MI Health Link

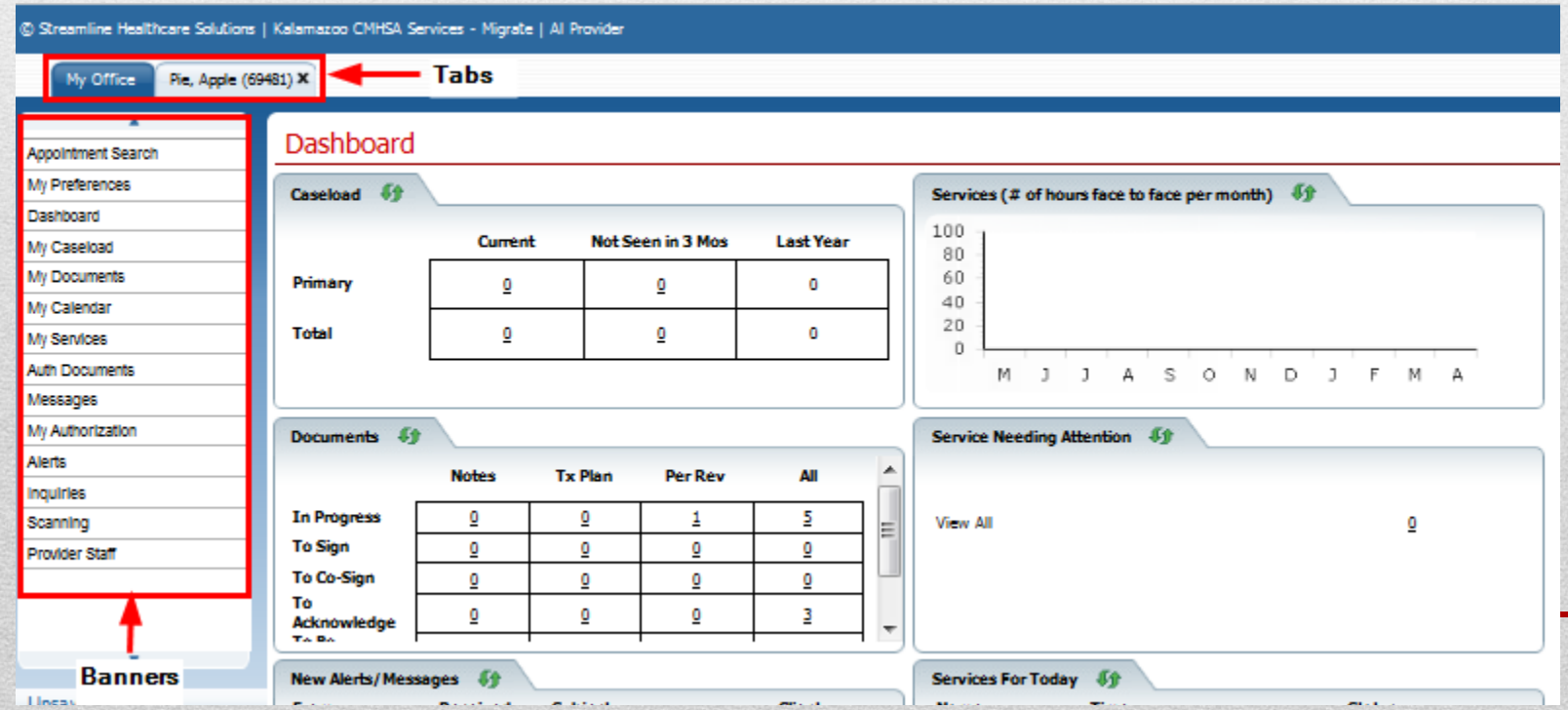
Provider Training

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.

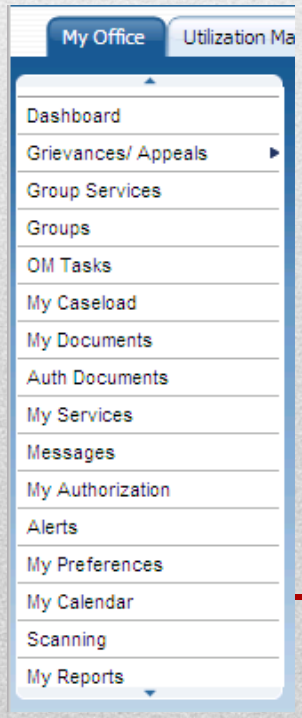
- My Office Tab: Contains overall information on all clients records assigned to you based on your permissions

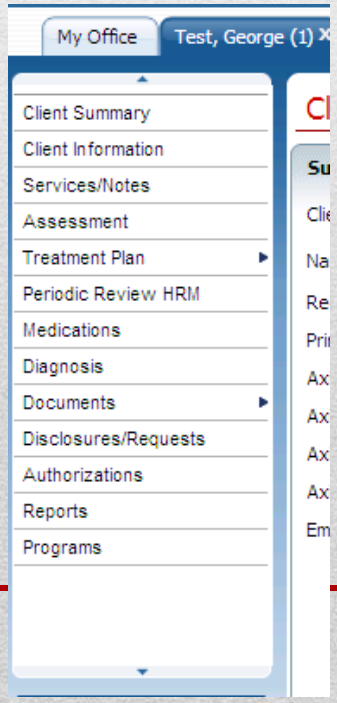
- Client Tab: Contains the client record

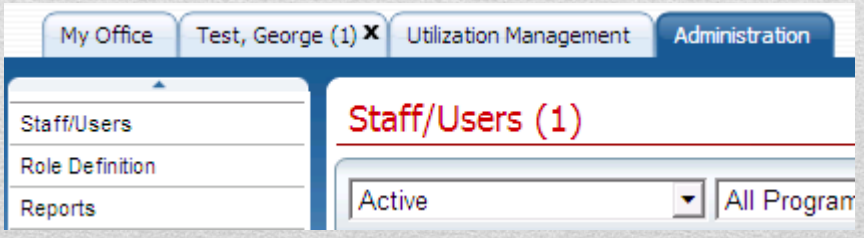


Banners

- 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

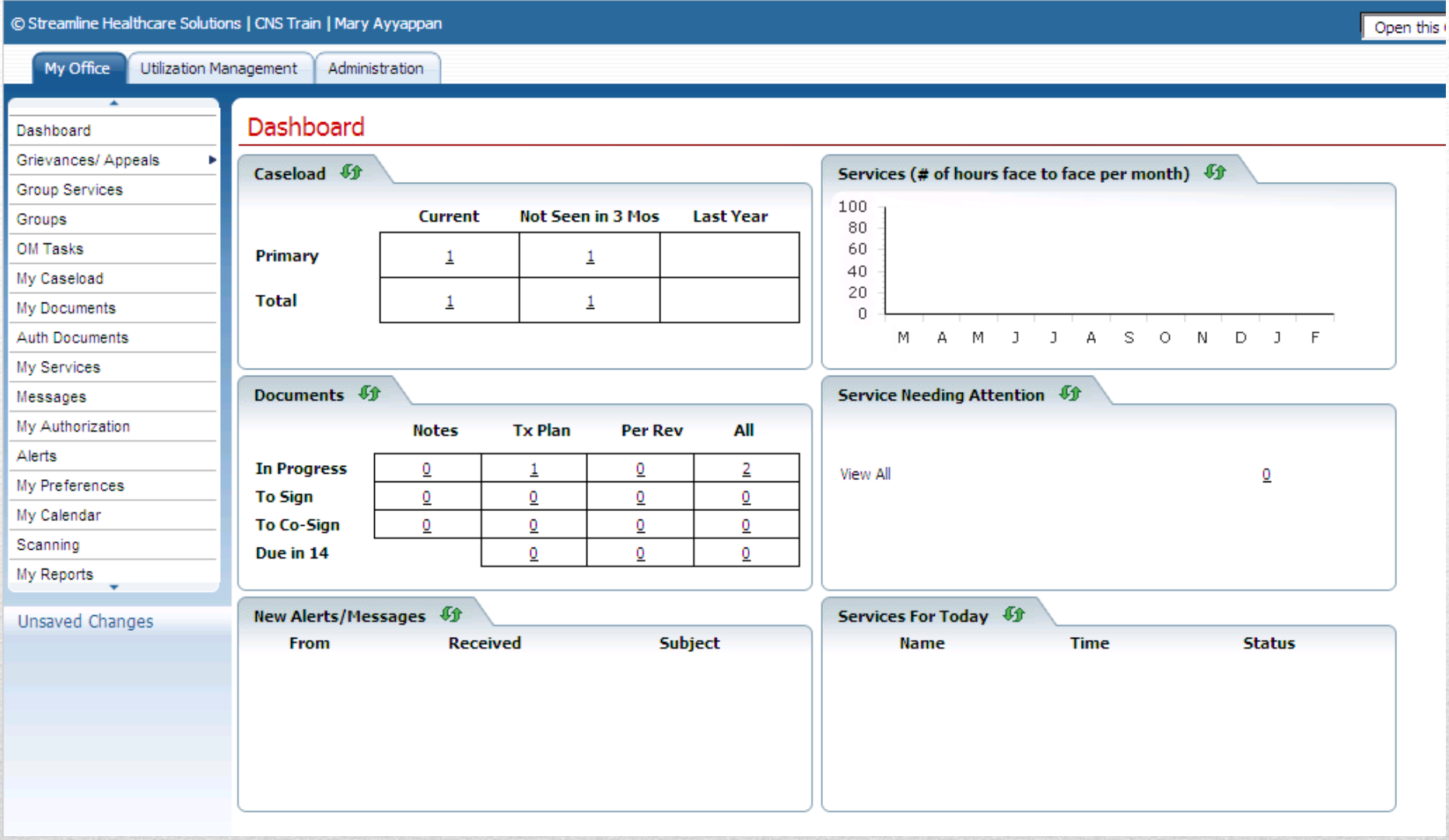




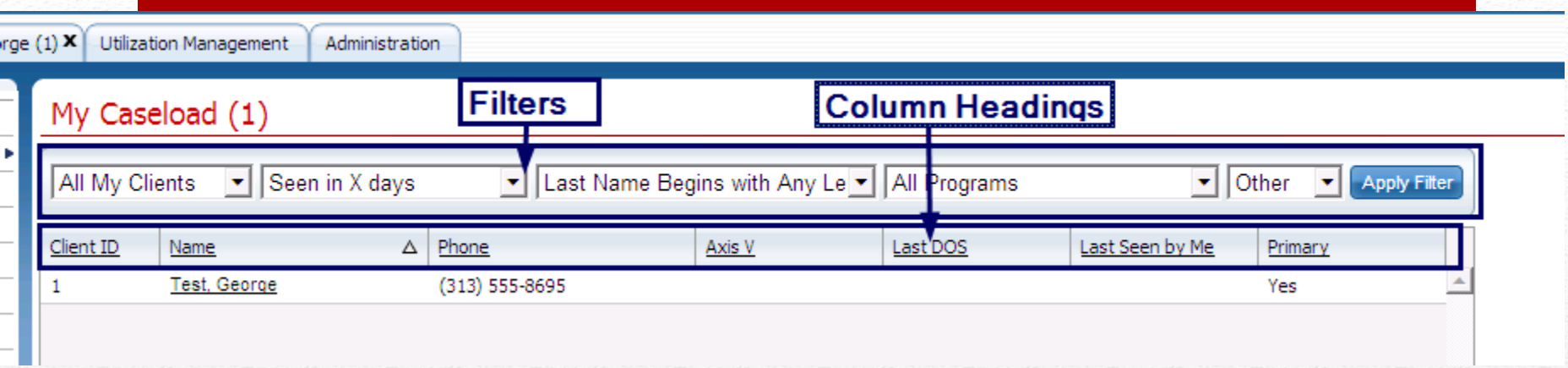


SmartCare Dashboard

- 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


© Streamline Healthcare Solutions | CNS Train | Mary Ayyappan
Open this
My Office
Utilization Management
Administration
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)
100
80
60
40
20
0
M A M J J A S O N D J F
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

