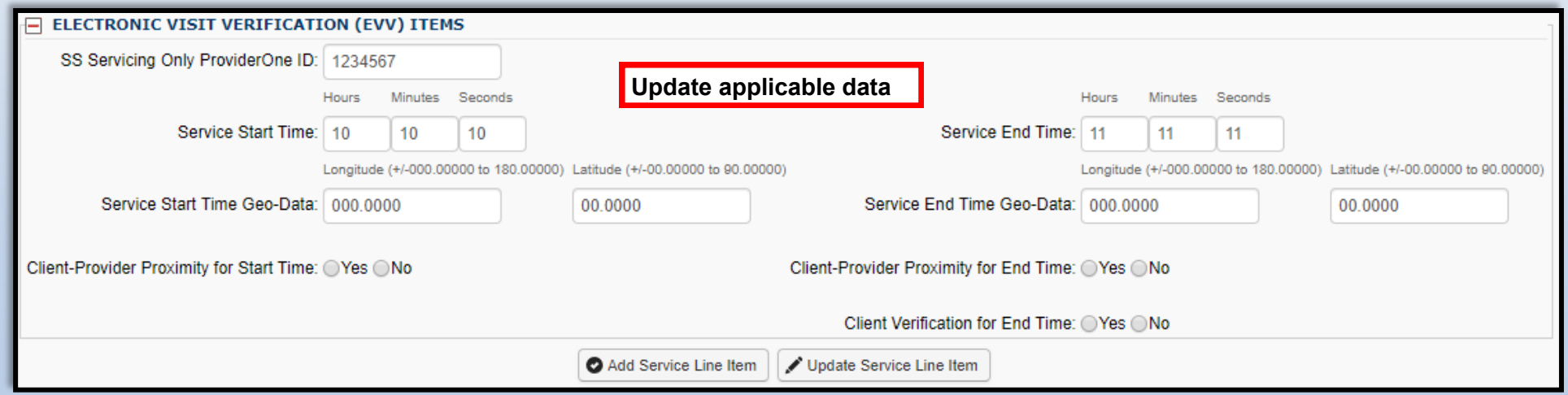
Adjust Claims

Electronic Visit Verification (EVV) Items:

If you are billing for a Home Care Agency or Consumer Directed Employer providing personal care services to independent living clients, then EVV information is required to be submitted with your claims. Click on the red + to expand this section.

Make needed changes to the data fields.

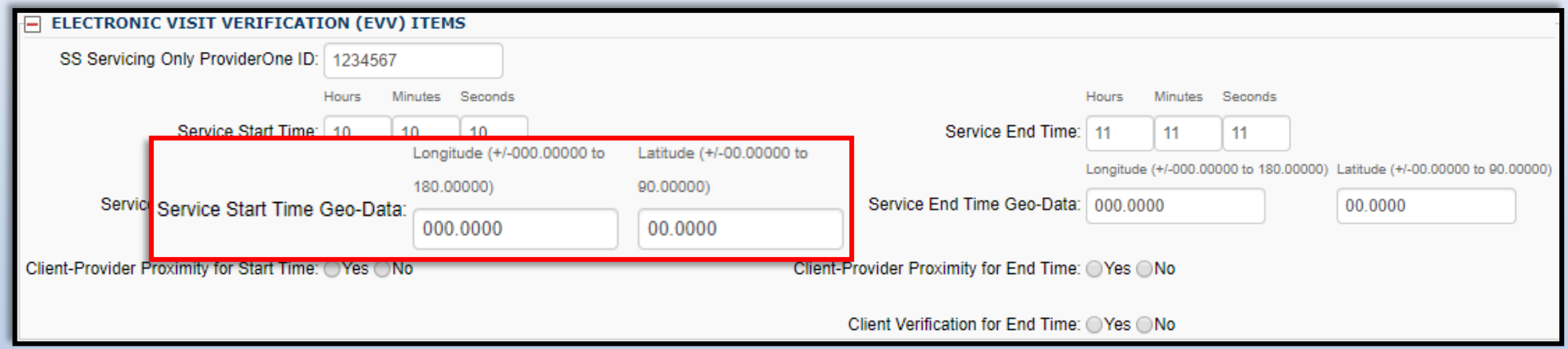




Adjust Claims

Notes about Geo-Data:

- All Geo-Data entries must be entered to at least 4 decimal places.
- Geo-Data is required if the Service Start/End Time is at the client's home.
- Geo-Data is optional if the Service Start/End Time is in the community, however, your claim will be denied if either of these fields are left blank.
  - ⇒ Please include the generic Longitude/Latitude values of 000.0000 and 00.0000 if you do not capture Geo-Data in the community.



Adjust Claims

- Click on '**Update Service Line**'.
- The service line updates with the new information. *(line #2 shown below)*

Note:
*Make sure to select '**Update Service Line Item**' rather than '**Add Service Line Item**' unless your adjustment is to add service dates on new lines.*

Previously Entered Line Item Information

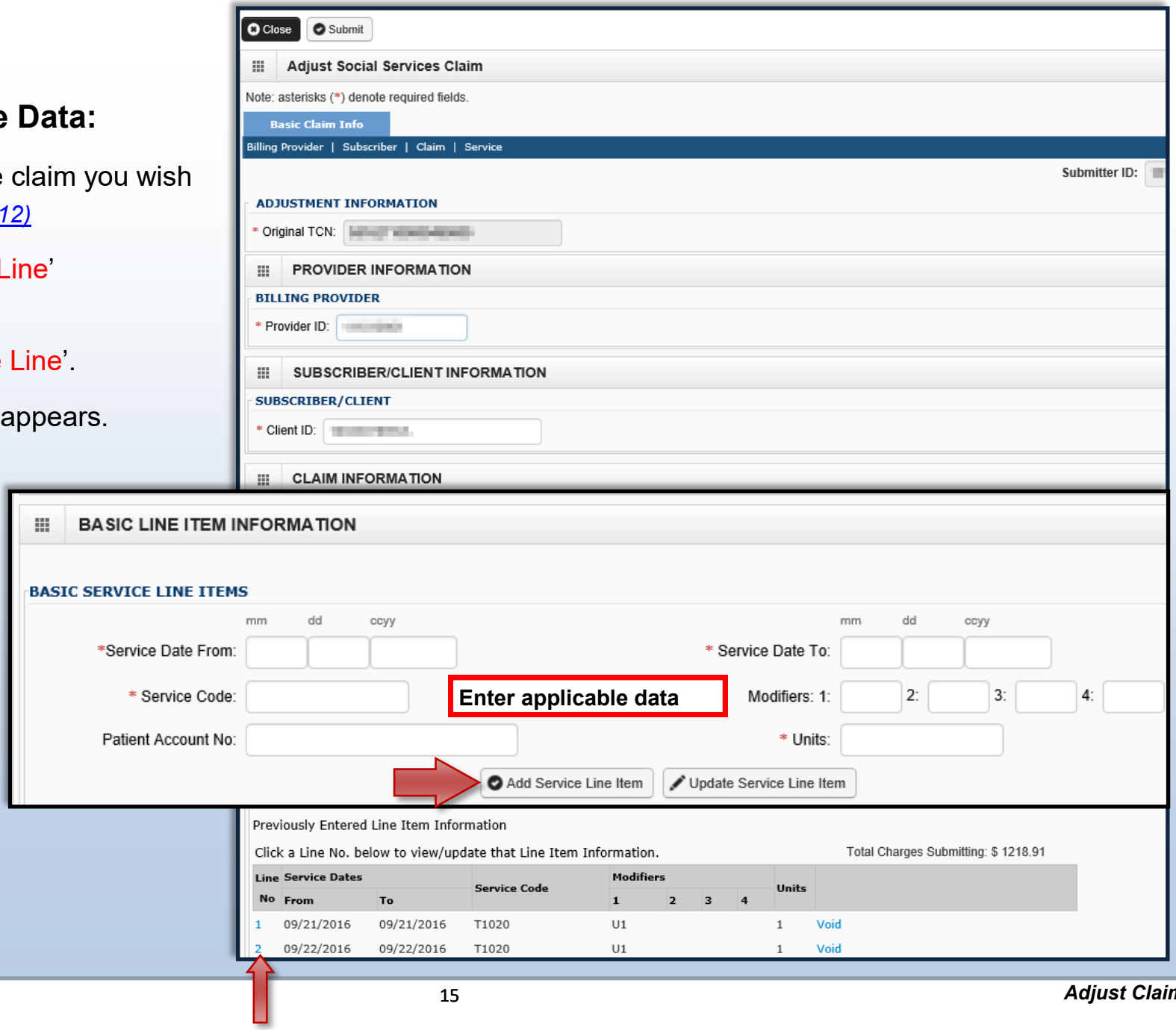
Click a Line No. below to view/update that Line Item Information.

