# SmartCare Application User Guide

*V12.19.24*

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# Requesting/Modifying/Removing Login Credentials

All User Account management activates can be managed by completing an SWMBH's Online User Form and following just a few easy steps.

1. Complete Questions 1 & 2 on the page, identifying yourself and what type of account activity you would like to complete.

2. Complete the General Disclaimer.

3. Enter user related information on the following two pages.

4. Complete question 10, if applicable.

## User Account FAQs

- How long does it take to receive credentials after completing a request?
    - Requests are typically handled within 72 hours, but can be expedited per request to providersupport@swmbh.org
- Are agency accounts allowed?
    - No, everyone who logs into SWMBH SmartCare must do so via the account provided to them individually.
    - Account sharing may result in permanent deactivation from the application, among other things.

# Logging-in, Navigation and Terminology

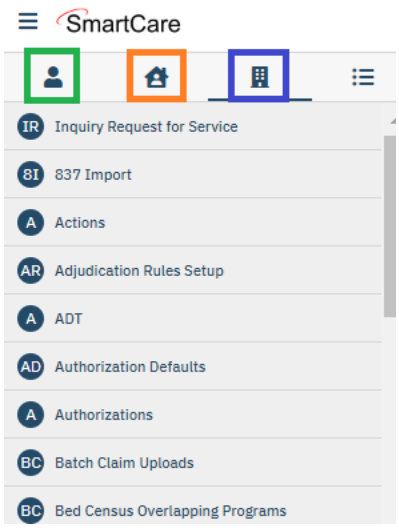
## Logging-in

Users shall refer to their Welcome Email, which contains the URL, username and temporary password for users logging-in for the first time. Please note that SWMBH employs industry standard security measures to protect client privacy and confidentiality.

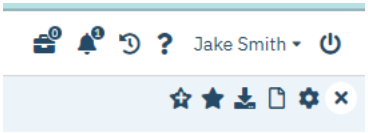
- Users will be asked to confirm their identity via two factor authentication in the form of a verification code upon each login.
- Users will also occasionally be asked to answer security questions as an additional form of authentication.
- All account passwords expire every 90 days and must be reset at that time.
- All users will be deactivated after 35+ days of inactivity.

## Navigation Terminology

Below you'll find a summary of the most common terminology used to navigate within the SWMBH SmartCare application.



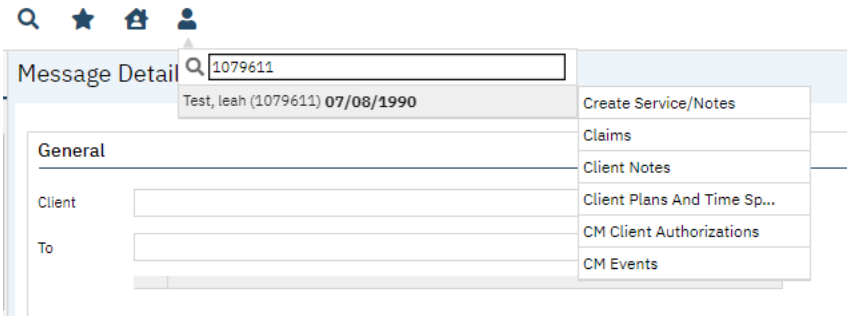

- **URL**, a website's address
- **Banner**, this list of quick pages to access (highlighted, pictured right)
  - Other: Quick access to agency-level screens/pages
  - Provider: Quick access to provider screens/pages
  - Client: Quick access to client level screens/pages
- **Toolbar**, a list of actions on each screen (pictured below) typically located on the Top Right corner of the screen.




Each screen contains a unique list of 'tools' in their respective toolbar which execute specific functions or direct users to other screens. Users can hover over uncertain icons within the toolbar for guidance on their function (New, Save, Delete, Download, etc.)

- **List Page**, a screen showing a list of events, claims, etc.
- **Event**, a record entered into the client account.
- **Quick Search,** an easy place to search for reports/screens, Favorites, Providers and Clients (pictured below).

Users will be able to quickly navigate within and among Client, Provider, Favorite records by clicking on one of the icons seen below and searching (Client Search illustrated below).




- **SWMBH ClientIDs**, are unique client identifiers for SWMBH Clients. They can be found next to the client's name in the search field (*e.g.-'1079611' above*) and come in two varieties.

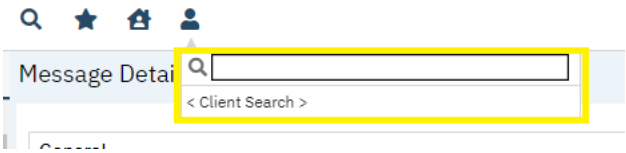
- SWMBH MasterID: the 'Master Record' of a client account which holds all client data.
  - Only records associated with the Provider the user is associated with may be visible from this record.
- SWMBH Provider ClientID: is a SUD specific record for the client, only accessible once a valid release is on file. This record contains only SUD records for the client in question.

# Accessing and Navigating Client Records

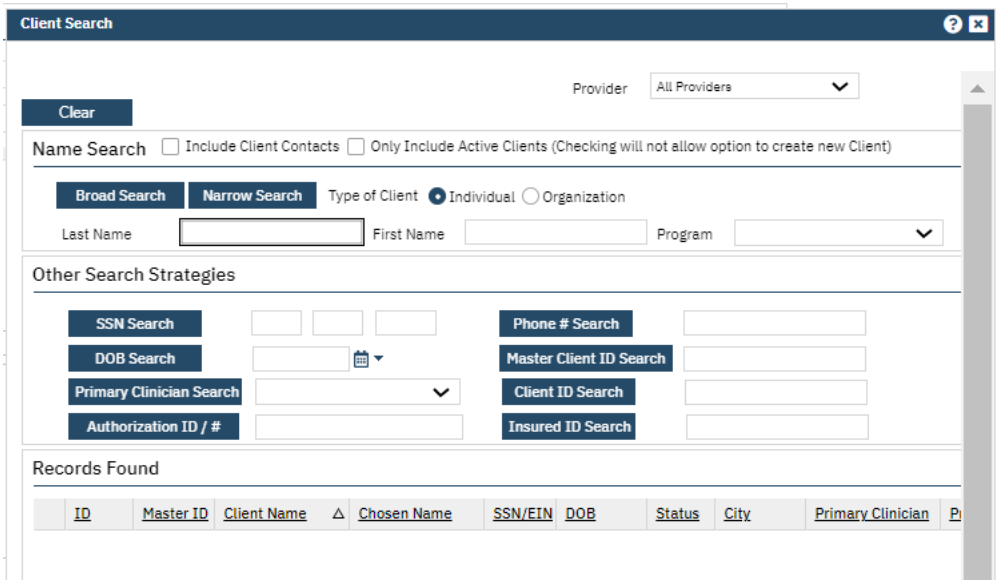
## Accessing Client Records

SWMBH Client Records can be accessed via the Client Search function found in the **Quick Search** field.

Users who have a Client Name or ClientID may use the quick search function to navigate directly to the client record as displayed below:




Users who do not have the relevant client information at hand may also expand their search by selecting the <Client Search> function within the Quick Search field and completing a more detailed search via the Client Search Popup, seen below:



## Creating Provider Client (SUD) Records

For users tasked with creating their Provider Client (SUD) records, follow these three easy steps form the Client Search form;

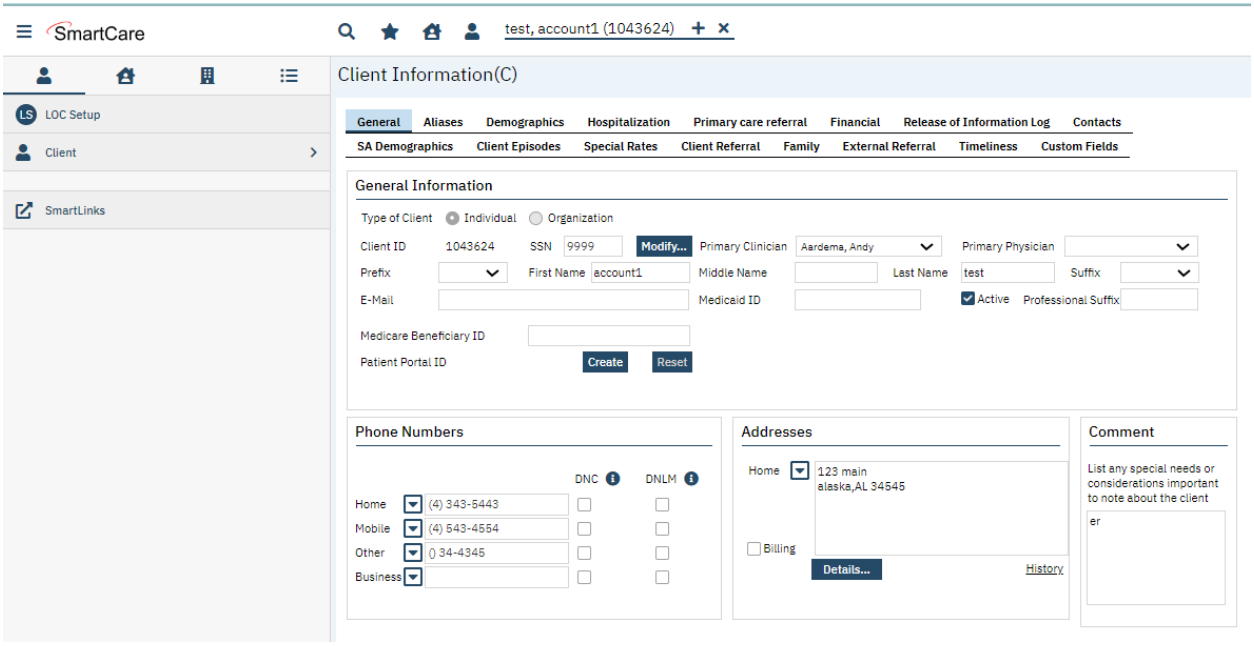
1. Enter the Client Name into the relevant fields and select Broad Search
2. Enter the client's SSN into the SSN field and select search
3. Enter the client's DOB into the DOB field and select search

If an existing client provider record is not found, the Create Provider Client will activate, allowing you to select the Provider agency and create a new Provider Client record.

Please contact providersupport@swmbh.org in the event the Create Provider Client button does not activate after following the steps outlined above.

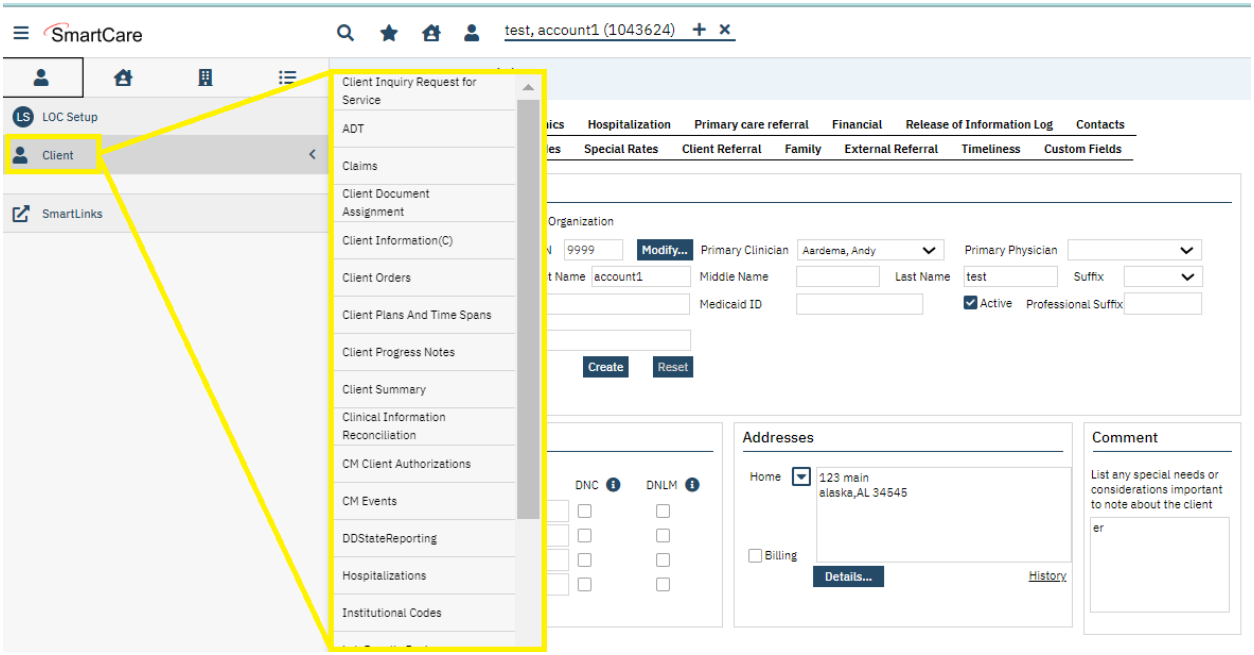
## Client Information Screen

Once users have found their client, they may continue their navigation to the record and are defaulted to the Client Information screen (pictured below) upon arrival within the client record. A variety of basic client information can be found here, including SWMBH ClientID, MedicaidID, Addresses and Contact Information among other things.