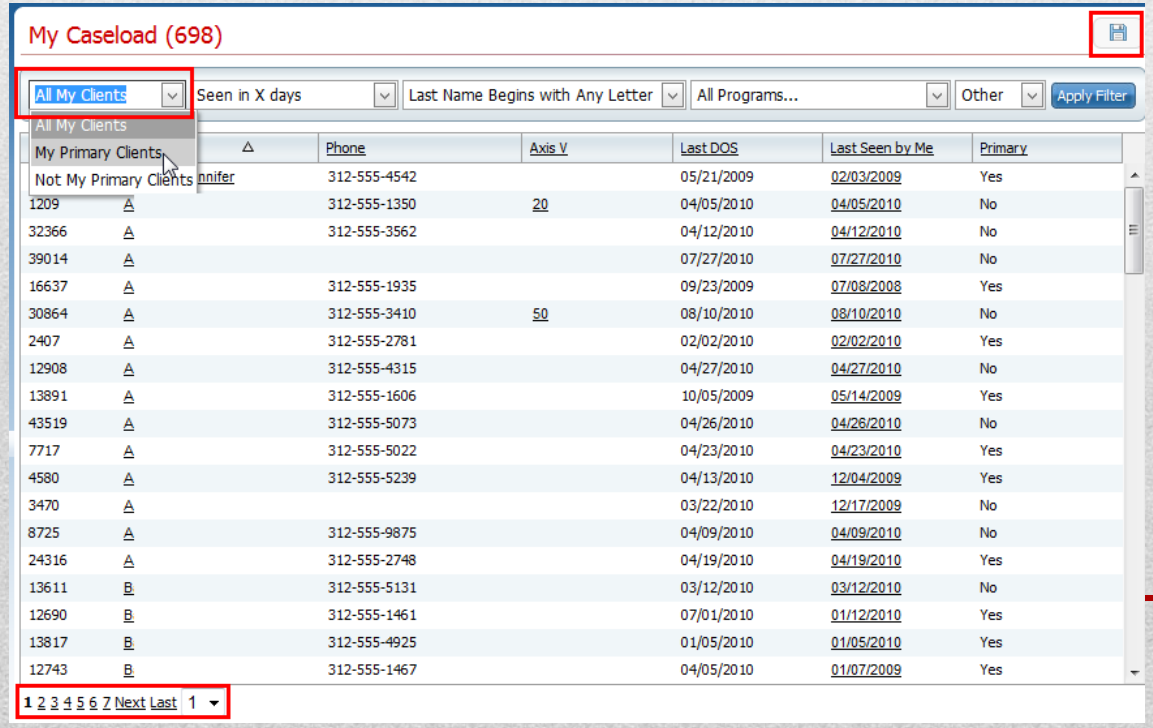


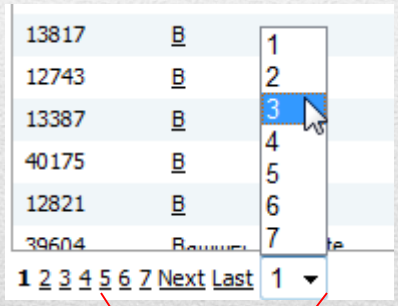
- Throughout the system, List Pages are used to provide information.
  - The My Office tab contains list pages to help you organize your caseload and quickly access information.
  - The Client tab contains list pages to list services, documents, disclosures and other information
- Use the Filters at 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.

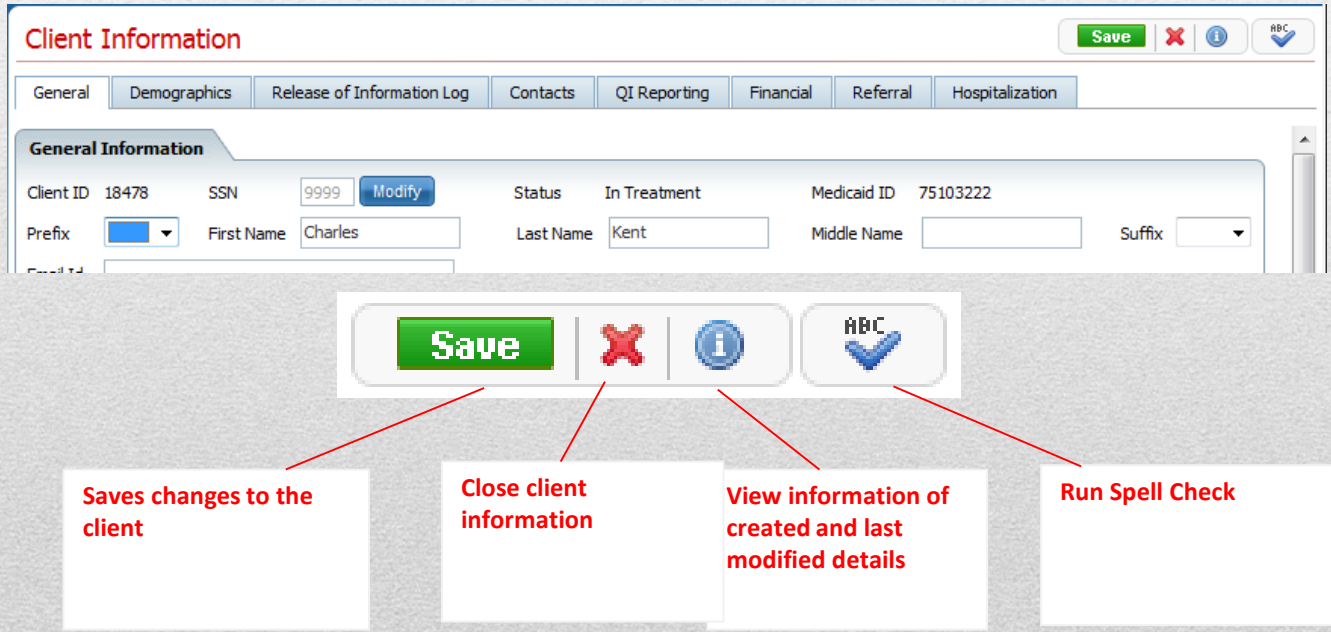




Click on the page number or select from the dropdown list

EHR Basics: Toolbars

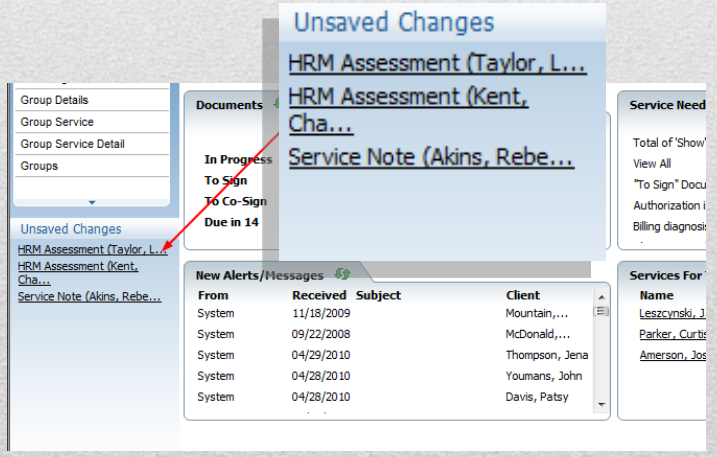
- Toolbars:
  - Toolbar is located in the upper right section of the screen.
  - Toolbar items will change based on what screen you are on.

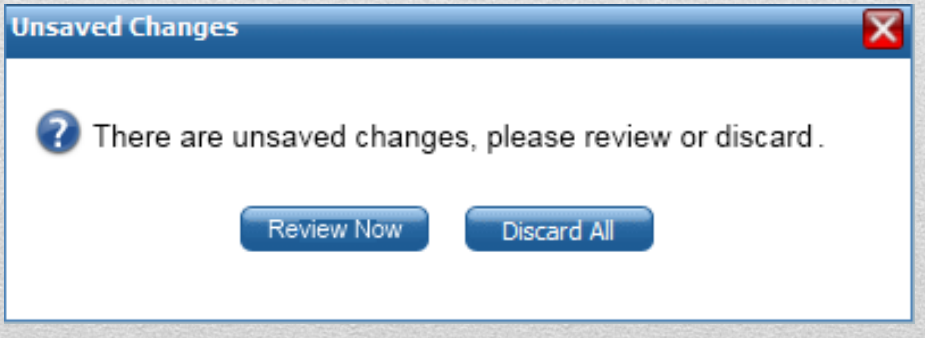


Training Tip: Tools are permission based, so if a tool is disabled that the user needs, they need to have their permissions updated.

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





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

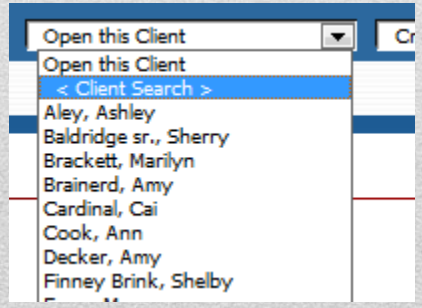
System Quick Tips

- 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.

CLIENT RECORD OVERVIEW

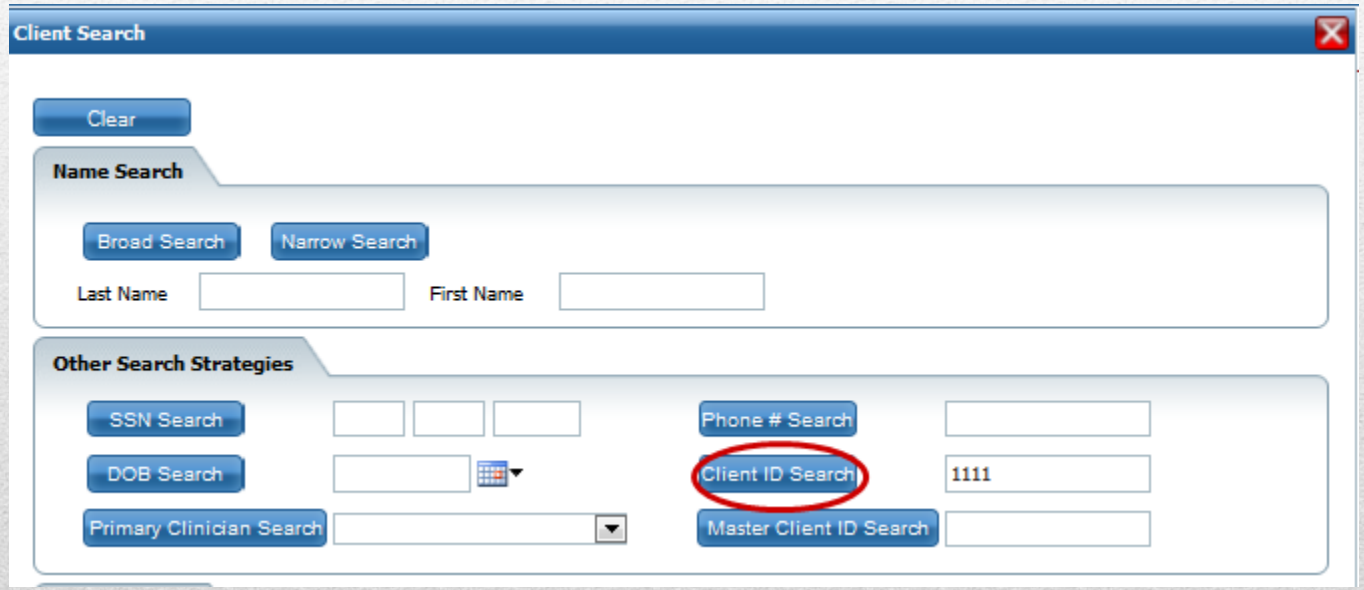
Opening a Client File

- 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.



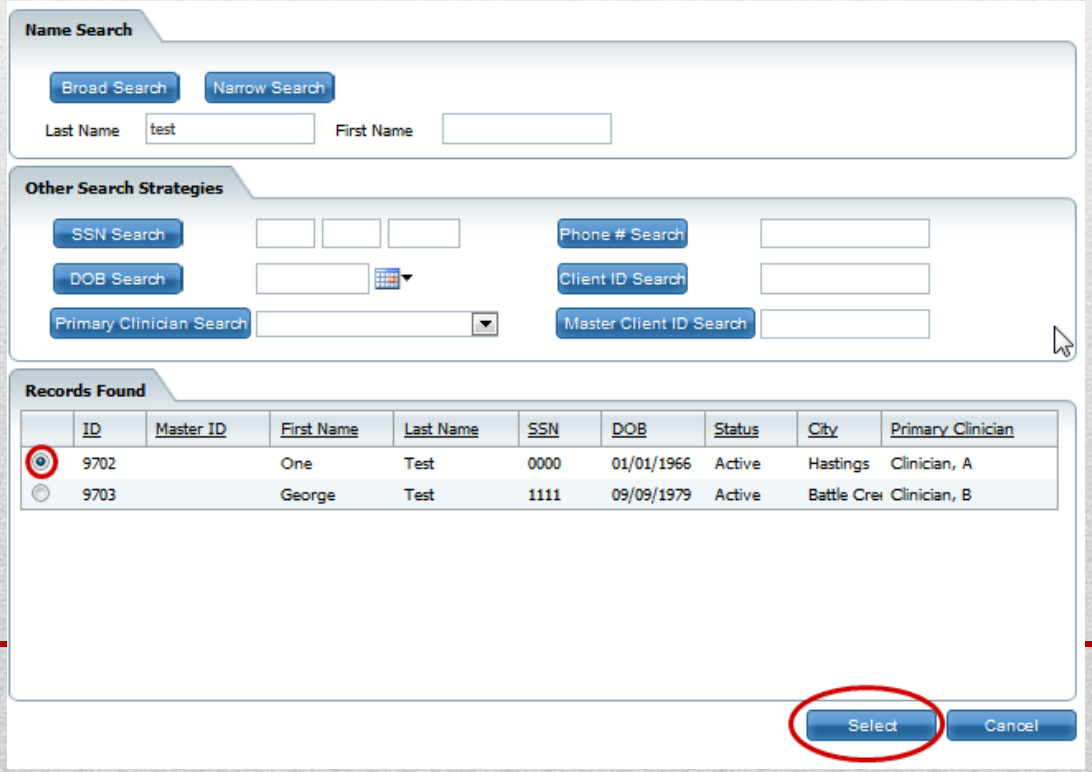
Opening a Client File

- 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.

