

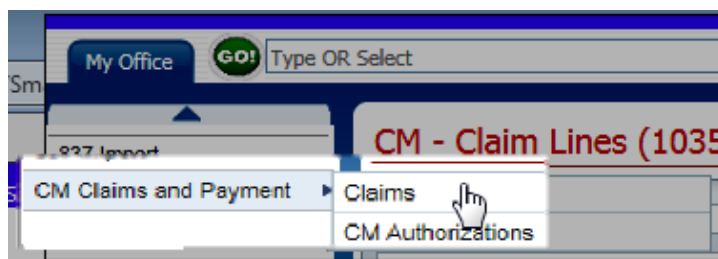
ENTERING A NEW CLAIM – Streamline SmartCareMCO

There are two ways to manually add a claim to the system. From the Claims List page or from the Client Claims List page. Both forms require the same information but are accessed from different screens.

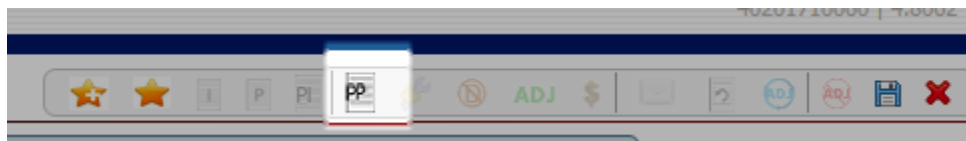
A. Accessing the CM – Claim Entry – Professional form:

1. From the Claims List page:

- a. From My Office Tab – choose “CM Claims and Payment” Banner, “Claims” sub-Banner



- b. On the CM – Claim Lines Screen – choose Provider Professional Claims icon from the tool bar on the right side of the screen.



Clicking the PP icon will bring up the client search screen. You now have TWO ways to identify the client you want to bill for – see c. or d. below:

- c. Search for client using your choice of search strategies (i.e. if you use Last Name & First Name then click Broad Search or Narrow Search button; if use Master Client Id then click Master Client ID Search button; etc.; Click the radio button next to the client you wish to bill for. Then click 'Select'.

- d. Or, if you have the authorization number you want to bill against, click close on the client search box screen and enter the authorization number in the 'Auth #' field. The auth number must match what is in our system – i.e. UM-yyyyymmdd-123456. Then tab (using tab key on your keyboard) out of the field.

Consumer Last Name, First Name, Provider & Site will default in from the authorization.

Note: Patient Account No. and Diagnosis(es) do not currently default in

2. From the Client Claims List page:

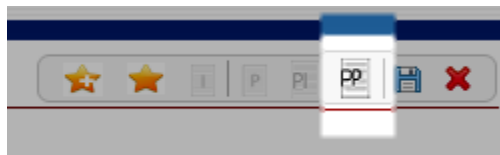
Note: entering claim lines from this screen will have the client auto populated in the Claims Entry screen.

a. Open a client record by using the 'Search OR Open this Client' box:

1. If the client is active, you can type the client name or client id number in this box to get a list of clients to choose from; or
2. If you click the drop down menu and click <Client Search> you can Search for the client using your choice of search strategies; Choose the radio button next to the client you want to bill for and then click 'Select'.

b. From the Client Tab – choose “CM Claims” Banner

- c. On the Client Claims screen – choose Provider Professional Claims icon from the tool bar on the right side of the screen



- d. Once click on PP icon, CM – Claim Entry – Professional screen will open, the client Last Name, First Name and Patient Account No. and Diagnosis will default into the form. You will get the screen below.

B. Client and Provider section of Professional claim entry:

1. Last Name, First Name, and Patient Account No. will default in when you select client from client search. If you entered the Auth #, the previously listed fields will default in as well as the Provider & Site fields from the authorization.
2. Click on Provider button. Type in provider name in search box and select the appropriate provider/site by clicking the radio button next to the provider/site and then click 'Select'. Please be sure that if you have multiple sites you choose the correct site.
3. Select insurer from drop down menu: KCMHSAS.
4. Claim Received date will default to "today" date.
5. Clean Claim Date will automatically fill at the end of process when you Save the data.
6. Claim status: this Entry Complete checkbox is automatically checked when you start to enter a claim. A checked box means the claim will move to the adjudication process when you click Save. Unchecking this box will not allow the claim to move through the adjudication process nor be paid. Therefore, if you uncheck the box you will then need to manually check this box at a later time in order for the claims to process in our system.
7. ClaimID will fill when entry is completed and Saved.

