

The “Claim Status Inquiry & View Remittance Advice (RA)” How To provides instructions on how to check the status of a submitted claim and view your Remittance Advance.

- Claim Inquiry2
- View & Download RA9
- Common Adjustment & Denial Codes 19



Social Service Claim Status Inquiry & View Remittance Advice (RA)

CLICK TO BEGIN

Washington State Department of Social & Health Services
ProviderOne

Notes Menu Glossary

Welcome

Hello, and welcome to our class, Social Service Claim Status Inquiry and View Remittance Advice or RA.

At the completion of this course, you will have learned how to check the status of a submitted claim and to view and download your RA within ProviderOne.

This tutorial will take approximately 10 minutes to complete.

NEXT >

1. From the [Provider Portal](#)
 - a. Check that you are in the [EXT Provider Social Service](#) profile
2. **Click on** Social Service Claim Inquiry

1 Provider Portal

1a

ProviderOne My Inbox

Welcome Jones, Katherine. You have logged in with EXT Provider Social Services Profile.

Links: --Select--

Path: Provider Portal

ProviderOne ID: 2011020 Name: Katherine Jones

Provider Portal:

Online Services	Welcome! Hide/Max										
Payments Hide/Max View Payment	The Department of Social and Health Services (DSHS) is an agency that helps people. We do this in partnerships with families, community groups, religious organizations, private providers, other government agencies, and the many thousands of generous foster parents, neighbors, and citizens who make Washington a special place by taking care of each other.										
Provider Inquiry Hide/Max Manage Provider Information											
Admin Hide/Max Change Password Maintain Users	The mission of DSHS is to improve the quality of life for individuals and families in need.										
Social Service Authorizations and Billing Hide/Max	Manage Alerts										
Social Service Claim Inquiry Social Service Claim Adjustment/Void Social Service Billing Screen Social Service Batch Upload Social Service Batch File Status Social Service Resubmit Denied/Void Social Service Retrieve Saved Claims Social Service Manage Template Social Service Create Claims from Saved Templates Social Service Manage Batch Submission Social Service View Authorization List	My Reminders Filter By: <input type="text"/> Read Status: <input type="text"/> Go <table border="1"> <thead> <tr> <th>Alert Type</th> <th>Alert Message</th> <th>Alert Date</th> <th>Due Date</th> <th>Read</th> </tr> </thead> <tbody> <tr> <td colspan="5" style="text-align: center;">No Records Found!</td> </tr> </tbody> </table>	Alert Type	Alert Message	Alert Date	Due Date	Read	No Records Found!				
Alert Type	Alert Message	Alert Date	Due Date	Read							
No Records Found!											

2 Click on

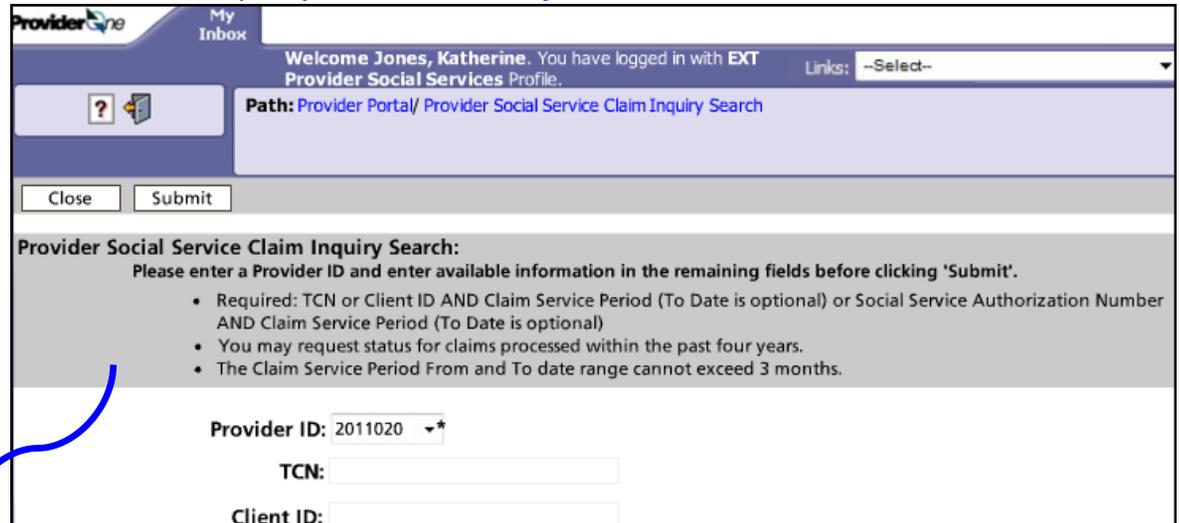
Social Service Authorizations and Billing [Hide/Max](#)

- Social Service Claim Inquiry**
- Social Service Claim Adjustment/Void
- Social Service Billing Screen
- Social Service Batch Upload
- Social Service Batch File Status
- Social Service Resubmit Denied/Void
- Social Service Retrieve Saved Claims
- Social Service Manage Template
- Social Service Create Claims from Saved Templates
- Social Service Manage Batch Submission
- Social Service View Authorization List

3. Claim Inquiry Search page appears

4. Search requirements

3 Claim Inquiry Search Page



4

Provider Social Service Claim Inquiry Search:

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

- Required: TCN or Client ID AND Claim Service Period (To Date is optional) or Social Service Authorization Number 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.

