Southwest Michigan
BEHAVIORAL HEALTH

Care Management Application User Guide

V10/31/2017

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Contact providersupport@swmbh.org for more information!

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Contact providersupport@swmbh.org for more information!

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Navigation and Terminology

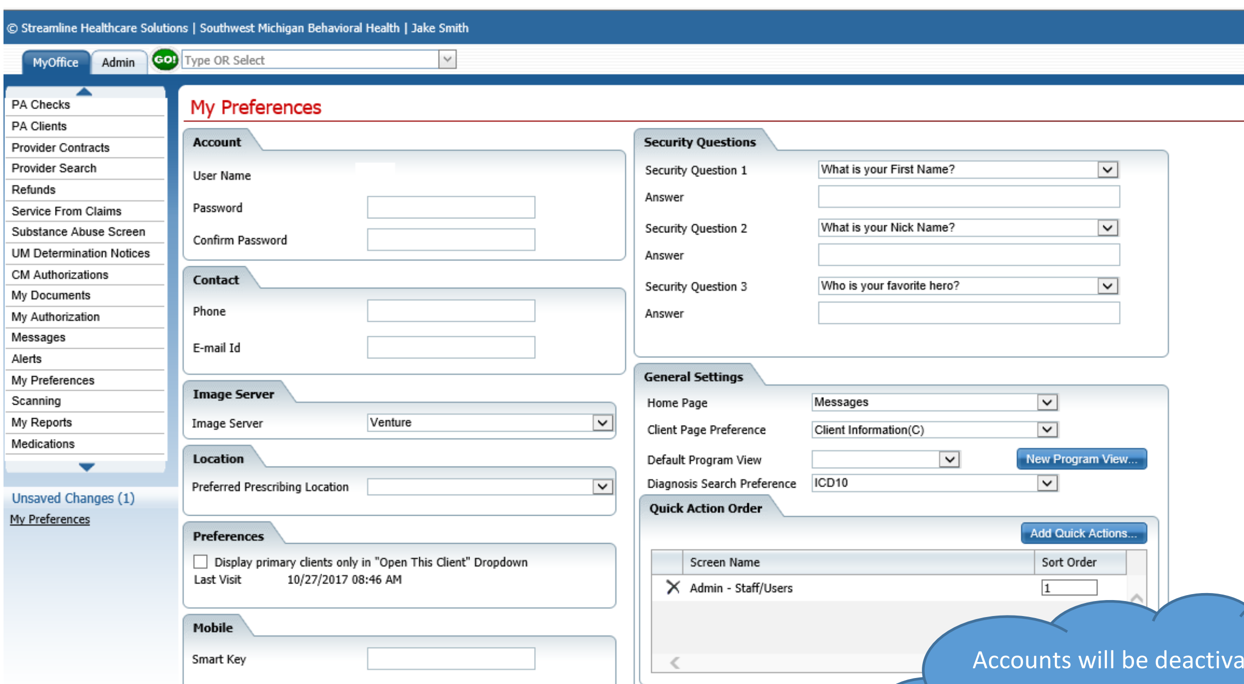
Requesting, Changing and Removing Login Credentials

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

1. Enter the following password to begin your form
    a. SWMBH2016!
2. Complete Questions 1 & 2 on the page, identifying yourself and what type of account activity you would like to complete.
3. Complete the General Disclaimer as well
4. Enter user related information on the following two pages.
5. 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;

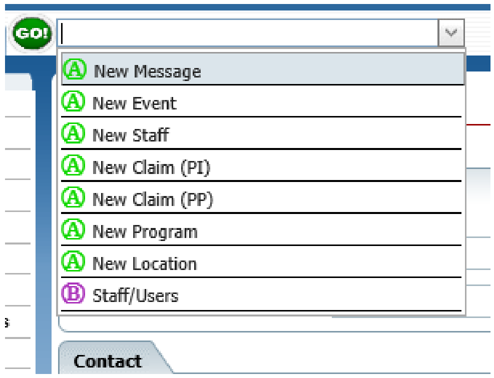


Accounts will be deactivated after >35 days of inactivity and passwords are required to be changed every 90 days

- 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

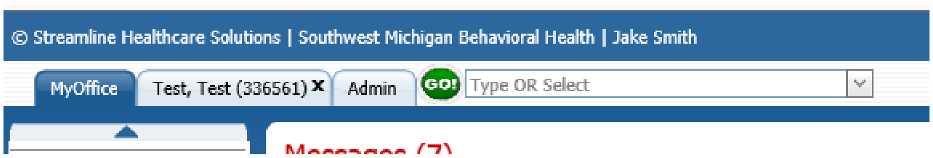
Questions or Concerns?
Contact [providersupport@swmbh.org]() for more information!

- Select a screen from the **Home Page** dropdown to choose which screen you'd like to arrive at after each log-in.
- 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;

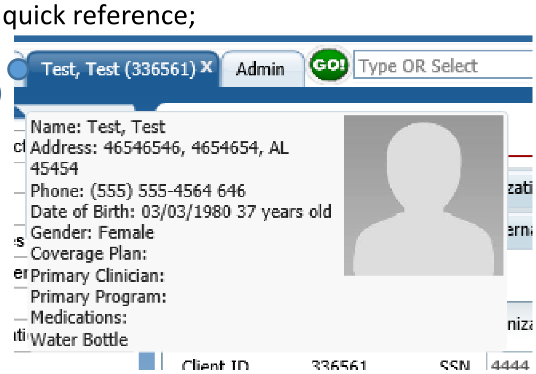


Banners

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;

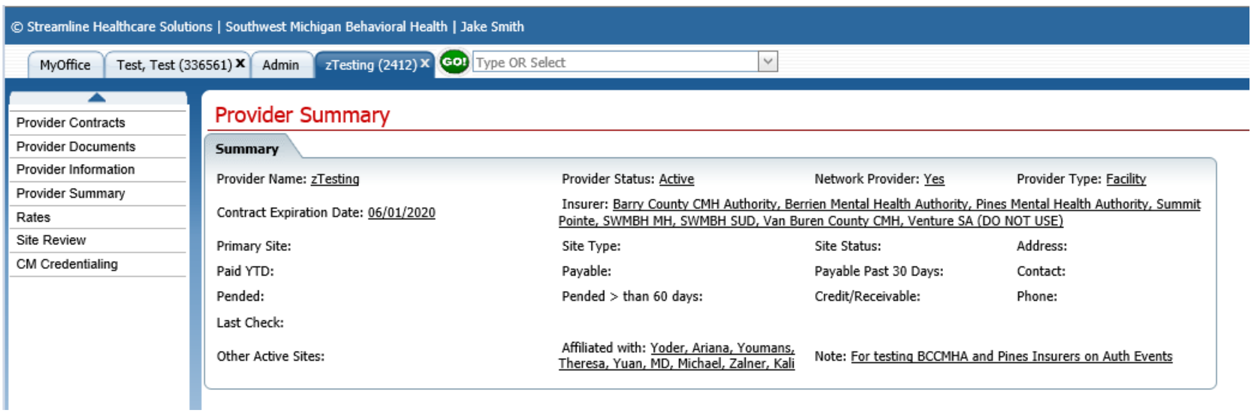


Users are typically granted access to clients based on the delivery of a Release of Information and approval of an Authorization.

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

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

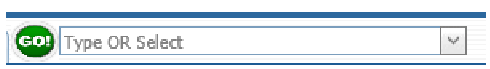
This banner will provider relevant provider information, such as contract and site information;



'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;



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

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.

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

Delete, allows users to delete items on their screen.

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

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

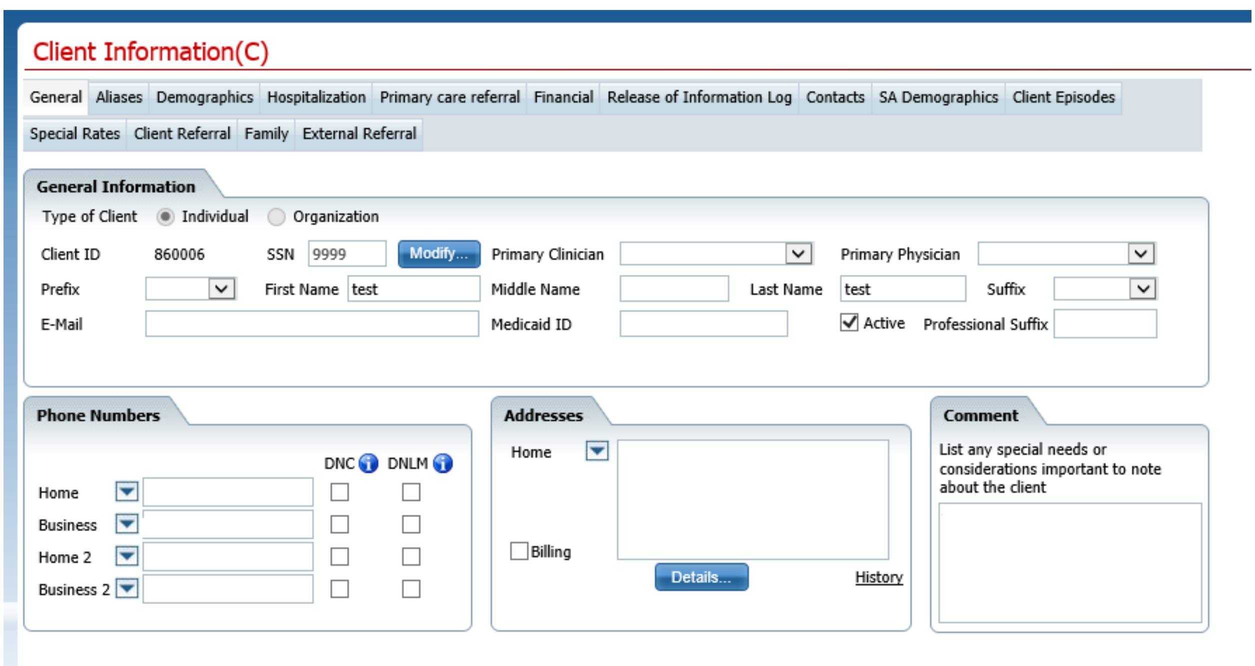
Favorites, allow users to add (+) static filter sets in order to auto-populate them into screens.

Use the same filter set all the time? Create a new Favorite and use it to populate your common fields with 1-click!

