

HARMONY BILLING INTRUCTIONS/CLAIMS SUBMISSION PROCESS

Vendor data prerequisites (completed by DSP Vendor Manager)

- Required fields in provider record: Vendor No., taxpayer ID, & claims identifier
- Provider open to fund code (AAA)
- Services attached to provider

Participant data prerequisites (completed by Supports Coordinator)

- Required fields in participant record: Medicaid ID (or NA), SSN, complete address, gender, DOB
- Participant open to fund code (AAA)
- Participant referred to provider
- Completed primary diagnosis for participant
- Approved Authorization and AuthService with provider and service. AuthService <u>must</u> include selection of ISO code.





Rev Date: 9/1/17

a. Claim Creation

It is important to understand that submitted will pass through all systems, including the state. Therefore, it is important that the information submitted is accurate. All submissions made to Harmony are first processed by the AAA 1-B accounting system, then by the state accounting system before being returned to the AAA 1-B as approved or denied. Corrections also follow this process. Anyone with access to the system can verify all stages of the claims.

Claims Entry Instructions – Selecting a Participant & Authorization

My Harmony Welcome, Tommy Trainin	ng	4/16/2009 12:21 AM
File - Print		
Consumers	Providers	Tasks
Participating	🗆 Ticklers	🗆 My Management
Participants 💌 😡	6 Ticklers	Case Queue
Lact Name	🗆 Cases	Current Active Cases
	1 Open	Enrollments
Advanced Search	🗠 Referrals	Ticklers Due
	5 Open	Event Ticklers
Participants		Alext Notes
		My Claims
Providers		Add a New Claim
Claims		
Reports		
Cian Out		
oign out		
Log in oveter		
LUY III SYSICIII.		
2. On the My Harmony page, click on	Add a New Claim	



Diagnosis Informa

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Diagnosis 1 🎙

Service Authorization & Billing

Issue Date: 3/27/07

Rev Date: 9/1/17

h a r m o n y **Claims Entry** 1/24/2010 5:27 PM ny Training Submit Clai - Spell Ch ims Entry Print - Close Claims Enti Authorization Authorization ¹ ... Г Training Agency V Details Vendor/Provider Info Rendering Provider * Service Type * AAA 🔻 * Medicaid ID * Vendor No * TRAAGE Last Name * Name * Training Agency First Name * Tax ID 🕯 38-9999999 Street * NPI * HIS 2955 City * State * Zip * Gender * Date of Birth * SSN * Diagnosis Infor Diagnosis 1 * Additional Inform Provider Claim II Batch No trainingt2 Claim Services O Service Line View € Calendar View Service * ... Clear Place of Service * ¥ Su Tu We Th Fr Calendar Month December 💌 1 2 3 4 Calendar Year 2009 💌 3. Claims Entry window will open. **Claims Entry** Welcome, Tomn ny Training 1/24/2010 5:27 PM le - Submit Claims Ent ry - Spell Check - S hit & Add / other Claim Authorization Authorization * 159507 ... Training Agency V Details Case No * Vendor/Provider Inf Rendering Provide ... Service Type * AAA 💌 * Medicaid ID * Vendor No * TRAAGE Last Name * Name * Training Agency First Name * Tax ID 38-9999999 Street * NPI * HIS_2955 City * State * Zip * Gender * Date of Birth * SSN *

4. Enter the AuthID in the Authorization field and then tab to the next field or push Enter.

trainingt2

Additional Inform

Provider Claim II



Issue Date: 3/27/07

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Welcome, Becki Tyle	er			5/19/2009
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Service Type *	AAA 🗸 *	Medicai	d ID *	
Vendor No *		Last Na	me*	
Name *		First Na	me *	
Tax ID *		Street *		
NPI *		City *		
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		Zie *		
		Zip ·		
		Gender		
		Date of	Birth *	
		SSN *		
Diagnosis Information	on	Additio	nal Information	
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Auth Number V Ad				
	Search Reset			
1 Auth Search record	l(c) returned - new viewing 1 through 1 -			
Auth Number AuthID	Lastname Firstname Auth Date Provider	Start Date End Date		
159507	Mouse Mickey 10/01/2009 Training Agen	y 10/01/2009 09/30/2010		
SSTREE	CPTERIOUS REGIEVE IJ REGIGI at a time	LOPC //		
6. A new w	vindow will open with	search filters at the	top. Leave the	Auth Number filter blank.
Enter th	e participant's last na	me into the blank te	xtbox. Then clic	ck Search.
' Results	will appear below the	search filters Click	on the narticin	ant that you would like to
cubmit	will appeal below the			
Submit				
	ION SYSTEMS/ING.			Claims Entry
Welcome, Tommy Trainin	ng			1/24/2010 5:27 PM
le - Submit Claims Entry	- Spell Check - Submit & Add Another Claims Entry	- Print - Close Claims Entry		
Authorization				
Authorization *	159507			
Vendor/Provider Inform	ation	Participant Information		
Rendering Provider *	Training Agency	Case No *	72845	
Vendor No *		Medicaid ID *	na	
Name *	Training Agency	Eirst Name *	Mouse	
Ta× ID *	38-9999999	Street *	999 Telegraph	
NPI *	HI5_2955	City *	Southfield	
		State *	Michigan	
		Zip *	48034	
		Gender *	Male	
		Date of Birth *	1/20/1922	
		SSN *	111-22-5463	
Diagnosis 1 *	[01700] TB SKIN/SUBCUTAN-UNSPEC	Provider Claim ID		
		Batch No	trainingt2	_



