



Service Authorization & Billing	
Issue Date: 3/27/07	Rev Date: 9/1/17

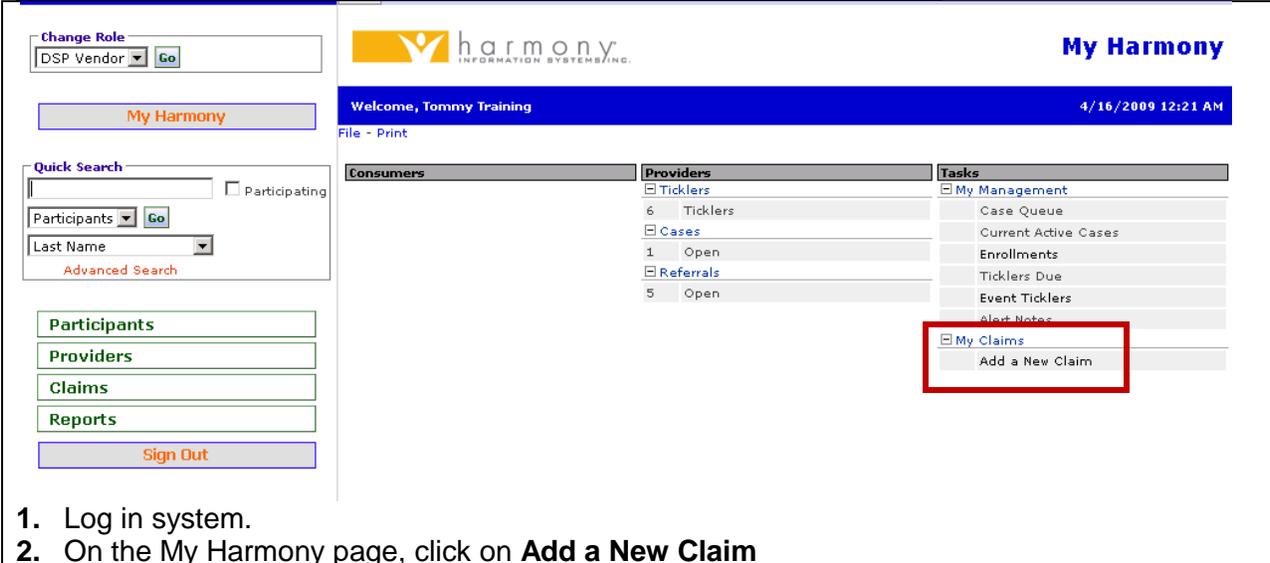
HARMONY BILLING INTRUCTIONS/CLAIMS SUBMISSION PROCESS

<p>Vendor data prerequisites (completed by DSP Vendor Manager)</p> <ul style="list-style-type: none"> • Required fields in provider record: Vendor No., taxpayer ID, & claims identifier • Provider open to fund code (AAA) • Services attached to provider
<p>Participant data prerequisites (completed by Supports Coordinator)</p> <ul style="list-style-type: none"> • 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.

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



The screenshot shows the 'My Harmony' web application interface. On the left, there is a navigation sidebar with buttons for 'Participants', 'Providers', 'Claims', 'Reports', and 'Sign Out'. The main content area displays a 'Welcome, Tommy Training' message with the date and time '4/16/2009 12:21 AM'. Below the welcome message is a table with three columns: Consumers, Providers, and Tasks. The 'Providers' column contains a list of items: Ticklers (6), Cases (1), and Referrals (5). The 'Tasks' column contains a list of items: My Management, Case Queue, Current Active Cases, Enrollments, Ticklers Due, Event Ticklers, and Alert Notes. A red box highlights the 'My Claims' link and the 'Add a New Claim' button in the bottom right corner of the interface.

1. Log in system.
2. On the My Harmony page, click on **Add a New Claim**



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harmony INFORMATION SYSTEMS, INC. **Claims Entry**

Welcome, Tommy Training 1/24/2010 5:27 PM

File - Submit Claims Entry - Spell Check - Submit & Add Another Claims Entry - Print - Close Claims Entry

Authorization
 Authorization *

Vendor/Provider Information **Participant Information**

Rendering Provider * Training Agency Case No *

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 Information **Additional Information**

Diagnosis 1 * Provider Claim ID

Batch No

Claim Services

Service Line View
 Calendar View

Service *

Place of Service *

Calendar Month

Calendar Year

December 2009						
Su	Mo	Tu	We	Th	Fr	Sa
		1	2	3	4	5

3. Claims Entry window will open.

harmony INFORMATION SYSTEMS, INC. **Claims Entry**

Welcome, Tommy Training 1/24/2010 5:27 PM

File - Submit Claims Entry - Spell Check - Submit & Add Another Claims Entry - Print - Close Claims Entry

Authorization
 Authorization *

Vendor/Provider Information **Participant Information**

Rendering Provider * Training Agency Case No *

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 Information **Additional Information**

Diagnosis 1 * Provider Claim ID

Batch No

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



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Claims E

Welcome, Becki Tyler

5/19/2009

File - Submit Claims Entry - Spell Check - Submit & Add Another Claims Entry - Print - Close Claims Entry

Authorization
 Authorization * ...

