



4.0 Overview

Changes from the existing environment for
Providers

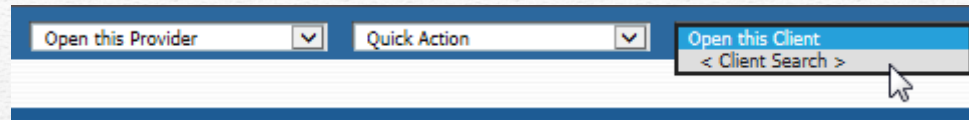


CHANGES FOR PROVIDERS

Overview of Changes

- The Member Search button is replaced by the Open this Client drop down. In the first line of the Open this Client drop down, a client search can be selected.
 - Open this Provider - This drop down is at the top of the page along with the other SmartCare drop downs. All of these drop downs can be permissioned in the role set up.
 - Buttons used throughout the system have been replaced with Tools in the tool bar.
 - The tools can be permissioned in the role set up.
 - List pages have the SmartCare format. This means in most list pages, you can search by name of a field to help narrow your searches when looking for specific information.
 - Changes to Claim Entry –
 - Changes to CM Authorizations – Ability to upload documentation directly
-

Opening Tabs in the System



- To open a client record, use the ‘Open This Client’ drop down in the top right of the screen. Choose the option ‘<Client Search>’ to open the client search pop up.
- To open your provider tab, click on the Open this Provider drop down.

List Pages & Tools

The screenshot displays a web application interface for managing claim lines. The main title is "Claim Lines (1142)". The interface includes a navigation menu on the left with options like "Activities", "Appointment Search", "Checks", "Claims", "Client Notes", "Clients", "Dashboard", "Denial Letters", "Grievances/ Appeals", "Hospitalizations", "Messages Interface", "Provider Contracts", "Reception", "Refunds", "Substance Abuse Screen", and "Services".

The main content area features a filter panel with the following options:

- SWMBH (Insurer)
- All Statuses (Status)
- All Providers (Provider)
- All Sites (Site)
- All Bank Accounts (Bank Account)
- All Populations (Population)
- 90832: HF (Procedure)
- All Denial Reasons (Denial Reason)
- Detail Report (Action)
- Pended/Credit Bal Filter (Filter Type)
- Batch # (Batch Number)
- Claim ID (Claim ID)
- Line # (Line Number)
- Received From (Received From)
- Received To (Received To)
- DOS From (Date of Service From)
- DOS To (Date of Service To)

Below the filter panel, there is a selection option: "Select: All. All on Page. None".

The main data table has the following columns: Claim Line, Client ID, Provider, DOS, Status, Payable Amount, Insurer, Procedure, Units, Batch Number, and Denial Reasons. The table contains four rows of data:

Claim Line	Client ID	Provider	DOS	Status	Payable Amount	Insurer	Procedure	Units	Batch Number	Denial Reasons
<input type="checkbox"/> 1576265			01/07/2013	Paid	0.0000	SWMBH	90832	1	1	
<input type="checkbox"/> 1576608			01/04/2013	Paid	0.0000	SWMBH	90832	1	1	Billing Code ra...
<input type="checkbox"/> 1577182			01/07/2013	Paid	0.0000	SWMBH	90832	1	1	
<input type="checkbox"/> 1577354			01/08/2013	Paid	0.0000	SWMBH	90832	1	1	

- Buttons are now replaced with tools in the tool bar
- List pages can be exported to Excel for reports as applicable and based on your permissions.
- Many list pages have additional filters to assist with searching for information, including type in filters to search information by.



CLAIMS CHANGES

Claim Lines and Client Claims List Page Changes

MyOffice Test, Sam (326561) X Program Admin 35201410170 | 4.1356

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	

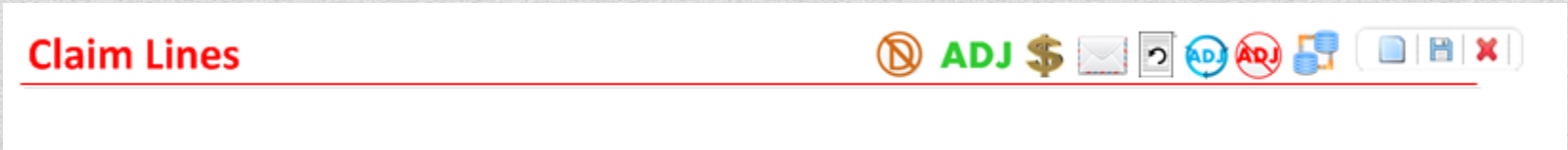
Billing code re...
Billing code re...
Billing code re...
Billing code re...
Billing code re...
Billing code re...
Billing code re...
Billing code re...

