

SmartCare

Claim Review Process

User Guide

Issued April 13th, 2020

www.ceicmh.org

This guide demonstrates the updates to the Claim Review Process for CMHA-CEI program staff and how IS or the Provider Network Specialist will add Providers to the review list.

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Working Claims with Flag

Claim Review Flag Behavior

Functionality has been added to SmartCare that activates the Claim Line Under Review Flag for claims submitted by specified Providers.

Having this flag active on the claim will prevent it from flowing directly into the adjudication process. This will give CMHA-CEI program staff time to review claims for correctness or review any required supporting documentation. The Provider Network Specialist worked with program staff to identify which providers are required to submit supporting documentation, as well as those providers who are considered "High Risk".

When a claim is submitted from a provider who has been identified as needing review from CMHA-CEI program staff, the Claim Line Under Review Flag is activated automatically by the SmartCare system. If you view the Claim Line Details of the submitted claim, you will see the check box is active.

Claim Line	e Detail			Select Action) T		NBC Save	Xiew Cl	aim Form 🛛 😂
General C	ustom Fields								
Claim Line In	formation							Au	dit Log
Claim Line ID	2126252	Client Id 973016	Client <u>Tester 1,</u> <u>Training</u>	Provider	<u>Training P</u>	rovider	Non-Netwo	ork Provider	
Status	Entry Complete	Received Date	01/24/2020	Site	<u>Training S</u>	ite	Туре	Group Hon Licensed	ne
Claim Form	Professional	Clean Date	01/24/2020	Provider	ID 549		Tax ID	123456789	,
Claim ID	83909	Authorization(s)		Do No	t Adjudicate		Needs to b	e worked	
Electronic		Batch		🔲 Readj	udicate		Previous P	ayer EOB Receive	ed
🔲 Override Per	nded Reason			🗹 Claim	Line Under Review		Final Statu	s	
Service/Char	ge								
Start Date	12/09/2019	CPT/HCPCS 908 Modifiers	32 F	Rev Code		Units	2.00	Amount Paid	\$0.00
End Date	12/09/2019	POS 11 (Office (Charge	\$133.90	Amount Cla	aimed \$133.90	Balance	\$0.00

Viewing Claims with Review Flag

To view claims that require review:

• Under the My Office tab, select Care Management>CM Billing>Claims. This will navigate you to the Claim Lines screen.

My Office Utili	ization Ma	nagement	Program	Administratio	n Train	ing Pro(549) 🗙	GO! Type	OR Se	lect		~				
		Clai	im Linos ((4E)							Salaat	Action	-		
Inquiries		Cla	ini Lines ((45)							Select	Action			
Provider Search															
Reimbursement	•	CEI	СМН		۲	All Statuses			▼ Trainin	g Provider		•	Training Site		_
Dashboard		Dum	imy Bank		•	All Populations			▼ All Bil	ling Codes ar	nd Modifiers		All Denial Reasons		1
Authorization Info	•	Pen	ded/Credit Bal I	Filter	•	Batch #			Claim If)			Line #		1
2nd Opinions						Bucch #			cium re					-	-
837 Import		Rece	ived From			Received To		H •	DOS Fr	om 12/01/20	014		DOS To 03/09/2020		
Batch Signature		R	e-allocation Exc	eption											
Calendars	•														
Care Alerts															
Care Management	Þ	CM Autho	orizations								To	tal Payable A	mount: \$0		
Client Accounts		CM Billing	3	Þ	Checks					Davable	Daid				
Appletree Schedulin	ng 🕨	CM Provi	der Manageme	nt 🕨	Claims	ቤ			Status	Amount	Amount	Procedure	Insurer	Units	
Customer Service	•		2126223	Tester 1, Trai	Denial Le	tters d'm	7	2019	Entry Incomp	\$0.00	\$0.00	90832	CEI CMH		
Disclosurers/Reque	sts		2126224	Tester 1, Trai	Hospitaliz	ations	1	2019	Entry Incomp	\$0.00	\$0.00	90834	CET CMH		
Grievances/ Appeals	s 🕨		2126242	Tester 1 Trai	PA Check	s	,	2010	Daid	¢0.00	¢66.05	90832	CET CMH		
Groups			2120212	Tester 1, Trai	PA Clients	3	,	2019	Datid	\$0.00	\$00.35	00002	CELCHI	_	
	T		2120243	Tester 1, Trail		Training Providen	10/04/	2019	Paiu	\$0.00	\$00.95	90032	CET CMH		
			2126244	Tester 1, Trai	ning	Training Provider,	12/24/	2019	Paid	\$0.00	\$66.95	90832	CET CWH		
Unsaved Changes			2126245	Tester 1, Trai	ning	Training Provider,	12/25/	2019	Paid	\$0.00	\$66.95	90832	CEI CMH		

• Use the second drop down to select claims with a status of Claim Line Under Review, then click the Apply Filter button to view only claims with the flag active.