Vendor/Provider Information	Participant Information
Rendering Provider * <input type="text"/>	Case No * <input type="text"/>
Service Type * <input type="text" value="AAA"/> *	Medicaid ID * <input type="text"/>
Vendor No * <input type="text"/>	Last Name * <input type="text"/>
Name * <input type="text"/>	First Name * <input type="text"/>
Tax ID * <input type="text"/>	Street * <input type="text"/>
NPI * <input type="text"/>	City * <input type="text"/>
	State * <input type="text"/>
	Zip * <input type="text"/>
	Gender * <input type="text"/>
	Date of Birth * <input type="text"/>
	SSN * <input type="text"/>

Diagnosis Information
 Primary Diagnosis * ...

Additional Information
 Provider Claim ID
 Batch No

5. If you do not know the Auth ID, click the [...] button next to the Authorization field.

Filter

Auth Number Begins With AND

Lastname Begins With AND

Add

Search Reset

1 Auth Search record(s) returned - now viewing 1 through 1

Auth Number	AuthID	Lastname	Firstname	Auth Date	Provider	Start Date	End Date
159507	Mouse	Mickey		10/01/2009	Training Agency	10/01/2009	09/30/2010

<< First < Previous Retrieve 15 Records at a time Next > Last >>

- A new window will open with search filters at the top. Leave the Auth Number filter blank. Enter the participant's last name into the blank textbox. Then click **Search**.
- Results will appear below the search filters. Click on the participant that you would like to submit claims for.



Claims Entry

Welcome, Tommy Training

1/24/2010 5:27 PM

File - Submit Claims Entry - Spell Check - Submit & Add Another Claims Entry - Print - Close Claims Entry

Authorization
 Authorization * ...

Vendor/Provider Information	Participant Information
Rendering Provider * <input type="text" value="Training Agency"/>	Case No * <input type="text" value="72845"/> ...
Service Type * <input type="text" value="AAA"/> *	Medicaid ID * <input type="text" value="na"/>
Vendor No * <input type="text" value="TRAAGE"/>	Last Name * <input type="text" value="Mouse"/>
Name * <input type="text" value="Training Agency"/>	First Name * <input type="text" value="Mickey"/>
Tax ID * <input type="text" value="38-9999999"/>	Street * <input type="text" value="999 Telegraph"/>
NPI * <input type="text" value="HIS_2955"/>	City * <input type="text" value="Southfield"/>
	State * <input type="text" value="Michigan"/>
	Zip * <input type="text" value="48034"/>
	Gender * <input type="text" value="Male"/>
	Date of Birth * <input type="text" value="1/20/1922"/>
	SSN * <input type="text" value="111-22-5463"/>

Diagnosis Information
 Diagnosis 1 *

Additional Information
 Provider Claim ID
 Batch No



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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:

Service Line View – 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.

Calendar View – 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

The screenshot shows the 'Claims Entry' interface with the following sections:

- Authorization:** Authorization * 159507
- Vendor/Provider Information:**
 - Rendering Provider * Training Agency
 - Service Type * AAA
 - Vendor No * TRAAGE
 - Name * Training Agency
 - Tax ID * 38-9999999
 - NPI * HIS_2955
- Participant Information:**
 - Case No * 72845
 - Medicaid ID * na
 - Last Name * Mouse
 - First Name * Mickey
 - Street * 999 Telegraph
 - City * Southfield
 - State * Michigan
 - Zip * 48034
 - Gender * Male
 - Date of Birth * 1/20/1922
 - SSN * 111-22-5463
- Diagnosis Information:**
 - Diagnosis 1 * [01700] TB SKIN/SUBCUTAN-UNSPEC
- Additional Information:**
 - Provider Claim ID
 - Batch No trainingt2
- Claim Services:**
 - Service Line View (selected) / Calendar View
- Table:**

Start Date	End Date	Service	Units	Cost	Place of Service	Diagnosis	No Show	No Show Reason
		... Clear				1 ...	<input type="checkbox"/>	ADD
Start Date	End Date	Service	Units	Cost	Place of Service	Diagnosis	No Show	No Show Reason

1. The claims entry screen allows a user to toggle, “on the fly”, between the two views.



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Claims Entry

Welcome, Tommy Training

1/24/2010 8:20 PM

File - Submit Claims Entry - Spell Check - Submit & Add Another Claims Entry - Print - Close Claims Entry

