



# Social Service Medical Claim Status Inquiry & View RA

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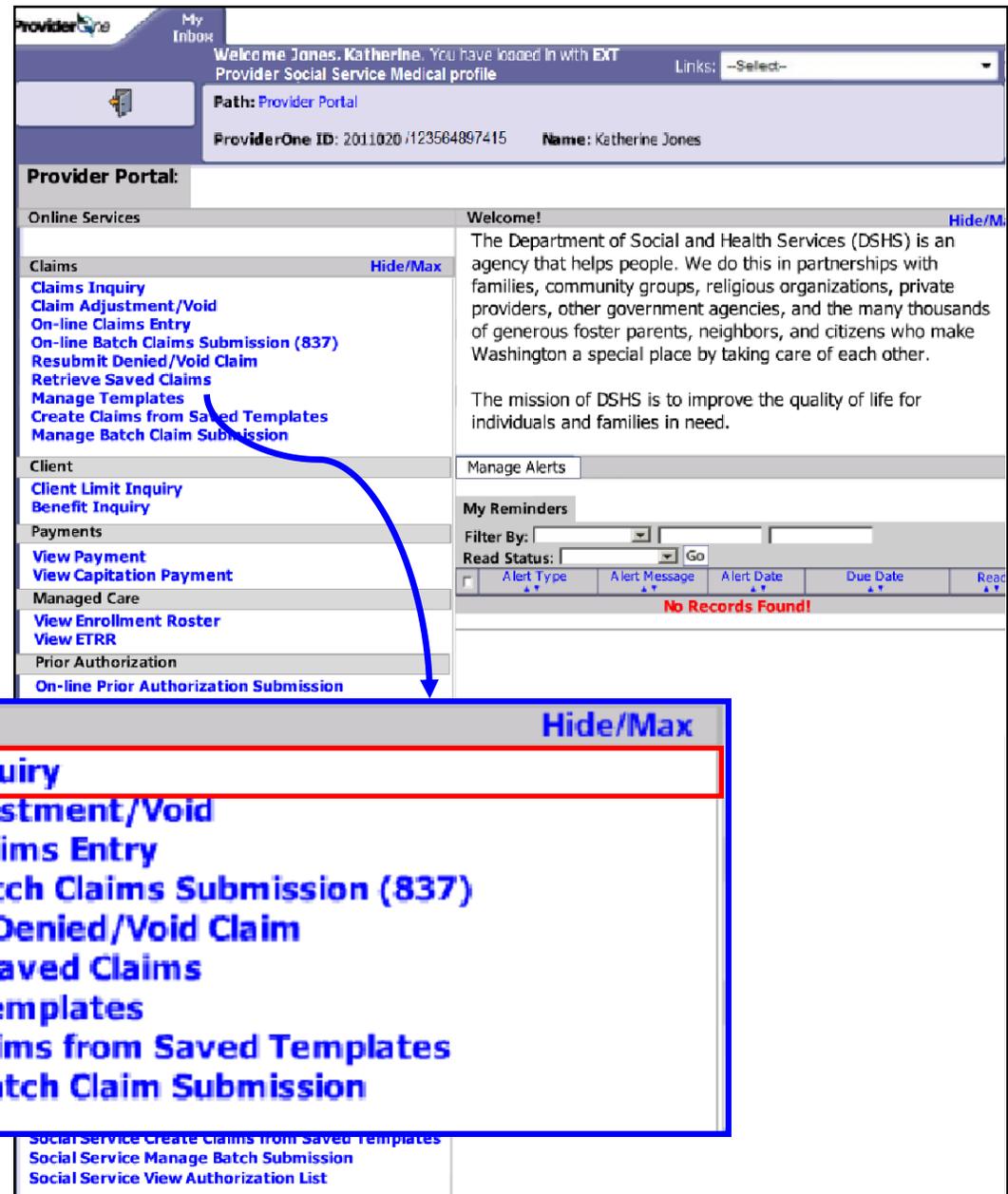


The Social Service “Claim Status Inquiry & View Remittance Advice (RA)” How To provides instructions on how to check the status of a submitted claim and view your Remittance Advance.