You can search by:

- Transaction Control Number (TCN) or
- Client ID and Claim Service Period (To Date is optional) or
- Authorization # and Claim Service Period (To Date is optional).

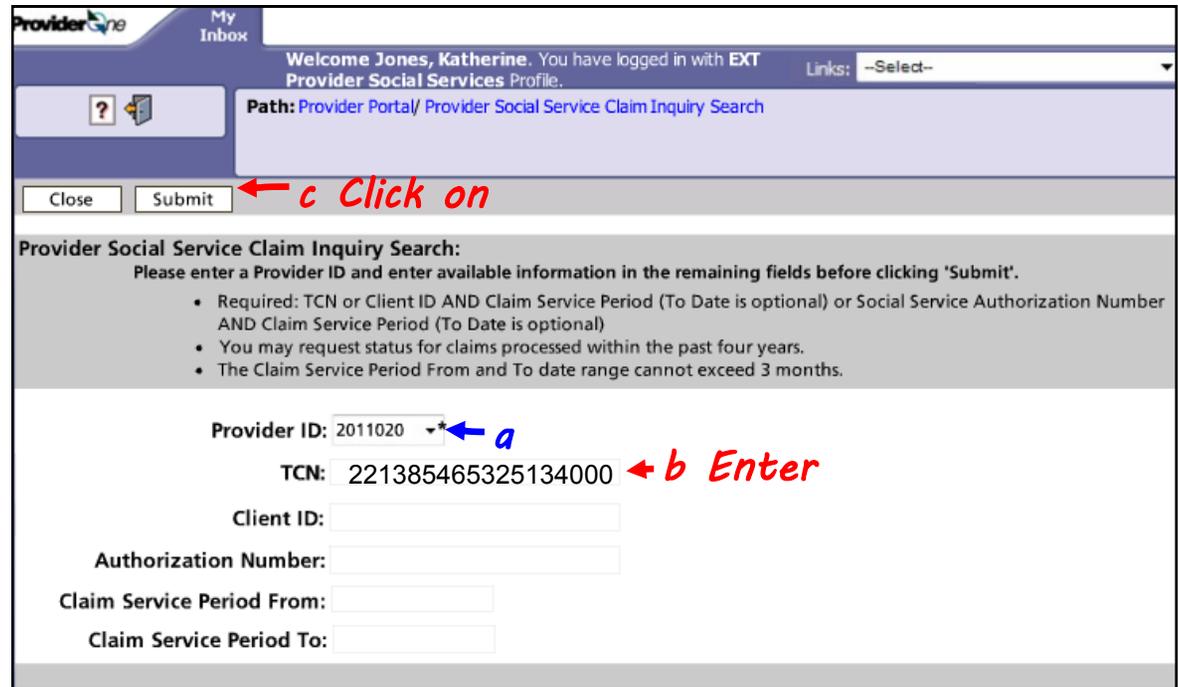
Search requests must be for claims submitted within the past 4 years.

The Claim Service Period (From Date & To Date) cannot exceed 3 months.

Transaction Control Number (TCN) Search

- Verify Provider ID
- Enter Transaction Control Number (TCN)
- Click on Submit

Claim Inquiry Search Page



The screenshot shows the 'Claim Inquiry Search Page' in the ProviderOne system. The page header includes the ProviderOne logo, 'My Inbox', and a welcome message for Katherine Jones. The path is 'Provider Portal/ Provider Social Service Claim Inquiry Search'. Below the path are 'Close' and 'Submit' buttons. A red arrow points to the 'Submit' button with the text 'c Click on'. The main content area is titled 'Provider Social Service Claim Inquiry Search:' and contains instructions: 'Please enter a Provider ID and enter available information in the remaining fields before clicking 'Submit''. A bulleted list provides requirements: 'Required: TCN or Client ID AND Claim Service Period (To Date is optional) or Social Service Authorization Number AND Claim Service Period (To Date is optional)', 'You may request status for claims processed within the past four years.', and 'The Claim Service Period From and To date range cannot exceed 3 months.'. Below the instructions are input fields for 'Provider ID', 'TCN', 'Client ID', 'Authorization Number', 'Claim Service Period From', and 'Claim Service Period To'. A blue arrow points to the 'Provider ID' dropdown menu with the text 'a', and a red arrow points to the 'TCN' text input field with the text 'b Enter'.

