




MI Health Link

Provider Training

Logging Into the SmartCare System

- After opening the application via a desktop icon or entering the URL – a login screen will appear.
- Enter your User Name and Password
- Click the Login button
- Security Questions:
 - You will set Security Questions and Answers at the first login.
 - You may also have to answer a security question
 - See the First Time Logging in User Guide for help.




Streamline
Healthcare Solutions, L.L.C.

Username

Password

Login

Compatible with 

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- My Office Tab: Contains overall information on all clients records assigned to you based on your permissions
- Client Tab: Contains the client record

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My Office | Pie, Apple (69481) X ← **Tabs**

Dashboard

Caseload

	Current	Not Seen in 3 Mos	Last Year
Primary	0	0	0
Total	0	0	0

Services (# of hours face to face per month)

Documents

	Notes	Tx Plan	Per Rev	All
In Progress	0	0	1	5
To Sign	0	0	0	0
To Co-Sign	0	0	0	0
To Acknowledge	0	0	0	3

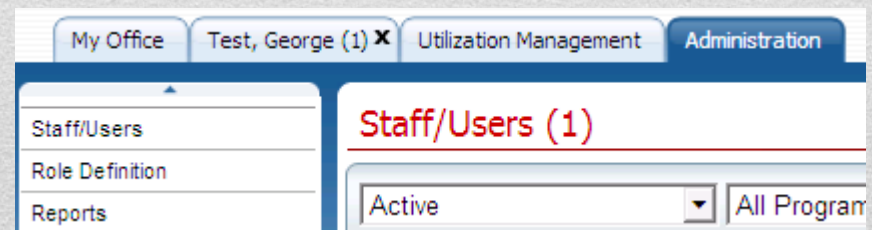
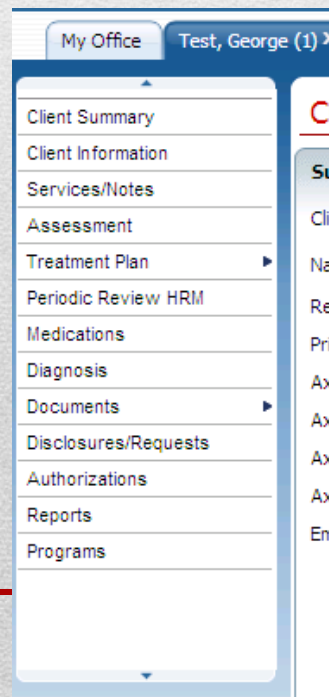
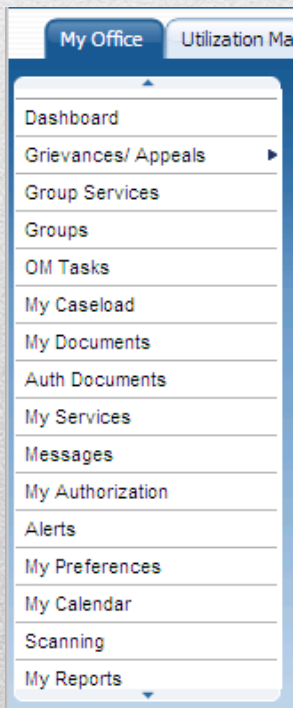
Service Needing Attention

View All 0

Banners

Banners

- Banners are on the left side of the page. They are quick buttons to open parts of the system quickly.
- Banners exist on the My Office Tab, Client Tab, and Administration Tab



- The Dashboard is the central page of the system. From the dashboard you can quickly view pertinent information and access the detailed screens of this information.
- Information includes:
 - Caseload
 - A track of your face to face services
 - Documents coming due or in progress
 - Services that cannot be billed due to an error
 - Messages that are not yet read
 - Services scheduled for you today in the SmartCare calendar

SmartCare Dashboard

- Dashboard
- Grievances/ Appeals
- Group Services
- Groups
- OM Tasks
- My Caseload
- My Documents
- Auth Documents
- My Services
- Messages
- My Authorization
- Alerts
- My Preferences
- My Calendar
- Scanning
- My Reports

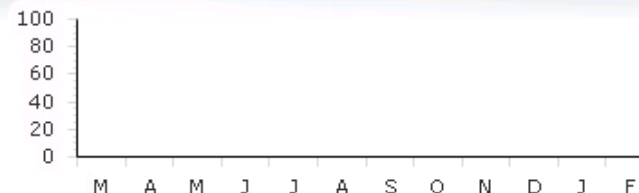
Unsaved Changes

Dashboard

Caseload

	Current	Not Seen in 3 Mos	Last Year
Primary	1	1	
Total	1	1	

Services (# of hours face to face per month)



Documents

	Notes	Tx Plan	Per Rev	All
In Progress	0	1	0	2
To Sign	0	0	0	0
To Co-Sign	0	0	0	0
Due in 14		0	0	0

Service Needing Attention

View All 0

New Alerts/Messages

From	Received	Subject

Services For Today

Name	Time	Status

Dashboard

My Caseload (1)

Filters Column Headings

All My Clients Seen in X days Last Name Begins with Any Le All Programs Other Apply Filter

Client ID	Name	Phone	Axis V	Last DOS	Last Seen by Me	Primary
1	Test, George	(313) 555-8695				Yes


- Throughout the system, List Pages are used to provide information.
 - The My Office tab contains list pages to help you organize your caseload and quickly access information.
 - The Client tab contains list pages to list services, documents, disclosures and other information
- Use the Filters at the top of the List Pages to search for specific information in a list
- Click on the column headings to sort the list by the selected column – click the same column heading again to reverse the order of the list based on the selected column.

List Pages

List Pages (Continued)

- List pages include caseload, non-completed documents, services, documents due
 - Filter Selections remain even after log-out
 - Export a list to Excel with the “Export” button
 - Quickly jump between pages with the page buttons at the bottom of the screen.