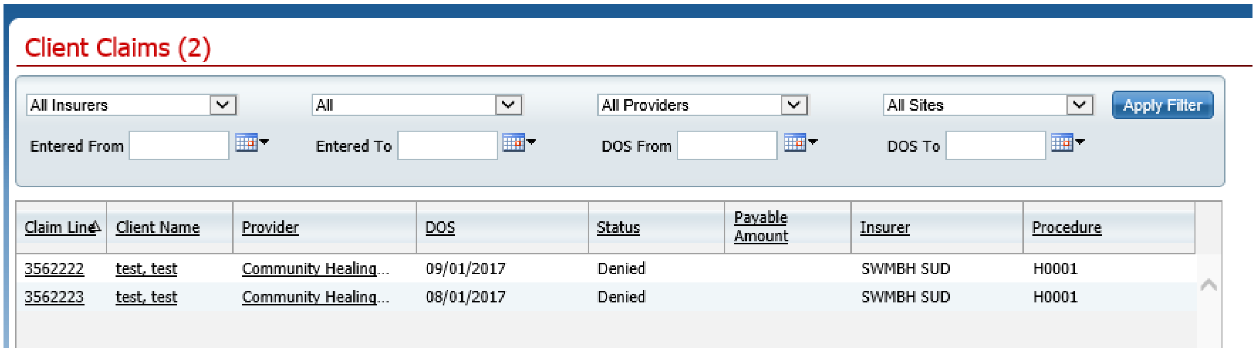
Client Records

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

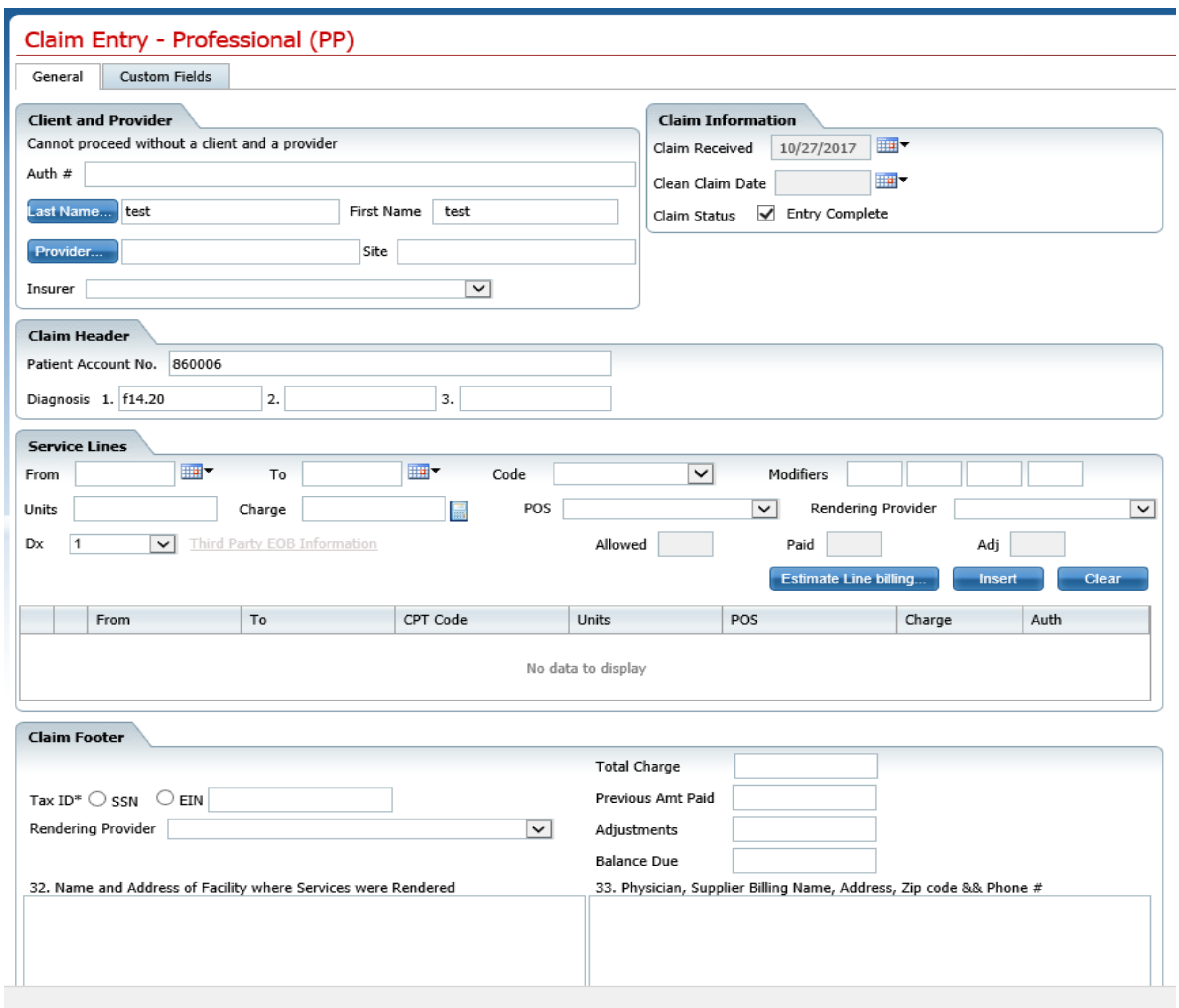
- A variety of basic information is available from the **Client Information** screen. Note however that not all tabs are available to each user;

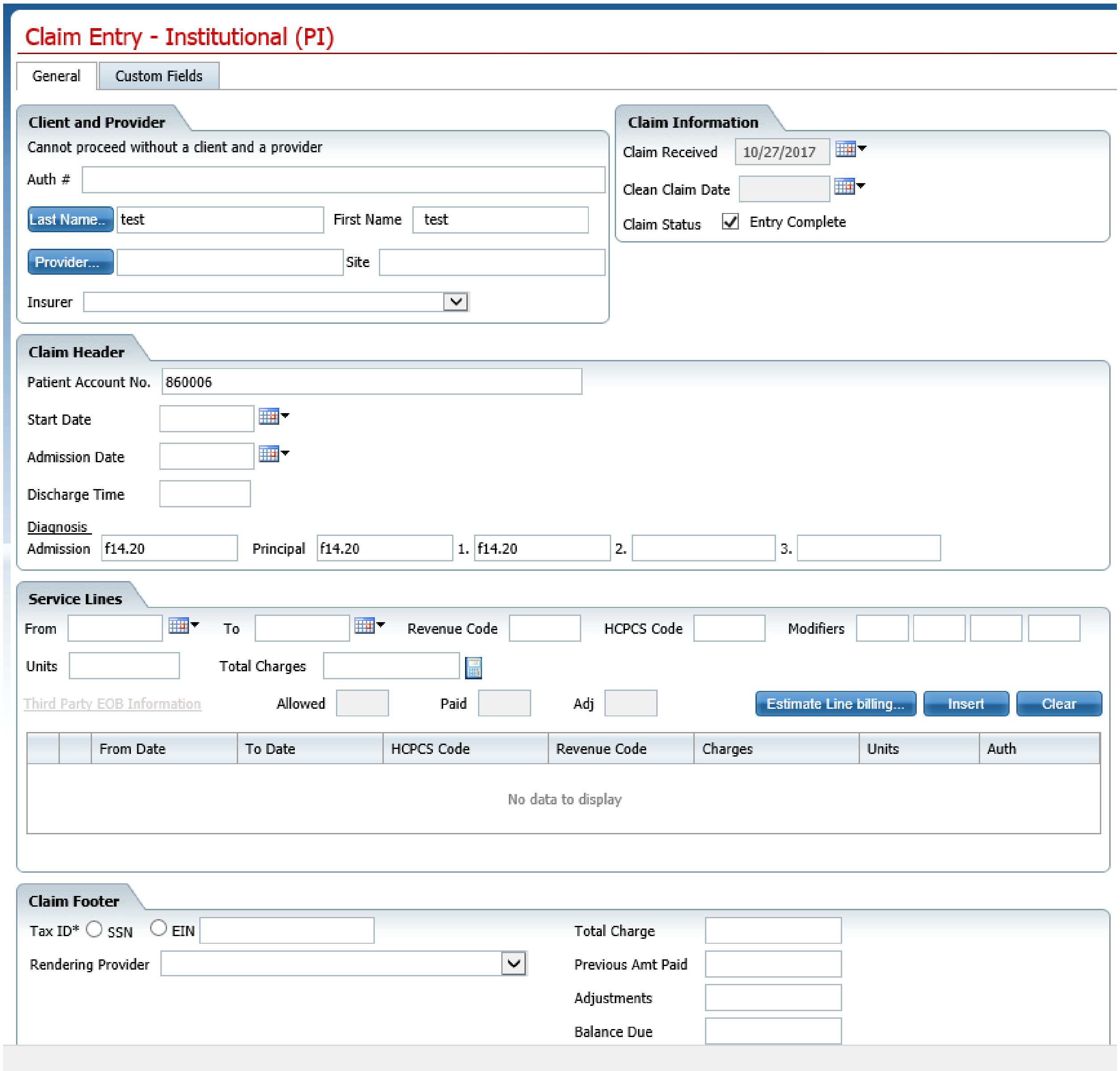


- Client-level Claims are accessible via the **Claims** banner in the client record. From this screen users can see all claims associated with the specific client they have navigated to;



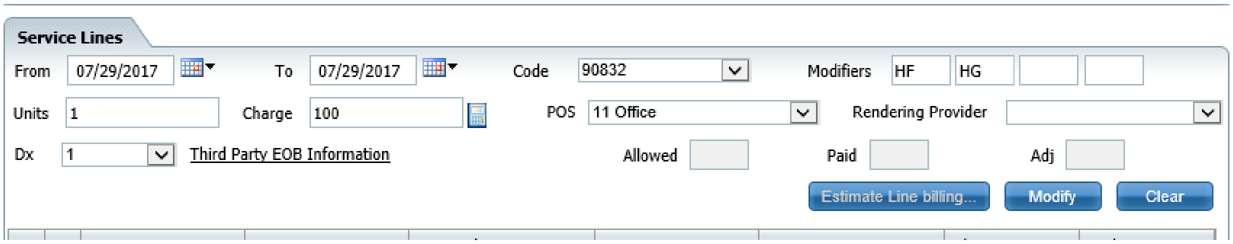
- Users are also able to **Create Claims** from this screen, by selecting New Provider Institutional PI or New Provider Professional PP claim.





