

Southwest Michigan

BEHAVIORAL HEALTH

Care Management Application User Guide

V06/01/2018

Table of Contents

Navigation and Terminology

Requesting, Changing and Removing Login Credentials	pg.5
Managing My Preferences	pg.5
• Home Page	pg.6
• Client Page Preferences	pg.6
• Quick Action Order	pg.6
Banners	pg.6
• My Office	pg.6
• Client	pg.6
• Provider	pg.7
SmartCare Go! and other Dropdowns	pg.7
• SmartCare Go!	pg.7
• Provider & Client	pg.7
Toolbars	pg.7

Client Records

Client Information	pg.8
Client Claims	pg.8
• Creating and Modifying Client Claims	pg.9
Third Party EOBs	pg.10
Estimate Line Billing	pg.11
Claim Tips	pg.12
Client Plans & Timespans	pg.13

Questions or Concerns?

Contact providersupport@swmbh.org for more information!

• Adding Modifying	pg.13
• Eligibility Lookup (270-71)	pg.14
• Deductibles	pg.15
• Spenddowns	pg.15
• Ability to Pay (ATP)	pg.16
• Eligibility FAQ	pg.16
• 834 Exclusion	pg.16
CM Client Authorizations	pg.17
CM Events	pg.17
• Requesting Authorization	pg.18
Event Details	pg.19
Creating New Provider (SUD) Clients Records	pg.19

Provider Management

Provider Summary	pg.20
Provider ID	pg.20
Provider Information	pg.20
• General	pg.20
• Sites	pg.21
Provider Contracts	pg.21
• Contract Rates	pg.22
Associated (Rendering) Providers	pg.23
Billing Code Rules	pg.23
Provider Documents	pg.24
Provider Rates	pg.24

My Office

Claims	pg.25
• New Claims	pg.25
• Tracking Claims	pg.25
• Trouble Shooting Common Denial Reasons	pg.25
837 Import	pg.26
Checks	pg.27

• View Check Details	pg.27
• Print RA	pg.27
Messaging	pg.27
• Sent Messages	pg.28
• Compose Messages	pg.28
Scanning	pg.29
Reports	pg.30
Troubleshooting and Support	pg.30
• Hoverhelp	pg.30

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Navigation and Terminology

Requesting, Changing and Removing Login Credentials

All User Account management activities can be managed by completing an [SWMBH's Online User form](#), and following just a few easy steps;

1. Complete Questions 1 & 2 on the page, identifying yourself and what type of account activity you would like to complete.
2. Complete the General Disclaimer.
3. Enter user related information on the following two pages.
4. Complete question 10, if applicable.

Managing My Preferences

Once logged into the SWMBH Care Management Application, users can customize their experience via the My Preferences banner;

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MyOffice Admin Type OR Select

My Preferences

Account

User Name

Password

Confirm Password

Contact

Phone

E-mail Id

Image Server

Image Server

Location

Preferred Prescribing Location

Preferences

☐ Display primary clients only in "Open This Client" Dropdown

Last Visit 10/27/2017 08:46 AM

Mobile

Smart Key

Security Questions

Security Question 1

Answer

Security Question 2

Answer

Security Question 3

Answer

General Settings

Home Page

Client Page Preference

Default Program View

Diagnosis Search Preference

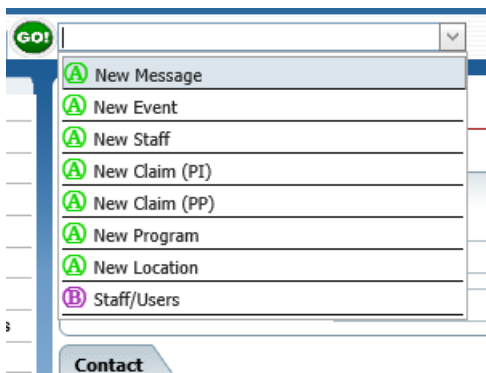
Quick Action Order

Screen Name	Sort Order
Admin - Staff/Users	1

- Password/Confirm Password
 - This field allows users to change their password.
- Security Questions
 - This field allows users to change their designated Security Questions and Answers.
- General Settings
 - Select a screen from the **Home Page** dropdown to choose which screen you'd like to arrive at after each log-in.

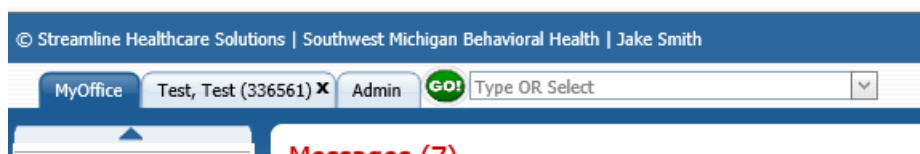
Questions or Concerns?
Contact providersupport@swmbh.org for more information!

- Select a screen from the **Client Page Preference** dropdown to choose which screen you'd like to arrive at when opening a client record.
- Are there some screens you visit so often you'd like a shortcut to? Select screens from the **Quick Action Order** and they will appear on your SmartCare Go! dropdown, for easy navigation;



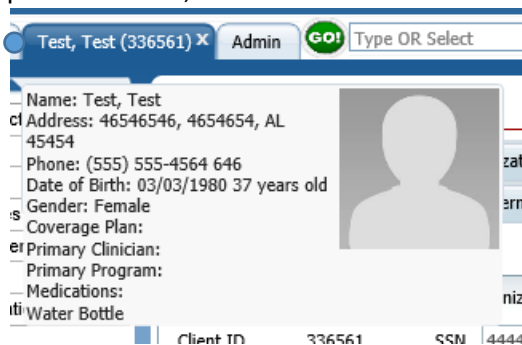
Banners

Screens in the SWMBH Care Management application are divided into three major sections;



- The **My Office** banner will display the cumulative information relating to your entire agency (or agencies). This provides a broad overview of items found in the banner (Claims, Authorizations, etc.)
- The **Client** banner will display client-specific information, providing client-level information regarding the items found in the banner (Claims, Authorizations, etc.). Note that the Client banner will display the client's name (Last, First) as well as SWMBH's unique Client ID. When hovering over the client's tab, additional information will be displayed for quick reference;

Users are typically granted access to clients based on the delivery of a Release of Information and approval of an Authorization.



- The **Provider** banner will display once a provider is selected from the Provider Search tool or any Provider hyperlink.


Questions or Concerns?

Contact providersupport@swmbh.org for more information!