My Caseload (698) 

All My Clients

All My Clients	My Primary Clients	Phone	Axis V	Last DOS	Last Seen by Me	Primary
Not My Primary Clients	nnifer	312-555-4542		05/21/2009	02/03/2009	Yes
1209	△	312-555-1350	20	04/05/2010	04/05/2010	No
32366	△	312-555-3562		04/12/2010	04/12/2010	No
39014	△			07/27/2010	07/27/2010	No
16637	△	312-555-1935		09/23/2009	07/08/2008	Yes
30864	△	312-555-3410	50	08/10/2010	08/10/2010	No
2407	△	312-555-2781		02/02/2010	02/02/2010	Yes
12908	△	312-555-4315		04/27/2010	04/27/2010	No
13891	△	312-555-1606		10/05/2009	05/14/2009	Yes
43519	△	312-555-5073		04/26/2010	04/26/2010	No
7717	△	312-555-5022		04/23/2010	04/23/2010	Yes
4580	△	312-555-5239		04/13/2010	12/04/2009	Yes
3470	△			03/22/2010	12/17/2009	No
8725	△	312-555-9875		04/09/2010	04/09/2010	No
24316	△	312-555-2748		04/19/2010	04/19/2010	Yes
13611	△	312-555-5131		03/12/2010	03/12/2010	No
12690	△	312-555-1461		07/01/2010	01/12/2010	Yes
13817	△	312-555-4925		01/05/2010	01/05/2010	Yes
12743	△	312-555-1467		04/05/2010	01/07/2009	Yes

1 2 3 4 5 6 7 Next Last 1 ▾

13817	△	1
12743	△	2
13387	△	3
40175	△	4
12821	△	5
39604	△	6
	△	7

1 2 3 4 5 6 7 Next Last 1 ▾

Click on the page number or select from the dropdown list

EHR Basics: Toolbars

- Toolbars:
 - Toolbar is located in the upper right section of the screen.
 - Toolbar items will change based on what screen you are on.

The screenshot shows the 'Client Information' screen in an EHR system. The toolbar is located in the upper right corner and contains four items: a green 'Save' button, a red 'X' icon, a blue information icon, and a blue checkmark icon with 'ABC' above it. Below the toolbar, four callout boxes provide descriptions for each item:

- Saves changes to the client** (points to the Save button)
- Close client information** (points to the red X icon)
- View information of created and last modified details** (points to the information icon)
- Run Spell Check** (points to the ABC checkmark icon)

Training Tip: Tools are permission based, so if a tool is disabled that the user needs, they need to have their permissions updated.

Unsaved Changes

- Located in the lower left section of your screen
- Click the hyperlink to view the document
- If changes are not saved, you may see a pop up regarding these changes. You can discard these changes by clicking “Discard All” or leave the changes unsaved by clicking the “Review Now” button.
- Allows for viewing of each individual change

Unsaved Changes

HRM Assessment (Taylor, L...)

HRM Assessment (Kent, Cha...)

Service Note (Akins, Rebe...)

From	Received	Subject	Client
System	11/18/2009		Mountain,...
System	09/22/2008		McDonald,...
System	04/29/2010		Thompson, Jena
System	04/28/2010		Youmans, John
System	04/28/2010		Davis, Patsy

Unsaved Changes

? There are unsaved changes, please review or discard.

Review Now Discard All

Be Cautious when choosing Discard All. This will remove any data and it cannot be recovered.

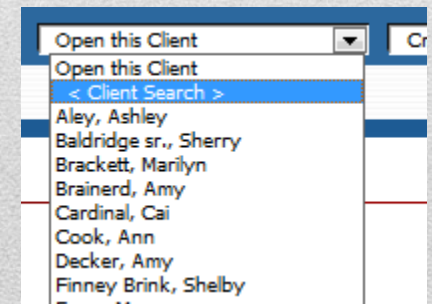
- Here are some other tips on how to use the system quickly and efficiently:
 - Use the tab or mouse to move through pages, especially detail screens with multiple fields. You will find sometimes pressing tab is faster and sometimes the mouse is faster.
 - Use the Save button before moving off a screen.
 - Use the My Preferences page to set preferences for
 - My Office homepage
 - Client Tab homepage
 - Quick Actions – A drop down that allows for quickly accessing parts of the system
 - If the user's permissions or some other information from the administrative tab has to be modified, you will need to refresh your instance of the application or log out and log back in to see the changes.

System Quick Tips



CLIENT RECORD OVERVIEW

- You can also use the Opening a Client guide in the manual for step by step instructions
- Besides using the My Caseload widget to open a list of clients assigned to you, there is also a Client Search drop down at the top right of the screen.
 - Click on the drop down. The list of clients assigned to you as the primary clinician and/or primary program will appear.
 - Quick Tip: To move down the list quickly, type the first letter of the client last name.
 - Click the client name to open the client record
 - Click “Client Search” at the top of the drop down to open the Client Search pop up and search all clients.



Opening a Client File

- In the Client Search pop up – Enter search criteria in the top fields, click the search button next to the field text is entered into.

Client Search

Clear

Name Search

Broad Search Narrow Search

Last Name First Name

Other Search Strategies

SSN Search

DOB Search

Primary Clinician Search

Phone # Search

Client ID Search

Master Client ID Search

Opening a Client File

Opening a Client File

- The client files meeting the search criteria entered above will appear in the Records List below.
 - Select the client file using the radio button next to the ID
 - Click the Select button to open the client file.

Name Search

Last Name First Name

Other Search Strategies

Records Found

	ID	Master ID	First Name	Last Name	SSN	DOB	Status	City	Primary Clinician
<input checked="" type="radio"/>	9702		One	Test	0000	01/01/1966	Active	Hastings	Clinician, A
<input type="radio"/>	9703		George	Test	1111	09/09/1979	Active	Battle Cree	Clinician, B

- Client Summary provides a snap shot of the record.
 - Use the hyperlinks to open to the page that contains the information selected.

