

Provider User Guides

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What's New

This section provides an overview of what is new in the Care Management 4.0 system from previous versions of Care Management. The overall change is that now Care Management is a part of the SmartCare system. This means that the banners, tabs, and functionality of Care Management is now in the SmartCare Application. What this also means, is that Streamline customers using the 4.0 environment now have only one database for both their SmartCare and Care Management applications. The Provider Access application is also now a part of SmartCare. Providers will use the same URL and permissions will control what providers can see and do in the system.

Overview of Changes:

The following pages have been modified in the new 4.0 environment. These changes are identified throughout the manual as the manual outlines the existing functionality in 4.0:

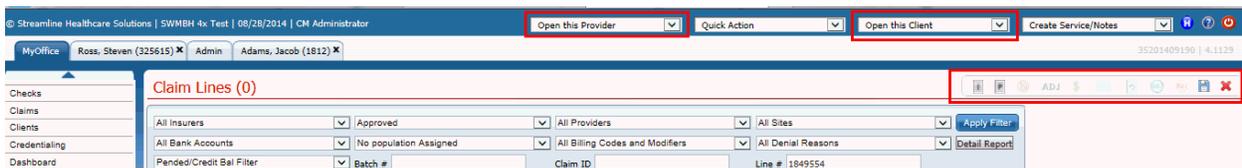
- Dashboard
- Throughout the system, where the word Member was used has been modified to Client
 - Members list page is now changed to be called the Clients
 - Hospitalizations list page
 - Credentialling list page
- SU Screen - Changes to allow for easier searching and being able to find in progress Screen events
- Provider Contracts - Changes to allow for easier searching
- CM Authorizations - A new list page to manage authorizations within the system
- CM Authorization Details - A new detail page to manage authorizations within the system
- New Claim Entry pages
- Claims list page and Claim Line Detail Page - Changes to allow ease of searching, batch changes to claim lines, and being able to see all denial reasons at once.
- Checks list page - Changes to allow for easier searching
- New Adjudication Rules page in the Administration Tab
- Ability to set by contract whether Third Party EOB is required for a specific billing code
- Addition of Billing Code Modifiers tab on the Billing Codes set up in the Administration banner
- Ability to set role permission and then assign staff to one or more roles instead of setting each staff's permissions individually
- Ability to upload documentation directly from an Event and have the documentation associated to that event.

- Changes to the SU Admission Event
- Changes to the SU Discharge Event
- New Appeal Events to track Appeals for Authorizations

User Interface Changes

Throughout the system, changes will be noted as far as the view of the screen in comparison to Care Management. This includes:

- 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.
- If you have SmartCare and Care Management permissions in your roles permissioned to you, you will see the banners for both applications in the same list.
 - In set up of the system, consider grouping of banners or ordering of banners as appropriate for your organization.



Data Model Changes

In order to adapt Care Management into SmartCare, some of the data model in the existing PCM database had to be modified. Here are the modifications:

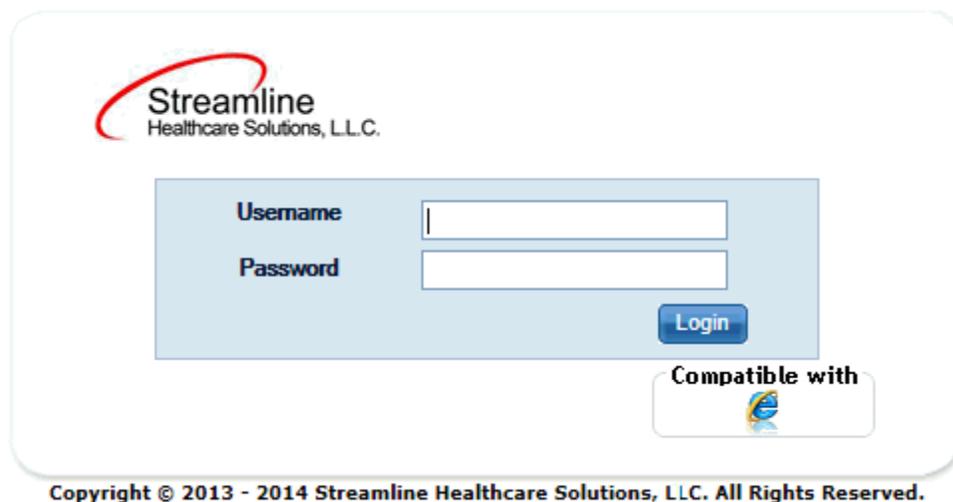
1. Where Care Management currently uses the Plans table and Client Plans table to track coverage plan information, in 4.0 the system will use the SmartCare model. This means the tables now being used are the CoveragePlans table and for the client's coverage plans the ClientCoveragePlans, ClientCoverageHistory, ClientCopayments, ClientCopaymentBillingCode, and ClientCopaymentBillingCodeModifiers tables.

2. With the change to plans data model, this means the Claim Lines in the system will now be associated to a Coverage Plan ID instead of a Plan ID when adjudicated.

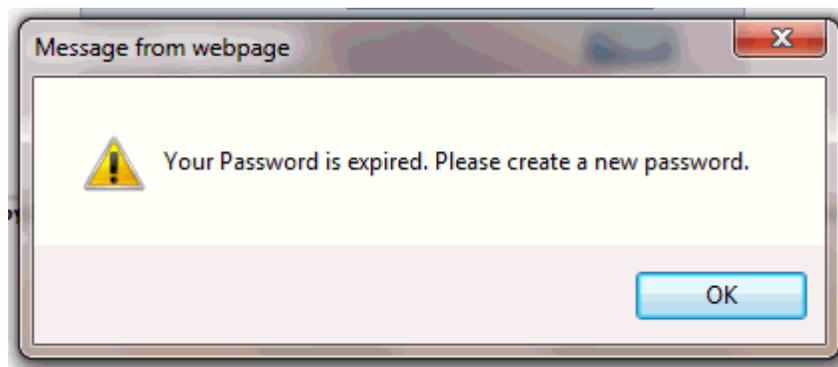
First Time Logging In

The first time you log in to the SmartCare system, follow these steps:

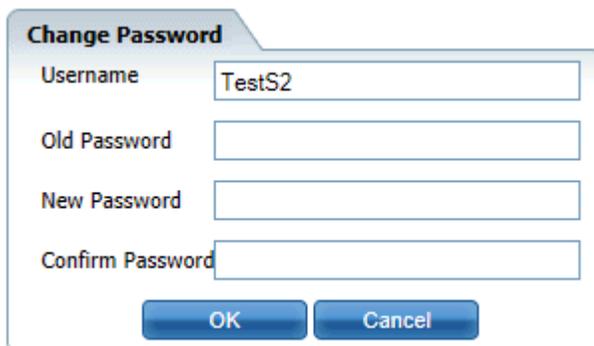
1. At the login page, you will be required to enter your user name and password. After entering these two pieces of information, click the Login button.



2. You may get this pop up that is telling you that you need to reset your password:

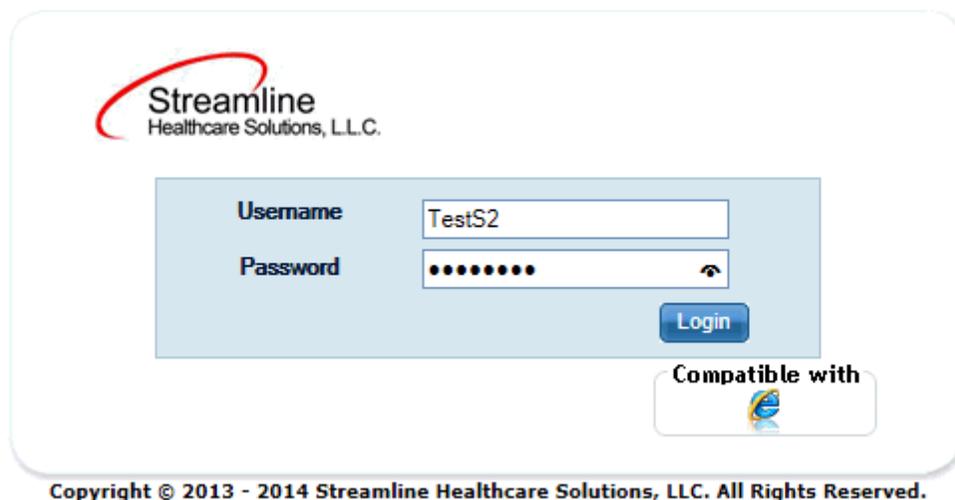


- Click the 'Ok' button in this pop up.
- You will then be taken to this screen:



A dialog box titled "Change Password" with a light blue border. It contains four text input fields: "Username" (containing "TestS2"), "Old Password", "New Password", and "Confirm Password". At the bottom, there are two blue buttons: "OK" and "Cancel".

- Enter your password you just used to login in the 'Old Password' field.
- Enter a new password in the 'New Password' field
- Enter the new password again in the 'Confirm Password' field
- Click the Ok button.
- You will then be taken to the login screen again, where you enter in your New Password you just created and click the Login button.



The login screen for Streamline Healthcare Solutions, L.L.C. features the company logo at the top left. Below it is a light blue login box with "Username" (containing "TestS2") and "Password" (masked with dots) fields, and a "Login" button. A "Compatible with" badge with a Windows logo is at the bottom right. The footer text reads: "Copyright © 2013 - 2014 Streamline Healthcare Solutions, LLC. All Rights Reserved."

3. After logging in for the first time, the system will now ask you to set security questions. These questions are to ensure security for logged in users. The answers you enter are case sensitive so remember if you use capital letters. To set your security questions, do the following:
 - Choose a question to answer for the Security Question 1 field.
 - Answer the question in the Answer field just below Security Question 1.
 - Repeat this for Security Question 2 and Security Question 3
 - Click the Save button.

The image shows a dialog box titled "Security Questions". It contains three rows, each with a "Security Question" dropdown menu and an "Answer" text input field. At the bottom of the dialog are two buttons: "Save" and "Cancel".

4. Once you are logged into the system, the first page you see may be the My Preferences banner (shown in the screen shot below). If this is not the first page you see, click on the My Preferences banner on the left side of your screen in the banners list (highlighted in yellow below).
 - In the General Settings section in the bottom right, set the following:
 - Home Page: This is the name of the banner you want to open in the My Office tab when you log in to the system or when you click on the My Office tab when in the system. Generally, this is set to 'Dashboard' as shown in the yellow highlighted field in the screen shot below. Choose from the drop down the name of the banner you want to set as the home page.
 - Client Page Preference: This is the name of the banner in a client record that you want to first appear when you open a client record. Choose from the drop down the name of the banner you want to set as the preference page in the client record.
 - Note that from this screen you can also change your password or security question answers.
 - Click Save in the tool bar in the top right of the screen to save the information you changes on this page.

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© Streamline Healthcare Solutions | SWMBH 4x Test | | Streamline Test 2

Open this Provider Quick Action Open this Client 35201412190 | 4.15

My Office Administration

837 Import
Checks
Claims
Client Notes
Clients
Credentiaing
Dashboard
Hospitalizations
Messages Interface
Provider Contracts
CM Authorizations
Messages
Alerts
My Preferences
Scanning
My Reports

Unsaved Changes
My Preferences

My Preferences

Account

User Name: Test52
Password:
Confirm Password:

Contact

Phone:
E-mail Id:

Image Server

Image Server:

Location

Preferred Prescribing Location:

Security Questions

Security Question 1: What is your First Name? Answer:
Security Question 2: What is your Nick Name? Answer:
Security Question 3: Who is your favorite hero? Answer:

General Settings

Home Page: Dashboard
Client Page Preference:
Default Program View: [New Program View...](#)

Quick Action Order

[Add Quick Actions...](#)

Screen Name	Sort Order
No data to display	

Preferences

Display primary clients only in "Open This Client" Dropdown
Last Visit: 12/26/2014 10:11 AM

[Save](#)

SmartCare Basics

There is terminology that will be used throughout the training materials. Here is a basic overview of the SmartCare System and the terminology of the system:

1. Tabs - The tabs are at the top of the page. They are the different sections within SmartCare. The dark blue tab is the tab you are currently on in the system. The White tabs are other tabs you have open and can move to by clicking on the tab. The tabs available within the system are listed below. Which tabs you can access is based on your permissions as a staff using the software.
 - My Office tab - This tab contains the information for all clients. This includes all claims for all clients, all authorizations for all clients, checks, etc.
 - Client Tab - The client tab will display the client's name and ID. This is the client's specific record and only contains information about that specific client. Note that only one client record can be open at a time.
 - Program - The program banner is used for managing programs within the SmartCare side of the system. This is not used by 'Care Management' staff
 - Admin - This tab contains the administration information and set up within the system. This is generally permissioned to system administrators within the organization.
 - Provider Tab - This tab displays the name of the provider and the provider ID that is opened. The tab displays information such as contracts, rates and credentialing that is specific to only the provider that is open. Note that only one provider can be opened at a time.
2. Banners - The banners are the white buttons down the left side of the screen. There are banners within every tab. The banners are the different screens that you can open within each tab. For example, in the screen shot below, the My Office banners includes Checks, Claims, Clients, etc. The banners you can see is dependent on the permissions you have within the system. Clicking on a banner will take you to the page you want to view.
3. Screens - The screens are the information that displays just to the right of the banner. The Screen name is in Red at the top of the screen.
4. Filters - In each screen that is a list page, there are filters at the top of the page. The filters help to narrow down the information in the list based on what you are looking for. Remember to click Apply Filter to make the changes to the filter settings apply.
5. Tool Bar and Tools - At the top right of each screen is the Tool Bar. It contains tools, the picture icons within the tool bar. The tools are actions you can do on the screen. Hover your mouse over a tool to get the name of the tool. Tools are permissioned so if one is greyed out and you cannot click on it, it may be due to permissions. Also, some list pages, like the Claims list page, have specific filter

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settings that are required to enable some tools for those permissioned to use them. The Claims documentation will have more details on this.

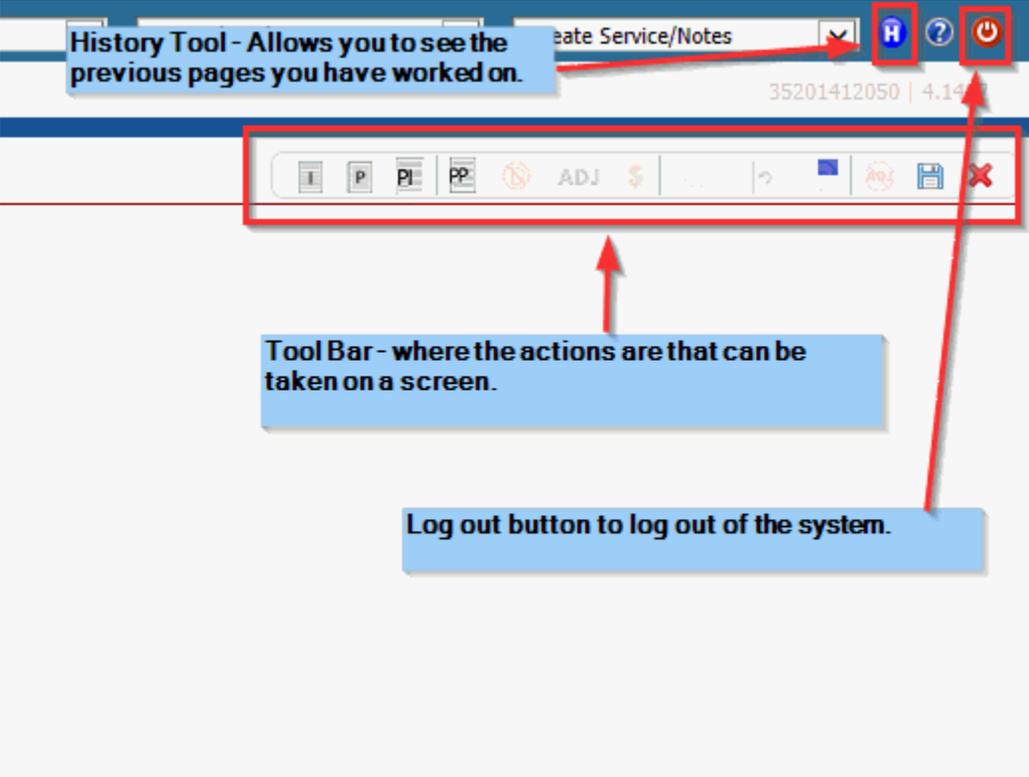
6. Unsaved Changes - This is located just below the banners on the right side of the screen. If you make a change to a screen and do not save, it will be added to your unsaved changes until you save the screen. Note that unsaved changes should not be left for more than 24- 48 hours and the organization may choose to turn on an automatic clearing of unsaved changes that are held for longer than 48 hours.
7. History - The blue 'H' history button at the top right of the screen is used to help you go back to pages you have been in while you have been logged in to the system.
8. Logout - The red circle button at the top right of the screen next to the History button is used to log out of the system.

The screenshot shows a web application interface with several key components highlighted by red boxes and blue callout boxes:

- MyOffice**: The top navigation bar, containing the user name "Jones, Adam (336271)", "Program", "Admin", and "Lutheran Soc...(495)".
- Claim Lines (339)**: A red box highlights the current screen name in the top navigation bar.
- Filters**: A red box highlights the filter section, which includes dropdown menus for "All Insurers", "To be Adjudicated", "All Providers", "All Sites", "All Bank Accounts", "Adult DD", "All Billing Codes and Modifiers", "All Denial Reasons", and "Pended/Credit Bal Filter". It also includes input fields for "Batch #", "Claim ID", "Line #", "Received From", "Received To", "DOS From", and "DOS To". An "Apply Filter" button is located to the right.
- Banners**: A red box highlights the left sidebar navigation menu, which includes items like "837 Import", "Activities", "Appointment Search", "Checks", "Claims", "Client Notes", "Clients", "Dashboard", "Denial Letters", "Grievances/ Appeals", "Hospitalizations", "Messages Interface", "PA Checks", "Provider Contracts", "Provider Staff", "Reception", and "Refunds".
- Unsaved Changes**: A red box highlights the "Unsaved Changes" and "Billing Code Details" links at the bottom of the sidebar.
- Table**: A table with columns for "DOS", "Status", "Payable Amount", and "Insu". The table contains multiple rows of data.