## Client Banners

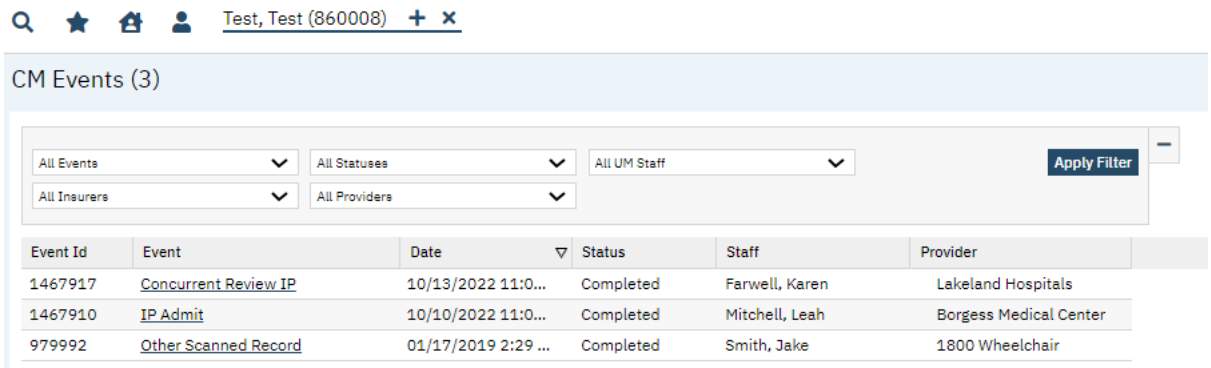
Users may access additional components of the client record such as Events, Claims, Authorizations, etc. via the Client Banner found on the left side of Client Screens:




Note that certain screens such as CM Events are only available from within a client record. The most common screens are detailed in the following subsections.

## CM Events

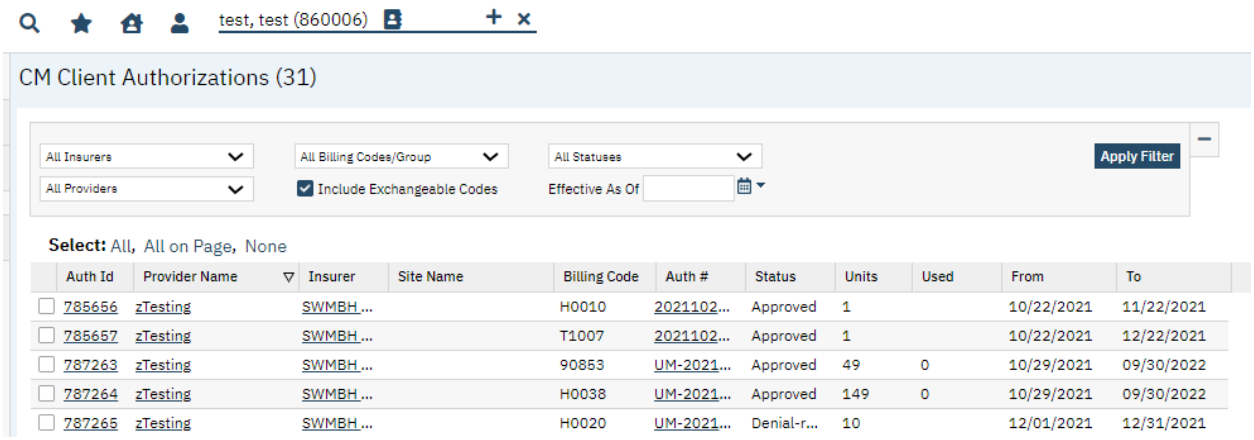
The CM Events list page includes all events associated with the specific client record that the user has permission to view.




Users may click the event hyperlink to access the record in question or can adjust filters for a more specific view of client events. The CM Events Toolbar also allows users to export the CM Events list page or even create new events.

## CM Authorizations

A Client's Authorization history can be found by navigating to the CM Authorization banner of the Client Record. This listpage will display the full history of the client's authorizations.

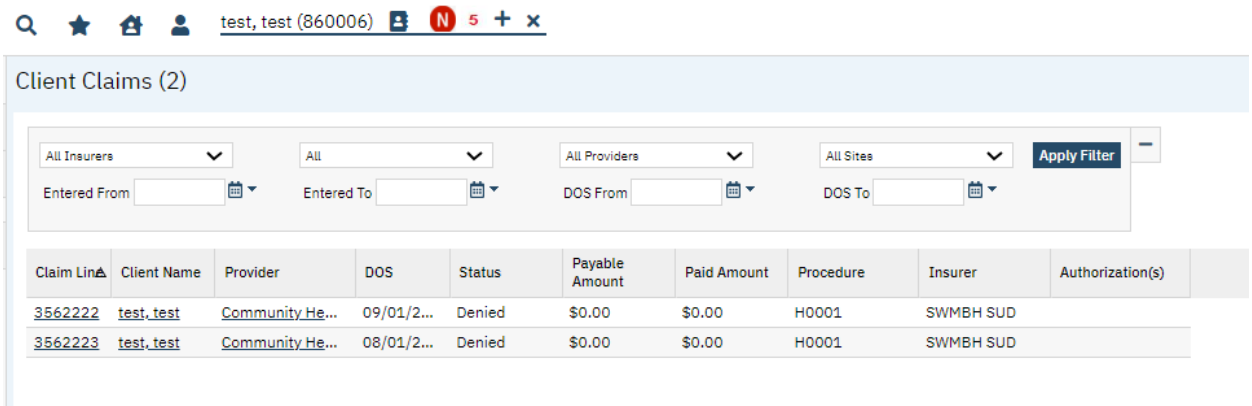



Users can easily view Client Level Authorizations from this list page, as well as modify filters for a more precise view. Users may also export their list of authorizations via the export feature in the toolbar.

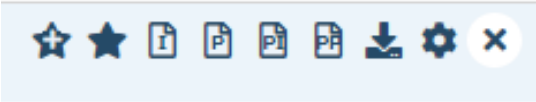
**Additional guidance regarding the authorization process can be found on Pg. 25**

## Client Claims

A client's full claim history can be found within the Claims banner of the Client Record.




Users can easily view Client Level Claims from this list page, including claim status. Users may also modify filters for a more precise view as well as export their list of claims via the export feature in the toolbar. Additionally, the claims toolbar includes the option of creating new Professional (P), Provider Professional (PP), Institutional (I) and Provider Institutional (PI) claims for the client via the icons below:

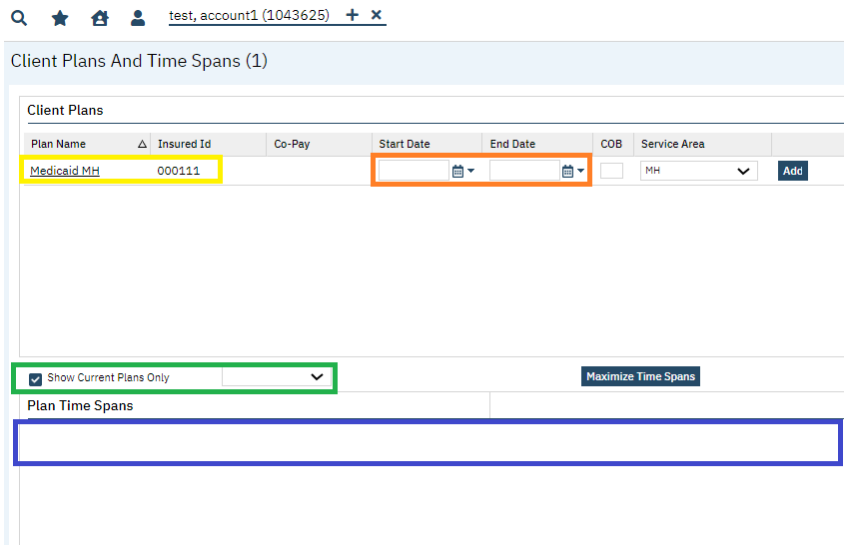


**Additional guidance regarding the claims process can be found on Pg. 17**

## Client Plans & Timespans

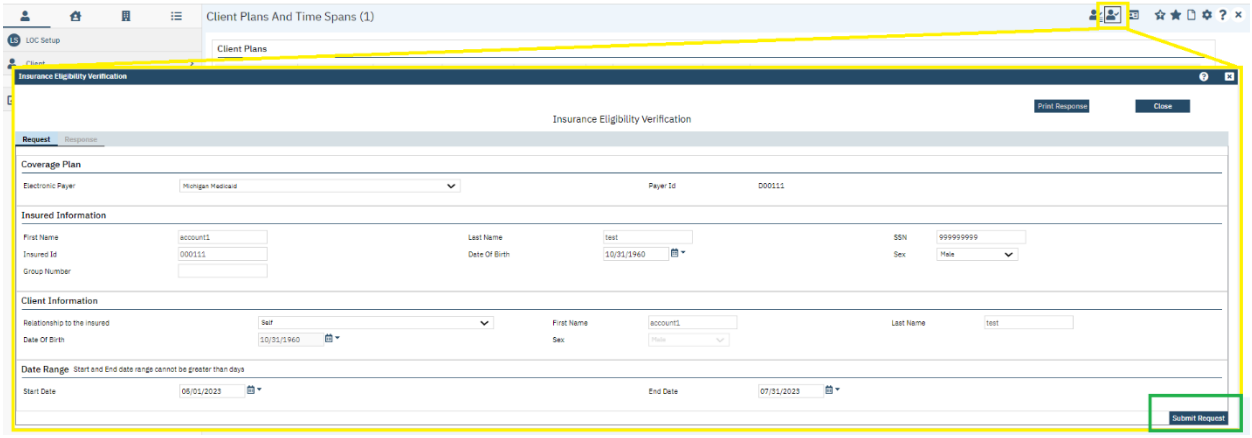
Users can easily view and modify a client's plans & timespans from the Client Plans And Timespans screen. Below are some tips helpful to interpreting the screen:

- View a list comprehensive list of existing Plan and InsurerID information for a client.
- Modify the Start and End Dates of specific coverage plans.
- Easily view the current eligibility for a client.
- View a chronological order of client plans.

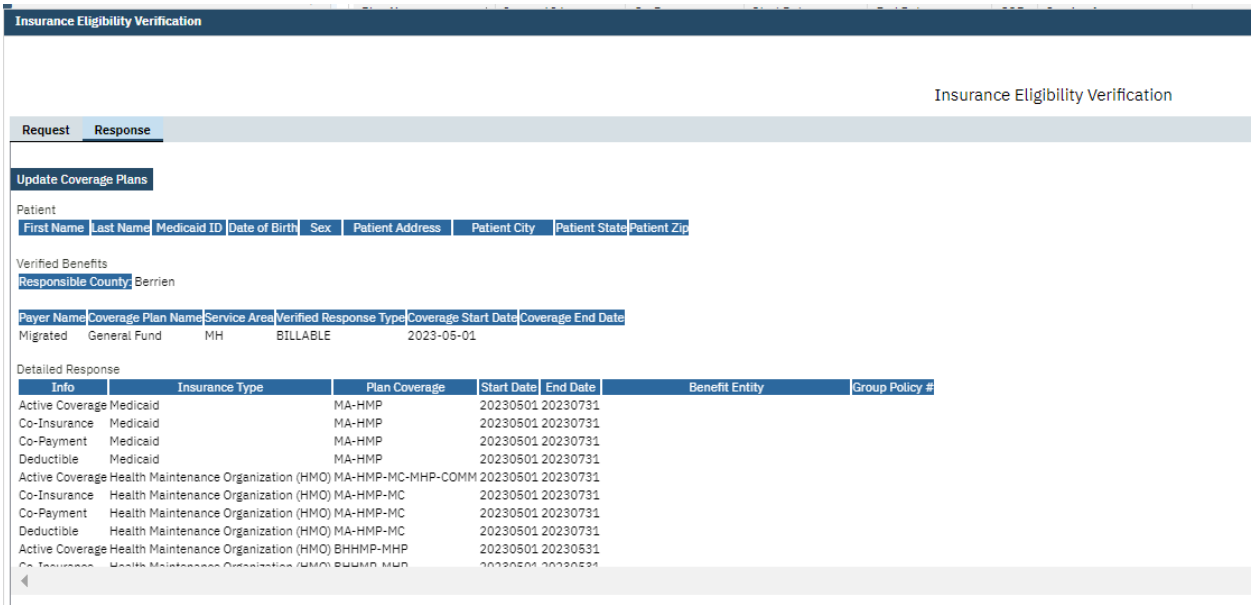



### *Verify Client Eligibility*

Users may also run an instant eligibility check with the Michigan Department of Health & Human Services (MDHHS) via the Verify Eligibility tool in the Client Plans & Timespans toolbar:




Running the eligibility lookup tool (also known as a 270-71) will produce an output of the client's eligibility for the period queried:




## *Notes on Plans, Timespans and Eligibility*

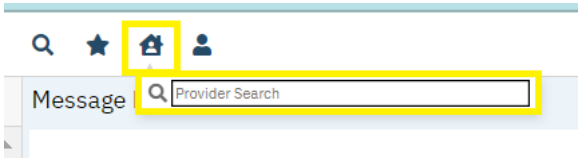
SWMBH automatically loads the most current Plans & Timespans available from MDHHS via a nightly 834 eligibility file load. For the purpose of claims payment, the default eligibility data provided via 834 Eligibility Record from MDHHS is considered the 'source of truth'. In the event a client's eligibility record does not match what is found via the Verify Eligibility tool, users are permitted to update the client Plans & Timespans.

