



Electronic Management of Records
(ELMR)

PROVIDER CONNECT

Riverside County Department of Mental Health

Electronic Management of Records (ELMR) Provider Connect

End User Training For Non Managed Care and Non Substance Abuse Providers

June 30, 2011

PROVIDER CONNECT TRAINING

June 30, 2011

1. SECURE LOGIN SCREEN:

Username: Enter your "assigned" name

Password: Will be given "generic" and you will be prompted to change it



ProviderConnect
A Continuum of Interactive Community Healthcare

Secure Login

Please enter your username and password below.

Username:

Password:

LOGIN

Username & Password are case sensitive.
After (3) incorrect attempts system will lock and user will need to exit and wait 15 minutes before attempting to login again.

When entering your password, please ensure that your Caps Lock key is not depressed.

Click – Login

System displays the confidentiality message screen, click 'Continue'.

ATTENTION:

The information contained in this information system is private and confidential, it is fully bound by the provisions of all federal and state regulations governing confidentiality of alcohol and drug abuse patient records. This system is intended only for the professional use of authorized agents of a Substance Abuse or Mental Health Treatment program or related agency. If you have reached this site in error, please contact Netsmart Technologies, Inc. at (877) 889-8800 immediately.

By selecting "continue", you agree, under penalty of perjury, that you are an authorized agent to use this information system.

[Exit](#)

[Continue](#)

The 'News' screen will appear next. Click on "Skip to Main Menu" command button to proceed to the next screen.



ProviderConnect - News MFI 6/10/2011 1:04:05 PM Lookup Client [Main Menu](#) Log Out

No.	Date	News
No News.		

<< Previous Page **Skip to Main Menu** Next Page >>

2. CHANGE PASSWORD SCREEN:

**Your password is temporary.
Please change your password in order to continue.**

Password Information	
Please enter your current password:	<input type="password"/>
Please enter your new password:	<input type="password"/>
Please re-enter the new password:	<input type="password"/>

Save Changes to Password

Password Tips:
<ul style="list-style-type: none">• Password cannot be "password".• Passwords must be between 6 and 30 characters.• Passwords are case-sensitive.• Passwords cannot be the same as your username, or your username backwards.• Passwords cannot be common English words or commonly used (guessable) passwords.• Try substituting numbers or punctuation for letters. For example, instead of "provider" use "pr0v1d3r".

[Back](#)

Click – Save Changes to Password

If you need to change your password at any time, click on “Change Password” on the main menu. You will see the screen below. The screen will require your old password followed by the new one. The new password must be entered twice for verification.



IMPORTANT

Provider Connect requires users to change their password **every 90 days** but users may also change their password at any time. Remember that passwords are case sensitive.

3. MAIN MENU SCREEN:

You are logged in as:	MFI
Your last login was:	6/10/2011 12:56:00 PM

Main Menu - Provider		
Billing	Lookup Client	Reports
Change Password	Documentation	News
Logout / Exit		

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From this screen, there are several options:

- Billing – This option will allow the user to bill for all the services that have been entered through Provider Connect. Only one person in your agency needs to be responsible for using this option.
- Change Password – This option allows the user to change their password. If there is the potential for a security threat, passwords should always be changed.
- Look Up Client – This option allows the user to search for a client that has been assigned to their agency.
- Documentation – This option is not available at this time
- Reports – Only one of the reports is available at this time: Authorization Request Status
(Authorization Requests Status – This report allows the user to look at all clients assigned to their agency that have been by the County)
- News – This option takes the user back to the “News” page.

Click - Lookup Client

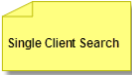
To enter treatment information for a client, follow the steps below:

Member ID: You may enter the client's ELMR assigned Client ID number. This is a single client look up

Click – Search by Criteria

Back **ProviderConnect - Look Up Client** MFI 6/10/2011 1:20:44 PM Lookup Client | Main Menu | Log Out

Search Results			
Client ID	Last Name	First Name	Agency
182	WEBB	ANDREA	MFI

 [Search Criteria](#)

[Back](#)

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SSN: Enter in 3 or more #'s

[Click – Search by Criteria](#)

First Name: Enter in 3 or more letters of client name

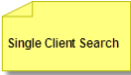
[Click – Search by Criteria](#)

Last Name: Enter in 3 or more letters of client name

[Click – Search by Criteria](#)

Once client is displayed click on 'Client ID' to pull up the client profile screen.