Billing code requires Authorization but one does not exist

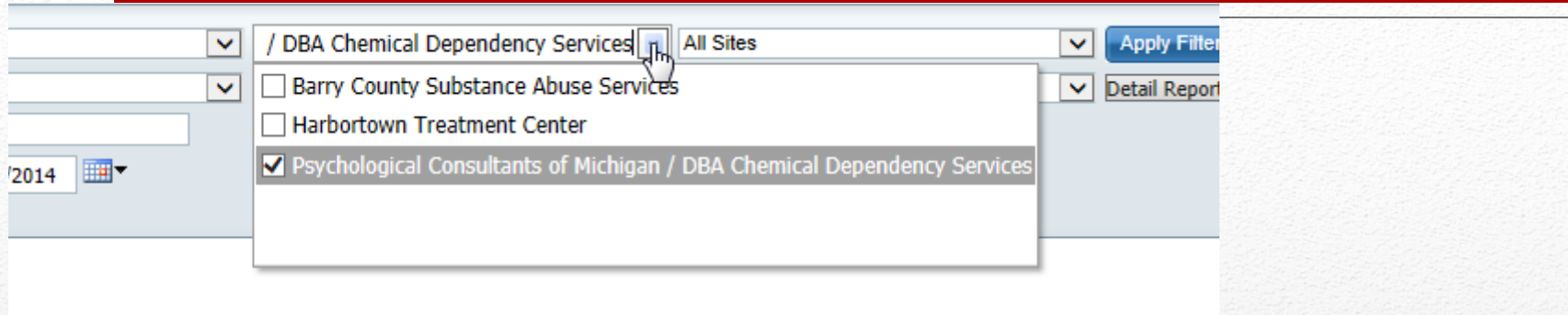
- You can create claims from the My Office Claims list page or the Client Claims list page in the client record.
- The tools ‘PP’ and ‘PI’ are used to create claims as a provider.
 - ‘PP’ = Provider Professional
 - ‘PI’ = Provider Institutional
- In Claims list page of my office, hover over the denial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

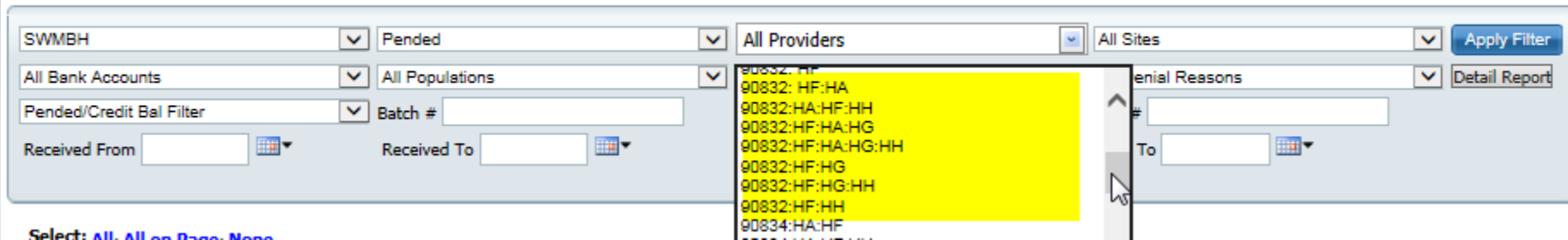
All buttons have been replaced with Tool Icons in the Tool Bar



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 – Filter Changes

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.

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 Bal SmartCare

Received From

Select: All. All on

Claim Line

636354
636377
636411
636420
636421
636423
636427
636458
636464
636498
636545

Revert Claims

Save as.... Revert Close

You have selected claimlines to be reverted. This will reverse all of the actions against the line and set the status back to 'Entry Complete'. If you wish to continue, click 'Revert'.

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.)

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 Bal Filter Batch # Claim ID Line #

Received From SmartCare

Select: All. All

Readjudicate Claims

You have selected claimlines to be readjudicated. If you wish to continue, click 'Readjudicate'.

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 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

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 has not changed.
- Claim From Entry directly into the system has been changed.
 - Modifications to the fields on the forms and the order of the fields.
 - Modifications to allow for entry of EOB information
 - Modifications to Estimate Line Billing

Claim Entry

Claim Entry Changes

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

Claim Entry - Professional

The screenshot shows a web form titled "Claim Entry - Professional". It has two tabs: "General" and "Custom Fields". The "General" tab is active. The form is divided into two main sections: "Client and Provider" and "Claim Information".

Client and Provider
Cannot proceed without a client and a provider
Auth # [text input]
Last Name... [text input] First Name [text input]
Provider... [text input] Site [text input]
Insurer [dropdown menu]

Claim Information
Claim Received [date picker: 10/30/2014]
Clean Claim Date [date picker]
Claim Status Entry Complete

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

The screenshot shows a web form titled "Claim Header". It contains the following fields:

Patient Account No. [text input: 285501]
Diagnosis 1. [text input] 2. [text input] 3. [text input]

Claim Entry Changes

- 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.
- Click on the Third Party EOB Information hyperlink to enter in Third Party EOB information.

