Long-Term Care Foundation

of Washington State

ProviderOne Q&A

Q: What is the deadline to collect fees for the month?

A: ProviderOne assigns client responsibility (CR) based on what is authorized at the beginning of the month and then it deducts that client responsibility once you submit your claims. You should not collect client responsibly until after the services are delivered in order to ensure the amount you are collecting is correct. Your remittance Advice (RA) will indicate how much CR was deducted from your claim. If there needs to be additional information relating to client responsibility policy or collection, please send that to the adult family home council.

Q: For adult foster homes do you know if there is going to be supplemental COVID authorizations?

A: There is a temporary add-on rate for Covid that is available through 12/31/2020. Refer to MB H20-072 for more information.

Q: How do we get an authorization to claim for transportation to appointments?

A: If you and your client are eligible for a separate transportation service code you would work with the case manager to authorize it.

Q: First error date, does it include authorization changes made by case manager that have already been paid? Will it help with auditing for delayed authorization changes?

A: Yes, the first error date will show if something happens retroactively and most often that's a clerical error by the case manager. If you have already been paid for those dates, it is really important to reach out to your case manager as soon as possible.

Q: If I do batch billing can I have my date range include 2 different months or must I submit for each individual month?

A: You can do a batch with multiple templates. You can only submit for one month at a time, but you can do multiple individual months in a single batch.

Q: I went in to bill today for the month of September. The service code for the pandemic was already gone from the authorization list but I saw it earlier this month. Why does this happen?

A: When you are looking at your authorization list, it will default to only show your authorizations for the current month of service. When looking at the authorization list, there is a filter drop down that you can use to search by client id or date range or search for service code. The authorization is just not in that default view.

Q: How would I charge for an authorization that gets back dated and includes dates I've already billed? Do I just re-submit the claim for that period and let ProviderOne determine the difference between the previous and new authorization amount?

A: If an authorization is updated to reflect a different rate you can adjust previously submitted claims. If new dates are authorized, then you should submit new claims for those dates of service not previously claims. https://www.hca.wa.gov/billers-providers-partners/providerone/providerone-social-services

Q: Can the case manager change the assessment even without assessment or annual assessment without knowledge of provider?

A: Clients typically have their assessments done on an annual basis. Other types of assessments are significant change or interim assessment. A CM does not necessarily have to involve you in the development of the assessment, but they should be sending you a copy of the updated assessment when available. Continue to build the relationship with the CM and let case manager know you would like to be involved in future conversations.

Q: Can you show how to create a sample template?

A: Refer to the social service template billing guide (https://www.hca.wa.gov/billers-providers-partners/providerone/providerone-social-services), it has step by step instructions on how to create a template. If you still need assistance contact the HCA MACSC team (https://www.hca.wa.gov/contact-hca#collapse5).

ProviderOne Q&A continued

Q: I often get an email that says there is a new provider one authorization message. When I click on it and open up ProviderOne I have no idea where this message or new information is located. It just opens up to my regular desktop, so I have no idea what the message was.

A: In your ProviderOne profile you can indicate how you would like to receive your notifications, when there are changes in your authorizations. Consider mailing option having a copy of the letter is helpful.

The email references the authorization number, it does not give you any more information than that. Consider ProviderOne mailing option so you can see those changes over time.

Q: Can you explain how batch claim works?

A: Information related to the batch upload process can be found here (https://www.hca.wa.gov/billers-providers-partners/providerone/providerone-social-services). If you need assistance with your batch upload contact HCA's HIPAA Help https://www.hca.wa.gov/billers-providers-partners/prior-authorization-claims-and-billing/hipaa-electronic-data-interchange-edi

Q: Does the caseworker file the claims?

A: The case manager creates the social service authorization that tells you the provider what your eligible to be paid for and what the client is eligible to receive. You as the provider go into ProviderOne to submit claim based on the dates of service you actually provide care for. You should verify the authorization details are correct and contact the case manager if the rates, dates, or service code, are not what you agreed to provide.

Q: What other programs would we use to create a batch? When I've created a batch, it also gives an option to upload a batch.

A: There is template batch billing and batch upload. If you are unsure which method would be more beneficial you should review the billing guides, maybe try the different methods and determined which will meet your needs.

Q: How do you recover your ProviderOne Password?

A: If you are unable to recover or reset your password following the link on the login page you can contact ProviderOne Security (https://www.hca.wa.gov/billers-providers-partners/providerone/providerone-security) for additional assistance.