Claim Lines (45)				Selec	t Action	•	🖈 🚖 I
					_]		
CEICMH	All Statuses	Training	g Provider		•	Training Site	
Dummy Bank 🔻	Entry Incomplete	All Bill	ling Codes a	nd Modifiers		All Denial Reasons	;
Pended/Credit Bal Filter	Entry Complete	Claim ID				Line #	
Received From	Approved Denied	DOS Er	om 12/01/2	14		DOS To 03/09/202	0
	Partially Approved	20311	12/01/2			000 10 00/00/202	
Re-allocation Exception	Paid Pended						
	- Void						
Select: All, All on Page, None	To be Adjudicated			Т	otal Pavable A	mount: ś(1
All All off Tage Holic	To be Paid Approved and Partially Approved					, v	-
Claim Line Client Name △	Denied and Partially Approved To Readjudicate		<u>Payable</u> <u>Amount</u>	<u>Paid</u> <u>Amount</u>	Procedure	Insurer	Units
2126223 <u>Tester 1, Training</u>	Do Not Adjudicate	comp	\$0.00	\$0.00	90832	CEI CMH	*
2126224 <u>Tester 1, Training</u>	I Payment Overdue	comp	\$0.00	\$0.00	90834	CEI CMH	
2126242 <u>Tester 1, Training</u>	Denial Letter Not Sent		\$0.00	\$66.95	90832	CEI CMH	
2126243 <u>Tester 1, Training</u>	Final Status		\$0.00	\$66.95	90832	CEI CMH	

• To view only the claims from a specific provider use the provider filter.

Claim Lines (7)		Select Action	• 🖈 🚖	· I P P P P I X
CEI CMH	▼ Claim Line Under Review	Training Provider	Training Site	Apply Filter
Dummy Bank	All Populations	All Billing Codes and Modifiers	All Denial Reasons	Detail Report
Pended/Credit Bal Filter	▼ Batch #	Claim ID	Line #	
Received From	Received To	DOS From 12/01/2014	DOS To 03/09/2020	
Re-allocation Exception				

• When you click the drop down, a pop-up window will appear.

- Click anywhere in the text box to search for the provider you want to add. You may select multiple providers.
- Select the provider from the list to add them to the filter.
- Click the X next to the provider name if you want to remove them from the filter list.
- Once the provider(s) whose claims you want to view have been selected in the filter, close the pop-up window by clicking on the red X in the top right of that window.

Please type to Search a Provider	×
Training Provider × exe	
Example Provider	

• Verify the date range selected for Received Date and Date of Service. If the range is not correct, the filter will prevent you from seeing the claim lines you want to review.

Claim Lines (7)		Select A	ction 🔹 👔	è I P P P P R X
CEI CMH	▼ Claim Line Under Review	Training Provider	▼ Training Site	Apply Filter
Dummy Bank	All Populations	▼ All Billing Codes and Modifiers	All Denial Reasons	Detail Report
Pended/Credit Bal Filter	▼ Batch #	Claim ID	Line #	
Received From	Received To	DOS From 12/01/2014	DOS To 03/09/2020	
Re-allocation Exception				

• Once the provider(s) whose claims you want to view have been selected in the filter, click the Apply Filter button to view only those provider's claims which require review.

Claim Lines (7)			Select Action	· 🚖 🗉 🖻 🖻 😫 🕷
CEI CMH	▼ Claim Line Under Review	Training Provider	▼ Training Site	Apply Filter
Dummy Bank	All Populations	 All Billing Codes and Modif 	iers All Denial Reasons	▼ Detail Re
Pended/Credit Bal Filter	▼ Batch #	Claim ID	Line #	
Received From	Received To	DOS From 12/01/2014	■▼ DOS To 03/09/2020	•
Re-allocation Exception				

Removing Claim Review Flag

Claim Line Detail

Once you have completed the review of supporting documentation and you are ready to remove the flag, there are two different ways to perform this action. To remove the Claim Review Flag from a

single claim, navigate to the Claim Lines screen as described in the previous section, <u>Viewing Claims</u> <u>with Review Flag</u>.

• From the Claim Lines screen, click on the Claim Line ID you want to approve. This will take you to the Claim Line Details screen.