Provider Search Search OR Open this Client  

This banner will provide relevant provider information, such as contract and site information;

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MyOffice Test, Test (336561) X Admin zTesting (2412) X  Type OR Select

Provider Summary

Summary

Provider Name: <u>zTesting</u>	Provider Status: <u>Active</u>	Network Provider: <u>Yes</u>	Provider Type: <u>Facility</u>
Contract Expiration Date: <u>06/01/2020</u>	Insurer: <u>Barry County CMH Authority, Berrien Mental Health Authority, Pines Mental Health Authority, Summit Pointe, SWMBH MH, SWMBH SUD, Van Buren County CMH, Venture SA (DO NOT USE)</u>		
Primary Site:	Site Type:	Site Status:	Address:
Paid YTD:	Payable:	Payable Past 30 Days:	Contact:
Pended:	Pended > than 60 days:	Credit/Receivable:	Phone:
Last Check:	Affiliated with: <u>Yoder, Ariana, Youmans, Theresa, Yuan, MD, Michael, Zalner, Kali</u>		
Other Active Sites:	Note: <u>For testing BCMHA and Pines Insurers on Auth Events</u>		

'SmartCare Go!' and other Dropdowns

All of the most common SWMBH Care Management screens are accessible on every page with easy navigation tools.

- Looking to quickly access a report, create a new record or to navigate to a screen which would otherwise be several clicks away? Just begin typing into the **SmartCare GO!** field and you're on your way;

 Type OR Select

- Easily access specific client and provider banners via the **Provider and Client** dropdown;

Provider Search Search OR Open this Client  

Toolbars

Toolbars can be found through the application and provide the mechanism for taking a number of relevant actions, most commonly;



New, allows users to create a new version of what they find on the screen.

Save, allows users to save their work.

Delete, allows users to delete items on their screen.

Validate, allows users to confirm all necessary fields have been satisfied prior to signing.

Be Cautious!
Some Delete buttons will delete entire records, not just screen changes.

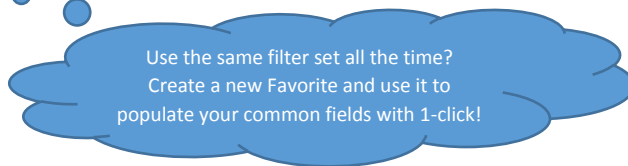
Questions or Concerns?

Contact providersupport@swmbh.org for more information!

Export, allows users to export listpages into an excel spreadsheet.



Favorites, allow users to add (+) static filter sets in order to auto-populate them into screens.



Client Records

Once a user has navigated to a client record, there are a number of banner items available for users to work from.

- A variety of basic information is available from the **Client Information** screen. Note however that not all tabs are available to each user;

- Client-level Claims are accessible via the **Claims** banner in the client record. From this screen users can see all claims associated with the specific client they have navigated to;
 - Users are also able to **Create Claims** from this screen, by selecting New Provider Institutional or New Provider Professional claim.

Client Claims (2)

All Insurers All All Providers All Sites

Entered From Entered To DOS From DOS To

Claim Line	Client Name	Provider	DOS	Status	Payable Amount	Insurer	Procedure
3562222	test, test	Community Healing...	09/01/2017	Denied		SWMBH SUD	H0001
3562223	test, test	Community Healing...	08/01/2017	Denied		SWMBH SUD	H0001

Claim Entry - Professional (PP)

General Custom Fields

Client and Provider

Cannot proceed without a client and a provider

Auth #

Last Name... First Name

Provider... Site

Insurer

Claim Information

Claim Received 05/30/2018

Clean Claim Date

Claim Status ☒ Entry Complete

Claim Id -1

Claim Header

Patient Account No. 0

Diagnosis 1. 2. 3.

Service Lines

From To Code Modifiers

POS

Rendering Provider

Ordering Provider

Supervising Provider

Units

Charge

NDC

NDC Unit

NDC Unit Type

Dx 1 [Third Party EOB Information](#)

Allowed

Paid

Adj

	Id	From	To	CPT Code	Units	POS	Dx	Charge	Auth
No data to display									

Claim Entry

Claim Entry - Institutional (PI)

General

Custom Fields

Client and Provider

Cannot proceed without a client and a provider

Auth #

Last Name... First Name

Provider... Site

Insurer

Claim Information

Claim Received 05/30/2018

Clean Claim Date

Claim Status ☒ Entry Complete

Claim Id: -1

Claim Header

Patient Account No. 0

Start Date

Admission Date

Discharge Time

Diagnosis

Admission Principal 1. 2. 3.

Service Lines

From To Revenue Code HCPCS Code Modifiers

Units Total Charges

Third Party EOB Information Allowed Paid Adj

Estimate Line billing... Insert Clear

	Id	From Date	To Date	HCPCS Code	Revenue Code	Charges	Units	Auth
No data to display								

Third Party EOBs

In the event that a Third Party EOB is required as part of a claim, users can access the EOB fields via the Third Party EOB Information hyperlink on the Claim Form;

Service Lines

From 07/29/2017 To 07/29/2017 Code 90832 Modifiers HF HG

Units 1 Charge 100 POS 11 Office Rendering Provider

Dx 1 Third Party EOB Information Allowed Paid Adj

Estimate Line billing... Modify Clear

From the Third Party EOB Information popup, users can complete the various fields necessary to include EOB information;

SmartCare

Claim Entry Payment and Adjustment

Save Close

Payer	Payer Name	Allowed Amount	Previous Payment	Previous Adjustment	Group Code	Reason
X						
X						

Charge Amount 100 Total Allowed 0 Total Paid 0 Total Adjusted 0 Claimed Amount 100

- Payer
 - The primary EOB payer (Commercial Insurance, Self, etc.).
- Payer Name
 - The primary EOB payer name (Blue Cross, Client Name, etc.).
- Allowed Amount
 - EOB Allowed Amount.
- Previous Payment
 - Primary payer previous payment.
- Previous Adjustment
 - Previous Adjustment, if applicable.
- Group Code
 - See dropdown.
- Reason
 - See dropdown.