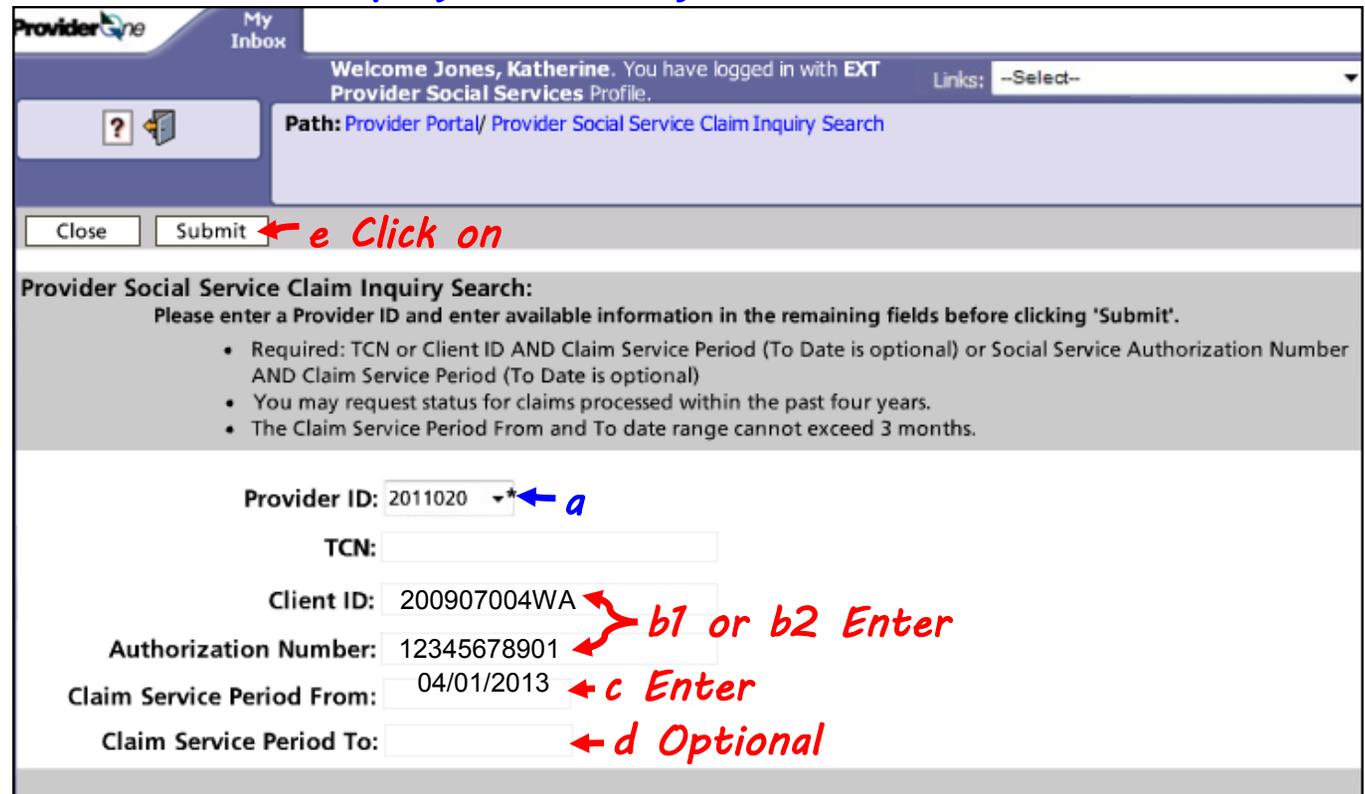
Client ID & Authorization Number Search

- a. **Verify** Provider ID
- b. Search
 1. **Enter** Client ID number

Or

2. **Enter** Authorization number
- c. **Enter** Claim Service Period from date
- d. **Enter** Claim Service Period To date (optional)
- e. **Click on** Submit

Claim Inquiry Search Page



The screenshot shows the 'Claim Inquiry Search Page' in the ProviderOne system. At the top, it says 'Welcome Jones, Katherine. You have logged in with EXT Provider Social Services Profile.' Below this is a breadcrumb path: 'Path: Provider Portal/ Provider Social Service Claim Inquiry Search'. There are 'Close' and 'Submit' buttons. A red arrow points to the 'Submit' button with the text 'e Click on'. Below the buttons is a section titled 'Provider Social Service Claim Inquiry Search:' with instructions: 'Please enter a Provider ID and enter available information in the remaining fields before clicking 'Submit''. A bulleted list of requirements follows: 'Required: TCN or Client ID AND Claim Service Period (To Date is optional) or Social Service Authorization Number AND Claim Service Period (To Date is optional)', 'You may request status for claims processed within the past four years.', and 'The Claim Service Period From and To date range cannot exceed 3 months.' Below the instructions are input fields: 'Provider ID: 2011020' with a dropdown arrow and a red arrow pointing to it labeled 'a'; 'TCN:' with an empty text box; 'Client ID: 200907004WA' with a red arrow pointing to it labeled 'b1 or b2 Enter'; 'Authorization Number: 12345678901' with a red arrow pointing to it labeled 'c Enter'; 'Claim Service Period From: 04/01/2013' with a red arrow pointing to it labeled 'c Enter'; and 'Claim Service Period To:' with an empty text box and a red arrow pointing to it labeled 'd Optional'.

- Inquire Claims List appears showing search results

6 Inquire Claims List

- View TCN

- View Claim Status

- View Claim Payment Amount

- Click on TCN

10 Click on

- 11. Claims Details appears
- 12. Status Category Code
- 13. Status
- 14. Charge and Payment amounts
- 15. Scroll down

12

Status Category Code: F1:Finalized/Payment-The claim/line has been paid.

