

# Southwest Michigan

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## BEHAVIORAL HEALTH

### Care Management Application User Guide

V07/01/2019

#### Table of Contents

##### Navigation and Terminology

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

##### Client Records

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

Questions or Concerns?

Contact [providersupport@swmbh.org](mailto:providersupport@swmbh.org) for more information!

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

## **Provider Management**

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

## **My Office**

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

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

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# Navigation and Terminology

## Requesting, Changing and Removing Login Credentials

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

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

## Managing My Preferences

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

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MyOffice Admin

PA Checks  
PA Clients  
Provider Contracts  
Provider Search  
Refunds  
Service From Claims  
Substance Abuse Screen  
UM Determination Notices  
CM Authorizations  
My Documents  
My Authorization  
Messages  
Alerts  
My Preferences  
Scanning  
My Reports  
Medications

Unsaved Changes (1)  
My Preferences

### My Preferences

#### Account

User Name

Password

Confirm Password

#### Contact

Phone

E-mail Id

#### Image Server

Image Server

#### Location

Preferred Prescribing Location

#### Preferences

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

Last Visit 10/27/2017 08:46 AM

#### Mobile

Smart Key

#### Security Questions

Security Question 1

Answer

Security Question 2

Answer

Security Question 3

Answer

#### General Settings

Home Page

Client Page Preference

Default Program View

Diagnosis Search Preference

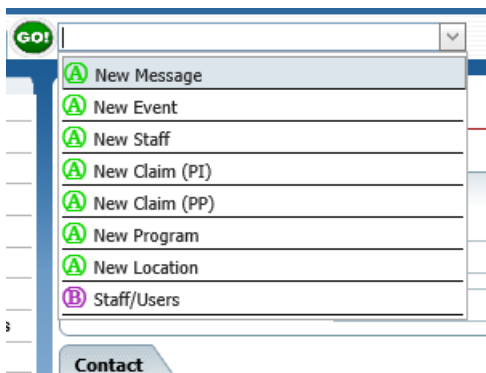
#### Quick Action Order

Screen Name	Sort Order
Admin - Staff/Users	1

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

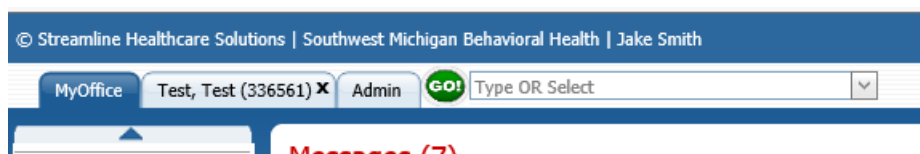
Questions or Concerns?  
Contact [providersupport@swmbh.org](mailto:providersupport@swmbh.org) for more information!

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



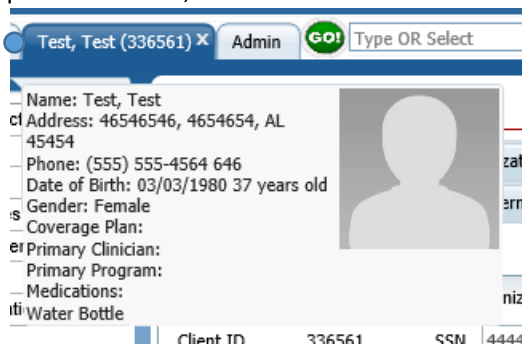
## Banners

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



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

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



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


Questions or Concerns?

Contact [providersupport@swmbh.org](mailto:providersupport@swmbh.org) for more information!

Provider Search  Search OR Open this Client   

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

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

**Provider Summary**

**Summary**

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

## 'SmartCare Go!' and other Dropdowns

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

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

 Type OR Select

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

Provider Search  Search OR Open this Client   

## Toolbars

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



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

Save, allows users to save their work.

Delete, allows users to delete items on their screen.

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

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

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

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



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

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 or New Provider Professional claim.