GO! Type	e OR Select	~										
A	Claim Lines	(7)					s	elect Action	T	🖈 🗯	I P PI	PP
ns			- 1		- 1(- 1(-			_ (
	CELCMH		Claim Line Under F	review	• Trainin	g Provider		• Irai	ning site		App	iy Filte
	Dummy Bank		 All Populations 		▼ All Bill	ng Codes and	d Modifiers	AII	Denial Reasons		▼ Detai	il Repo
	Pended/Credit Bal	Filter	▼ Batch #		Claim ID			Line	#			
'S	Received From		Received To		DOS Fr	om 12/01/201	14 🛄 🔻	DOS	To 03/09/202	0		
	Do allocation For	ception										
	C Re-allocation Ex											
	Select: All, All or	n Page, None					Tol	al Payable Amount	t: \$0)		
	Select: All, All of	n Page, None	Provider	DO5 A	Status	Payable Amount	Tol Paid Amount	al Payable Amount	t: \$0) Units	Reason	
	Select: All, All or Claim Line	n Page, None Client Name Tester 1, Training	Provider Training Provider,	DO5 △ 12/02/2019	Status Entry Complete	Payable Amount \$0.00	Tol Paid Amount \$0.00	al Payable Amount Procedure 90832	t : \$0 Insurer CEI CMH) <u>Units</u> 2.0	Reason 0	
	Select: All, All or Claim Line 2126254	Client Name Tester 1, Training Tester 1, Training	Provider Training Provider, Training Provider,	DOS △ 12/02/2019 12/09/2019	Status Entry Complete Entry Complete	Payable Amount \$0.00 \$0.00	Tol Paid Amount \$0.00 \$0.00	al Payable Amount Procedure 90832 90832	t : \$0 Insurer CEI CMH CEI CMH) <u>Units</u> 2.0 2.0	Reason 0	
	Select: All, All on Claim Line 2126254 212653	Client Name Client Name Tester 1, Training Tester 1, Training Tester 1, Training	Provider Training Provider, Training Provider, Training Provider,	DOS △ 12/02/2019 12/09/2019 12/10/2019	Status Entry Complete Entry Complete Entry Complete	Payable Amount \$0.00 \$0.00 \$0.00	Tol Paid Amount \$0.00 \$0.00 \$0.00	al Payable Amount Procedure 90832 90832 90832	t: \$0 Insurer CEI CMH CEI CMH CEI CMH) Units 2.0 2.0 2.0	Reason 0 0	
	Select: All, All on 212623 212623 212623	Client Name Cster 1, Training Tester 1, Training Tester 2, Training Tester 2, Training	Provider Training Provider, Training Provider, Training Provider, Training Provider,	DOS A 12/02/2019 12/09/2019 12/10/2019 12/20/2019	Status Entry Complete Entry Complete Entry Complete Entry Complete	Payable Amount \$0.00 \$0.00 \$0.00 \$0.00	Tol Paid Amount \$0.00 \$0.00 \$0.00 \$0.00	al Payable Amount <u>Procedure</u> 90832 90832 90832 90832	t: \$ 0 Insurer CEI CMH CEI CMH CEI CMH CEI CMH CEI CMH CEI CMH CEI CMH) <u>Units</u> 2.0 2.0 2.0 1.0	Reason 0 0 0	
•	Claim Line 2126223 2126229 2126229	Page, None Client Name Tester 1, Training Tester 1, Training Tester 2, Training Tester 2, Training	Provider Training Provider, Training Provider, Training Provider, Training Provider, Training Provider,	Dos A 12/02/2019 12/09/2019 12/10/2019 12/20/2019 12/20/2019	Status Entry Complete Entry Complete Entry Complete Entry Complete Entry Complete	Payable Amount \$0.00 \$0.00 \$0.00 \$0.00 \$0.00	Tol Paid Amount \$0.00 \$0.00 \$0.00 \$0.00 \$0.00	al Payable Amount Procedure 90832 90832 90832 90832 90832 90832	E: \$ 0 Insurer CEI CMH CEI CMH CEI CMH CEI CMH CEI CMH CEI CMH CEI CMH CEI CMH CEI CMH) Units 2.0 2.0 2.0 2.0 1.0 1.0	Reason 0 0 0 0	
hanges	Claim Line 2126254 2126259 2126232 2126233	Client Name Ester 1. Training Tester 2. Training Tester 2. Training Tester 2. Training Tester 2. Training	Provider Iraining Provider. Iraining Provider. Iraining Provider. Iraining Provider. Iraining Provider.	DOS △ 12/02/2019 12/09/2019 12/10/2019 12/20/2019 12/20/2019 12/25/2019 12/25/2019 12/25/2019	Status Entry Complete Entry Complete Entry Complete Entry Complete Entry Complete	Payable Amount \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00	Tol Amount \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00	tal Payable Amount Procedure 90832 90832 90832 90832 90832 90832 90832	E: \$ 0 Insurer CEI CMH CEI CMH CEI CMH	2.0 2.0 2.0 1.0 1.0 1.0	Reason 0 0 0 0 0 0 0	

- Verify you have selected the correct claim line by reviewing the information on the Claim Line Details screen.
- Use the action drop down and click on, 'Remove From Under Review'.