Line No	Service Dates		Service Code	Modifiers				Units	
	From	To		1	2	3	4		
1	09/21/2016	09/21/2016	T1020	U1				1	Void
2	09/23/2016	09/23/2016	T1020	U1				1	Void

Adjust Claims

Adding Service Line Data:

- Locate and select the claim you wish to update, *(see pgs. 9-12)*
- Enter 'Basic Service Line' information,
- Click on 'Add Service Line'.
- The new service line appears. *(Line #2 shown below)*



Voiding Service Line Data:

- Locate and select the claim you wish to update, *(see pgs. 9-12)*
- Determine which line needs to be voided in the 'Previously Entered Line Item Information' section,
- Click '**Void**' at the end of the line you wish to remove,

Previously Entered Line Item Information

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

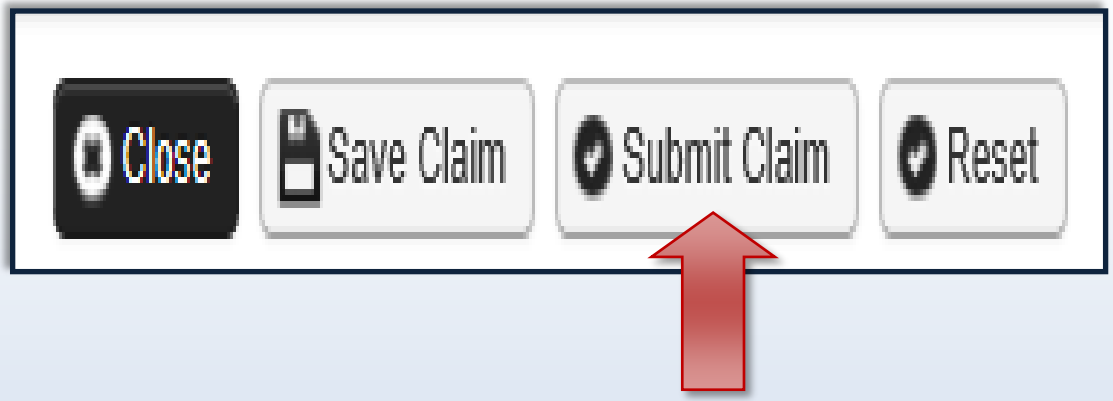
Line No	Service Dates From	Service Dates To	Service Code	Modifiers 1	Modifiers 2	Modifiers 3	Modifiers 4	Units	
1	01/23/2019	01/23/2019	T1019					32	Void
2	01/24/2019	01/24/2019	T1019					32	Void
3	01/22/2019	01/22/2019	T1019					32	Void
4	01/28/2019	01/28/2019	T1019					32	Void

- The line disappears from the claim, and any subsequent lines will change numbers to match the new order. *(Notice that the line for 1/24/2019 has been removed, and lines 3 and 4 have moved up in the order.)*

Line No	Service Dates From	Service Dates To	Service Code	Modifiers 1	Modifiers 2	Modifiers 3	Modifiers 4	Units	
1	01/23/2019	01/23/2019	T1019					32	Void
2	01/22/2019	01/22/2019	T1019					32	Void
3	01/28/2019	01/28/2019	T1019					32	Void

Adjust Claims

Once all service line information is entered and checked for accuracy, click '**Submit Claim**' at the top of the screen.



Note:

If submitting a claim with the pop-up blockers on, the claim information will remain on the screen. Providers should turn off pop-up blockers before logging in to ProviderOne.

*Attempting to click '**Submit Claim**' again will return an error message that says: The information you are trying to submit has been queried by another user.*

*To remedy this, log out of ProviderOne, turn off your browser's pop-up blockers, then log in to ProviderOne again and return to the '**Adjust Social Services Claim**' page to begin again.*

Adjust Claims

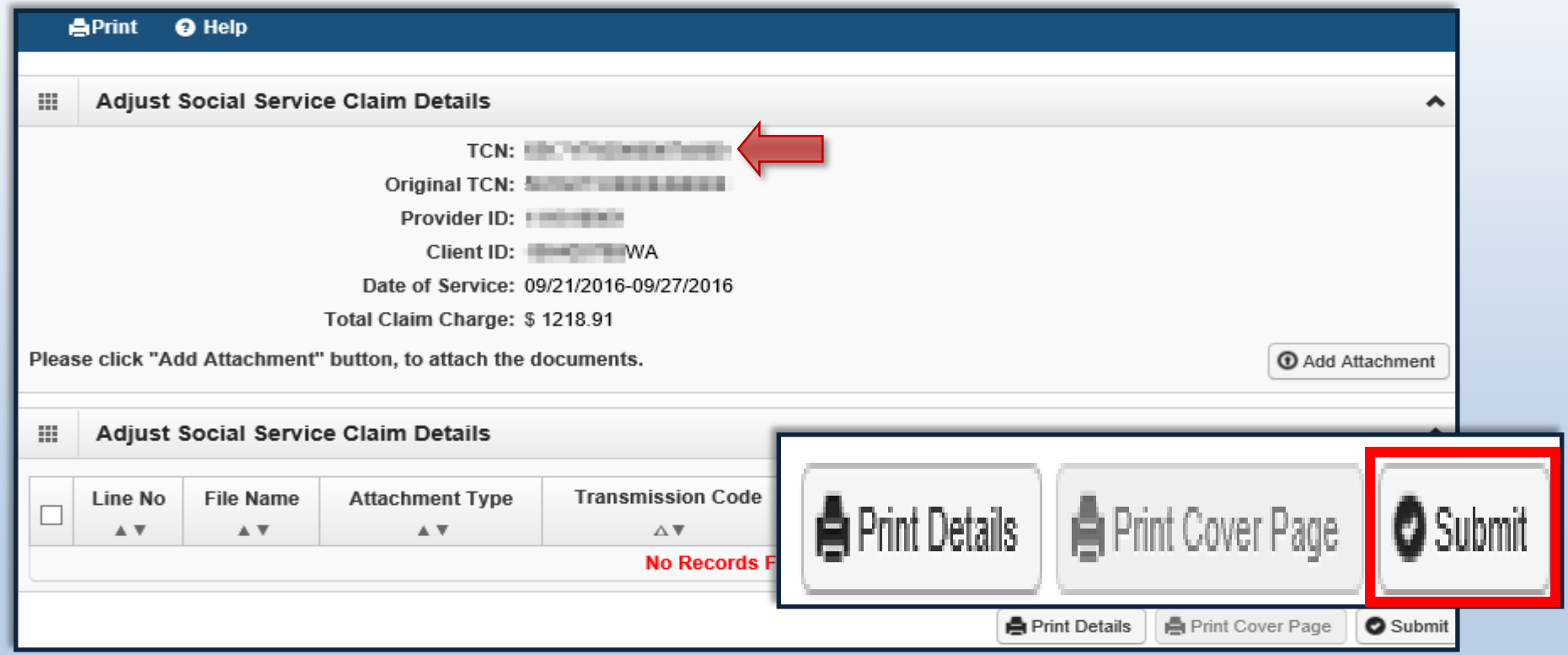
Once you have clicked '**Submit**' the '**Adjust Social Service Claim Detail**' appears. The adjusted claim will have a new 'TCN' . This allows for tracking of the changes made to the original claim.