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;



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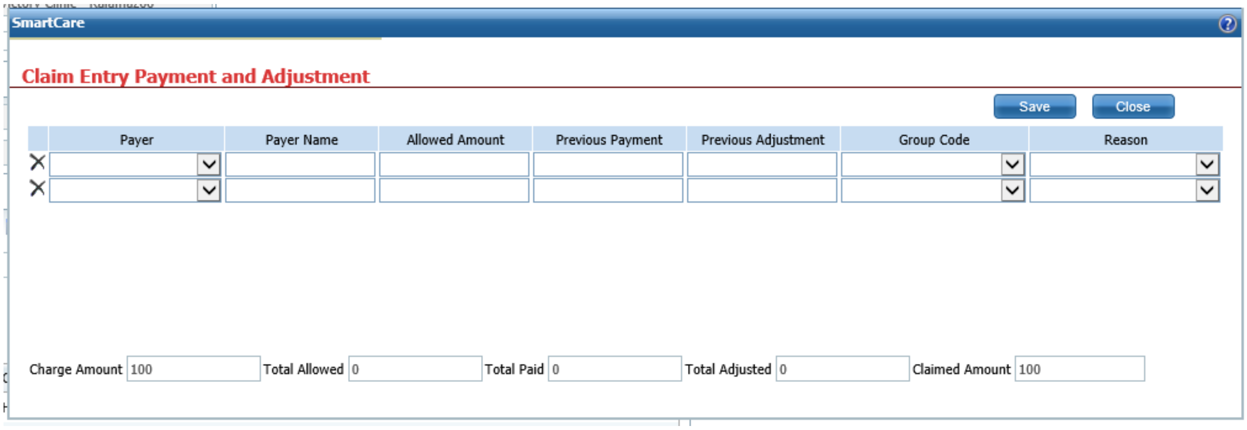
From the Third Party EOB Information popup, users can complete the various fields necessary to include EOB information;



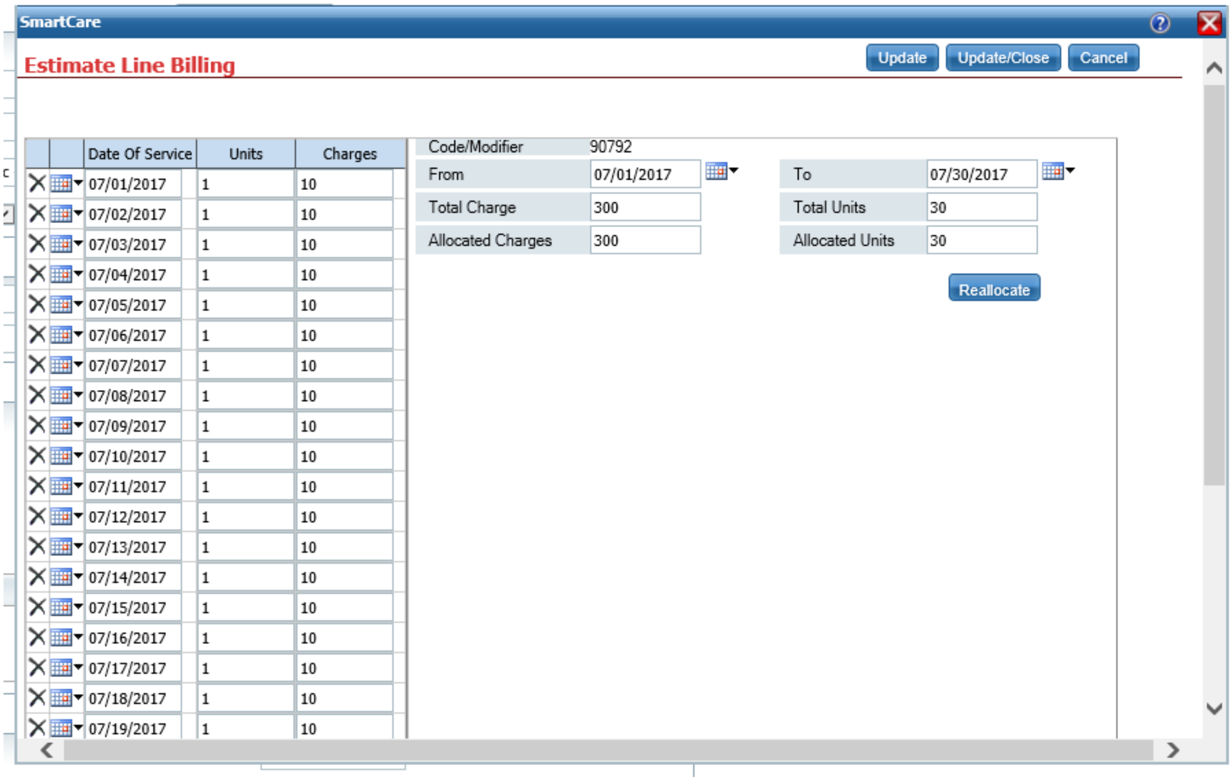
- Payer
    - The primary EOB payer (Commercial Insurance, Self, etc.).
- Payer Name
    - The primary EOB payer name (Blue Cross, Client Name, etc.).
- Allowed Amount
    - EOB Allowed Amount.
- Previous Payment
    - Primary payer previous payment.
- Previous Adjustment
    - Previous Adjustment, if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

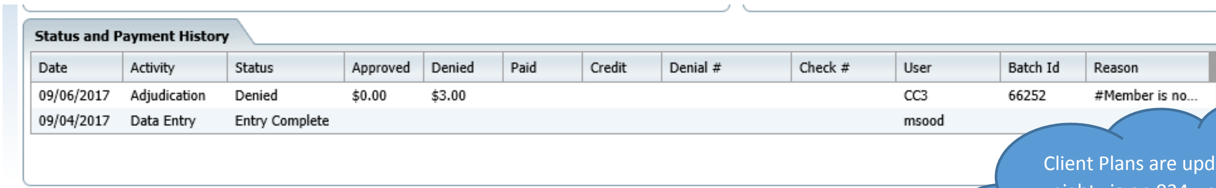


Pressing Update/Close will create a unique Claim Line for each date of service on your Claim Form.