Authorization	
Authorization *	159507
Vendor/Provider Information	
Rendering Provider *	Training Agency
Service Type *	AAA
Vendor No *	TRAAGE
Name *	Training Agency
Tax ID *	38-9999999
NPI *	HIS_2955
Participant Information	
Case No *	72845
Medicaid ID *	na
Last Name *	Mouse
First Name *	Mickey
Street *	999 Telegraph
City *	Southfield
State *	Michigan
Zip *	48034
Gender *	Male
Date of Birth *	1/20/1922
SSN *	111-22-5463
Diagnosis Information	
Diagnosis 1 *	[01700] TB SKIN/SUBCUTAN-UNSPEC
Additional Information	
Provider Claim ID	
Batch No	trainingt2

Claim Services
 Service Line View Calendar View

Start Date	End Date	Service	Units	Cost	Place of Service	Diagnosis	No Show	No Show Reason
		... Clear				1	<input type="checkbox"/>	
		... Clear				1	<input type="checkbox"/>	

2. The following fields need to be completed:

- Start Date** - Date of Service
- End Date** – Usually the same as the start date (date of service), except when service is a monthly unit (e.g. PERS). In that case, the start and end dates must span an entire month.
- Service** - The [...] button under Service pulls from the AuthService record. A search box will open, allowing you to select the service code you are billing for.

DialogVendorServiceSelectPopUp -- Web Page Dialog

Search By: Service Type Search Text: Search

ServiceID	ServiceCode	SecondaryCode	Service	UnitCost	UnitType	EffectiveDate	EndDate	SvcStartDate	SvcEndDate	VServiceID	AuthServic
5328	S5130	S5130	Homemaker service, nos; per 15 minutes	3.50	15 mins	10/01/2007		06/06/2008	06/06/2009	2240	214



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Start Date	End Date	Service	Modifiers	Units	Cost	Place of Service	Diagnosis	Provider
					1	
1/2/2009	1/2/2009	S5130		2	\$7.00	99	1	

- d. **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.



Claims E

Welcome, Tommy Training 4/16/2009 1
 File - Submit Claims Entry - Spell Check - Submit & Add Another Claims Entry - Print - Close Claims Entry

Authorization
 Authorization * 140762
 Auth No

Vendor/Provider Information
 Rendering Provider * All Care, Inc.
 Service Type * AAA *
 Vendor No * ALLCAR
 Name * All Care, Inc.
 Tax ID * 20-4737257

Consumer Information
 Case No * 66547
 Sec. ID * NA
 Last Name * Darwin
 First Name * Richard
 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 Calendar View

Service *
 Place of Service *
 Calendar Month July
 Calendar Year 2009
 Default Units
 Update Calendar

July 2009						
Su	Mo	Tu	We	Th	Fr	Sa
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

- 1. Click the radio button for Calendar View on the Claims Entry screen to display the calendar grid. This is the default view on the Claims Entry screen.



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Claim Services

Service Line View
 Calendar View

Service * ...

Place of Service *

Calendar Month

Calendar Year

Default Units

July 2009						
Su	Mo	Tu	We	Th	Fr	Sa
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

- In the calendar view, select the **service** using the ellipsis [...] button. As with the service line view, the list of available services will be filtered by the authorization. Since the AAA 1-B currently uses only one **Place of Service**, it will auto-populate once the service code has been selected.

Claim Services

Service Line View
 Calendar View

Service * ...

Place of Service *

Calendar Month

Calendar Year

Default Units

July 2009						
Su	Mo	Tu	We	Th	Fr	Sa
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

- The calendar will automatically default to the previous month, but can be adjusted using either the left and right arrows on the calendar or the **Calendar month** and **Calendar year** drop down menus. If the dropdown menus are used, the **Update Calendar** button must be clicked to refresh the calendar (if desired, the user can wait to do this until the "Default Units" field has been completed).



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Claim Services

- Service Line View
 Calendar View

Service * ...
 Place of Service *
 Calendar Month
 Calendar Year
 Default Units

July 2009						
Su	Mo	Tu	We	Th	Fr	Sa
			1	2	3	4
			3	3	3	3
5	6	7	8	9	10	11
3	3	3	3	3	3	3
12	13	14	15	16	17	18
3	3	3	3	3	3	3
19	20	21	22	23	24	25
3	3	3	3	3	3	3
26	27	28	29	30	31	
3	3	3	3	3	3	

- The number of units delivered each day can be entered by tabbing through the calendar grid and entering data for specific days or by defaulting every day of the month to a specified number of units.
- A tip from the vendor testing session: Make sure that the cursor is in a calendar day box before hitting the Backspace button (for example, if you want to Backspace to delete a default value in the calendar for a particular day). If the cursor is anywhere else on the page, an Internet Explorer shortcut will be triggered that is equivalent to hitting the Back button in the browser. The screen will go back to a blank claims entry screen.
- To default the entire month, enter the number of units per day in the **Default Units** box and click the **Update Calendar** button. The calendar will auto-populate each day with that value. Individual days then can be edited or deleted using the number keys in combination with the tab key or the mouse. For days of no service, leave the box blank. Entering 0 will result in a denied claim for that day.