13

Status: 1: For more detailed information, see remittance advice.

11 Claims Details

Claim Details:

Status Information Effective Date: 04/03/2013
 Status Category Code: F1:Finalized/Payment-The claim/line has been paid.
 Service Period: 04/01/2013 To 04/01/2013
 Bill Type Identifier:
 Charged Amount: \$575.00
 Payment Amount: \$120.00

TCN:221385465325258594
 Status: 1: For more detailed information, see remittance advice.

Medical Record Number:
 Adjudication or Payment Date: 04/01/2013
 Check Issue or EFT Effective Date: 04/01/2013

Payment method Code: CHK
 Check or EFT Trace Number: 00388SC

Provider Data:

ProviderOne ID: 2011020
 Name or Servicing Organization: Katherine Jones

Client Data:

Name: Bill Waters
 Date of Birth: 07/06/1974
 Client ID: 200907004WA
 Gender: M

Payer Data:

Name: WASHINGTON STATE DSHS MAA
 Identification: 77859

Unit Item Detail Data:

14

Charged Amount: \$575.00
 Payment Amount: \$120.00

15 Scroll →

16 Claims Details

16. Claims Details

17. Scroll up

Line item (daily claim) information is found on the Remittance Advice.

If a claim has been denied, you can choose to resubmit the claim.

Payer Data:	
Name: WASHINGTON STATE DSHS MAA	Identification: 77859
Unit Item Detail Data:	
1	Status Effective Date: 04/03/2013 Status Category Code: F1 Status: 1 Prov/Svc Code: SA114 Service Line Date: 04/01/2013 To 04/01/2013 Charged Amount: \$575.00 Payment Amount: \$120.00 Procedure Modifier 1: Procedure Modifier 2:
	Product or Service ID Qualifier: Revenue Code: Units of Service: 10 Procedure Modifier 3: Procedure Modifier 4:
Information Receiver Data:	
Name or Submitting Organization: Katherine Jones	
Portal ID:	

17 Click on

18. Click on Close

18 Click on

Close	
Claim Details:	
Status Information Effective Date: 04/03/2013 Status Category Code: F1:Finalized/Payment-The claim/line has been paid. Service Period: 04/01/2013 To 04/01/2013 Bill Type Identifier: Charged Amount: \$575.00 Payment Amount: \$120.00 Payment method Code: CHK	TCN: 221385465325258594 Status: 1: For more detailed information, see remittance advice. Medical Record Number: Adjudication or Payment Date: 04/01/2013 Check Issue or EFT Effective Date: 04/01/2013 Check or EFT Trace Number: 00388SC Remit/Remarks Codes
Provider Data:	

This section covers how to view and download a Remittance Advice (RA).

1. From the [Provider Portal](#)
 - a. Check that you are in the [EXT Provider Social Service](#) profile
2. **Click on** View Payment

1 Provider Portal

1a

Provider Portal:

Online Services	Hide/Max
Payments	Hide/Max
View Payment	
Provider	Hide/Max
Provider Inquiry	
Manage Provider Information	
Admin	Hide/Max
Change Password	
Maintain Users	
Social Service Authorizations and Billing	Hide/Max
Social Service Claim Inquiry	
Social Service Claim Adjustment/Void	

Provider Portal:

Online Services	Hide/Max
Payments	Hide/Max
View Payment	
Provider	Hide/Max
Provider Inquiry	
Manage Provider Information	

2 Click on →

3. RA Payment List **appears**

4. The lists **shows** the basic information for each RA

Each Remittance Advice (RA) is based on a location.