Claim details will include the new TCN, Original TCN, Provider ID, Client ID, Date of Service and Total Claim Charge.

Click on '**Submit**' to send the adjusted claim to ProviderOne for processing.

Note:
*Make sure to click '**Submit**' on this screen. Failure to do so will result in the claim not being sent to ProviderOne to be processed.*

*'**No Records Found!**' refers to attachments such as backup documentation. Social Service providers will not add attachments.*



Adjust Claims

Once the claim is processed by ProviderOne the adjustment is complete. The claim details will be available in the Adjustments category of your Remittance Advice. If the adjustment resulted in an overpayment, this will be reflected in the adjustment summary on page 2 of the Remittance Advice.

Page 2

Provider Adjustments

Total Paid	Billing Provider	FIN Invoice Number/ Parent TCN	Source	Adjustment Type	Previous Balance Amount	Adjustment Amount	Remaining Balance Amount
$2031.38			System Initiated	NOC Invoice	$0.00	$0.00	$1226.32
-$2775.70			System Initiated	NOC Referred to CARS	$1226.32	$1226.32	$0.00
			System Initiated	NOC Invoice	$0.00	$0.00	$1549.38
			System Initiated	NOC Referred to CARS	$1549.38	$1549.38	$0.00

Total Adjustment Amount $2775.70

Note:
NOC Referred to CARS means that the debt was sent to OFR for recovery.

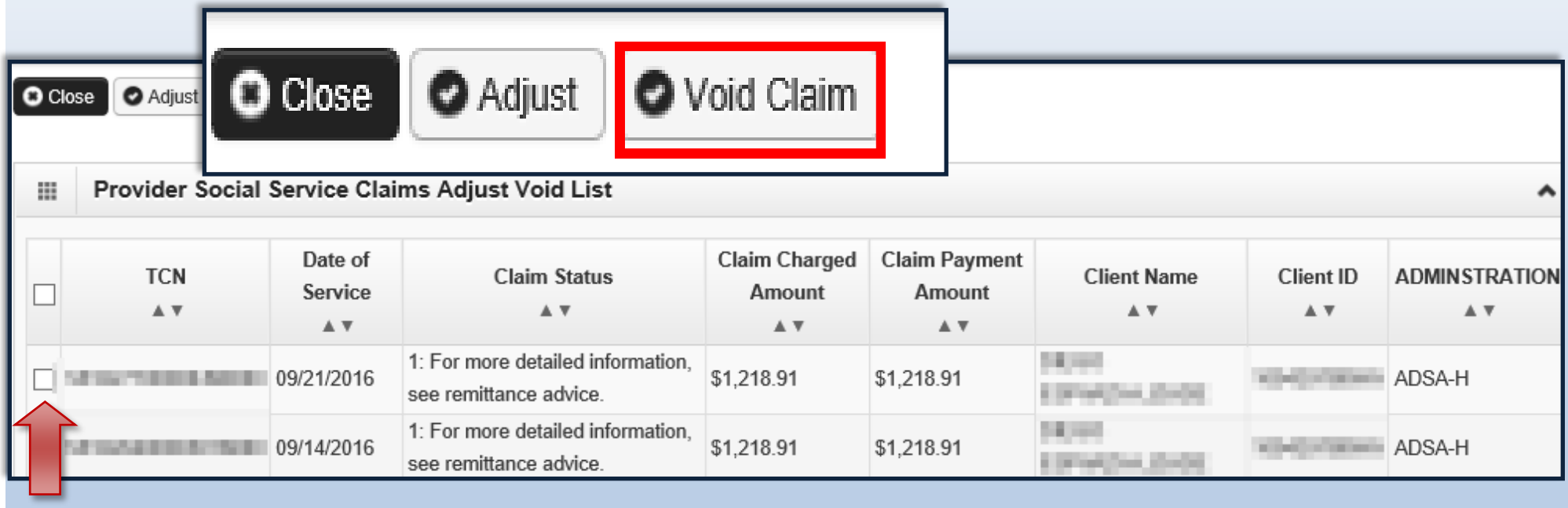
Void Paid Claims

Void Paid Claims

To Void a Paid Claim:

- Locate and select the claim you wish to update, *(see pgs. 9-12)*
- Check the box next to the TCN,
- Click on '**Void Claim**'.

Note:
Voiding a claim results in the payment being taken back by ProviderOne as a Non-Offset Adjustment. If you want it to be taken back as an Offset Adjustment, contact the MACSC call center. Voiding of claims or claim lines should only occur if you should never have been paid for the billed service. *(See page 7)*