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My Office Pie, Apple (69481) X

Client Summary

Summary

Client ID: [69481](#) Master Client ID: [79957](#)

Name: [Pie, Apple](#) Status: [In Treatment](#) DOB: [08/02/1982](#) Age: [29 Years](#) Sex: [Female](#) Race: [White](#) SSN: [8888](#)

Registered On: [04/16/2012](#) Last Seen On: [04/19/2012](#) Next Scheduled: Address: [123 Test St. Apt. 1 Portage, MI 49000](#)

Primary Clinician: [Provider, AI](#) Primary Program:

Axis I and II: [317, 296.90](#) Fee Arrangement: Phone: [\(256\) 555-1234](#)

Axis III: [Asthma, Diabetes](#)

Axis IV: [Problems with access to health care serv...](#) Note:

Axis V: [45](#) Presenting Problem:

Emergency Contact: Timeline Summary

Axis V

Services 100

Med Changes 50

Hospitalization 0

May Jun Jul Aug Sep Oct Nov Dec Jan Feb Mar Apr

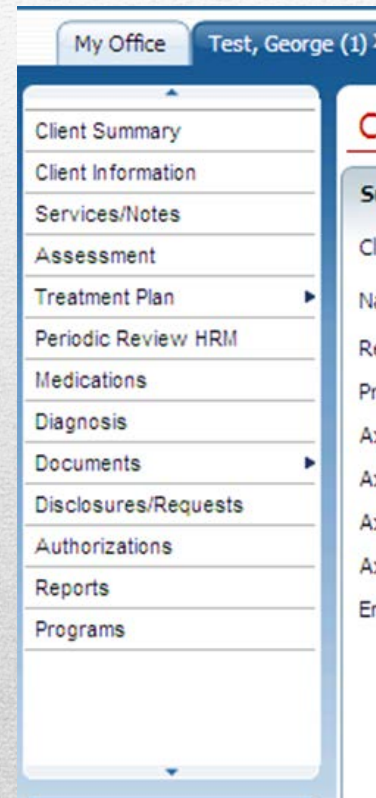
Admit Discharge

Client Viewing

Unsaved Changes

Viewing Client Information

- Use the banners in the Client's File to view any other information regarding the Client.
- Medications opens the SmartCare Rx record





CLAIMS ENTRY

Claim Lines and Client Claims List Page Changes












Client Claims (3)

All Insurers All Entered From Entered To All Providers All Sites Apply Filter DOS From DOS To

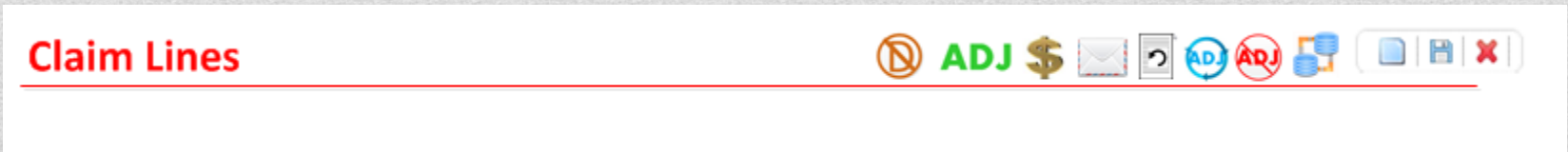
Claim Line	Client Name	Provider	DOS	Status	Payable Amount	Insurer	Process
2006460	Test, Sam	Adapt Inc.	10/27/2014	Entry Complete		SWMBH	
2006459	Test, Sam	Advanced Adult Fost...	09/01/2014	Entry Complete		Summit Pointe	
2006461	Test, Sam	CEI Community Men...	10/28/2014	Entry Complete		SWMBH	

Billing code re...
Billing code re...
Billing code re...
Billing code re...
Billing code re...
Billing code re...
Billing code requires Authorization but one does not exist

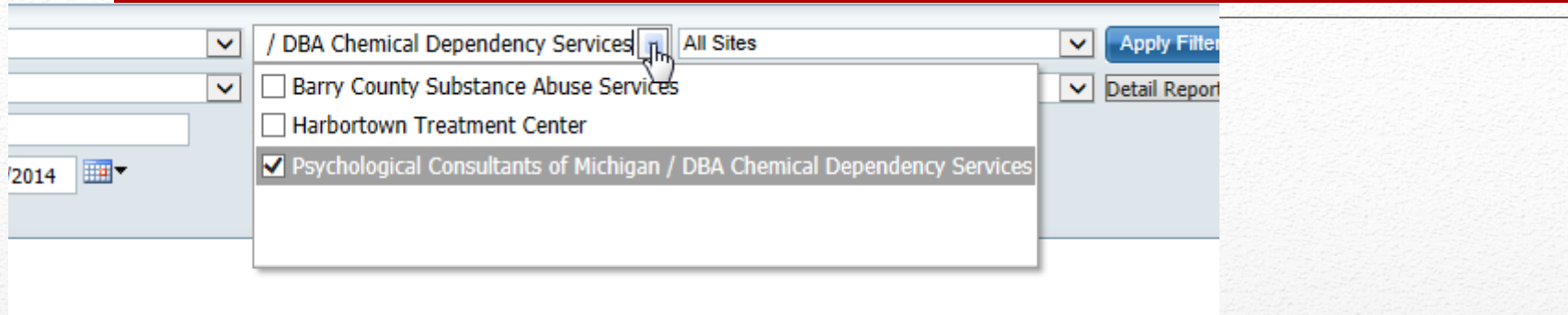
- You can create claims from the My Office Claims list page or the Client Claims list page in the client record.
- The tools ‘PP’ and ‘PI’ are used to create claims as a provider.
 - ‘PP’ = Provider Professional
 - ‘PI’ = Provider Institutional
- In Claims list page of my office, hover over the denial reasons to view the reasons from the list page.
- From the claims list page, with permission granted, you can mark multiple claim lines at one time as ‘To Readjudicate’ or ‘Do not adjudicate’ and can revert multiple claim lines at one time across claims.