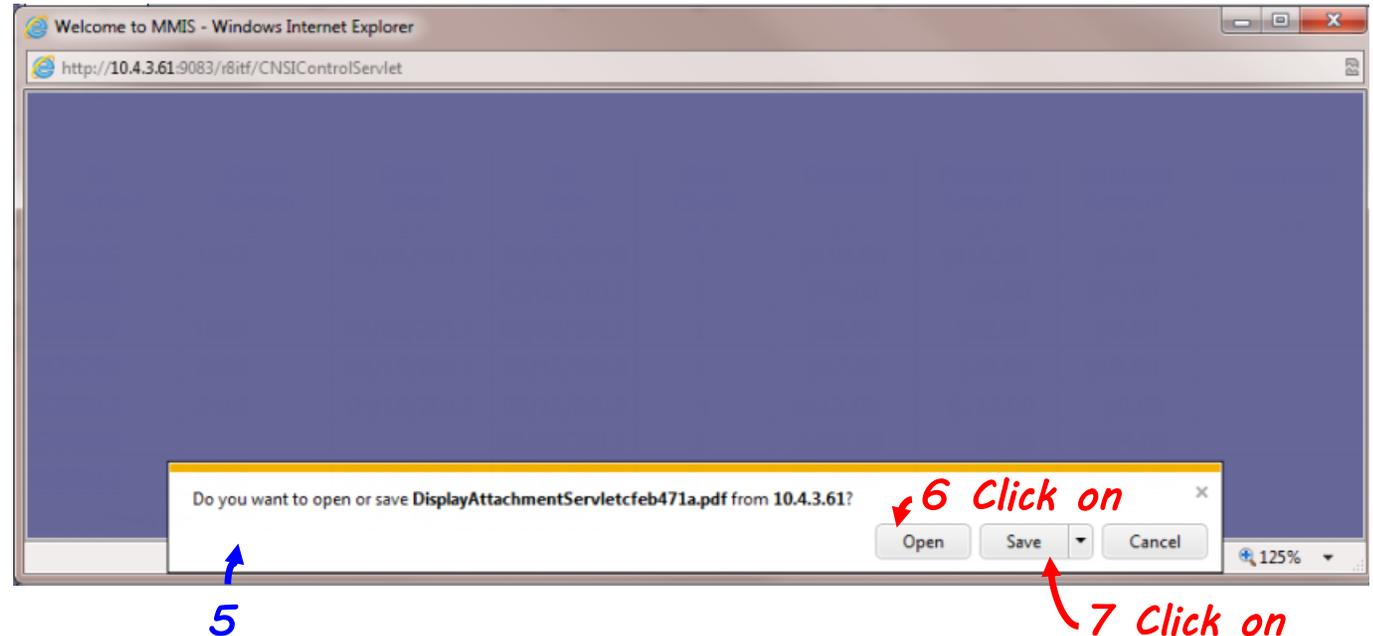
a. **Click on** RA number

3 RA Payment List

4 →
a Click on →

RA Number	Check Number	Check Date	RA Date	Claim Count	Charges	Payment Amount	Adjusted Amount	Download
2258535	1247	04/01/2013	03/01/2013	1	\$118.00	\$118.00	\$0.00	
2258853			03/08/2013	3	\$94.00	\$0.00	\$94.00	
4285892	1858	04/05/2013	03/08/2013	1	\$62.00	\$62.00	\$0.00	
5273792	2408	04/15/2013	03/15/2013	1	\$47.00	\$29.00	\$18.00	
5525812	3410	04/15/2013	03/15/2013	4	\$112.00	\$112.00	\$0.00	
5784853			03/22/2013	1	\$244.00	\$0.00	\$244.00	
5985812	5422	04/30/2013	03/29/2013	5	\$528.00	\$412.00	\$107.00	

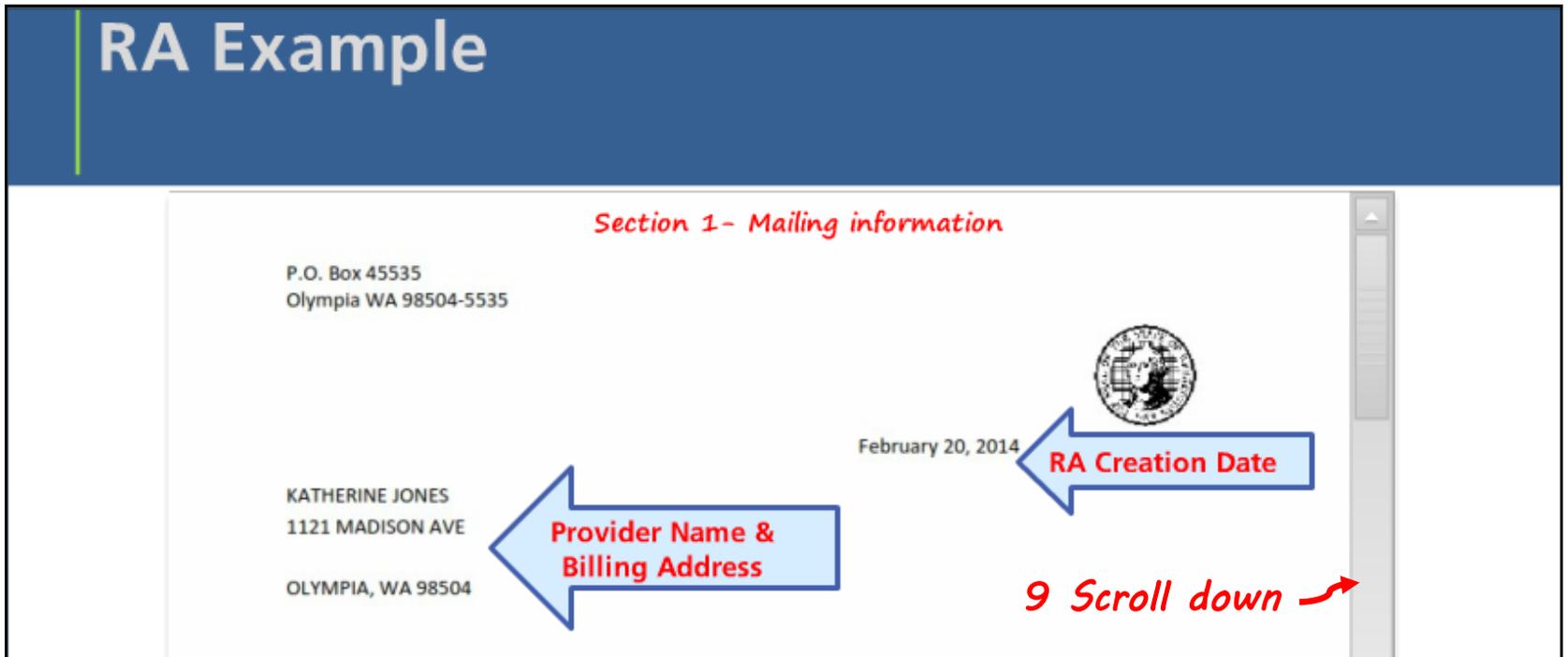
5. Pop-up appears
6. Click on Open PDF
7. To save, click on Save