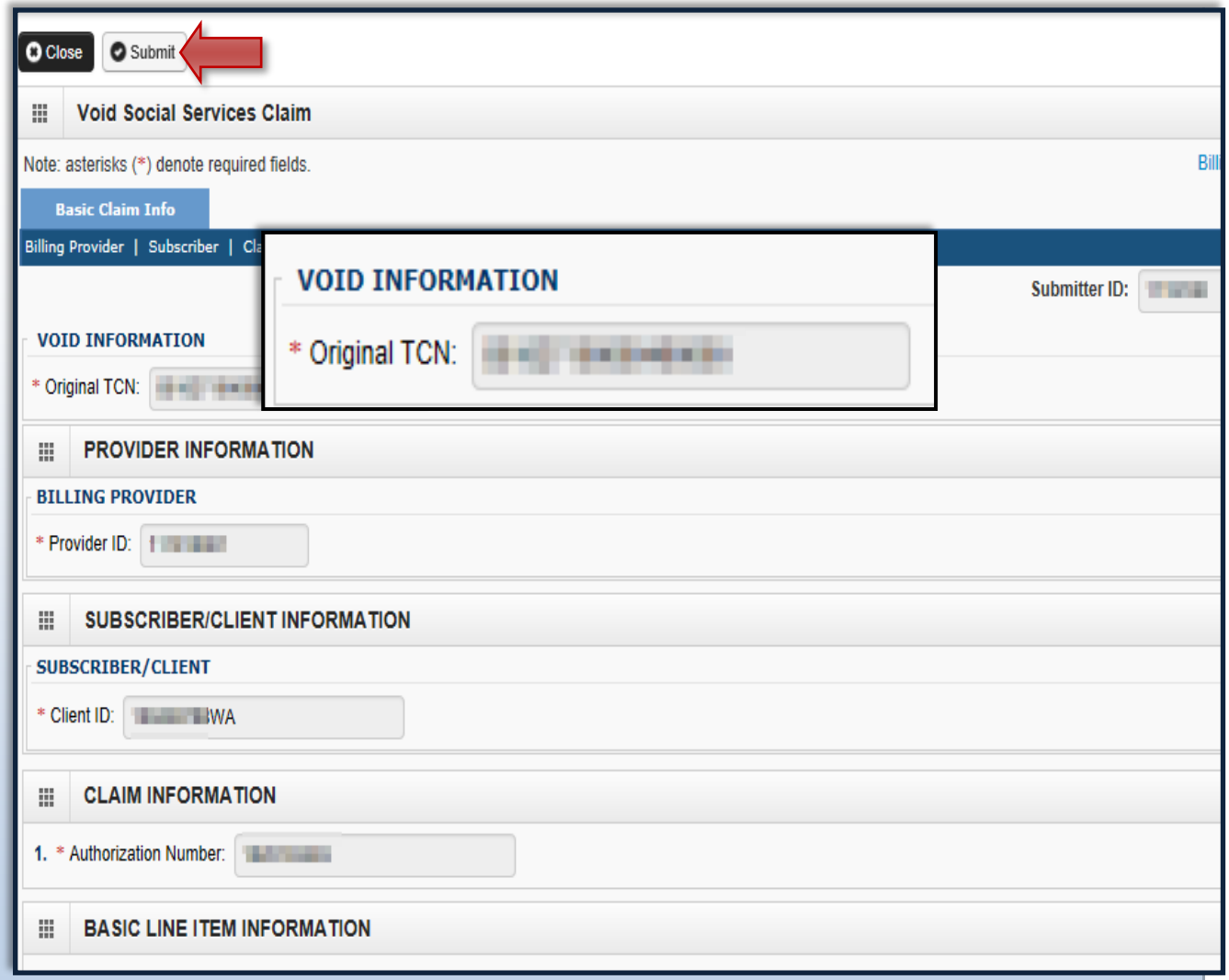


TCN	Date of Service	Claim Status	Claim Charged Amount	Claim Payment Amount	Client Name	Client ID	ADMINSTRATION
[illegible]	09/21/2016	1: For more detailed information, see remittance advice.	$1,218.91	$1,218.91	[illegible]	[illegible]	ADSA-H
[illegible]	09/14/2016	1: For more detailed information, see remittance advice.	$1,218.91	$1,218.91	[illegible]	[illegible]	ADSA-H

Void Paid Claims

The '**Void Social Services Claim**' page appears with all the fields greyed out.

- Please note the specific TCN,
- To void this claim, click on '**Submit**'. *(Located near the top left corner of the page.)*



Void Paid Claims

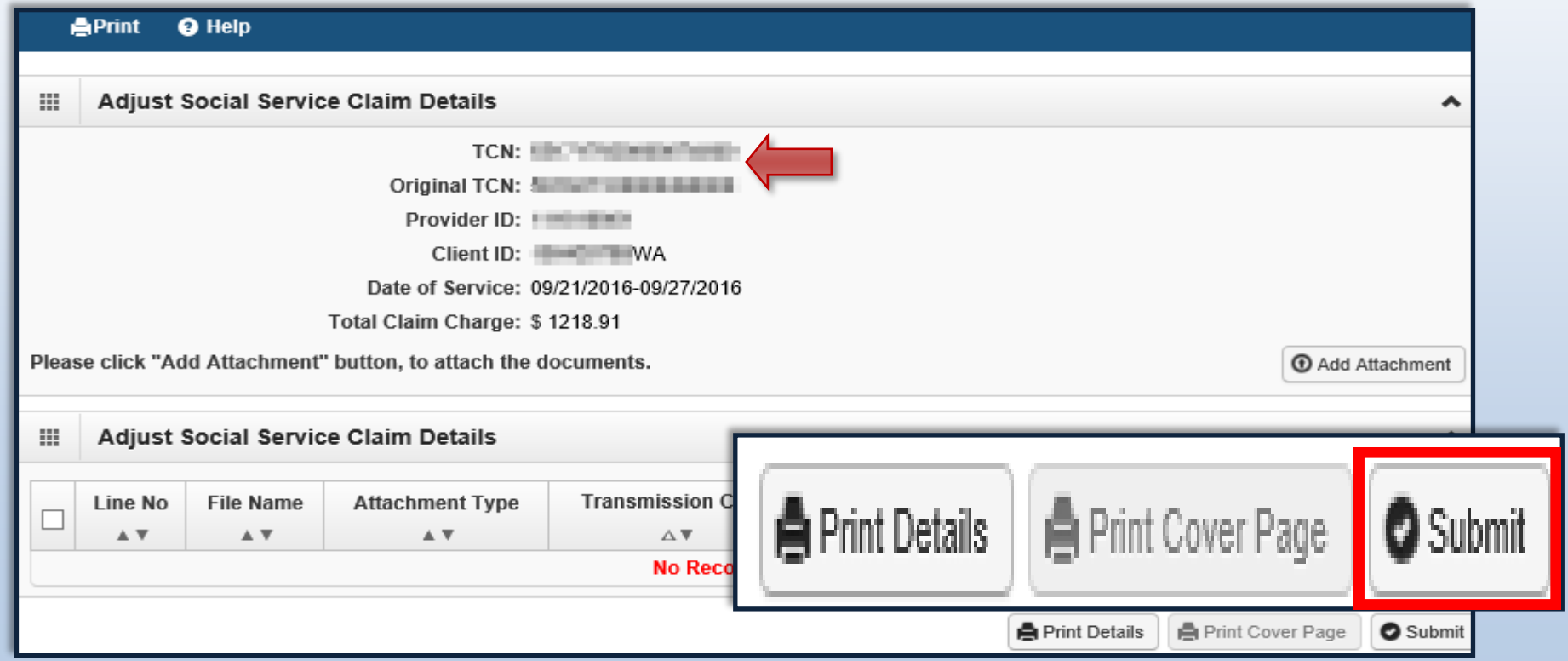
The '**Adjust Social Services Claim Detail**' appears. The adjusted claim will have a new 'TCN' . This allows for tracking of the changes made to the original claim.

Claim details will include the new TCN, Original TCN, Provider ID, Client ID, Date of Service and Total Claim Charge.

Click on '**Submit**' to submit the voided claim.