- Claim Inquiry .....2
- View & Download RA.....9

1. From the [Provider Portal](#)
2. **Click on** Claim Inquiry

## 1 Provider Portal



The screenshot shows the Provider Portal interface. At the top, there is a navigation bar with the ProviderOne logo and a 'My Inbox' link. Below this, a welcome message for Katherine Jones is displayed, along with her ProviderOne ID and name. The main content area is divided into two columns. The left column contains a 'Provider Portal:' section with a 'Claims' menu. The right column contains a 'Welcome!' message and a 'My Reminders' section. A blue arrow points from the 'Claims Inquiry' link in the 'Claims' menu to a magnified view of the menu. The magnified view shows the 'Claims' menu with a red box around the 'Claims Inquiry' link. Below the magnified view, there is a list of social service links: 'Social Service Create Claims from Saved Templates', 'Social Service Manage Batch Submission', and 'Social Service View Authorization List'.

**Claims** Hide/Max

- Claims Inquiry**
- Claim Adjustment/Void
- On-line Claims Entry
- On-line Batch Claims Submission (837)
- Resubmit Denied/Void Claim
- Retrieve Saved Claims
- Manage Templates
- Create Claims from Saved Templates
- Manage Batch Claim Submission

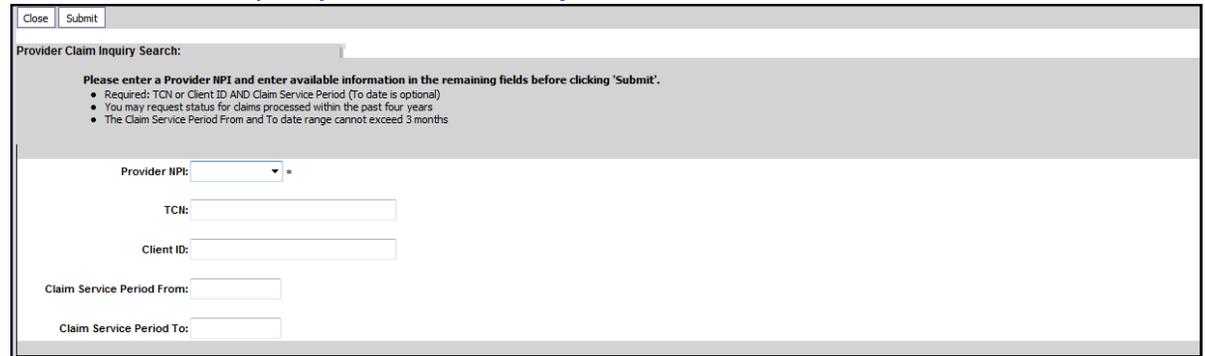
Social Service Create Claims from Saved Templates  
Social Service Manage Batch Submission  
Social Service View Authorization List

2 Click on →

3. Claim Inquiry Search page appears

4. Search requirements

## 3 Claim Inquiry Search Page



Close Submit

Provider Claim Inquiry Search:

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

- Required: TCN or Client ID 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

Provider NPI:  -

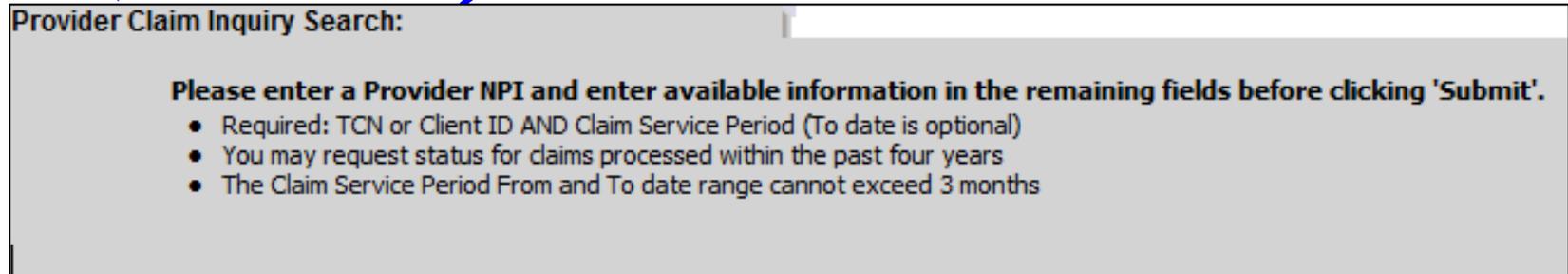
TCN:

Client ID:

Claim Service Period From:

Claim Service Period To:

4



Provider Claim Inquiry Search:

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

- Required: TCN or Client ID 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)

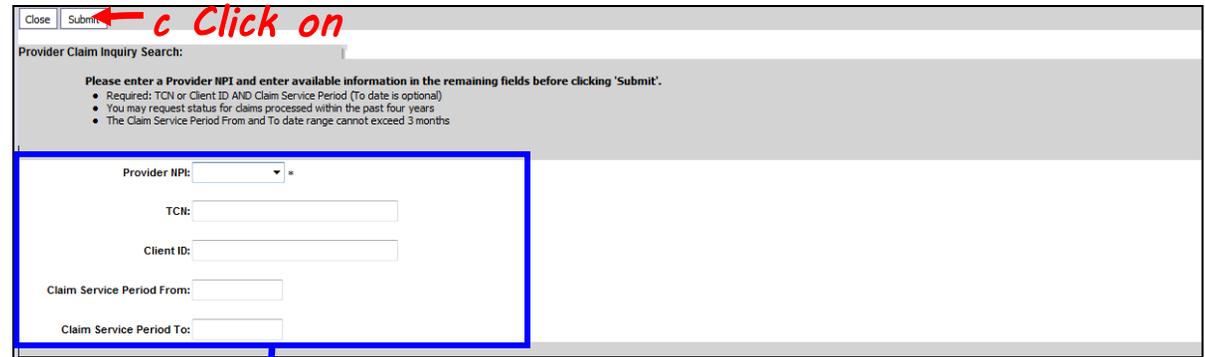
Search requests must be for claims submitted within the past 4 years.

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

## Transaction Control Number (TCN) Search

- Select NPI
- Enter Transaction Control Number (TCN)
- Click on Submit

### Claim Inquiry Search Page



Close Submit *c Click on*

Provider Claim Inquiry Search:

Please enter a Provider NPI and enter available information in the remaining fields before clicking 'Submit':

- Required: TCN or Client ID 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

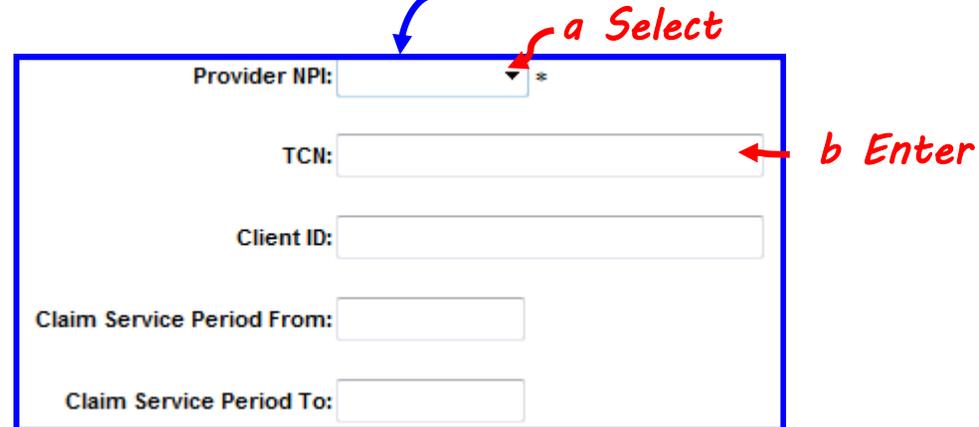
Provider NPI:  =

TCN:

Client ID:

Claim Service Period From:

Claim Service Period To:



*a Select*

Provider NPI:  \*

*b Enter*

TCN:

Client ID:

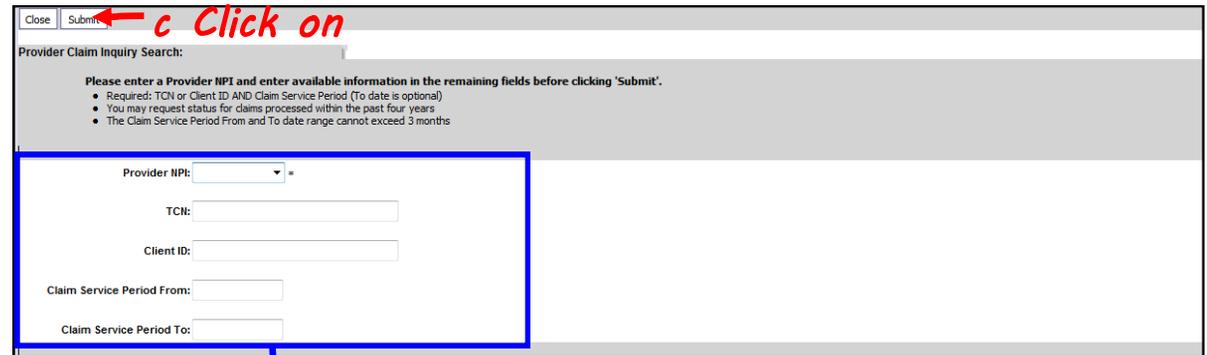
Claim Service Period From:

Claim Service Period To:

## Client ID & Authorization Number Search

- Select NPI
- Enter Client ID number
- Enter Claim Service Period from date
- Enter Claim Service Period To date (optional)
- Click on Submit

### Claim Inquiry Search Page



Close Submit *c Click on*

Provider Claim Inquiry Search:

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

- Required: TCN or Client ID 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

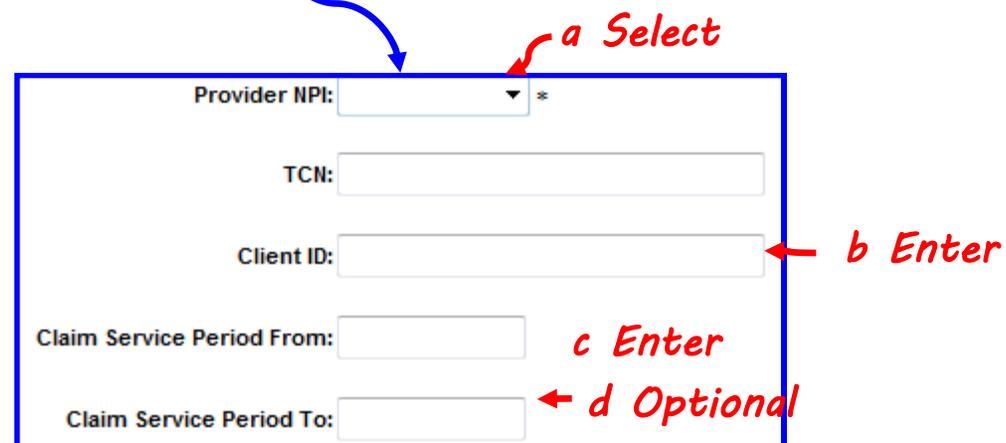
Provider NPI:  \*

TCN:

Client ID:

Claim Service Period From:

Claim Service Period To:



*a Select*

Provider NPI:  \*

TCN:

Client ID:  *b Enter*

Claim Service Period From:  *c Enter*

Claim Service Period To:  *d Optional*

6. Inquire Claims List appears showing search results

7. View TCN

8. View Claim Status

9. View Claim Payment Amount

10. Click on TCN

## 6 Inquire Claims List

Close								
Provider NPI: 2011020								
Inquire Claims List:								
	TCN	Authorization	Date of Service	Claim Status	Claim Charge Amount	Claim Payment Amount	Client Name	Client ID
<input type="checkbox"/>	221385465325134000	1000000234	04/01/2013	1: For more detailed information, see remittance advice	\$150.00	\$0.00	Bill Waters	200907004WA
<input type="checkbox"/>	221385465325258594	1000000584	04/01/2013	1: For more detailed information, see remittance advice	\$575.00	\$120.00	Bill Waters	200907004WA

<< Prev Viewing Page 1 Next >> 1 Go Page Count Save To XLS

TCN
221385465325134000
221385465325258594

Claim Payment Amount
\$0.00
\$120.00

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

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.