EOB Calculus- in the event a user is billing for a service, with a previous payment from the primary payer, the SWMBH Care Management adjudication logic will approve the difference between the previously paid amount and the Contract Rate for the code between the secondary insurer and the provider. For Example;

- SWMBH-Provider contract rate = \$85/unit.
- Billed Amount = \$100
- Previous Payment= \$75
- Approved for Payment= \$10

Estimate Line Billing

Billing the same code which requires a unique claim line over a continuous period of time? Estimate Line Billing allows you to enter in several claim lines at once. Just enter timeframe, code and total charge information in the Service Line window and select the Estimate Line Billing button on the claim form to review the claim line breakdown;

Date Of Service	Units	Charges
07/01/2017	1	10
07/02/2017	1	10
07/03/2017	1	10
07/04/2017	1	10
07/05/2017	1	10
07/06/2017	1	10
07/07/2017	1	10
07/08/2017	1	10
07/09/2017	1	10
07/10/2017	1	10
07/11/2017	1	10
07/12/2017	1	10
07/13/2017	1	10
07/14/2017	1	10
07/15/2017	1	10
07/16/2017	1	10
07/17/2017	1	10
07/18/2017	1	10
07/19/2017	1	10

Code/Modifier: 90792

From: 07/01/2017 To: 07/30/2017


Total Charge: 300 Total Units: 30

Allocated Charges: 300 Allocated Units: 30

Reallocate

Pressing Update/Close will create a unique Claim Line for each date of service on your Claim Form.

Claim Tips

- It is not necessary to enter Authorization Information into this field, SWMBH's Claim Adjudication process will find it for you!
- Charge keep snapping to \$0? Be sure a;
 - *Rendering Provider is selected (where applicable)*
 - *Contract is in place for the DOS*
- Multiple Claim Lines can be inserted into a single Claim Form—but check your Medicaid Manual for applicability!
- To **Modify a Claim**, simply select the Claim Line hyperlink and select View Claim Form from the toolbar.
 - *Note however that in order to do so, the claim must be at Entry Complete status.*
 - *If the claim is not at Entry Complete status, click the Revert  button to revert.*
- Don't forget to check out the Status and Payment History window for important information regarding your claim, including;
 - Each **Date** there was **Activity** on a claim and by which **User**
 - Amount **Paid, Denied, Credited**
 - If paid, what **Check #** the Claim was paid on
 - If denied, the **Reason** why

- Users also able to Revert claims from the Claim Line Detail screen

Status and Payment History											
Date	Activity	Status	Approved	Denied	Paid	Credit	Denial #	Check #	User	Batch Id	Reason
09/06/2017	Adjudication	Denied	\$0.00	\$3.00					CC3	66252	#Member is no...
09/04/2017	Data Entry	Entry Complete							msood		

Client Plans & Timespans

To review client's enrollment status, navigate to the Client Plans & Timespans banner within the client record.

Client Plans are updated every night via an 834 upload from MDHHS. To exclude a client from nightly uploads, see the '834 Exclusion' section.

- **Adding or Modifying Plans** is easy just select the 'New' icon in the toolbar to add a new plan or the hyperlink of an existing plan in the Client Plans window to modify.

Client Plans And Time Spans (2)

Client Plans

Plan Name	Insured Id	Co-Pay	Start Date	End Date	COB	Service Area	
Autism Medicaid	23					MH	Add
MIHealthLin Meridian	23					MH	Add

Plan Time Spans

☐ Show Current Plans Only MH Maximize Time Spans

10/15/2017 - 10/15/2017		Change COB Order...		Set End Date
✕	MIHealthLin Meridian 23-			
10/05/2017 - 10/14/2017		Change COB Order...		Set End Date
✕	MIHealthLin Meridian 23-			
✕	Autism Medicaid 23-			Set End Date
10/04/2017 - 10/04/2017		Change COB Order...		Set End Date
✕	Autism Medicaid 23-			

Note that when making a verifying or modifying a plan, users should update the Eligibility Verification fields on the screen;

Client Plans

General | **Claim Information** | Copayment | Monthly Deductible

Plan
Plan: MIHealthLin Meridian
Insured ID: 23
Group #:
Employer/ Group Name:
Contact Number:

Insured Information
Client is Subscriber: ☒ Yes ☐ No

Copayment
Deductible:

Monthly Deductible
☐ The Client Has Monthly Deductible
Monthly Deductible Last Met:

COB History

Start Date	End Date	COB	User	Modified On
10/05/2017	10/14/2017	1		10/11/2017
10/15/2017	10/15/2017	1		10/11/2017

Eligibility Verification
Date Last Verified:
Verified By:

- **Eligibility Lookup (270-71)** is an easy way to look-up a client's real time eligibility with the Michigan Department of Health & Human Services. Simply select the Verify Eligibility button on the Client Plans & Timespans toolbar;



Users will be presented with a pop-up where they may confirm client details and press 'Submit Request' to prompt the look-up. Users will then be presented with detailed Client Eligibility information from MI DHHS.

SmartCare

Insurance Eligibility Verification

Request | Response

Update Coverage Plans

First Name | Last Name | Medicaid ID | Date of Birth | Sex | Patient Address | Patient City | Patient State | Patient Zip

Verified Benefits
Responsible County: Kalamazoo

Payer Name | Coverage Plan Name | Service Area | Verified Response Type | Coverage Start Date | Coverage End Date
Migrated | General Fund | MH | BILLABLE | 2018-03-01

Detailed Response

Info	Insurance Type	Plan Coverage	Start Date	End Date	Benefit Entity	Group Policy #
Active Coverage	Health Maintenance Organization (HMO) PIHP	20180301	20180531	2813562-Southwest MI Behavioral Health		
Co-Insurance	Health Maintenance Organization (HMO) PIHP	20180301	20180531			
Co-Payment	Health Maintenance Organization (HMO) PIHP	20180301	20180531			
Deductible	Health Maintenance Organization (HMO) PIHP	20180301	20180531			
Active Coverage	Medicaid	MA	20180501	20180531		
Co-Insurance	Medicaid	MA	20180501	20180531		
Co-Payment	Medicaid	MA	20180501	20180531		
Deductible	Medicaid	MA	20180501	20180531		
Active Coverage	Medicaid	MA FFS DENTAL	20180501	20180531		
Co-Insurance	Medicaid	MA FFS DENTAL	20180501	20180531		
Co-Payment	Medicaid	MA FFS DENTAL	20180501	20180531		
Deductible	Medicaid	MA FFS DENTAL	20180501	20180531		

- **Client Deductibles** can be managed from the Client Plans screen as well. To begin, users should select the Client Has Monthly Deductible Checkbox on the General Tab of an existing Client Plan, then navigate to the Monthly Deductible tab;

Client Plans

General Claim Information Copayment **Monthly Deductible**

Monthly Deductible Details *The Date Met Amount is the amount that will cascade to the next payer for charges on that day.*

Month/Year Monthly Deductible Met ☐ Yes ☒ Unknown ☐ Never ☐ Estimate Date Met Date Met Amount

Verified By Verified On Source Source Date

Comment

Cash on Hand:
Monthly Wages:

Monthly Deductible History

Month/ Year	Met	Date Met	Verified By	Date Modified
No data to display				

Don't forget to 'Insert' before you save!