Note:
*Make sure to click '**Submit**' on this screen. Failure to do so will result in the claim not being sent to ProviderOne to be processed.*

*'**No Records Found!**' refers to attachments such as backup documentation. Social Service providers will not add attachments.*



Resubmit Denied or Voided Claims

Washington State Department of Social & Health Services

Transforming lives

Resubmit Denied or Voided Claims

ProviderOne

To resubmit a denied claim:

- Login to ProviderOne using the 'EXT Provider Social Services' profile,
- Click on 'Social Service Resubmit Denied/Void'.

Profile: EXT Provider Social Services

Terry, Tavares J

Help

Provider Portal

ProviderOne Id/NPI :

Name:

Online Services

ManageAlerts

Payments

View Payment

Provider

Provider Inquiry

Manage Provider Information

Admin

Change Password

Maintain Users

Social Services

Social Service

Social Service

Social Service

Social Service

Social Service

Social Service

Social Service

Social Service

Social Service

Templates

Social Service

Social Service

My Reminders

Your Recent Online Activities

You have logged in with Account with IP Address

Previous Site Visit: 06/05/2017 07:54:00 AM

Last Login Password Change: 04/26/2017 02:48:16 PM

Last login failed attempt: 06/05/2017 07:53:56 AM

Calendar

09:27 AM

20 June 2017

Tuesday

2017 June

Su	Mo	Tu	We	Th	Fr	Sa
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	

Today

Social Services Authorization and Billing

Social Service Claim Inquiry

Social Service Claim Adjustment/Void

Social Service Billing Screen

Social Service Batch Upload

Social Service Batch Upload Status

Social Service Resubmit Denied/Void

Social Service Retrieve Saved Claims

Social Service Manage Templates

Social Service Create Claims from Saved Templates

Social Service Manage Batch Submission

Social Service View Authorization List

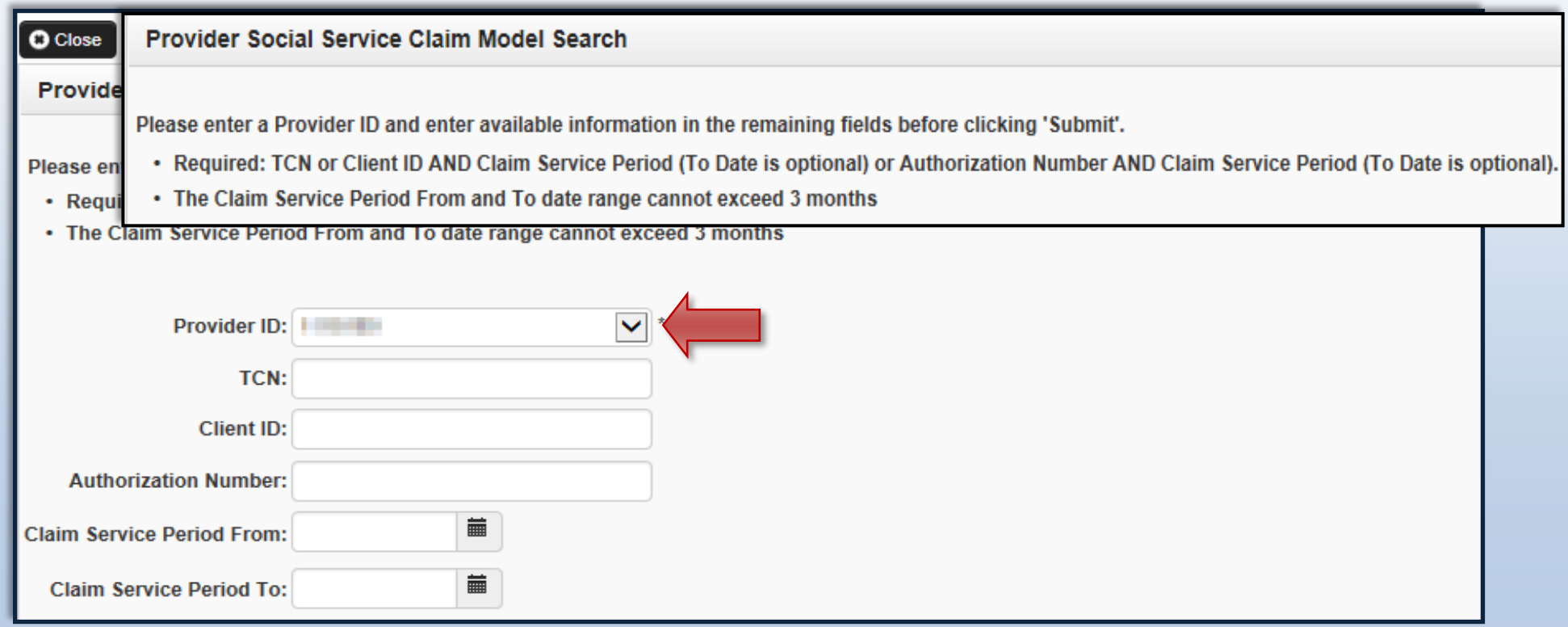
Resubmit Denied or Voided Claims

The '**Provider Social Service Claim Model Search**' page appears. There are search requirements to be aware of when searching for claims.

The 'Provider ID' associated to the domain currently in use will automatically be listed in the Provider ID dropdown. You can search by:

- **TCN** *(Transaction Control Number)* or,
- **Client ID and Claim Service Period** *(From and To Date).*

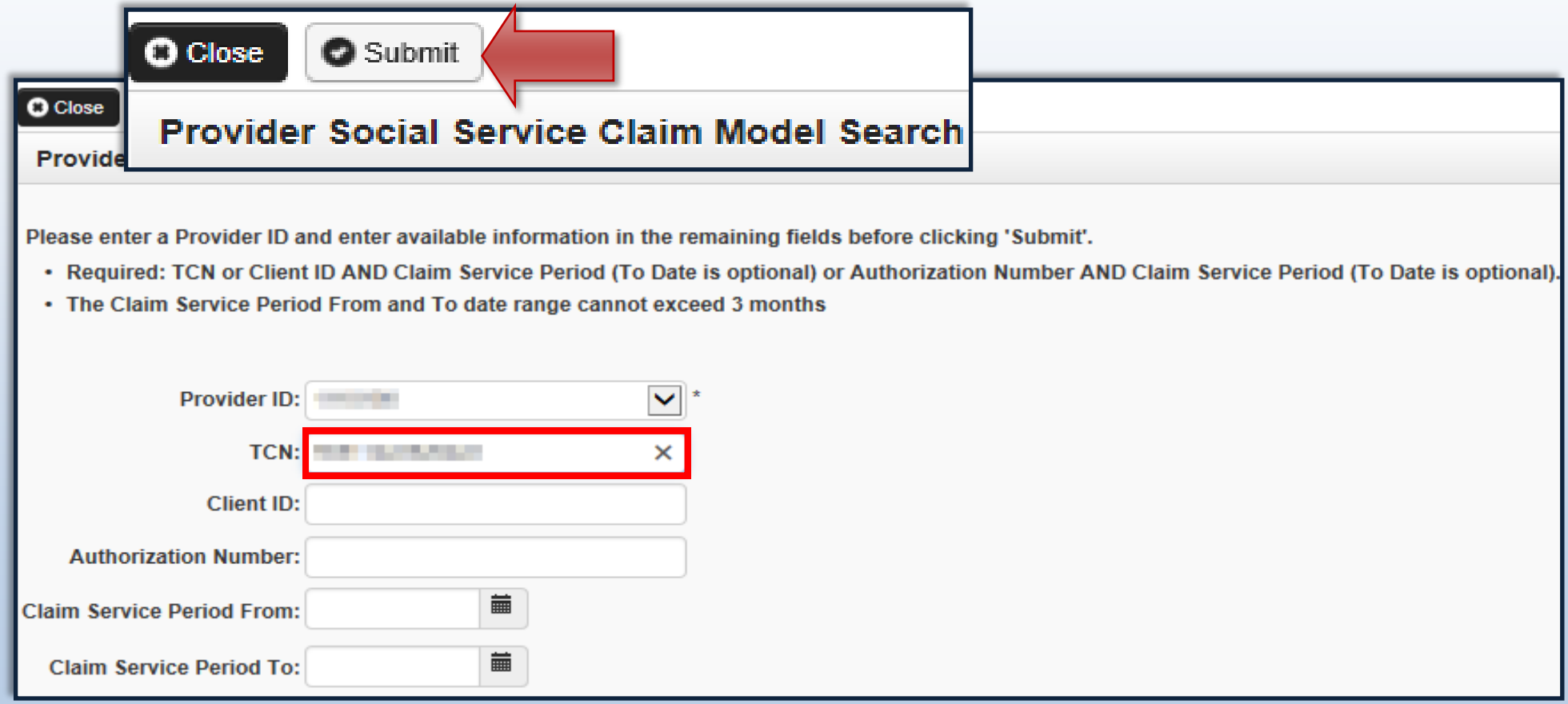
Note:
Search requests must be for claims submitted within the past 4 years. The Claim Service Period cannot exceed 3 months.