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

**15 Scroll** Reim/Remarks Codes

*71 Claims Details*

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

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:**

## 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.

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

17 Scroll →

18. Click on Close

← 18 Click on

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

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

1. From the [Provider Portal](#)

## 1 Provider Portal

2. **Click on** View Payment



The screenshot shows the Provider Portal interface. The 'Payments' section is highlighted with a blue box, and the 'View Payment' and 'View Capitation Payment' links are highlighted with a red box. A blue arrow points from the 'View Payment' link in the 'Payments' section to the magnified view. A red arrow points to the 'View Payment' link in the magnified view.

**Payments**

- View Payment**
- View Capitation Payment**

3. RA Payment List **appears**

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

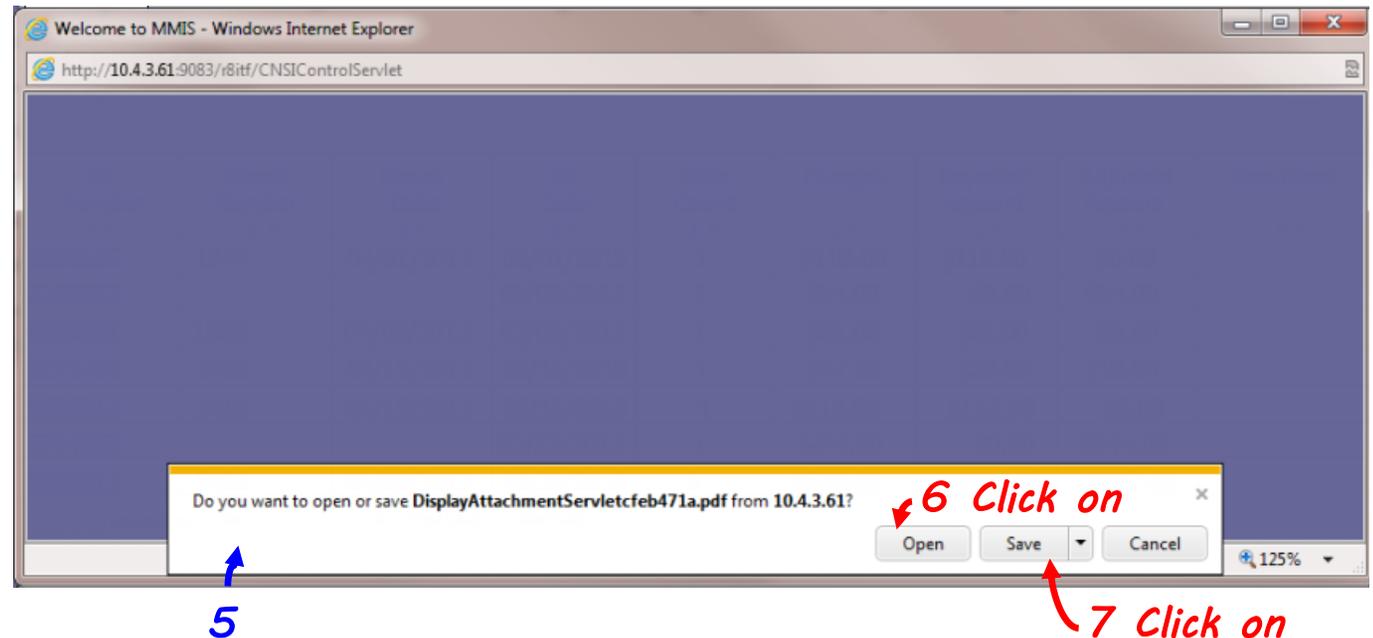
Remittance Advice (RA) are specific to a location.