Insert Clear

Note that SWMBH Import 834 process, which uploads Client Plans from MDHHS, updates Client Deductible requirement information automatically for clients on a monthly basis. This functionality is especially useful for clients with a monthly **Spenddown**. Client Spenddown information is automatically added at the beginning of each month as a Deductible. Once the client has met their Spenddown, users should manually populate Monthly Deductible Met information on the Monthly Deductible tab for claims to process appropriately.

- **Ability to Pay (ATP)** is managed from the Copayment tab of the Client's Plan. Users may add all required information into the Copayment Information fields, and select Insert to populate the record. This information will be considered as part of the Claim Adjudication process when appropriate Third Party EOB information is added to specific Claim Lines (see pg. X for additional guidance).

Client Plans

General
Claim Information
Copayment
Monthly Deductible

Copayment Information

Start Date
End Date

Procedure \$0.00
Daily \$0.00
Weekly \$0.00

Monthly \$0.00
Yearly \$0.00
☐ Collect Up Front

☒ All Procedures
☐ Excludes Procedures
☐ Includes Procedures

Insert
Clear

Copayment List

☒ Show Active Only

	Start Date	End Date	Procedure	Daily	Weekly	Monthly	Yearly	Procedure Description
No data to display								

Eligibility FAQ

- For the purpose of claims payment the default eligibility data provided via 834 Eligibility Record from MDHHS is considered the 'source of truth'.
- In the event a client's eligibility record does not match what is found via the Verify Eligibility tool, users are permitted to update the client Plans & Timespans.
- A limited number of SWMBH Affiliate users will have access to the **834 Exclusion Program**, allowing them to exclude clients from nightly DHHS edibility modifications. Please contact providersupport@swmbh.org for a Primer on the process.

Questions or Concerns?
Contact providersupport@swmbh.org for more information!

CM Client Authorizations

A Client's Authorization history can be found by navigating to the CM Authorization banner of the Client Record. This listpage will display the full history of the client's authorizations.

Note that authorization requests do not take place on this screen

See CM Events for more information on requesting auths

CM Client Authorizations (4)

All Insurers All Billing Codes/Group All Statuses

All Providers ☒ Include Exchangeable Codes Effective As Of

Select: All, All on Page, None

	Auth Id	Provider Name	Insurer	Site Name	Billing Code	Auth #	Status	Units	Used	From	To
<input type="checkbox"/>	458260	Community Healing...	SWMBH SUD	CHC - Niles	H0001 HF	2016101...	Denial-re...	195		10/13/2016	10/03/2017
<input type="checkbox"/>	510809	Community Program...	SWMBH SUD	Meridian Health Ser...	A0110	2017091...	Approved	12		09/01/2017	09/12/2017
<input type="checkbox"/>	510813	Community Program...	SWMBH SUD	Meridian Health Ser...	A0100	2017091...	Approved	12		09/01/2017	09/12/2017
<input type="checkbox"/>	503140	German, PhD	SWMBH MH	Don-Nee German, P...	90791		Approved	1		07/10/2017	07/10/2017

CM Events

Much of the work done in the SWMBH Care Management application takes place in the form of Events. From the CM Events listpage users are able to see all relevant events which associated with the client's record.

CM Events (8)

All Events All Statuses All UM Staff

All Insurers 1800 Wheelchair

Event Id	Event	Date	Status	Staff	Provider
832559	Complex Case Management	10/17/2017 2:20 PM	In Progress	Tenney, Natalie	1800 Wheelchair
827465	Prospective Review CCM	10/05/2017 11:00 AM	In Progress	Smith, Jake	1800 Wheelchair
735746	Authorization Request	01/16/2017 3:28 PM	In Progress	Smith, Jake	1800 Wheelchair
704581	Concurrent Review SUD	10/13/2016 3:59 AM	Completed	Smith, Jake	1800 Wheelchair
704580	Prospective Review SUD	10/13/2016 3:58 AM	Completed	Cassel, Leah	1800 Wheelchair
704579	Authorization Request	10/13/2016 3:55 AM	Completed	Walko, Lyndsay	1800 Wheelchair
704578	Concurrent Review SUD	10/13/2016 3:45 AM	Completed	Walko, Lyndsay	1800 Wheelchair
704577	Concurrent Review SUD	10/13/2016 3:36 AM	Completed	Walko, Lyndsay	1800 Wheelchair

Creating new events is easy as well, just select the 'New' icon from the toolbar and select the Event Type from the dropdown to begin;

Events

01/16/2017 - Authorization...
 New 10/27/2017 Smith, Jake

Event

Details

Event
Date 10/27/2017 2:39 PM
Staff Jake, Smith
Status
Insurer
Provider Search here

Note that an Event must be marked as In Progress in order to access the Note tab to begin.

Requesting Authorization

- Users seeking to request new authorization(s) can do so by creating a new Authorization Request Event
- Note that the authorization's Start and End dates cannot eclipse the date of the request.
 - i.e.- If seeking authorization for 10/1/2017-10/30/2017 on 10/27/17, the user must complete two requests
 - 10/1/2017-10/27/2017 AND 10/28/2017-10/30/2017
 - Note that a single Authorization Request form can include several requests, simply by selecting the 'Add Code' button on the form.

Authorization Request

01/16/2017 - Authorization...
 New 10/27/2017 Smith, Jake

Event

Authorization Request

Insurer

Insurer Provider Insurer and Provider Applies to all authorizations listed below

Authorizations

Start Date End Date Site
Code Req Units How Often ?
Modifiers Total Units ☐ Urgent

Requestor's Rationale

Women's Speciality

Women's Speciality Program * ☐ Yes ☐ No (If yes to any of the following questions – Mark Yes for Women's Specialty Program: Is client a pregnant woman? Does the client have dependent children? Is the client trying to regain custody of his/her child(ren)?)

Questions or Concerns?
Contact providersupport@swmbh.org for more information!

Event Details

Users are able to re-assign ownership of an In Progress Event, Edit and view previous versions of most completed events via the Event Navigation window;

The screenshot shows the 'BH TEDS Admission' event details window. It includes a navigation bar with 'Edit', 'Share', 'Status' (Signed), 'Effective' (11/04/2015), 'Author' (Smith, Jake), and buttons for 'Sign' and 'Less Detail'. Below the navigation bar, there are sections for 'Other Versions' (showing version 1 from 11/04/2015), 'Signed By' (listing Jake Smith), and a 'Signer' section with an 'Add Signer(s)...' dropdown and 'Co-Sign' and 'Decline' buttons. At the bottom, there is a 'Document' section.