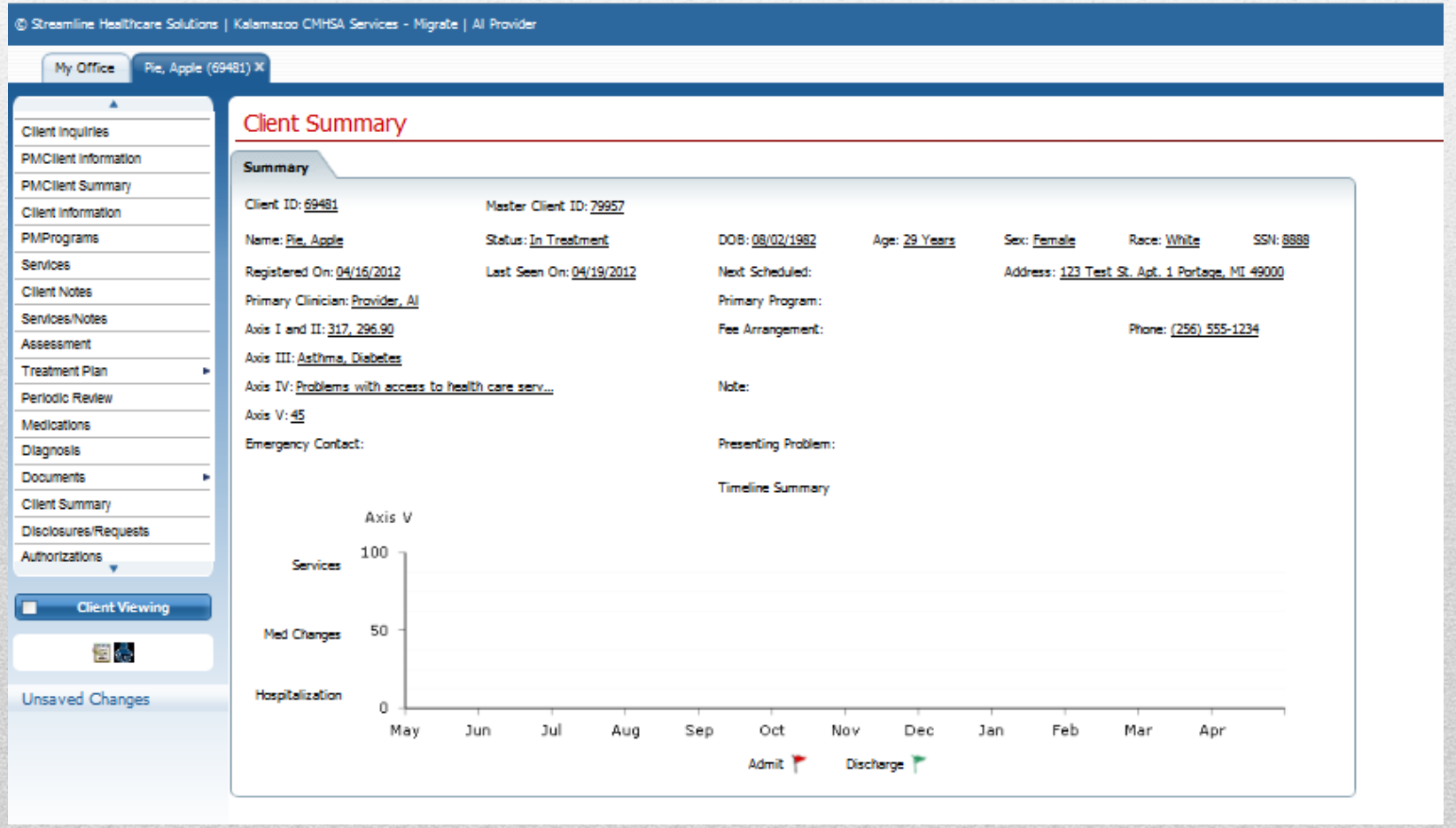


Opening a Client File

- 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.

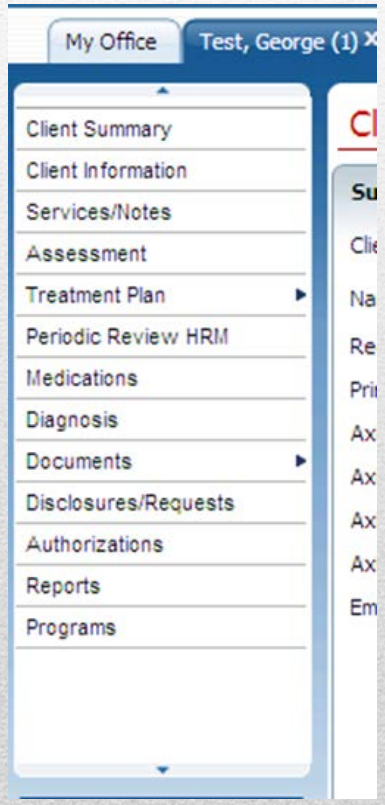


- Client Summary provides a snap shot of the record.
  - Use the hyperlinks to open to the page that contains the information selected.



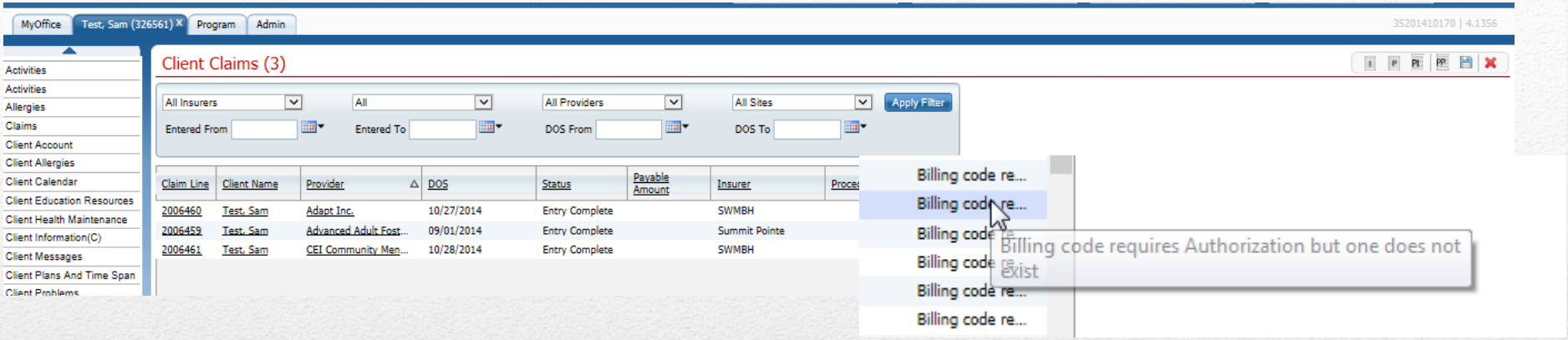
Viewing Client Information

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

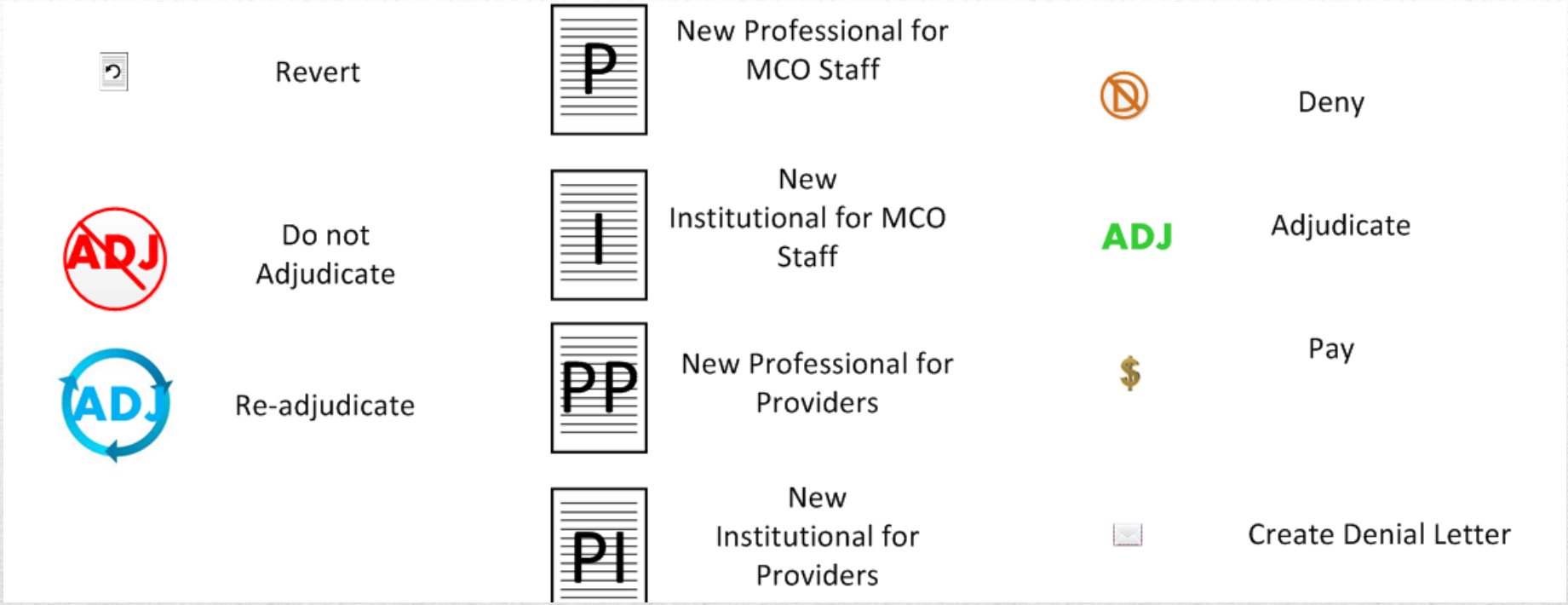


CLAIMS ENTRY

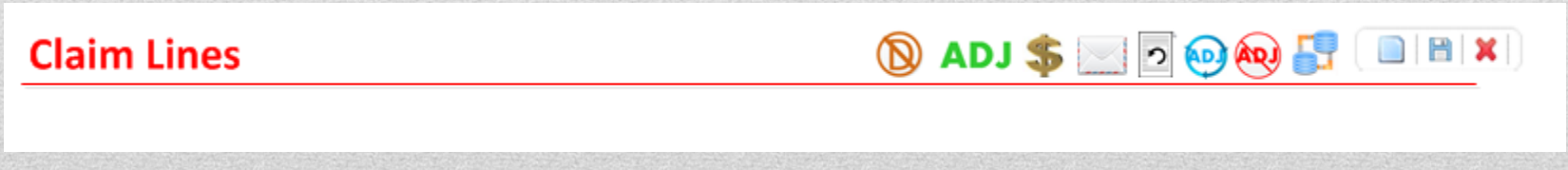
Claim Lines and Client Claims List Page Changes



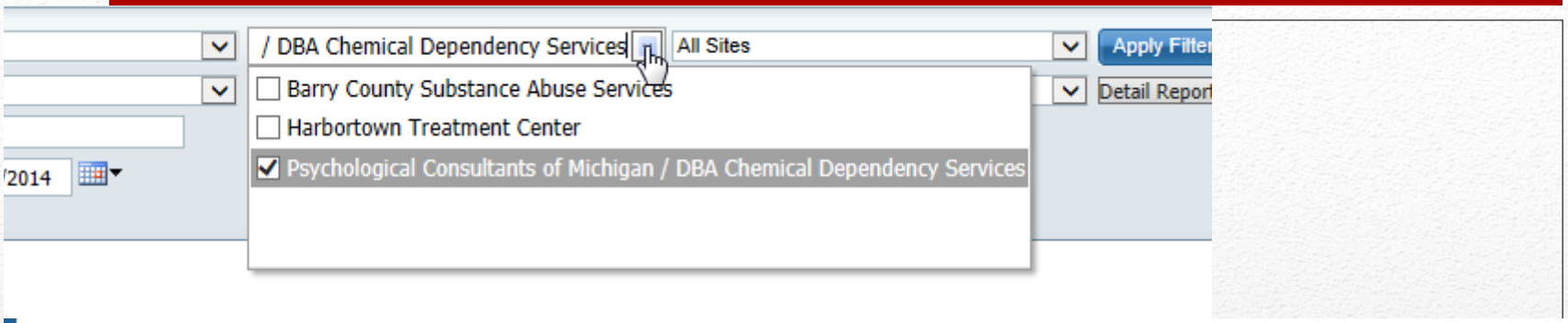
- You can create claims from the My Office Claims list page or the Client Claims list page in the client record.
- The tools ‘PP’ and ‘PI’ are used to create claims as a provider.
  - ‘PP’ = Provider Professional
  - ‘PI’ = Provider Institutional
- In Claims list page of my office, hover over the denial 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.