Questions or Concerns?

Contact [providersupport@swmbh.org](mailto:providersupport@swmbh.org) for more information!

## Client Claims (2)

All Insurers  All  All Providers  All Sites

Entered From  Entered To  DOS From  DOS To

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

## Claim Entry - Professional (PP)

General Custom Fields

### Client and Provider

Cannot proceed without a client and a provider

Auth #

Last Name...

First Name

Provider...

Site

Insurer

### Claim Information

Claim Received

Clean Claim Date

Claim Status ☒ Entry Complete

Claim Id -1

### Claim Header

Patient Account No.

Diagnosis 1.  2.  3.

### Service Lines

From  To  Code  Modifiers

POS

Rendering Provider

Ordering Provider

Supervising Provider

Units

Charge

NDC

NDC Unit

NDC Unit Type

Dx  [Third Party EOB Information](#)

Allowed

Paid

Adj

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

Claim Entry

### Claim Entry - Institutional (PI)

General
Custom Fields

**Client and Provider**  
Cannot proceed without a client and a provider  
Auth #   
Last Name...  First Name   
Provider...  Site   
Insurer

**Claim Information**  
Claim Received 05/30/2018  
Clean Claim Date   
Claim Status ☒ Entry Complete  
Claim Id: -1

**Claim Header**  
Patient Account No. 0  
Start Date   
Admission Date   
Discharge Time   
Diagnosis  
Admission  Principal  1.  2.  3.

**Service Lines**  
From  To  Revenue Code  HCPCS Code  Modifiers   
Units  Total Charges   
Third Party EOB Information Allowed  Paid  Adj  Estimate Line billing... Insert Clear  

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

## Third Party EOBs

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

**Service Lines**  
From 07/29/2017 To 07/29/2017 Code 90832 Modifiers HF HG  
Units 1 Charge 100 POS 11 Office Rendering Provider  
Dx 1 Third Party EOB Information Allowed Paid Adj Estimate Line billing... Modify Clear

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

**SmartCare**

**Claim Entry Payment and Adjustment**

Save Close

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

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

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

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

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

## Estimate Line Billing

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

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

Code/Modifier: 90792

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

Total Charge: 300 Total Units: 30

Allocated Charges: 300 Allocated Units: 30

Reallocate

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

## Claim Tips

- It is not necessary to enter Authorization Information into this field, SWMBH's Claim Adjudication process will find it for you!
- Charge keep snapping to \$0? Be sure a;
  - *Rendering Provider is selected (where applicable)*
  - *Contract is in place for the DOS*
- Multiple Claim Lines can be inserted into a single Claim Form—but check your Medicaid Manual for applicability!
- To **Modify a Claim**, simply select the Claim Line hyperlink and select View Claim Form from the toolbar.
  - *Note however that in order to do so, the claim must be at Entry Complete status.*
  - *If the claim is not at Entry Complete status, select 'Revert' to return to Entry Complete.*
- 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

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

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

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

## Client Plans & Timespans

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

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

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

### Client Plans And Time Spans (2)

#### Client Plans

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

#### Plan Time Spans

☐ Show Current Plans Only    MH    Maximize Time Spans

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

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

**Client Plans**

General | Claim Information | Copayment | Monthly Deductible

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

**Insured Information**  
Client is Subscriber: ☒ Yes ☐ No

**Copayment**  
Deductible:

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

**Authorization Override**  
☐ Authorization is Required ☐ No Authorization Required

**Comment**

**Eligibility Verification**  
Date Last Verified:   
Verified By:

**COB History**

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

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



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

**SmartCare**

**Insurance Eligibility Verification**

Request | Response

**Update Coverage Plans**

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

**Verified Benefits**  
Responsible County: Kalamazoo

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

**Detailed Response**

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

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

**Client Plans**

General Claim Information Copayment **Monthly Deductible**

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

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

Verified By  Verified On  Source  Source Date

Comment

Cash on Hand:   
Monthly Wages:

**Monthly Deductible History**

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

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

Insert Clear

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

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

Client Plans

General

Claim Information

Copayment

Monthly Deductible

Copayment Information

Start Date

End Date

Procedure

Daily

Weekly

Monthly

Yearly

Collect Up Front

All Procedures

Excludes Procedures

Includes Procedures

Insert

Clear

Copayment List

Show Active Only

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

## Eligibility FAQ

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

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

## CM Client Authorizations

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

Note that authorization requests are not created on this screen.