Claims E

Welcome, Tommy Training

4/16/2009 1

File: Spell Check - Submit & Add Another Claims Entry - Print - Close Claims Entry

Authorization

Authorization * ...
 Auth No

Vendor/Provider Information

Rendering Provider *
 Service Type * *
 Vendor No *
 Name *
 Tax ID *

Consumer Information

Case No * ...
 Sec. ID *
 Last Name *
 First Name *
 Street *

- Once the calendar grid is filled out, submit the claim using the **Submit Claims Entry** or **Submit & Add Another Claims Entry** links at the top. The system will automatically generate a claim for each day of service.



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ServiceID	ServiceCode	SecondaryCode	Service	UnitCost	UnitType	EffectiveDate	EndDate	SvcStartDate	SvcEndDate	ServiceID	AuthService
5328	S5130	S5130	Homemaker service, nos; per 15 minutes	3.65	15 Mins	10/01/2008		07/01/2009	07/15/2009	444	6323
5328	S5130	S5130	Homemaker service, nos; per 15 minutes	3.65	15 Mins	10/01/2008		07/20/2009	07/31/2009	444	6324

- SPECIAL NOTE FOR CALENDAR CLAIMS ENTRY:** If an authorization contains multiple authorized services for the same service code, each for different date ranges, the user will need to complete the calendar for each authorized service. For example, if a participant is authorized for service code S5130 from 7/1/09 to 7/15/09 and again from 7/20/09 – 7/31/09 after a hospitalization, the user will need to complete one form for the first half of July and another for the last part of the month. As with the service line view, the system will block submission if dates of service fall outside of the range of the authorized service. This problem can be avoided by looking closely at the AuthService dates when you are about to select the Service in the Claim Services section.

View Claims Submission Results

Change Role: DSP Vendor [Go]

My Harmony

Quick Search: [Search] [Participating] [Participants] [Go] [Last Name] [Advanced Search]

Participants []

Providers []

Claims []

Reports []

Sign Out

harmony INFORMATION SYSTEMS, INC.

My Harmony

Welcome, Tommy Training 4/16/2009 12:21 AM

File - Print

Consumers	Providers	Tasks
	<ul style="list-style-type: none"> Ticklers 6 Ticklers Cases 1 Open Referrals 5 Open 	<ul style="list-style-type: none"> My Management Case Queue Current Active Cases Enrollments Ticklers Due Event Ticklers Alert Notes My Claims Add a New Claim

- To view submitted Claims, go to the **Claims** chapter.



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2. The Claims Advanced Search page will appear.
3. Search by submit date, or claim date, etc, to view any claims you have submitted.

Claim ID	Submitter Claim ID	Case No	Consumer Last Name	Provider Name	Submit Date	Provider Identifier	Fund Code	Status	Remittance Status	Remittance Date	Claim Amount	Paid Amount	Batch No	Frequency Type
463	66547	66547	DARWIN	All Care, Inc.	04/16/2009		AAA	Approved	Processed as Primary	04/16/2009	\$7.80	\$7.80	TRAININGT1	1

4. Once filter search fields are filled in, click Search. Results will appear below the filter.

Status

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.



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Claim Advanced Search

Welcome, Tommy Training 4/16/2009 1:08 AM

File - Add New Claim - Print

Filter

Equal To AND

1 Claim Advanced Search record(s) returned - now viewing 1 through 1

Claim ID	Submitter Claim ID	Case No	Consumer Last Name	Provider Name	Submit Date	Provider Identifier	Fund Code	Status	Remittance Status	Remittance Date	Claim Amount	Paid Amount	Batch No	Frequency Type
463	66547	66547	DARWIN	All Care, Inc.	04/16/2009		AAA	Approved	Processed as Primary	04/16/2009	\$7.80	\$7.80	TR	NINGT1 1

Retrieve 15 Records at a time

- Show Report
- Void Claim
- Void & Replace
- Resubmit Claim

5. View report from fly out menu, by selecting **Show Report**.

1 of 1 100% Find | Next Select a format Export

Individual Claim Detail

Generated By: Tommy Training on 04/16/2009 01:14 AM

<p>Claim ID: 463</p> <p>Submitter Claim ID: 66547</p> <p>Status: Approved</p> <p>Claim Source: Direct</p> <p>Submit Date: 4/16/2009</p> <p>Receipt Date: 4/16/2009</p> <p>Worker:</p> <p>Authorization: 140762</p> <p>Auth No:</p>	<p>Patient Information</p> <p>Case No: 66547</p> <p>Name: DARWIN, RICHARD</p> <p>Address: 6456 FORD WATERFORD, MI 48575</p> <p>Phone:</p>	<p>Medicaid ID: NA</p> <p>SSN: 123412432</p> <p>DOB: 1/1/1985</p> <p>Sex: Male</p> <p>Marital: Never Married/Single</p>	<p>Payer Information</p> <p>MI DEPARTMENT OF COMMUNITY HEALTH</p> <p>Unknown Unknown</p> <p>Unknown, Unknown Unknown</p>
---	--	--	---