Creating New Provider (SUD) Client Records

For SUD Providers tasked with creating their own Provider Client Records, follow these three easy steps from the Client Search form;

1. Enter the Client Name into the relevant fields and select Broad Search
2. Enter the client's SSN into the SSN field and select search
3. Enter the client's DOB into the DOB field and select search

If an existing client provider record is not found, the Create Provider Client will activate, allowing you to select the Provider agency and create a new Provider Client record.

The screenshot shows the 'SmartCare' Client Search form. It includes a 'Clear' button, a 'Provider' dropdown (All Providers), and checkboxes for 'Include Client Contacts' and 'Only Include Active Clients'. The 'Name Search' section has 'Broad Search' and 'Narrow Search' buttons, 'Type of Client' (Individual, Organization), and fields for 'Last Name', 'First Name', and 'Program'. The 'Other Search Strategies' section includes buttons for 'SSN Search', 'DOB Search', 'Primary Clinician Search', 'Authorization ID / #', 'Phone # Search', 'Master Client ID Search', 'Client ID Search', and 'Insured ID Search'. The 'Records Found' section shows a table with columns: ID, Master ID, Client Name, SSN/EIN, DOB, Status, City, Primary Clinician, and Provider. The table is currently empty, displaying 'No data to display'. At the bottom, there are buttons for 'Create Provider Client', 'Create New Potential Client', 'Select', and 'Cancel'.

Questions or Concerns?
Contact providersupport@swmbh.org for more information!

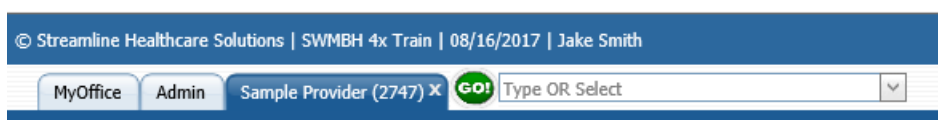
Provider Management

Provider Summary

The Provider Summary screen provides an informal summary of information regarding the provider agency. Information on this, and other Provider screens, is managed by SWMBH and/or SWMBH Affiliate staff and is not editable by most users. However, the following screens provide valuable information for users interested in viewing contract parameters.

Provider ID

SWMBH uses a unique identifier for each of our providers, known as the Provider ID. This ID is distinct from the provider's NPI and EIN, and can be found in parenthesis on the Provider Tab when opened;



Provider Information

The Provider Information screen provides more detailed information regarding the provider agency, and is managed by SWMBH and/or SWMBH Affiliate staff. General information can be found on the **General** tab;

Provider Information

General Sites Contact Persons

Type ☒ Facility ☐ Individual ☒ Active ☐ Non-Network Provider

Provider Name

Primary Site:

Associated Providers

Provider Name
X Tenney, LMSW

Associated Insurers

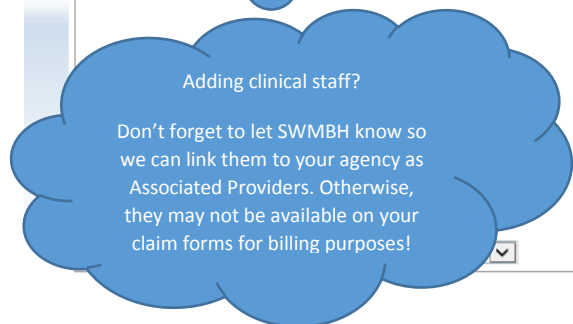
Insurer Name
X SWMBH MH

☒ Data Entry Complete
☐ Authorizations cannot be created if data entry is not complete
☒ Uses Provider Access
☐ Substance Use Provider
☐ Rendering Provider
☐ Credential Approaching Expiration

External ID Website

Provider Comment

Associated Placement Family:



Questions or Concerns?
Contact providersupport@swmbh.org for more information!

The **Sites** tab of the Provider Information screen provided detailed information regarding the location of clinical and administrative services for the provider agency;

Provider Information

General Sites Contact Persons

Site Information

Name: Primary Site ☐ Active ☐ Primary Site

Start Date: End Date:

Phone Numbers

Home: (269) 555-5555
 Business:
 Fax:
 Mobile:

Address

123 Main St.
 Battle Creek, MI 49015

☐ Mailing [Details...](#)

Program:
 Type: Treatment Provider
 Print on Check as: Sample Provider
 Capacity:
 Current Openings: As Of:

☐ Weekend Hours ☐ Handicap Access
☐ Evening Hours ☐ SUD Population

Tax ID: EIN ☐ SSN ☐ 123456789 ☐ Use for all sites
 NPI: ☐ Use for all sites
 Provider ID: ☐ Use for all sites
 Taxonomy Code: ☐ Use for all sites
 Place of Service: ☐ Use for all sites
 License #:

☐ DD Population ☐ Adults ☐ 1099
☐ MI Population ☐ Children

Site Contacts:

Site Comments:

Provider Contracts

The Provider Contracts summary screen provides a record of all provider agency contracts;

Provider Contracts (1)

From: To: All Insurers: Type: ☐ Show current contracts only [Apply Filter](#)

Contract ID	Insurer	Type	Contract Name	Start Date	Expiration Date
4414	SWMBH MH	Signed Contract	Sample Pro - SWMBH MH - 201710	10/01/2017	10/30/2018

Questions or Concerns?
 Contact providersupport@swmbh.org for more information!

Clicking the Contract ID hyperlink will allow users to navigate to a contract detail screen which provides additional information regarding the contract parameters, as well as additional tabs regarding individual contract Rates and Rules;

The **Contract Rates** tab of the Contract Details screen provides details regarding the rates for individual codes present in a contract;

Rate ID	Code + Modifier	Name	Rate/Unit	Contract Rate	Sites	Client	Coverage Plan	Modified Start Date	Modified End Date	Associated Providers	Licensure Group
53146	0359T:U5	0359T:U5	1.00 Units	\$100.00			Autism Medi...			No	
53147	0362T	0362T	30.00 Mi...	\$95.00			Autism Medi...			No	
53148	90832	90832	1.00 Ite...	\$85.00						Yes	
53149	90838	90838	1.00 Ite...	\$0.00				10/01/2017	12/31/2017	Yes	

Note that rates can be broadly applied to any occasion in which a code is billed during the contract period, or additional parameters can be added for the rate which will only allow claim approval in the event one or more variables are achieved, including;

- Site- Rate is only applicable to a specific site(s).
- Client- Rate is only applicable to a specific client(s).
- Coverage Plan- Rate is only applicable in the event that the client is enrolled in a specific plan(s).