	Revert		New Professional for MCO Staff		Deny
	Do not Adjudicate		New Institutional for MCO Staff		Adjudicate
	Re-adjudicate		New Professional for Providers		Pay
			New Institutional for Providers		Create Denial Letter

All buttons have been replaced with Tool Icons in the Tool Bar



Tools in the Claim Lines List Page



Claim Lines (59)

- The filter of All Providers has been modified to allow the staff to choose multiple providers but not all. All Providers is the default and will search for all assigned providers to the staff. But one or more can be individually selected using the check box next to each provider name
- Filter for a specific billing code and modifier combination to narrow the list of claim lines.

Claim Lines List Page – Filters

Ability to Batch Revert Claim Lines

- On the Claim Lines list page, filter for a status of Denied, Pended or To Be Worked and click Apply Filter.
- The Revert tool is now enabled. It is in the top right of the screen, a white piece of paper with a black arrow pointing left.
- Click on the claim lines you want to revert and then click on the tool.
- In the pop up, the claim lines selected will display. Click Revert to revert the selected claim lines.

The screenshot displays the 'Claim Lines (11145)' interface. At the top, there are several filter dropdowns: 'Denied' (highlighted with a red box), 'All Providers', 'All Sites', and 'Apply Filter' (highlighted with a red box). Below these are more filters for 'All Bank Accounts', 'All Populations', 'All Billing Codes and Modifiers', 'All Denial Reasons', and 'Detail Report'. A 'SmartCare' pop-up window is open, titled 'Revert Claims'. It contains a 'Save as....' button, a 'Revert' button (highlighted with a red box), and a 'Close' button. The pop-up also displays a table of selected claim lines with the following data:

Service Line Id	Client Name	Provider	DOS	CPT/HCPCS Code+Modes	Rev Code	Units	Status	Insurer	Claimed Amt	Payable
636354			01/02/2006	H0005 120		1	Denied		\$45.00	\$0.00
636377			01/03/2006	H0005 60		1	Denied		\$20.00	\$0.00
636411			01/04/2006	H0015		1	Denied		\$95.00	\$0.00
636420			01/04/2006	90806		1	Denied		\$75.00	\$0.00

Ability to Batch Mark Claim Lines to be Readjudicated

- On the Claim Lines list page, filter for a status of Pended, Denied or 'Denied and Partially Approved' and click Apply Filter.
- The Readjudicate tool is now enabled. It is in the top right of the screen in the tool bar. It is in blue, the letters 'ADJ' with a circle around it.
- Select the claim lines to be marked as Readjudicate and click on the tool.
- In the pop up, click Readjudicate. The system will mark all claim lines in the pop up as to be Readjudicated. (Claim Line Detail page – Readjudicate check box will be checked.)

The screenshot displays the 'Claim Lines (11145)' interface. At the top, there are several filter dropdowns: 'Denied' (highlighted with a red box), 'All Providers', 'All Sites', and 'Apply Filter' (a blue button). Below these are more filters for 'All Bank Accounts', 'All Populations', 'All Billing Codes and Modifiers', 'All Denial Reasons', and 'Detail Report'. A 'Pended/Credit Bal Filter' section includes fields for 'Batch #', 'Claim ID', and 'Line #'. A blue header bar for the pop-up window reads 'Received From: SmartCare'. The pop-up window title is 'Readjudicate Claims' and contains a 'Save as....' button, a 'Readjudicate' button (highlighted with a red box), and a 'Close' button. Below the header, a message states: 'You have selected claimlines to be readjudicated. If you wish to continue, click 'Readjudicate'.'. A table of claim lines is shown with columns: Service Line Id, Client Name, Provider, DOS, CPT/HCPCS Code+Modes, Rev Code, Units, Status, Insurer, Claimed Amt, and Payable. The first four rows are checked in the 'Claim Line' list on the left. The table data is as follows:

Service Line Id	Client Name	Provider	DOS	CPT/HCPCS Code+Modes	Rev Code	Units	Status	Insurer	Claimed Amt	Payable
636354	[Redacted]	[Redacted]	01/02/2006	H0005 120		1	Denied	[Redacted]	\$45.00	\$0.00
636377	[Redacted]	[Redacted]	01/03/2006	H0005 60		1	Denied	[Redacted]	\$20.00	\$0.00
636411	[Redacted]	[Redacted]	01/04/2006	H0015		1	Denied	[Redacted]	\$95.00	\$0.00
636420	[Redacted]	[Redacted]	01/04/2006	90806		1	Denied	[Redacted]	\$75.00	\$0.00

Ability to Batch Mark Claim Lines to Do Not Adjudicate

- Open the Claim Lines list page, filter for a status of Pended, Denied or 'Denied and Partially Approved' and click Apply Filter.
- The Do Not Adjudicate tool is now enabled. It is in the top right of the screen in the tool bar. It is red with the letters 'ADJ' with a circle and a line through the letters.
- Select the claim lines from the list to mark as Do Not Adjudicate and click on the tool.
- In the pop up, click the Do Not Adjudicate button. It will modify the claims lines so that in the Claim Line Details page, the 'Do Not Adjudicate' check box will be checked.

Claim Lines (11145)

Denied All Providers All Sites Apply Filter

All Bank Accounts All Populations All Billing Codes and Modifiers All Denial Reasons Detail Report

Pended/Credit B SmartCare

Received From

Select: All All

Claim Line

636354
 636377
 636411
 636420
 636421
 636423
 636427
 636458
 636464
 636498

Do Not Adjudicate Claims Save as... Do Not Adjudicate Close

You have selected claimlines to be do not adjudicated. If you wish to continue, click 'Do Not Adjudicated'.

Service Line Id	Client Name	Provider	DOS	CPT/HCPCS Code+Modes	Rev Code	Units	Status	Insurer	Claimed Amt	Payable
636354			01/02/2006	H0005 120		1	Denied		\$45.00	\$0.00
636377			01/03/2006	H0005 60		1	Denied		\$20.00	\$0.00
636411			01/04/2006	H0015		1	Denied		\$95.00	\$0.00

- 837 Upload process is done via the 837 Import banner in the My Office tab. See the user manuals for step by step details on how to do this.
 - Providers must be set up with SWMBH to be an 837 sender.
- Claim From Entry directly into the system is also possible
 - Institutional Claim Entry page
 - Professional Claim Entry page

Claim Entry

Manual Claim Entry

- Search by Authorization number to populate provider and insurer. Or enter in Provider and Insurer.

