

## How to Enter a Provider Claim

- 1. Navigate to the Claim Management (AP) Main Menu and click "(1) Claim Entry Enter Paper Claims for Providers" link to the right.
- 2. Search for the Provider and once found, click "Claims" to the right of the Provider's Name

Name / Address: ACAC		ID:	
Organization Type: *Any	~	Only Include Active Providers	Search
Provider Type: *Any	~		oduloit
Contract #:			
		<u>E</u>	xport to Excel File
Showing 1 of 1 Provider			
Name (ID) 🔤 1 / 🗦 / Parent 🕀	Organization Type 🤍 / Panel Type 🌐	Address 🕀	
ACAC (86) ACAC (87)	SA Treatment Agency	1190 E Apple Ave Muskegon MI 49442-3758	Claims

3. The system will display the Claim Entry Screen where all authorizations for this provider are located. Search for the Individual and Authorization by using the search field at the top.

CMH / Affiliate: * All						
Case #: Last Name:						
Authorization Number:	SEARCH					
Check this box to show all authorizations						
If not checked, only authorizations that expired less than a year ago will be shown.						

To enter a claim, find the approved authorization you wish to base the claim on in the list below and click Enter HCFA-1500 or Enter UB-04. If you cannot find the Authorization in the list or if there are no more available units for you to claim on an authorization, contact your CMH Support Coordinator to issue an Authorization.

4. When the authorization is found, click "Enter HCFA-1500" to display the claim form:

Authori	zation #	Affiliate	Provider Name	Client Name	Authorizat	ion Effect	ive		
	HealthWest SUD		100.00	08/10/21 - 11/10/21			View Authorization		
					1				Enter HCFA-1500
Authorized Service Description					Units Authorized	Units Claimed	Units Paid	Units Available	4
90832	Individual Therapy, 1	16-37 minutes			8 Per Auth	3	3	5	
						08/10/21-11/10/21		/	
99211 Office or other outpatient visit for the evaluation and management of an established patient that may not					8 Per Auth	1	1	7	
require the presence of a physician or other qualified health care professional. Usually, the presenting problem(s) are minimal.					Total:8		08/10/2	1-11/10/21	
H0048 Instant Drug Testing Collection & Handling Only				12 Per Auth	2	2	10		
					Total:12	08/10/21-11/10/21			
T1012 Recovery Support Services			12 Per Auth Total:12	1	1	11			
					08/10/21-11/10/21				
H0038	Peer Services/Reco	very Coach			48 Per Auth	1	1	47	
					Total:48	08/10/21-11/10/21			

Complete the form and click "Save". For guidance on how to complete the claim form, please refer to the

## Contracted Provider Claims Submission User Manual located in the Help Page of the K.A.R.E. system.

Page 1 of 2

- 5. If there are more claims to enter, follow steps 2-4 above.
- 6. Return back to the Main Menu screen by using the "Home" button up in the top left corner.
- 7. Navigate to the Claim Management (AP) Main Menu and click "(2) Claim Entry Send Batch of Entered Claims for Processing" link to the right.
- 8. The system will display the Claim Batch List Screen. Locate the Claim and click "Adjudication Report" to the right of the batch.

Batch # 🐡 1	Billing Provider 🗦 / User 🗦	Batch Date 🌐	# of Claims	Totals	
1 Type: Paper	ABA Pathways (986)	08/08/2022	1	Claimed: \$100.00 Payable: \$0.00	View Claims in Batch Adjudication Report Take Over Batch View Batch Info Scanned/Uploaded Documents

- 9. The adjudication report can be found in the staff system messages icon located at the top left of the screen.
  - a. Review errors and change claims as needed
- 10. Click "Submit Claims for Adjudication"

Batch # 🗇 1	Billing Provider 🗧 / User 🕀	Batch Date 🗦	# of Claims	Totals	
1 Type: Paper	ABA Pathways (986) pce_martha	08/08/2022	1	Claimed: \$100.00 Payable: \$0.00	View Claims in Batch Adjudication Report Submit Claims for Adjudication View Batch Info Scanned/Uploaded Documents