Questions or Concerns?
Contact providersupport@swmbh.org for more information!

- **Modified Start/End Dates-** In the event the provider agency is only contracted to provide a service for a portion of the contract period, or a rate change has taken place during the contract period.
- **Associated (Rendering) Providers-** Rate is only applicable if the service is provided by appropriately credentialed Associated (Rendering Providers).
- **Licensure Group-** Rate is only applicable when provided by a specific licensure group.

Select the Rate ID hyperlink to view expanded details for any of the codes available in the contract.

Associated (Rendering) Providers, are necessary for the delivery of certain services. The SWMBH Care Management application associates these clinicians to specific codes in provider contracts via the Specify Associated Providers button on the Contract Rates Detail Screen, accessible via the Rate ID hyperlink on the Contract Detail screen;

If an Associated (Rendering) Provider is not selected as part of the approved list of clinicians associated with the code in question, claims associated for the code + clinician will not approve. Please contact your local CMH or SWMBH Contracting Department for additional information regarding Credentialing.

The **Billing Code Rules** tab of the Contract Details screen provides additional details regarding the parameters for billing specific codes during the contract terms. Please contact your local CMH or SWMBH Contracting Department for additional information regarding Billing Code Rules.

Questions or Concerns?

Contact providersupport@swmbh.org for more information!

Provider Documents

The Provider Documents banner allows users to access scanned records of documents associated with the Provider Agency. Users are also able to add additional documents to the list via the .pdf icon in the Provider Documents toolbar;

Sample Provider (2747) x Type OR Select

Provider Documents (1)

Provider: 2747 Sample Provider All Record Types

Show Scanned/Uploaded: Smith, Jake All Statuses: Other

Effective Dates Between: And Created Between: 09/29/2017 And 10/30/2017

	Associated With	ID	Name	Record Type	Created	Effective	Scanned By	Status
	Provider	2747	Sample Provider	Scanned Contract (FY...	10/30/2017	10/30/2017	Smith, Jake	Completed

Provider Rates

The Provider Rates banner provides an easily sortable listpage of all Rates associated with the Provider Agency.

Sample Provider (2747) x Type OR Select

Provider Rates (4)

All Insurers: All Sites: All Clients:

All Contracts: Effective As Of:

Rate Id	Code	△	Name	Rate Unit	Contract Rate	Start	End	Site	Client	Insurer
53146	0359T	U5	ABA Behavior Identifi...	1 Units	\$100.00	10/01/2017	10/30/2018	No	No	SWMBH MH
53147	0362T		ABA Behavioral Follo...	30 Minutes	\$95.00	10/01/2017	10/30/2018	No	No	SWMBH MH
53148	90832		Indiv Therapy 16-37...	1 Items	\$85.00	10/01/2017	10/30/2018	No	No	SWMBH MH
53149	90838		Psychotherapy 60 mi...	1 Items	\$0.00	10/01/2017	12/31/2017	No	No	SWMBH MH

My Office

The My Office banner of the SWMBH Care Management application allows users to manage various agency-level information, similar to the way the Client Banner allows users to manage various client-level information.

Claims

A listpage of all claims associated with the Provider and Insurer associated with the user's account permissions are available via the My Office: Claims banner;

Claim Lines (24148)

All Insurers [v] All Statuses [v] All Providers [v] All Sites [v] **Apply Filter**

All Bank Accounts [v] All Populations [v] All Billing Codes and Modifiers [v] All Denial Reasons [v] **Detail Report**

Pended/Credit Bal Filter [v] Batch # [] Claim ID [] Line # []

Received From 09/30/2017 [] Received To 10/30/2017 [] DOS From [] DOS To []

☐ Re-allocation Exception

Select: All, All on Page, None

Total Payable Amount : \$ 0

Claim Line	Client Name	Provider	DOS	Status	Payable Amount	Insurer	Procedure	Units	Denial Reasons
------------	-------------	----------	-----	--------	----------------	---------	-----------	-------	----------------

New Claims can be created via the My Office: Claims Toolbar, in the same fashion they are created in the Client: Claims Toolbar. See pg. 8 for additional guidance on creating New Claims.

In order to assure proper payment for services it's important to **Track Claims**, something easier than ever with SWMBH Care Management's Claim Line Status filters. Some of the most common Status filters are;

- Entry Complete- provides a list of all claims which have not achieved a determination status and awaiting adjudication.
- Denied- provides a list of all denied claims which may require further review.
- Partially Approved- provides a list of all claims which have achieved approval status, but not for the entire amount billed.
- To Be Paid- provides a list of claims pending payment.

Claims will adjudicate nightly at 11pm, with the exception of those billed to SWMBH SUD (which adjudicate each Wednesday evening)

Troubleshooting Common Denial Reasons

For claims which are Denied or Partially Approved, users can review the Denial Reasons column of the Claim Lines listpage for an explanation of the determination. Common Denial Reasons are;

- Billing Code is an Add-on and Primary Service Billing Code is missing-
 - Several codes, primarily ABA benefit, require a Primary Service billing code to achieve approved status prior to any Add-ons being approved. Please contact your local CMH Contracting Department for additional guidance.
- Billing Code requires Authorization and one does not exist-

Questions or Concerns?
Contact providersupport@swmbh.org for more information!

- Users will encounter this denial reason in the event the claim they are attempting to bill does not have prior authorization, or the previous authorization has been exhausted. Users can review a client's Authorization via the CM Client Authorization banner of the Client record (pg.15).
- Note that any modifier, site or other restrictions may be applied to the authorization and must be matched verbatim (in most cases) on the claim.
- Billing Code Unit Frequency exceeds Contract Rules-
 - In addition to universal rules surrounding the frequency in which a code can be billed, some provider contracts also enforce unique contract rules.
 - These rules can be viewed via the Billing Code Rules portion of the Provider banner (pg.21).
 - Please contact your local CMH Contracting Department for additional guidance.
- Claim was received after period mentioned in Contract-
 - Users will encounter this denial reason when the claim is submitted after the period mentioned in the contract.
 - Users can view the contract details regarding claim timeliness on the Contracts portion of the Provider banner (pg.19)
- Member is not eligible for any Plan-
 - Users will encounter this denial reason in the event that there is no appropriate coverage plan for the client on the claim's date of service.
 - Additional details regarding client eligibility can be found on the Plans & Timespans portion of the Client banner (pg.13)
- No Rate can be found for this Claim Line-
 - Users will encounter this denial reason when the adjudication process is unable to locate an applicable contract rate for the billing variables present on the claim form.
 - The adjudication process will review the relevant contract in the pursuit of matching the DOS, Site, Billing Code, Billing Code Modifiers and Associated (Rendering) Provider found on the claim form.
 - Additional details regarding contract variables can be found on the Contracts portion of the Provider banner (pg.20)
- Waiting for 3rd Party EOB-
 - In the event that a claim requires an EOB, users will be required to revert the claim(s) in question to Entry Complete and utilize the Third Party EOB Information to complete this information.
 - Users will also need to uncheck the Previous Payer EOB Received checkbox in order to make the claimline available for re-adjudication;

<input type="checkbox"/> Do Not Adjudicate	<input type="checkbox"/> Needs to be worked
<input type="checkbox"/> Readjudicate	<input type="checkbox"/> Previous Payer EOB Received

837 Import

Qualified providers are able to upload 837 text files directly into the application through the 837 banner. An 837 Companion Guide is available for those interested in utilizing this method of billing. Please contact providersupport@swmbh.org if you would like to know more.