8. RA appears

9. Scroll down

You can save or print the PDF. Remember, RA can contain multiple page and use a lot of paper and ink to print.



RA Example

Section 1- Mailing information

P.O. Box 45535
Olympia WA 98504-5535

February 20, 2014

KATHERINE JONES
1121 MADISON AVE
OLYMPIA, WA 98504

RA Creation Date

Provider Name & Billing Address

9 Scroll down

The screenshot shows a web interface for viewing a Request for Assignment (RA). The title is "RA Example". Below the title, there is a section titled "Section 1- Mailing information". This section contains two main blocks of text. The top block shows a mailing address: "P.O. Box 45535, Olympia WA 98504-5535". The bottom block shows the provider's name and billing address: "KATHERINE JONES, 1121 MADISON AVE, OLYMPIA, WA 98504". To the right of the provider address, there is a date: "February 20, 2014". A blue arrow points from the date to a box labeled "RA Creation Date". Another blue arrow points from the provider name and address to a box labeled "Provider Name & Billing Address". A red arrow points to the bottom right corner of the page with the text "9 Scroll down".

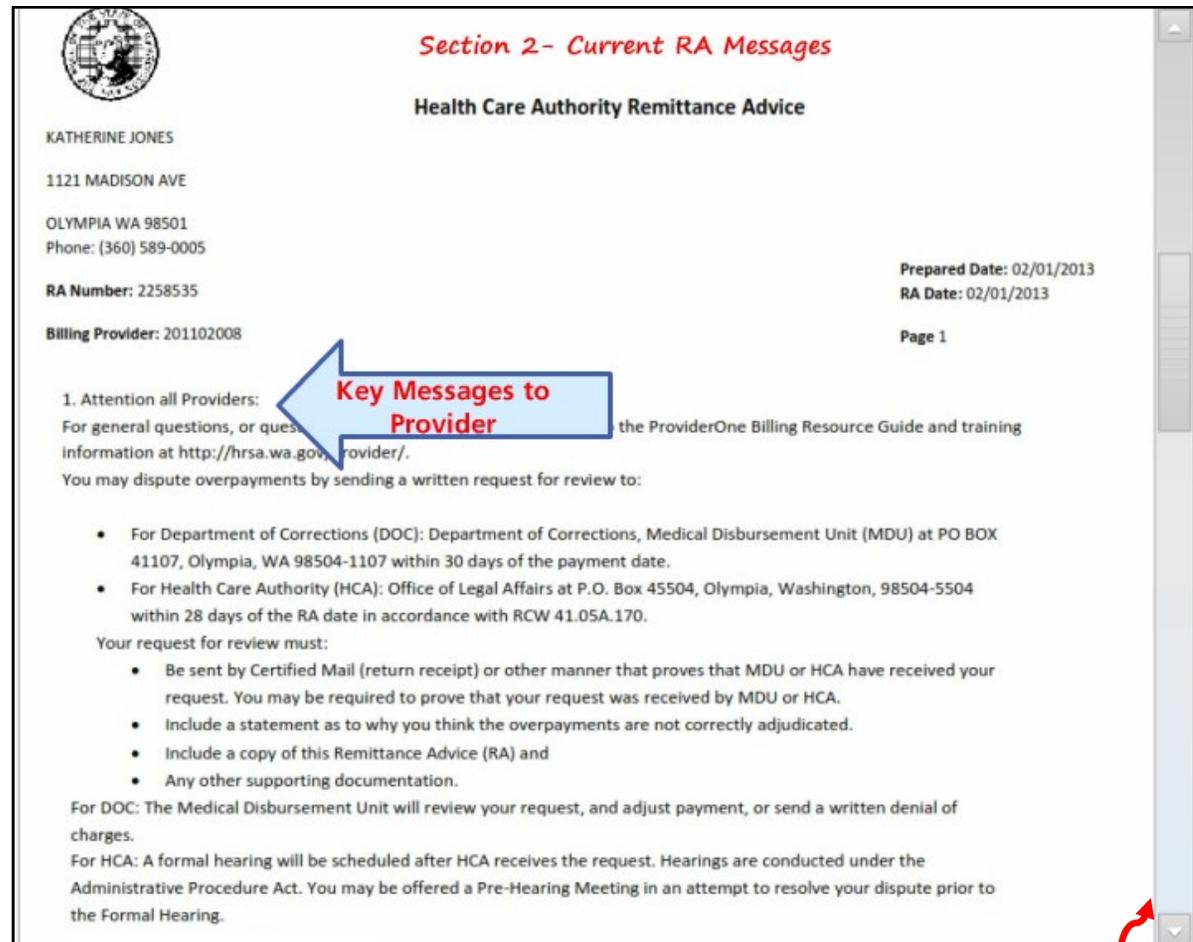
Section 1 Mailing Information

- RA Creation Date
- Provider Name & Billing Address

10. Scroll down

Section 2 Current RA Messages

- Key Messages to Provider from the Health Care Authority about changes and new information.