Claim Entry - Professional

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

Clean Claim Date

Claim Status Entry Complete

- Claim Header now only has necessary fields for manual entry.

Claim Header

Patient Account No.

Diagnosis 1. 2. 3.

Manual Claim Entry

- In the Code drop down, choose a billing code and modifier combination from the provider's contract or type in a billing code and modifier combination.
 - Note the billing code is based on the Insurer and Provider in the header as well as the from and to dates in the Service Lines and will only display what is in the contract.
 - Note the Charge amount will auto-calculate with the contract amount. If Rendering Provider is used to determine the contract rate, this field must be filled out to populate the Charge field automatically to the contract amount.

Service Lines

From To Code Modifiers

Units Charge POS Rendering Provider

Dx [Third Party EOB Information](#) Allowed Paid Adj

[Estimate Line billing...](#) [Insert](#) [Clear](#)

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

Manual Claim Entry

- In Estimate Line Billing – You can vary the units and charges for each day and click Reallocate. It will enter in the total amount entered in this pop up in the allocated Charges and Units. If this varies from the original total charge and units, when update/close is clicked, the claim line information is entered based on what is entered in the pop up.

SmartCare

Estimate Line Billing

Update Update/Close Cancel

	Date Of Service	Units	Charges	Code/Modifier
X	09/01/2014	2	20	
X	09/02/2014	2	20	
X	09/03/2014	1	10.00	
X	09/04/2014	1	10.00	
X	09/05/2014	1	10.00	
X	09/06/2014	1	10.00	
X	09/07/2014	1	10.00	
X	09/08/2014	1	10.00	
X	09/09/2014	1	10.00	
X	09/10/2014	1	10.00	
X	09/11/2014	1	10.00	
X	09/12/2014	1	10.00	
X	09/13/2014	1	10.00	
X	09/14/2014	1	10.00	
X	09/15/2014	1	10.00	
X	09/16/2014	1	10.00	
X	09/17/2014	1	10.00	
X	09/18/2014	1	10.00	
X	09/19/2014	1	10.00	

From 9/1/14 To 9/30/14

Total Charge 600.00 Total Units 60

Allocated Charges 300.00 Allocated Units 60

Reallocate

Manual Claim Entry

- Footer does not allow editing of total charge, previous amount paid, adjustments or balance due. This is modified by modifying the claim lines above.
- Footer was simplified for what is needed for manual entry.

Claim Footer
Tax ID* SSN EIN
Rendering Provider

32. Name and Address of Facility where Services were Rendered

33. Physician, Supplier Billing Name, Address, Zip code && Phone #

Total Charge
Previous Amt Paid
Adjustments
Balance Due

Comment (e.g. if claim is not clean, why not?)



AUTHORIZATIONS

Authorizations List Page

- The list page in My Office shows each authorization for clients individually.
 - You can search by a specific client, billing code, or end date of an authorization.
- You can see for each auth the units requested, approved and used.

Flag	Id	Client	Provider-Site	Billing Code	Status	From	To	Auth Due	Used	Appr.	Req.	Auth#
	262629	...	...	H0001	Approved	11/18/2011	11/18/2011		0.00	1.00	1.00	20120125-009
	262631	...	...	90853 : tg	Approved	12/22/2011	01/31/2012		3.00	5.00	6.00	20120125-011
	291468	...	...	90834	Approved	02/27/2013	05/27/2013		1.00	2.00	2.00	20130417-018
	310485	...	...	H0001	Closed	12/31/2013	01/01/2014		1.00	1.00	1.00	20140102-009
	171854	...	...	H0005 : 120	Approved	03/04/2008	06/04/2008		1.00	6.00	6.00	2008325-35
	191675	...	...	H0005 : TG	Approved	10/23/2007	01/20/2008		0.00	4.00	4.00	3192008194910...
	191088	...	...	H0005 : TF	Approved	01/11/2008	04/09/2008		0.00	5.00	6.00	1142008162530...

Authorizations Details Page

- Use the Documentation tab to see Events associated with the Authorizations.
- Use the Attachments tab to scan or upload a document so that it is associated to this authorization. -- This tab will not be used for Duals.

CM Authorization Details

Authorization Details Messages and Notes

Authorization Document

Requestor
Client
Event
Last Reviewed By* Bolden, Donn
Last Reviewed On* 02/22/2012

Treatment Information

Requesting Provider
Population
LOC
Tx Plan Start
Tx Plan End

Caps

Code	Type	Req YTD	LCM	CCM
------	------	---------	-----	-----

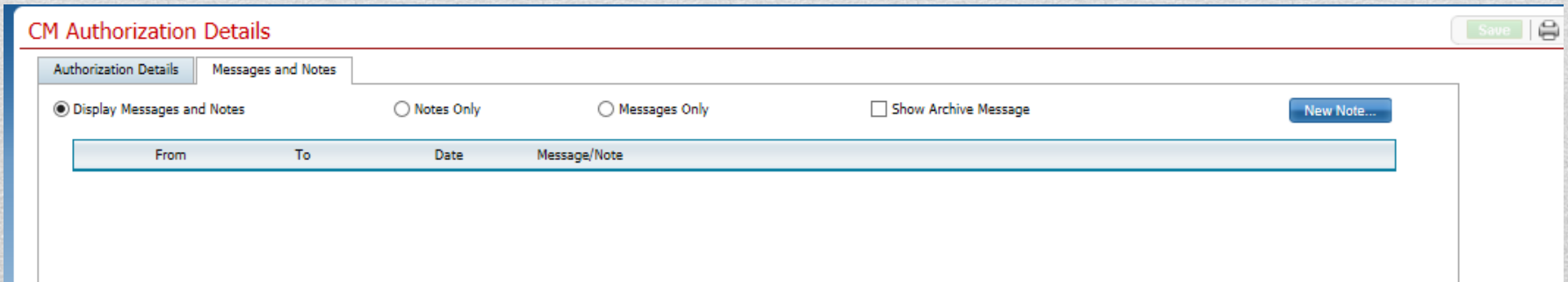
Authorization Requests Services/Claims Documentation History Reports **Attachments**

Scan Upload

Record Description	Attached Date
No data to display	

Authorizations Details Page

- The Messages and Notes functionality is associated to Care Management authorizations.
 - Messages can be sent to others using this tab.
 - Notes can be entered and seen that are pertaining to this authorization.