Search Results			
Client ID	Last Name	First Name	Agency
182	WEBB	ANDREA	MFI

 [Search Criteria](#)

[Back](#)

If you want to view all the clients you can click on "Search by Criteria" without populating any of the fields above. The system will list all the clients assigned to your agency. You can click on the ELMR assigned Client ID number to pull up the client's profile screen.

Search Criteria	
Member ID:	<input type="text"/>
SSN:	<input type="text"/>
First Name:	<input type="text"/>
Last Name:	<input type="text"/>
Agency:	MFI

Note: Only clients with authorization requests, pending or approved authorizations, and/or provider-initiated Admissions will display.

[Search by Criteria](#)

This shows all clients who are authorized to your Agency.



Demographics – Left hand side menu (lets you view client information)

4. DEMOGRAPHICS SCREEN:

Member ID	Client Name: LEFEVRE, DEBBIE
1219	Member ID: 1219
	SSN: 956781234

Member Demographics		
Social Security Number 956781234	Date of Birth 7/1/1990	
Member Street 1 1234 Mission Avenue	Member Street 2	Member Riversic
Member County Riverside - 33		Member CA - CA
Member Zip Code 92503	Member Phone Number 951-245-1234	Member
Member Language English - 7		Ethnicity Not Hisp
Race White - 1	Client Maiden Name	Veteran
Education Level At Admission 18 Years - 18	Citizenship Status -Please Choose One-	Pre-Adr
Employment Status Full Time (32+ Hours A Week Not Including Armed Forces) - 1	Marital Status Unknown - 9	

[Save Record](#)

Updating the "Address" is the Only change that can be made in this screen

Click – Save Record (if you have made any changes to the address)

AUTHORIZATIONS: Left hand side menu (lets you view authorizations)

5. AUTHORIZATION REQUESTS SCREEN:

Member ID
1219

ProviderConnect - Authorization Requests

BLACK, MICHAEL 6/22/2011 1:58:57 PM [Lookup Client](#) | [Main Menu](#) | [Log Out](#)

Client Name:	LEFEVRE, DEBBIE
Member ID:	1219
SSN:	956781234

Click on number to view detail information

Authorization Information

Provider	Auth Number	Origin	Status	Review Status	Request Date	Review Date	Begin Date	Expiration Date	Attachments
BLACK, MICHAEL	333	MSO		Approved	5/26/2011	5/26/2011	1/20/2010	4/30/2010	View / Add New

Create Request

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Click – Auth Number for detailed information on the Authorization – The information from the Authorization is needed to correctly enter services. The Authorization shows what Program (RU) & services & number of units authorized for each client. This important when going into enter treatment data.
 (if there is more than one authorization for a client look at the Begin Date & Expiration Date then select)

Member ID
10000394

Authorization Request
Approved

Client Information		
CLIENT NAME JUAN VARGAS	MEMBER ID 10000394	PROVIDER NAME Anka
Care Manager		
CARE MANAGER ASSIGNED: SYSADM		DATE ASSIGNED: 7/12/2011
Authorization Information		
AUTHORIZATION NUMBER: 4278	CURRENT AUTHORIZATION STATUS: A - Approved	CURRENT AUTHORIZATION STATUS REASON:
AUTHORIZED LEVEL OF CARE:	TYPE OF AUTHORIZATION: O - Outpatient	PERFORMING PROVIDER TYPE:
PLANNED ADMIT DATE:	INITIAL OR CONTINUING AUTH: 1 - Initial	NEXT REVIEW DATE:
Population		
POPULATION: 6 - MID COUNTY		
Diagnosis		
Primary Diagnosis		
Secondary Diagnosis		