Blue callout boxes provide additional context:

- "The Screen Name of the Screen you are on." points to the "Claim Lines (339)" label.
- "Tabs - Allows you to move from My Office, to a client to a provider. The dark blue tab is the one you currently have open" points to the "MyOffice" tab.
- "Filters - they are used to narrow down the results in a list page to find what you are looking for. Don't forget to click 'Apply Filter' if you change a filter." points to the "Apply Filter" button.
- "Banners - the pages you can open in the system" points to the sidebar navigation menu.
- "Unsaved Changes - Work you have not saved. Save it Soon!" points to the "Unsaved Changes" link.



Open a Client

To open a client in the new 4.0 environment, complete the following:

1. At the top right of the screen, find the 'Open this Client' drop down. It is in the blue strip at the very top right of the screen. Click on the drop down and then in the drop down click on the '<Client Search>' option.



2. The Client Search pop up will open.
 - Note at the very top right of the pop up is the list of the provider names you are associated with. If you are associated to more than one provider, you can search for all you are associated with, or you can select one from the Provider drop down to narrow your results. If you are associated to only one provider, this is the only provider name you will see in the drop down.
 - Search by Name by entering in last and first name information and using the Broad Search or Narrow Search button. Broad Search looks for names similar to the name you entered. Narrow Search looks for exact matches of the letters you entered in the name fields.
 - Search by Client ID using the 'Client ID Search' button. Enter the ID in the field next to the button and then click the button.
 - Search by Social Security Number using the SSN Search button.
 - Search by Date of Birth using the DOB Search button.
 - After searching for a client, the results found will show in the 'Records Found' section at the bottom of the pop up. When you find the client record you are looking for, click on the circle button next to the ID number for the record you want to open.
 - Then click the Select Button at the bottom right of the pop up to open the record.

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The image shows a software window titled "SmartCare" with a search interface. At the top right, there is a "Provider" dropdown menu set to "All Providers". Below this is a "Clear" button. The "Name Search" section includes checkboxes for "Include Client Contacts" and "Only Include Active Clients (Checking will not allow option to create new Client)". There are "Broad Search" and "Narrow Search" buttons. Below these are input fields for "Last Name" (containing "Test"), "First Name", and "Program".

The "Other Search Strategies" section contains several search buttons and input fields: "SSN Search", "DOB Search", "Primary Clinician Search", "Phone # Search", "Master Client ID Search", "Client ID Search" (highlighted in yellow), and "Insured ID Search".

The "Records Found" section displays a table with the following data:

ID	Master ID	First Name	Last Name	SSN	DOB	Status	City	Primary Clinician	Provider
<input checked="" type="radio"/> 326581		Cindy	test	5555	08/30/1970	Active			
<input type="radio"/> 326571		matt	test	5645	09/08/1990	Active			
<input type="radio"/> 326605	326605	Matt	test	2323	09/09/1990	Active			
<input type="radio"/> 336264	336264	Sammy	test	9987	09/08/1980	Active	Kalamaz		
<input type="radio"/> 326568		Client	Test	9999	10/05/1980	Active			
<input type="radio"/> 336247	336247	Client	Test	9999	01/01/2000	Active	Portage		
<input type="radio"/> 336239	336239	joel	Test	1234	02/10/1970	Active			Psychologica...
<input type="radio"/> 326570		Matt	Test	3567	09/09/1980	Active			

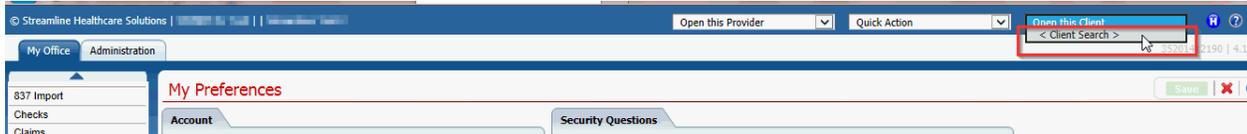
At the bottom of the window, there are four buttons: "Create Provider Client", "Create New Potential Client", "Select" (highlighted with a red box), and "Cancel".

Create a Client

For providers of SUD services, you may have permissions to create client records.

When you create a client record, you are creating it just for the provider you are assigned to. To create a client record for you are as a provider, complete the following steps:

1. Click on Open this Client drop down in the top right corner of the screen.



2. In the Client Search Pop up do the following:
 1. Enter in the client's last name and first name and click Broad Search button.
 2. Enter in the client's social security number, and if unknown, enter in all 9's and click SSN Search button.
 3. Enter in the client's date of birth and click the DOB Search button.

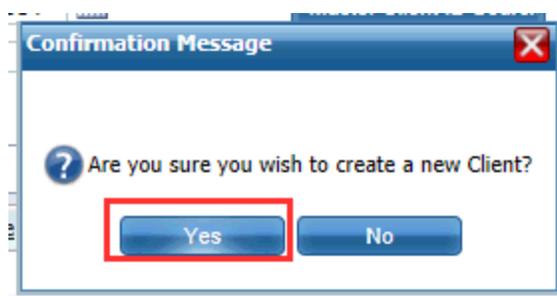
The screenshot shows the SmartCare application window. At the top right, there is a 'Provider' dropdown menu set to 'All Providers'. Below this is a 'Clear' button. The 'Name Search' section includes checkboxes for 'Include Client Contacts' and 'Only Include Active Clients (Checking will not allow option to create new Client)'. It features 'Broad Search' and 'Narrow Search' buttons, with 'Broad Search' highlighted by a red box. Input fields for 'Last Name' (Smith), 'First Name' (Sam), and 'Program' are present. The 'Other Search Strategies' section contains buttons for 'SSN Search' (highlighted with a red box), 'DOB Search' (highlighted with a red box), 'Phone # Search', 'Master Client ID Search', 'Client ID Search', and 'Insured ID Search'. Below this is a 'Records Found' section with a table listing search results. At the bottom, there are buttons for 'Create Provider Client' (highlighted with a red box), 'Create New Potential Client', 'Select', and 'Cancel'.

ID	Master ID	First Name	Last Name	SSN	DOB	Status	City	Primary Clinician	Provider
<input checked="" type="radio"/> 105652						Active			
<input type="radio"/> 156597						Active			
<input type="radio"/> 136193						Active			
<input type="radio"/> 89360						Active			
<input type="radio"/> 124280						Active			
<input type="radio"/> 146885						Active			
<input type="radio"/> 209835						Active			
<input type="radio"/> 83119						Active			

3. After completing the three searches, the 'Create Provider Client' button will be enabled. Click on the Create a Provider Client button.
4. The system will then give you a pop up. Select the name of the provider you want to create the record for and click the Create button.
 - Note: The Cancel button is to stop the process of creating a client record.

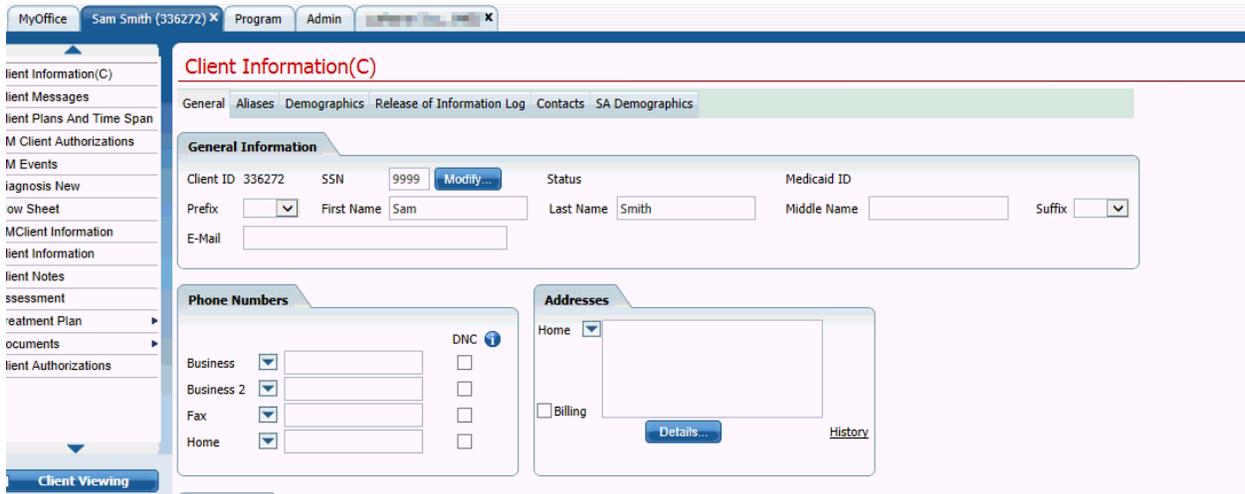


5. The system will then open the Confirmation Message pop up. Click the Yes button to confirm you want to create the record.
 - Note: The No button is to stop the process of creating a client record.

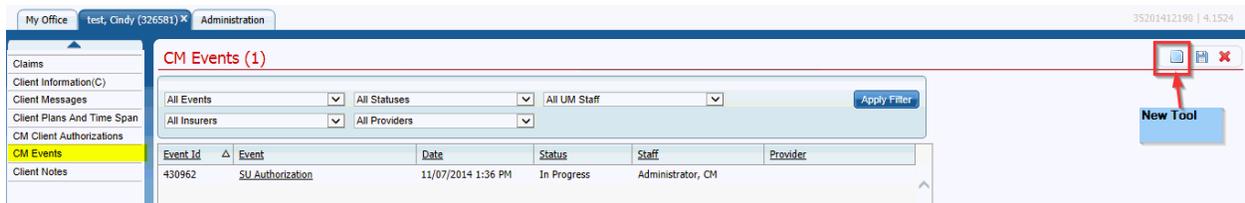


6. The record is then created and will open to the Client Information (C) page. From there, you can begin to enter information to the record as needed. Remember to click the green Save tool in the tool bar at the top right of the screen to save changes to the screens you work on.

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7. Click on the CM Events banner to open up the Events list page to enter in an SU Authorization Event or Admission Event.
8. Click New in the tool bar at the top right of the CM Events list page to create a new event.



How to Enter Client Insurance Information

To enter in the insurance information for a client, click on the Client Plans and Time Spans banner in the client's record.

The screenshot displays the 'Client Plans And Time Spans (3)' interface. On the left is a navigation menu with options like 'Claims', 'Client Information', and 'Client Messages'. The main area is divided into two sections: 'Client Plans' and 'Plan Time Spans'.

Client Plans Table:

Plan Name	Insured Id	Co-Pay	Start Date	End Date	COB	Service Area	
Commercial	465465646					Mental Health	Add
Medical	432423424					Mental Health	Add
Medicare	3434324					Mental Health	Add

Plan Time Spans Section:

12/17/2014 - No End Date Change COB Order... Maximize Time Spans

Plan Name	Insured Id	Start Date	End Date	COB
Medicare	3434324			

1. Once on the Client Plans and Time Spans screen, click on the 'New' tool (white piece of paper) in the tool bar at the top right of the screen. This will open the Client Plans screen where new plan information can be entered.
2. On the General tab of the page, enter in the plan name by selecting a plan name from the drop down selection. Then also enter in an Insured ID
3. Additional information can be added as applicable to the client's insurance including copayment and monthly deductible amounts.
4. When all information is entered, click the green Save tool in the tool bar at the top right of the screen. Then click the red 'X' tool in the top right corner of the screen to close this page.

Client Plans Save ✕

General | Claim Information | Copayment | Monthly Deductible

Plan

Plan: [dropdown]
Insured ID: [text]
Group #: [text]
Employer/ Group Name: [text]
Contact Number: [text]

Insured Information

Client is Subscriber: Yes No

Copayment

Deductible: [text]

Monthly Deductible

The Client Has Monthly Deductible
Monthly Deductible Last Met: [text]

Authorization Override

Authorization is Required No Authorization Required

Comment

test

Eligibility Verification

Date Last Verified: [text]
Verified By: [dropdown]

COB History

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

5. The Client Plans and Time Spans page will now be open with the plan you just entered in the top section named Client Plans.
 - Enter in the Start Date field for the first date this plan should allowed to be used in adjudication and claims payment.
 - Enter the COB order of the plan (the order in which the plan should apply with all other plans the client has).
 - Choose the Service Area the plan is applicable to. Only choose Substance Abuse service area if you are entering the plan for a client receiving substance abuse services.
 - Click the Add button.

Client Plans And Time Spans (3)

The screenshot displays two main sections: 'Client Plans' and 'Plan Time Spans'.

Client Plans Table:

Plan Name	Insured Id	Co-Pay	Start Date	End Date	COB	Service Area	
Commercial	465465646		<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	Mental Health	Add
Medicaid	432423424		<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	Mental Health	Add
Medicare	3434324		<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	Mental Health	Add

Plan Time Spans Section:

12/17/2014 - No End Date

Change COB Order...

X Medicare 3434324- Set End Date

- Clicking the Add button adds the coverage plan to the 'Plan Time Spans' section below. In this section, the plans display in the COB order in which they were entered. They are also ordered by the start dates entered. If a plan is added that modifies the existing list, the previous plans are viewable by date range if you uncheck the 'Show Current Plans Only' checkbox. The drop down next to the 'Show current plans only' checkbox is the service area you are looking at. For example, in the screen shot above, the service area is Mental Health and there is one active plan as of 12/17/14, Medicare.

How to view Authorization Information

There are two new pages that can be used to view authorization information for providers.

My Office Tab: CM Authorizations

The screenshot shows the 'My Office' tab with the 'CM Authorizations (6252)' banner. The filter bar includes options for All Statuses, Start Date (10/01/2014), End Date (12/31/2014), Auth#, All Review Types, All Insurers, All Billing Codes, All Providers, All Sites, and a Client search field. The table below displays the following data:

Flag	Id	Client	Provider-Site	Billing Code	Status	From	To	Auth Due	Used	Appr.	Req.	Auth#
	231438			H2015	Approved	10/24/2014	10/24/2015		0.00	0.00	0.00	undefined
	231495			H0001 : HF	Requested	10/31/2014	11/30/2014		0.00	0.00	1.00	20141031-7880
	231497			90834 : HF	Requested	10/31/2014	12/31/2014		0.00	0.00	5.00	20141031-7880
	231498			H0001 : HF	Requested	11/01/2014	11/31/2014		0.00	0.00	1.00	
	231499			H0001 : HF	Requested	11/01/2014	12/31/2014		0.00	0.00	1.00	
	231500			H0001 : HF	Requested	11/01/2014	12/31/2014		0.00	0.00	1.00	
	231501			H0001 : HF	Requested	11/01/2014	12/31/2014		0.00	0.00	1.00	
	200270			H0036	Approved	10/01/2014	10/31/2014	10/31/2014	9.00	4.00	4.00	20090302-019
	206494			H0036	Approved	10/01/2014	10/31/2014	10/31/2014	30.00	10.00	10.00	20090624-008
	330140			H0036	Approved	09/25/2014	12/23/2014		2.00	72.00	72.00	20141003-027
	330141			M0064	Approved	09/25/2014	12/23/2014		0.00	2.00	2.00	20141003-028
	331510			90853 : HA HF H...	Approved	10/01/2014	10/31/2014	10/31/2014	0.00	4.00	4.00	
	334750			H0004 : HF HG	Approved	10/18/2014	01/15/2015		4.00	32.00	32.00	20141013-2837

In the My Office tab, click on the CM Authorizations banner. This banner has all authorizations for all clients. These authorizations were either requested or created via an Event in the client's record or via an authorization request from a SWMBH affiliate environment. You can see authorizations on this page based on the Providers and Insurers you are permissioned to see. The list page displays all authorizations individually. Each row is displaying one authorization's information. The information includes:

- Client name
- Provider and site authorized for services
- Billing code authorized for services
- Status of the authorization - the status include:
 - Requested = Authorization is requested but not yet reviewed. Authorizations in this status cannot be used for payment of claims.
 - Pended = The authorization has been reviewed but made pended for some business process reason. Authorizations in this status cannot be used for payment of claims.
 - Denied = The authorization has been reviewed and is denied. Authorizations in this status cannot be used for payment of claims.
 - Approved = The authorization has been reviewed and is approved. Authorizations in this status can be used for payment of claims.
 - Partially Approved = The authorization has been reviewed and some of the total units requested are approved. Authorizations in this status can be used for payment of claims.

Provider User Guides

- Closed = The units approved on an authorization have all been used in the payment of claims. Authorizations in this status cannot be used for payment of claims.
- From and to dates of the authorization
- Due date the authorization must be reviewed if requested is the status
- Units used
- Units approved
- Units requested.
- Authorization number is the assigned number to identify the authorization.
- ID number at the very beginning of the row is the system identified number for the authorization.

Use the filters at the top of the page to find an authorization you are looking for.

- You can use the status filter to find all requested and pending to know which you are awaiting decisions on. Or filter for approved authorizations to see the number of units approved vs. the number of units used.
- Note the providers and insurers you can see in the drop downs are only those you are permitted to in your user set up in the Administration tab.

Use the Export tool (blue floppy disk) in the tool bar at the top right of the screen to export the information on the list page to Microsoft Excel.

Client Tab: CM Client Authorizations

The screenshot shows the 'CM Client Authorizations (11)' interface. At the top, there are navigation tabs for 'My Office', 'test, Matt (326605)', and 'Administration'. Below the navigation, there are several filter dropdowns: 'All Insurers', 'All Billing Codes/Group', 'All Statuses', and 'All Providers'. There is also a checkbox for 'Include Exchangeable Codes' and an 'Effective As Of' date field. An 'Apply Filter' button is located to the right of these filters. Below the filters, there is a table with the following columns: 'Auth Id', 'Provider Name', 'Insurer', 'Site Name', 'Billing Code', 'Auth #', 'Status', 'Units', 'Used', 'From', and 'To'. The table contains 11 rows of authorization data. A 'Client Viewing' button is visible at the bottom left of the table area.