IMPORTANT: Clicking on the check box will not remove the flag

General Custom Fields General Custom Fields
Item Line Information Adjudicate Item Line Information Adjudicate Item Line ID 2126252 Client Id 973016 Client Tester 1. Training Item Line ID 2126252 Client Id 973016 Client Tester 1. Training Status Entry Complete Received Date 01/24/2020 Site Training Hereit Remove From Under Heriew Revent Revent Status Oppog Jaim Form Professional Clean Date 01/24/2020 Provider ID 549 Void Void
Claim Line Information Deny Manual Pend Jaim Line ID 2126252 Client Id 973016 Client Tester 1, Training Provider Training Override Pended Reasons ider Status Entry Complete Received Date 01/24/2020 Site Training Pav Frought Cag Jaim Form Professional Clean Date 01/24/2020 Provider ID 549 Revent Final Status Cagasto Final Status <td< th=""></td<>
Claim Line ID 2126252 Client Id 973016 Client Tester 1, Training Provider Training Mark as Final Status ider itatus Entry Complete Received Date 01/24/2020 Site Training From Under Review From U
Status Entry Complete Received Date 01/24/2020 Site Training Remove From Under Review Froup Home Jaim Form Professional Clean Date 01/24/2020 Provider ID 549 Revent Final Status 23456789 Jaim ID 83909 Authorization(s) Do Not Adjudicate Void ed
Claim Form Professional Clean Date 01/24/2020 Provider ID 549 Revent Final Status 23456789 Claim ID 83909 Authorization(s) Do Not Adjudicate Void ed
Claim ID 83909 Authorization(s) Do Not Adjudicate Void ed
Electronic Batch Readjudicate Previous Payer EOB Received
Override Pended Reason
iervice/Charge
itart Date 12/09/2019 CPT/HCPCS 90832 Rev Code Units 2.00 Amount \$0.00 Paid
nd Date 12/09/2019 POS 11 Office Charge \$133.90 Amount Claimed \$133.90 Balance \$0.00

• You will receive a confirmation pop-up, click Yes to remove the Under Review flag.



Claim Lines

To remove the Claim Review Flag from multiple claims, navigate to the Claim Lines screen as described in the previous section, *Viewing Claims with Review Flag*.

• Use the checkboxes to select the claims you want to remove the Claim Line Under Review Flag from. Then use the Action drop-down to select 'Remove From Under Review'.

Cl	aim Lines ((7)								Select Action Select Action	•		\$	I P PI	🖭 🗎 🕻
CE	EI CMH		,	Claim Line Under Re	view	v	Training	Provider		Add to Under Review Adjudicate	N			▼ Ap	ply Filter
Du	mmy Bank		•	All Populations		•	All Billir	g Codes ar	id Modifie	Denial Letter Deny		ns		▼ De	tail Report
Pe	nded/Credit Bal	Filter	•	Batch #			Claim ID			Do not Adjudicate					
Re	ceived From			Received To			DOS From	n 12/01/20	14	Mark as Final Status	;	020			
	Re-allocation Exc	ception								Override Pended Re Pay	asons				
										Re-adjudicate	r Douiou				
_										Remove To Be Work					
Se	lect: All, All on	Page/ None								Revert Revert Final Statue	Ċ	0.00			
	Claim Line	Client Name	Δ	Provider	DOS	<u>Status</u>		<u>Payable</u> Amount	Paid Amount	Void	Insurer		<u>Units</u>	Reason	
	2126252	Tester 1, Training		Training Provider,	12/09/2019	Entry Cor	nplete	\$0.00	\$0.00	90832	CEI CMH		2.00		*
	2126253	Tester 1, Training		Training Provider,	12/10/2019	Entry Cor	mplete	\$0.00	\$0.00	90832	CEI CMH		2.00		
	<u>2126254</u>	Tester 1, Training		Training Provider,	12/02/2019	Entry Cor	mplete	\$0.00	\$0.00	90832	CEI CMH		2.00		
	2126229	Tester 2, Training		Training Provider,	12/20/2019	Entry Cor	mplete	\$0.00	\$0.00	90832	CEI CMH		1.00		
	2126232	Tester 2, Training		Training Provider,	12/25/2019	Entry Cor	mplete	\$0.00	\$0.00	90832	CEI CMH		1.00		
	2126233	Tester 2, Training		Training Provider,	12/26/2019	Entry Cor	mplete	\$0.00	\$0.00	90832	CEI CMH		1.00		
	2126234	Tester 2, Training		Training Provider.	12/27/2019	Entry Cor	mplete	\$0.00	\$0.00	90832	CEI CMH		1.00		

• You will receive a confirmation pop-up. Click Yes to remove the Claim Line Under Review Flag from the claim lines you have selected.



Claim Line Review – Work Flow