# Accessing and Navigating Provider Records

Provider Records provide a valuable repository for all provider related records, such as contracts, credentialing and miscellaneous documentation.

## Finding A Provider

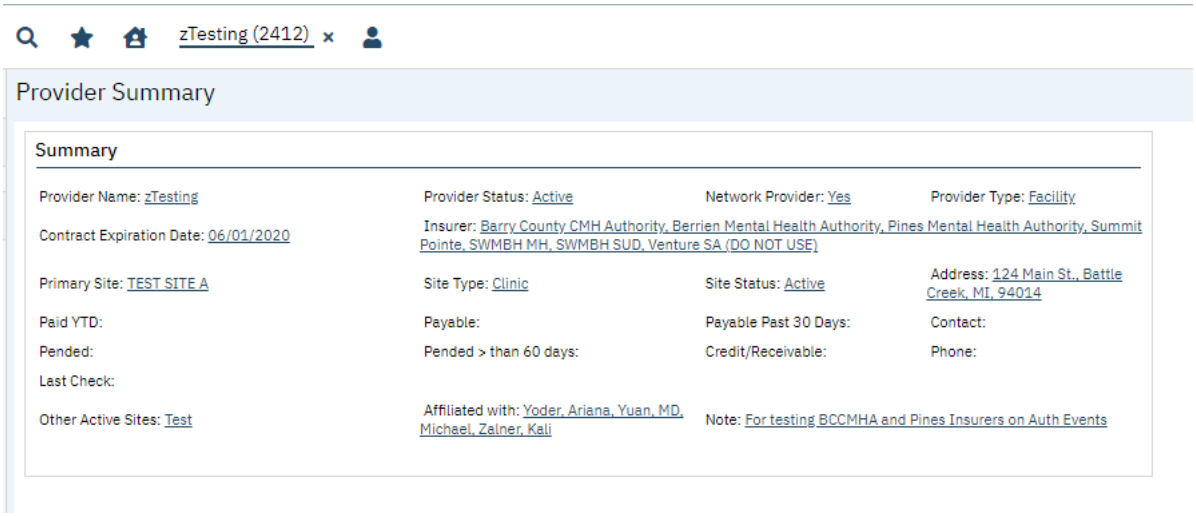
Provider agencies can easily be found via the Provider Search tool:




Users may also access Provider Records via Provider Search banner (if part of your application role) or via numerous hyperlinks found throughout the application.

## Provider Files

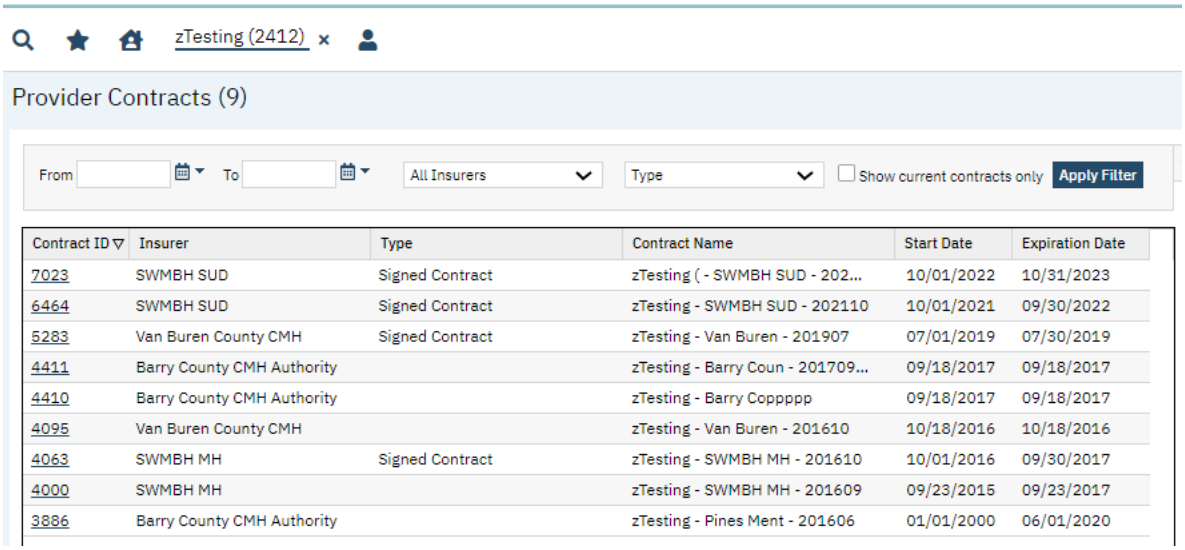
Once users have identified and navigate to their provider, they will arrive at the Provider Summary Screen. Provider Summary screen provides an informal summary of information regarding the provider agency, including the agency's **SWMBH Assigned ProviderID**, which is found in parenthesis next to the provider's name in the search field (e.g.-2412 below). Information on this, and other Provider screens, is managed by SWMBH staff and is not editable by most users.



Like the organization of Client Records, Provider Records are organized and accessible via the Provider Banner and include the following modules:

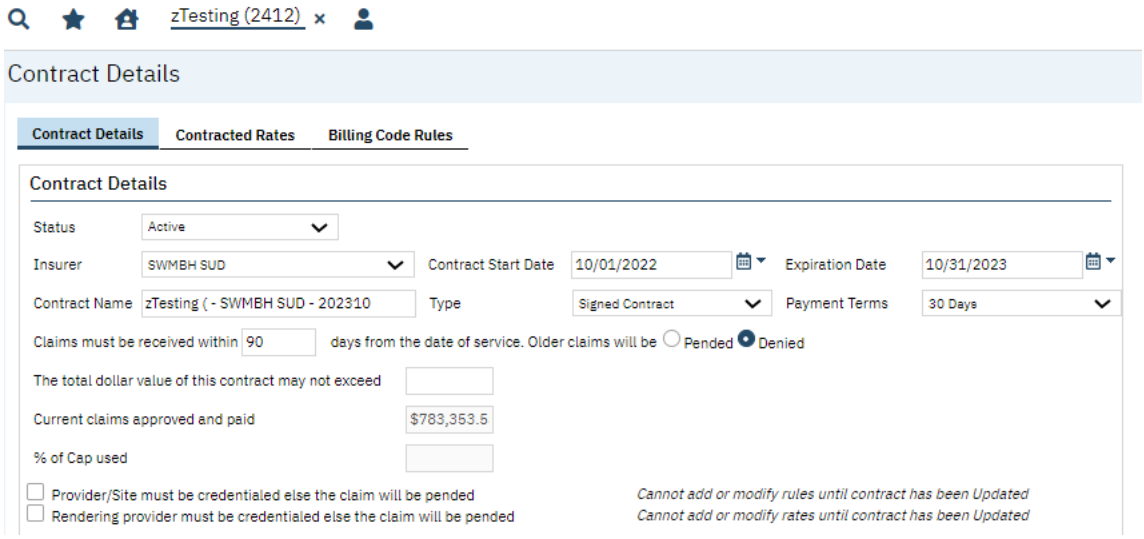
## Provider Contracts

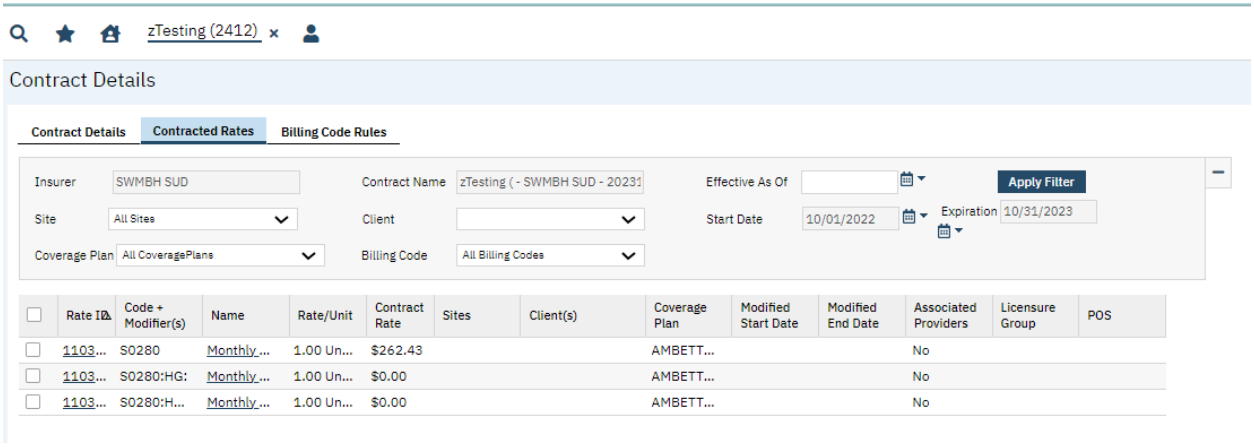
The Provider Contracts summary screen provides a record of all provider agency contracts.




| Contract ID | Insurer | Type | Contract Name | Start Date | Expiration Date |
|---|---|---|---|---|---|
| 7023 | SWMBH SUD | Signed Contract | zTesting ( - SWMBH SUD - 202... | 10/01/2022 | 10/31/2023 |
| 6464 | SWMBH SUD | Signed Contract | zTesting - SWMBH SUD - 202110 | 10/01/2021 | 09/30/2022 |
| 5283 | Van Buren County CMH | Signed Contract | zTesting - Van Buren - 201907 | 07/01/2019 | 07/30/2019 |
| 4411 | Barry County CMH Authority | | zTesting - Barry Coun - 201709... | 09/18/2017 | 09/18/2017 |
| 4410 | Barry County CMH Authority | | zTesting - Barry Copppppp | 09/18/2017 | 09/18/2017 |
| 4095 | Van Buren County CMH | | zTesting - Van Buren - 201610 | 10/18/2016 | 10/18/2016 |
| 4063 | SWMBH MH | Signed Contract | zTesting - SWMBH MH - 201610 | 10/01/2016 | 09/30/2017 |
| 4000 | SWMBH MH | | zTesting - SWMBH MH - 201609 | 09/23/2015 | 09/23/2017 |
| 3886 | Barry County CMH Authority | | zTesting - Pines Ment - 201606 | 01/01/2000 | 06/01/2020 |

Selecting the relevant contract's ContractID will send users to the Contract Details Screen, where additional information regarding the specific contract in question, including Rates and Rules, can be reviewed:

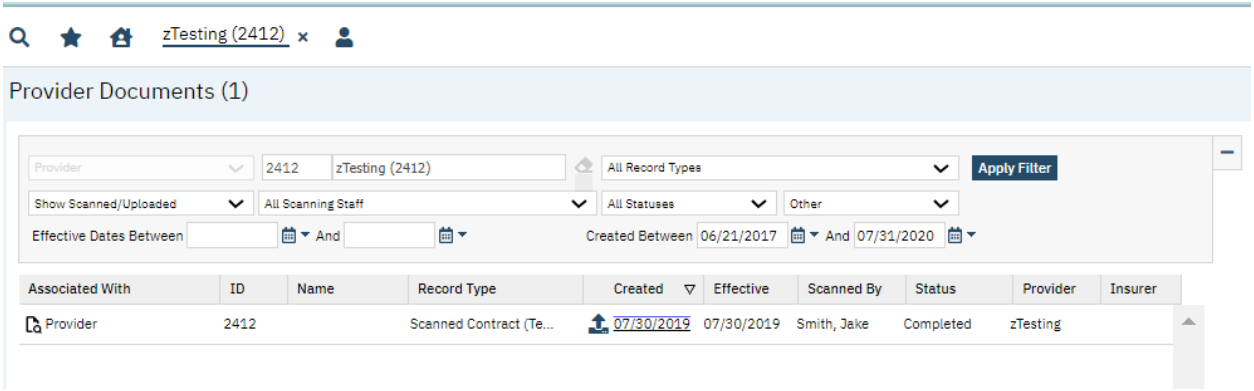





Please note that the modification of contracts is limited to SWMBH Provider Network staff and is view only for external users.