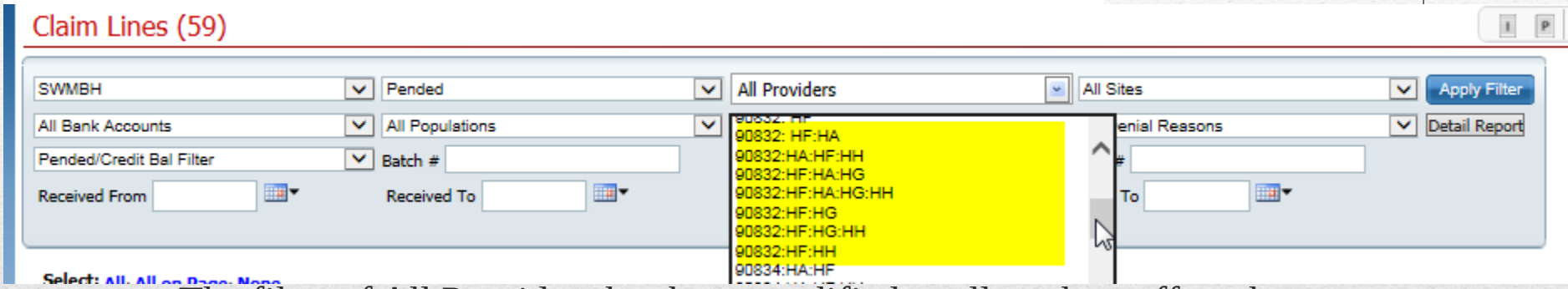


All buttons have been replaced with Tool Icons in the Tool Bar



Tools in the Claim Lines List Page



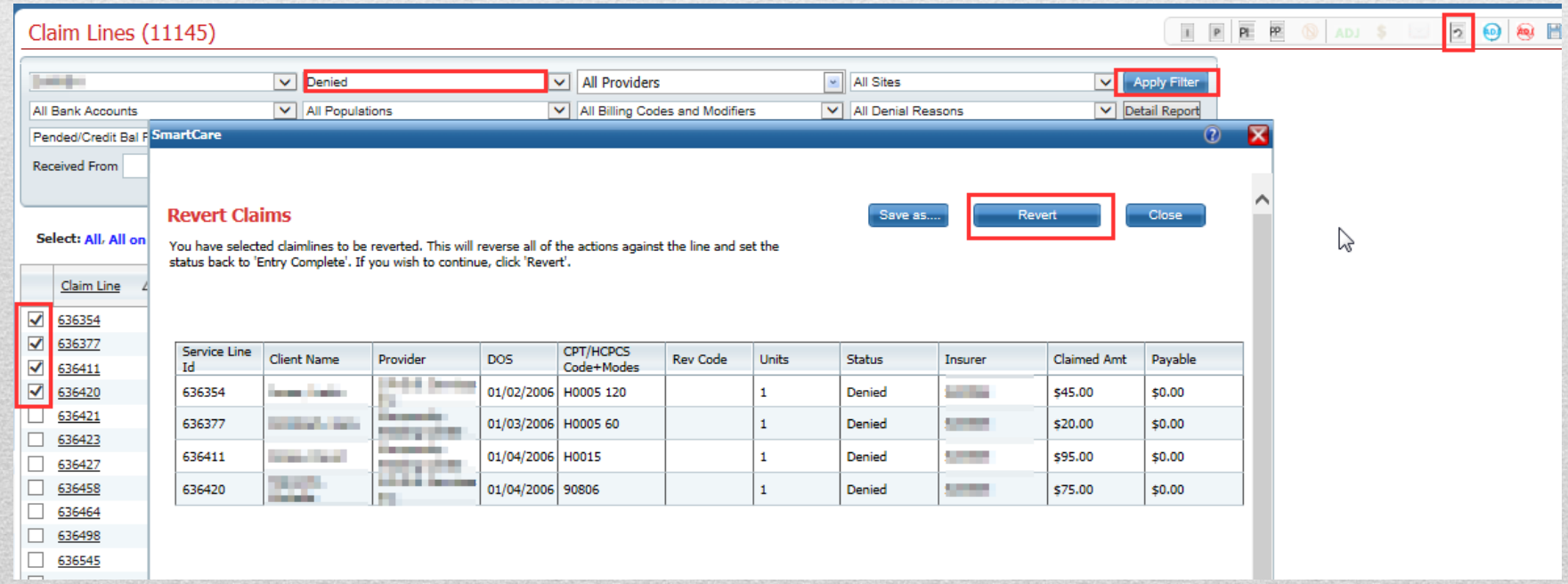


- The filter of All Providers has been modified to allow the staff to choose multiple providers but not all. All Providers is the default and will search for all assigned providers to the staff. But one or more can be individually selected using the check box next to each provider name
- Filter for a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

Claim Lines List Page – Filters

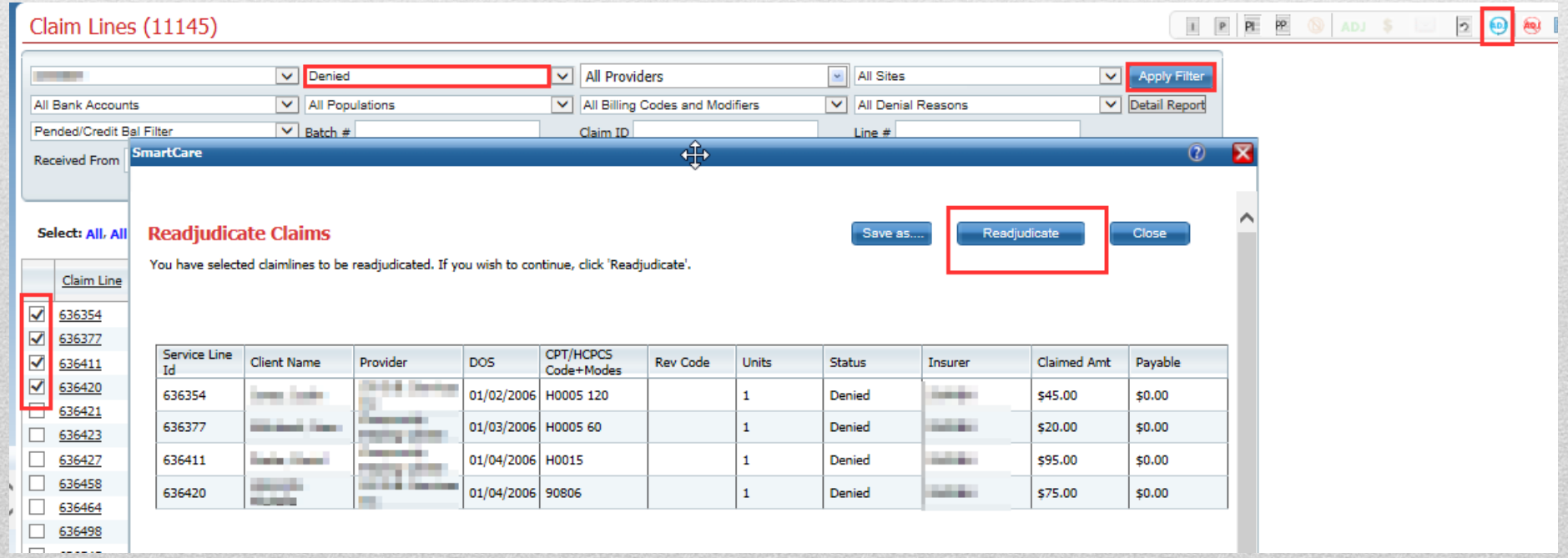
Ability to Batch Revert Claim Lines

- 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.



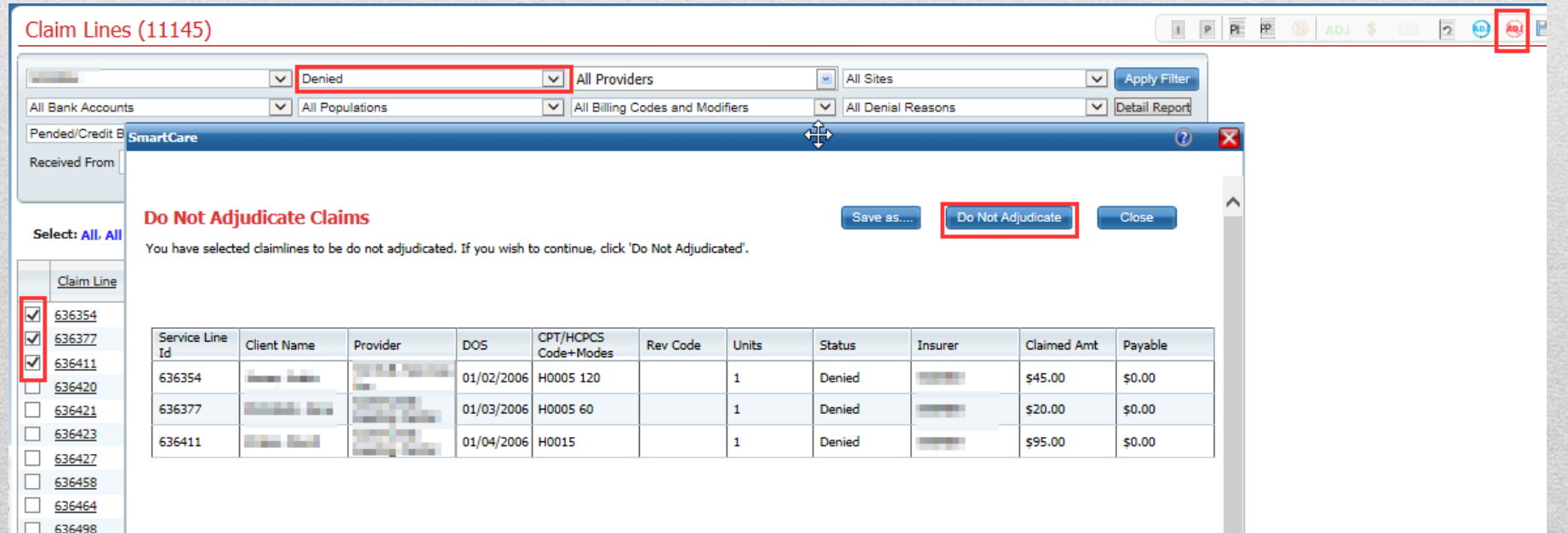
Ability to Batch Mark Claim Lines to be Readjudicated

- 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.)



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.

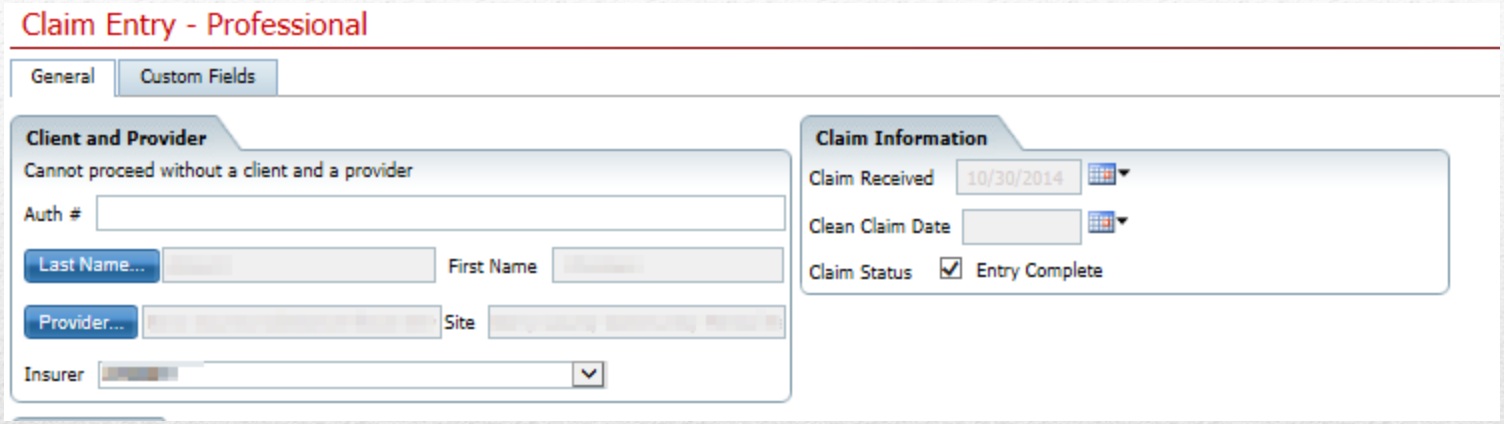


Claim Entry

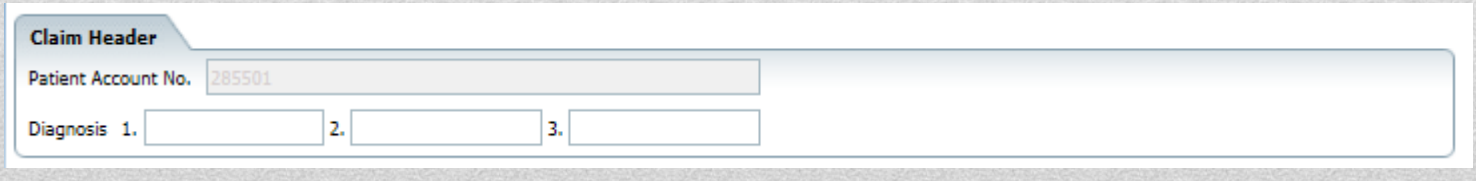
- 837 Upload process is done via the 837 Import banner in the My Office tab. See the user manuals for step by step details on how to do this.
  - Providers must be set up with SWMBH to be an 837 sender.
- Claim From Entry directly into the system is also possible
  - Institutional Claim Entry page
 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