Section 2- Current RA Messages

Health Care Authority Remittance Advice

KATHERINE JONES
1121 MADISON AVE
OLYMPIA WA 98501
Phone: (360) 589-0005

RA Number: 2258535

Billing Provider: 201102008

Prepared Date: 02/01/2013
RA Date: 02/01/2013
Page 1

1. Attention all Providers:
For general questions, or questions regarding the ProviderOne Billing Resource Guide and training information at <http://hrs.wa.gov/provider/>.

You may dispute overpayments by sending a written request for review to:

- For Department of Corrections (DOC): Department of Corrections, Medical Disbursement Unit (MDU) at PO BOX 41107, Olympia, WA 98504-1107 within 30 days of the payment date.
- For Health Care Authority (HCA): Office of Legal Affairs at P.O. Box 45504, Olympia, Washington, 98504-5504 within 28 days of the RA date in accordance with RCW 41.05A.170.

Your request for review must:

- Be sent by Certified Mail (return receipt) or other manner that proves that MDU or HCA have received your request. You may be required to prove that your request was received by MDU or HCA.
- Include a statement as to why you think the overpayments are not correctly adjudicated.
- Include a copy of this Remittance Advice (RA) and
- Any other supporting documentation.

For DOC: The Medical Disbursement Unit will review your request, and adjust payment, or send a written denial of charges.

For HCA: A formal hearing will be scheduled after HCA receives the request. Hearings are conducted under the Administrative Procedure Act. You may be offered a Pre-Hearing Meeting in an attempt to resolve your dispute prior to the Formal Hearing.

10 Scroll down

11. Scroll down

Section 3 - Claims Summary

RA Number: 2258535
 Warrant/EFT #: D500088778
 Warrant/EFT Amount: \$118.00

Warrant/EFT Date: 03/01/2013
 Payment Method: None

Prepared Date: 02/01/2013
 RA Date: 02/01/2013
 Page 2

Claims Summary **Provider Adjustments**

Billing Provider	Category	Total Billed Amount	Total Allowed Amount	Total TPL Amount	Total Sales Tax	Total Client Resp Amount	Total Paid	Billing Provider	FIN Invoice Number: Parent TCN	Source	Adjustment Type	Previous Balance Amount	Adjustment Amount	Remaining Balance Amount
201102008	Paid	\$118.00	\$118.00	\$0.00	\$0.00	\$0.00	\$118.00	201102008	21404911584	System Initiated	NOC Invoice	\$0.00	\$0.00	\$100.00

Total Adjustment Amount \$0.00

Total # of Paid Claims & deductions

- Section 3 Payment Summary
- Total Payment
 - Payment Date
 - Total number of claims & deductions

11 Scroll down

12. Scroll down

Section 4- RA Payment Information

RA Number: 2258535 Warrant/EFT #: D500088778 Warrant/EFT Date: 03/01/2013 Prepared Date: 02/01/2013 RA Date: 02/01/2013
 Category: Paid Billing Provider: 201102008 Page 3

Client Name / Client ID / Med Record # / Patient Acct # / Original TCN /	TCN / Claim Type / RX Claim # / Inv # / Auth #	Line #	Rendering Provider / RX # / Auth office #	Service Date(s)	Svc Code or NDC / Mod / Rev & Class Code	Total Units or D/S	Billed Amount	Allowed Amount	Sales Tax	TPL Amount	Client Responsible Amount	Paid Amount	Remark Codes	Adjustment Reason Codes / NCPDP Rejection Codes
WATERS, BILL 200908004WA	2015230000022 Social Service	1		01/15/2013 01/15/2013	SA262	1	\$118.00	\$118.00	\$0.00	\$0.00	\$0.00	\$118.00		
Document Total: 01/15/2013-01/15/2013						1	\$118.00	\$118.00	\$0.00	\$0.00	\$0.00	\$118.00		
Category Total:														
Billing Provider Total:						1	\$118.00	\$118.00	\$0.00	\$0.00	\$0.00	\$118.00		