## Provider Documentation

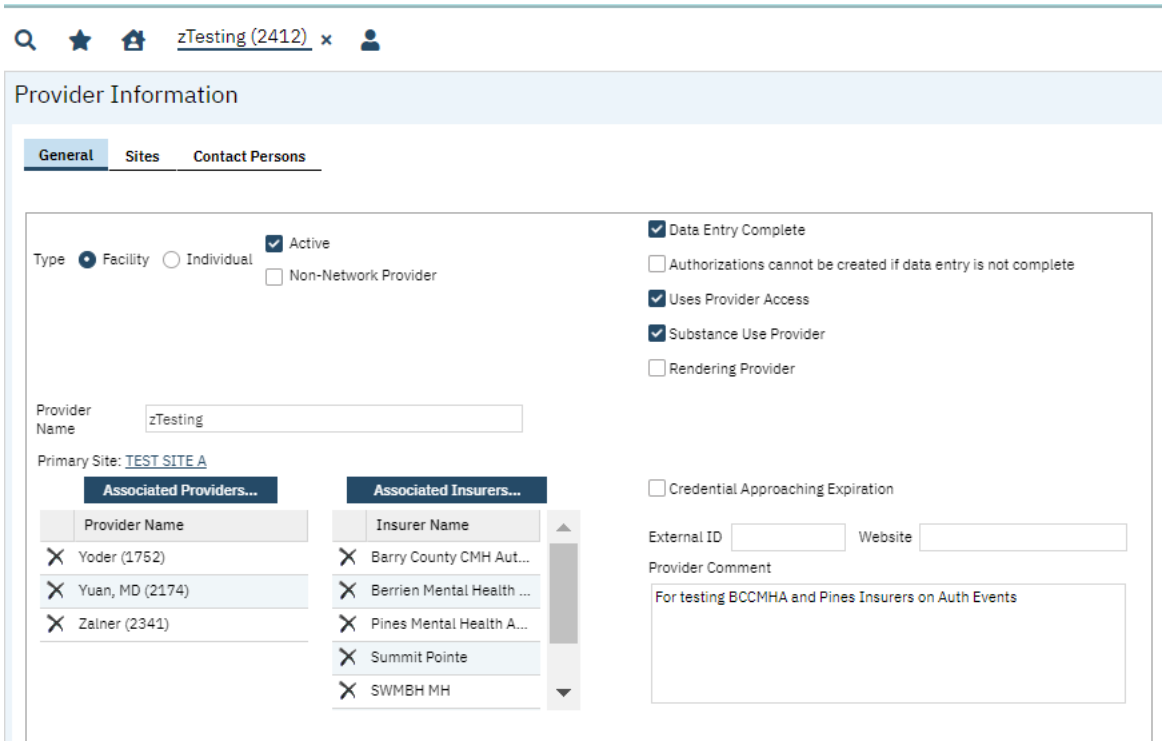
The Provider Documentation banner provides a secure receptacle for the storage of miscellaneous provider related uploads such as signed contracts and communications:



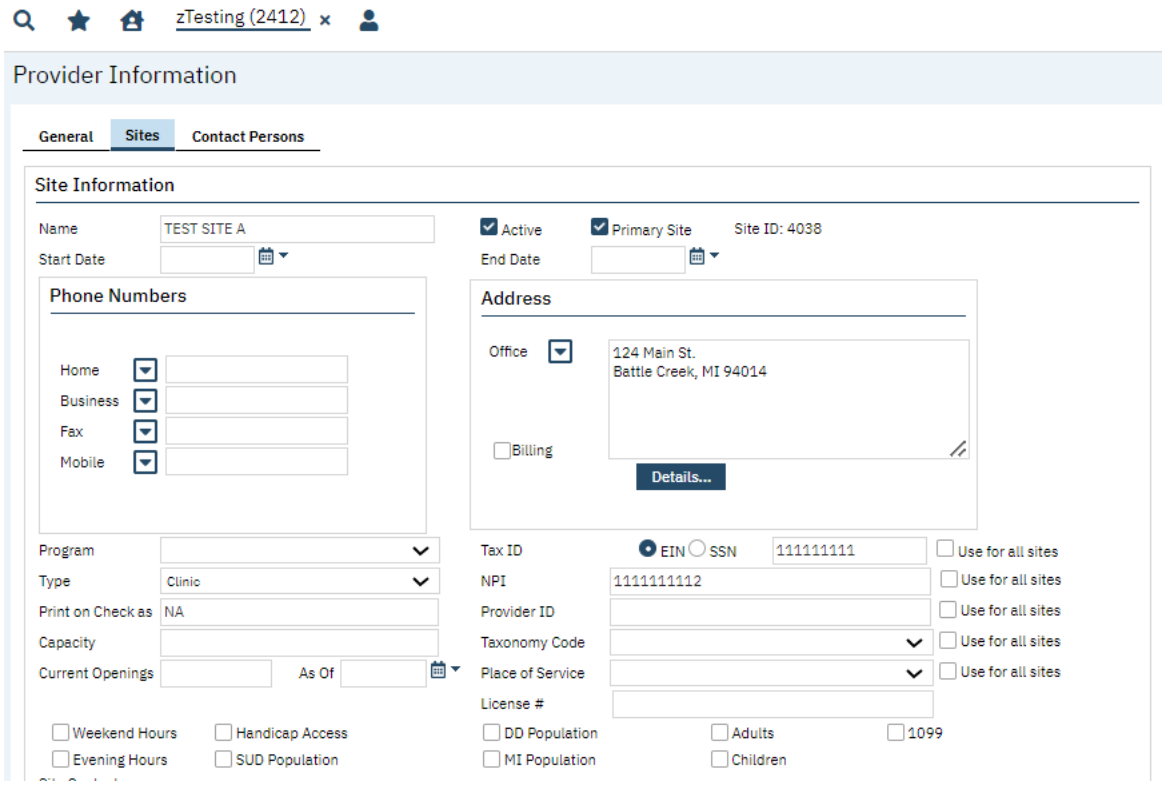

Please note that access to the Provider Documents banner is limited to SWMBH Provider Network staff at the time of publication.

## Provider Information

The Provider Information banner provides users with easy access to contact information, associated Rendering Providers and important identifiers among other things:



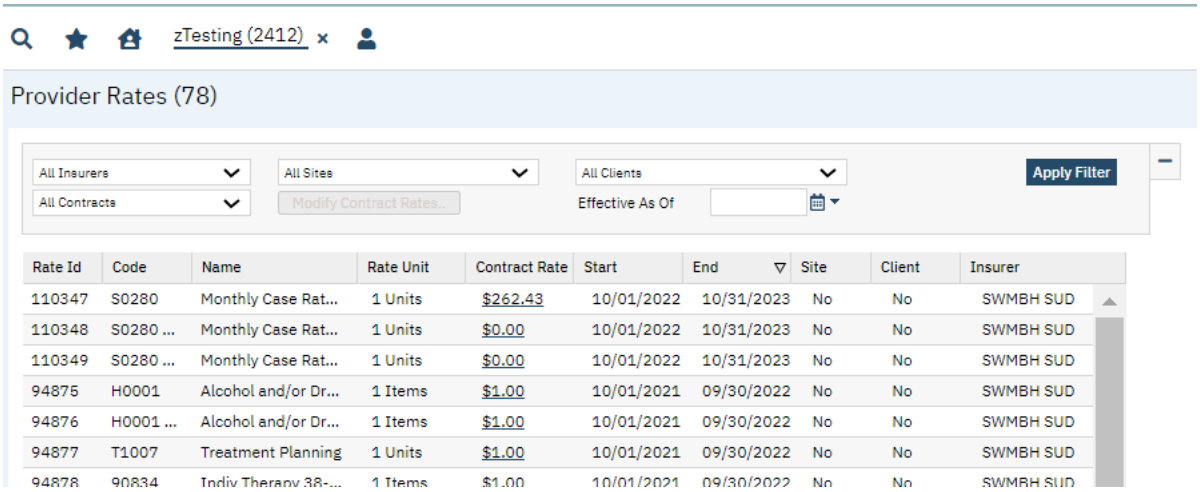

The SWMBH SmartCare application also allows Providers to segregate business lines/locations based on 'Sites', which are organized on the 'Sites' tab of the Provider Information Screen:



National Provider Identifier (NPI), Employee Identification Numbers (EINs), Addresses and other important information identifiers are stored at the site level. These are critical identifiers which play an important role in the claim payment process and must be maintained with the most current information available.

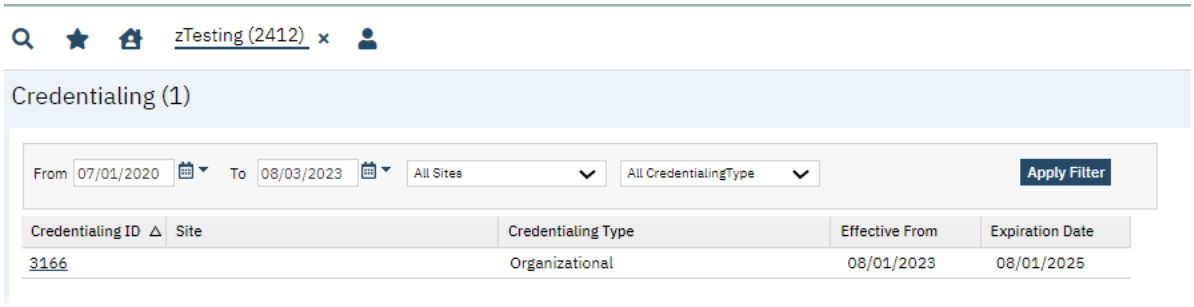
## Rates

A comprehensive list of all contract rates included in provider contracts can be found on the Rates list page:




## CM Credentialing

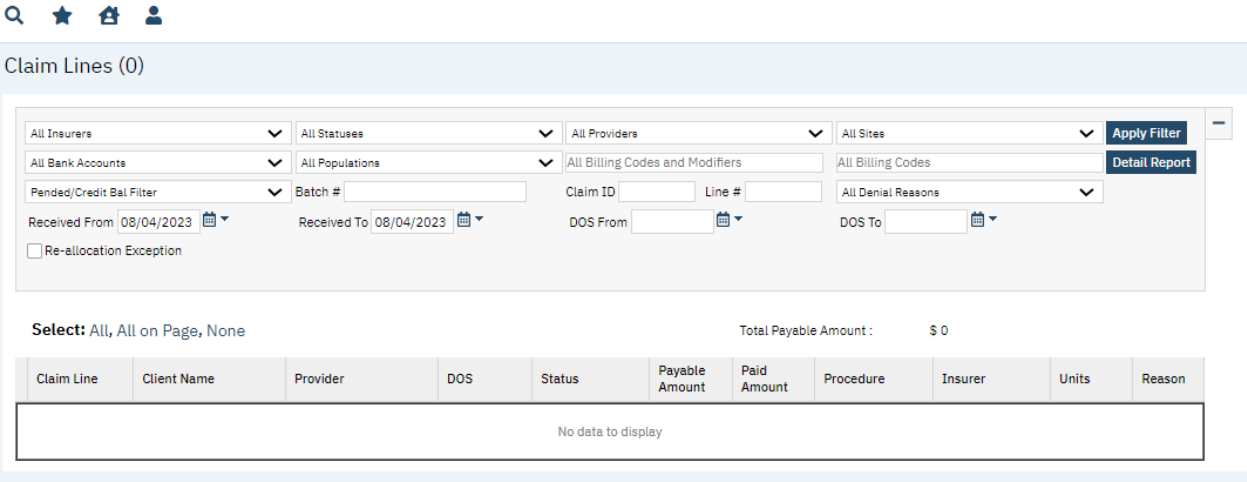
The CM Credentialing banner offers easy access to an agency's entire credentialing record, including licensure, liability and accreditation among others:




Please note that the modification of credentialing records is limited to SWMBH Provider Network staff and is view only for external users.

# Claims

A list page of all claims associated with the Provider and Insurer associated with the user's account permissions are available via the My Office: Claims banner. As with all list pages, filters can be modified for a more nuanced search of claim lines, and users may also export the list page via the export function in the toolbar.