Manual Claim Entry

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

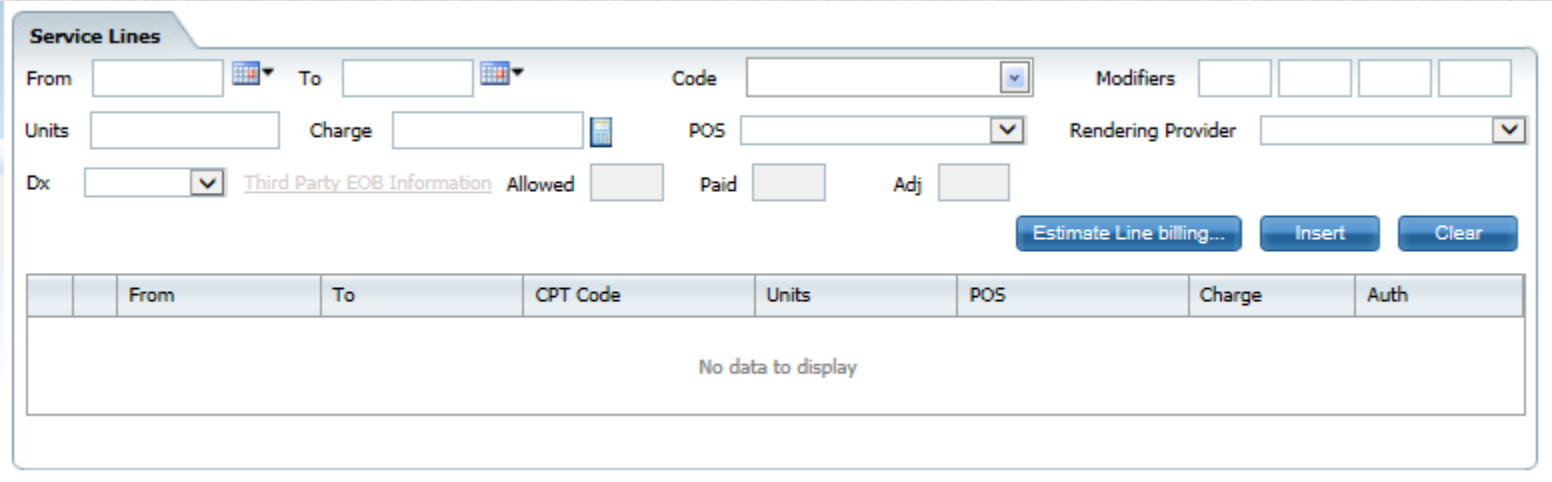


- Claim Header now only has necessary fields for manual entry.



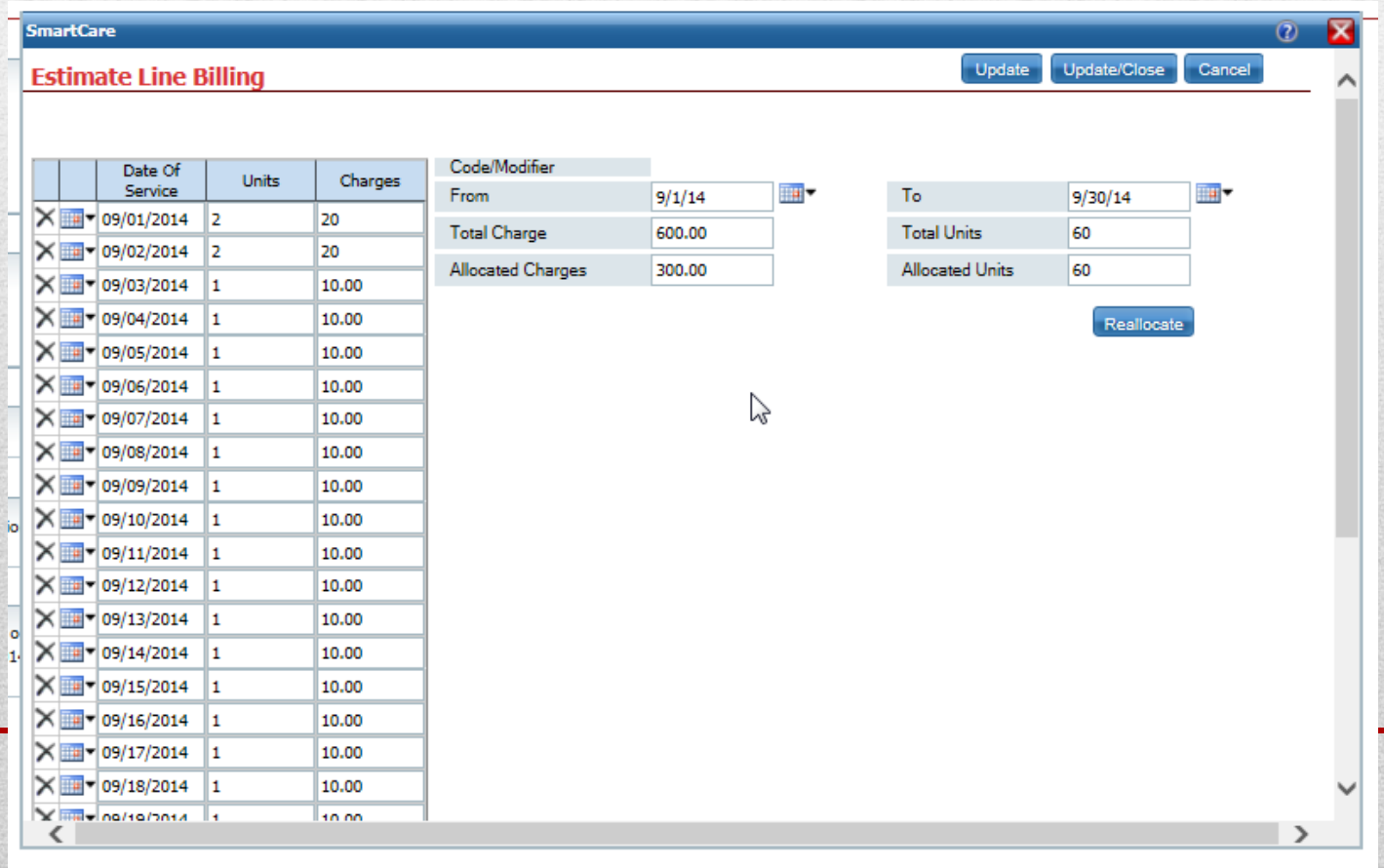
Manual Claim Entry

- 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.



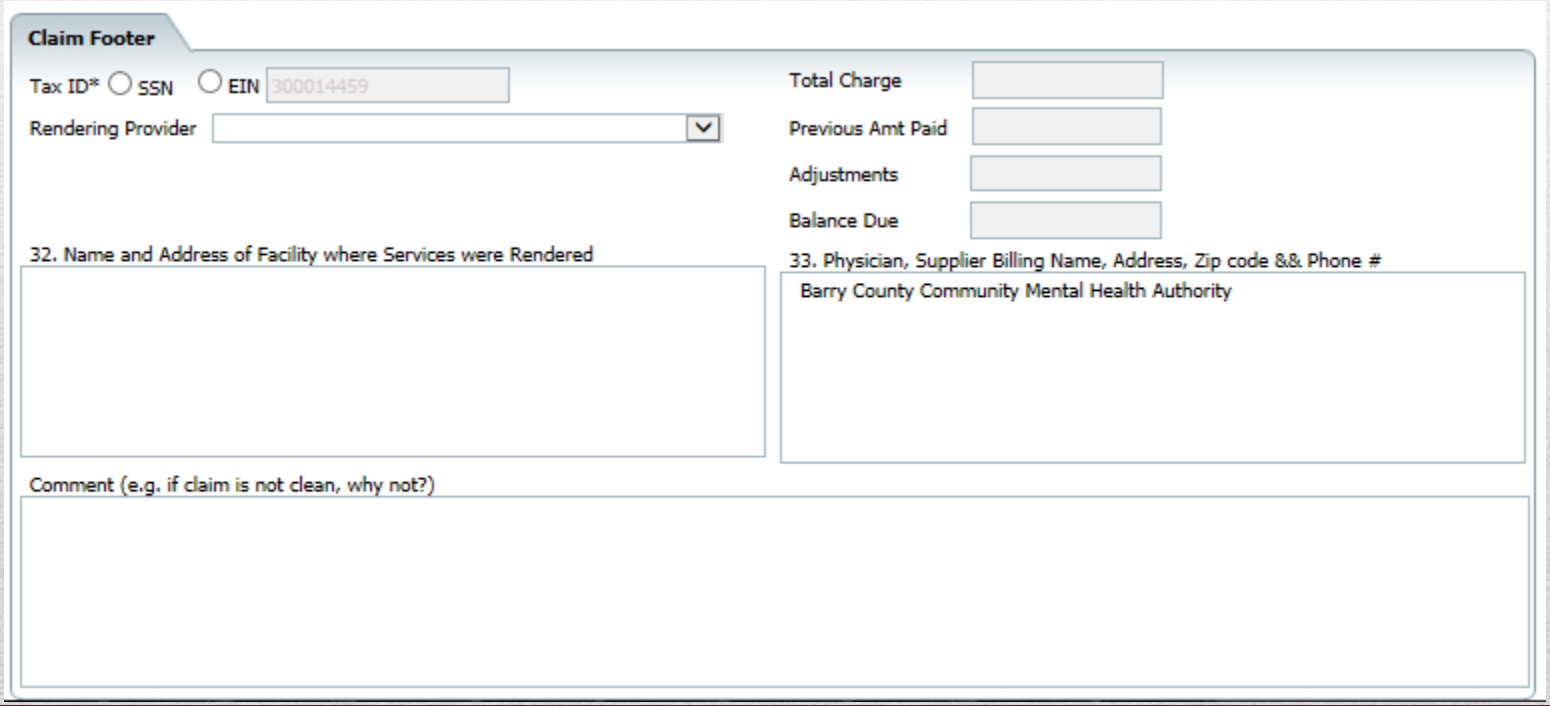
Manual Claim Entry

- 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.



Manual Claim Entry

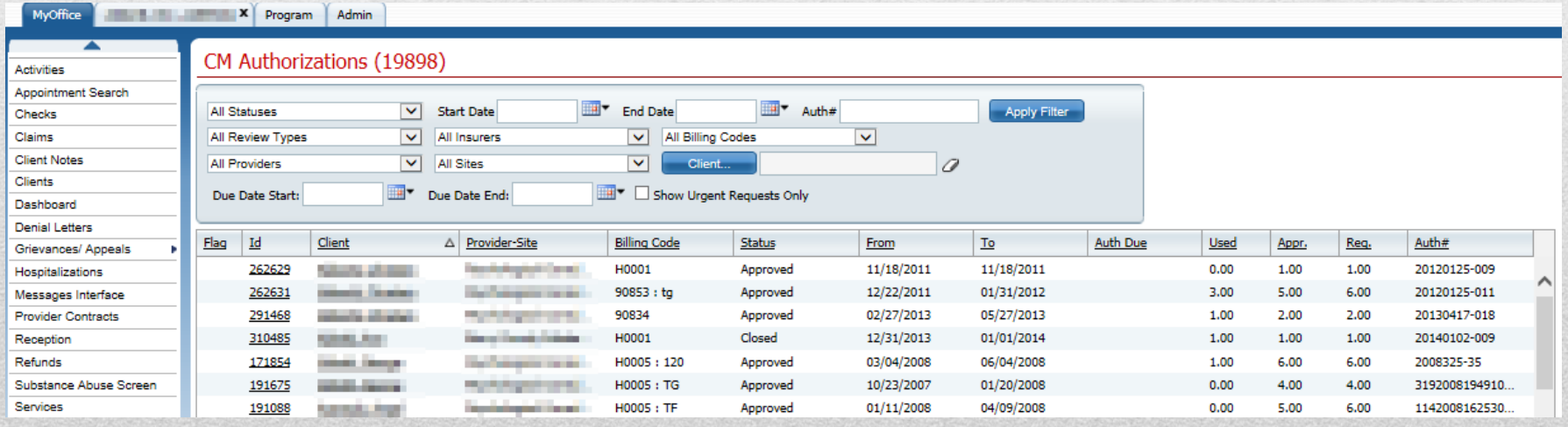
- Footer does not allow editing of total charge, previous amount paid, adjustments or balance due. This is modified by modifying the claim lines above.
- Footer was simplified for what is needed for manual entry.