See CM Events for more information on requesting auths

**CM Client Authorizations (4)**

All Insurers  All Billing Codes/Group  All Statuses

All Providers  ☒ Include Exchangeable Codes Effective As Of

Select: All, All on Page, None

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

## CM Events

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

**CM Events (8)**

All Events  All Statuses  All UM Staff

All Insurers  1800 Wheelchair

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

Creating new events is easy as well, just select the 'New' icon



from the toolbar and select the

Event Type from the dropdown to begin;

**Events**

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

Event

**Details**

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

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

## Requesting Authorization

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

**Authorization Request**

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

Event

Authorization Request

**Insurer**

Insurer  Provider  Insurer and Provider Applies to all authorizations listed below

**Authorizations**

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

Women's Specialty Program is for SUD ONLY, please mark 'No' for all MH requests.

**Requestor's Rationale**

**Women's Specialty**

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

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

## Event Details

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

The screenshot shows the 'BH TEDS Admission' window. At the top, there's a 'Go To' dropdown and a 'Sign' button. Below this, there are buttons for 'Edit', 'Share', and 'Status' (set to 'Signed'). The 'Effective' date is '11/04/2015'. The 'Author' is 'Smith, Jake', and there is a 'Less Detail' button. On the left, the 'Other Versions' section shows a list with one entry: '1. 11/04/2015'. The 'Signed By' section shows '1. Jake Smith ON 11/04/2015 (1)'. The 'Signer' section has an 'Add Signer(s)...' dropdown, 'Co-Sign', and 'Decline' buttons. At the bottom, there is a 'Document' tab.

## Creating New Provider (SUD) Client Records

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

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

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

The screenshot shows the 'SmartCare' Client Search form. At the top, there's a 'Clear' button and a 'Provider' dropdown set to 'All Providers'. Below this, there are checkboxes for 'Include Client Contacts' and 'Only Include Active Clients (Checking will not allow option to create new Client)'. The 'Name Search' section has 'Broad Search' and 'Narrow Search' buttons, and a 'Type of Client' section with 'Individual' (selected) and 'Organization' options. There are input fields for 'Last Name', 'First Name', and 'Program'. The 'Other Search Strategies' section has buttons for 'SSN Search', 'DOB Search', 'Primary Clinician Search', 'Authorization ID / #', 'Phone # Search', 'Master Client ID Search', 'Client ID Search', and 'Insured ID Search', each with an associated input field. The 'Records Found' section shows a table with columns: ID, Master ID, Client Name, SSN/EIN, DOB, Status, City, Primary Clinician, and Provider. The table is empty, displaying 'No data to display'. At the bottom, there are buttons for 'Create Provider Client', 'Create New Potential Client', 'Select', and 'Cancel'.