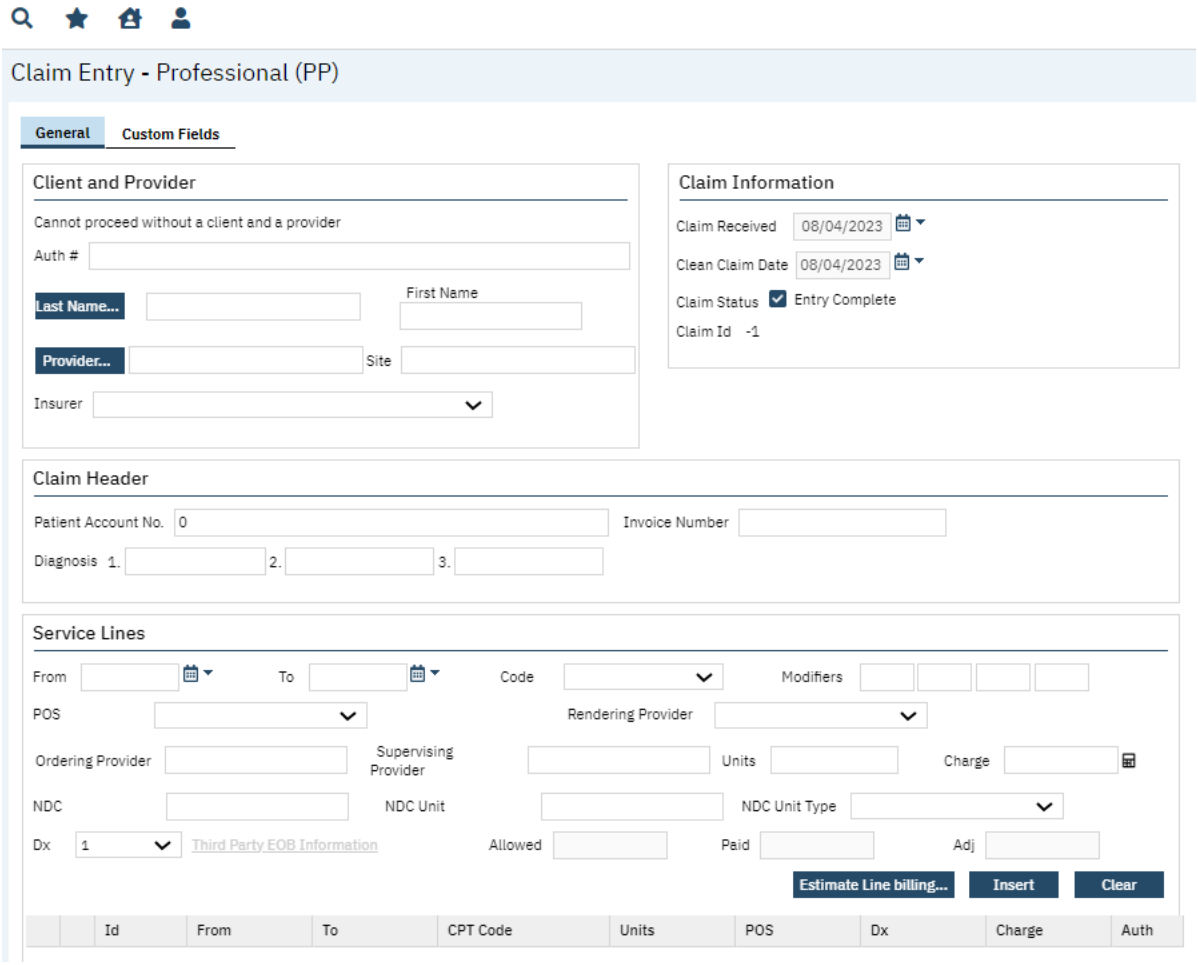



Users can create new claims by selecting the **Institutional (I)**, **Provider Institutional (PI)**, **Professional (P)** or **Provider Professional (PP)** icons in the toolbar.

## Entering Claims

After selecting the appropriate claim format from the toolbar, users can enter relevant claim information from the form provided.

## Professional/Provider Professional Claims

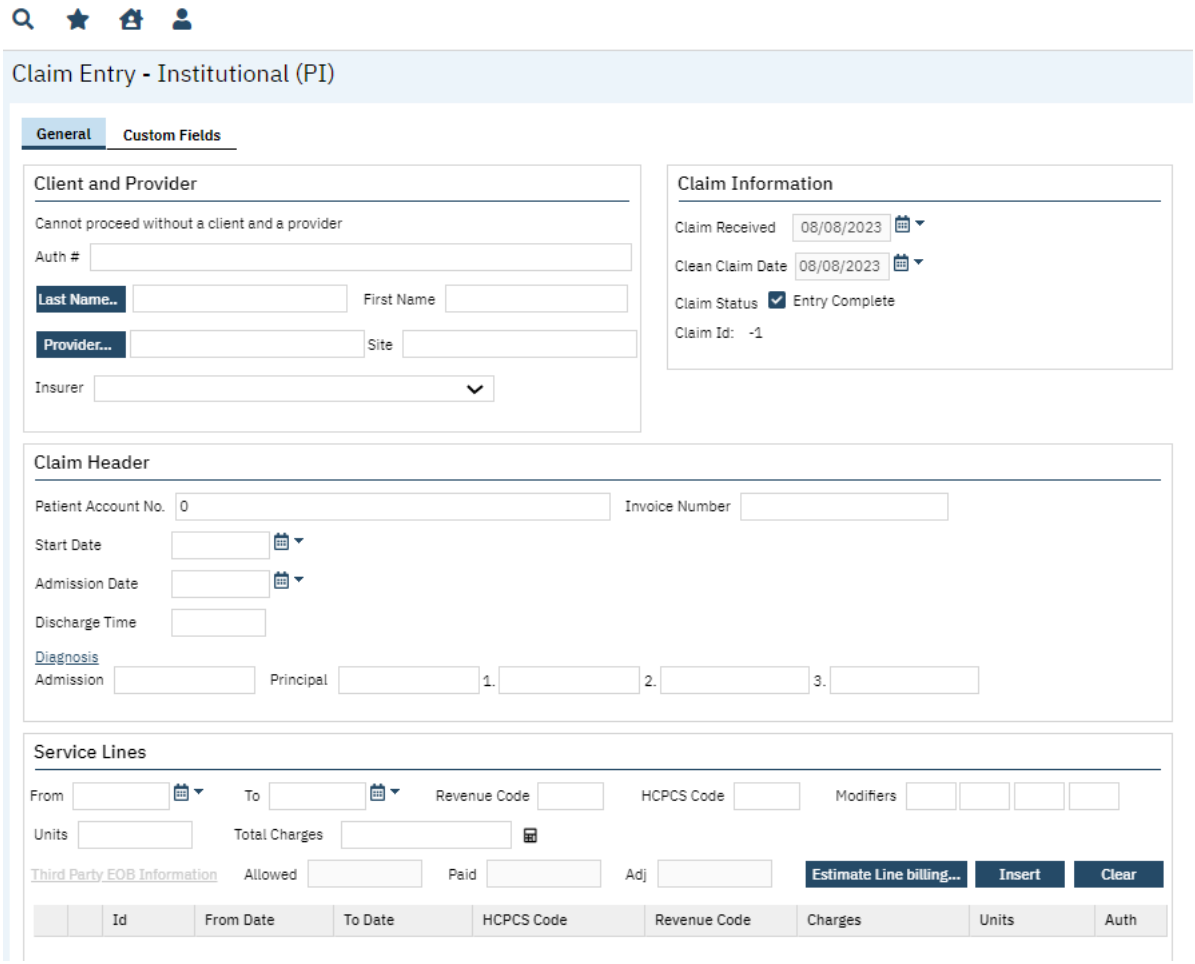



Professional/Provider Professional Fields of Note:

- **Client:** Client Search will pop up upon open. If a client is already open, will initialize into claim.
- **Auth #:** users do not need to include this information. The SWMBH SmartCare application will find the applicable auth automatically.
- **Invoice Number:** users do not need to include this information.
- **Diagnosis (1-3):** Will initialize from prior diagnosis. If none, one (min) must be manually entered.
- **Ordering Provider:** users do not need to include this information.
- **Supervising Provider:** users do not need to include this information.
- **NDC:** users do not need to include this information.
- **NDC Units:** users do not need to include this information.
- **Code:** Billing Code will automatically populate with a list of codes included in the provider's contract for the DOS.
- **Modifiers:** Modifiers must match a contract rate included in the provider's contract.

- **Charge:** selecting the calculator next to this field will default the charge to the rate included in the provider's contract.

## Institutional/Provider Institutional Claims



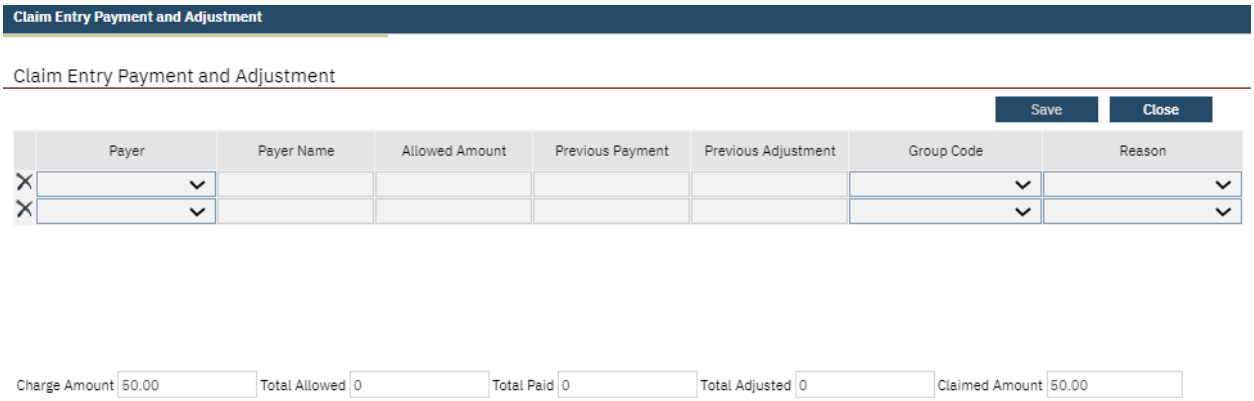

Professional/Provider Professional Fields of Note:

- **Client:** Client Search will pop up upon open. If a client is already open, will initialize into claim.
- **Patient Account No.**: Will automatically populate based on client selected.
- **Start Date:** Enter start date of institutional claim here.
- **Admission Date:** Enter admission time here.
- **Discharge Time:** Enter discharge time here.
- **Auth #:** users do not need to include this information. The SWMBH SmartCare application will find the applicable auth automatically.
- **Invoice Number:** users do not need to include this information.
- **Diagnosis (1-3):** Will initialize from prior diagnosis. If none, one (min) must be manually entered.
- **Ordering Provider:** users do not need to include this information.
- **Supervising Provider:** users do not need to include this information.
- **NDC:** users do not need to include this information.

- **NDC Units:** users do not need to include this information.
- **Revenue Code:** enter Billing Code here, this field will not auto-populate.
- **HCPCS Code:** For use only under applicable circumstances.
- **Primary Diagnosis:** Enter the client's Primary Diagnosis here.
- **Principal Diagnosis:** Enter the client's Principal Diagnosis here, may match Primary.
- **Diagnosis (1-3):** Will initialize from prior diagnosis. If none, one (min) must be manually entered.
- **Total Charges:** selecting the calculator next to this field will default the charge to the rate included in the provider's contract.

## Third-Party EOBs

In the event that a Third-Party EOB is required as part of a claim, users can access the EOB fields via the **Third Party EOB Information** hyperlink on the Claim Form.




- **Payer:** The primary EOB payer (Commercial Insurance, Self, etc.).
- **Payer Name:** The primary EOB payer name (Blue Cross, Client Name, etc.).
- **Allowed Amount:** EOB Allowed Amount.
- **Previous Payment:** Primary payer previous payment.
- **Previous Adjustment:** Previous Adjustment, if applicable.
- **Group Code:** See dropdown.
- **Reason:** See dropdown.

**EOB Calculus:** in the event a user is billing for a service, with a previous payment from the primary payer, the SWMBH SmartCare adjudication logic will approve the difference between the previously paid amount and the Contract Rate for the code between the secondary insurer and the provider. For Example;

SWMBH-Provider contract rate = $85/unit.