Resubmit Denied or Voided Claims

Search Using the TCN:

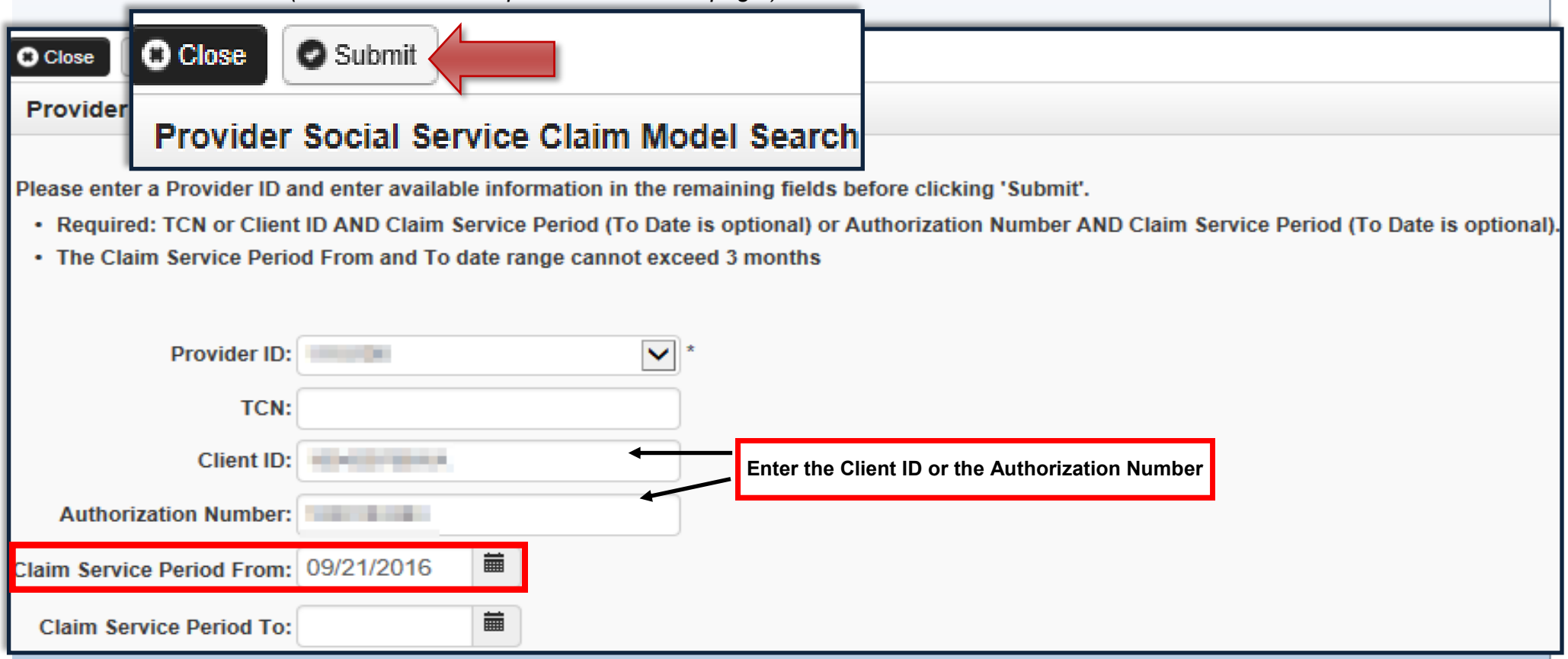
- Enter the 'TCN',
- Click on '**Submit**'. *(Located near the top left corner of the page.)*



Resubmit Denied or Voided Claims

Search Using Client ID and Authorization Number:

- Enter the 'Client ID' *(Client ID ends in WA and is found on the authorization)* **or**,
- Enter the 'Authorization Number' and,
- Enter 'Claim Service Period From' date in MM/DD/YYYY format, *(Claim Service To date is optional. Not using this date may return multiple claims.)*
- Click on '**Submit**'. *(Located near the top left corner of the page.)*