Questions or Concerns?
Contact providersupport@swmbh.org for more information!

Checks

SWMBH Care Management users are able to view Checks and Remittance Advice copies via the Checks portion of the My Office Banner;

The screenshot shows the 'Checks (0)' interface. At the top, there's a header 'Checks (0)'. Below it, a filter bar contains several dropdown menus: 'SWMBH MH', 'zTesting', 'All Bank Accounts', 'All Check Statuses', 'Check Date From' (07/18/2017), and 'Check Date To' (10/18/2017). An 'Apply Filter' button is on the right. Below the filter bar, a 'Select:' dropdown is set to 'All'. A table with columns 'Date', 'Check Number', 'Payee', 'Payment Amt', 'Insurer', 'Bank Account', and 'Check Status' is shown. The table body contains the text 'No data to display'.

Users are able to **View Check Details** by clicking on the Check Number hyperlink on their checks listpage. From this point users will be able to view each claim line associated with the check;

The screenshot shows the 'Check Details' interface. At the top, there's a header 'Check Details'. Below it, a 'Check Information' section contains buttons 'Void Checks', 'Print Check', 'Export', '835 File', and 'Print RA', along with 'Next Available # 12263' and a checkbox 'Include Pended Claims on RA'. Below this, a 'Check Actions' section contains fields for 'Check Date' (07/21/2017), 'Check Number' (12262), 'Amount' (464.71), 'Insurer' (SWMBH MH), 'Payable To', 'Tax Id', 'Printed By' (glm), and 'Printed On' (07/21/2017). There are also checkboxes for 'This is a Refund Return Check' and 'This is Check is Void'. Below the 'Check Actions' section, a section titled 'Below is a List of Claim Lines paid by this Check' contains a table with columns 'Claim Line', 'DOS', 'Billing Code', 'Units', 'Amount', 'Client Name', and 'Client Id'.

Claim Line	DOS	Billing Code	Units	Amount	Client Name	Client Id
3514865	7/17/2017 12:00...	90837	1	\$126.75		522718
3514864	6/8/2017 12:00:...	90834	1	\$84.49		522718
3514863	5/8/2017 12:00:...	90834	1	\$84.49		522718
3514862	4/10/2017 12:00...	90834	1	\$84.49		522718
3514861	3/14/2017 12:00...	90834	1	\$84.49		522718

Users may also select the **Print RA** button to generate a .pdf file of the relative check RA;

Messaging

SWMBH Care Management users may send secured messages between application users via the Messages portion of the My Office banner;

Messages (6)

Inbox

Sent Messages

Compose Messages

This Week

From 10/30/2017

To 10/30/2017

From Everyone

Apply Filter

		Status	From	Received	Client	Subject	Priority	Reference
<input type="checkbox"/>	<input type="radio"/>	Not Read		10/30/2017		Adjudication Job: Oct 30, 17	Normal	
<input type="checkbox"/>	<input type="radio"/>	Not Read		10/30/2017		Adjudication Job: Oct 30, 17	Normal	
<input type="checkbox"/>	<input type="radio"/>	Not Read		10/30/2017		Adjudication Job: Oct 30, 17	Normal	
<input type="checkbox"/>	<input type="radio"/>	Not Read		10/30/2017		Adjudication Job: Oct 30, 17	Normal	
<input type="checkbox"/>	<input type="radio"/>	Not Read		10/30/2017		Adjudication Job: Oct 30, 17	Normal	
<input type="checkbox"/>	<input type="radio"/>	Not Read		10/30/2017		Adjudication Job: Oct 30, 17	Normal	

Messages received by the users can be found in the **Inbox** and will display in the Details tab of the screen once the radio button in the second column of the message's row is selected;

Details

From

Received

Subject

To

Client

Reference

Users are also able to view messages they've sent via the **Sent Messages** tab.

Sending messages is easy as well, via the **Compose Messages** tab;

Compose Message

Inbox

Sent Messages

Compose Messages

Selected client will be associated with the message.

...

Add To Send List

Send

Selected client contact will be associated with the message.

Add To Send List

To

Aardema, Andy

Aardema, Andy-test

Acker, Katie

Admin, Admin

Administrator, CM

Agler, Linda

Ahmadpour, Mitra

Alvarez, Karen

Ameter, Sarah

Anani, Sara

Anderson, Amy

Add >>

<< Remove

Priority


☒ Normal
 ☐ Caution/Alert
 ☐ Urgent

Subject

Need help regarding specific non-technical issues? Message one of the following mailboxes for guidance;

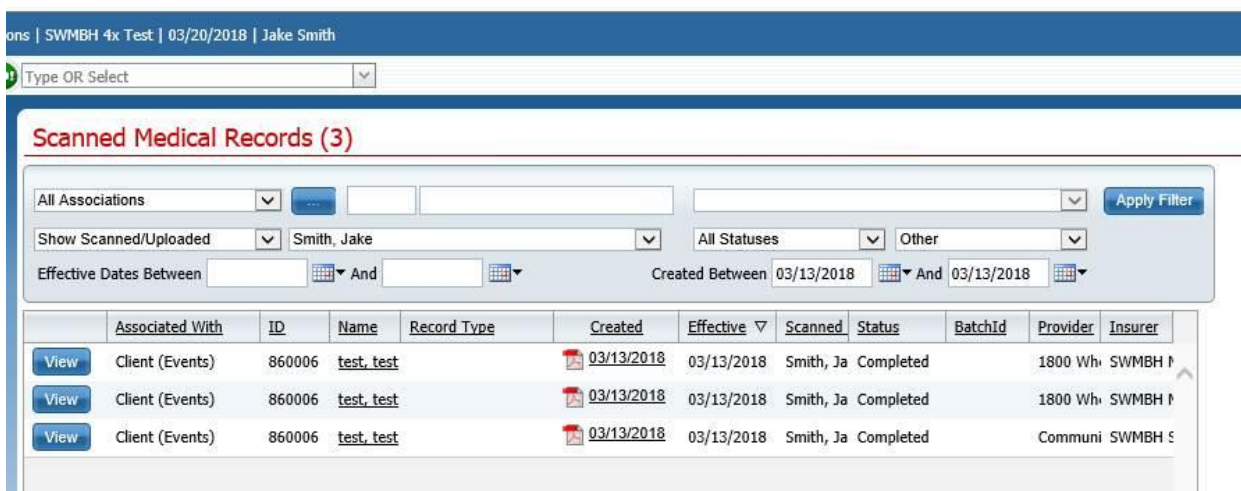
SWMBH Case Manager
 SWMBH Customer Service
 SWMBH MHL (MI Health Link)