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



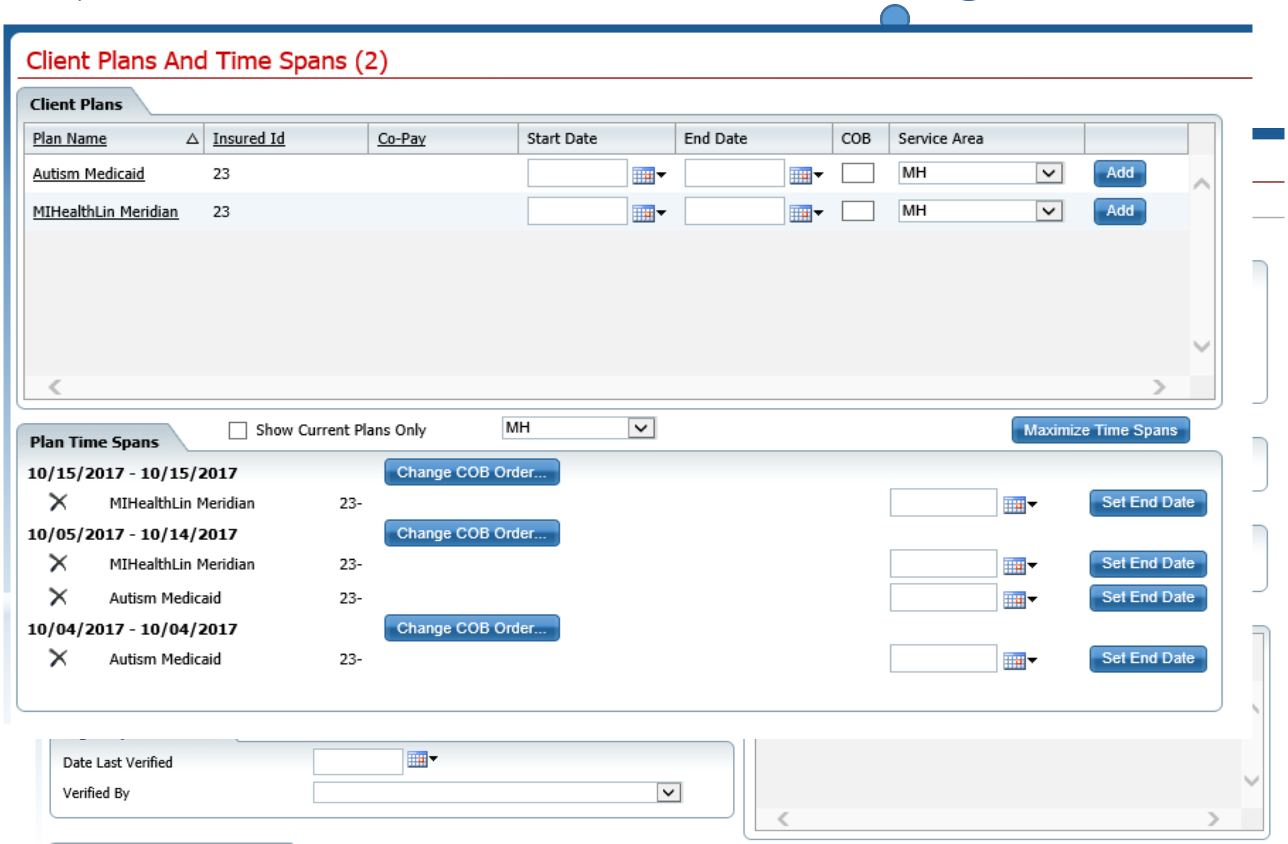
Status and Payment History

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

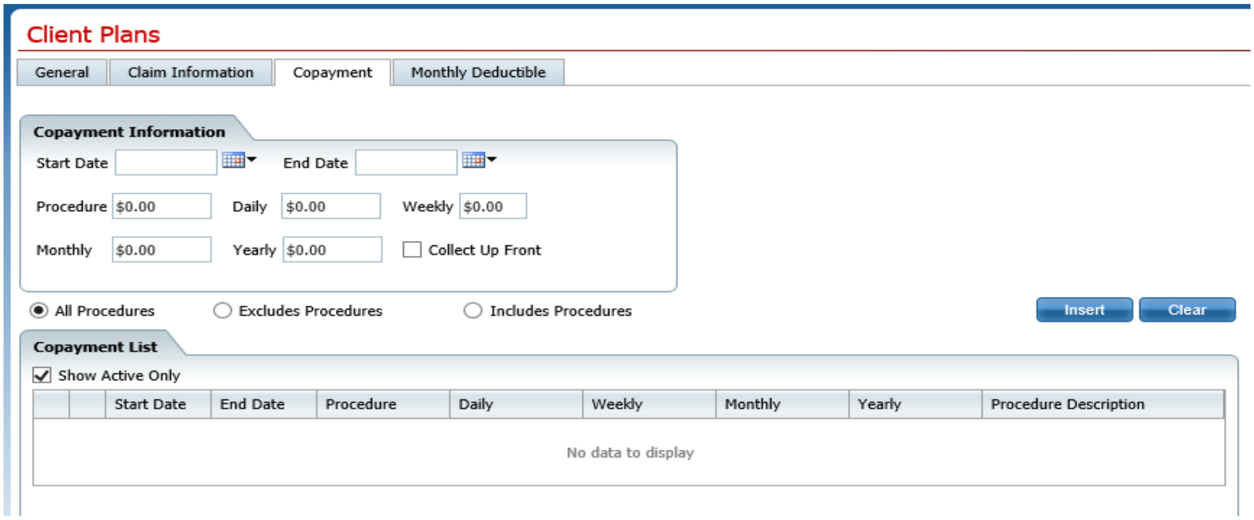
Client Plans & Timespans

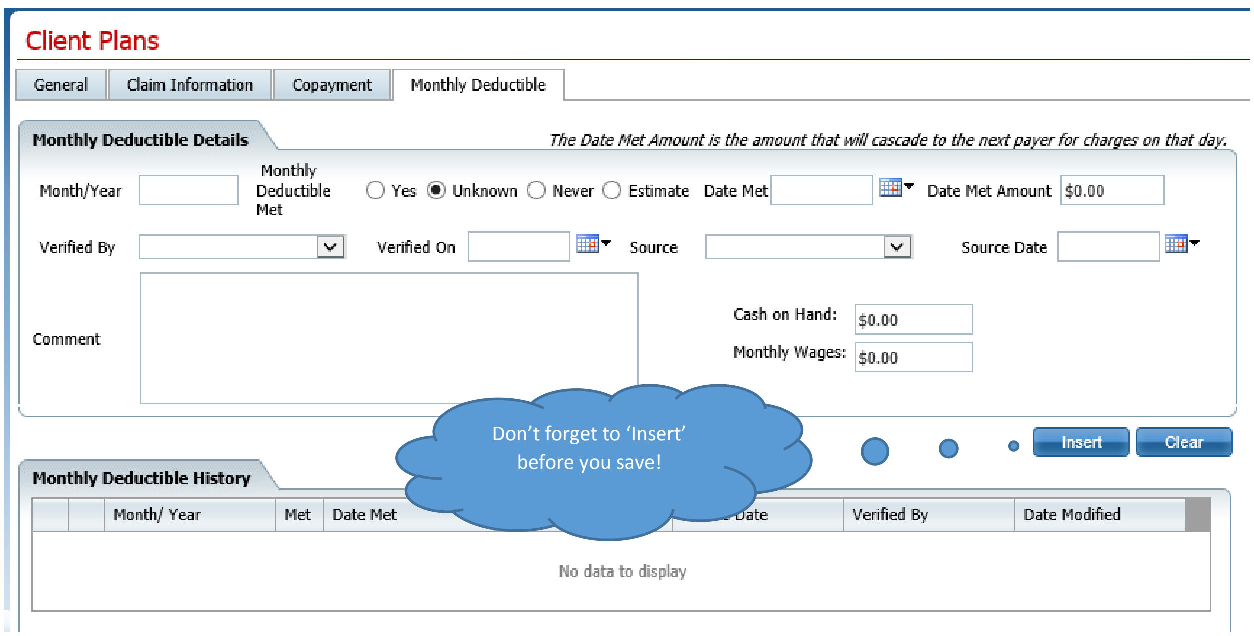
To review client's enrollment status, navigate to the Client Plans & Timespans banner within the client record.



- **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 Co-Pays and Deductibles** can be managed from the Client Plans screen as well;





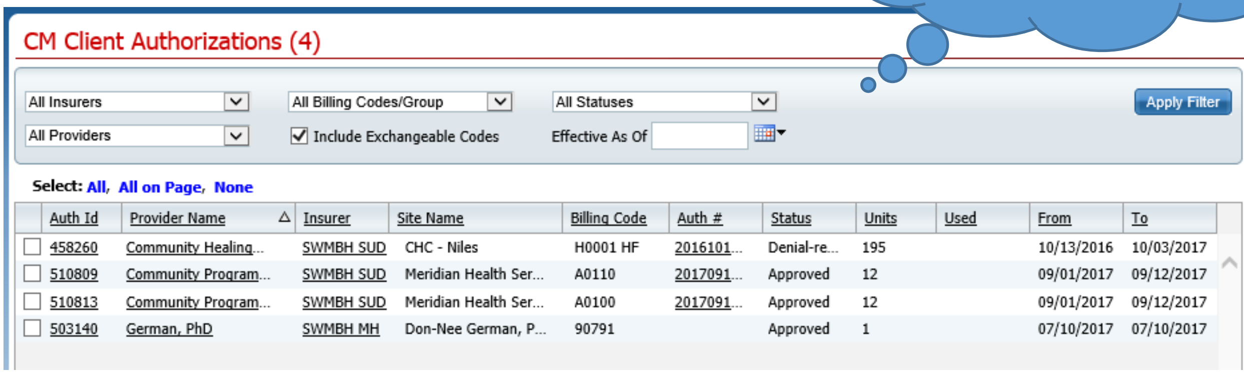
- A limited number of SWMBH Affiliate users will have access to the **834 Exclusion Program**, allowing them to exclude clients from nightly DHHS edibility modifications. Please contact providersupport@swmbh.org for a Primer on the process.

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)

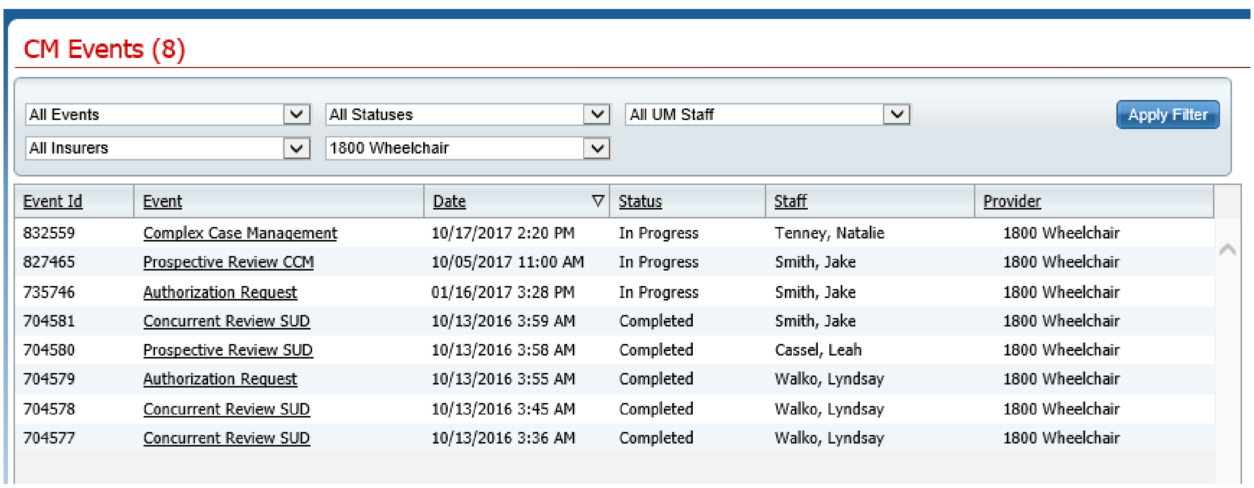
All Insurers | All Billing Codes/Group | All Statuses | Apply Filter
All Providers | Include Exchangeable Codes | Effective As Of

Select: All, All on Page, None

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

CM Events

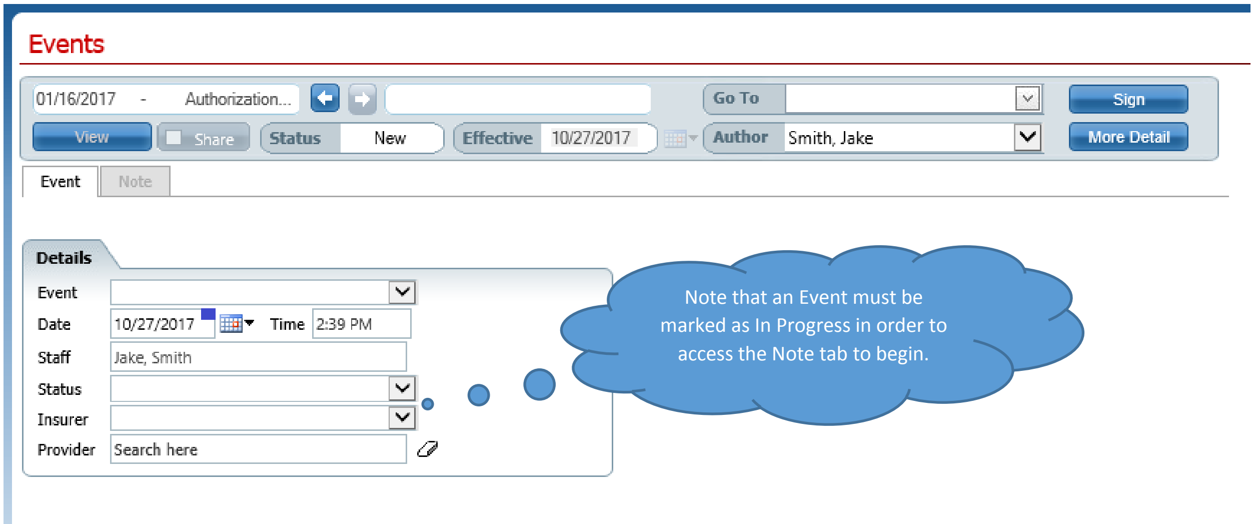
Much of the work done in the SWMBH Care Management application takes place in the form of Events. From the CM Events listpage users are able to see all relevant events which associated with the client's record.


CM Events (8)

All Events | All Statuses | All UM Staff | Apply Filter
All Insurers | 1800 Wheelchair

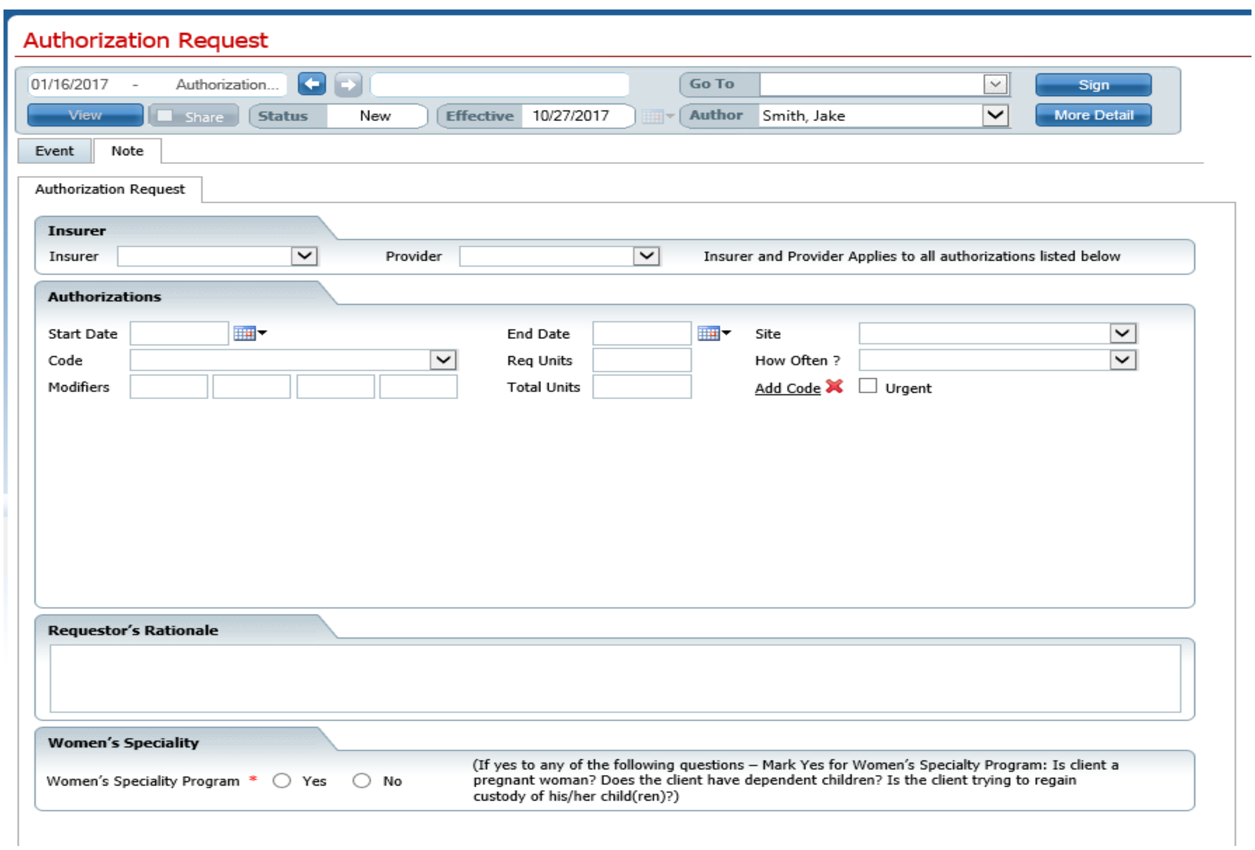
Event Id	Event	Date	Status	Staff	Provider
832559	Complex Case Management	10/17/2017 2:20 PM	In Progress	Tenney, Natalie	1800 Wheelchair
827465	Prospective Review CCM	10/05/2017 11:00 AM	In Progress	Smith, Jake	1800 Wheelchair
735746	Authorization Request	01/16/2017 3:28 PM	In Progress	Smith, Jake	1800 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;