AUTHORIZATIONS

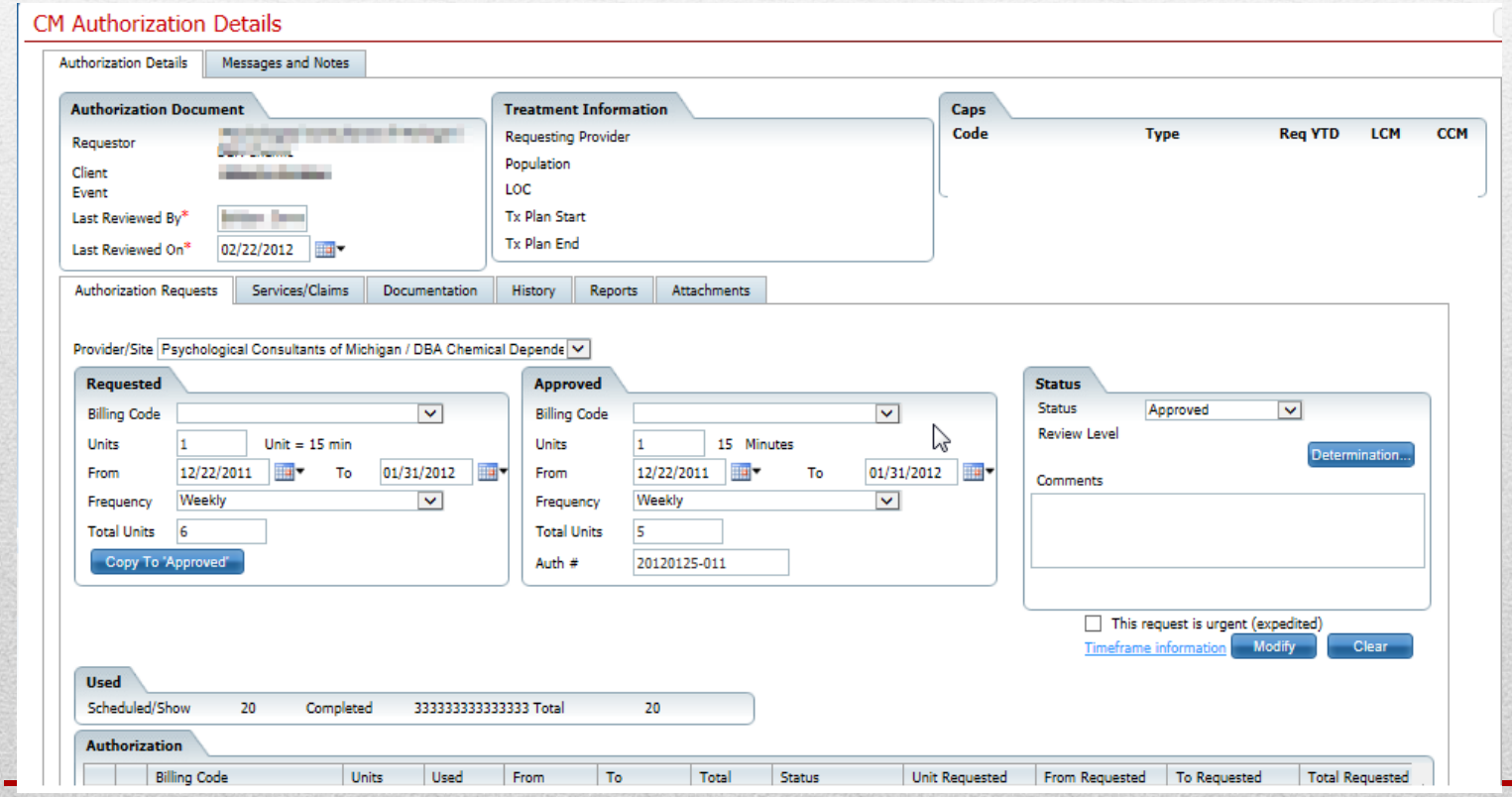
Authorizations List Page

- 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.



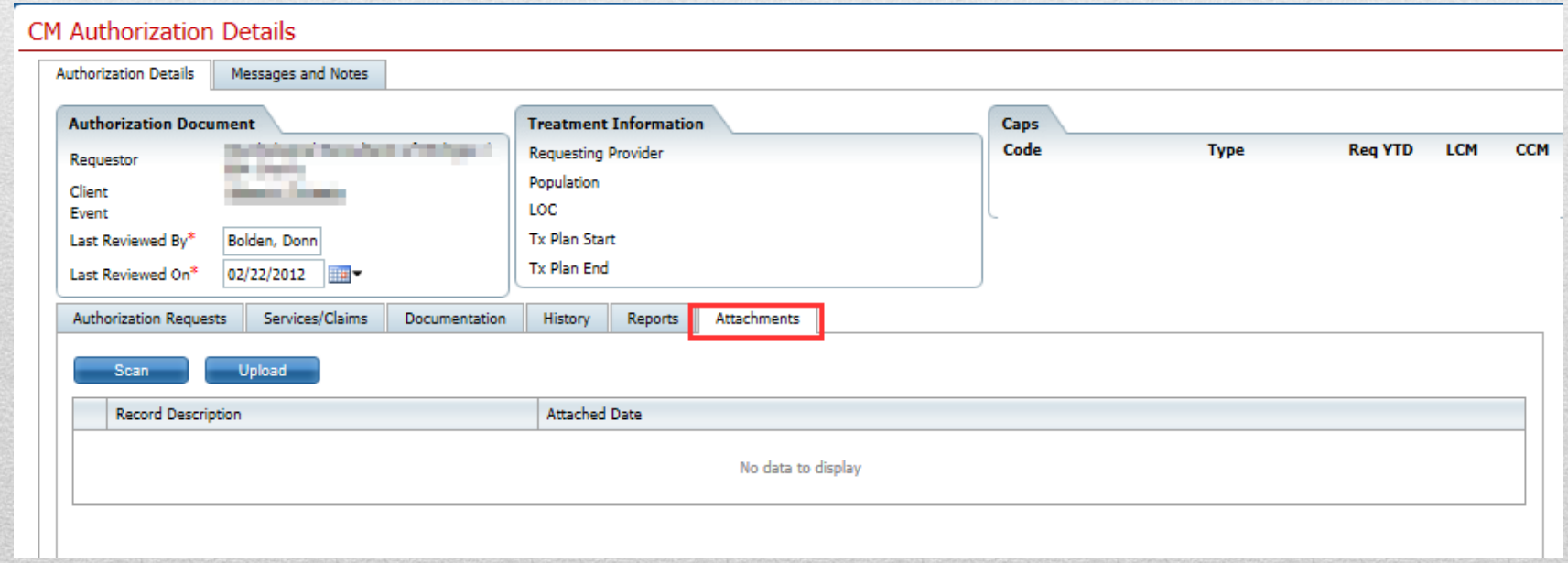
Authorizations Details Page

- The requested and approved are in separate sections. Claims against the auth are tracked in Services/Claims. You can see the information above for the authorization selected in the list below.



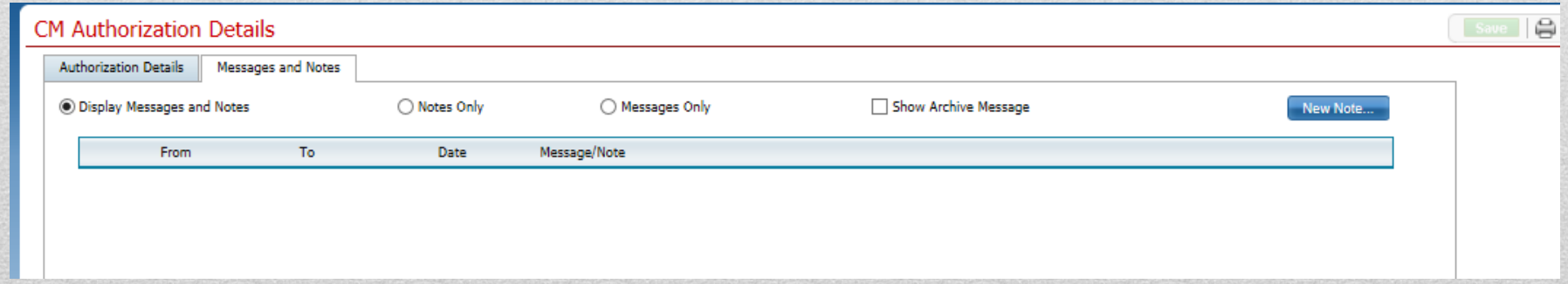
Authorizations Details Page

- 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.



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.



AUTHORIZATION REQUEST

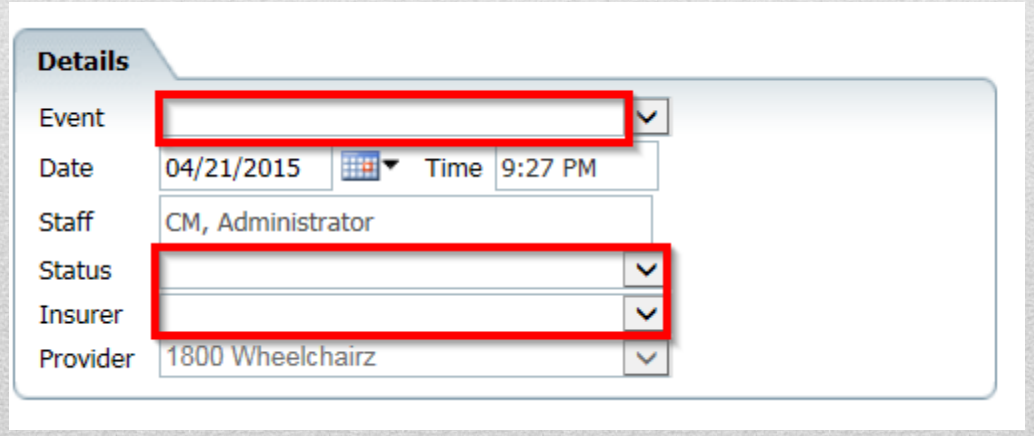
Process for Request

- 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.

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.

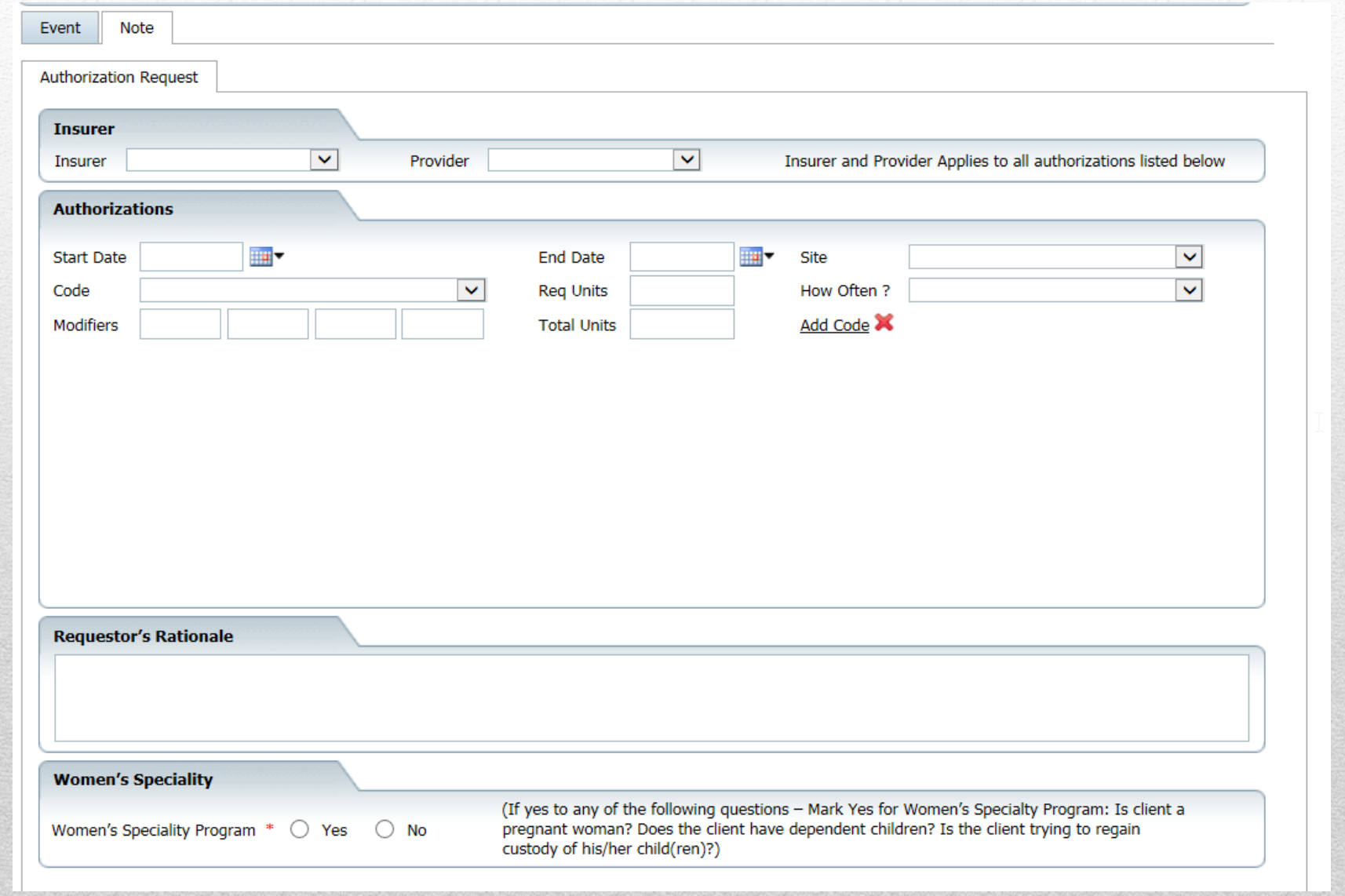
3. In the new event, choose the ‘Event’ of ‘SU/Duals Authorization’, confirm the date and time, enter a ‘Status’ of ‘In Progress’ and ‘Insurer’ based on your contract. Provider name defaults based on the provider associated to you as a primary provider.



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.