C. Claim Header section of Professional claim entry:

The screenshot shows the 'CM - Claim Entry - Professional' form in the Streamline SmartCare MCO system. The form is divided into several sections:

- Client and Provider:** Contains fields for Last Name, First Name, Provider, Site, and Insurer. A message states: "Cannot proceed without a client and a provider".
- Claim Information:** Contains fields for Claim Received (02/12/2018), Clean Claim Date, Claim Status (checked: Entry Complete), and Claim ID (-1).
- Claim Header:** Contains fields for Patient Account No. and Diagnosis 1, 2, 3.
- Service Details:** Contains fields for From, To, Code, Modifiers, Units, Charge, POS, Rendering Provider, Allowed, Paid, and Adj.
- Table:** A table with columns: Id, From, To, CPT Code, Units, POS, Dx, Charge, and Auth. The table currently shows "No data to display".

1. Patient Account No. field will default in when the client is selected from the client search box. Currently it does not default in when using the authorization number method of client selection. If using authorization number you will need to manually enter client id here.
2. Diagnosis code(s) will also default in if you have previously billed for this client. Otherwise, enter an ICD 10 diagnosis code(s) for the claim you are entering. Please ensure the diagnosis code(s) are in ICD 10 format.

D. Service Lines section of Professional claims entry:

1. Entering single claim without third party payment and no series billing

You may need to enter claims that you are waiting for third party information to be received so that the claim is not denied for over 60 days. You would follow this step for entering the initial claim, which will then pend – “Waiting for Plan’s EOB”.

- a. Enter From and To date for date of service.
- b. Enter Code – note drop down box will list the codes in your contract.
- c. Enter Modifiers, if any. You must enter modifiers in the order they appear in the client’s authorization.
- d. Enter number of units.

- e. Charge – an amount should default in using your contract rate for the code plus modifiers times units. However, you are able to enter a different amount in this field.
 - f. POS - select the appropriate place of service from the drop down menu.
 - g. Rendering Provider – must enter rendering provider from drop down box if procedure code requires a rendering provider.
 - h. Dx – this box should default in the correct selection depending on the number and position of Diagnosis code(s) entered in the Claim Header section. **You should verify this is correct.** See drop down menu for choices.
 - i. Click Insert button. Data just entered will drop into grid below the Insert button. This section will also tell you if there is a valid authorization for the service – Auth column will have a “Y”.
 - j. You may keep entering service lines following the steps a. to i. above until you have entered all billing for the client.
2. Series Billing (Estimate Line Billing...).
- a. Enter From and To date range for dates of service (i.e. 1/1/18 to 1/14/18).
 - b. Enter Code – note drop down box will list the codes in your contract.
 - c. Enter Modifiers, if any. You must enter modifiers in the order they appear in the client’s authorization.
 - d. Enter number of units to be billed for the range of dates – this number will default in based on the number of days in the From and To dates and the Code selected but can be changed.
 - e. Charge – an amount should default in using your contract rate for the code plus modifiers times units. However, you are able to enter a different amount in this field.
 - f. POS - select the appropriate place of service from the drop down menu.
 - g. Rendering Provider – must enter rendering provider from drop down box if procedure code requires a rendering provider.

- h. Dx – this box should default in the correct selection depending on the number and position of Diagnosis code(s) entered in the Claim Header section. **You should verify this is correct.** See drop down menu for choices.
- i. Click 'Estimate Line Billing.'

- j. You will get an “Estimated Line Billing” pop up screen for allocating charges and units

You will get a screen that will list a line for each date you entered in the From & To fields in the Service Lines section of claim entry. Your list may or may not show units and charges for each date listed. Options on this screen are:

1. The dates of service, number of units and charge amounts are correct on screen . . . Click Update/Close button. You will then be returned to the CM – Claim Entry – Professional screen. Billing lines will automatically drop into the space below service lines entry.
2. You may change the number of units on any day . . . when you tab out of the field, Charges will automatically update based on the new number of units times your contracted per unit rate. If all the changes you made to units results in Total Charge & Allocated Charges being equal AND Total Units and Allocated Units being equal, click Update/Close button. You will then be returned to the CM – Claim Entry – Professional screen. Billing lines will automatically drop into the space below service lines entry.