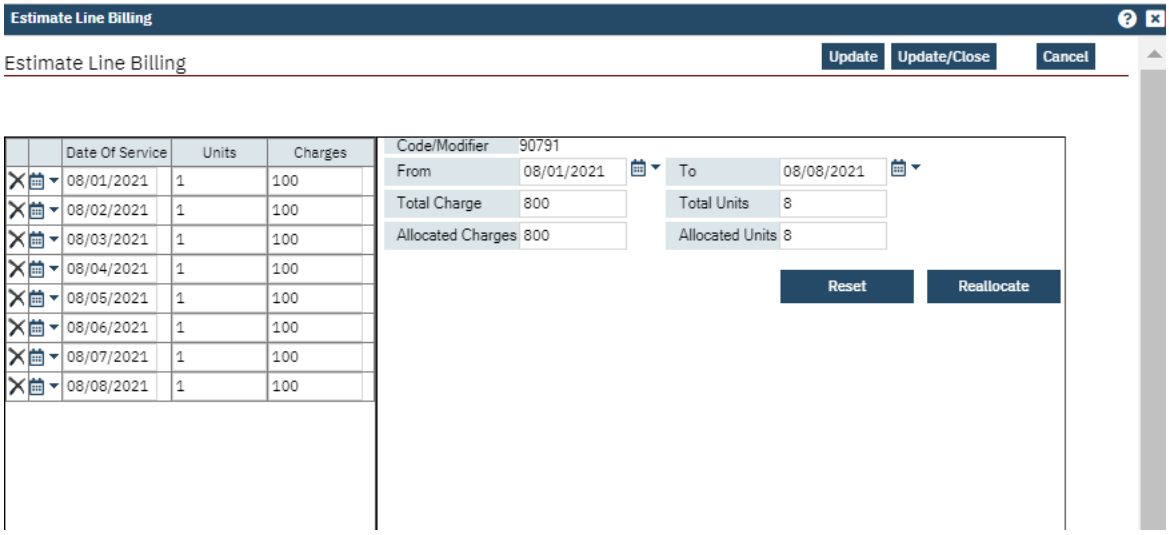
Billed Amount = $100

Previous Payment= $75

Approved for Payment= $10

## Estimate Line Billing

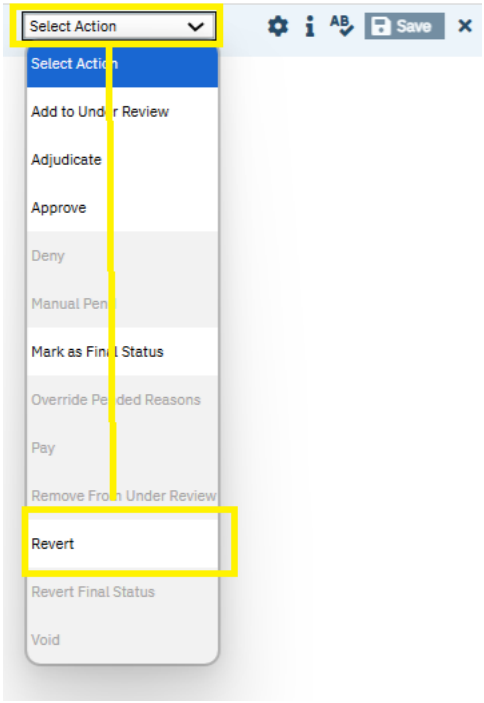
Billing the same code which requires a unique claim line over a continuous period? Estimate Line Billing allows you to enter in several claim lines at once. Just enter timeframe, code and total charge information in the Service Line window and select the Estimate Line Billing button on the claim form to review the claim line breakdown.




Pressing Update/Close after entering in claim line information and selecting Reallocate will create a unique Claim Line for each date of service on your Claim Form.

## Reverting and Correcting Claims

SWMBH providers are required to monitor claims within the SWMBH SmartCare application and as such, shall occasionally require reverting claims to modify for additional rounds adjudication. Users can revert claims via the following methods.



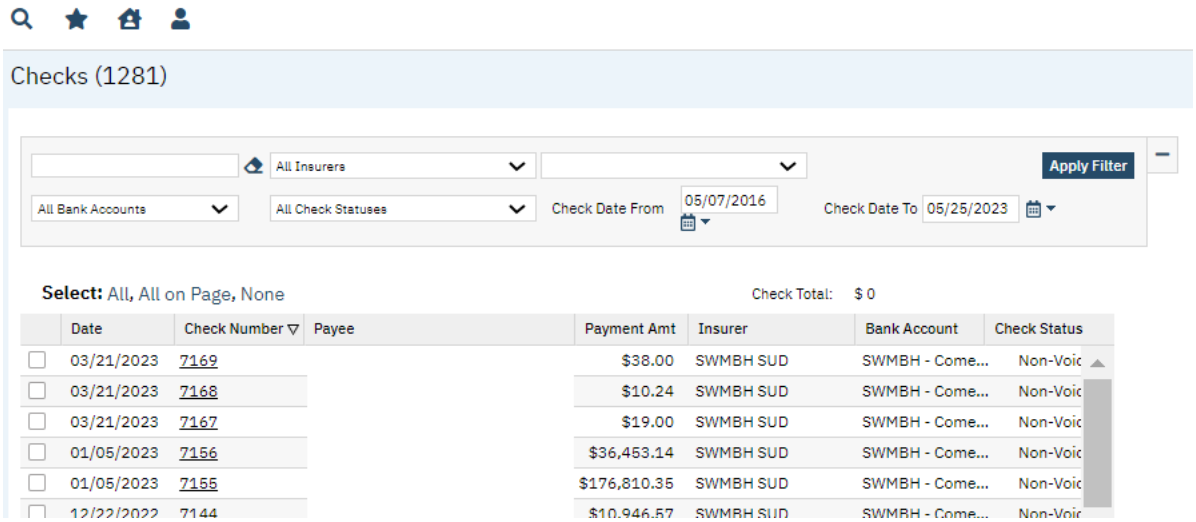

- Individual claim lines can be reverted via the Revert option in the claims detail toolbar.

- Multiple claim lines can be reverted simultaneously via the claims list page, provided the claim status filter is set to 'Denied', 'Paid' or 'Approved' status.
    - Note that once a claim is marked 'Final Status', intervention from SWMBH staff is necessary to revert once again.

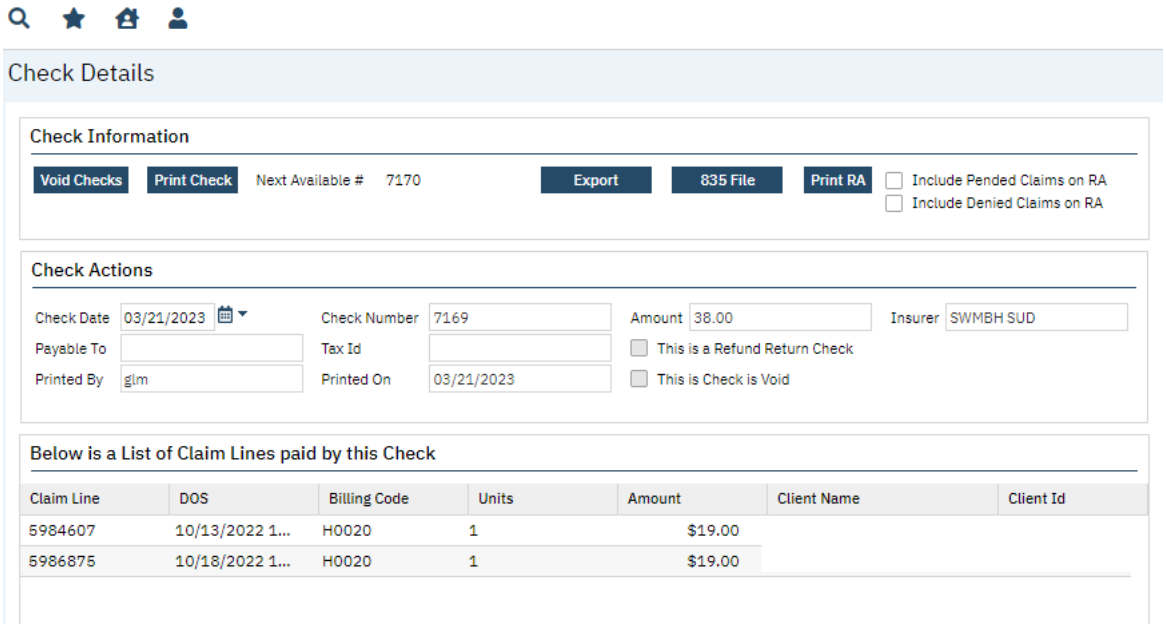
- Once reverted to Entry Complete status, users can modify the claim lines for additional adjudication.
    - Users should use caution and avoid unnecessary reverting claim lines.
    - Reverting claims from 'Paid' status can cause reimbursement issues. Its recommended to reach out to a SWMBH resource prior to reverting paid claims in order to coordinate.

# Checks

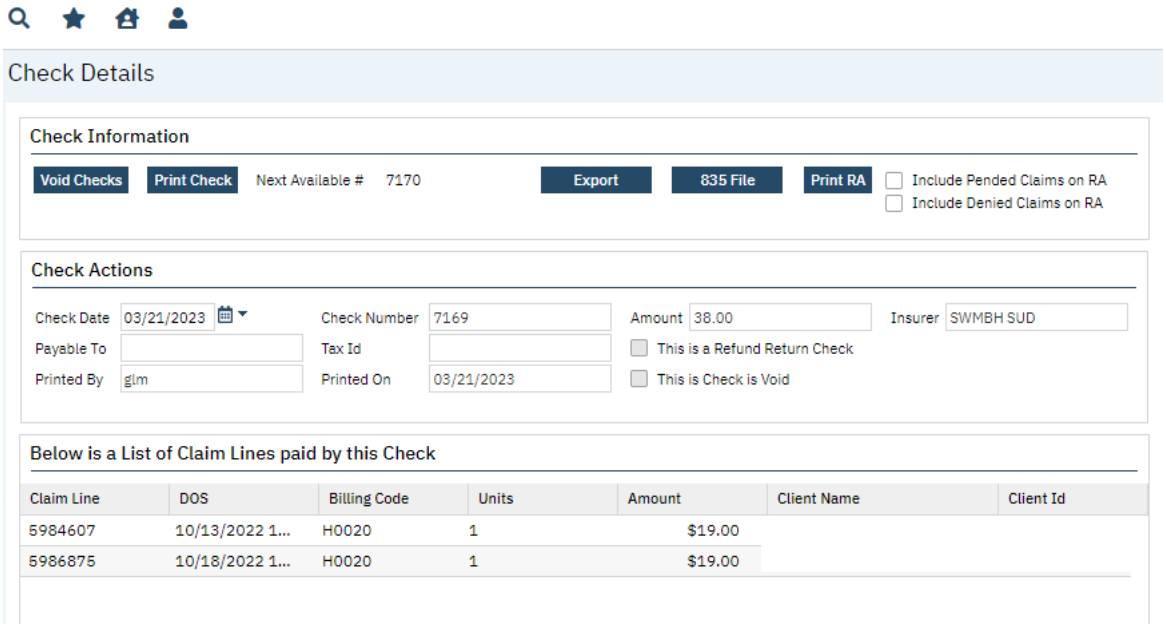
SWMBH SmartCare users can view Checks and Remittance Advice copies via the Checks portion of the My Office Banner.




Users can View **Check Details** by clicking on the Check Number hyperlink on their checks list page. From this point users will be able to view each claim line associated with the check.



The Check Details screen provides important information regarding payments, including what Claim Lines and DOS are included, as well as options to Print RAs and Generate 835 Files.

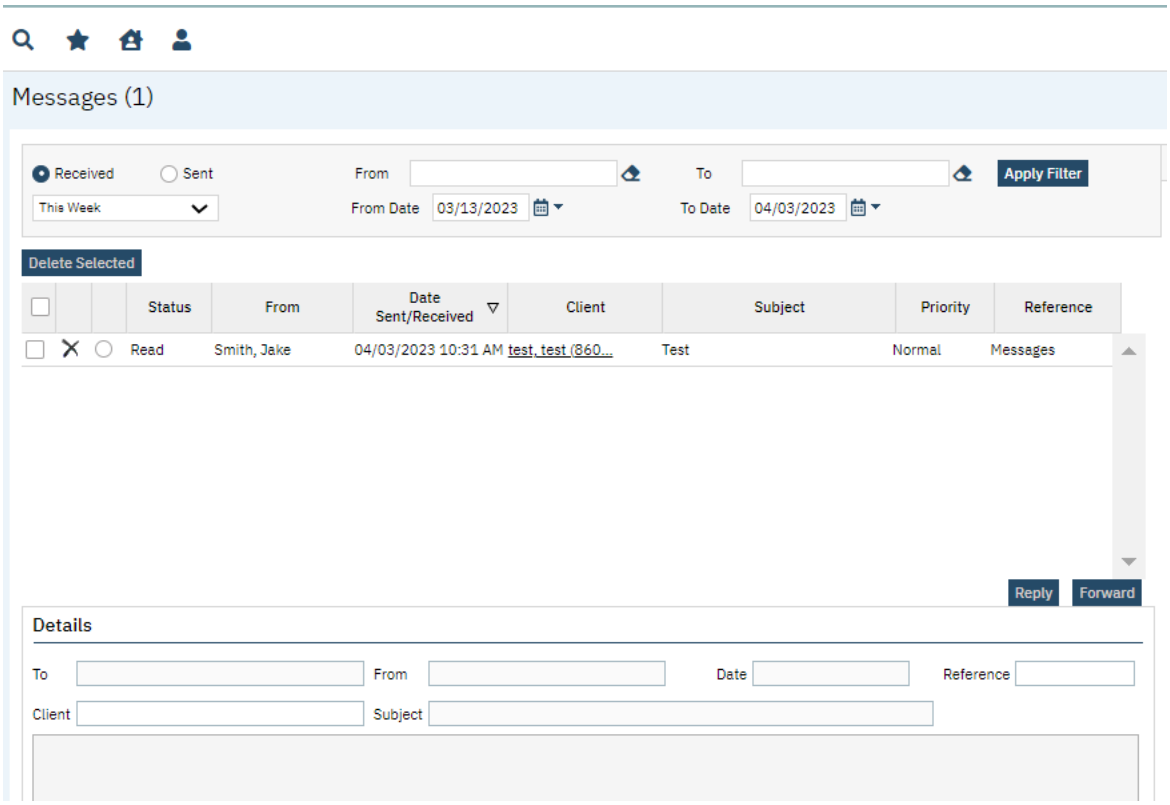



Please note that the Void and Print functions of checks are limited to SWMBH Claims staff and is view only for external users.