Provider	Type	Address	Phone	Contact
All Care, Inc.	Rendering	11401 M-50 Brooklyn, MI 49230	(517)467-6227	

Diagnosis ID	Diagnosis Code	Description
	450 29530	

ServiceID	Service Code	Service Type	Location	Level of Care	Provider	Start Date	Unit Type	Units	Amount
331	T1019	AAA	99			4/4/2009	15 Mins	2.00	\$7.80
						4/4/2009			

Adjust Code	Description	Date	Adj Units	Adj Amount	MEDICAID	STATE / LOCAL

Remittance ID	Remit Status	Check No	Check Date	Units	Paid Amount	MEDICAID	STATE / LOCAL
160	Processed as Primary			2.00	\$7.80	\$0.00	\$0.00

6. Claim Detail report will appear.



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ServiceID	Service Code	Service Type	Location	Level of Care	Provider	Start Date	Unit Type	Units	Amount	
332	T1019	AAA	99			End Date 4/2/2009 4/2/2009	15 Mins	98.00	\$382.20	
Adjust Code	Description	Date	Adj Units	Adj Amount			MEDICAID	STATE / LOCAL		
45	Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement.	4/16/2009	98.00	\$382.20						
							Index Code	Medicaid		
							Sub Object Code	DSP		
							Percent	0.00 %	100.00 %	
Remittance ID	Remit Status	Check No	Check Date	Units	Paid Amount			\$0.00	\$0.00	
161	Denied			0.00	\$0.00			\$0.00	\$0.00	
Claim Adj ID	Reason Code	Description			Adjusted By	Date	Units	Adj Amount		
Rule That Denied Claim					Claim Documents					
Rule Name	Rule Description				Document	Status	Doc Date	Code		
Allowable Units per day exceeded for service with unit type 1/4hour	Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement.									

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7. If a claim is denied, this report will show the reason why. In this case, a claim was submitted 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.



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Claim Advanced Search

Welcome, Tommy Training
4/16/2009 7:11 AM

File - Add New Claim - Print

Filter

Submit Date Equal To 4/16/2009 AND

 Add

2 Claim Advanced Search record(s) returned - now viewing 1 through 2

Claim ID	Submitter Claim ID	Case No	Consumer Last Name	Provider Name	Submit Date	Provider Identifier	Fund Code	Status	Remittance Status	Remittance Date	Claim Amount	Paid Amount	Batch No	Frequency Type
463	66547	66547	DARWIN	All Care, Inc.	04/16/2009		AAA	Approved	Processed as Primary	04/16/2009	\$7.80	\$7.80	TRAINING1_1	
464	66547	66547	DARWIN	All Care, Inc.	04/16/2009		AAA	Denied	Denied	04/16/2009	\$382.20	\$0.00	TRAINING	

Retrieve Records at a time

Show Report
Void Claim
Void & Replace
Resubmit Claim
Void Claim

1. Vendors may void claims that you have already submitted.
2. Search for the claim to void in the **Claims** chapter. Select **Void Claim** from the fly out menu.



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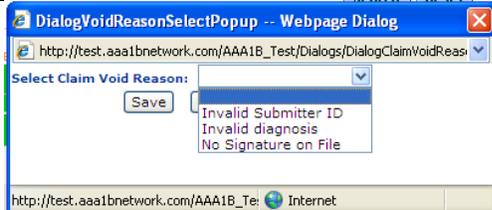
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3. Vendors/Users will be prompted to confirm the voiding of the claim. Click **OK** to continue.



4. User will be prompted to select a reason for voiding the claim. Select an appropriate reason and click **Save**.



5. User will receive confirmation that the claim was voided. Click **OK**.

harmony INFORMATION SYSTEMS/INC. Claim Advanced Search

Welcome, Tommy Training 4/16/2009 7:20 AM

File - Add New Claim - Print

Filter

X Status Begins With void AND

Claim ID Add

Search Reset

2 Claim Advanced Search record(s) returned - now viewing 1 through 2

Claim ID	Submitter Claim ID	Case No	Consumer Last Name	Provider Name	Submit Date	Provider Identifier	Fund Code	Status	Remittance Status	Remittance Date	Claim Amount	Paid Amount	Batch No	Frequency Type
463	66547	66547	DARWIN	All Care, Inc.	04/16/2009	AAA	Voided	Processed as Primary	04/16/2009	\$7.80	\$7.80	TRAININGT1	1	
465	66547	66547	DARWIN	All Care, Inc.	04/16/2009	AAA	Voider	Reversal of Previous Payment	04/16/2009	(\$7.80)	(\$7.80)	TRAININGT1	8	

<< First < Previous Retrieve 15 Records at a time Next > Last >>

6. Refresh the Claim Advanced Search screen by clicking Search again. Notice the original claim status has changed to void. A new claim also will be created to void the previous claim (Status = Voider).