The screenshot displays the 'CM Authorization Details' page. At the top right, there are 'Save' and 'Print' buttons. Below the title, there are two tabs: 'Authorization Details' and 'Messages and Notes'. The 'Messages and Notes' tab is active. Under this tab, there are three radio buttons: 'Display Messages and Notes' (selected), 'Notes Only', and 'Messages Only'. To the right of these is a checkbox labeled 'Show Archive Message'. A 'New Note...' button is located on the far right of this section. Below the controls is a table with the following headers: 'From', 'To', 'Date', and 'Message/Note'. The table body is currently empty.

From	To	Date	Message/Note
------	----	------	--------------



AUTHORIZATION REQUEST

- In client record, create an ‘SU/Duals Authorization’ event
 - Scan supporting documentation as an Event
- This will create the authorization request for UM staff to review
- Authorization status and approval will be tracked in CM Client Authorizations.

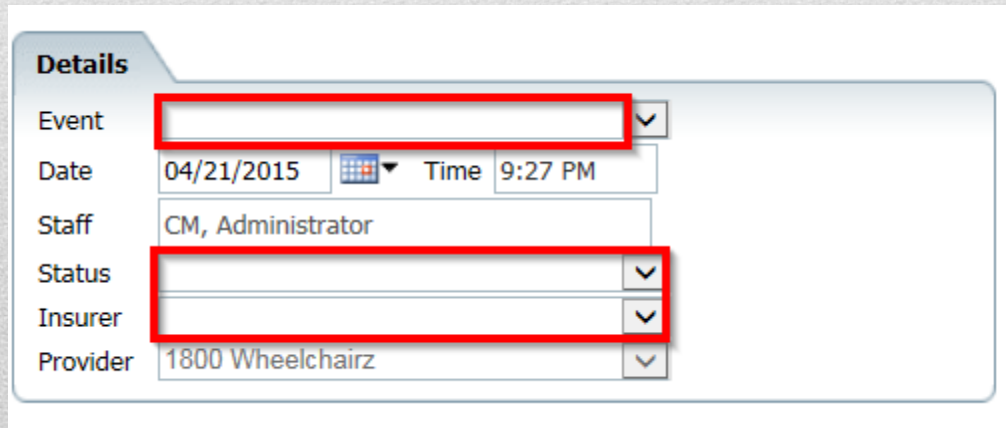
Process for Request

Creating Authorization Event

1. Open the client you want to request an authorization for
2. Open CM Events banner and click the New tool in the tool bar.



3. In the new event, choose the 'Event' of 'SU/Duals Authorization', confirm the date and time, enter a 'Status' of 'In Progress' and 'Insurer' based on your contract. Provider name defaults based on the provider associated to you as a primary provider.

A screenshot of a 'Details' form for creating an authorization event. The form has a light blue header with the word 'Details' in bold. Below the header, there are several fields: 'Event' (a dropdown menu with a red box around it), 'Date' (04/21/2015 with a calendar icon), 'Time' (9:27 PM), 'Staff' (CM, Administrator), 'Status' (a dropdown menu with a red box around it), 'Insurer' (a dropdown menu with a red box around it), and 'Provider' (1800 Wheelchairz with a dropdown arrow).

Event	
Date	04/21/2015
Time	9:27 PM
Staff	CM, Administrator
Status	
Insurer	
Provider	1800 Wheelchairz

Creating Authorization Event

4. Click on the Note Tab.
 5. Choose the Insurer and Provider based on the authorization(s) you are requesting.
 6. Enter authorization information in the 'Authorizations' fields.
 - Note that the 'Code' field is dependent on the contract based on the insurer, provider and dates of service.
 - Note that 'Add Code' will add an additional grouping of the fields for the additional codes needing to be authorized.
 7. Enter Requester's Rationale
 8. Enter Women's Specialty question. Note if you are providing services for SWMBH MH then this field will always be answered No. It only applies to SED services.
-

Creating Authorization Event

Event Note

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 [Add Code](#) 

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 Speciality Program: Is client a pregnant woman? Does the client have dependent children? Is the client trying to regain custody of his/her child(ren)?)

Creating Authorization Event

- Use the Save tool to save changes made to the event but not complete it. The event can then be returned to by opening the client and opening the CM Events banner.



- To finish/complete the event, click the Sign button.

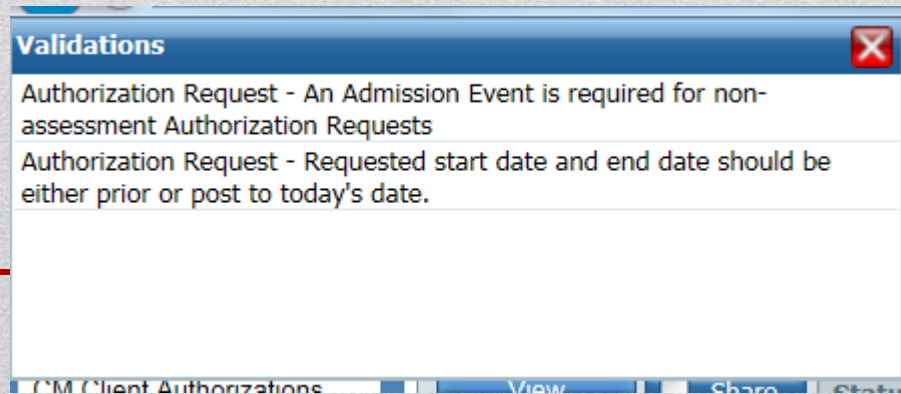
Authorization Request

View Share Status New Effective 04/21/2015 Author Administrator, CM Go To Sign More Detail