# Notable Functions

## Secure Messaging

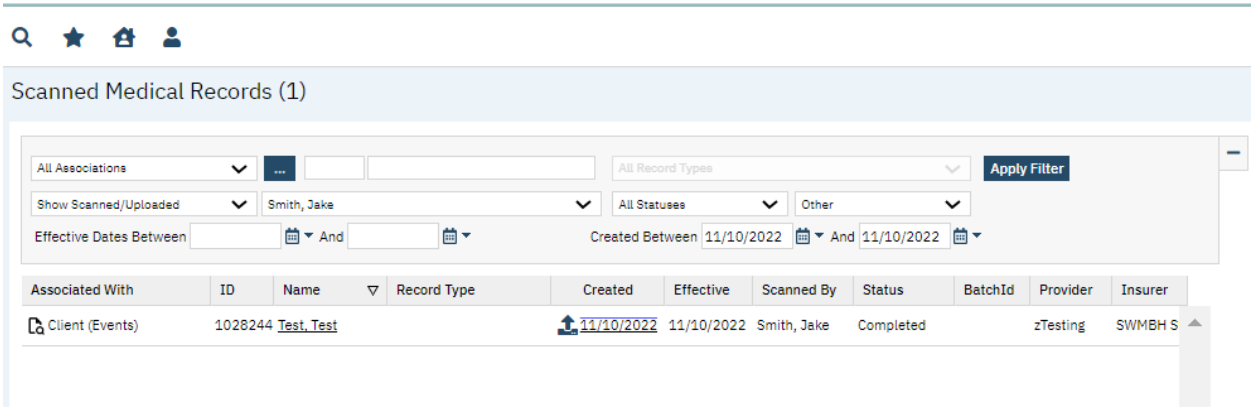
SWMBH SmartCare users may send secured messages between application users via the Messages portion of the My Office banner.



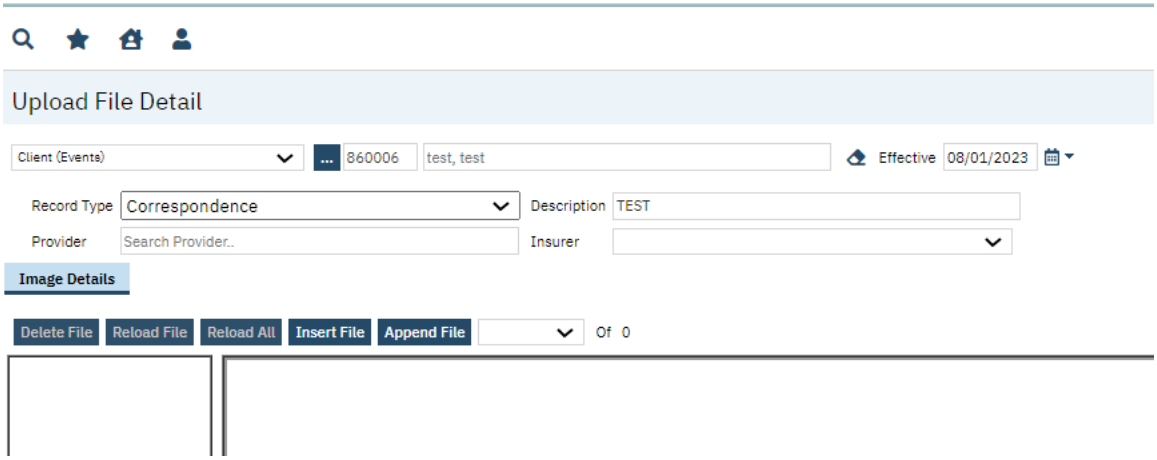

Messages received by the users can be found in the user's inbox and will display in the Details tab of the screen once the radio button in the second column of the message's row is selected. Users are also able to view messages they've sent via the **Sent Messages** radio button.

## Scanning/Uploading Records

SWMBH SmartCare users can view and upload relevant client records directly into the client file (CM Events) via the My Office: Scanning banner. Users can view a list of all previously scanned records which they have uploaded via the Scanning list page;



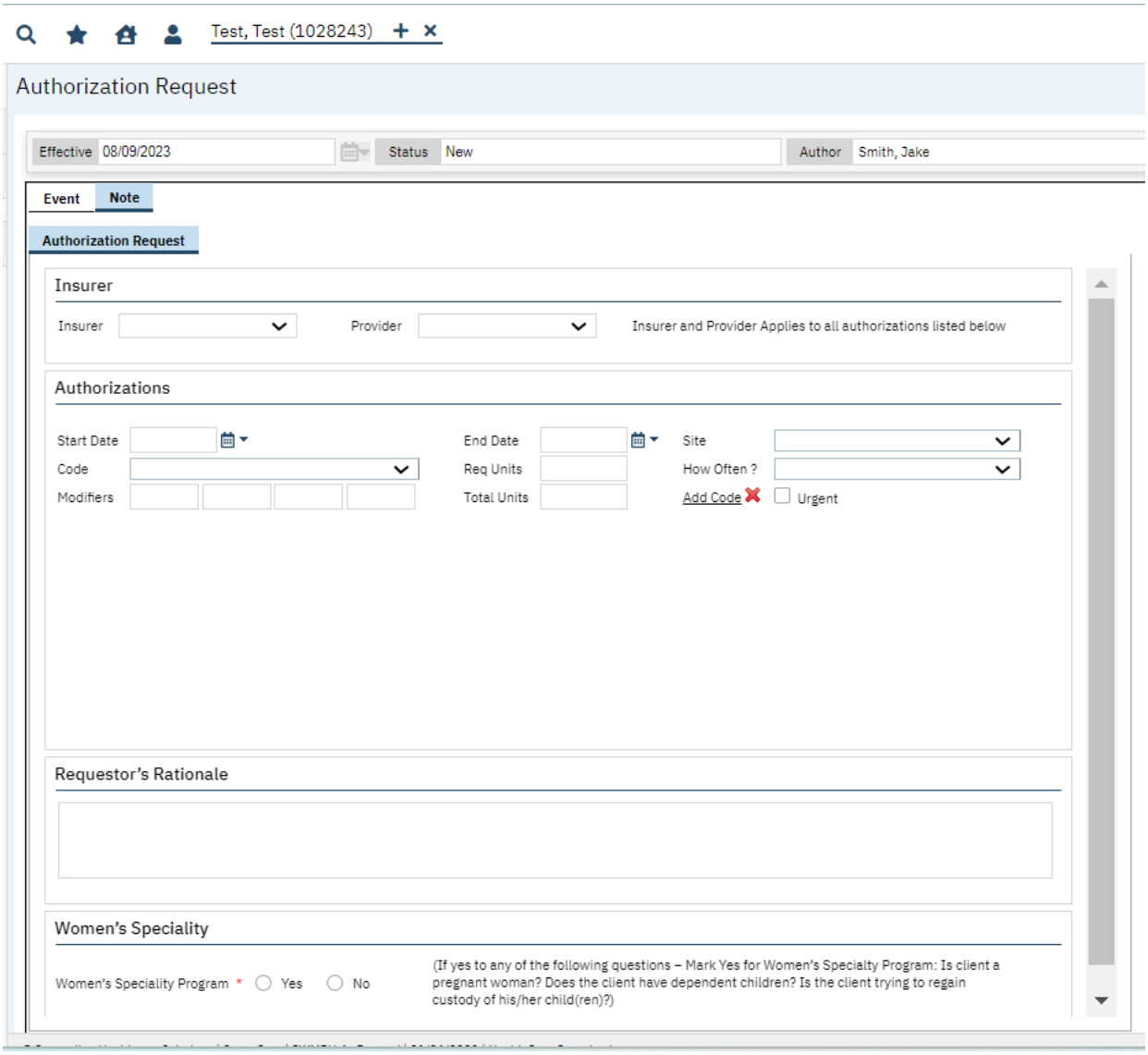

To upload a new record to a client or provider account, simply select the Upload New Images icon from the toolbar.




Users will select the relevant record category (Client Events or Provider), client (select ...), Effective Date, Provider, Insurer and can even add a free text Description to the record. Upon uploading the record will appear on the Scanned Medical Records list page as well as relevant client (CM Events) or provider (Provider Documents) list pages.

## Requesting Authorizations

Users attempting to request authorizations may do so by creating a new Authorization Request Event from a client's CM Events banner.




After completing the Insurer, Provider, Start-End date fields the code dropdown will automatically populate with a list of available codes. No codes appearing after this point is typically a symptom of no contract being place for the DOS in question. Please contact your contract representative from SWMBH Provider Network in such an event.

After entering in the relevant information above, including code, users may move forward with the remaining elements of the request. Selecting the Add Code feature will allow users to request multiple services from the same request.

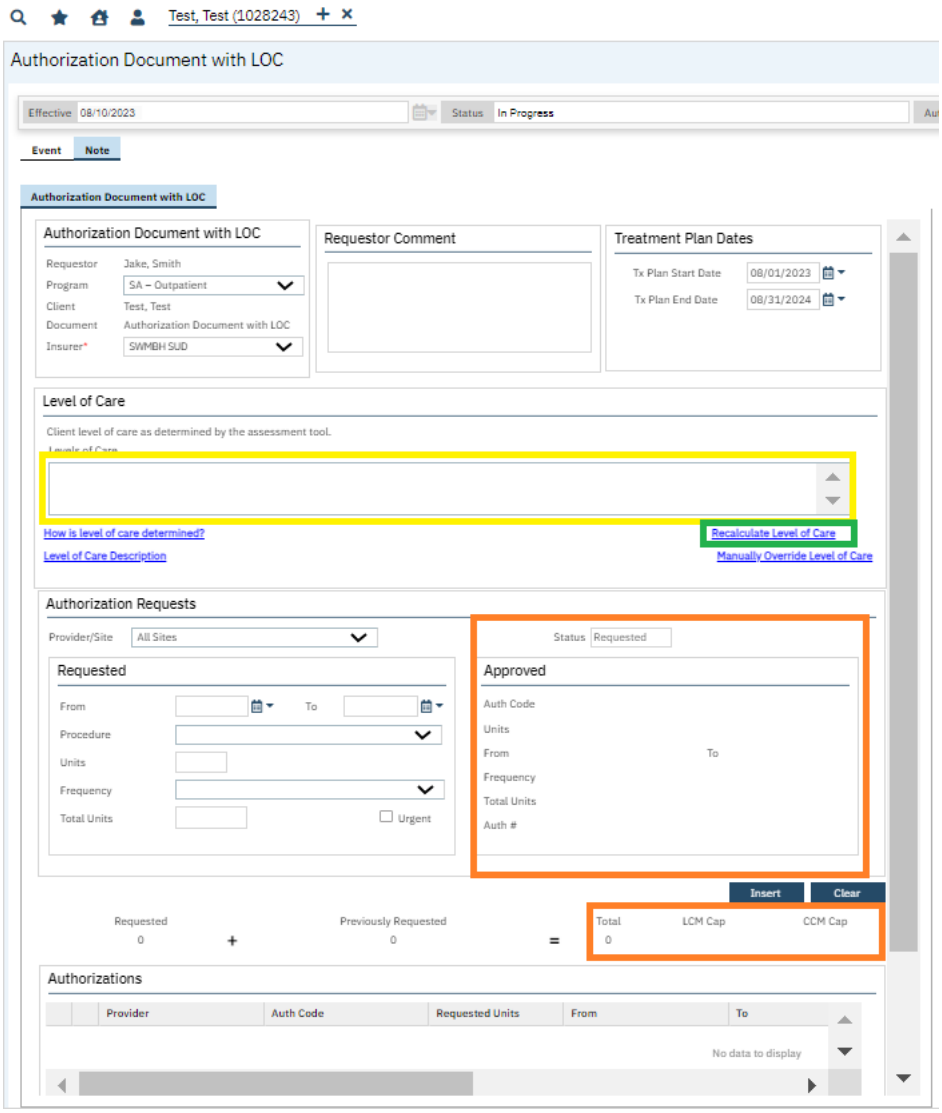
Upon completion of an Authorization Request event the request will be assigned an Authorization # and be places as Requested status and can be viewed on both the My Office: CM Authorizations and Client: CM Authorizations list pages.