Void & Replace Claims



harmony INFORMATION SYSTEMS, INC. Claim Advanced Search

Welcome, Tommy Training 4/16/2009 7:26 AM

File - Add New Claim - Print

Filter

Submit Date Equal To 4/16/2009 AND

Claim ID Add

Search Reset

4 Claim Advanced Search record(s) returned - now viewing 1 through 4

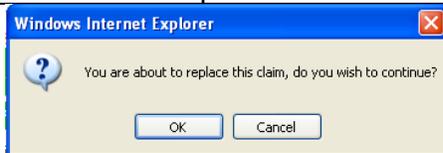
Claim ID	Submitter Claim ID	Case No	Consumer Last Name	Provider Name	Submit Date	Provider Identifier	Fund Code	Status	Remittance Status	Remittance Date	Claim Amount	Paid Amount	Batch No	Frequency Type
463	66547	66547	DARWIN	All Care, Inc.	04/16/2009		AAA	Voided	Processed as Primary	04/16/2009	\$7.80	\$7.80	TRAININGT1	1
464	66547	66547	DARWIN	All Care, Inc.	04/16/2009		AAA	Denied	Denied	04/16/2009	\$382.20	\$0.00	TRAININGT2	1
465	66547	66547	DARWIN	All Care, Inc.	04/16/2009		AAA	Voider	Reversal of Previous Payment	04/16/2009	(\$7.80)	(\$7.80)	TRAININGT1	8
466	66547	66547	DARWIN	All Care, Inc.	04/16/2009		AAA	Approved	Processed as Primary	04/16/2009	\$7.80	\$7.80	TRAININGT3	1

<< First < Previous Retrieve 15 Records at a time Next > Last >>

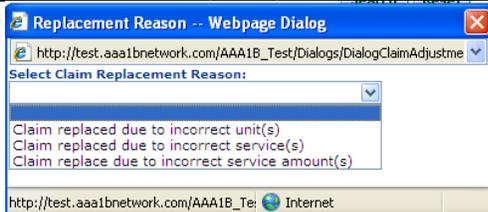
Context Menu:

- Show Report
- Void Claim
- Void & Replace**
- Resubmit Claim
- Void & Repl

1. If there is a need to void a claim and have a new claim submitted at the same time, void and replace is a convenient feature to use.
2. Select **Void & Replace** from the fly out menu on the **Claim Advanced Search** page of the **Claims** chapter.



3. User will be prompted to confirm the replacement of the claim with a new one. Click **OK**.



4. Select the appropriate Claim Replacement Reason & then click **Save**.



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Service Authorization & Billing

Issue Date: 3/27/07

Rev Date: 9/1/17

File Submit Claims Entry Spell Check Submit & Add Another Claims Entry Print Close Claims Entry

Authorization
 Authorization *
 Auth No

Vendor/Provider Information
 Rendering Provider *
 Service Type * *
 Vendor No *
 Name *
 Tax ID *
 NPI *

Participant Information
 Case No *
 Medicaid ID *
 Last Name *
 First Name *
 Street *
 City *
 State *
 Zip *
 Gender *
 Date of Birth *
 SSN *

Diagnosis Information
 Diagnosis 1 *
 Diagnosis 2

Additional Information
 Provider Claim ID
 Batch No

Claim Services

Start Date	End Date	Service	Modifiers	Units	Cost	Place of Service	Diagnosis	Provider	No Show	No Show Reason
<input type="text"/>	<input type="text"/>	<input type="text"/> <input type="button" value="Clear"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="1"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>
04/05/2009	04/05/2009	T1019		2	\$7.80	Unknown	1		<input type="checkbox"/>	

5. A claims entry screen will open, populated with the information from the claim that you selected to void & replace. Edit the Claim Services information to correct the error (i.e., change the date or units). When satisfied with the replacement claim, click **Submit Claims Entry**.



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Service Authorization & Billing

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6 Claim Advanced Search record(s) returned - now viewing 1 through 6

Claim ID	Submitter Claim ID	Case No	Consumer Last Name	Provider Name	Submit Date	Provider Identifier	Fund Code	Status	Remittance Status	Remittance Date	Claim Amount	Paid Amount	Batch No	Frequency Type
463	66547	66547	DARWIN	All Care, Inc.	04/16/2009	AAA		Voided	Processed as Primary	04/16/2009	\$7.80	\$7.80	TRAININGT1	1
464	66547	66547	DARWIN	All Care, Inc.	04/16/2009	AAA		Denied	Denied	04/16/2009	\$382.20	\$0.00	TRAININGT2	1
465	66547	66547	DARWIN	All Care, Inc.	04/16/2009	AAA		Voider	Reversal of Previous Payment	04/16/2009	(\$7.80)	(\$7.80)	TRAININGT1	8
466	66547	66547	DARWIN	All Care, Inc.	04/16/2009	AAA		Voided	Processed as Primary	04/16/2009	\$7.80	\$7.80	TRAININGT3	1
467	66547	66547	DARWIN	All Care, Inc.	04/16/2009	AAA		Voider	Reversal of Previous Payment	04/16/2009	(\$7.80)	(\$7.80)	TRAININGT3	8
468	66547	66547	DARWIN	All Care, Inc.	04/16/2009	AAA		Approved	Processed as Primary	04/16/2009	\$11.70	\$11.70	TRAININGT3	1