Event	Note
-------	------

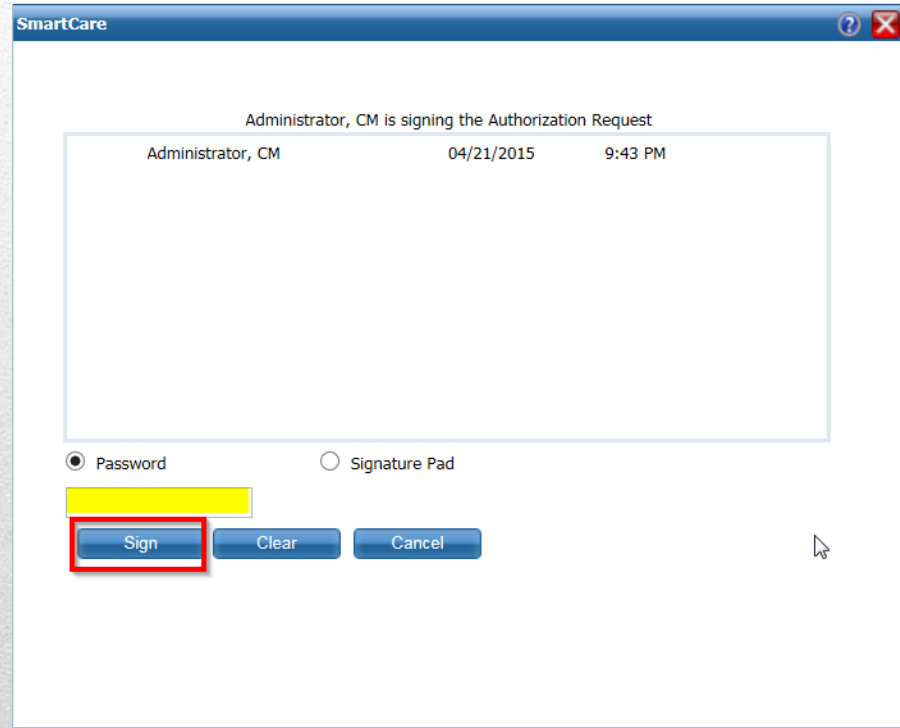
Creating Authorization Event

- If rules are not met, then the validation pop up will appear. Two common rules are:
 - Admission Event is required for non-admission authorization requests – this applies for providers who are a substance abuse provider that the authorization(s) are being requested for.
 - Request start date and end date should be either prior or post to today's date – the date of each request can only be prior to or post to today's date and up to today's date. If a billing code is needed for both prior and post, then it needs to be added as an additional code with two date ranges, one prior and one today's date to post.
 - Ex: Authorization is needed for 90834 from 3/1/15 to 5/31/15 and the date the authorizations are requested is 3/31/15. There need to be two requests for 90834 – one from 3/1/15 to 3/30/15 and another from 3/31/15 to 5/31/15.



Creating Authorization Event

- Once all rules are met, when you click Sign, the signature pop up will appear. Enter your password and click the Sign button to complete the event.



The image shows a screenshot of a software window titled "SmartCare". The window displays a signature pop-up for an authorization request. The text inside the window reads: "Administrator, CM is signing the Authorization Request". Below this, there is a table with three columns: "Administrator, CM", "04/21/2015", and "9:43 PM". The table is currently empty. Below the table, there are two radio buttons: "Password" (selected) and "Signature Pad". Below the radio buttons, there is a yellow rectangular box representing a password input field. At the bottom of the window, there are three buttons: "Sign", "Clear", and "Cancel". The "Sign" button is highlighted with a red border.



SCANNING IN DOCUMENTATION

See the user manuals for details on this process.

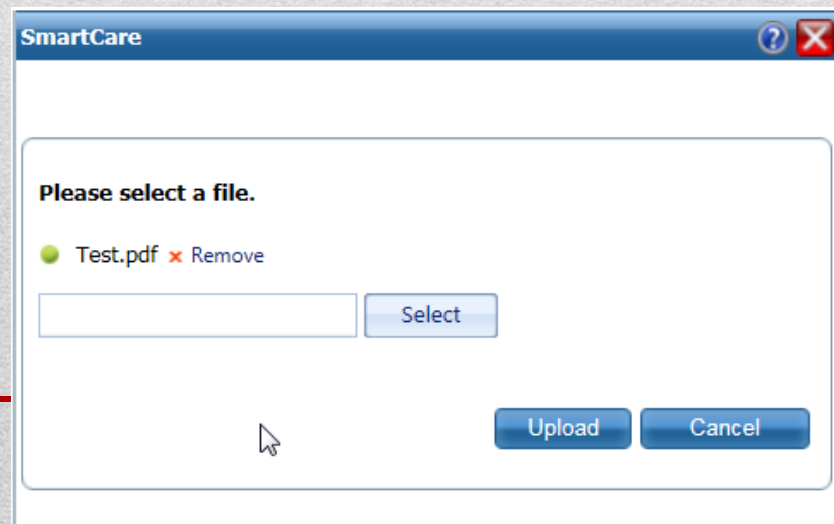
Scanning or Uploading

- To start either scanning or uploading, choose the Scanning banner in My Office tab.
- Click on the tool to start scanning (printer) or uploading (PDF symbol).

The screenshot shows a web application interface with a top navigation bar containing tabs for 'MyOffice', 'Test, Sam (344597)', 'Admin', and 'Test Provider (1971)'. The 'MyOffice' tab is active. On the left, a sidebar menu lists various options, with 'Scanning' highlighted. The main content area is titled 'Scanned Medical Records (0)' and contains a filter panel with dropdowns for 'All Associations', 'All Record Types', 'Show Scanned/Uploaded', and 'Effective Dates Between'. Below the filter panel is a table with columns: 'Associated With', 'ID', 'Name', 'Record Type', 'Created', 'Effective', 'Scanned By', and 'Status'. The table is currently empty, displaying 'No data to display'. In the top right corner of the main content area, there are two icons: a printer icon and a PDF icon, both highlighted with red boxes.