## Authorization Request with Level of Care (LOC)

SWMBH offers a unique streamlined authorization process for qualified providers. The Authorization Request with LOC event provides users with an instant determination on their request, provided the client has an ASAM Assessment available within the past 30 days of the request and a valid Release of Information available in the past 365 days in addition to standard authorization request requirements such as TEDS and relevant clinical rationale.

Users will be familiar with many of the fields on the Authorization Request with LOC event considering they are also included on the Authorization Request Event, however there are a few fields of note:

- Applicable LOC information from the past 30 days is automatically displayed here.
- Selecting Recalculate LOC will refresh the applicable LOC in the event a more recent Assessment is created.
- Upon entering in all authorization request information, inserting and saving, the determination will appear here. If all criteria are met, the determination will automatically approve.

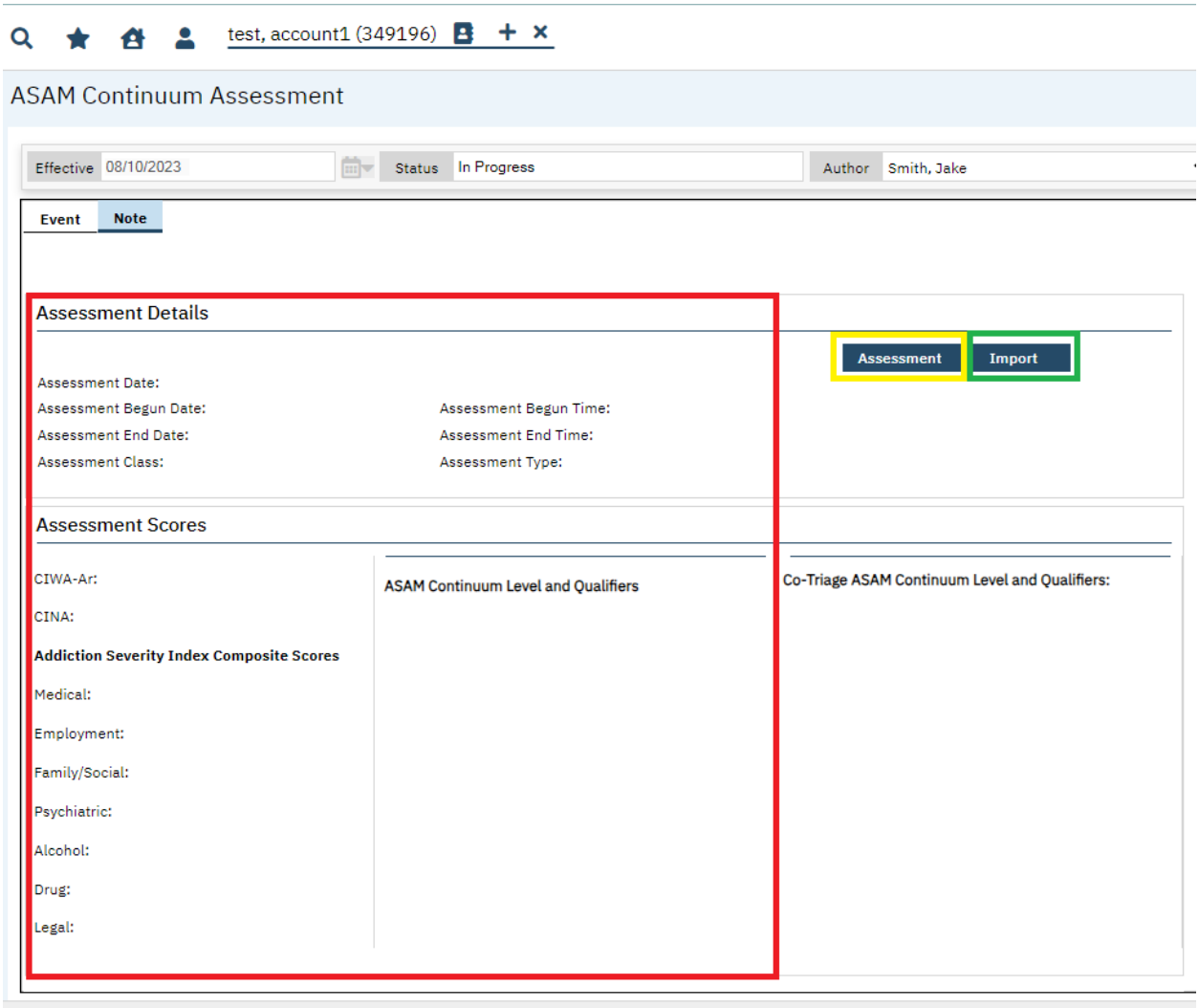



Please note that the Authorization Request with LOC event is only available to pre-approved providers. Please contact your contract representative from SWMBH Provider Network for more information.

## ASAM Assessments

The SWMBH SmartCare application interfaces directly with FEI Systems to allow users logged-into SmartCare to easily complete ASAM Continuum Assessment without logging-in directly to FEI.

The ASAM Continuum Assessment Event can be accessed via the CM Events banner within a client record.




- Selecting Assessment will initiate a popup which directs users to the FEI Portal where the ASAM Assessment can be carried out.
- After completion of the ASAM Assessment, users return to SWMBH SmartCare and select Import to import the assessment scores.
- Assessment Scores and additional details will be initialized from the FEI system here.

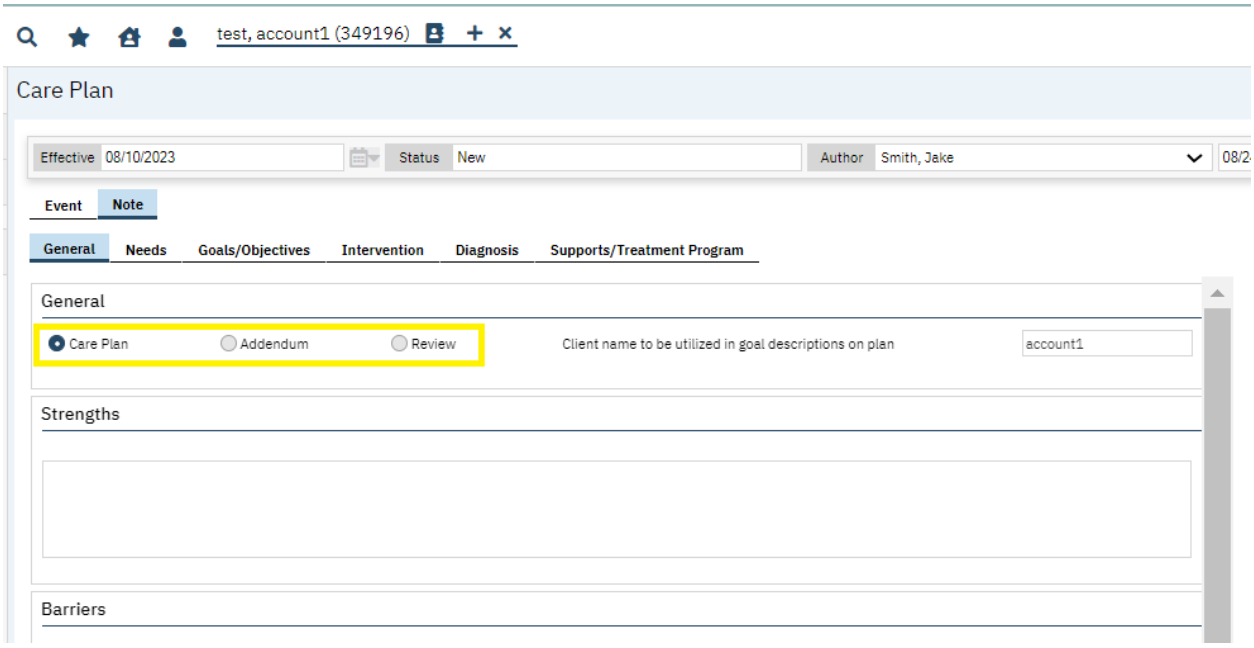
## BH TEDS

The SWMBH SmartCare application allows users to complete BH TEDS Admissions, Updates and Discharge events directly within the environment. TEDS Records change annually as prescribed by the Michigan Department of Health & Human Services (MDHHS) and are required for nearly all SUD Authorization Requests.

BH TEDS records require specific administrative and clinical training to complete. Please contact your SWMBH SUD representative or SUD Director for additional guidance regarding BH TEDS records.

## SUD Health Home (SUDHH) Care Plans

The SWMBH SmartCare application includes SUDHH Care Plan Events, known simply as Care Plans, for the purpose of managing Opioid Health Home episodes. The event offers original Care Plans, Addendums and Reviews for the purpose of maintaining an ongoing record of SUDHH care.




Users may import ASAM Level of Care data, enumerate client needs as well as track goals/objectives and interventions. Please contact your SWMBH SUDHH Coordinator for additional guidance on SUDHH Care Plans.

## Claims FAQ

Claims submitted to SWMBH will automatically adjudicate each night and can be immediately adjudicated at the discretion of the SWMBH Claims Team. Upon entering a claim into the SWMBH SmartCare application the status will be 'Entry Complete'. The most common claim statuses upon adjudication are below:

- Approved/Partially Approved: Claim has been approved.
    - After the approval process the claim will be set to 'To Be Paid' and await payment in the form of a check.
    - Currently SWMBH does not provide a means to receive EFT Payments.

- Denied: provides a list of all denied claims which may require further review.
    - Providers are encouraged to review Denied claims on a continuous basis.
    - Denied claims can be reverted at the will of the provider and 're-worked' for resubmission.
    - Users are strongly advised to avoid creating duplicate claims in the SWMBH SmartCare Application. Denied Claims should be modified in their existing form to achieve approval.
    - Failure to adhere to guidelines surrounding the creation of duplicate claims may lead to users being relieved of their access to the SWMBH SmartCare Application.

## Common Claim Denial Reasons

For claims which are Denied or Partially Approved, users can review the Denial Reasons column of the Claim Lines list page for an explanation of the determination. Common Denial Reasons include:

- Billing Code is an Add-on and Primary Service Billing Code is missing.
    - Several codes, such as SUDHH and ABA benefit, require a Primary Service billing code to achieve approved status prior to any Add-ons being approved. Please contact your SWMBH Care Coordinator for additional details.

- Billing Code requires Authorization and one does not exist.
    - Users will encounter this denial reason in the event the claim they are attempting to bill does not have prior authorization, or the previous authorization has been exhausted. Users can review a client's Authorization via the CM Client Authorization banner of the Client record (pg.15)
    - Note that any modifier, site or other restrictions may be applied to the authorization and must be matched verbatim (in most cases) on the claim.

- Billing Code Unit Frequency exceeds Contract Rules.

    - In addition to universal rules surrounding the frequency in which a code can be billed, some provider contracts also enforce unique contract rules.
    - These rules can be viewed via the Billing Code Rules portion of the Provider banner (pg.21).

- Claim was received after period mentioned in Contract.
    - Users will encounter this denial reason when the claim is submitted after the period mentioned in the contract.
    - Users can view the contract details regarding claim timeliness on the Contracts portion of the Provider banner (pg.19)
- Member is not eligible for any Plan.
    - Users will encounter this denial reason in the event that there is no appropriate coverage plan for the client on the claim's date of service.
    - Additional details regarding client eligibility can be found on the Plans & Timespans portion of the Client banner (pg.13)

- No Rate can be found for this Claim Line.
    - Users will encounter this denial reason when the adjudication process is unable to locate an applicable contract rate for the billing variables present on the claim form.
    - The adjudication process will review the relevant contract in the pursuit of matching the DOS, Site, Billing Code, Billing Code Modifiers and Associated (Rendering) Provider found on the claim form.
    - Additional details regarding contract variables can be found on the Contracts portion of the Provider banner (pg.20)
    -
- Waiting for 3rd Party EOB.
    - If a claim requires an EOB, users will be required to revert the claim(s) in question to Entry Complete and utilize the Third-Party EOB Information to complete this information.
    - Users will also need to uncheck the Previous Payer.

## 837 Billing

Qualified providers can upload 837 text files directly into the application through the 837 banner or may engage with a Clearinghouse to do so. An 837 Companion Guide is available for those interested in utilizing this method of billing. Please contact providersupport@swmbh.org if you would like to know more.