- 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

1 Claim Advanced Search record(s) returned - now viewing 1 through 1

Claim ID	Submitter Claim ID	Case No	Consumer Last Name	Provider Name	Submit Date	Provider Identifier	Fund Code	Status	Remittance Status	Remittance Date	Claim Amount	Paid Amount	Batch No	Frequency Type
464	66547	66547	DARWIN	All Care, Inc.	04/16/2009	AAA		Denied	Denied	04/16/2009	\$382.20	\$0.00	TRAININGT2	1

- If a claim is denied, it cannot be voided. The claim must be resubmitted.
- Select **Resubmit Claim** from the fly out menu on the **Claim Advanced Search** page of the **Claims** chapter.

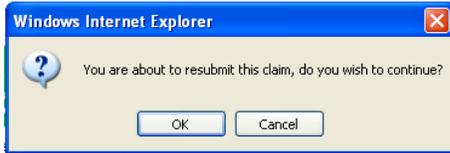


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3. User will be prompted to confirm the resubmission of the claim. Click **OK**.

Start Date	End Date	Service	Modifiers	Units	Cost	Place of Service	Diagnosis	Provider	No Show	No Show Reason
04/02/2009	04/02/2009	T1019		98	\$382.20	Unknown	1		<input type="checkbox"/>	

4. A Claim Entry screen will open, populated with the information from the denied claim. Edit the Claim Services information to ensure that the new claim will be approved (i.e., change start and end date or units). When done, click **Submit Claims Entry**.



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Service Authorization & Billing

Issue Date: 3/27/07

Rev Date: 9/1/17

Welcome, Tommy Training 4/16/2009 7:43 AM

File - Add New Claim - Print

Filter

X Submit Date Equal To 4/16/2009 AND

Claim ID Add

Search Reset

7 Claim Advanced Search record(s) returned - now viewing 1 through 7

Claim ID	Submitter Claim ID	Case No	Consumer Last Name	Provider Name	Submit Date	Provider Identifier	Fund Code	Status	Remittance Status	Remittance Date	Claim Amount	Paid Amount	Batch No	Frequency Type
463	66547	66547	DARWIN	All Care, Inc.	04/16/2009	AAA		Voided	Processed as Primary	04/16/2009	\$7.80	\$7.80	TRAININGT1	1
464	66547	66547	DARWIN	All Care, Inc.	04/16/2009	AAA		Denied	Denied	04/16/2009	\$382.20	\$0.00	TRAININGT2	1
465	66547	66547	DARWIN	All Care, Inc.	04/16/2009	AAA		Voider	Reversal of Previous Payment	04/16/2009	(\$7.80)	(\$7.80)	TRAININGT1	8
466	66547	66547	DARWIN	All Care, Inc.	04/16/2009	AAA		Voided	Processed as Primary	04/16/2009	\$7.80	\$7.80	TRAININGT3	1
467	66547	66547	DARWIN	All Care, Inc.	04/16/2009	AAA		Voider	Reversal of Previous Payment	04/16/2009	(\$7.80)	(\$7.80)	TRAININGT3	8
468	66547	66547	DARWIN	All Care, Inc.	04/16/2009	AAA		Approved	Processed as Primary	04/16/2009	\$11.70	\$11.70	TRAININGT3	1
469	66547	66547	DARWIN	All Care, Inc.	04/16/2009	AAA		Approved	Processed as Primary	04/16/2009	\$15.60	\$15.60	TRAININGT2	1

<< First < Previous Retrieve 15 Records at a time Next > Last >>

5. By refreshing the **Claim Advanced Search** screen by clicking **Search** again, notice a new claim matching the information that was resubmitted.



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Service Authorization & Billing

Issue Date: 3/27/07

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.

The screenshot shows the 'Claims Services' table with the following data:

Start Date	End Date	Service	Modifiers	Units	Cost	Place of Service	Diagnosis	Provider	No Show	No Show Reason
4/6/2009	4/6/2009	T1019	Clear	0	\$0.00	Unknown	1		<input checked="" type="checkbox"/>	

The 'No Show Reason' dropdown menu is open, showing the following options:

- Vendor/Worker Not Available
- Vendor/Worker Sick
- Vendor/Worker Not Available
- Vendor/Worker Sick
- Vendor/Worker Not Available
- Vendor/Worker Sick
- Participant Not Available
- Participant Cancelled
- Participant Sick
- Participant Hospitalized
- Participant Nursing Home
- Participant Deceased
- Participant Refused
- Participant Served

1. Submit vendor and participant no show reasons using the claims entry functionality.
2. Follow steps 2-7 in the Claims Entry Instructions above.
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**.