Issue Date: 3/27/07

Rev Date: 9/1/17

- 8. If the set-up described in #1 & 2 above is done properly by the AAA 1-B staff, the Vendor/Provider, Participant and Diagnosis Information portions of the screen will populate completely (see screenshot above).
- **9.** If required fields are not populated, call the Supports Coordinator for this participant or call the AAA 1-B Resource Center (1-800-852-7795) to be directed to the appropriate staff person to assist you with Harmony Support.

Claims Entry Instructions – Entering Claims Service Information

On the Claims Entry Screen, there are two ways to submit claims:

<u>Service Line View</u> – Allows vendor to enter an unlimited number of service lines for a single participant regardless of service code, line-by-line, which is automatically split into multiple, single service line claims on submission. This method of claims entry is required when entering no show reasons, void, void & replace, and resubmit.

<u>Calendar View</u> – Allows the user to select a service code for a participant, using a calendar grid to submit up to one month's worth of claims.

Service Line Claims Entry

Velcome, Tommy Tra	ining		1/24/2010 8:20 PM
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uthorization *	159507		
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ervice Type *	AAA 💌 *	Medicaid ID *	na
endor No *	TRAAGE	Last Name *	Mouse
ame *	Training Agency	First Name *	Mickey
a× ID *	38-9999999	Street *	999 Telegraph
⊃I *	HIS_2955	City *	Southfield
		State *	Michigan
		Zip *	48034
		Gender *	Male
		Date of Birth *	1/20/1922
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Start Date	End Date Service Units Cost	Place of Service Diagnosis No Sh	ow No Show Reason
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ant Date # End Date	e * Service * Units * Cost * Place of Service * Diagnosis	No Show No Show Reason	



Issue Date: 3/27/07

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No *	TRAAGE					Last Na	ime *	Mouse			
r -	Training	Agency				First Na	ime *	Mickey			
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	HIS_295	5				City *		Southfield			
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Service Authorization &	
Billing	

Issue Date: 3/27/07

Rev Date: 9/1/17

.... Clear **~** 1 ADD 1/2/2009 S5130 2 \$7.00 1 1/2/2009 99 DELETE 🕘 Done 🧐 Local intranet Number of Units – Enter how many units of service were delivered. e. Cost, Place of Service and Diagnosis will automatically populate when you TAB to the next field. f. When the claim information is entered, click Add. The service line will drop below. If a mistake was made, you can delete any service line from the claims entry screen by clicking the **Delete** button. harmony Claims E 4/16/2009 Submit Claims Entry -Submit & Add Another Claims Entry Spell Check Authorization Authorization * 140762 ... Auth No Γ Vendor/Provider Information **Consumer Information** Rendering Provider Case No ' All Care, Inc. 💌 66547 Service Type * AAA 💌 * Sec. ID * NA Vendor No * ALLCAR Last Name * Darwin Name * All Care, Inc. First Name * Richard Tax ID * 20-4737257 Street * 6456 Ford 3. Continue filling out and adding service lines, as necessary. Completing more than 20 service lines per claims entry screen can take a long time for the system to process. If submitting more than 20 claims per participant, it is recommended to split up claims amongst multiple service line claims entry screens or use the calendar view claims entry screen instead.

4. When all the desired service lines have been added, click **Submit Claims Entry** at the top of the window.

Calendar Claims Entry

Claim Services											
	◯ Service Line View ④ Calendar View										
Service *	Clear	<		J	uly 200	9		>			
Place of Service *	~	Su	Мо	Tu	We	Th	Fr	Sa			
Calendar Month	July				1	2	3	4			
Calendar Year	2009 💌										
Default Units		5	6	7	8	9	10	11			
	Update Calendar										
		12	13	14	15	16	17	18			
		19	20	21	22	23	24	25			
		26	27	28	29	30	31				
1 Click the r	adio button for Calendar View	von	tha	Clai	me F	Entr		roon	to display the	calendar	
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field has been completed).