### 3 RA Payment List

4 →

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	

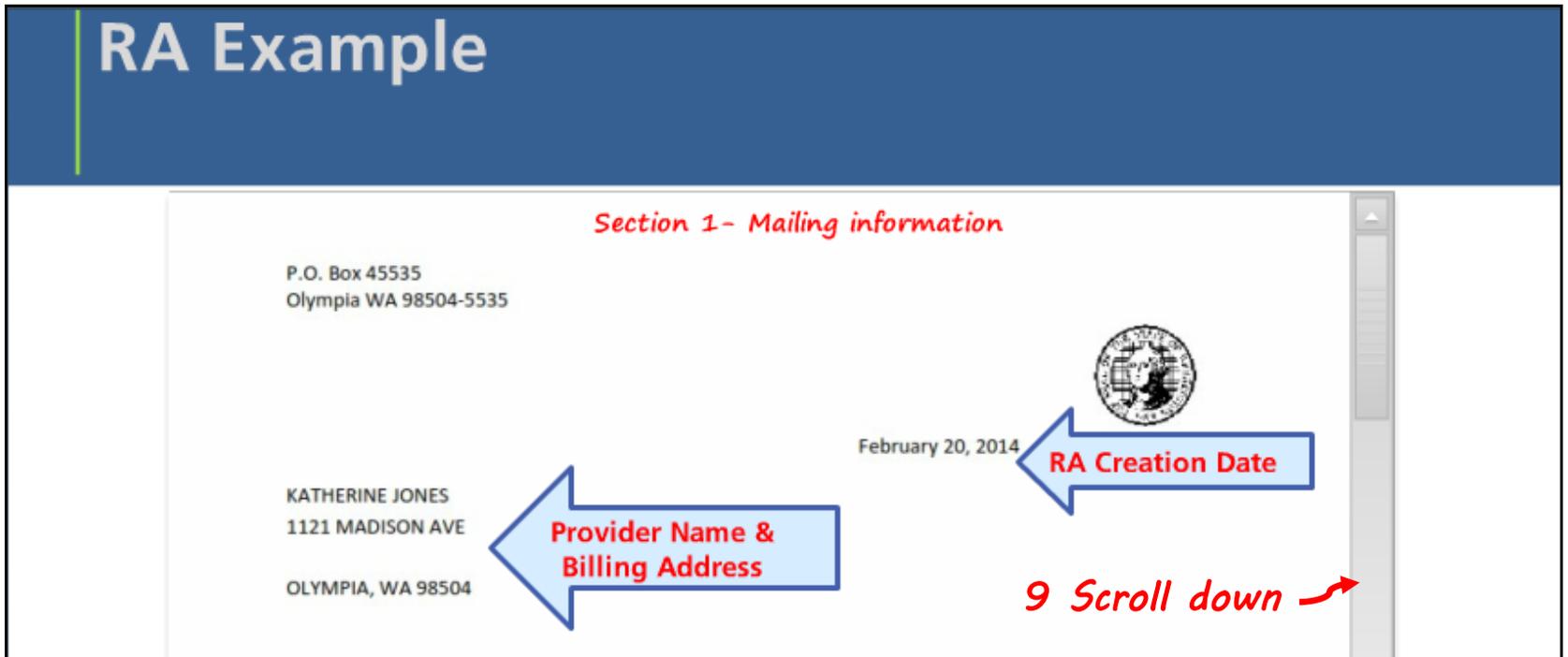
5. Pop-up **appears**
6. **Click on** Open PDF
7. To save, **click on** Save



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 document titled "RA Example" with a blue header. Below the header, the text "Section 1- Mailing information" is written in red. The document contains three main sections: a mailing address (P.O. Box 45535, Olympia WA 98504-5535), a date (February 20, 2014) next to a circular seal, and a provider name and billing address (KATHERINE JONES, 1121 MADISON AVE, OLYMPIA, WA 98504). Blue arrows point from text boxes to these three sections. A red arrow labeled "9 Scroll down" points to a vertical scrollbar on the right side of the document.