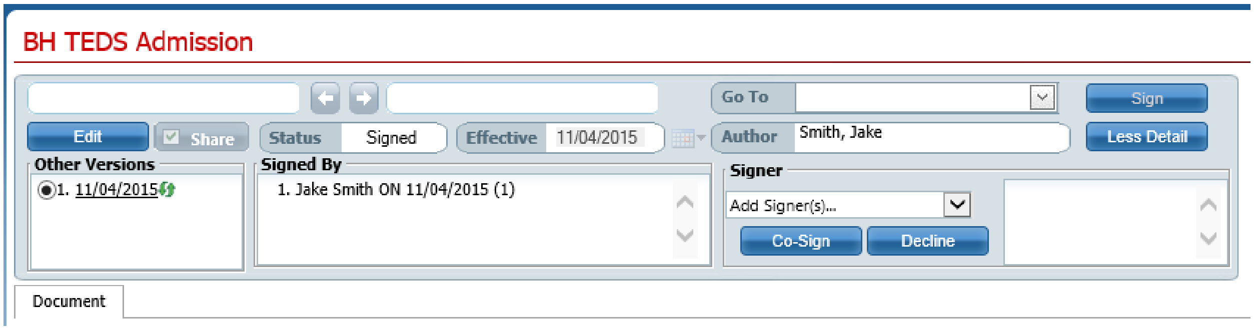
Requesting Authorization

- 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.



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;

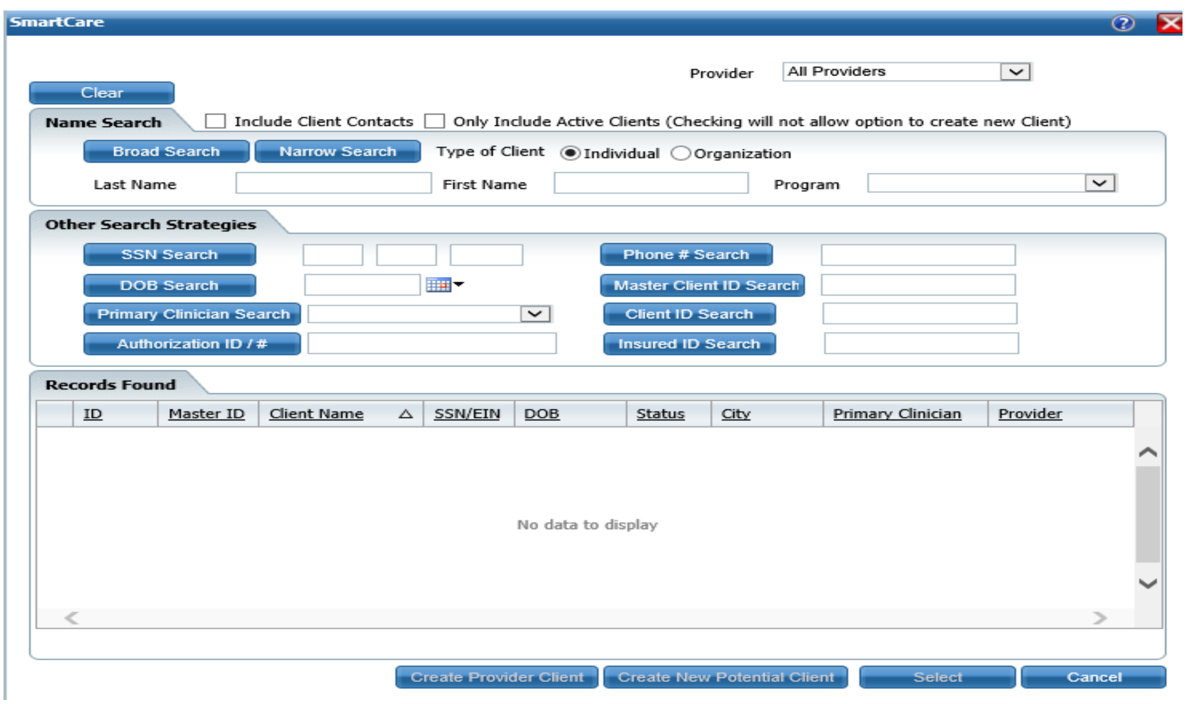


Creating New Provider (SUD) Client Records

For SUD Providers tasked with creating their own Provider Client Records, follow these three easy steps form 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.



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

Provider Management

Provider Summary

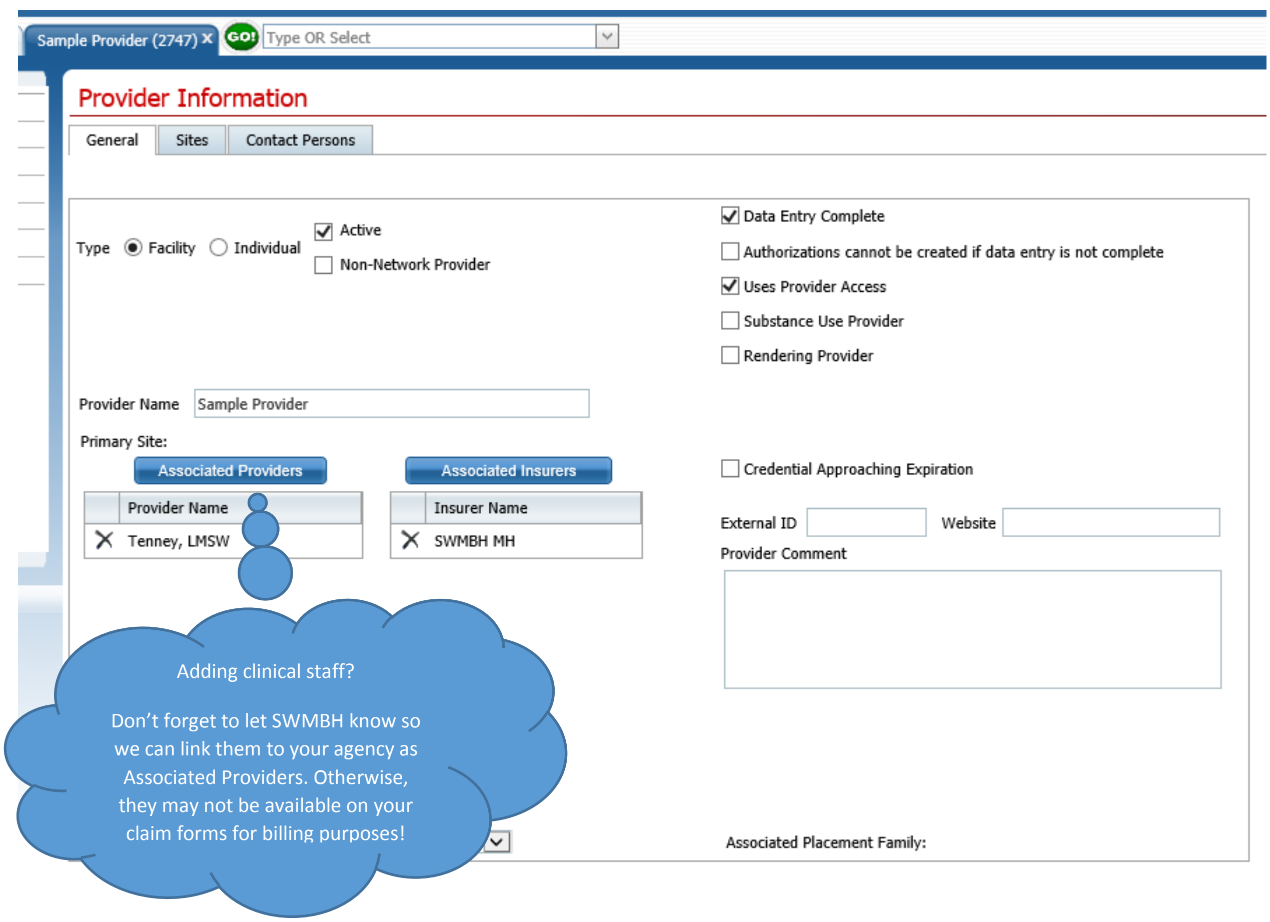
The Provider Summary screen provides an informal summary of information regarding the provider agency. Information on this, and other Provider screens, is managed by SWMBH and/or SWMBH Affiliate staff and is not editable by most users. However, the following screens provider valuable information for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