Service Lines

From To Code Modifiers

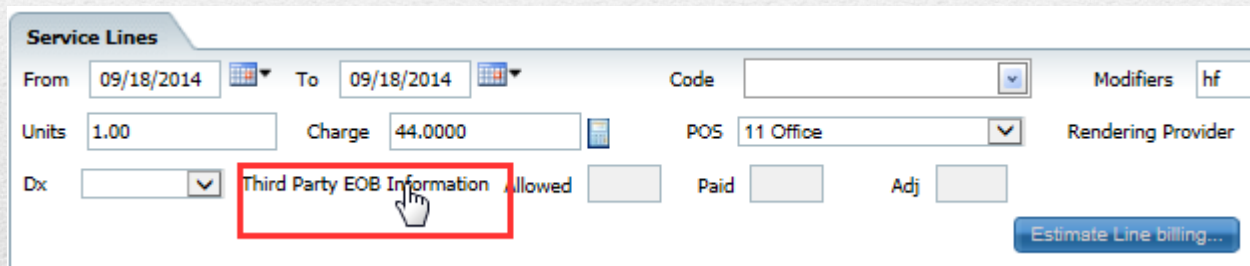
Units Charge POS Rendering Provider

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

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

Entering Third Party EOB

- To enter Third Party EOB information, select the claim line in the Claim Form page and in the Service Lines fields, click on the Third Party EOB Information hyperlink.



The screenshot shows a 'Service Lines' form with the following fields and values:

Field	Value
From	09/18/2014
To	09/18/2014
Code	[Dropdown]
Modifiers	hf
Units	1.00
Charge	44.0000
POS	11 Office
Rendering Provider	[Dropdown]
Dx	[Dropdown]
Third Party EOB Information	Allowed <input type="checkbox"/> Paid <input type="checkbox"/> Adj <input type="checkbox"/>

The 'Third Party EOB Information' text is highlighted with a red rectangular box, and a mouse cursor is pointing at it. A blue button labeled 'Estimate Line billing...' is visible at the bottom right of the form.

- The Allowed, Paid and Adj fields are disabled as they information can only be modified from the pop up when 'Third Party EOB Information' is clicked.
-

Entering Third Party EOB

- In the pop up, enter in the Payer by choosing a payer from the drop down (client name or other plans set up for the client) or by typing in the Payer Name field.
- Next enter the Allowed Amount, Previous Payment and Previous Adjustment as applicable. Amount entered will track in the summary fields below.
- Finally enter a group code and reason for each row.
- Add as many rows as needed. When completed, click the blue Save button in the top right of the screen.

SmartCare

Claim Entry Payment and Adjustment

Save Close

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

Charge Amount 44,0000 Total Allowed 0 Total Paid 0 Total Adjusted 0 Claimed Amount

How Third Party EOB Calculates

- Charge Amount is the amount entered on the screen
 - EOB Information calculates the claimed amount as follows
 - Allowed Amount entered: $\text{Charge Amount} - \text{Allowed Amount} =$ the amount deducted.
 - Ex: 100 Charge – 75 allowed = 25 to be deducted
 - Previous Paid would be by another coverage plan or the client. This amount is deducted from the Charge Amount
 - $\text{Claimed Amount} = \text{Charge Amount} - \text{difference of charge and allowed} - \text{previous paid}$
 - At Adjudication, the Contract amount is considered as follows:
 - If $\text{Contract Amount} - \text{Previous Paid}$ is greater than Claimed Amount, Claimed Amount is paid
 - If $\text{Contract Amount} - \text{Previous Paid}$ is less than Claimed Amount, $\text{Contract Amount} - \text{Previous Paid}$ is paid.
-

Claim Entry Changes

- 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

Claim Entry Changes

- 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?)



AUTHORIZATION CHANGES

Authorization Changes

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

The screenshot shows the 'MyOffice' application interface. The main content area is titled 'CM Authorizations (19898)'. It features a search and filter section with the following fields:

- All Statuses (dropdown)
- Start Date (calendar icon)
- End Date (calendar icon)
- Auth# (text input)
- Apply Filter (button)
- All Review Types (dropdown)
- All Insurers (dropdown)
- All Billing Codes (dropdown)
- All Providers (dropdown)
- All Sites (dropdown)
- Client... (text input with search icon)
- Due Date Start: (calendar icon)
- Due Date End: (calendar icon)
- Show Urgent Requests Only (checkbox)

Below the filter section is a table with the following columns: Flag, Id, Client, Provider-Site, Billing Code, Status, From, To, Auth Due, Used, Appr., Req., and Auth#. The table contains several rows of authorization data.

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...

Authorization Changes

- 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.

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

Scan Upload

Record Description	Attached Date
No data to display	

Authorization Changes

- The Messages and Notes functionality from SmartCare is now 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' window. At the top right, there is a 'Save' button and a printer icon. Below the title bar, there are two tabs: 'Authorization Details' and 'Messages and Notes', with the latter being the active tab. Under the 'Messages and Notes' tab, there are three radio buttons: 'Display Messages and Notes' (which is selected), 'Notes Only', and 'Messages Only'. To the right of these is a checkbox labeled 'Show Archive Message'. A blue button labeled 'New Note...' is positioned to the right of the radio buttons. Below these 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
------	----	------	--------------