Auth Id	Provider Name	Insurer	Site Name	Billing Code	Auth #	Status	Units	Used	From	To
247361				90834		Approved	1		12/10/2014	12/17/2014
247362				H0001 HF		Approved	1		12/03/2014	12/11/2014
247364				H0001 HF		Requested	1		12/10/2014	12/11/2014
247360				H0001 HF		Requested	1		12/18/2014	12/31/2014
247363				H0001 HF		Approved	1		12/18/2014	12/18/2014
247365				H0001 HF		Requested	1		12/09/2014	12/17/2014
247366				H0001 HF		Approved	1		12/17/2014	12/18/2014
247367				H0001 HF		Requested	1		12/16/2014	12/17/2014
247369				H0001 HF		Requested	1		12/17/2014	12/18/2014
247370				H0001 HF		Requested	1		12/10/2014	12/17/2014
247374				H0001 HF		Requested	1		12/10/2014	12/17/2014

In the client tab, click on the 'CM Client Authorizations' banner. This will open the list of the client's authorizations. These authorizations were either requested or created via an Event in the client's record or via an authorization request from a SWMBH affiliate environment. You can see authorizations on this page based on the Providers and Insurers you are permitted to see. Each row is an authorization for the client. The information you can see for each authorization includes:

- Auth Id - this is the system generated ID that is used to identify the authorization.
- Provider Name - the name of the provider the authorization is for.
- Insurer - the name of the insurer that is authorizing the service
- Site Name - the name of the provider's site the authorization is for.
- Billing Code - the billing code and modifiers authorized for services
- Auth # - A system generated identification number
- Status of the authorization - the status include:
 - Requested = Authorization is requested but not yet reviewed.
Authorizations in this status cannot be used for payment of claims.
 - Pended = The authorization has been reviewed but made pended for some business process reason. Authorizations in this status cannot be used for payment of claims.
 - Denied = The authorization has been reviewed and is denied.
Authorizations in this status cannot be used for payment of claims.
 - Approved = The authorization has been reviewed and is approved.
Authorizations in this status can be used for payment of claims.
 - Partially Approved = The authorization has been reviewed and some of the total units requested are approved. Authorizations in this status can be used for payment of claims.
 - Closed = The units approved on an authorization have all been used in the payment of claims. Authorizations in this status cannot be used for payment of claims.
- Units requested or units approved depending on the status
- Units Used is the number of units that have been used to pay for other claims
- From and To date is the date range the authorization is effective for.

Use the filters at the top of the page to narrow the list of authorizations.

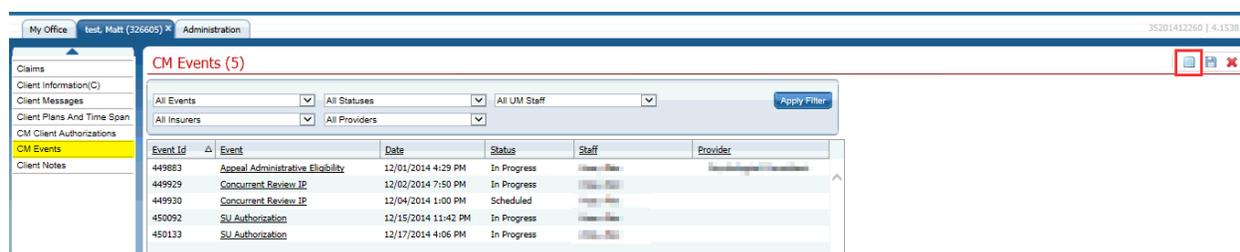
- Note the providers and insurers you can see in the drop downs are only those you are permitted to in your user set up in the Administration tab.

Use the Export tool (blue floppy disk) in the tool bar at the top right of the screen to export the information on the list page to Microsoft Excel.

Creating and Completing Events

Events are used for documenting clinical information in a client's record, including requesting substance abuse authorizations. Events are in the CM Events banner within a client's tab. To create and complete an event, complete the following steps:

1. Open the client you want to create an event for.
2. In the banners within the client's tab, click on the CM Events banner.
3. In the CM Events list page that opens, click on the New tool (white piece of paper) in the tool bar at the top right of the screen.



4. In the Event that is created, complete the following fields in the Event tab of the event (highlighted in the picture below)
 - Event - In the drop down, choose the type of event you wish to create
 - Date - Enter the Effective Date of the Event
 - Note for Admission Events this should match the Date of Admission
 - Time - Enter the Time the event occurred
 - Staff - This will default to your name
 - Status - Choose In Progress to complete the event now. Choose Scheduled to schedule an event to happen in the future.
 - Insurer - Choose the Insurer associated to the Event
 - Provider - The system enters this field based on the following logic:
 - If the client's record is a record associated to a specific substance abuse provider, then the provider the record is associated with will display.
 - If the event is in the client's Master Record, then your assigned primary provider based on your permissions set up in the Administration section of the system will be displayed.

Provider User Guides

The screenshot shows the 'Authorization Request' form with the 'Details' tab selected. The form includes a header with a date (12/17/2014), a search bar, and a 'Go To' dropdown. Below the header are buttons for 'View', 'Share', 'Status', 'In Progress', 'Effective' (12/18/2014), 'Author' (Test 2, Streamline), and 'More Detail'. A 'Save' button is highlighted in red in the top right corner. The 'Details' section contains the following fields:

Event	SU Authorization
Date	12/18/2014
Time	12:52 PM
Staff	Test 2, Streamline
Status	In Progress
Insurer	Testajins
Provider	Provider ABC

5. Click on the Note tab to open the event based on the Event chosen in the Event field of the General Tab.
6. Complete the fields in the Note tab as required on the event.
 - To save the changes made to the event but not finish the event, click the Save tool in the tool bar at the top right of the screen.

The screenshot shows the 'Authorization Request' form with the 'Note' tab selected. The form includes a header with a date (07/25/2013), a search bar, and a 'Go To' dropdown. Below the header are buttons for 'View', 'Share', 'Status', 'New', 'Effective' (01/08/2015), 'Author' (Voss, Alex), and 'More Detail'. A 'Sign' button is highlighted in red in the top right corner. The 'Note' section contains the following fields:

Insurer	
---------	--

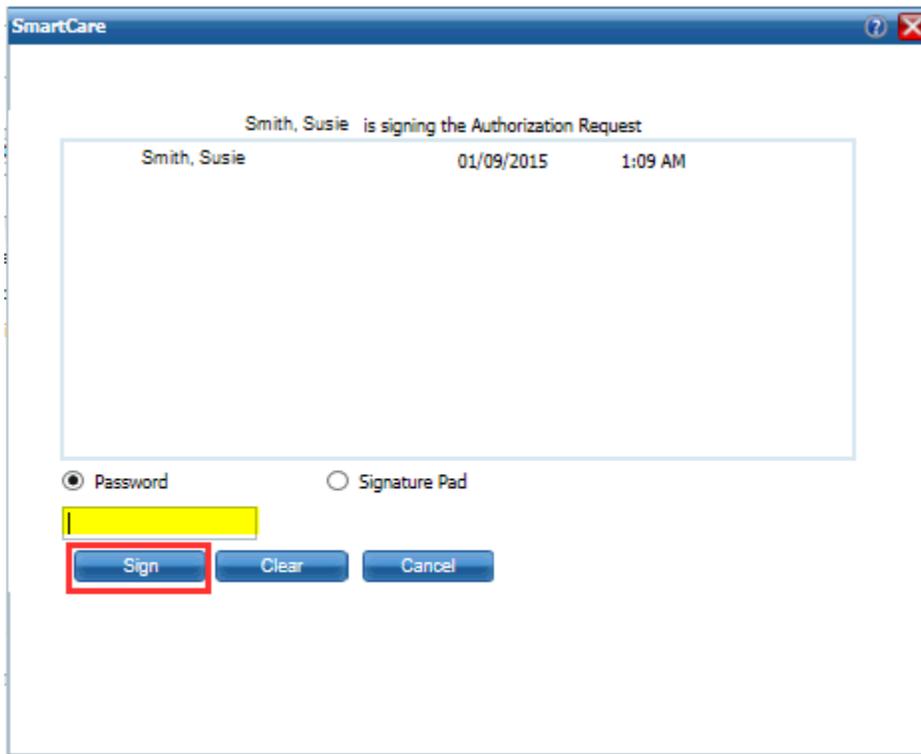
7. When you are ready to finish the event, click the Sign button in the top right of the event (circled in red in the screen shot below). Note that sometimes the Sign button will instead read 'Complete'. Either way, click this button.
8. If there s a requirement to complete this event that is not completed, it will appear in the 'Validations' box and you will not be able to sign/complete the event. The Validations reads each requirement and tells the Tab name within the event, field name within the event and what is required. Use this list to complete all required fields still needed.

The screenshot shows the 'Authorization Request' form with the 'Validations' pop-up window open. The pop-up window contains the following text:

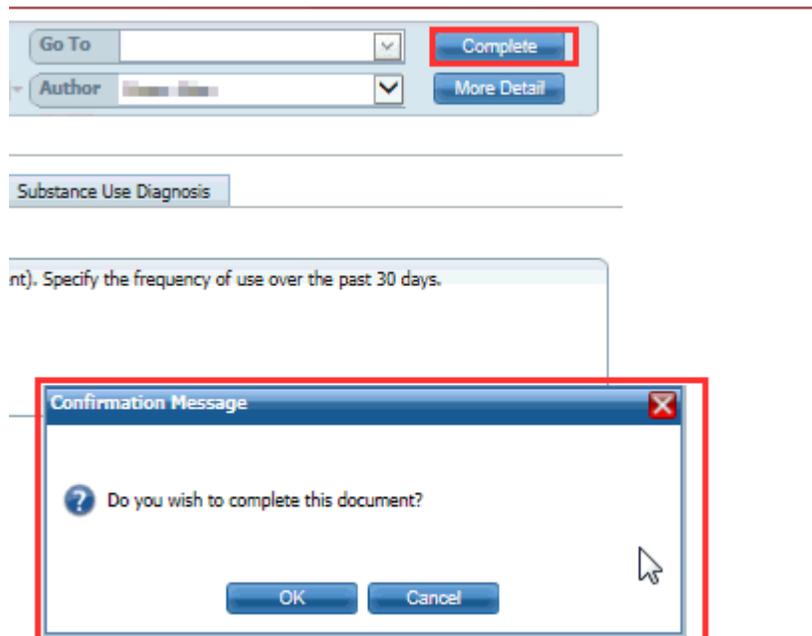
Validations
Authorization Request - Please select Women's Speciality Program.
Event Date must be Today.
Authorization Request - An Admission Event is required for non-assessment Authorization Requests

The 'Sign' button in the top right corner of the form is circled in red.

10. When all requirements are met, if the event has the Sign button, you will see this pop up and be asked to enter your password to sign the event. Enter your password in the box highlighted in the screen shot below and click the Sign Button. The event is now done.



- If the event has a complete button, instead of entering your password, you will see a pop up as shown in the screen shot below. Click the Ok button in the pop up to complete the event. The event is now done.

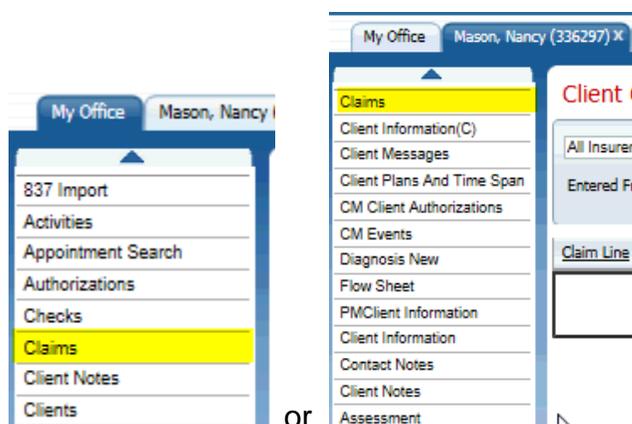


Enter in a claim

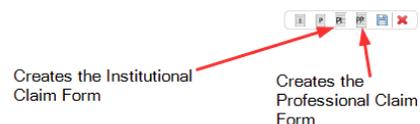
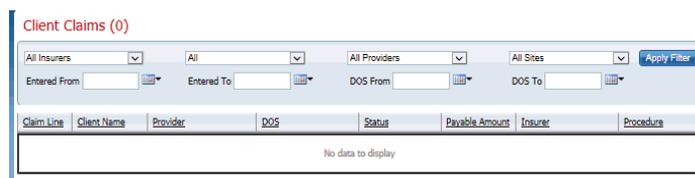
Professional Claim

To enter a professional claim directly into the system, the following steps are followed:

1. Open either the Claims list page in My Office by clicking on the Claims banner or the Claims list page in the client's record you want to enter a claim for by clicking on the Claims banner in the client's tab.



2. Use the tools in the tool bar to create a new claim:
 - PI tool: Will create an Institutional claim form



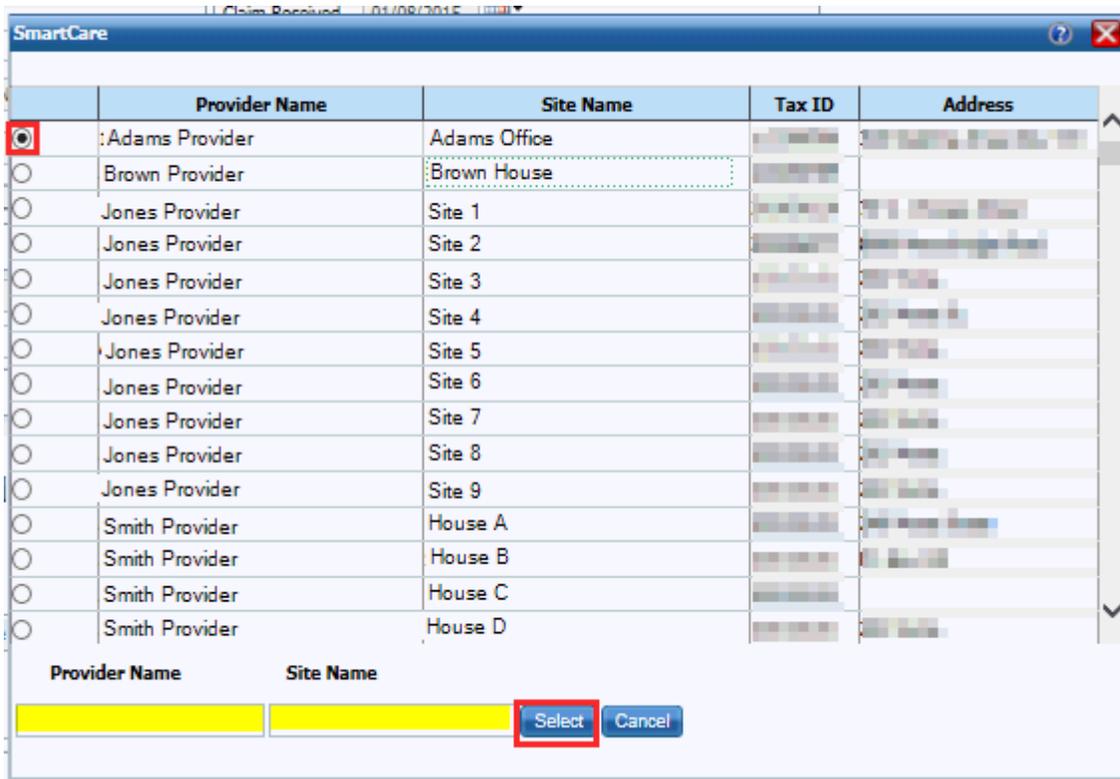
Claim Form Page

General Custom Fields

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

Claim Information
Claim Received 01/08/2015
Clean Claim Date
Claim Status Entry Complete

3. The form will open. In the client Provider Section fill out the following:
 - Auth # - This field is optional. If you enter the authorization number the client and provider/site names will automatically populate. If left blank you can instead fill out the client and provider/site fields.
 - Last Name and First Name - this is the client's name you are entering the claim for. If the claim form was created from the Claims list page in the Client's tab, the client name will automatically populate. If these fields are blank or to change the client name, click on the Last Name button. This will open the Client Search pop up. Use the Client Search to find the client you want to enter the claim for.
 - Provider and Site - Click on the Provider button to open a search pop up.
 - In the pop up, use the Provider Name and Site Name fields to search by name for the provider you are looking for. Then click the radio button (circle) next the provider and site name you want to select for this claim. Click the Select button and this provider and site will be added to the claim.



- Insurer - Use the drop down to select the Insurer that will be paying for the claim.

4. In the Claim Information section:

- Claim Received - will be entered by the system for the date the claim is created
- Clean Claim Date - will be entered by the system for the date you save the claim and have checked the Entry Complete checkbox.
- Entry Complete - Check this box when information is entered for all the service you want to bill. This will mark the claims lines in this claim as ready to be adjudicated. If this is not checked, then the status of the Claim lines is Entry Incomplete and the claim lines cannot be adjudicated.

Claim Information

Claim Received 01/08/2015

Clean Claim Date

Claim Status Entry Complete

5. Complete the Claim Header Section:

- Patient Account No. - This field will be populated by the system with the client's ID.
- Diagnosis - Enter in the diagnosis of the client using the diagnosis code. Note that this information can pull in to a new claim from the authorization if entered in there or from the last completed claim for the client.

Claim Header

Patient Account No. 336297

Diagnosis 1. 311 2. 3.