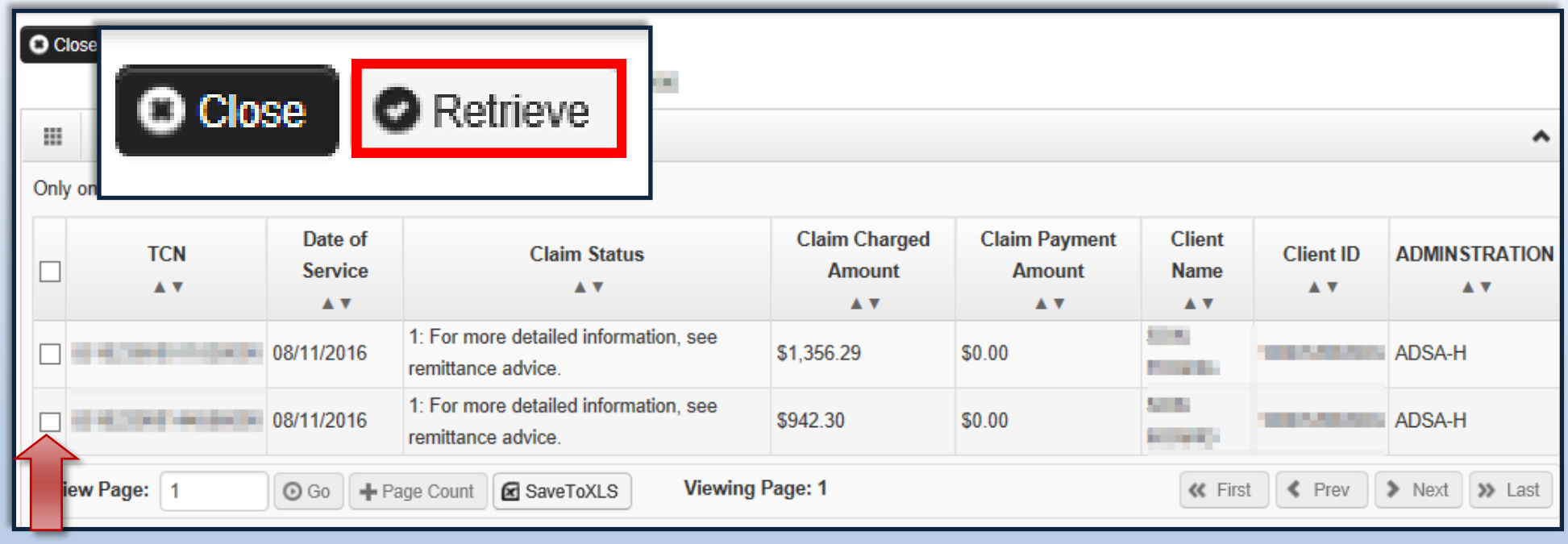
Resubmit Denied or Voided Claims

The '**Social Service Claims Model List**' appears.

To Resubmit a Denied or Voided Claim:

- Check the box next to the *'TCN'*.
- Click on '**Retrieve**'.

Note:
The populated list will show the TCN, Date of Service, Claim Status, Claim Charged Amount, Claim Payment Amount, Client ID and the Administration providing services for the client.



Resubmit Denied or Voided Claims

The basic billing screen appears.

- The options available when resubmitting a claim are the same as when adjusting a claim. (See pgs. 14-18)

Previously Entered Line Item Information

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

Line No	Service Dates From	Service Dates To	Service Code	Modifiers 1
1	09/21/2016	09/21/2016	T1020	U1
2	09/22/2016	09/22/2016	T1020	U1

Note:
You must turn off your pop-up blocker before you begin billing.

Asterisks (*) denote required fields.

The billing information is taken directly from the authorization.

Exporting the authorization to an Excel file allows you to copy and paste information for accuracy.

Check your authorization before each billing. Authorizations may change.

PROVIDER INFORMATION

BILLING PROVIDER

* Provider ID:

SUBSCRIBER/CLIENT INFORMATION

SUBSCRIBER/CLIENT

* Client ID:

Information previously entered will be populated

CLAIM INFORMATION

1. * Authorization Number:

BASIC LINE ITEM INFORMATION

BASIC SERVICE LINE ITEMS

mm dd ccyy

*Service Date From:

mm dd ccyy

* Service Date To:

* Service Code:

Modifiers: 1: 2: 3: 4:

Patient Account No:

* Units:

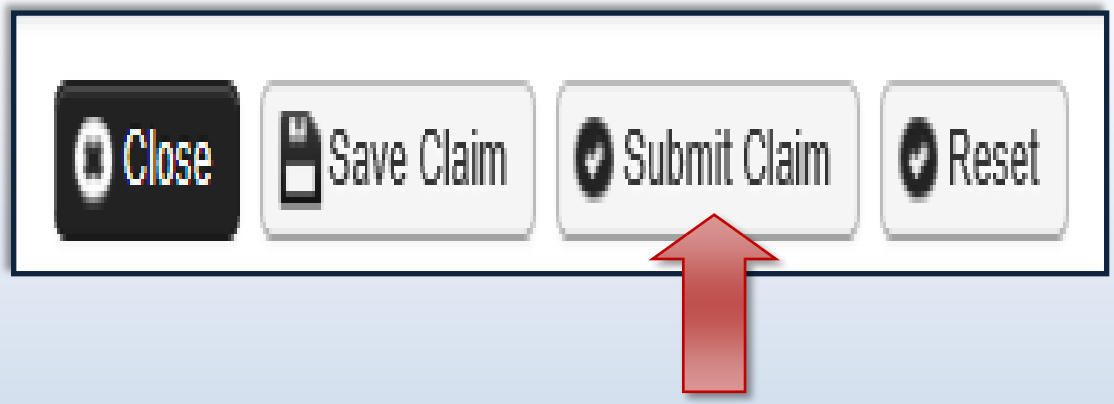
Add Service Line Item | Update Service Line Item

Resubmit Denied or Voided Claims

Once all service line information is entered and checked for accuracy, click '**Submit Claim**' at the top of the screen.

Your pop-up blockers must be turned off to allow the Claim Detail screen to appear.

If the pop-up blockers are not turned off, the screen will flash and no pop-up will appear which allows you to complete billing.



Note:

If submitting a claim with the pop-up blockers on, the claim information will remain on the screen. Providers should turn off pop-up blockers before logging in to ProviderOne.

*Attempting to click '**Submit Claim**' again will return an error message that says: The information you are trying to submit has been queried by another user.*

To remedy this, log out of ProviderOne, turn off your browser's pop-up blockers, then log in to ProviderOne again and return to the billing screen to start over.

Resubmit Denied or Voided Claims

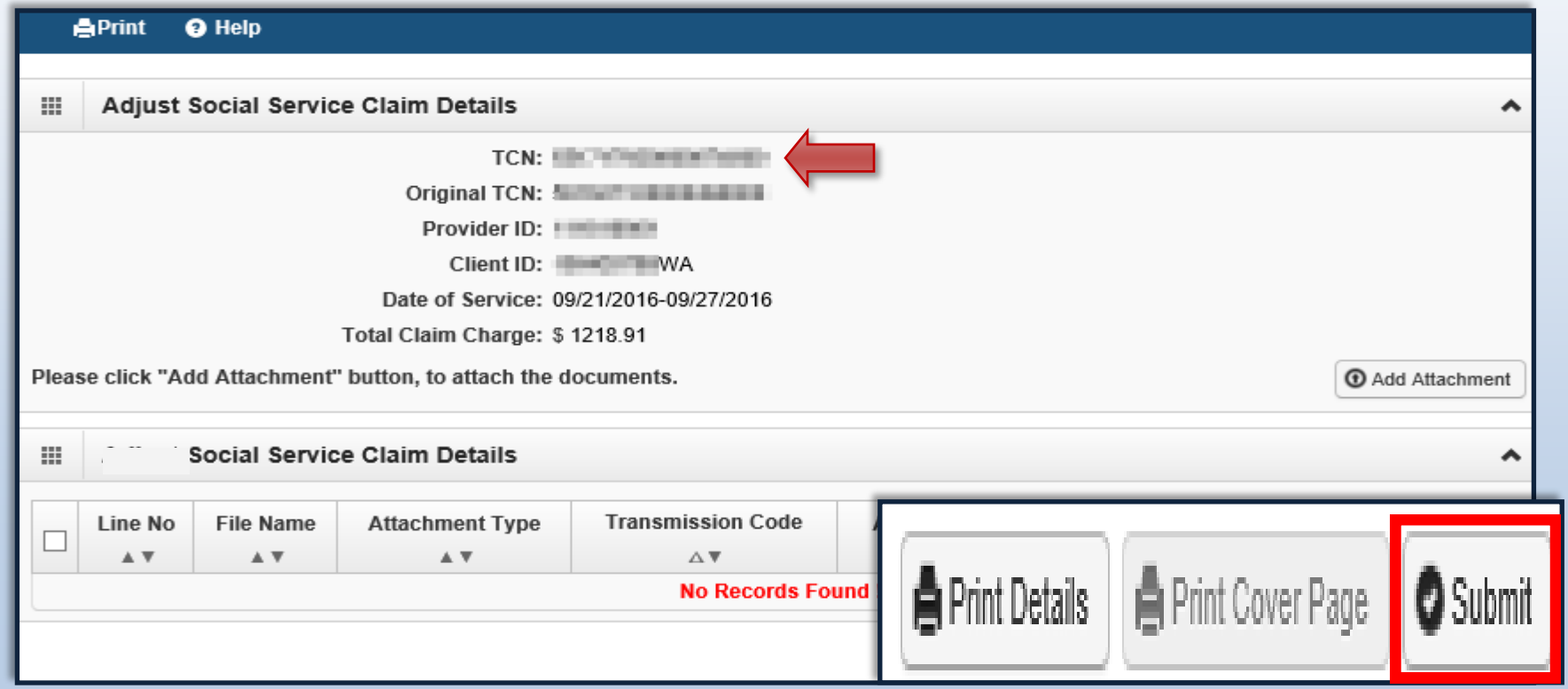
The '**Social Services Claim Details**' appears. The resubmitted claim will have a new 'TCN'. This allows for tracking of the changes made to the original claim.