Questions or Concerns?
 Contact providersupport@swmbh.org for more information!


Users can send messages to one, or more users from this window and even reference a specific client via the  field on the screen.

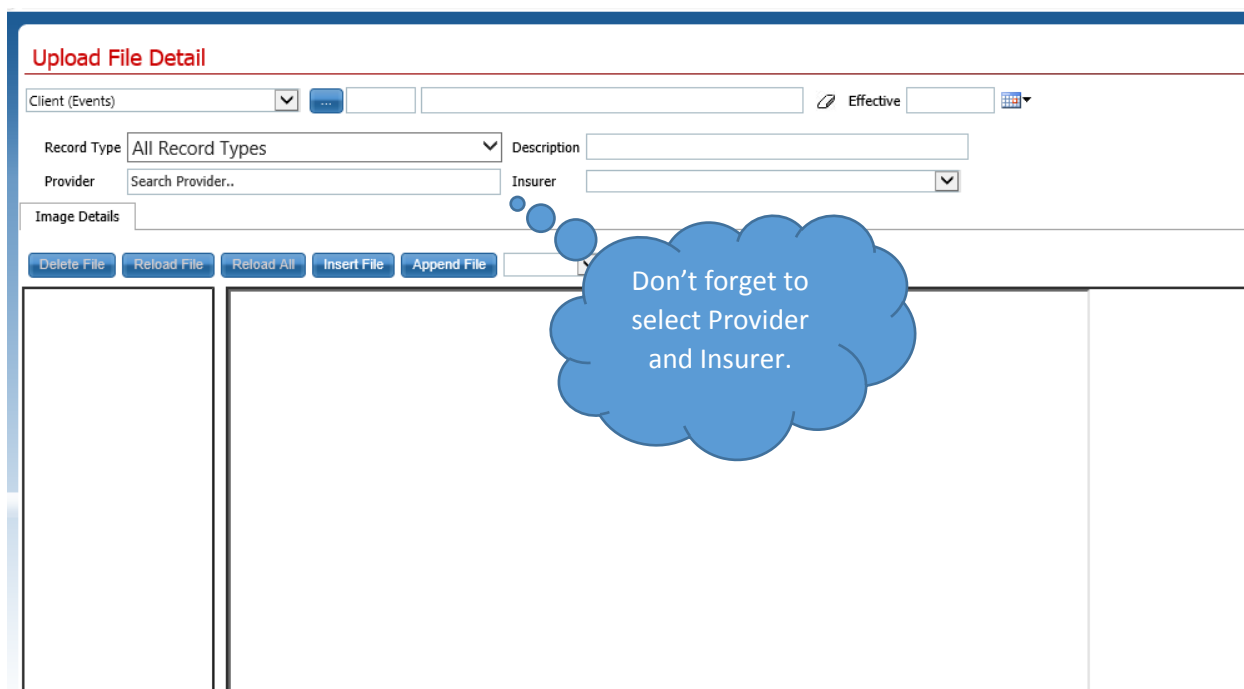
Scanning

SWMBH Care Management users have the ability to view and upload relevant client records directly into the client file via the Scanning portion of the My Office banner. Users can view a list of all previously scanned records which they have uploaded via the Scanning listpage;



	Associated With	ID	Name	Record Type	Created	Effective	Scanned	Status	BatchId	Provider	Insurer
View	Client (Events)	860006	test, test		03/13/2018	03/13/2018	Smith, Ja	Completed		1800 Wh	SWMBH
View	Client (Events)	860006	test, test		03/13/2018	03/13/2018	Smith, Ja	Completed		1800 Wh	SWMBH
View	Client (Events)	860006	test, test		03/13/2018	03/13/2018	Smith, Ja	Completed		Communi	SWMBH

New files can be uploaded via the  icon in the toolbar as well, and can even include free-text descriptions for context;



Upload File Detail

Client (Events) [dropdown] [icon] [text] [Effective] [date]

Record Type: All Record Types [dropdown] Description: [text]

Provider: Search Provider... [text] Insurer: [dropdown]

Image Details: [text]

Buttons: Delete File, Reload File, Reload All, Insert File, Append File

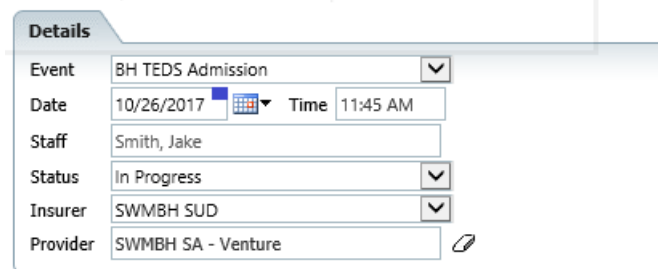
Don't forget to select Provider and Insurer.

Reports

Various reports are available to SWMBH Care Management Users via the My Reports portion of the My Office Banner. Reports are dependent on the user's role, please contact providersupport@swmbh.org with any special report requests.

Troubleshooting and Support


Hoverhelp is deployed throughout the SWMBH Care Management as a means to guide users through commonly troublesome tasks. Hoverhelp is marked by a blue box over a specific field, which provides guidance to the user when the cursor hovers over;



The screenshot shows a 'Details' form with the following fields:

Details	
Event	BH TEDS Admission
Date	10/26/2017
Time	11:45 AM
Staff	Smith, Jake
Status	In Progress
Insurer	SWMBH SUD
Provider	SWMBH SA - Venture

A blue box with a question mark icon is positioned over the 'Date' field, indicating a hoverhelp tooltip.

Additional help is provided wherever  icons are found.