6. Enter in the claim lines for each service you want to bill for the client, provider/site and insurer selected above.

- For each service, complete the following steps:
 - From and To - Enter the start and end date of the service.
 - Code - Choose from the drop down list the billing code of the service. Note that this field will be blank until the Provider, Site, and Insurer fields are completed in the Client and Provider section above and the From and To date fields for the service. The drop down will only show billing codes within the contract based on this information entered.
 - Modifiers - Type in the applicable modifiers for the service you are billing for.
 - Units - Enter in the number of units for the service.

Provider User Guides

- Charge - The system will calculate the charge based on the contract rate for the code and units you have entered. This charge amount can be modified.
- POS - Choose the place of service from the drop down field
- Rendering Provider - If required to report a rendering provider per the contract, select the name of the rendering provider for the service.
 - Rendering Provider names are set up in the Provider Information Page - General Tab - Associated Providers field.
- Dx - Select from the drop down the diagnosis position in the header that applies to this service.
 - The system will fill this field based on the diagnosis fields completed.
- Click the Insert button to insert the service.
- Repeat these steps for each service that needs to be entered.

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

7. Claim Footer Section - there are no required field to be filled out in this section, but the following are explanations for each field:
- Tax ID - The system populates this with the ID information from the Provider Information screen.
 - Rendering Provider: This field can have the rendering provider noted. However, if required by contract, it must be entered for the claim lines above.
 - Total Charge - The system calculates this as a total of the charge field for all services entered
 - Previous Amt Paid - The system calculates this field as the total amount of previous amounts paid entered in the third party EOB information for all services.
 - Adjustments - The system calculates this field as the total amount of adjustments entered in the adjustment field of the third party EOB information for all services.
 - Balance Due - The system calculates this field as the total amount claimed based on the total charges minus the previous amounts paid and adjustments.

- Name and Address of Facility where Services were Rendered - This is where address information can be entered but is not required
- Physician, Supplier, Billing Name, Address, Zip code & Phone # - The system will list the provider name and site. Information can be added or modified but is not required
- Comment - This field is for comments as needed but is not required.

Claim Footer

Tax ID* SSN EIN 382644283

Rendering Provider

Total Charge

Previous Amt Paid

Adjustments

Balance Due

32. Name and Address of Facility where Services were Rendered

33. Physician, Supplier Billing Name, Address, Zip code & Phone #
Psych Consultants - Kalamazoo

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

- To save the information entered for claims, click the Save tool in the tool bar at the top right of the screen.
 - The red 'X' tool can be used to close the form and return to the list page.
 - The New tool will create a new claim form for the same client.
 - Remember to be sure the 'Entry Complete' check box is checked in the Claim Information section at the top of the form for the claim lines to be ready for adjudication.

Claim Entry - Professional

Save

General Custom Fields

Patient Account No. 336297

Diagnosis 1. 311 2. 3.

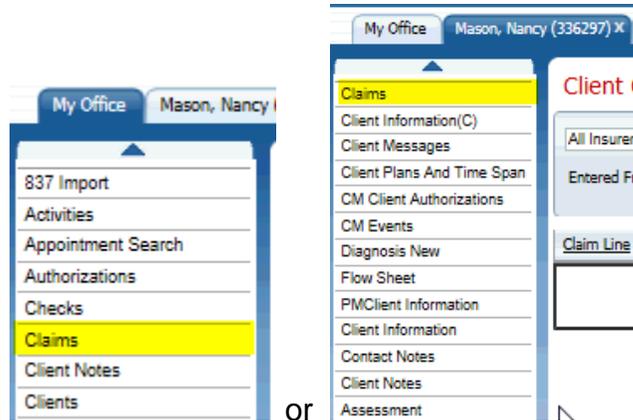
Service Lines

Institutional Claim

To enter a institutional claim directly into the system, the following steps are followed:

Provider User Guides

1. Open either the Claims list page in My Office by clicking on the Claims banner or the Claims list page in the client's record you want to enter a claim for by clicking on the Claims banner in the client's tab.



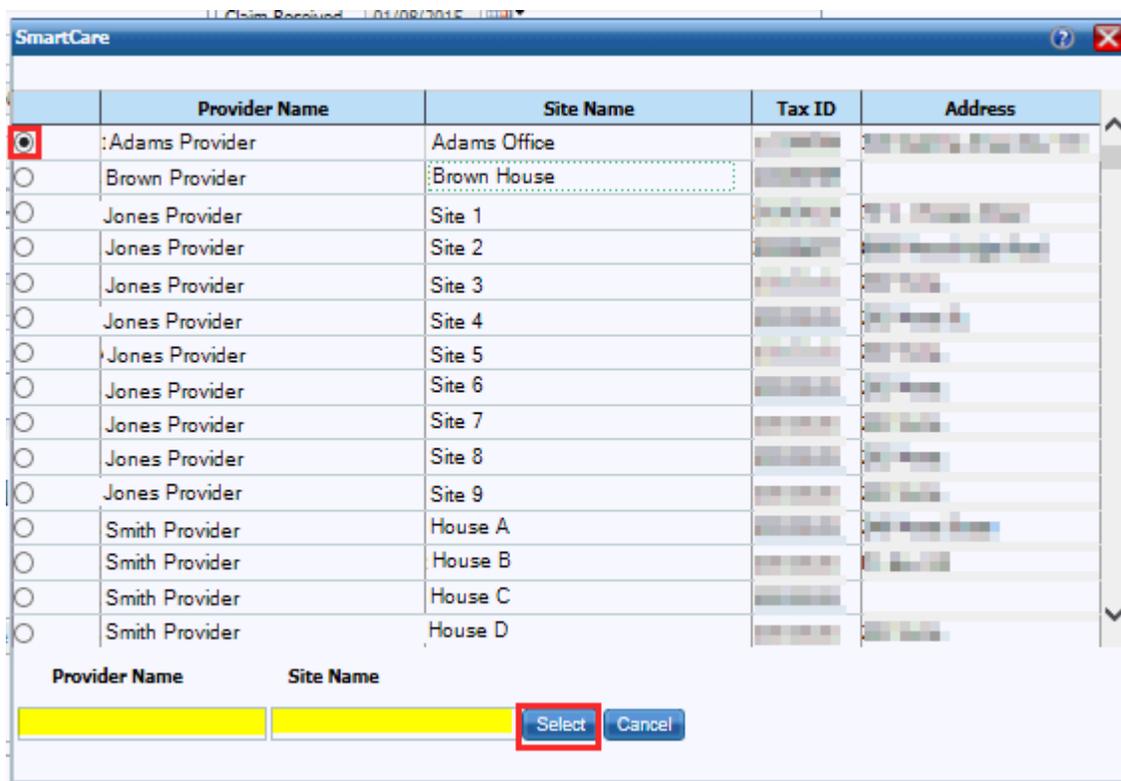
2. Use the tools in the tool bar to create a new claim:
 - PP tool: Will create a Professional claim form
 - PI tool: Will create an Institutional claim form



Claim Form Page

3. The form will open. In the client Provider Section fill out the following:
 - Auth # - This field is optional. If you enter the authorization number the client and provider/site names will automatically populate. If left blank you can instead fill out the client and provider/site fields.

- Last Name and First Name - this is the client's name you are entering the claim for. If the claim form was created from the Claims list page in the Client's tab, the client name will automatically populate. If these fields are blank or to change the client name, click on the Last Name button. This will open the Client Search pop up. Use the Client Search to find the client you want to enter the claim for.
- Provider and Site - Click on the Provider button to open a search pop up.
 - In the pop up, use the Provider Name and Site Name fields to search by name for the provider you are looking for. Then click the radio button (circle) next the provider and site name you want to select for this claim . Click the Select button and this provider and site will be added to the claim.

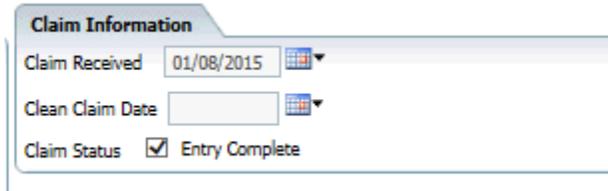


- Insurer - Use the drop down to select the Insurer that will be paying for the claim.

4. In the Claim Information section:

- Claim Received - will be entered by the system for the date the claim is created
- Clean Claim Date - will be entered by the system for the date you save the claim and have checked the Entry Complete checkbox.

- Entry Complete - Check this box when information is entered for all the service you want to bill. This will mark the claims lines in this claim as ready to be adjudicated. If this is not checked, then the status of the Claim lines is Entry Incomplete and the claim lines cannot be adjudicated.



Claim Information

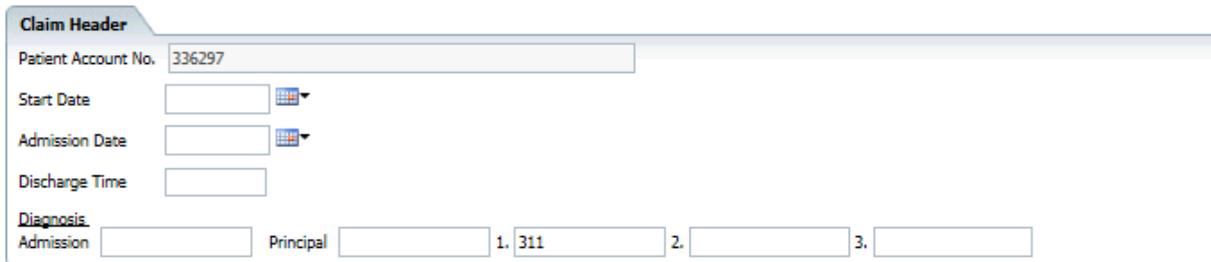
Claim Received 01/08/2015

Clean Claim Date

Claim Status Entry Complete

5. Complete the Claim Header Section:

- Patient Account No. - This field will be populated by the system with the client's ID.
- Start Date - Enter the Start Date services will be billed for
- Admission Date - Enter the admission date for the institutional service
- Discharge Time - Enter the time of discharge from the institutional service
- Diagnosis - Enter in the diagnosis of the client using the diagnosis code. Enter in the Admission, Principal and additional diagnosis as applicable in the 1, 2 and 3 fields. Note that this information can pull in to a new claim from the authorization if entered in there or from the last completed claim for the client.



Claim Header

Patient Account No. 336297

Start Date

Admission Date

Discharge Time

Diagnosis

Admission Principal 1. 311 2. 3.

6. Enter in the claim lines for each service you want to bill for the client, provider/site and insurer selected above.

- For each service, complete the following steps:
 - From and To - Enter the start and end date of the service.
 - Revenue Code - Type in the Revenue Code of the service
 - HCPCS Code - Enter the HCPCS Code of the service
 - Modifiers - Type in the applicable modifiers for the service you are billing for.
 - Units - Enter in the number of units for the service.

- Total Charges - The system will calculate the charge based on the contract rate for the code and units you have entered. This charge amount can be modified.
- Click the Insert button to insert the service.
- Repeat these steps for each service that needs to be entered.

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

7. Claim Footer Section - there are no required field to be filled out in this section, but the following are explanations for each field:
- Tax ID - The system populates this with the ID information from the Provider Information screen.
 - Rendering Provider: This field can have the rendering provider noted. However, if required by contract, it must be entered for the claim lines above.
 - Total Charge - The system calculates this as a total of the charge field for all services entered
 - Previous Amt Paid - The system calculates this field as the total amount of previous amounts paid entered in the third party EOB information for all services.
 - Adjustments - The system calculates this field as the total amount of adjustments entered in the adjustment field of the third party EOB information for all services.
 - Balance Due - The system calculates this field as the total amount claimed based on the total charges minus the previous amounts paid and adjustments.
 - Name and Address of Facility where Services were Rendered - This is where address information an be entered but is not required
 - Physician, Supplier, Billing Name, Address, Zip code & Phone # - The system will list the provider name and site. Information can be added or modified but is not required
 - Comment - This field is for comments as needed but is not required.

Provider User Guides

Claim Footer

Tax ID* SSN EIN 382644283

Rendering Provider

Total Charge

Previous Amt Paid

Adjustments

Balance Due

32. Name and Address of Facility where Services were Rendered

33. Physician, Supplier Billing Name, Address, Zip code && Phone #
Psych Consultants - Kalamazoo

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

- To save the information entered for claims, click the Save tool in the tool bar at the top right of the screen.
 - The red 'X' tool can be used to close the form and return to the list page.
 - The New tool will create a new claim form for the same client.
 - Remember to be sure the 'Entry Complete' check box is checked in the Claim Information section at the top of the form for the claim lines to be ready for adjudication.

Claim Entry - Professional

General Custom Fields

Save

Patient Account No. 336297

Diagnosis 1. 311 2. 3.

Service Lines

Enter Multiple Claim Lines at a Time on a Claim

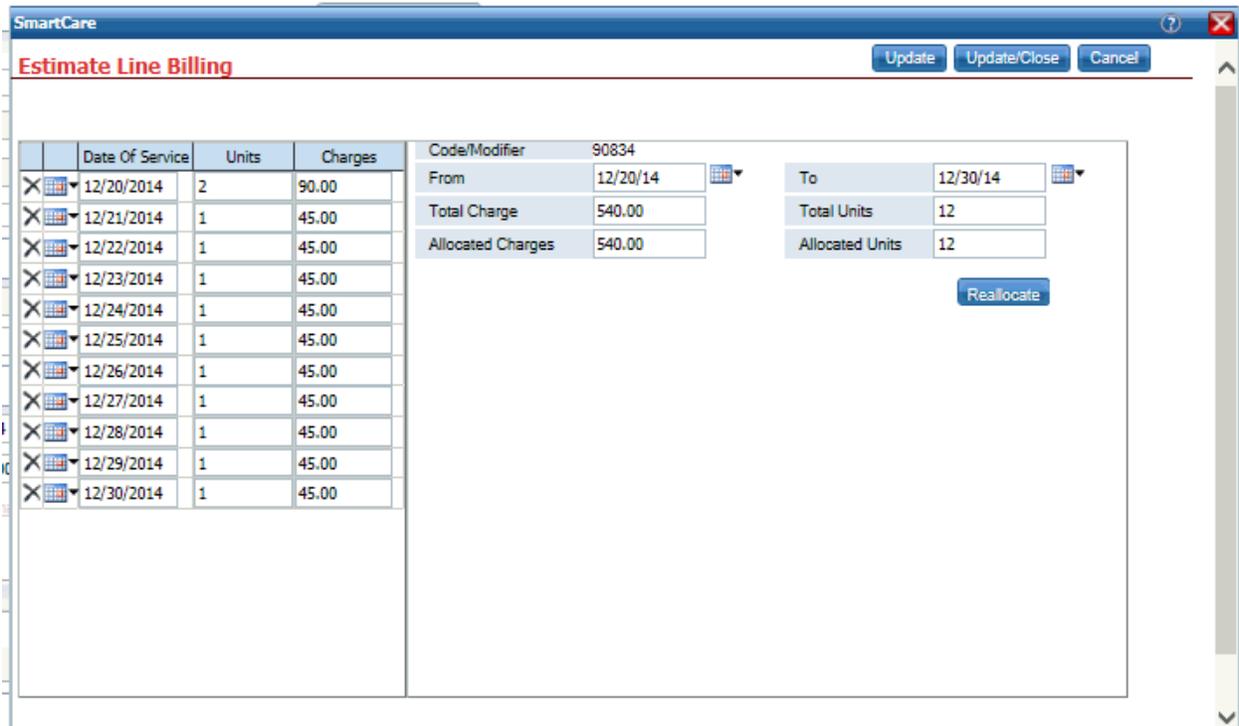
If you are manually entering claims into the system and you are entering services for the same billing code but for multiple days, there is a tool you can use to make entry easier.

The tool is called Estimate Line Billing. Note that this can be done in the Professional and Institutional Claim entry pages. Below are the steps of how to use this tool using the Professional Claim form as an example.

1. On the claim form page, in the Service Lines section of the claim form:
 - Enter the From and To Dates to be the start date and the end date for the time frame you want to enter services for.
 - Enter the code and modifiers that will be billed for all of the service (note to use this tool all services must have the same billing code and modifier)
 - Enter the total number of units to be billed for the time frame
 - Enter the total charge to be billed for the time frame
 - Instead of clicking Insert to insert one claim line, click the Estimate Line Billing button.

The screenshot shows the 'Service Lines' section of a claim form. It includes fields for 'From' (12/20/14), 'To' (12/30/14), 'Code' (90834), 'Modifiers', 'Units' (12), 'Charge' (540.00), 'POS' (11 Office), 'Rendering Provider', 'Dx' (1), and checkboxes for 'Allowed', 'Paid', and 'Adj'. There are also buttons for 'Estimate Line billing...', 'Insert', and 'Clear'. The 'Estimate Line billing...' button is highlighted with a red box.

2. This will open the Estimate Line Billing pop up. The system will use the total units and total charge amount and try to divide the amount equally across all dates within the time frame. If the totals are not equally divisible, the remainder of the units and charge will be placed on the first date of service.
 - The dates of service with the units and charges is showing how the system would take the totals entered and create individual claim lines for each date of service for the units and charges entered for each date of service.



3. If the system determined units and charges needs to be modified for the dates of service, then make changes on the left side of the pop up.
 - You can delete a date of service by clicking the black 'X' next to the date of service you wish to delete.
 - Type in the Units and Charges fields the actual unit and charge amounts you want to bill for each day.

	Date Of Service	Units	Charges
X	12/20/2014	2	90.00
X	12/21/2014	1	45.00
X	12/22/2014	1	45.00
X	12/23/2014	1	45.00
X	12/24/2014	1	45.00
X	12/25/2014	1	45.00
X	12/26/2014	1	45.00
X	12/27/2014	1	45.00
X	12/28/2014	1	45.00
X	12/29/2014	1	45.00
X	12/30/2014	1	45.00

Enter Multiple Claim Lines at a Time on a Claim

- As you make those changes, the Allocated Charges and Allocated Units fields will update to reflect the new amount you have entered. The Total Charge and Total Units are the original amounts you started with.
 - Note - the Reallocate button will reset the values on the left to the system determine values when the pop up was first opened. Only click this if you wish to reset all the values.