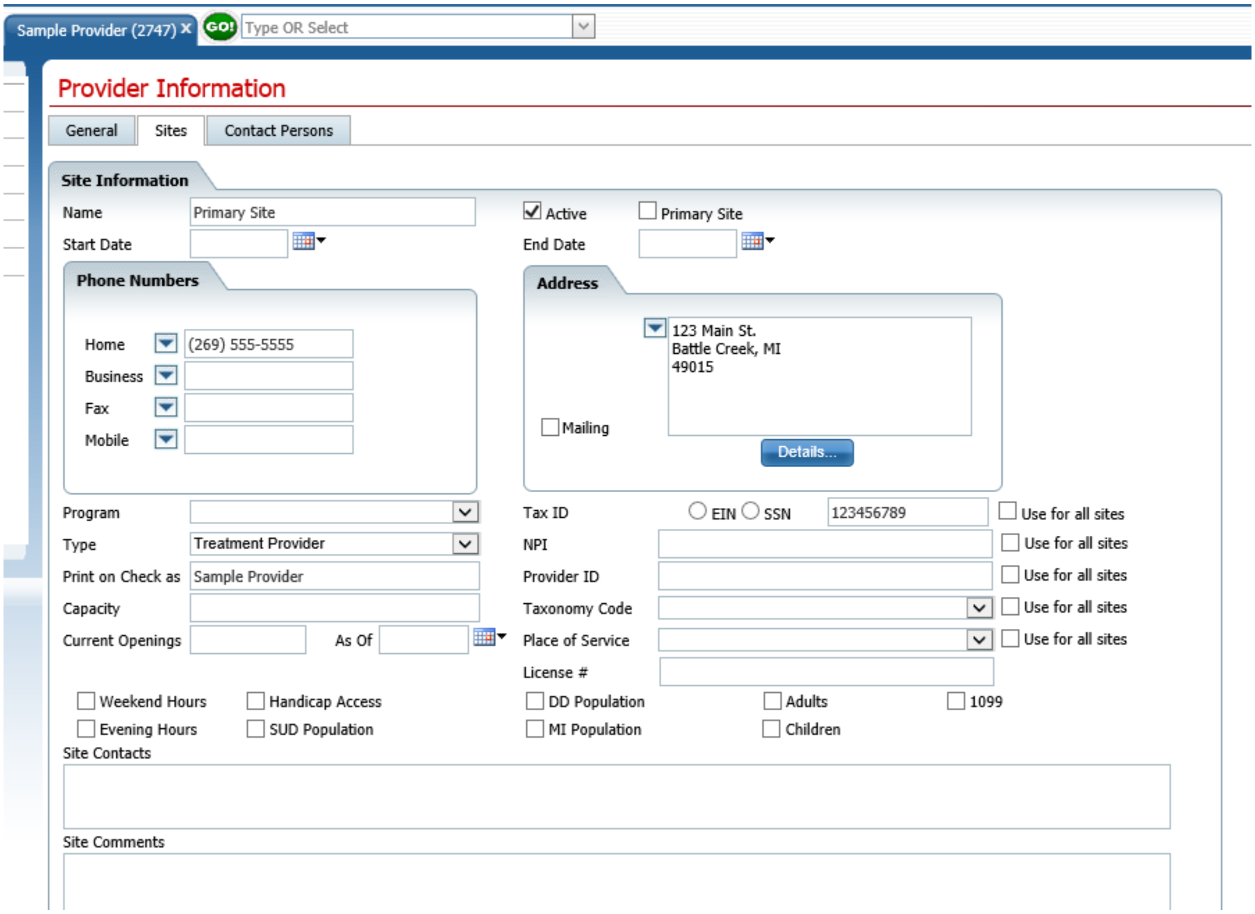
Provider Information

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;



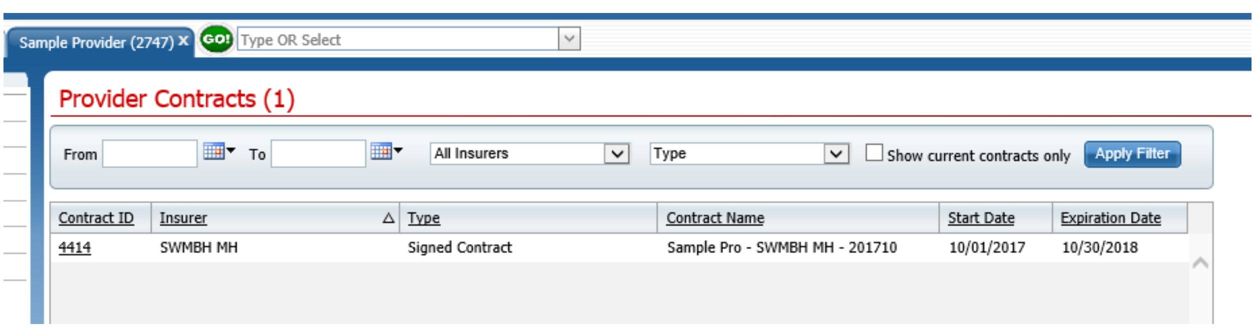
Questions or Concerns?
Contact providersupport@swmbh.org for more information!

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

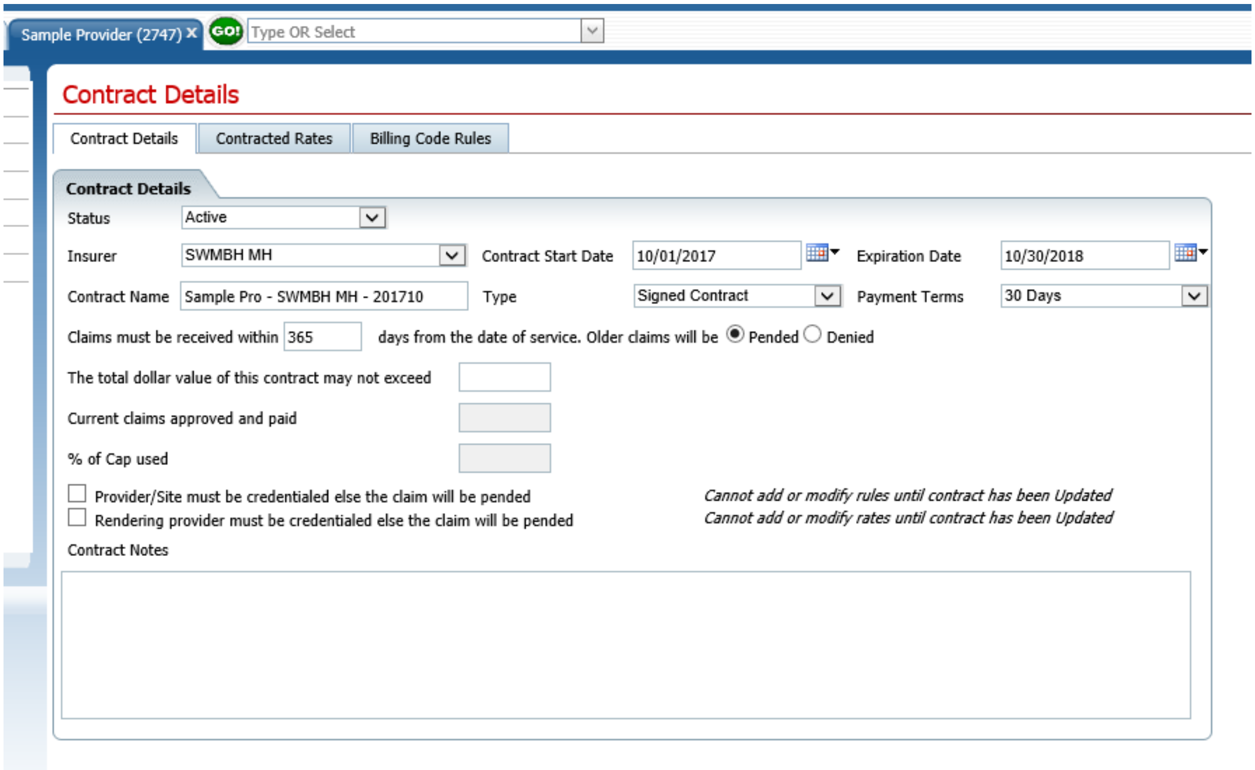


Provider Contracts

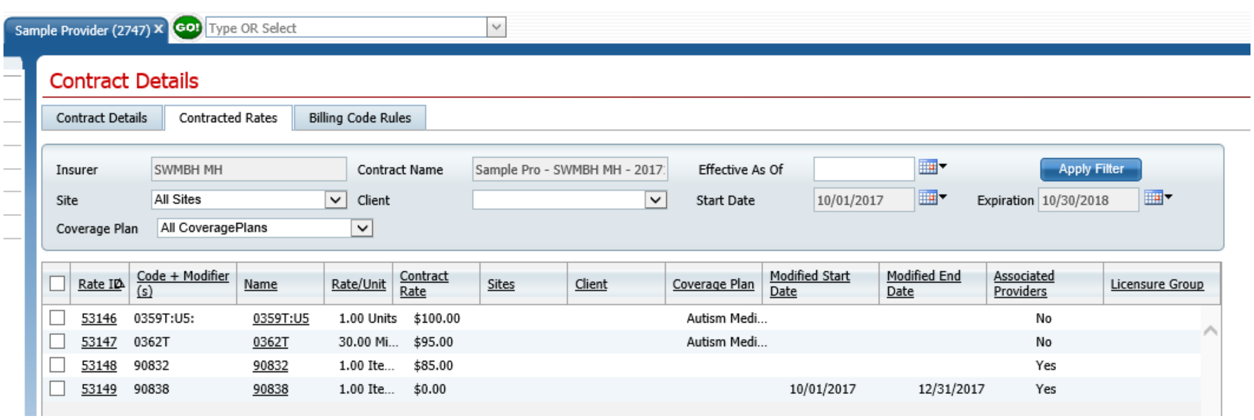
The Provider Contracts summary screen provides a record of all provider agency contracts;



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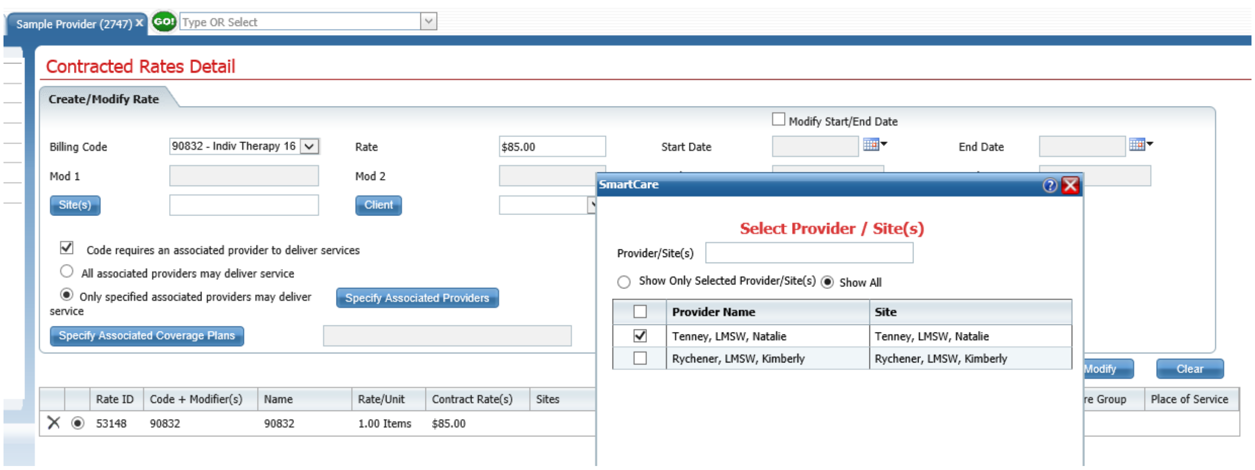
- Modified Start/End Dates- In the event the provider agency is only contracted to provide a service for a portion of the contract period, or a rate change has taken place during the contract period.
- Associated (Rendering) Providers- Rate is only applicable is the service is provided by appropriately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

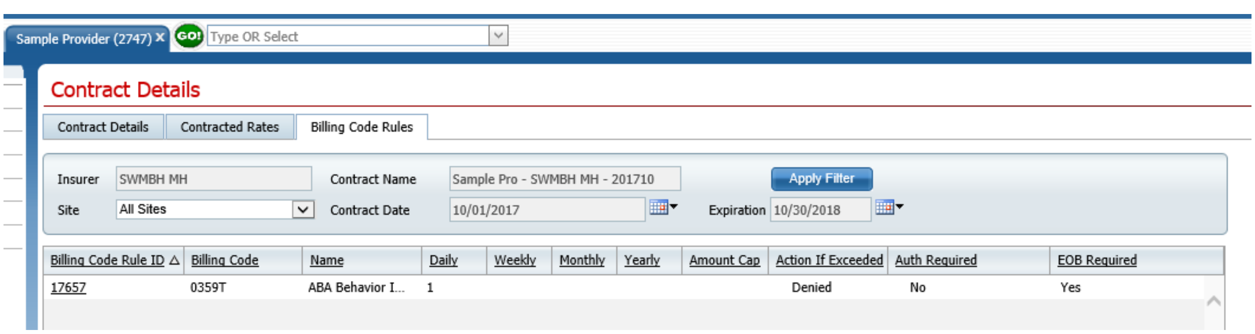
Select the Rate ID hyperlink to view expanded details for any of the codes available in the contract.