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

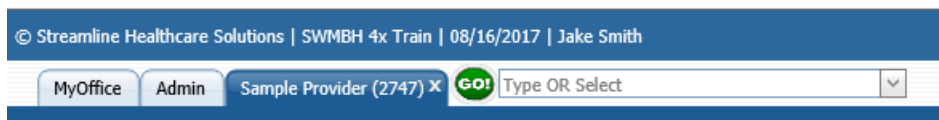
# Provider Management

## Provider Summary

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

## Provider ID

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



## Provider Information

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

A screenshot of the "Provider Information" screen. The top navigation bar shows "Sample Provider (2747) X" and a search bar. The "Provider Information" section has three tabs: "General", "Sites", and "Contact Persons". The "General" tab is active. It contains several checkboxes: "Type" (Facility selected, Individual unselected), "Active" (checked), "Non-Network Provider" (unchecked), "Data Entry Complete" (checked), "Authorizations cannot be created if data entry is not complete" (unchecked), "Uses Provider Access" (checked), "Substance Use Provider" (unchecked), "Rendering Provider" (unchecked), "Credential Approaching Expiration" (unchecked), "External ID" (empty field), "Website" (empty field), "Provider Comment" (empty text area), and "Associated Placement Family" (checked). There are also sections for "Associated Providers" and "Associated Insurers". The "Associated Providers" section shows a table with "Provider Name" and "X Tenney, LMSW". The "Associated Insurers" section shows a table with "Insurer Name" and "X SWMBH MH". A blue callout bubble with a thought icon points to the "Associated Providers" section and contains the text: "Adding clinical staff? Don't forget to let SWMBH know so we can link them to your agency as Associated Providers. Otherwise, they may not be available on your claim forms for billing purposes!"

Questions or Concerns?

Contact [providersupport@swmbh.org](mailto:providersupport@swmbh.org) for more information!

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

**Provider Information**

General Sites Contact Persons

**Site Information**

Name: Primary Site ☒ Active ☐ Primary Site

Start Date:  End Date:

**Phone Numbers**

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

**Address**

123 Main St.  
Battle Creek, MI 49015

☐ Mailing [Details...](#)

Program:  Tax ID: ☐ EIN ☐ SSN 123456789 ☐ Use for all sites

Type: Treatment Provider ☐ NPI:  ☐ Use for all sites

Print on Check as: Sample Provider ☐ Provider ID:  ☐ Use for all sites

Capacity:  Taxonomy Code:  ☐ Use for all sites

Current Openings:  As Of:  Place of Service:  ☐ Use for all sites

☐ License #

☐ Weekend Hours ☐ Handicap Access ☐ DD Population ☐ Adults ☐ 1099

☐ Evening Hours ☐ SUD Population ☐ MI Population ☐ Children

Site Contacts:

Site Comments:

## Provider Contracts

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

**Provider Contracts (1)**

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

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

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

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

**Contract Details**

Contract Details | Contracted Rates | Billing Code Rules

Status: Active

Insurer: SWMBH MH | Contract Start Date: 10/01/2017 | Expiration Date: 10/30/2018

Contract Name: Sample Pro - SWMBH MH - 201710 | Type: Signed Contract | Payment Terms: 30 Days

Claims must be received within 365 days from the date of service. Older claims will be ☒ Pended ☐ Denied

The total dollar value of this contract may not exceed

Current claims approved and paid

% of Cap used

☐ Provider/Site must be credentialed else the claim will be pended  
☐ Rendering provider must be credentialed else the claim will be pended

Contract Notes

*Cannot add or modify rules until contract has been Updated*  
*Cannot add or modify rates until contract has been Updated*

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

**Contract Details**

Contract Details | Contracted Rates | Billing Code Rules

Insurer: SWMBH MH | Contract Name: Sample Pro - SWMBH MH - 2017 | Effective As Of:  | Apply Filter

Site: All Sites | Client:  | Start Date: 10/01/2017 | Expiration: 10/30/2018

Coverage Plan: All CoveragePlans

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

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

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

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

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

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

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

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

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

## Provider Documents

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

Sample Provider (2747) x Type OR Select

### Provider Documents (1)

Provider: 2747 Sample Provider All Record Types

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

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

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

## Provider Rates

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

Sample Provider (2747) x Type OR Select

### Provider Rates (4)

All Insurers: All Sites: All Clients:

All Contracts: Effective As Of:

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

# My Office

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

## Claims

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

**Claim Lines (24148)**

All Insurers All Statuses 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 09/30/2017 Received To 10/30/2017 DOS From DOS To  
☐ Re-allocation Exception

Select: All, All on Page, None Total Payable Amount : \$ 0

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

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

**Managing Claims** can now be done via the dropdown in the Claim Lines or Claim Line Detail toolbars;

Claims will adjudicate nightly at 11pm, so be sure to check back daily for status changes.