Code/Modifier	90834	To	12/30/14
From	12/20/14	Total Units	12
Total Charge	540.00	Allocated Units	12
Allocated Charges	540.00		

Reallocate

- When all changes are completed as needed, then click the Update/Close Button to create a claim line for each date of service on the left.
 - Update button will add the claims lines as services just as the Update/Close button does, but will not close the pop up.
 - Cancel button will close the pop up without making any claim lines.

SmartCare Estimate Line Billing

Date Of Service	Units	Charges
12/20/2014	2	90.00
12/21/2014	1	45.00
12/22/2014	1	45.00

Code/Modifier	90834	To	12/30/14
From	12/20/14	Total Units	12
Total Charge	540.00	Allocated Units	12
Allocated Charges	540.00		

Update Update/Close Cancel

- The systems has created a claim line for each date of service and each claim line can now be seen on the claim form in the Service Lines section.

Provider User Guides

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
X <input type="radio"/>	12/13/2014	12/13/2014	90834	1.00	11 Office	60.00	N
X <input type="radio"/>	12/14/2014	12/14/2014	90834	1.00	11 Office	45.00	N
X <input type="radio"/>	12/20/2014	12/20/2014	90834	2	11 Office	90.00	N
X <input type="radio"/>	12/21/2014	12/21/2014	90834	1	11 Office	45.00	N
X <input type="radio"/>	12/22/2014	12/22/2014	90834	1	11 Office	45.00	N
X <input type="radio"/>	12/23/2014	12/23/2014	90834	1	11 Office	45.00	N
X <input type="radio"/>	12/24/2014	12/24/2014	90834	1	11 Office	45.00	N
X <input type="radio"/>	12/25/2014	12/25/2014	90834	1	11 Office	45.00	N
X <input type="radio"/>	12/26/2014	12/26/2014	90834	1	11 Office	45.00	N
X <input type="radio"/>	12/27/2014	12/27/2014	90834	1	11 Office	45.00	N
X <input type="radio"/>	12/28/2014	12/28/2014	90834	1	11 Office	45.00	N

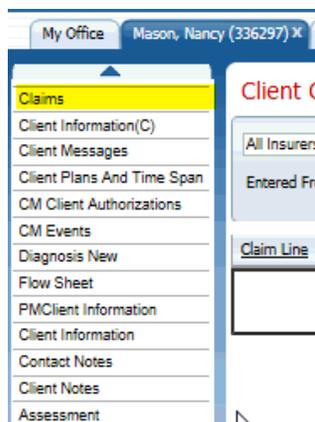
Enter Third Party EOB Information to a Claim

Within the process of entering a claim, if the provider received payment from any other pay source (client or another insurance) then the provider needs to ensure the EOB information from the other insurance and client payments are recorded. When a claim line is adjudicated the system will look at the client's coverage plans. If the client has a third party plan, such as a commercial plan or Medicare, then the system will pend the claim line for 'Awaiting third party EOB.' The EOB information must then be entered in the claim line as noted in the steps below.

Another applicable use of these steps is to document the client's copayment amount paid or to be paid by the client for client's receiving services from the SA Block Grant coverage plans.

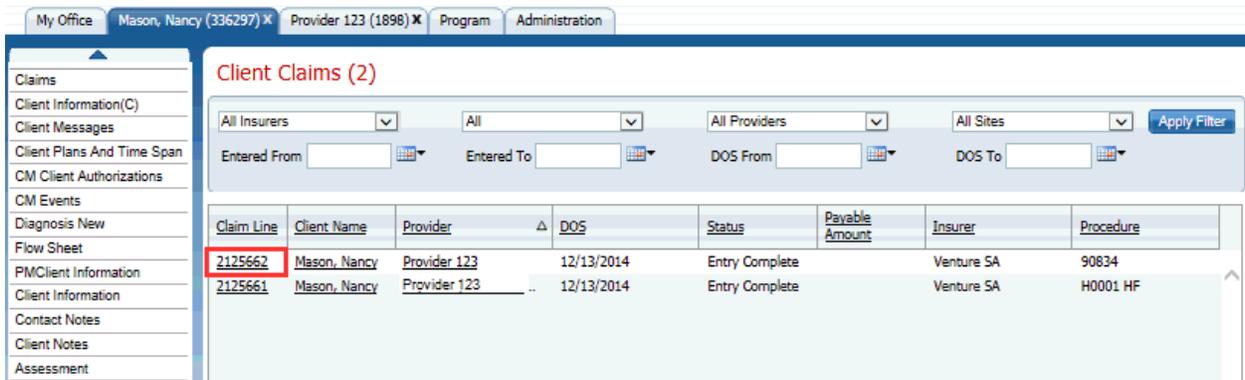
To record this information, perform the following steps:

1. Open the client's record and click on the Claims banner.

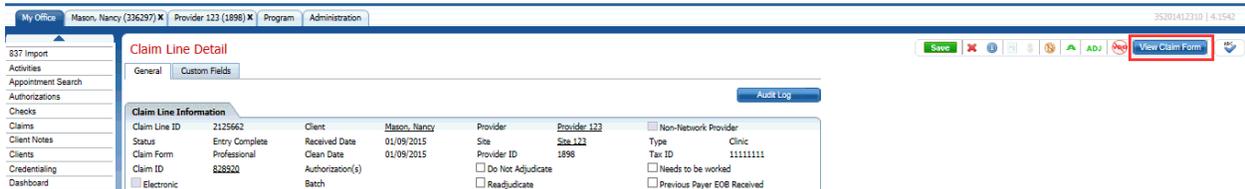


2. In the list page, find the claim line you want to enter the EOB or client payment information to.

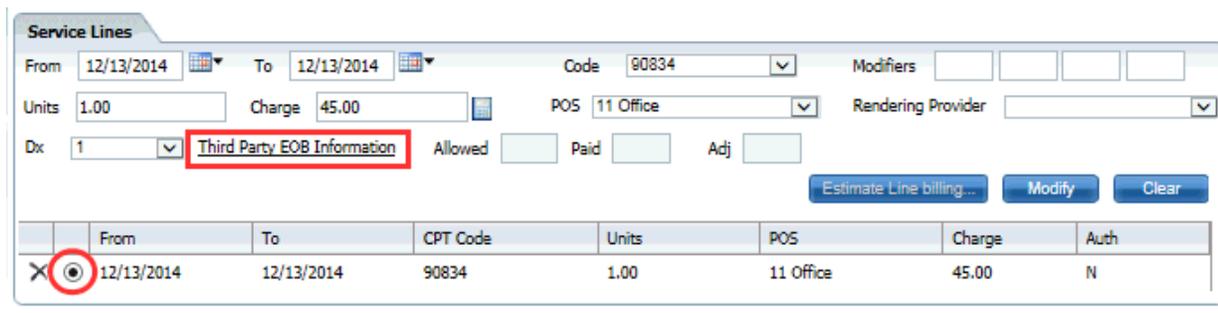
Provider User Guides



- This will open the claim line detail page. On the Claim Line Detail page, click on the View Claim Form button in the tool bar, circled in red in the screen shot below.



- This will open the claim form page. In the Service Lines section make sure the claim line you want to enter information for is selected using the radio button (circle) in the list (circled in red below). Then this claim lines information will display in the field.
- Click on the Third Party EOB Information hyperlink, next to the Dx field.



- This will open the 'Claim Entry Payment and Adjustment' pop up.
 - If entering a client's payment:

Enter Third Party EOB Information to a Claim

- Choose the name of the client as the payer in the first drop down field, then in the Previous Payment field enter the amount the client paid.
- Click Save in the top right of the pop up
- Click Close in the top right of the pop up

SmartCare

Claim Entry Payment and Adjustment

Save Close

Payer	Payer Name	Allowed Amount	Previous Payment	Previous Adjustment	Group Code	Reason
X Mason, Nancy			10.00			
X Mason, Nancy						

Charge Amount 45.00 Total Allowed 0 Total Paid 0 Total Adjusted 0 Claimed Amount 45.00

- If entering another insurance's EOB information:
 - Select the payer's name from the Payer drop down or if the payer name is not in the drop down, enter it in the Payer Name field (second field on the line).
 - Enter the allowed amount for the service as written on the payer's EOB (as applicable to the payer). If there is not an allowed amount from this payer, leave the field blank.
 - Enter the amount the payer paid in the Previous Payment field
 - Enter any adjustments the payer made to the service in the Previous Adjustments field. If there is not an adjustment from this payer, leave this field blank.
 - Use the Group Code field to indicate the type of adjustment you are documenting (not a required field)
 - Use the Reason field to indicate the adjustment reason (not a required field)

SmartCare

Claim Entry Payment and Adjustment

Please select payer

Save Close

Payer	Payer Name	Allowed Amount	Previous Payment	Previous Adjustment	Group Code	Reason
X	Medicare	40.00	10.00			
X	Mason, Nancy					

Charge Amount: 45.00 Total Allowed: 0 Total Paid: 0 Total Adjusted: 0 Claimed Amount: 45.00

- If there are multiple previous payers (for example both the client and an insurance) then enter multiple lines in the pop up.
 - Note the fields at the very bottom of the pop up are for information only to see the total numbers entered and the claimed amount based on the numbers entered.
7. When all previous payer information is entered, click the Save button in the pop up to save the information entered.
 8. Click the Close button in the pop up to close the pop up.
 9. Once the pop up closes, click the Modify button on the Service Lines section of the claim form to commit the Third Party EOB information you just entered.

Service Lines

From: 12/14/2014 To: 12/14/2014 Code: 90834 Modifiers: [] [] [] []

Units: 1 Charge: 45.00 POS: 11 Office Rendering Provider: []

Dx: 1 Third Party EOB Information Allowed: 40.00 Paid: 10.00 Adj: 0

Estimate Line billing... **Modify** Clear

	From	To	CPT Code	Units	POS	Charge	Auth
X	12/13/2014	12/13/2014	90834	1.00	11 Office	60.00	N
X	12/14/2014	12/14/2014	90834	1	11 Office	45.00	N

10. To save the information changed on the page, click the green Save tool in the tool bar before leaving the page.

Enter Third Party EOB Information to a Claim

Claim Entry - Professional Save

General Custom Fields

Client and Provider
Cannot proceed without a client and a provider
Auth #
Last Name: Mason First Name: Nancy
Provider: Provider 123 Site: Site 123
Insurer: Test Insurer

Claim Information
Claim Received: 01/09/2015
Clean Claim Date: 01/09/2015
Claim Status: Entry Complete

Claim Header
Patient Account No.: 336297
Diagnosis 1: 311

Service Lines
From: 12/14/2014 To: 12/14/2014 Code: 90834 Modifiers:
Units: 1 Charge: 45.00 POS: 11 Office Rendering Provider:
Dx: 1 Third Party EOB Information Allowed: 40.00 Paid: 10.00 Adj: 0
Buttons: Estimate Line Billing, Modify, Clear

	From	To	CPT Code	Units	POS	Charge	Auth
X	12/13/2014	12/13/2014	90834	1.00	11 Office	60.00	N
X	12/14/2014	12/14/2014	90834	1	11 Office	45.00	N

How Does The System Calculate the Claimed Amount?

When information is entered for other payers, this impacts the amount that is being claimed to pay within the Care Management system. The Charge Amount of the Claim is the original amount entered for the claim line as the charge being billed. The Claimed Amount is the system calculated amount being billed based on the previous payer information. Here is how the system is using the information entered to calculate the Claimed Amount:

- Allowed Amount entered is used to calculate claimed amount as follows: Charge Amount – Allowed Amount = the amount deducted.
 - Ex: 100 Charge – 75 allowed = 25 to be deducted
- Previous Paid is deducted from the Charge Amount
- Adjusted Amount is deducted from the Charge Amount
- Claimed Amount = Charge Amount – difference of charge and allowed – previous paid - adjusted amount

Example:

Charge Amount entered = 200.00

Allowed Amount entered = 180.00

Previous Payment entered = 50.00

Adjusted Amount entered = 20.00

Calculation will be:

Amount to be deducted for the allowed amount = 200 - 1800 = 20.00

Claimed Amount = 200 - 20 - 50 - 20 = 110.00

How Does the System Then Know What to Pay for My Claim?

Provider User Guides

The system uses the Claimed Amount and compares this amount to the following calculation:

Contract Amount - Previous Paid

In this calculation, Contract Amount is the amount that the systems determines should be paid based on the contract rates for the provider/site, insurer and dates of service entered on the claim. Previous Paid is the total amount of previous paid entered in the Third Party EOB information.

The system then determines the amount to be paid on the claim as follows:

- If Contract Amount – Previous Paid is greater than Claimed Amount, Claimed Amount is paid
- If Contract Amount – Previous Paid is less than Claimed Amount, Contract Amount – Previous Paid is paid.

Revert a Claim

After a claim line has been adjudicated, it will have a status of approved, paid, denied, partially approved, or pended. In order to make changes to the claim line or have it be considered in the next run of adjudicated claims, it must first be reverted when in one of these statuses.

Definition of Revert:

Reversing the status of a claim line to Entry Complete from the status after adjudication so that modifications can be made to the claim line.

Reasons to Revert a Claim Line:

1. Changes are needed to the claim line on the claim form page in order to correct information on the claim line.
2. The claim line needs to be run through the adjudication process as information around the claim line has changed.
 - Example: Claim line was denied for missing authorization and now one exists.
 - Example: Claim line was denied for contract reasons and now

How to Revert a Claim Line:

There are a few ways claim lines can be reverted. They are from the Claims list page or the Claim Line Detail page. Each is outlined below:

Reverting from the Claims List Page

From the Claims List Page in the My Office tab, you can revert multiple claims lines for different clients or providers all at once. In the My Office tab, perform the following steps to revert claim lines:

1. In the My Office tab, click on the Claims banner.
2. Filter in the Status filter for the status of your claim lines. The filter has to be set to one of the adjudicated statuses noted above to be able to use the Revert tool.

Provider User Guides

- Use the filters as needed to narrow the results of the list. Remember to click Apply Filter to change the list below.
3. In the list select the claim lines you want to revert.
 4. In the tool bar in the top right of the screen, click the Revert tool (black arrow pointing left). Note in the screen shot below the tool is circled in red.

Claim Lines (18)

Insurer 1 | 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: 12/09/2014 | Received To: 01/09/2015 | DOS From | DOS To

Select: All. All on Page: None | Total Payable Amount: \$ 0.00

Claim Line	Client Name	Provider	DOS	Status	Payable Amount	Insurer	Procedure	Units	Denial Reasons
<input checked="" type="checkbox"/> 2125542	Doe, Jane	Provider ABC	10/13/2014	Denied	\$0.00	Insurer 1	H0036	8	8 Member is not ellob...
<input checked="" type="checkbox"/> 2125543	Doe, John	Provider ABC	10/13/2014	Denied	\$0.00	Insurer 1		8	8 Invalid Billing Code
<input checked="" type="checkbox"/> 2125544	Smith, Sam	Provider ABC	10/13/2014	Denied	\$0.00	Insurer 1	H0036	8	8 Invalid diagnosis code
<input checked="" type="checkbox"/> 2125545	Williams, Adam	Provider ABC	12/08/2014	Denied	\$0.00	Insurer 1		8	8 Invalid Billing Code

5. In the pop up that opens, you will see the claim lines selected from the list page. Click the Revert button to revert the claim lines.

SmartCare

Revert Claims

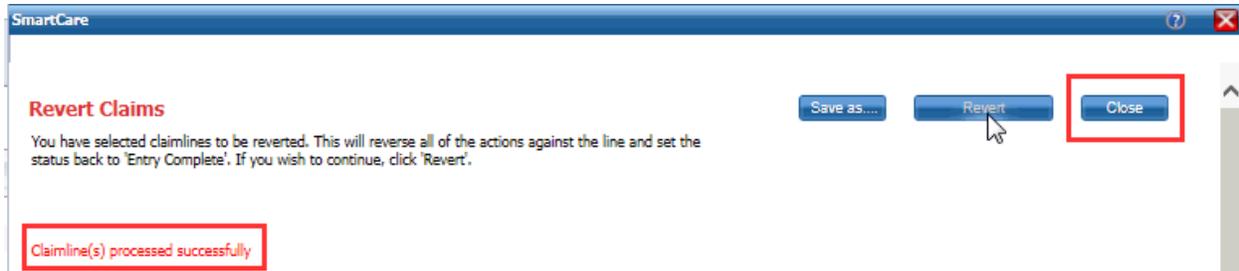
You have selected claimlines to be reverted. This will reverse all of the actions against the line and set the status back to 'Entry Complete'. If you wish to continue, click 'Revert'.

Save as... | Revert | Close

Service Line Id	Client Name	Provider	DOS	CPT/HCPCS Code+Modes	Rev Code	Units	Status	Insurer	Claimed Amt	Payable
2125542	Doe, Jane	Provider ABC	10/13/2014	H0036		8	Denied	Insurer 1	\$256.00	
2125543	Doe, John	Provider ABC	10/13/2014	485	256	8	Denied	Insurer 1	\$865.00	
2125544	Smith, Sam	Provider ABC	10/13/2014	H0036		8	Denied	Insurer 1	\$256.00	
2125545	Williams, Adam	Provider ABC	12/08/2014	545	454	8	Denied	Insurer 1	\$256.00	

6. When the system has reverted the claim lines, you will see the statement, 'Claimline(s) processed successfully'. Click the Close button to close the pop up.
 - Note that you can use the Save As button at any time to send this list of claim lines to Excel to have a record of what you reverted.