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;



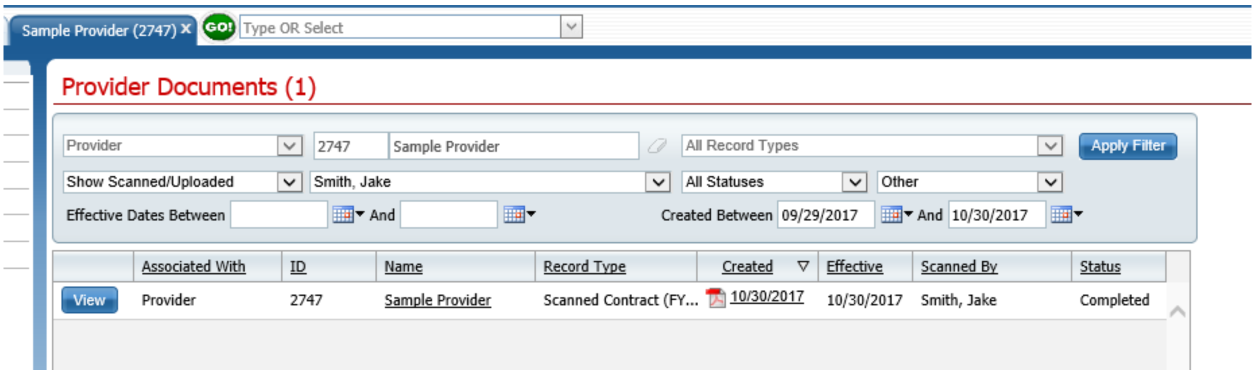
If an Associated (Rendering) Provider is not selected as part of the approved list of clinicians associated with the code in question, claims associated for the code + clinician will not approve. Please contact your local CMH or SWMBH Contracting Department for additional information regarding Credentialing.

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.



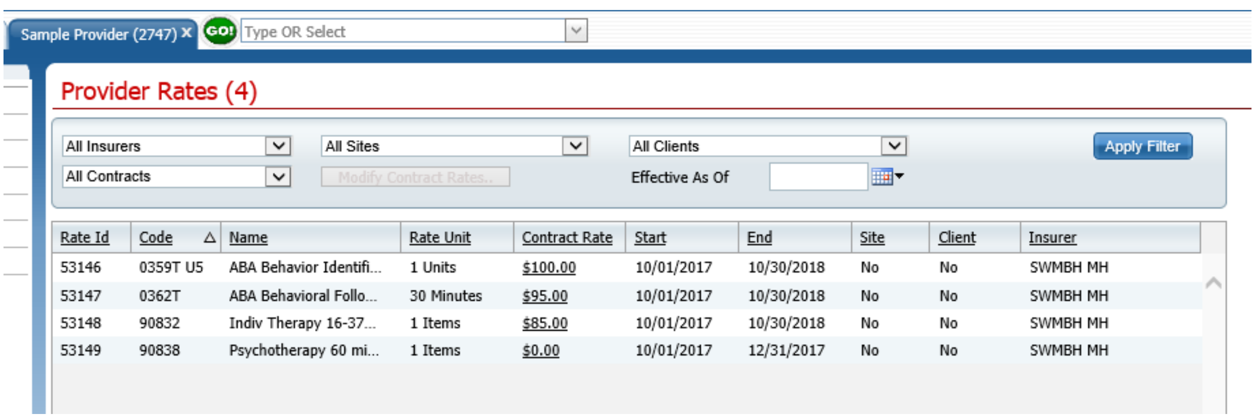
Provider Documents

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;



Provider Rates

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

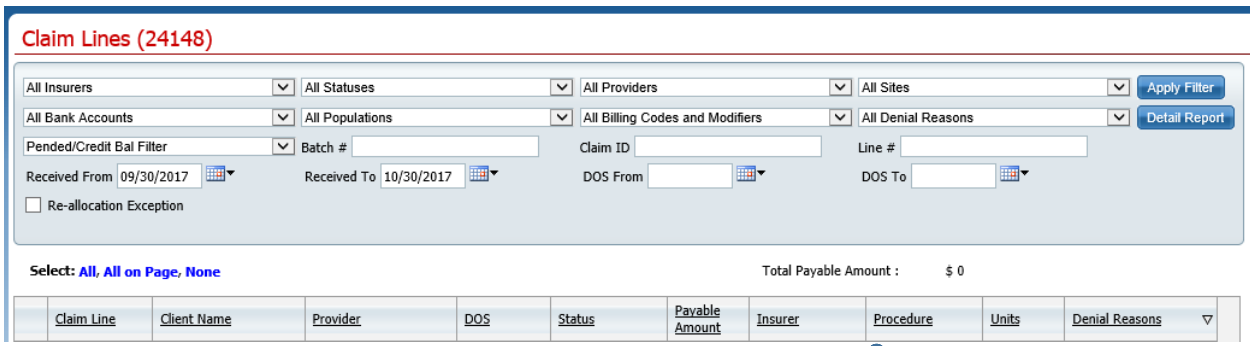


My Office

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;



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;

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

- 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.

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-

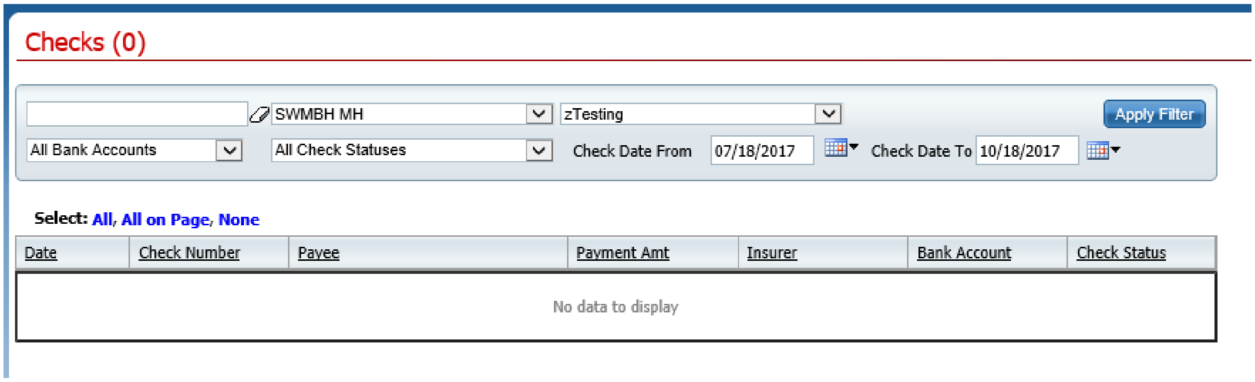
- Users will encounter this denial reason in the event the claim they are attempting to bill does not have prior authorization, or the previous authorization has been exhausted. Users can review a client's Authorization via the CM Client Authorization banner of the Client record (pg.15).
    - Note that 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;

837 Import

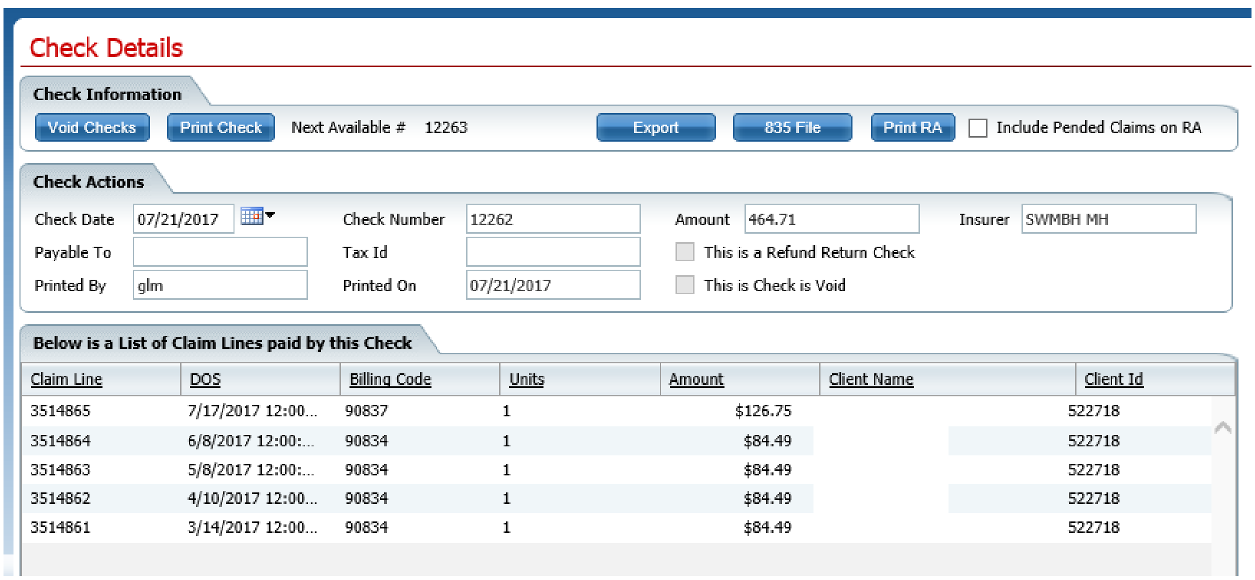
Qualified providers are able to upload 837 text files directly into the application through the 837 banner. An 837 Companion Guide is available for those interested in utilizing this method of billing. Please contact providersupport@swmbh.org if you would like to know more.