Scanning or Uploading

- If you scan – the system will pull up your scanning page for you to scan via your scanning hardware.
- If you upload- the system will give you a pop up to browse your files and choose a file to upload. The file must be saved as a PDF. The system will give you a green circle next to the file you selected if it can be uploaded. Red circle means it cannot be uploaded.



Scanning or Uploading

- The document will be viewable on the detail page that then opens.
 - Enter in the first drop down the option 'Client (Events)'
 - Use the blue square to open the Client Search pop up and find the client you want to associate the scanned record to.
 - Enter the Effective date of the document (this determines the order it will appear in on the CM Events list page)
 - Enter the name of the document in 'Record Type' drop down
 - Use the 'Description' box to give details to the record type. This field is not required.
 - Click Save in the tool bar to save the document. Once the fields are completed and you click save, the document can now be seen in the CM Events banner.
-

Scanning or Uploading

Upload File Detail Save

Effective

Record Type Description

Image Details

Delete File Reload File Reload All Insert File Append File Of 0

Scanned or uploaded document will appear in this space fore a preview.

Scanning or Uploading


- If you need to correct a document you scanned in:
 - Click on the Created date on the Scanned Medical Records list page.
 - This will open the details page. Make the changes in the fields at the top and click Save to save the changes made.
 - Or use the garbage can tool to delete the document from the system.

Scanned Medical Records (1)

All Associations All Record Types [Apply Filter](#)

Show Scanned/Uploaded Administrator, CM Completed Other

Effective Dates Between And Created Between 03/22/2015 And 04/21/2015

	Associated With	ID	Name	Record Type	Created	Effective	Scanned By	Status
View	Client (Events)	335844	[REDACTED]		 04/20/2015	04/20/2015	Administrato...	Completed



CLIENT COVERAGE PLANS

- SWMBH staff are entering plans for new clients
- If the plans need to be modified the plans to select:
 - MI Health Link Meridian
 - MI Health Link Meridian SUD
 - MI Health Link Aetna
 - MI Health Link Aetna SUD

Business Process

Client Coverage Plans

- Insurance information is in the Client Plans and Time Spans banner of the client tab.
- Plans already entered will appear on the list page. For a plan to be active, it has to appear in the Plan Time Spans area at the bottom of the page.
- Click a Plan name to open the Plan Details page.

Client Plans And Time Spans (1) [Verification History...](#) [Verify Eligibility...](#) [View/Scan ID Cards...](#)

Client Plans


Plan Name	Insured	Co-Pay	Start Date	End Date	COB	Service Area	
MEDICAID-STATE PL...	Self		<input type="text"/>	<input type="text"/>	<input type="text"/>	General	Add

Plan Time Spans Show Current Plans Only [Maximize Time Spans](#)

04/01/2012 - No End Date [Change COB Order...](#)

MEDICAID-STATE PLAN 3299 GULL ROADNazareth, MI 49074

[Set End Date](#)

- To enter a Plan, perform the following steps:
 - Click the New tool on the Plans and Time Spans details page.
 - Enter information on the General tab
 - Note: The Plan drop down contains all plans entered in the Administration tab, Plan 
 - You cannot access the Copayment and Monthly Deductible tabs until it is indicated on the general tab that the client has a copay or deductible.
 - Click the Update button to save the information entered.
 - Click the close button to return to the Plans and Time Spans details page.

Client Insurance Plans – Entering a Plan

General Tab of Client Plans

- Plan and Insured ID are required to Save.
- Plan is the list of coverage plans that can be entered in the system for a client.
- Click green Save tool in the tool bar at the top right of the screen to save the information changed on the page

Client Plans Save

General | Claim Information | Copayment | Monthly Deductible

Plan

Plan
Insured ID
Group #
Employer/ Group Name
Contact Number

Insured Information

Client is Subscriber Yes No

Authorization Override

Authorization is Required No Authorization Required

Comment

Eligibility Verification

Date Last Verified
Verified By

Copayment

Deductible

Monthly Deductible

The Client Has Monthly Deductible
Monthly Deductible Last Met

COB History

Start Date	End Date	COB	User	Modified On
No data to display				

Client Plans – Making the plan active

- After saving the Plan Details Page, click the Red X tool in the tool bar to return to the Client Plans and Time Spans page. The plan is now listed on the Plans and Time Spans page, enter the Start Date, COB Order, and Service Area and click the Add button.
- The plan will now be entered in the Plan Time Spans below.

Client Plans And Time Spans (1) Verification History... Verify Eligibility...

Client Plans

Plan Name	Insured	Co-Pay	Start Date	End Date	COB	Service Area	
MEDICAID-STATE PL...	Self		<input type="text"/>	<input type="text"/>	<input type="text"/>	General	<input type="button" value="Add"/>

Client Plans – Ending a Plan

- To remove a plan from the Plans Time Spans section:
 - In the Plan Time Spans section, enter the end date for the plan you want to end.
 - Click Set End Date. This will end date the plan in the history.
 - To view a plan that is not active on this page, click ‘Show current plans only’ checkbox so that it is not checked.

Client Plans And Time Spans (1)

Client Plans

Plan Name	Insured Id	Co-Pay	Start Date	End Date	COB	Service Area	
MIHealthLin Meridian	2232323		<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	MH	<input type="button" value="Add"/>

Show Current Plans Only MH

Plan Time Spans

02/01/2015 - No End Date

<input type="checkbox"/>	MIHealthLin Meridian	2232323-	<input type="text"/>	<input type="button" value="Set End Date"/>
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- Look around the environment
- Practice what you generally do in the current environment
 - Claim Entry
 - Reviewing Authorization information and Exporting to Excel
 - Reviewing provider information
 - Opening a client

Practice Time