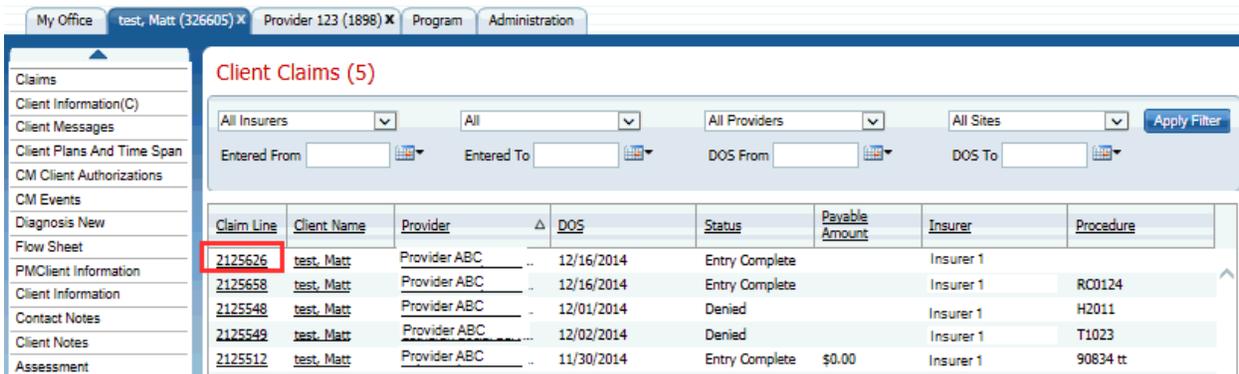
Revert a Claim and Make Changes to a Claim



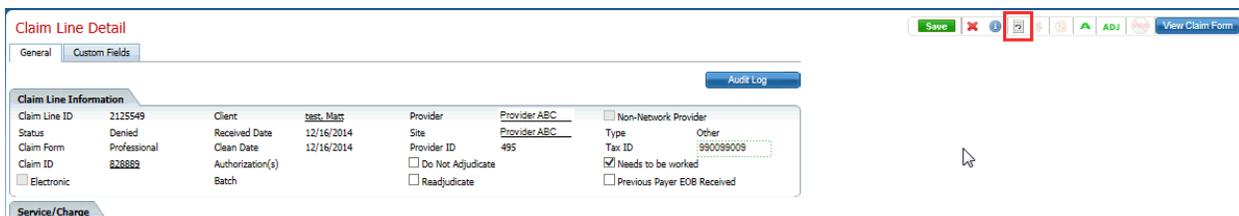
Reverting from the Claim Line Detail Page and Making a Change to the Claim Line

If a change needs to be made to a claim line, then the claim line detail page needs to be opened to get to the claim form page. When in the Claim Line detail page, the claim line can be reverted. To revert a claim line from the detail page and then make a change to the claim line, perform the following steps.

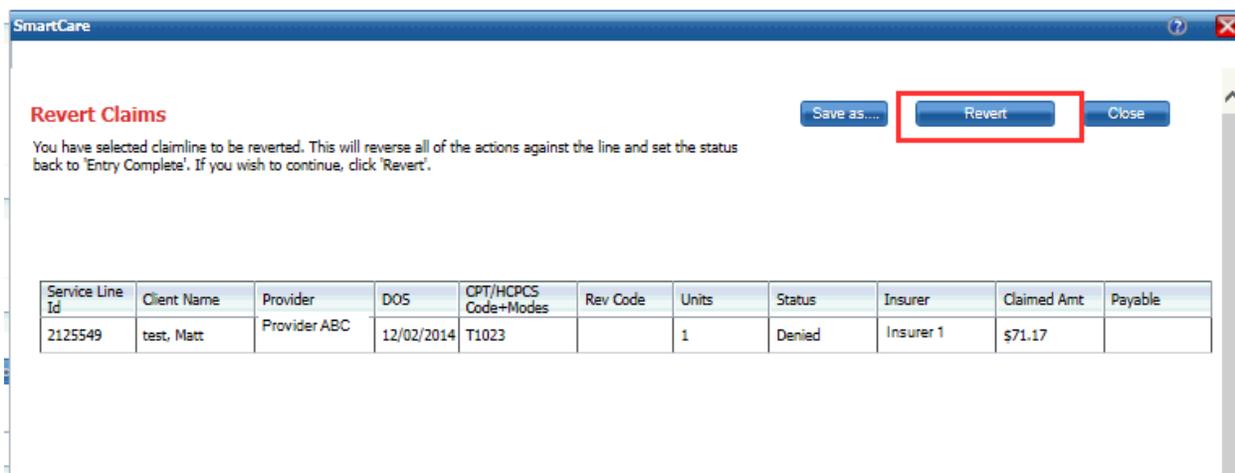
1. Open the Claim Line ID you want to change from the list page (either the My Office tab - Claims list page or the Client tab - Claims list page). Click on the Claim Line ID to open the claim line detail page.



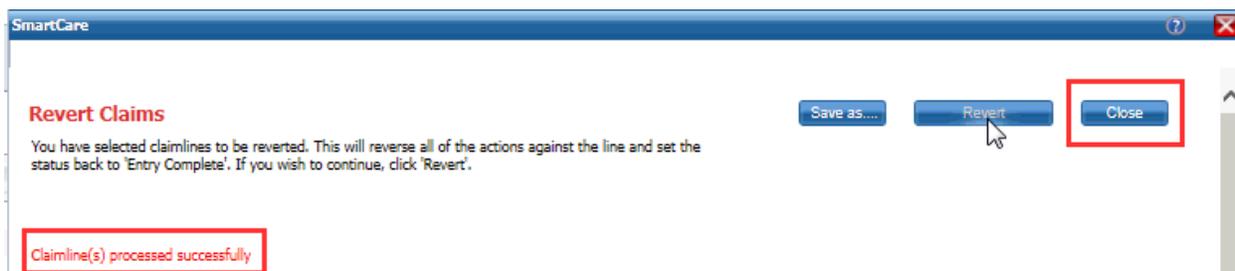
2. In the Claim Line Detail page, click on the Revert tool in the tool bar (the black arrow point left) (it is circled in red below).



3. A pop up will open displaying the claim line. Click the blue Revert button to revert the claim line.



4. When the system has reverted the claim lines, you will see the statement, 'Claimline(s) processed successfully'. Click the Close button to close the pop up.
 - Note that you can use the Save As button at any time to send this list of claim lines to Excel to have a record of what you reverted.



5. To make a change to the claim line, click on the View Claim Form blue button in the tool bar at the top right of the screen.



6. The Claim Form page will now be opened. The Service Lines section is where you can select the claim line and make a change. To make any changes to the header or footer sections, all claims lines within the claim must be reverted.
 - In the Service Lines section, use the radio button (circle) next to the claim line to select the claim line you wish to change. The claim line information will appear in the fields in the Service Lines section.
 - Make the changes needed in the Service Lines fields.

Revert a Claim and Make Changes to a Claim

- Click the Modify button to commit the changes made back to the list below.
- Note that if there is more than one claim line needing to be changed on the same Claim, as long as all the claim lines needing to be changed are reverted you can repeat these steps for each line to make the changes needed.

Claim Entry - Professional

General Custom Fields

Client and Provider
Cannot proceed without a client and a provider
Auth #
Last Name: test First Name: Matt
Provider: Provider ABC Site: Site A
Insurer: Insurer 1

Claim Information
Claim Received: 12/16/2014
Clean Claim Date: 12/16/2014
Claim Status: Entry Complete

Claim Header
Patient Account No.: 326605
Diagnosis 1: 311 2: 0 3: 0

Service Lines
From: 12/02/2014 To: 12/02/2014 Code: T1023 Modifiers:
Units: 1.00 Charge: 110.00 POS: 11 Office Rendering Provider:
Dx: 1 Third Party, EOB Information Allowed: 100.00 Paid: 24.50 Adj: 4.33
Estimate Line being **Modify** Clear

	From	To	CPT Code	Units	POS	Charge	Auth
X	12/01/2014	12/01/2014	H2011	4.00	11 Office	45.00	N
X	12/02/2014	12/02/2014	T1023	1.00	11 Office	110.00	N

Save Changes Made

Close the Screen

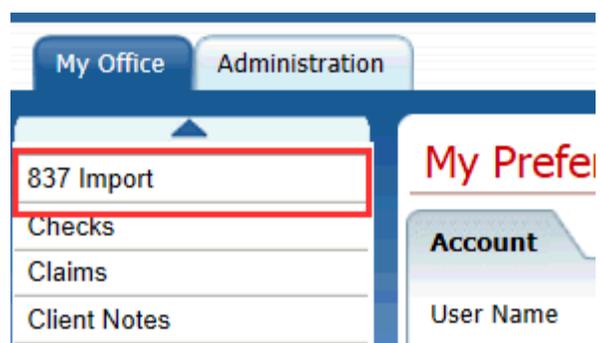
Note that if claim lines are not already reverted, you can revert claim lines from the claim entry page too.

7. Click the green Save tool in the tool bar at the top right of the screen to save the changes made on the claim form.
8. Click the red 'X' tool in the tool bar to close the page and return to the Claim Line Detail page. You have completed making the changes.

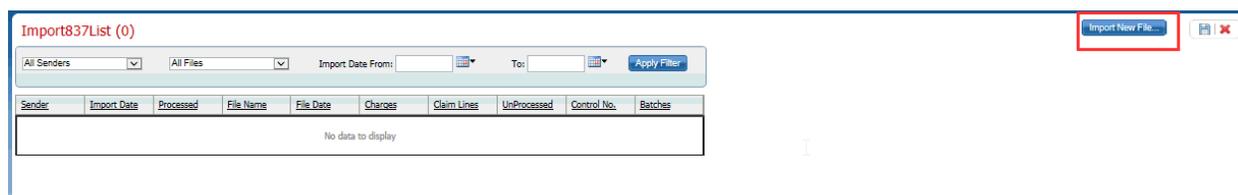
837 Uploading

To submit billing electronically, you can upload an 837 file to the SmartCare system. To upload an 837 file in the SmartCare system, perform the following steps:

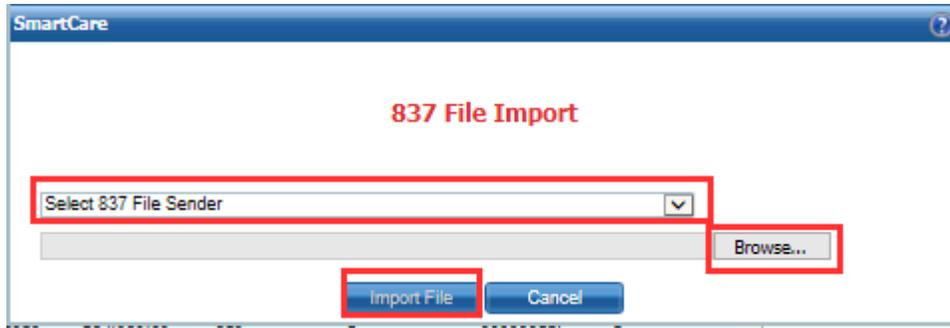
1. Click on the 837 Import banner in the My Office tab.



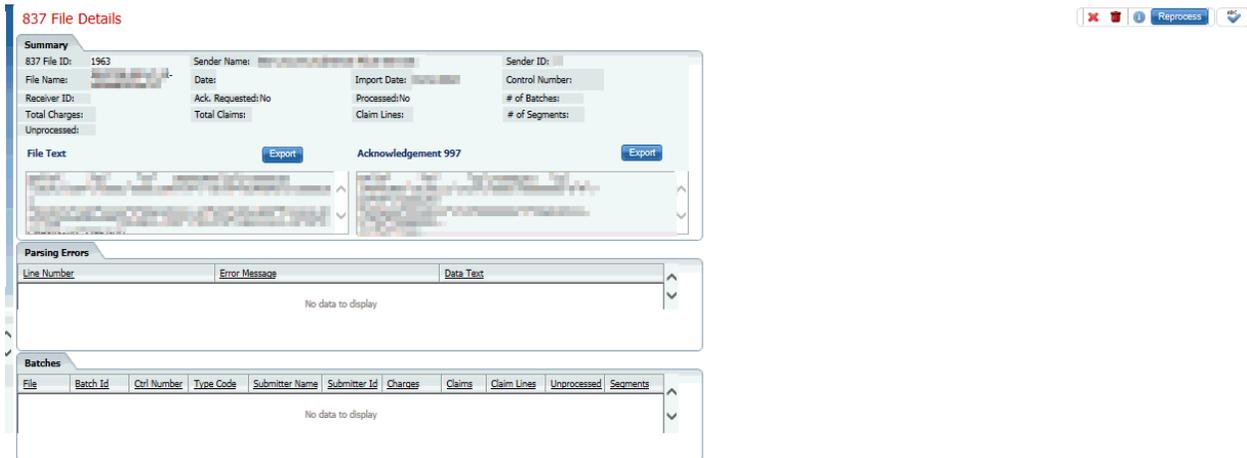
2. In the list page you will see any files you have previously uploaded. To import a new file, click on the Import New File to import a new 837 File.



3. In the pop up that opens,
 - Select your provider name as the 837 File Sender
 - Click the Browse button to locate the 837 file you want to upload so that the file name appears to the left of the browse button.
 - Click the Import File button to import the file



4. The 837 File Details page displays the file information and what was created as far as batches and any parsing errors.
 - Use this page to Reprocess the file by clicking on the reprocess button in the tool bar at the top right of the page.



- In the Batches section, you will see the batch Id's created for the importing of the claim lines.
 - Click on the Batch ID to open the 837 Batch Details page. This page displays the summary of the batch and the transaction information.
 - Click on the Unprocessed claim number to open the 837 Import Claim Lines page. In this page, you can see the list of all the claim lines imported in the batch.

Batches											
	Batch Id	Ctrl No.	Type Code	Submitter Name	Submitter Id	Charges	Claims	Claim Lines	Unprocessed Segments		
Show File	405	000000001	003297XD456J	Provider 123	55	\$93,332.25	80	510	Z	2,852	^ v

How to Generate Check Details - RA and 835

When checks are generated for payment of claims, the system will create a Remittance Advice (RA) and an 835 File for the claims paid on a check. This process outlines how to access this information and generate either the RA or the 835 for your records.

Remittance Advice

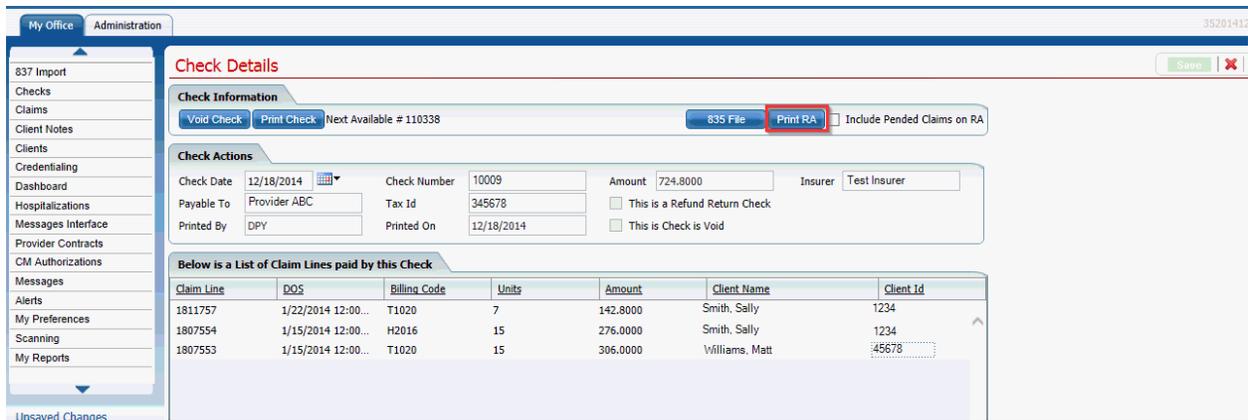
1. In the My Office Tab, click on the Checks banner on the left side of the page (highlighted in yellow in the screen shot below). This will open the Checks list page.
2. In the Checks list page, click on the Check Number for the check you wish to get a Remittance Advice for.

The screenshot shows a web application interface for managing checks. On the left, a navigation menu is visible with 'Checks' highlighted in yellow. The main content area is titled 'Checks (7)' and features a search and filter section with dropdown menus for 'All Insurers' (set to 'Provider ABC'), 'All Bank Accounts', and 'All Check Statuses'. It also includes date range filters for 'Check Date From' (11/01/2014) and 'Check Date To' (12/26/2014). Below the filters is a table of check records:

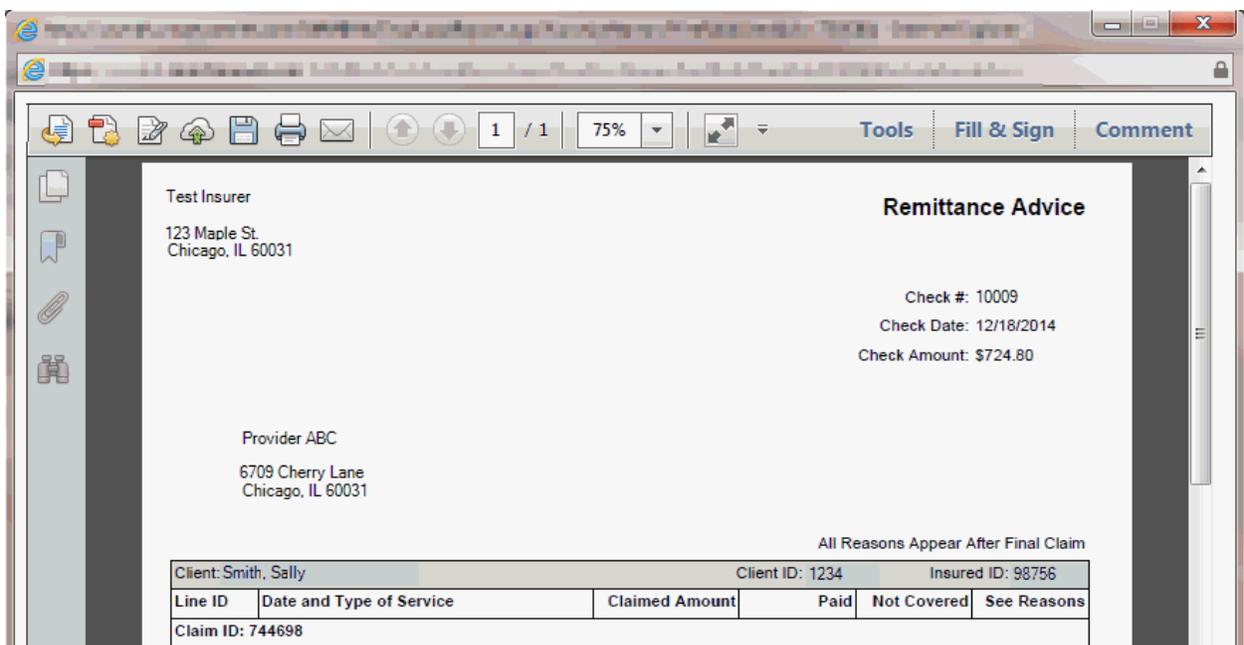
	Date	Check Number	Payee	Payment Amt	Insurer	Bank Account	Check Status
<input type="checkbox"/>	12/18/2014	110338	Provider ABC	\$724.80	...	...	Non-Void Ch...
<input type="checkbox"/>	12/18/2014	110339	Provider ABC	\$219.10	...	...	Non-Void Ch...
<input type="checkbox"/>	12/18/2014	110340	Provider ABC	\$555.80	...	...	Non-Void Ch...
<input type="checkbox"/>	12/18/2014	110341	Provider ABC	\$366.80	...	...	Non-Void Ch...
<input type="checkbox"/>	12/22/2014	110342	Provider ABC	\$409.50	...	...	Non-Void Ch...
<input type="checkbox"/>	12/22/2014	110343	Provider ABC	\$84.00	...	...	Non-Void Ch...
<input type="checkbox"/>	12/22/2014	110344	Provider ABC	\$289.80	...	...	Non-Void Ch...