Detailed information about your paid claims

12 Scroll down

Section 4 RA Payment Information

Reading the RA

Third Party Liability:
IE insurance

RA Number: 123456789		Warrant/EFT #: D500258471		Warrant/EFT Date: 01/09/2015		Prepared Date: 01/09/2015		RA Date: 01/09/2015		Page 3				
Category: Paid		Billing Provider: 999999999												
Client Name / Client ID / Med Record # / Patient Acct # / Original TCN/	TCN / Claim Type / RX Claim # / Inv # / Auth #	Line #	Rendering Provider / RX # / Auth office #	Service Date(s)	Svc Code or NDC / Mod / Rev & Class Code	Total Units or D/S	Billed Amount	Allowed Amount	Sales Tax	TPL Amount	Client Responsible Amount	Paid Amount	Remark Codes	Adjustment Reason Codes / NCPDP Rejection Codes
WATERS, BILL 123456789WA	123456789123456789 ADSA-D 123456789	1	868	01/01/2015- 01/01/2015	T1020 U1	1.0000	\$57.24	\$57.24	\$0.00	\$0.00	\$0.00	\$57.24		
	123456789123456789 ADSA-D 123456789	2	868	01/02/2015- 01/02/2015	T1020 U1	1.0000	\$57.24	\$57.24	\$0.00	\$0.00	\$0.00	\$57.24		
				1/03/2015- 1/03/2015	T1 U1					\$0.00				
				1/04/2015- 1/04/2015	T1 U1					\$0.00				
	123456789123456789 ADSA-D 123456789	5	868	01/05/2015- 01/05/2015	T1 U1					\$0.00	\$0.00	\$57.24		
Document Total:				01/01/2015-01/05/2015		5.0000	\$286.20	\$286.20	\$0.00	\$0.00	\$0.00	\$286.2		
SAILOR, POP 56123789WA	123456789132165498 ADSA-D 654321987	1	868	01/01/2015- 01/01/2015	T1020 U1	1.0000	\$61.30	\$61.30	\$0.00	\$0.00	\$61.30	\$0.00		142 = \$61.30
	123456789132165498 ADSA-D 654321987	2	868	01/02/2015- 01/02/2015	T1020 U1	1.0000	\$61.30	\$61.30	\$0.00	\$0.00	\$61.30	\$0.00		142 = \$61.30
	123456789132165498 ADSA-D 654321987	3	868	01/03/2015- 01/03/2015	T1020 U1	1.0000	\$61.30	\$61.30	\$0.00	\$0.00	\$61.30	\$0.00		142 = \$61.30
	123456789132165498 ADSA-D 654321987	4	868	01/04/2015- 01/04/2015	T1020 U1	1.0000	\$61.30	\$61.30	\$0.00	\$0.00	\$61.30	\$0.00		142 = \$61.30
	123456789132165498 ADSA-D 654321987	5	868	01/05/2015- 01/05/2015	T1020 U1	1.0000	\$61.30	\$61.30	\$0.00	\$0.00	\$61.30	\$0.00		142 = \$61.30
Document Total:				01/01/2015-01/05/2015		5.0000	\$306.50	\$306.50	\$0.00	\$0.00	\$306.50	\$0.00		

The RA is divided into client sections

Responsibility/participation is applied first. Once responsibility has been met, state payment begins.

Adjustment Code and Remarks Code: See next page.

Each service line of the claim(s) is listed. If you used a date range, the range has been divided into daily lines.

13. Scroll down

Adjustment Reason Codes / NCPDP Rejection Codes

142: Monthly Medicaid patient liability amount.

The Reason Code provides an explanation of why the paid amount was adjusted (why it is less than the billed amount)

Remarks Codes

N54: Claim information is inconsistent with pre-certified/authorized services.

The Remarks Code provides explanation explanations of why the paid amount was adjusted (why it is less than the billed amount)

Examples of Reason Codes

119 : Benefit maximum for this time period or occurrence has been reached.

18 : Exact duplicate claim/service

14. To return to the Provider Portal from the [RA Payment List](#)

15. **Click on** Close

14 RA Payment List

15 Click on →

<input type="button" value="Close"/>								
RA Payment List:								
Filter By: <input type="text"/> <input type="text"/> And <input type="text"/> <input type="text"/> <input type="button" value="Go"/>								
RA Number ▲▼	Check Number ▲▼	Check Date ▲▼	RA Date ▲▼	Claim Count ▲▼	Charges ▲▼	Payment Amount ▲▼	Adjusted Amount ▲▼	Download ▲▼
2258535	1247	04/01/2013	03/01/2013	1	\$118.00	\$118.00	\$0.00	
2258853			03/08/2013	3	\$94.00	\$0.00	\$94.00	
4285892	1858	04/05/2013	03/08/2013	1	\$62.00	\$62.00	\$0.00	
5273792	2408	04/15/2013	03/15/2013	1	\$47.00	\$29.00	\$18.00	
5525812	3410	04/15/2013	03/15/2013	4	\$112.00	\$112.00	\$0.00	
5784853			03/22/2013	1	\$244.00	\$0.00	\$244.00	
5985812	5422	04/30/2013	03/29/2013	5	\$528.00	\$412.00	\$107.00	

Viewing Page 1 >> 2 Page Count

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	<ol style="list-style-type: none"> 1. Claimed dates of service are not within the authorization period 2. The authorization line is in error 	<ol style="list-style-type: none"> 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	<ol style="list-style-type: none"> 1. Claimed the same units on two different lines for the same day, or 2. Claim is an exact duplicate of one already submitted 	<ol style="list-style-type: none"> 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