Select Action  
Add to Under Review  
Adjudicate  
Approve  
Denial Letter  
Deny  
Do not Adjudicate  
Manual Pend  
Mark as Final Status  
Override Pended Reasons  
Pay  
Re-adjudicate  
Remove From Under Review  
Remove To Be Worked  
Revert  
Revert Final Status  
Void

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

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

Questions or Concerns?

Contact [providersupport@swmbh.org](mailto:providersupport@swmbh.org) for more information!

- 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 3<sup>rd</sup> Party EOB-

*Questions or Concerns?*

Contact [providersupport@swmbh.org](mailto:providersupport@swmbh.org) for more information!

- 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;

☐ Do Not Adjudicate  
☐ Readjudicate

☐ Needs to be worked  
☐ Previous Payer EOB Received

## 837 Import

Qualified providers are able to upload 837 text files directly into the application through the 837 banner. An 837 Companion Guide is available for those interested in utilizing this method of billing. Please contact [providersupport@swmbh.org](mailto: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;

Checks (0)

SWMBH MH

zTesting

Apply Filter

All Bank Accounts

All Check Statuses

Check Date From 07/18/2017

Check Date To 10/18/2017

Select: All, All on Page, None

Date	Check Number	Payee	Payment Amt	Insurer	Bank Account	Check Status
No data to display						

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

### Check Details

**Check Information**

Void Checks
Print Check
Next Available # 12263
Export
835 File
Print RA
☐ Include Pended Claims on RA

**Check Actions**

Check Date 07/21/2017
Check Number 12262
Amount 464.71
Insurer SWMBH MH
Payable To
Tax Id
Printed By glm
Printed On 07/21/2017
☐ This is a Refund Return Check
☐ This is Check is Void

Below is a List of Claim Lines paid by this Check

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

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

## Messaging

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

### Messages (6)

Inbox
Sent Messages
Compose Messages

This Week
From 10/30/2017
To 10/30/2017
From Everyone
Apply Filter

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

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

### Details

From
Received
Subject
To
Client
Reference

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

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

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

**Compose Message**

Inbox Sent Messages Compose Messages

Selected client will be associated with the message. ... Add To Send List

Selected client contact will be associated with the message. Add To Send List

To

Aardema, Andy  
Aardema, Andy-test  
Acker, Katie  
Admin, Admin  
Administrator, CM  
Agler, Linda  
Ahmadpour, Mitra  
Alvarez, Karen  
Ameter, Sarah  
Anani, Sara  
Anderson, Amy


Add >>  
<< Remove

Priority  
☒ Normal ☐ Caution/Alert ☐ Urgent

Subject

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

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

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 (CM Events) via the Scanning portion of the My Office banner. Users can view a list of all previously scanned records which they have uploaded via the Scanning listpage;