Checks

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



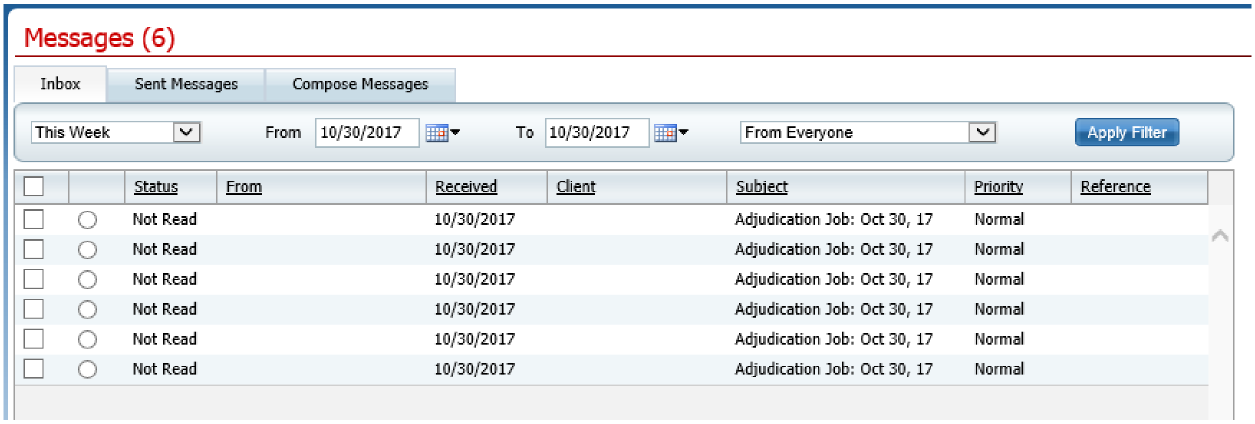
Users are able to **View Check Details** by clicking on the Check Number hyperlink on their checks listpage. From this point users will be able to view each claim line associated with the check;



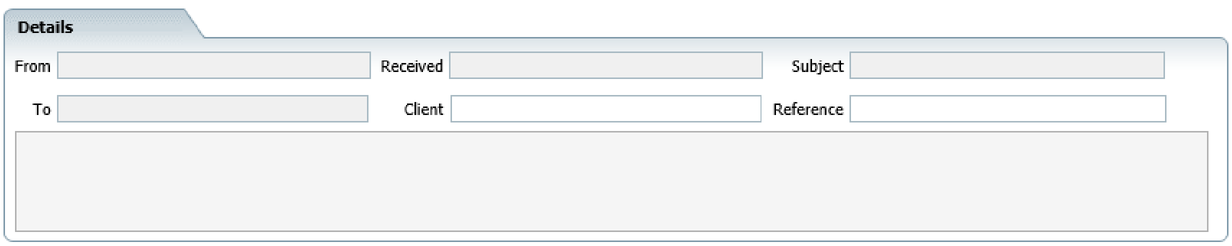
Users may also select the **Print RA** button to generate a .pdf file of the relative check RA;

Messaging

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

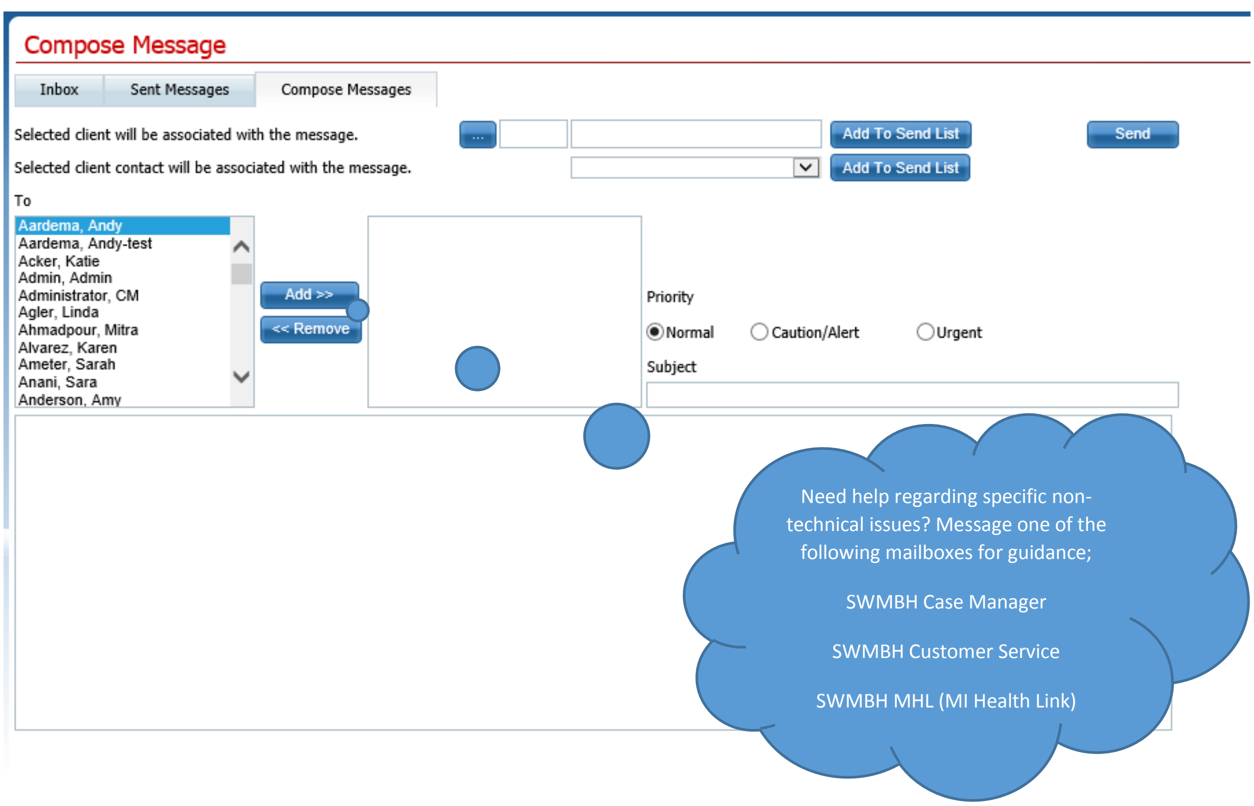


Messages received by the users can be found in the **Inbox** and will display in the Details tab of the screen once the radio button in the second column of the message's row is selected;



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;

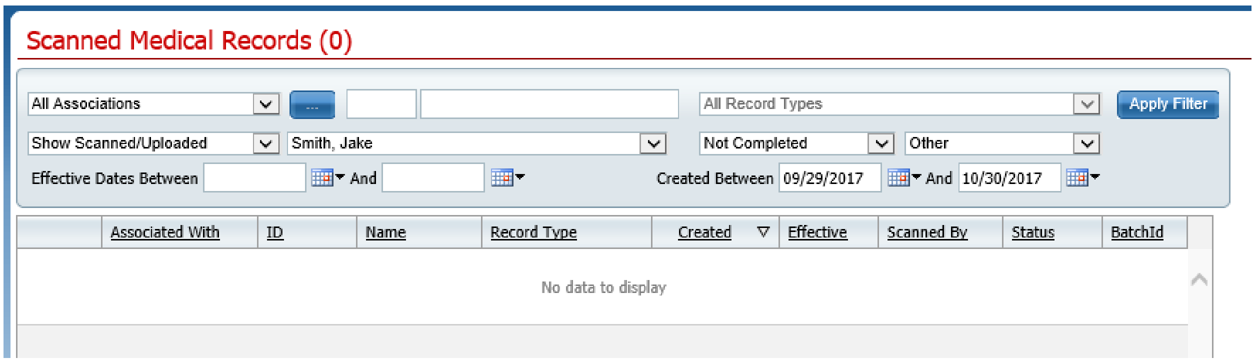


Questions or Concerns?
Contact providersupport@swmbh.org for more information!

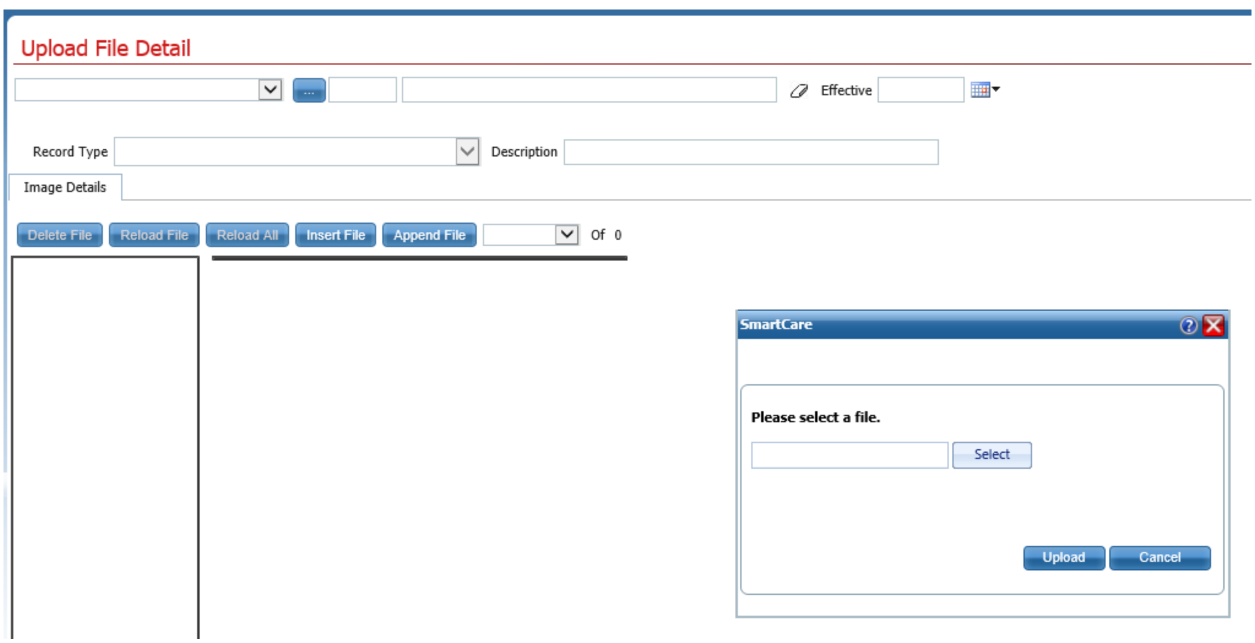
Users can send messages to one, or more users from this window and even reference a specific client via the  field on the screen.

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 the Scanning listpage;



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

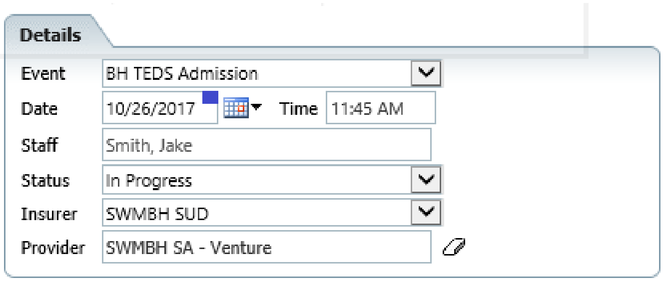


Reports

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 filed, which provides guidance to the user when the cursor hovers over;



Additional help is provided wherever  icons are found.