	Date Of Service	Units	Charges	Code/Modifier
X	01/20/2018	8	268.00	T1017
X	01/21/2018	2	67.00	
X	01/22/2018	4	134.00	
X	01/23/2018	6	201.00	
X	01/24/2018	2	67.00	
X	01/25/2018	4	134.00	

Total Charge	871	Total Units	26
Allocated Charges	871.00	Allocated Units	26

Reallocate

3. You may also delete a date of service by clicking the x next to the date. You may then delete a date, click 'Reallocate' and the charges and units will be reallocated between the remaining dates of service. If all the changes you made to units results in Total Charge & Allocated Charges

being equal AND Total Units and Allocated Units being equal, click Update/Close button. You will then be returned to the CM – Claim Entry – Professional screen. Billing lines will automatically drop into the space below service lines entry.

3. Entering Third Party information

You may need to enter claims that you are waiting for third party information to be received so that the claim is not denied for over 60 days. You would follow step D.1. above for entering the initial claim. If you do not have the third party payer information at the time of claim entry the claim will pend – “waiting for Plan’s EOB”. You will then need to modify the claim when the third party information is received. See MODIFYING A CLAIM – Streamline SmartCareMCO for the steps to be completed. When you have the third party payer information at the time of initial claim entry:

1. Enter From, To, Code, Modifiers, Units, Charges, POS, Rendering Provider and Dx as directed above.
2. Click ‘Insert’. Service detail is inserted into grid below.
3. Select radio button next to the claim you want to enter third party payer information for.

Id	From	To	CPT Code	Units	POS	Dx	Charge	Auth
-1	01/05/2018	01/05/2018	99214	1	11 Office	1	139.09	Y

4. The “Third Party EOB Information” link is now enabled. Click the hyperlink.

CM - Claim Entry - Professional

General Custom Fields

Client and Provider

SmartCare

Claim Entry Payment and Adjustment

Save Close

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

Charge Amount: 139.09 Total Allowed: 0 Total Paid: 0 Total Adjusted: 0 Claimed Amount: 139.09

Estimate Line Billing... Modify Clear

	Id	From	To	CPT Code	Units	POS	Dx	Charge	Auth
X	-1	01/05/2018	01/05/2018	99214	1	11 Office	1	139.09	Y

Claim Footer

5. Payer field – Select Payer from drop down menu. This menu will list those providers set up in our system that are marked as third party payers – i.e. Medicare, BCBSM and the Client.
6. Payer Name field – this is a free text box. If you selected the Payer from the drop down in the previous column you would leave this field blank. Otherwise, type in the Name of the payer of monies for the claim.
7. Allowed Amount field – enter the allowed amount from the payer’s EOB you received.
8. Previous Payment field – enter the amount paid to you for the service from the payer.
9. Previous Adjustment field – enter any previous adjustments made to the service by the payer.
10. Group Code field – select the correct code from the drop down menu.
11. Reason Code field – select the correct reason code from the drop down menu.
12. Enter as many lines as needed to document third party payer information. Then click ‘Save’. You will return to the CM – Claim Entry – Professional screen. Allowed, Paid and Adj. amounts will now show in the Service Lines section of the screen.
13. Click ‘Modify’ button to save changes made to the claim line.

CM - Claim Entry - Professional Save

General Custom Fields

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

Claim Information
Claim Received 02/13/2018
Clean Claim Date
Claim Status ☒ Entry Complete
Claim Id -1

Claim Header
Patient Account No.
Diagnosis 1. 2. 3.