Service Authorization & Billing

Issue Date: 3/27/07

Claim Services													
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Calendar Month	July 🗸				1	2	3	4					
Calendar Year	2009 🗸												
Default Units		5	6	7	8	9	10	11					
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Issue Date: 3/27/07

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	Calendar Year	2009 🗸		
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			19 20 21 22 23 24 25 3 3 3 3 3 3	
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1	+. The humbe	a data for specific days	ay call be entered by labbing	the month to a specified
	number of	units.	of by defaulting every day of t	The month to a specified
5	5. A tip from	the vendor testing sessior	n: Make sure that the cursor i	is in a calendar day box
	before hitti	ng the Backspace button	(for example, if you want to	Backspace to delete a
	default val	ue in the calendar for a p	particular day). If the cursor i	s anywhere else on the
	page, an l	nternet Explorer shortcut	will be triggered that is equiva	alent to hitting the Back
	button in th	e browser. The screen wi	Il go back to a blank claims ent	rv screen.
F	5 To default	the entire month enter the	number of units per day in the	e Default Units box and
	click the I	Indate Calendar button	The calendar will auto-nonu	late each day with that
	value Indi	vidual days then can be e	dited or deleted using the num	ber keys in combination
	with the tel	key or the meyee. For a	lave of no convice loove the he	ber keys in combination
		b Key of the mouse. For the	lays of no service, leave the b	ox blank. Entening 0 will
-		defiled claim for that day.		
		m o n)/		Claims E
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	Welcome. Tommy Trainir	ng i		4/16/2009 1
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- 18		-		
	Authorization			
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	Authorization Authorization * Auth No Vendor/Provider Inform Rendering Provider * Service Type * Vendor No *	140762 ation All Care, Inc. V AAA V *	Consumer Information Case No * Sec. ID * Last Name *	66547 NA
	Authorization Authorization * Auth No Vendor/Provider Inform Rendering Provider * Service Type * Vendor No * Name *	140762 ation All Care, Inc. V AAA V * ALLCAR All Care, Inc.	Consumer Information Case No * Sec. ID * Last Name * First Name *	66547 NA Darwin
	Authorization Authorization * Auth No Vendor/Provider Inform Rendering Provider * Service Type * Vendor No * Name * Tax ID *	140762 ation All Care, Inc. AAA * ALLCAR All Care, Inc. 20-4737257	Consumer Information Case No * Sec. ID * Last Name * First Name * Street *	66547 NA Darwin Richard 6456 Ford
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Issue Date: 3/27/07

Rev Date: 9/1/17

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View Claims Submission Results

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Issue Date: 3/27/07

Rev Date: 9/1/17

Change Role	harmon on y	Claim Advanced Search
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4. Once filter se	earch fields are filled in, click Search. Results will a	ppear below the filter.

<u>Status</u>

The status column of the claim will show if the claim has been approved or denied. Later this column will indicate if the claim has been paid. Status will remain approved until the information is exported into the accounting system. When this occurs the claims will read "PV Exported". Once the check is posted in the accounting system the status will read "Paid". Please note that a claim may not be voided and/or replaced when in PV Exported status.



Issue Date: 3/27/07

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Issue Date: 3/27/07

Rev Date: 9/1/17

Advocacy • Action • Answers on Aging

Provider			Туре	Address			Phone	Contac	t	
All Care, Inc.			Rendering	11401 M-50			(517)467-6227	,	-	
				Brooklyn, MI 4	19230					
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Adjust Code - Des	crintion		Date	Adi Units	Adi Amount					
45 Cha	rge exceeds fee	schedule/maximum	4/16/2009	98.00	\$382.20			MEDICAID	s	TATE / LOCAL
allov	vable or contract	ted/legislated fee				Index Code				Medicaid
aira	ngement.					Fub Object Code				medicald
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Remittance ID	P	Remit Status Che	eck No	Check Date	Units	Paid Amour	nt .			
161		Denied			0.00	\$0.0	0	\$0.00		\$0.00
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Rule That Denied C	laim		cription		Document	Status	Do	c Date Code		
<u>Rule That Denied C</u> Rule Name	<u>laim</u>	Rule Des								
Rule That Denied C Rule Name Allowable Units per d	ay exceeded for	Rule Des Charge ex	ceeds fee schedul	e/maximum						

for 98 15-minute units in one day (there's not even that many minutes in a day).