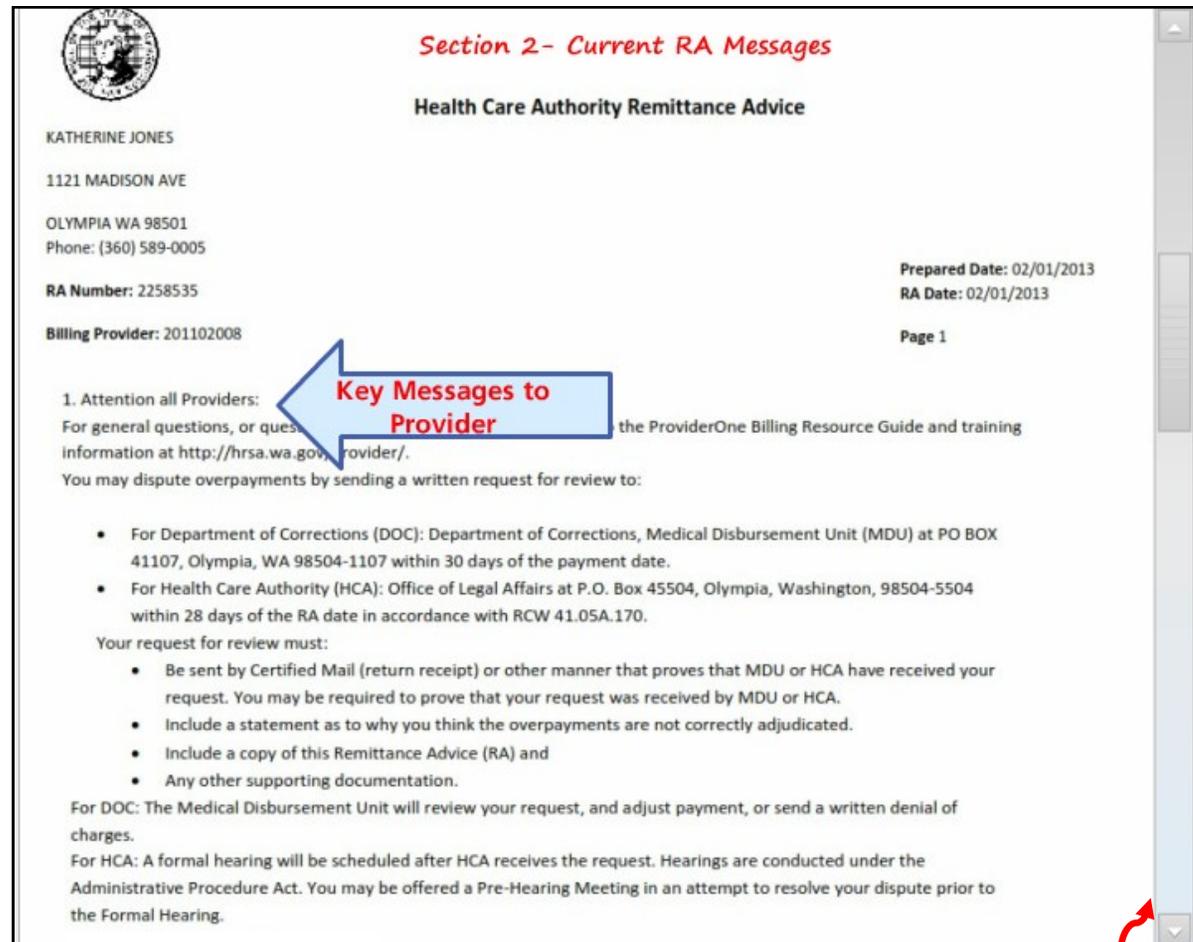
Section 1 Mailing Information

- 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

**Section 3 - Claims Summary**

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*

## Reading the RA

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	T1020 U1					\$0.00				
				1/04/2015- 1/04/2015	T1020 U1					\$0.00				
	123456789123456789 ADSA-D 123456789	5	868	01/05/2015- 01/05/2015	T1020 U1					\$0.00	\$0.00	\$57.24		
<b>Document Total:</b>				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
<b>Document Total:</b>				01/01/2015-01/05/2015		5.0000	\$306.50	\$306.50	\$0.00	\$0.00	\$306.50	\$0.00		

Third Party Liability:  
IE insurance

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

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

14. **Click on** Close

### 13 RA Payment List

14 Click on →

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

Viewing Page 1  2  Page Count