3. In the Check Details page, click the 'Print RA' button.

Provider User Guides



- This will open a pop up that has the Remittance Advice Report. From this pop up, you can print or save this report. Click the Red 'X' at the top right of the pop up to close the screen.



835 File

835 Files are used to help post information back into your electronic medical record. These are generally used by providers who submit 837 files for claims payment.

How to Generate Check Details - RA and 835

1. In the My Office Tab, click on the Checks banner on the left side of the page (highlighted in yellow in the screen shot below). This will open the Checks list page.
2. In the Checks list page, click on the Check Number for the check you wish to get a Remittance Advice for.

Checks (7)

Filters: All Insurers, Provider ABC, All Bank Accounts, All Check Statuses, Check Date From 11/01/2014, Check Date To 12/26/2014

Select: All, All on Page, None

Date	Check Number	Payee	Payment Amt	Insurer	Bank Account	Check Status
12/18/2014	110338	Provider ABC	\$724.80	Test Insurer	Test Insurer	Non-Void Ch...
12/18/2014	110339	Provider ABC	\$219.10	Test Insurer	Test Insurer	Non-Void Ch...
12/18/2014	110340	Provider ABC	\$555.80	Test Insurer	Test Insurer	Non-Void Ch...
12/18/2014	110341	Provider ABC	\$366.80	Test Insurer	Test Insurer	Non-Void Ch...
12/22/2014	110342	Provider ABC	\$409.50	Test Insurer	Test Insurer	Non-Void Ch...
12/22/2014	110343	Provider ABC	\$84.00	Test Insurer	Test Insurer	Non-Void Ch...
12/22/2014	110344	Provider ABC	\$289.80	Test Insurer	Test Insurer	Non-Void Ch...

3. In the Check Details page, click the '835 File' button.

Check Details

Check Information: Void Check, Print Check, Next Available # 110338, **835 File**, Print RA, Include Pended Claims on RA

Check Actions: Check Date 12/18/2014, Check Number 10009, Amount 724.8000, Insurer Test Insurer, Payable To Provider ABC, Tax Id :345678, Printed By DPY, Printed On 12/18/2014

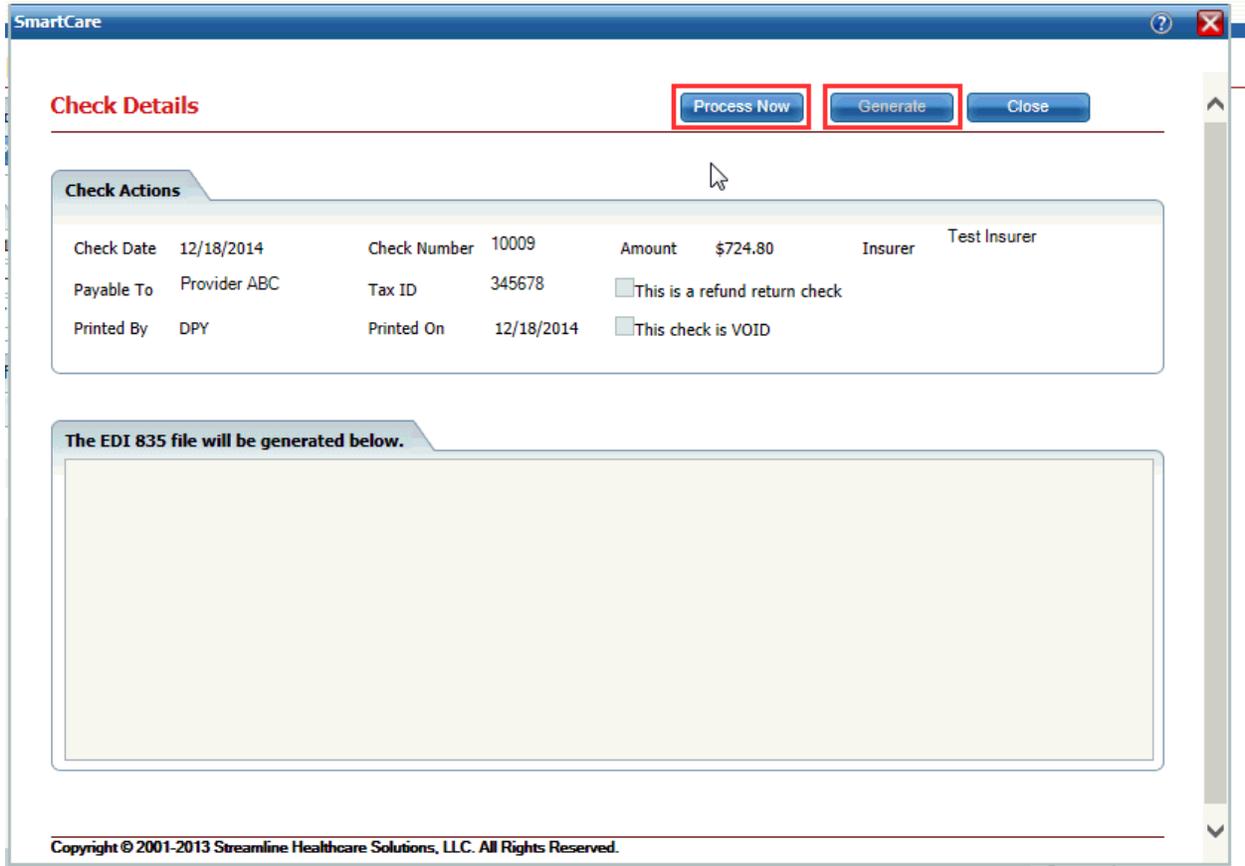
Below is a List of Claim Lines paid by this Check

Claim Line	DOS	Billing Code	Units	Amount	Client Name	Client Id
1811757	1/22/2014 12:00...	T1020	7	142.8000	Smith, Sally	1234
1807554	1/15/2014 12:00...	H2016	15	276.0000	Smith, Sally	1234
1807553	1/15/2014 12:00...	T1020	15	306.0000	Williams, Matt	45678

4. In the pop up that opens, click the Process Now button. The 835 file information will display in 'The EDI 835 file will be generated below' box at the bottom of the pop up.
5. Once it is processed, the 'Generate' button will be enabled. Click on the 'Generate' button and it will put the 835 information in a Note text on your

computer. From there you can save the file as needed to import to your software system.

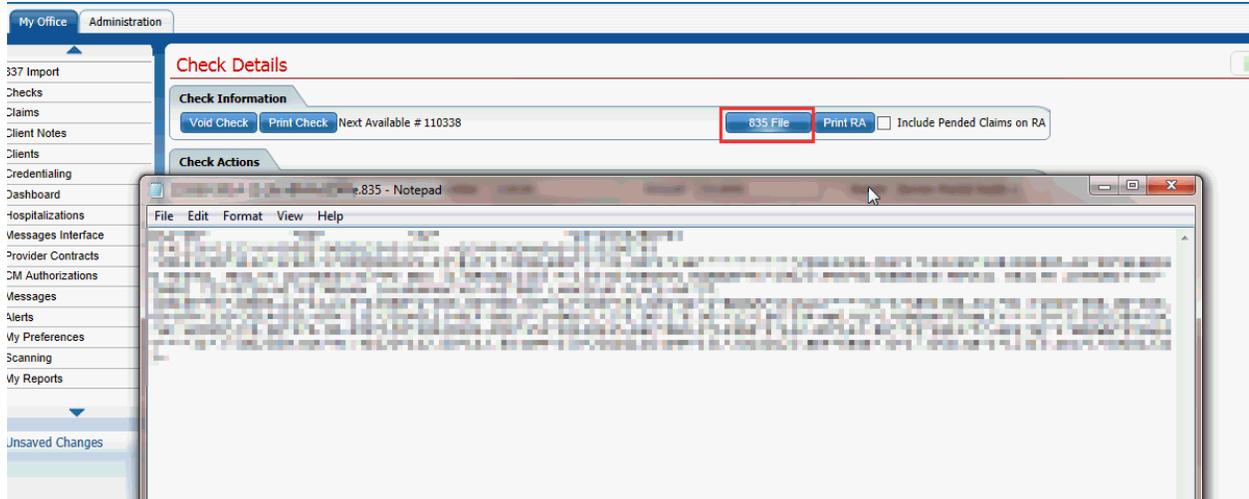
6. Click the Close button to close the pop up.



7. If you click the '835 File' button now for the check that has already had the 835 processed, it will open directly to the note pad with the 835 file information. The pop up will not open again after it is first processed. \

What will now show if the '835 File' button is clicked for a check more than once:

How to Generate Check Details - RA and 835



Open a Provider Tab

To view your provider information, open your Provider tab in the system. This tab contains the contract information, rates information, and provider information. To open the provider tab, follow the steps outlined below:

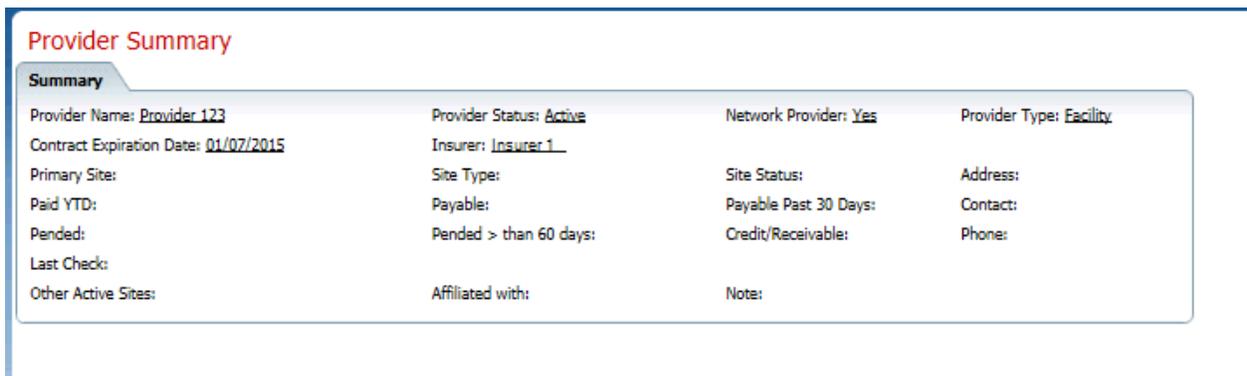
1. In the top right of the screen, click on the Open this Provider drop down (circled in red below).



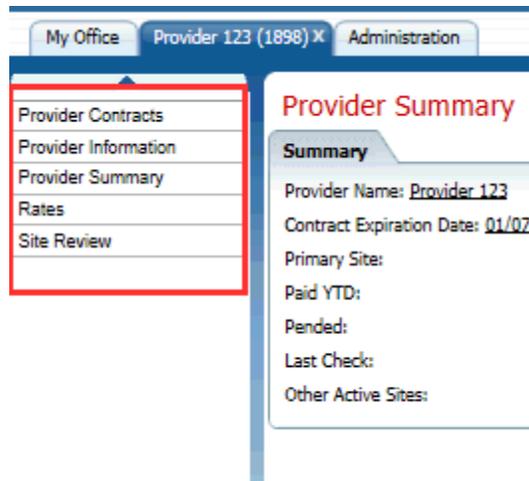
2. The drop down will display the provider names you are permitted to see. Click on the provider name for the provider information you wish to open.



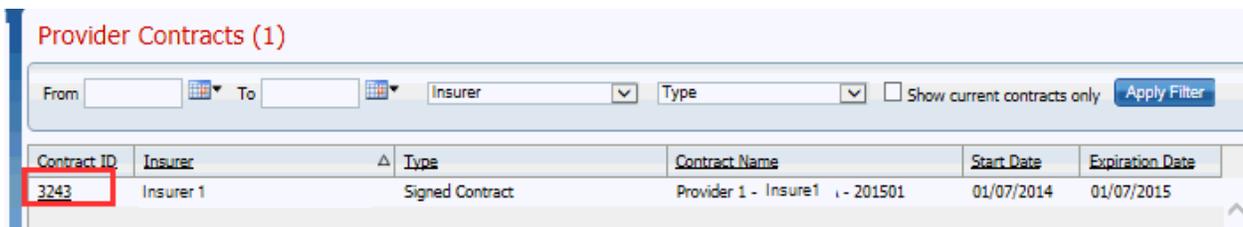
3. This will open you to the Provider Summary Page where you can see an overview of information.



4. From there, use the banners on the left side of the screen to view other information about the provider.



- Provider Contracts - Will provide a list of all contracts you have and you will be able to see the contracts based on your permission to insurers and providers. Click on the Contract ID on the list page that opens to view the details of the contract.



- Provider Information - Gives the contact and billing information for the provider and sites. Click on the Sites tab at the top to view the sites information.

Provider Information

General **Sites** Contact Persons

Type Facility Individual Active Non-Network Provider

Provider Name:

Primary Site: [Site 123](#)

Associated Providers

Provider Name
No data to display

Associated Insurers

Insurer Name
X Insurer 1

Data Entry Complete
 Authorizations cannot be created if data entry is not complete
 Uses Provider Access
 Substance Use Provider
 Credential Approaching Expiration

External ID: Website:

Provider Comment:

- Rates - Provides a list of contract rates. Note that you can use the 'Export' tool (blue floppy disk picture) in the tool bar at the top right of the screen to export this list of rates to Microsoft Excel.

Provider Rates (6)

All Insurers All Sites All Clients

All Contracts Effective As Of: 01/07/2014

Rate Id	Code	Name	Rate Unit	Contract Rate	Start	End	Site	Client	Insurer
34152	90834	Indiv Therapy 38-52...	1 Items	\$50.00	01/07/2014	01/07/2015	No	No	Insurer 1
34154	90834	Indiv Therapy 38-52...	1 Items	\$50.00	01/07/2014	01/07/2015	No	No	Insurer 1
34156	90834	Indiv Therapy 38-52...	1 Items	\$45.00	01/07/2014	01/07/2015	No	No	Insurer 1
34151	90837	Indiv Therapy 52 or...	1 Items	\$60.00	01/07/2014	01/07/2015	No	No	Insurer 1
34155	90837	Indiv Therapy 52 or...	1 Items	\$60.00	01/07/2014	01/07/2015	No	No	Insurer 1
34153	90847	Family Therapy per S...	1 Items	\$45.00	01/07/2014	01/07/2015	No	No	Insurer 1

- Site Review - Provides a list of the site reviews documented in the record. Click on the Site Review ID to open the details of a site review.

Provider User Guides

Site Review (1)

From 12/13/2014 To 01/12/2015 Sites Statuses All Staff [Apply Filter](#)

<u>Site Review Id</u> ▲	<u>Date of Visit</u>	<u>Site</u>	<u>Status</u>	<u>Assigned Staff</u>	<u>Action Plan Required</u>
7	01/07/2015	Site 123	In Progress		No

Scanning and Uploading Documentation

Note: To scan a record, you have to have a default Image Server set in the My Preferences banner in the My Office Tab:

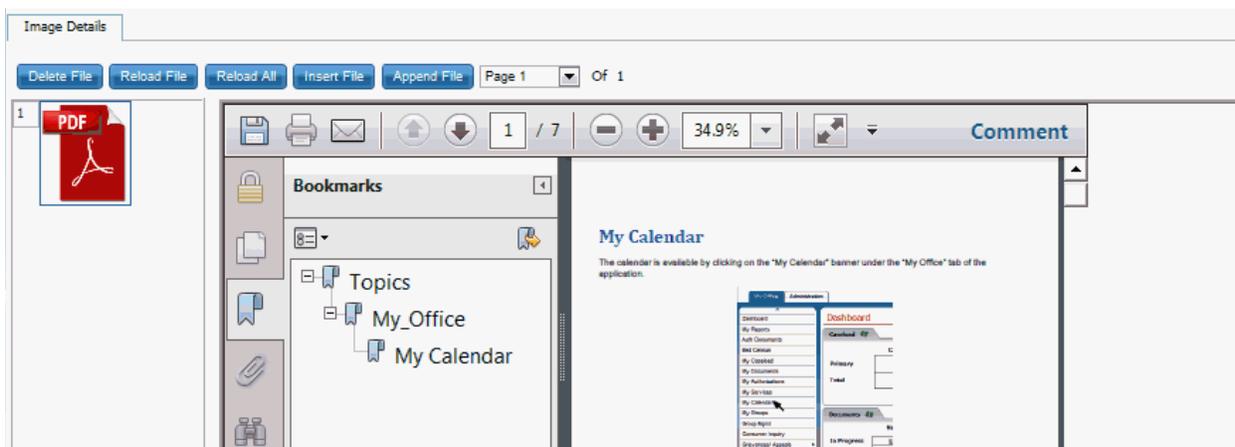
Scanning into the Medical Record

To scan a new Medical Record, perform the following steps:

1. Click the Scan New Images button located on the top right of the screen in the tool bar.



2. The Scanned Medical Record Detail page will be displayed. Your computer will walk you through the scanning steps as your scanning hardware requires to start the scanning from your hardware. Once the document is scanned, in the Scanned Medical Record Detail page it will be viewable in the Image Details section of the page. Use the tools located above the image to reload, append, or insert a file.
Note - Images included in the scan are displayed on the left hand side of the viewer. Clicking on these thumbnails will display the image in the main display window.