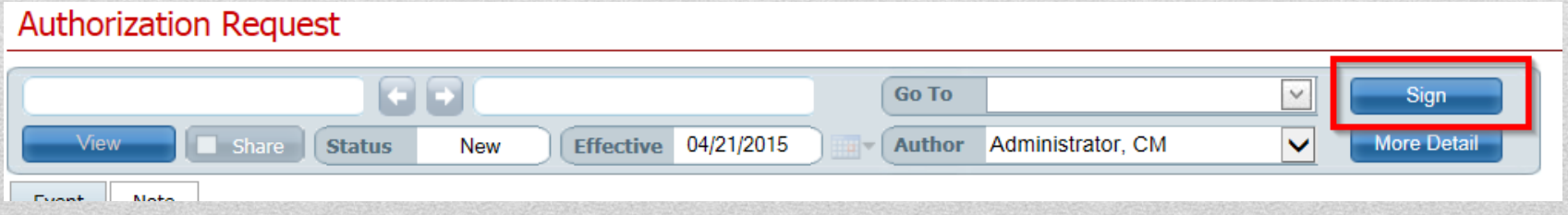
Creating Authorization Event



Creating Authorization Event

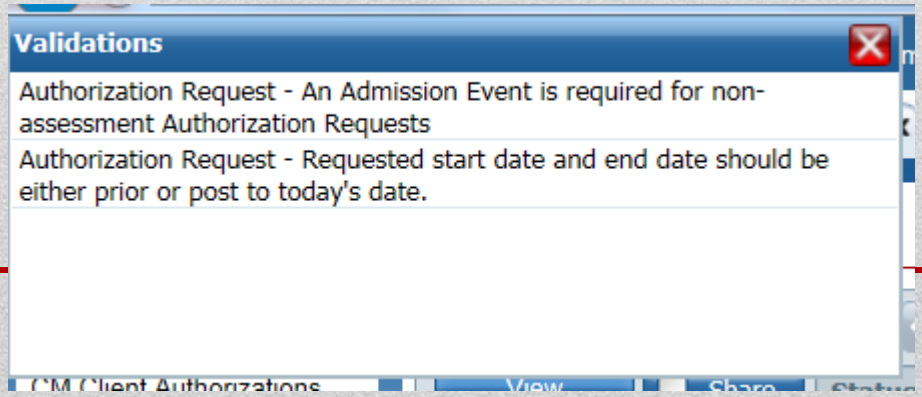
- Use the Save tool to save changes made to the event but not complete it. The event can then be returned to by opening the client and opening the CM Events banner.

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



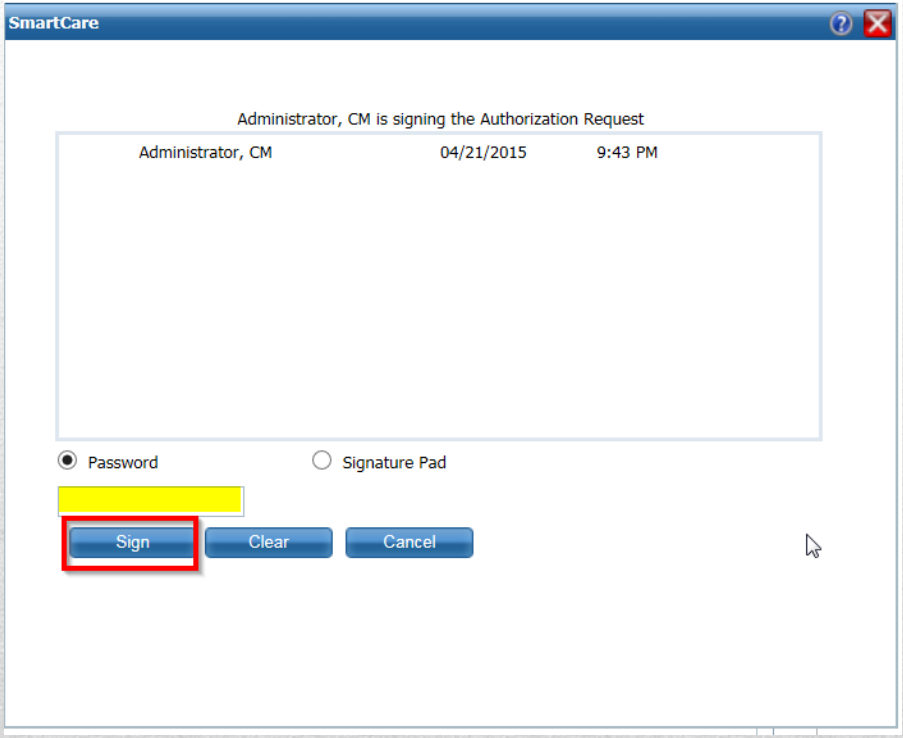
Creating Authorization Event

- If rules are note 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 3/31/15to 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.

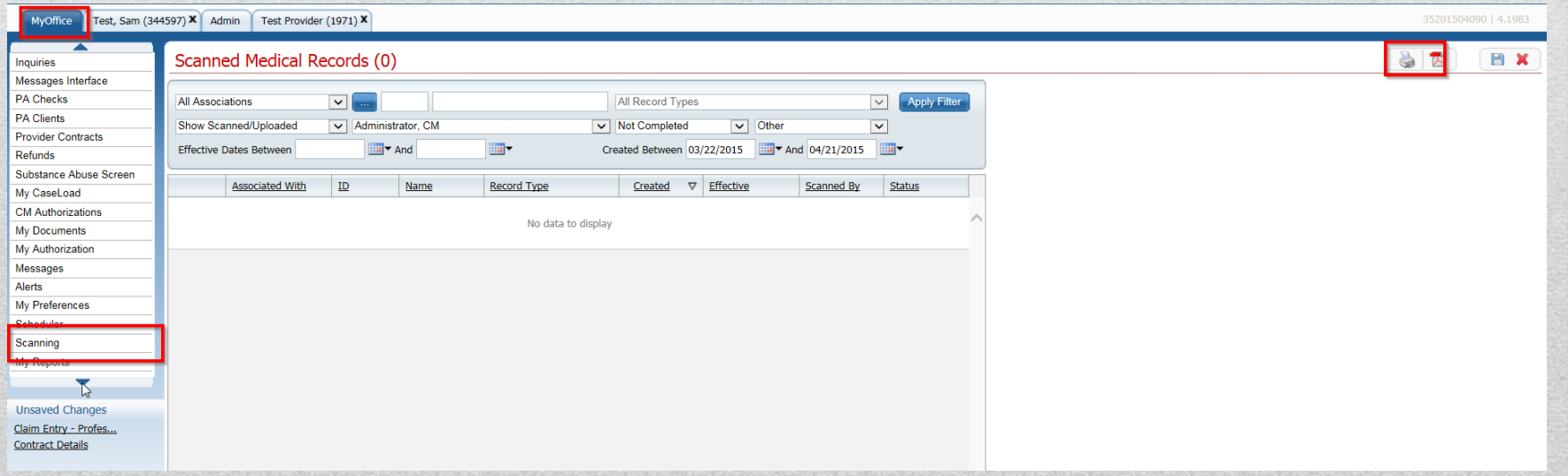


SCANNING IN DOCUMENTATION

See the user manuals for details on this process.

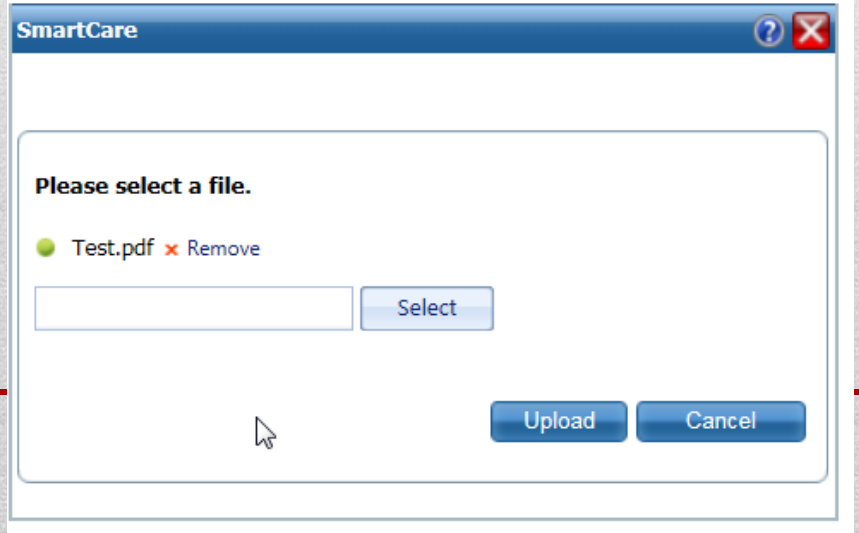
Scanning or Uploading

- 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).



Scanning or Uploading

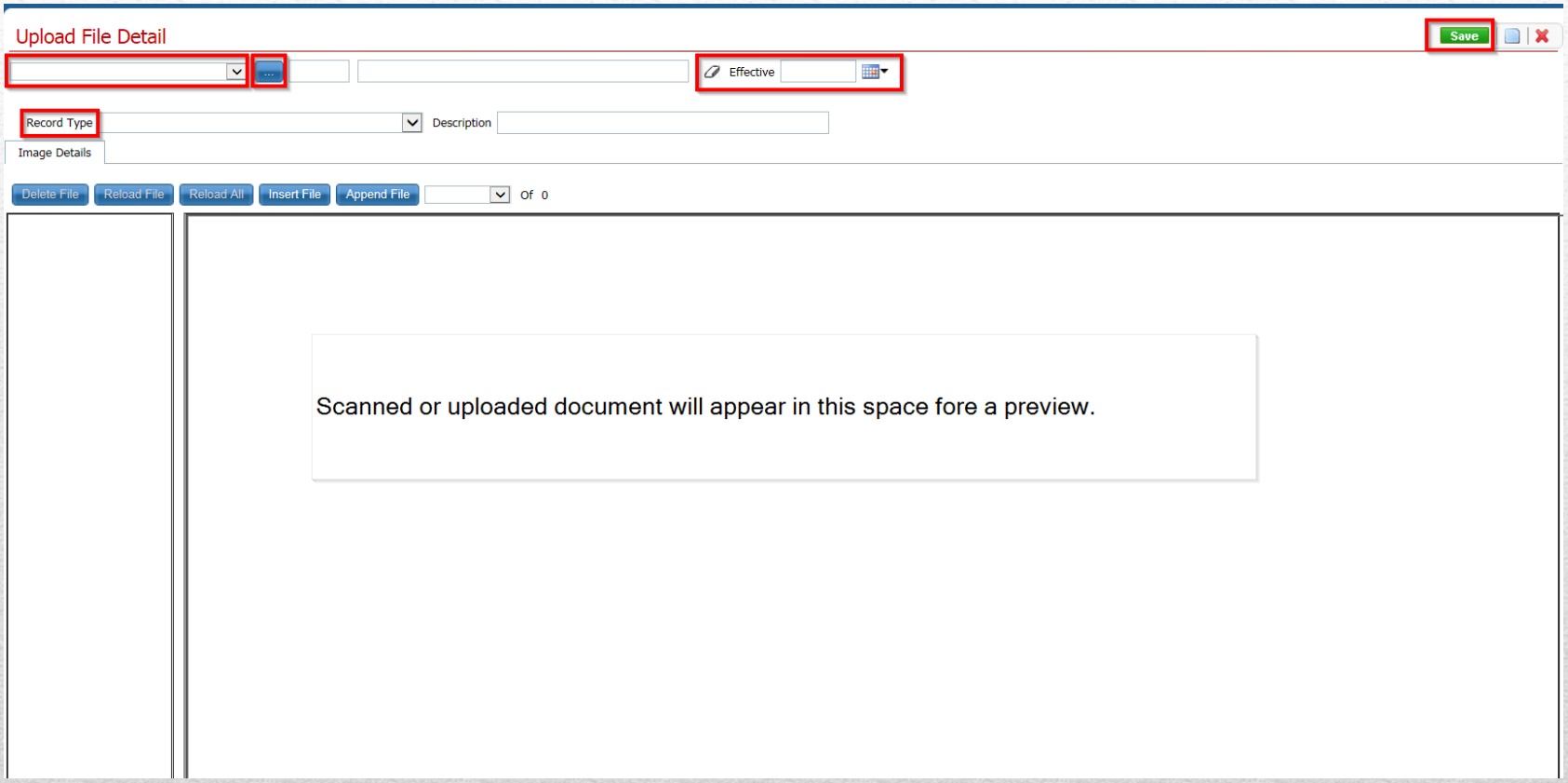
- If you scan – the system will pull up your scanning page for you to scan via your scanning hardware.
- If you upload- the system will give you a pop up to browse your files and choose a file to upload. The file must be saved as a PDF. The system will give you a green circle next to the file you selected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



Scanning or Uploading

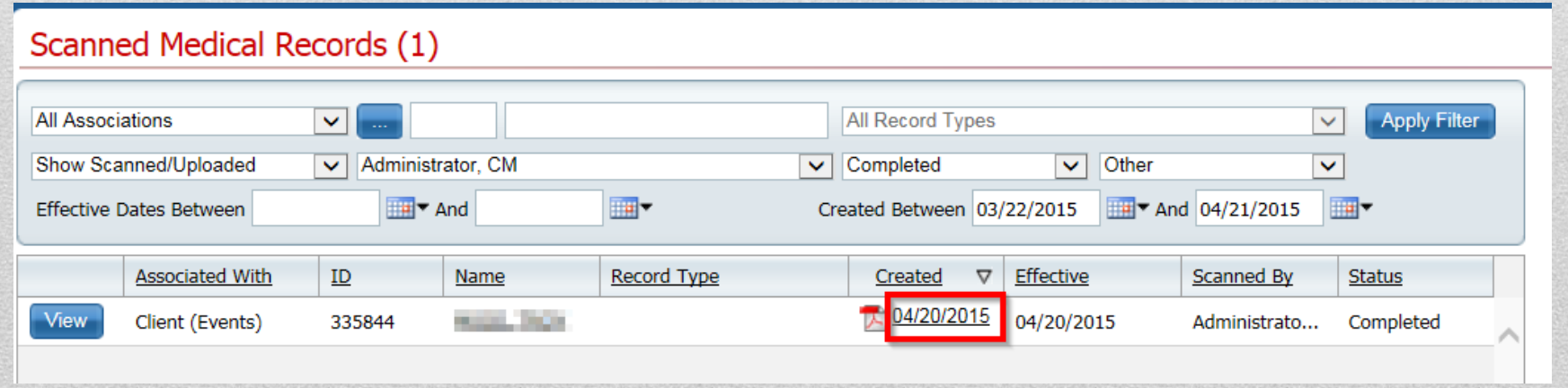
- The document will be viewable on the detail page that then opens.
- Enter in the first drop down the option ‘Client (Events)’
- Use the blue square to open the Client Search pop up and find the client you want to associate the scanned record to.
- Enter the Effective date of the document (this determines 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



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.