Service Lines
From 01/05/2018 To 01/05/2018 Code 99214 Modifiers
Units 1 Charge 139.09 POS 11 Office Rendering Provider
Dx 1 Third Party EOB Information
Allowed 76.00 Paid 72.00 Adj 0
Estimate Line billing... Modify Clear

	Id	From	To	CPT Code	Units	POS	Dx	Charge	Auth
X	-1	01/05/2018	01/05/2018	99214	1	11 Office	1	139.09	Y

Claim Footer

14. If you select the radio button next to the claim line again, you will once again go to the Claim Entry Payment and Adjustment screen. The boxes at the bottom of the screen will now be populated. If needed, make any changes to the detail and click 'Save'. If no changes are made click 'Close'

Streamline Healthcare Solutions | Kalamazoo CMHSA Services | Interact Tester

Provider Search Search OR Open this Client Create Service/Notes

My Office ANDERSON, CRAIG (1368) X InterAct of ... (113) X Type OR Select

40201710060 | 4.8062

CM - Claim Entry - Professional Save Close

General Custom Fields

Client and Provider
SmartCare

Claim Information

Claim Entry Payment and Adjustment Save Close

Payer	Payer Name	Allowed Amount	Previous Payment	Previous Adjustment	Group Code	Reason
X		76.00	70.00		Contractual Obligations	CO-42 Charges exceed o
X			2.00		Patient Responsibility	Deductible Amount
X						

Charge Amount 139.09 Total Allowed 76.00 Total Paid 72.00 Total Adjusted 0 Claimed Amount 4.00

Dx 1 Third Party EOB Information Allowed 76.00 Paid 72.00 Adj 0
Estimate Line billing... Modify Clear

	Id	From	To	CPT Code	Units	POS	Dx	Charge	Auth
X	-1	01/05/2018	01/05/2018	99214	1	11 Office	1	139.09	Y

Claim Footer

- E. Claim Footer section in Claims Entry - verify Claim Footer information is correct and add any comments necessary.

CM - Claim Entry - Professional

General Custom Fields

Dx: 1 Third Party EOB Information Allowed: 76.00 Paid: 72.00 Adj: 0

Estimate Line billing... Modify Clear

	Id	From	To	CPT Code	Units	POS	Dx	Charge	Auth
1		01/05/2018	01/05/2018	99214	1	11 Office	1	139.09	Y

Claim Footer

Tax ID* ☐ SSN ☐ EIN

Rendering Provider

32. Name and Address of Facility where Services were Rendered

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

Total Charge: 139.09

Previous Amt Paid: 72.00

Adjustments: 0.00

Balance Due: 4.00

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

1. Tax ID – either SSN or EIN will default from contract.
 2. Total Charge, Previous Amt Paid, Adjustments, and Balance Due will calculate from service lines entered above.
 3. Line 32 – complete if not normal place of service for provider.
 4. Line 33 will default in from contract.
 5. Comment section – complete if claim is not clean (explain why) or if need to provide additional information about claim.
- F. Go back to the top of the form. Make sure Entry Complete checkbox is checked.
- G. Save claim information by clicking “Save” button.

CM - Claim Entry - Professional

General Custom Fields

Client and Provider
 Cannot proceed without a client and a provider
 Auth #
 Last Name First Name
 Provider Site
 Insurer (KCMHSAS)

Claim Information
 Claim Received 02/13/2018
 Clean Claim Date
 Claim Status ☒ Entry Complete
 Claim Id -1

Claim Header
 Patient Account No.
 Diagnosis 1. 2. 3.

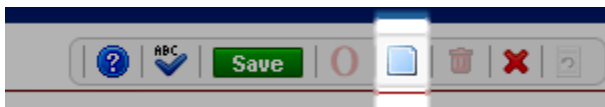
Service Lines
 From 01/05/2018 To 01/05/2018 Code 99214 Modifiers
 Units 1 Charge 139.09 POS 11 Office Rendering Provider Z
 Dx 1 Third Party EOB Information Allowed 76.00 Paid 72.00 Adj 0
 Estimate Line billing... Modify Clear

	Id	From	To	CPT Code	Units	POS	Dx	Charge	Auth
X	-1	01/05/2018	01/05/2018	99214	1	11 Office	1	139.09	Y

Claim Footer

1. Claim ID will automatically assign number when Save is complete.
2. Clean Claim Date will default in as today's date.
3. Id in the Service Lines grid section will also automatically assign claim line number(s) to each claim line.

- H. If you have more claim lines to enter (either by client via client claims or by provider via claims list page), select New icon and follow all steps listed above.



- I. If you are done entering claims, click the red X.