ons | SWMBH 4x Test | 03/20/2018 | Jake Smith

Type OR Select

**Scanned Medical Records (3)**



All Associations ... Apply Filter

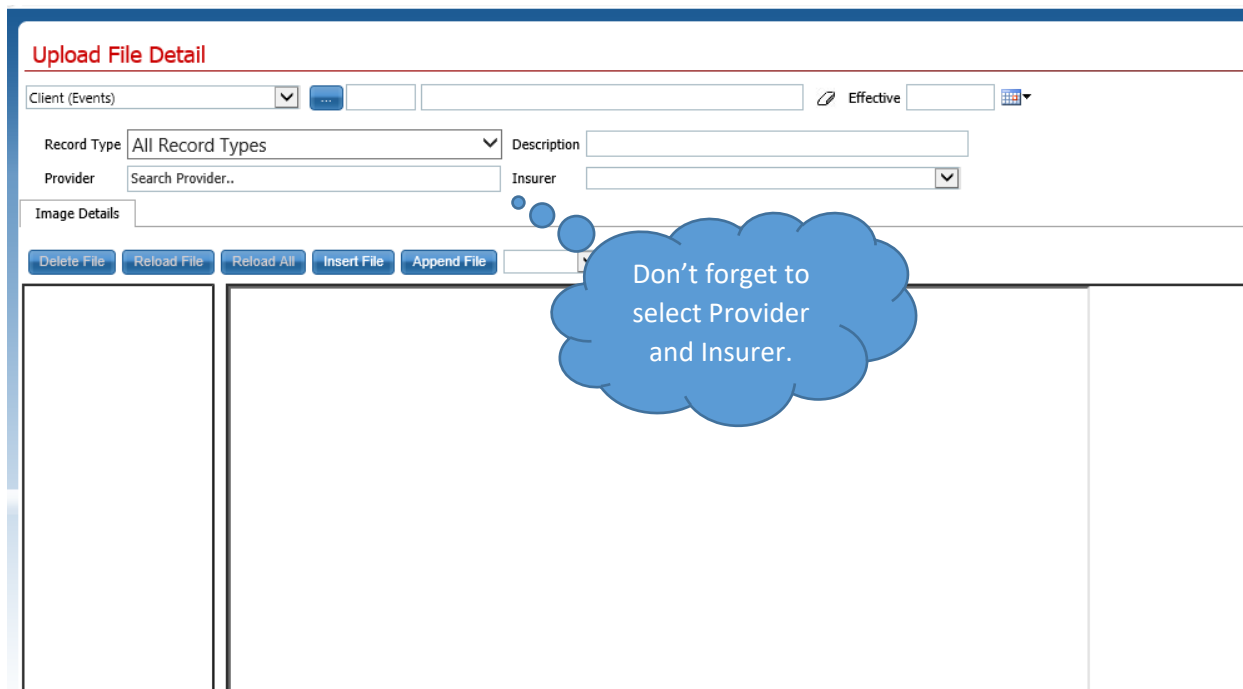
Show Scanned/Uploaded ... Smith, Jake ... All Statuses ... Other ...

Effective Dates Between ... And ... Created Between 03/13/2018 ... And 03/13/2018 ...

	Associated With	ID	Name	Record Type	Created	Effective	Scanned	Status	BatchId	Provider	Insurer
<a href="#">View</a>	Client (Events)	860006	test, test		03/13/2018	03/13/2018	Smith, Ja	Completed		1800 Wh	SWMBH I
<a href="#">View</a>	Client (Events)	860006	test, test		03/13/2018	03/13/2018	Smith, Ja	Completed		1800 Wh	SWMBH I
<a href="#">View</a>	Client (Events)	860006	test, test		03/13/2018	03/13/2018	Smith, Ja	Completed		Communi	SWMBH S

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

New files can be uploaded via the  icon in the toolbar as well. Select  to associate the record with a Client. Uploads can even include free-text descriptions for context;

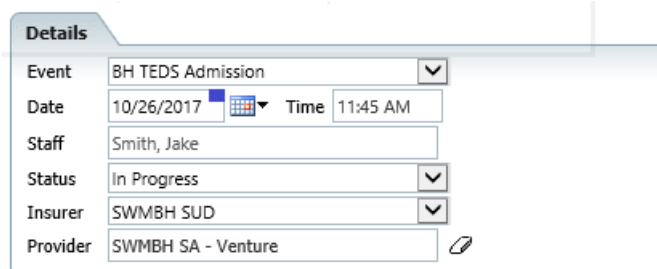



## Reports

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](mailto:providersupport@swmbh.org) with any special report requests.

## Troubleshooting and Support

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



Additional help is provided wherever  icons are found.

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