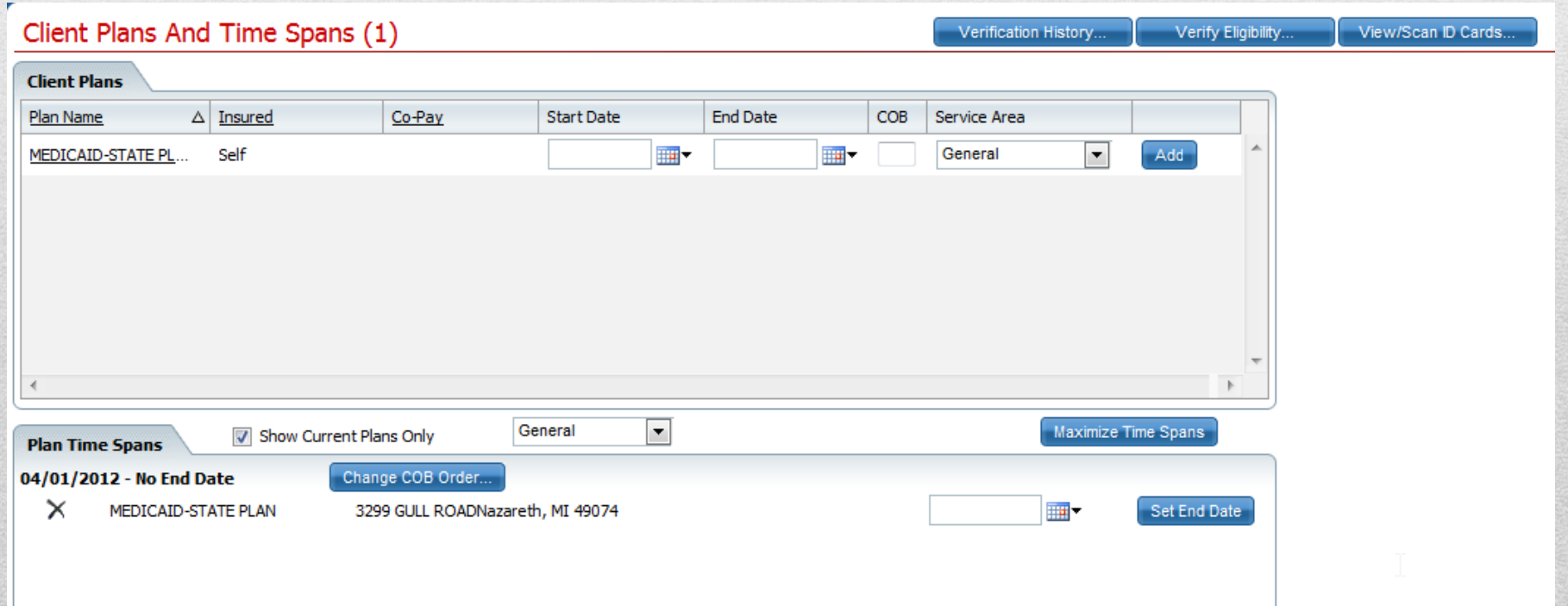
CLIENT COVERAGE PLANS

Business Process

- 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

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.

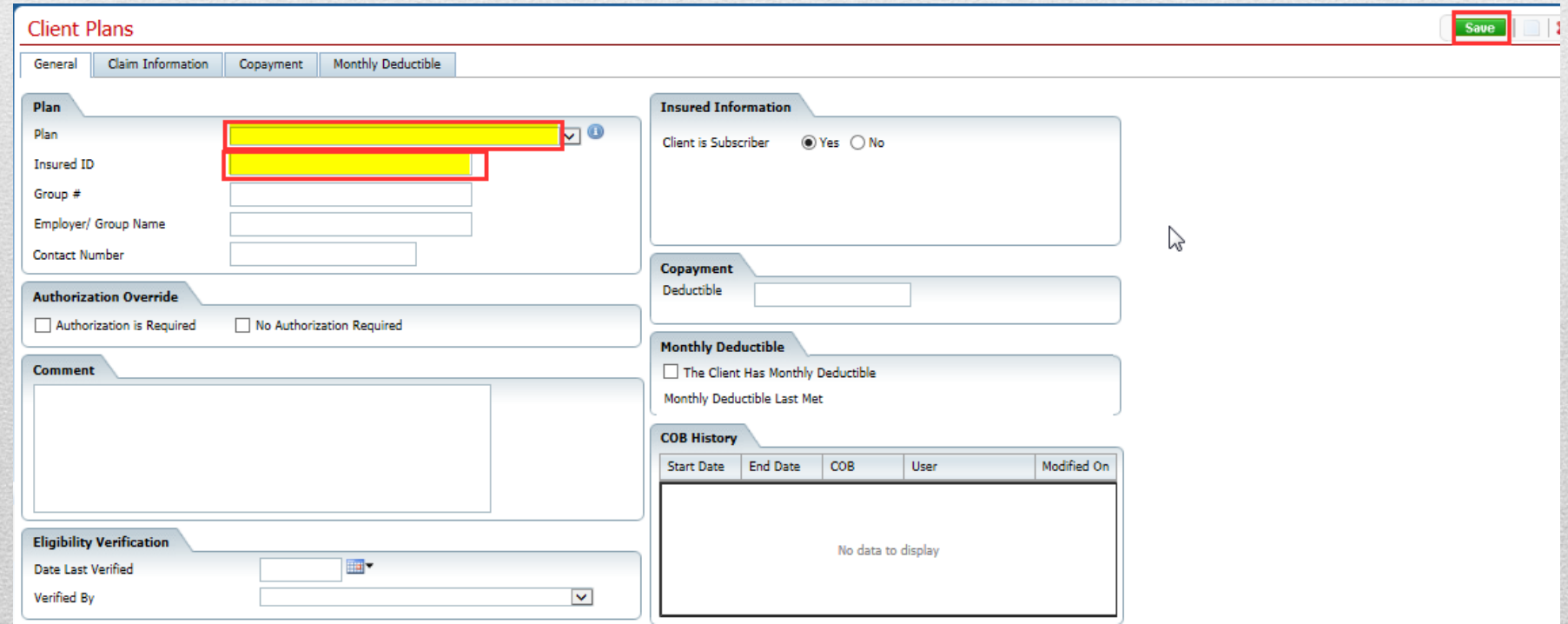


Client Insurance Plans – Entering a Plan

- 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.

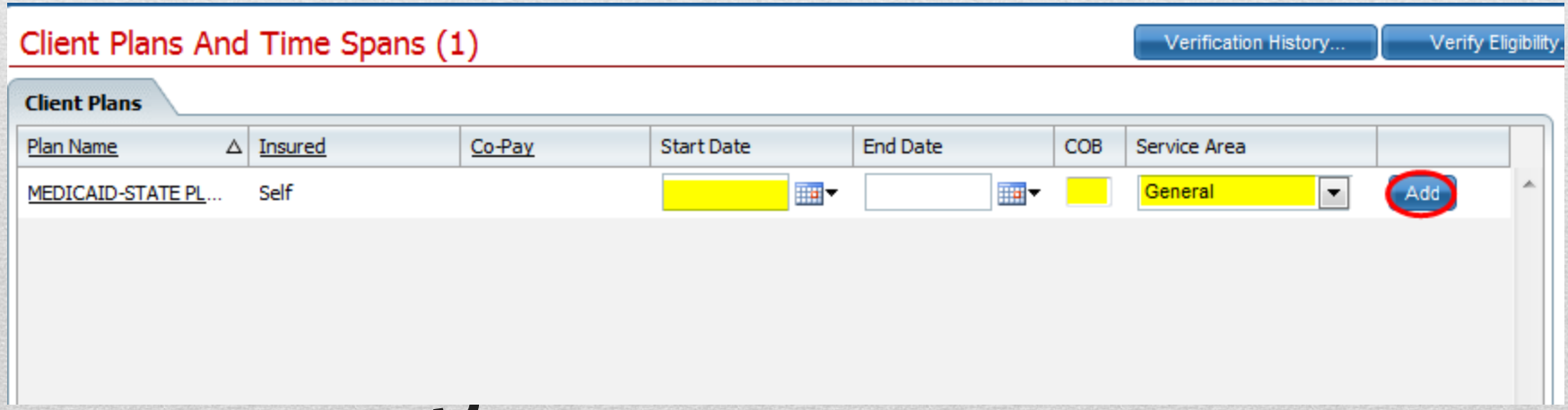
General Tab of Client Plans

- 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



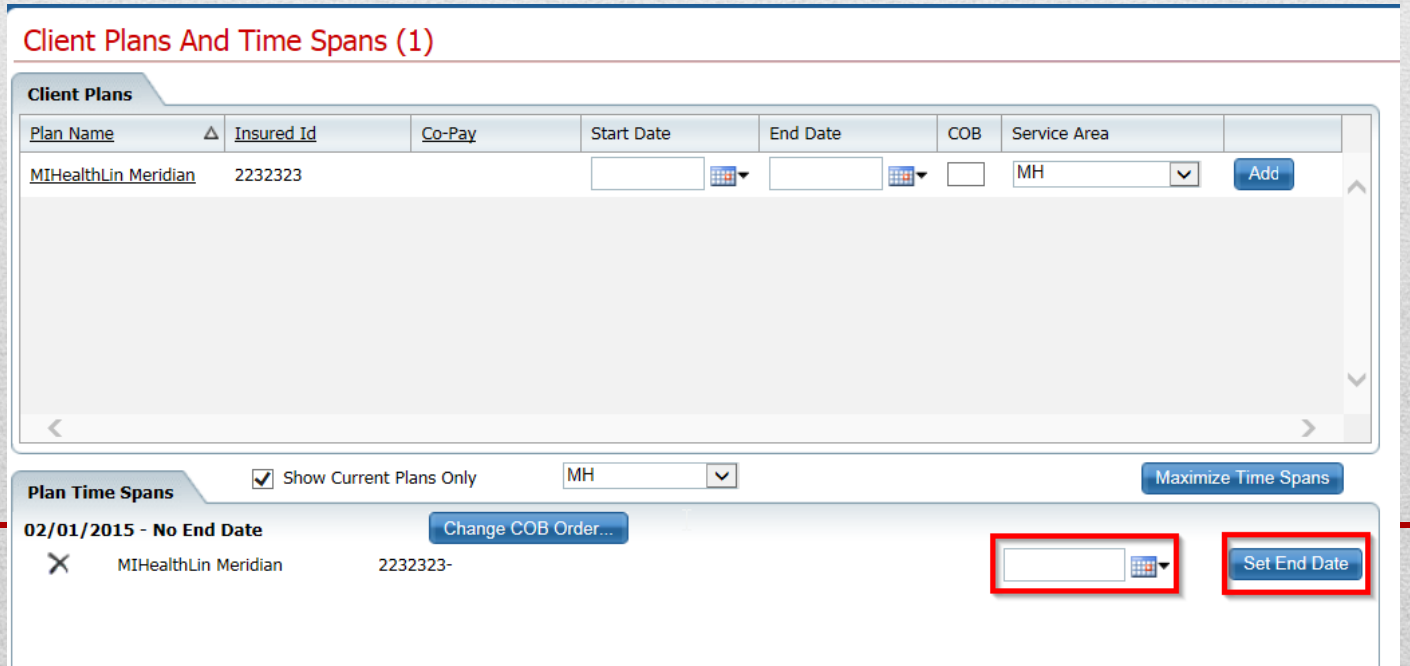
Client Plans – Making the plan active

- 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 – 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.



- 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