Claim details will include the new TCN, Original TCN, Provider ID, Client ID, Date of Service and Total Claim Charge.

Click on '**Submit**' to resubmit the claim.

Note:
*Make sure to click '**Submit**' on this screen. Failure to do so will result in the claim not being sent to ProviderOne to be processed.*

*'**No Records Found!**' refers to attachments such as backup documentation. Social Service providers will not add attachments.*



Overpayments

Overpayments

Overpayments can be generated when a paid claim is voided or adjusted. When a claim is voided it will generate an overpayment because the State has paid out money for a claim that is no longer valid. When adjusting a claim an overpayment may be generated if the new paid amount is less than the original claim paid. There are two choices for how to process an overpayment: an offset or a non-offset adjustment.

Non-offset: This is the default option for 1099 providers. The debt *(overpayment)* is automatically sent to the Office of Financial Recovery *(OFR).* OFR then contacts you, the provider, to address the debt. You will receive a letter from OFR informing you of the debt and how to correct the overpayment, along with your administrative hearing rights if there is any dispute to the information provided.

Offset: For this option, you have to submit an e-mail or call HCA (contact information is on page 36 of this guide). In this option, the ProviderOne system will deduct the debt from all paid claims submitted until the debt is satisfied within a **6** month window. The deduction is reflected in the summary on your Remittance Advices *(RAs)*. No letter is generated. After **6** months, if the debt is not satisfied, any remaining balance will be sent to OFR for recovery as a non-offset adjustment.

Overpayments

NON-OFFSET

Any debt sent to OFR will result in an overpayment letter to the provider. There will be a reason code on the letter that gives some information as to why the overpayment was made. Refer to your Remittance Advice *(RA)* associated with the adjustment to see the specific days or service lines being recouped. The RA will be generated on the Friday before the week the OP notice is generated.

Below are the most common reason codes, with a description, for adjustments initiated by a state worker:

- **AA -** An audit identified this payment as not being valid.
- **P1 -** Goods or services not provided. This may apply to the entire claim or only dates or services. Refer to your RA for additional details.
- **P2 -** Goods or services authorized in error means that the payment details originally authorized have changed since you submitted your paid claim. Refer to your RA to see specific dates impacted, and review your authorization list to see any changes made to the authorizations. If you have questions about your authorization please contact the authorizing worker.
- **P3 -** Provider not eligible to provide goods or services. This means that you were not eligible for payment for the dates of service that resulted in the overpayment.
- **P5 -** Rate paid was incorrect means the rate originally paid by the Department for your affected claims is higher than the amount that should have been paid by the Department. This may be caused by a changed in the authorized rate or application of client responsibility. If you have questions about a change in the paid rate please contact the authorizing worker.
- **P6 -** Multiple payments were made for the same goods or services.

Overpayments

OFFSET

If you want the debt to be deducted from paid claims as an offset, you can submit a message to the Medical Assistance Customer Service Center (MACSC) via the '**Contact Us**' web form requesting that the adjustment be processed. Please provide the following information:

- **Provider Number**
- **TCN**
- **P1 Client ID**
- **Adjust as Offset or Non-Offset** *(1099 provider claims are defaulted to Non-Offset)*
- **Description of what changes need to be made and why.**

For example:

- **Provider Number:** 11XXXXX06
- **TCN:** 61xxxxxxxxxxxxx000
- **P1 Client ID:** 1XXXXXXXXWA

MACSC Call Center

MACSC Contact Us *web form for Social Service providers*

Call: *1-800-562-3022*

- *Option 4 for Provider Services*
- *Option 1 for Social Services*

Adjust as Offset Description ***(example)*****:**

Client responsibility was not taken out of claim, although I received a letter stating that the client received client responsibility. Case manager verified client responsibility was correct in the system.

Common Adjustment & Denial Codes

Below is a short list of common Adjustment Reason and Remarks Codes you may find on your Remittance Advice (RA)

RA adjustment reason/remark code/description	Possible causes	Provider action
142- Monthly Medicaid patient liability amount.	Client responsibility (participation) applied to the claim	You must collect this amount from the client
198- Precertification/authorization exceeded	Social Service Authorization Approved Units have already been claimed	Contact your case worker if you question the number of units authorized
16-Claim/service lacks information or has submission/billing error(s) which is needed for adjudication	1. Claimed dates of service are not within the authorization period 2. The authorization line is in error	1. Contact your case worker if you have questions about the authorization dates 2. Contact your case worker if you have questions about authorization errors
18- Exact duplicate claim/service	1. Claimed the same units on two different lines for the same day, or 2. Claim is an exact duplicate of one already submitted	1. Adjust the claim and report the number of units on a single claim line 2. No action is needed if duplication was unintended.
177-Patient has not met the required eligibility requirements	The client is not financially eligible	Contact your case worker if you have questions
A1-Claim/Service denied	The authorization is in cancelled status	Contact your case worker if you have questions
B7-This provider was not certified/eligible to be paid for this procedure/service on this date of service	Your contract may be expired.	Contact your contract manager or case worker if you have questions
N54-Claim information is inconsistent with pre-certified/authorized services	Authorization line is in error	Contact your case worker if you have questions
N63-Rebill services on separate claim lines	A separate claim line is required for each date of service for the service/procedure code entered	If you are billing quarter hour units or for each unit types, do not use a date span (example: 1/1/2015 to 1/31/2015) to bill. Adjust the claim to reflect separate claim lines for the date of service for each service provided and resubmit claim
N362 : The number of Days or Units of Service exceeds our acceptable maximum	Too many units claimed. Example: Provider billed two units on monthly units or provider billed two units on daily units with one day date span	Change the number of units to the correct amount and resubmit your claim