Void Claims

Claims submitted into the system can not be voided or replaced when the claims is in "submitted" status to the state. If claims need to be voided and/or replaced and it has been submitted to the state and the state has not responded, Vendors must wait for the states response and then complete the void. There is no notification for this process.



Service Authorization 8	•
Billing	

Issue Date: 3/27/07

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claim status has changed to void. A new claim also will be created to void the previous claim (Status = Voider).



Service Auth	orization &
Billing	

Issue Date: 3/27/07 R

Rev Date: 9/1/17

Void & Replace Claims

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Issue Date: 3/27/07

Welcome Tommy Trai	r <mark>ing</mark> - Spell Check - Submit & Add Another Claims Entry - Print - Close Claims Entry		4/16/2009
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Authorization			
Authorization *	140762		
Auth No			
Vendor/Provider Infor	mation	Participant Information	L. C.
Rendering Provider *	All Care, Inc.	Case No *	66547
Service Type *	AAA 💌 *	Medicaid ID *	NA
Vendor No *	ALLCAR	Last Name *	Darwin
Name *	All Care, Inc.	First Name *	Richard
Tax ID *	20-4737257	Street *	6456 Ford
NPI *	HIS_230	City *	Waterford
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		Gender	Male
		Date of Birth *	1/1/1985 12:00:00 A
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Diagnosis Information		Additional Information	
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16			
A claims e	entry screen will open, populated with the ir	nformation from	the claim that you
selected t	o void & replace. Edit the Claim Services i	nformation to co	orrect the error (i.e.,
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Issue Date: 3/27/07

Rev Date: 9/1/17

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	1	TRAININGT2	\$0.00	\$382.20	04/16/2009	Denied	Denied	ААА		04/16/2009	All Care, Inc.	DARWIN	66547	66547	464
-		TRAININGT	(\$7.80)	(\$7.80)	04/16/2009	Reversal of Previous	Voider			04/16/2009	All Care,	DARWIN	66547	66547	465
•		TRAINING 11	(\$7.00)	(\$7.00)	04/10/2005	Previous	Voidei	~~~		04/10/2005	Inc.	DARTIN	00047	00047	400
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• • •	8	TRAININGT3 TRAININGT3	\$7.80 (\$7.80)	\$7.80 (\$7.80)	04/16/2009 04/16/2009	as Primary Reversal of Previous Payment	Voider	ААА		04/16/2009	All Care, Inc.	DARWIN	66547	66547	467
• • •	8 1 8 1	TRAININGT3 TRAININGT3 TRAININGT3	\$7.80 (\$7.80) \$11.70	\$7.80 (\$7.80) \$11.70	04/16/2009 04/16/2009 04/16/2009	as Primary Reversal of Previous Payment Processed as Primary	Voider Approved	AAA AAA		04/16/2009 04/16/2009	All Care, Inc. All Care, Inc.	DARWIN DARWIN	66547 66547	66547 66547	467 468

 Refresh the Claim Advanced Search screen by clicking Search again. Notice the original claim status has changed to void. There also is a new claim created to void the previous claim (status = voider). User also will see the new claim that was submitted.

Resubmit Denied Claims

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Issue Date: 3/27/07

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ime *	All Care, Inc.	First Name *	Richard
ax ID *	20-4737257	Street *	6456 Ford
ы *	HIS_230	City *	Waterford
		State *	Michigan
		Zip *	46575
		Gender *	Male
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agnosis Information		Additional Informati	on
agnosis 1 *	[29530] Schizophrenia, Paranoid Type	Provider Claim ID	
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Issue Date: 3/27/07

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Issue Date: 3/27/07 Rev I

Rev Date: 9/1/17

Submitting Missed Visit/No Show Reasons

NOTE: Anytime service is not provided, a missed visit reason must be entered. This is a requirement of MDHHS and of doing business with AAA 1-B.

e - Submit Claims Entry	- Spell Check - Submit & Add Another Claims Entry - Print - Close Claims Entry			
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ame *	All Care, Inc.	First Name *	Dichard	_
a× ID *	20-4737257	Street *	Richard	_
PI *	HIS 230	other	6456 Ford	_
	115_250	City *	Waterford	
		State *	Michigan	
		Zip *	46575	
		Gender *	Male	
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^{3.} On the Claims Services line, enter the **date** of service missed. Enter 0 **units** delivered. Check the **No Show** checkbox. Select the appropriate **No Show reason**.



Issue Date: 3/27/07

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	All Care, Inc.					First Nam	e *	Richard				
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	HIS_230					City *		Waterfo	rd			
						State *		Michiga	n			
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