3. Select Client (Events) in the first drop down at the top of the page. Then search for the client to associate the document to by clicking the Client button. The Client Search dialog box will be displayed. Once the client is selected in the Client Search dialogue box, the name and client ID will appear. Use the eraser next to the client name box to remove the client.

Scanned Medical Record Detail

Client (Events) test, Matt Effective

Record Type Description

Image Details

4. Select Record Type from the drop-down list.

Scanned Medical Record Detail

Client (Events) test, Matt Effective

Record Type Description

Image Details

5. Select the date from which the Medical Record is effective.

Scanned Medical Record Detail

Client (Events) test, Matt Effective

Record Type Description

Image Details

6. Enter a description as applicable

Scanned Medical Record Detail

Client (Events) test, Matt Effective

Record Type Description

Image Details

7. Save the image. Use the green Save button in the tool bar on the top right to save the scanned document. There is also a delete button that will delete the scanned document.



8. Complete the image. For the scanned image to have a status of Complete, the following fields need to be completed:

- Client Name - A client must be associated to the document
- Effective Date - Effective Date of the document must be entered
- Record Type - The record type must be selected from the drop down

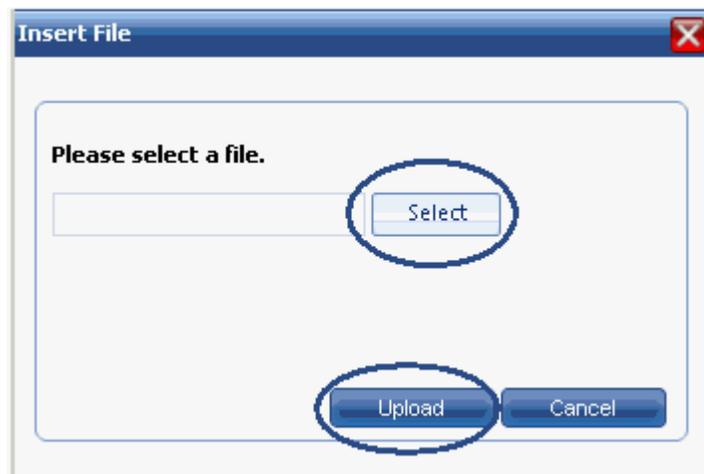
Once these fields are completed, clicking the Save button will complete the image.

Uploading a New Medical Record

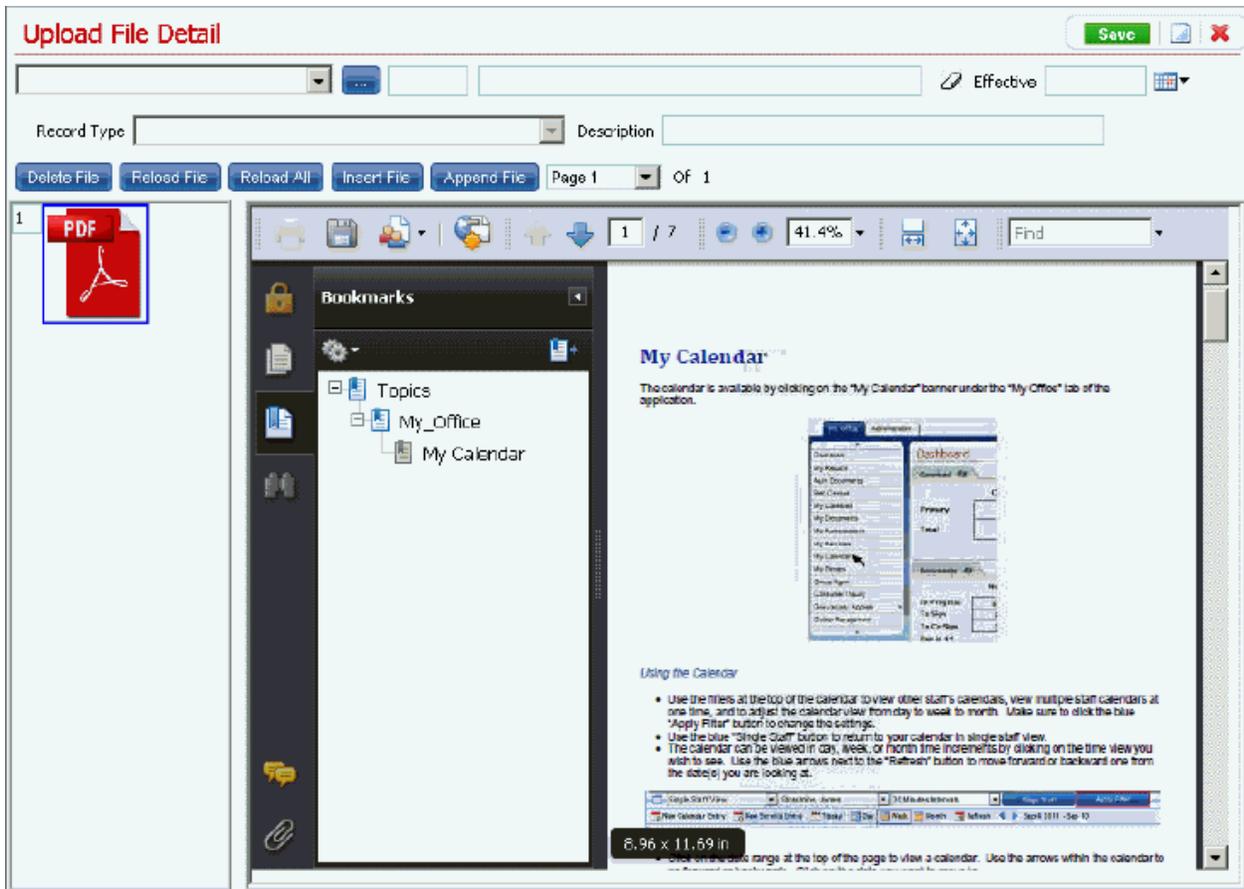
1. Click the Upload New Images button located on the top right of the screen.



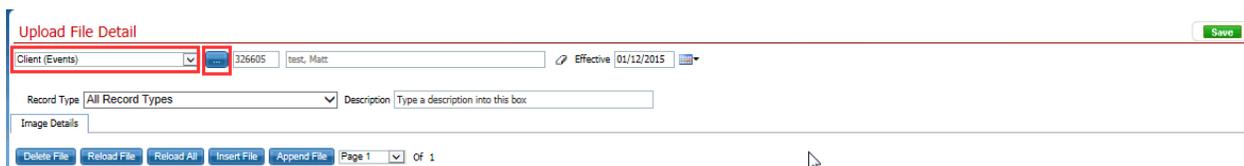
2. Select a file to be inserted using the Insert File pop up that appears. Click on the select button and select the file from your computer. The file information will appear in the box to the left of the select button. You can select multiple documents at one time. Then click the Upload button. Note: A document must be in PDF format to be uploaded.



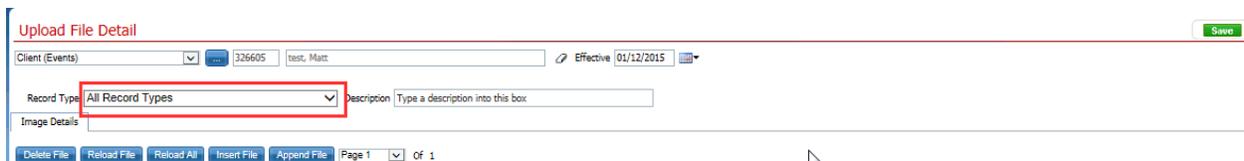
3. Edit the uploaded document.
 - Note - Images included in the scan are displayed on the left hand side of the viewer. Clicking on these thumbnails will display the image in the main display window.
 - Note - Clicking the Save button saves the Scanned Medical Record information.
 - The following buttons are available to edit a scanned medical record.
 - Delete Page - Deletes current page of the document in the viewer
 - Reload File - Clicking this button deletes the page currently being viewed and inserts a new image that is being scanned on the scanner.
 - Reload All - Clicking this button deletes all pages of the document currently being viewed. The application will replace these pages with the new pages that are placed in the scanner.
 - Insert File - Inserts a new scanned image directly after the page currently being viewed.
 - Append page - Allows you to append a page to the end of the document.



4. Select Client (Events) in the first drop down at the top of the page. Then search for the client to associate the document to by clicking the Client button. The Client Search dialog box will be displayed. Once the client is selected in the Client Search dialogue box, the name and client ID will appear. Use the eraser next to the client name box to remove the client.



5. Select Record Type from the drop-down list.



6. Select the date from which the Medical Record is effective.

The screenshot shows the 'Upload File Detail' form. At the top right is a green 'Save' button. Below it are fields for 'Client (Events)', '326605', 'test, Marc', and 'Effective 01/12/2015'. The 'Effective' field is highlighted with a red box. Below these are 'Record Type' (set to 'All Record Types') and a 'Description' field with the placeholder text 'Type a description into this box'. At the bottom is an 'Image Details' section and a toolbar with buttons: 'Delete File', 'Reload File', 'Reload All', 'Insert File', 'Append File', and 'Page 1 of 1'.

7. Enter a description as applicable

This screenshot is identical to the previous one, but the 'Description' field is highlighted with a red box. The 'Effective' date field is no longer highlighted.

8. Save the image. Use the green Save button in the tool bar on the top right to save the scanned document. There is also a delete button that will delete the scanned document.



9. Complete the image. For the uploaded image to have a status of Complete, the following fields need to be completed:

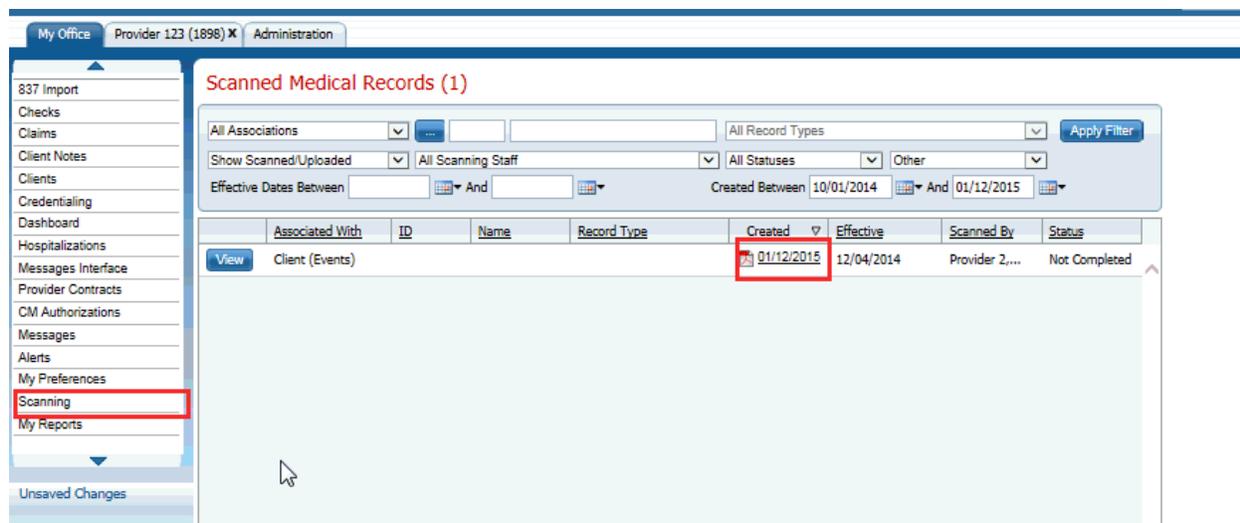
- Client Name - A client must be associated to the document
- Effective Date - Effective Date of the document must be entered
- Record Type - The record type must be selected from the drop down

Once these fields are completed, clicking the Save button will complete the image.

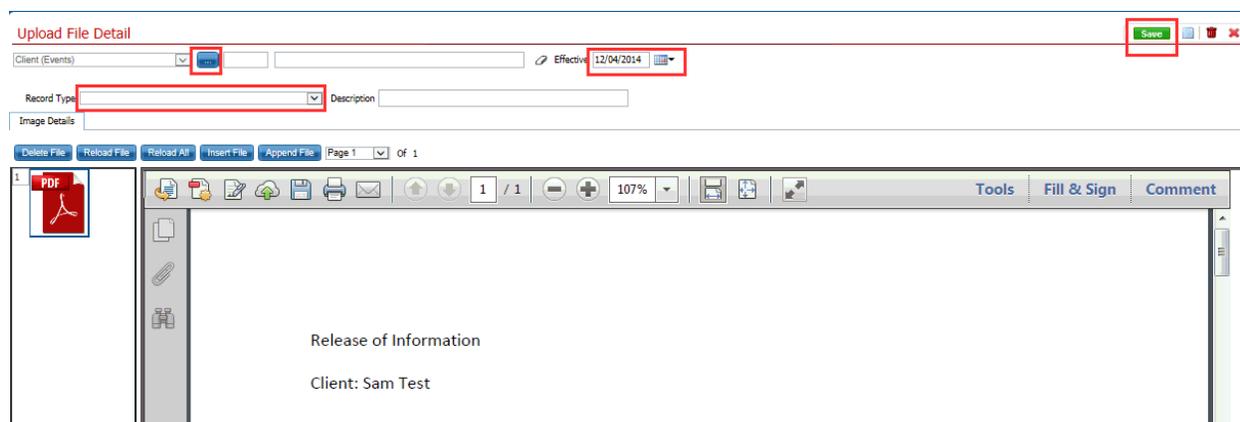
Editing a Scanned or Uploaded Medical Record

When a correction is needed to scanned/uploaded document that is already in the system, perform the following steps:

1. Click on the Scanning banner in My Office
2. Find the scanned/uploaded document you want to make a change to and click on the Created date of the document.



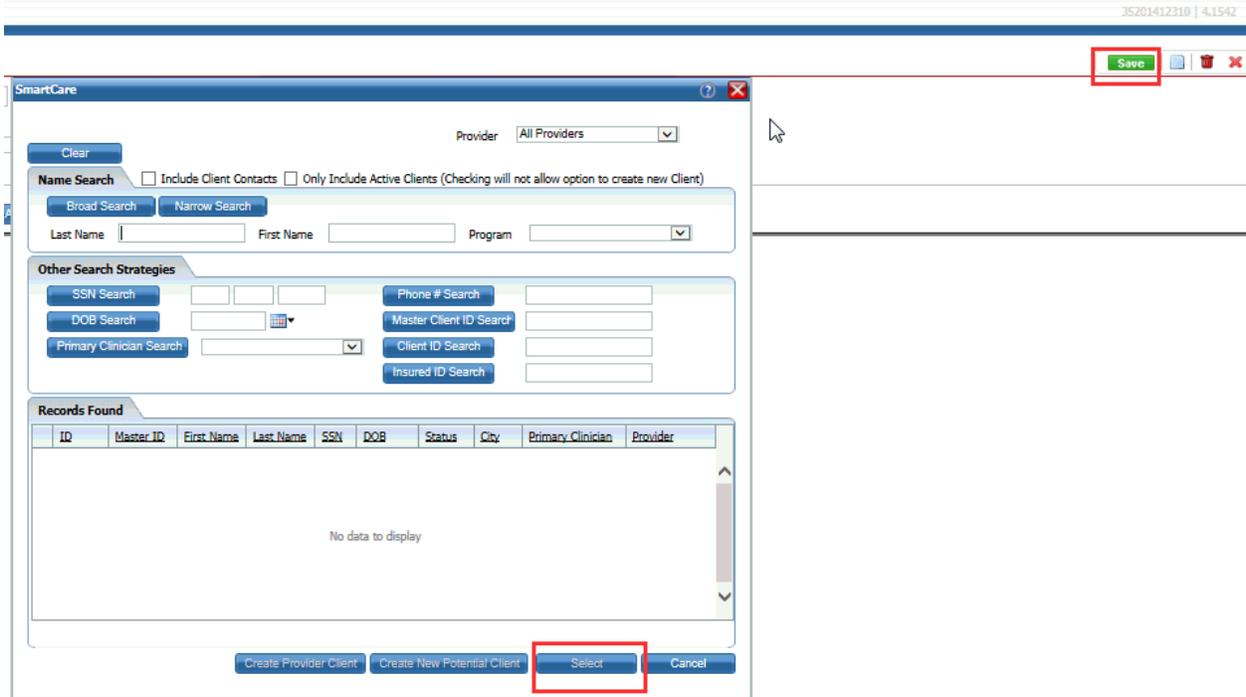
3. This will open the detail page. At the top of the screen, modify the associated client, effective date, record type as needed. Click Save in the Tool bar at the top right of the screen to save the changes made.



Where are the Documents in the Client's Record?

To view a completed scanned document in a client's record, perform the following steps:

1. Open the client's record using the client search to find the record you want to open.



2. In the Client's record click on the CM Events banner.
3. In the list of CM Events you will see the scanned/uploaded record with the Record Type you selected when scanning as the name of the event. Click on the name of the event to open and view the scanned/uploaded document.