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Service Authorization & Billing

Issue Date: 3/27/07

Rev Date: 9/1/17

Tommy Training 4/16/2009 7:51 AM

Unit Claims Entry - Spell Check - Submit & Add Another Claims Entry - Print - Close Claims Entry

Authorization * 140762

Provider Information				Participant Information			
Rendering Provider *	All Care, Inc.	Case No *	66547	Medicaid ID *	NA	Last Name *	Darwin
Service Type *	AAA	First Name *	Richard	Street *	6456 Ford	City *	Waterford
Vendor No *	ALLCAR	State *	Michigan	Zip *	46575	Gender *	Male
Name *	All Care, Inc.	Date of Birth *	1/1/1985	SSN *	123-41-2432		
Tax ID *	20-4737257						
NPI *	HIS_230						

Diagnosis Information				Additional Information			
Diagnosis 1 *	[29530] Schizophrenia, Paranoid Type	Provider Claim ID		Batch No	trainingt4		

Date	End Date	Service	Modifiers	Units	Cost	Place of Service	Diagnosis	Provider	No Show	No Show Reason	
9	4/6/2009	T1019	Clear	0	\$0.00	Unknown	1		<input checked="" type="checkbox"/>	Participant Si	ADD

4. Click **Add** to add the service to the claim:

harmony INFORMATION SYSTEMS/INC. Claims E

Welcome, Tommy Training 4/16/2009

File - Submit Claims Entry - Spell Check - Submit & Add Another Claims Entry - Print - Close Claims Entry

Authorization * 140762

Auth No

Vendor/Provider Information				Participant Information			
Rendering Provider *	All Care, Inc.	Case No *	66547	Medicaid ID *	NA	Last Name *	Darwin
Service Type *	AAA	First Name *	Richard	Street *	6456 Ford	City *	Waterford
Vendor No *	ALLCAR	State *	Michigan	Zip *	46575	Gender *	Male
Name *	All Care, Inc.	Date of Birth *	1/1/1985	SSN *	123-41-2432		
Tax ID *	20-4737257						
NPI *	HIS_230						

Diagnosis Information				Additional Information			
Diagnosis 1 *	[29530] Schizophrenia, Paranoid Type	Provider Claim ID		Batch No	trainingt4		

Start Date	End Date	Service	Modifiers	Units	Cost	Place of Service	Diagnosis	Provider	No Show	No Show Reason

5. Submit Claims Entry.



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Service Authorization & Billing

Issue Date: 3/27/07

Rev Date: 9/1/17

harmony INFORMATION SYSTEMS, INC. Claim Advanced Search

Welcome, Tommy Training 4/16/2009 7:58 AM

File - Add New Claim - Print

Filter

Status Equal To Denied AND

Claim ID Add

Search Reset

2 Claim Advanced Search record(s) returned - now viewing 1 through 2

Claim ID	Submitter Claim ID	Case No	Consumer Last Name	Provider Name	Submit Date	Provider Identifier	Fund Code	Status	Remittance Status	Remittance Date	Claim Amount	Paid Amount	Batch No	Frequency Type
470	66547	66547	DARWIN	All Care, Inc.	04/16/2009	AAA	Denied	Denied	04/16/2009	\$0.00	\$0.00	TRAININGT4	1	

<< First < Previous Retrieve 15 Records at a time Next > Last >>

6. By going to the **Claims** chapter and searching for claims submitted, the user can see the no show claim that was submitted. The status is “denied” because there is no payment made. However, the no show reason has been submitted successfully.

1 of 1 100% Find | Next Select a format Export

Worker: Authorization: 140762 Phone: Marital: Never Married/Single

Auth No:

Provider	Type	Address	Phone	Contact
All Care, Inc.	Rendering	11401 M-50 Brooklyn, MI 49230	(517)467-6227	

Diagnosis ID	Diagnosis Code	Description
457	29530	

ServiceID	Service Code	Service Type	Location	Level of Care	Provider	Start Date	Unit Type	Units	Amount
338	T1019	AAA	99			End Date	15 Mins	0.00	\$0.00
						4/6/2009			
						4/6/2009			

Adjust Code	Description	Date	Adj Units	Adj Amount	MEDICAID	STATE / LOCAL
115	Procedure postponed, canceled, or delayed.	4/16/2009	0.00	\$0.00		

Remittance ID	Remit Status	Check No	Check Date	Units	Paid Amount
167	Denied			0.00	\$0.00

Claim Adj ID	Reason Code	Description	Adjusted By	Date	Units	Adj Amount

Rule That Denied Claim		Claim Documents			
Rule Name	Rule Description	Document	Status	Doc Date	Code
No Show	Denied due to missed appointment.				

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7. By selecting View Report from the fly out menu, users can see that the reason the claim was denied was because of the no show information.