Member ID 10000394	Primary Diagnosis	
Demographic	Secondary Diagnosis	
Michigan Taxable Income	Funding Source & Benefit Plan Information	
Financial Eligibility	Funding Source: MENTAL HEALTH	Benefit Plan: MENTAL HEALTH
Appointments	Program: Anka MHSA ISRC-Adult MidCounty (33HLFA)	
Authorizations	Authorization Group	
QI Forms	17 - MH Case Mgt 15/01	
TEDS	CPT Code	CPT Description Units
Treatment	520-C	CaseManagementBrokerage 9999
Provider Admission	590-C	Case Management Family 9999
Provider Diagnosis	PROCEDURE CODE DESCRIPTION UNITS REQUESTED UNITS AUTHORIZED	
Exit to Main Menu	520	CaseManagementBrokerage 9999
Anka	590	Case Management Family 9999
	Authorization Dates	
	Requested: - Authorized: 7/1/2011 - 6/30/2012	
	Comments	

Pay close attention to the Authorization number, Program, Authorized Procedure Codes & Authorization Dates.

If you want to view additional authorizations for this client:
Click – Return to Authorization List

TREATMENT – Left hand side menu (place to add services)

6. TREATMENT HISTORY SCREEN:

Member ID 220	Demographic	BLACK,MICHAEL	4/27/2011	Complete	BLACK,MICHAEL	90862	30	30	6/1/2011	Not Reviewed	\$0.00
Authorizations	BLACK,MICHAEL	4/15/2011			90801	20	20		Approved	\$16.60	
Treatment	BLACK,MICHAEL	4/15/2011			90806	20	20		Not Reviewed	\$0.00	
Provider Diagnosis	BLACK,MICHAEL	4/4/2011			90806	20	20		Approved	\$16.60	
Attachments	BLACK,MICHAEL	3/4/2011	Complete	BLACK,MICHAEL	90801	60	60	5/26/2011	Approved	\$49.80	
Exit to Main Menu	BLACK,MICHAEL	3/4/2011	Complete	BLACK,MICHAEL	90801	30	30	5/26/2011	Denied	\$0.00	

A request can have four (4) different status options: County pays the “Approved” claim only

- Approved – County approved authorization. Please check the start and end dates and the units (total authorized minutes) of your authorization. Duration is the time you spent with the client per session.
- Pended – County has pended your claim and is waiting on further clarification from the provider.
- Denied – County has denied your claim. Comments listed on EOB.

- Not Reviewed – County has not reviewed your claim.

NOTE: County will utilize the “Comments” section listed at the bottom of the authorizations (look in authorization screen) to communicate with the provider.

Comments
Authorization Comments:

[Return To Authorization List](#)

To view detail information on a specific claim you can click any “blue colored” field (i.e., date.)

Field	Value
CPT Code	90801 (C) - Assessment Individual
Units	30
Service Date	3/4/2011
Funding Source	Mental Health
Program	CARES FFS LCSW (33BFA0)
Authorization Number	158
Claim Status	Denied
Duration	30
Location	Office
ATP Amount	\$0.00
Billed Amount	\$0.00
Expected Disbursement	\$0.00
Fee Table Amount	\$0.00

[close window](#)

View All – Allows you to view the claims for different fiscal years. Choose the fiscal year and click on “view”. Currently we only have Fiscal Year 2011-2012 available.

Treatment

Provider Diagnosis

Attachments

Exit to Main Menu

[Add New Treatment Service](#)

This page defaults to treatments with services that occur during the current fiscal year.

Treatment History								VIEW ALL	view
Agency	Tx Date <small>click to view details</small>	Status	Therapist	CPTCode	Units	Duration	Bill Date		Expected Disbursement
BLACK,MICHAEL	6/2/2011	Complete	BLACK,MICHAEL	90801	20	20	6/2/2011	2010-2011	
BLACK,MICHAEL	6/2/2011	Complete	BLACK,MICHAEL	90806	20	20	6/2/2011	2009-2010	
BLACK,MICHAEL	6/1/2011	Complete	BLACK,MICHAEL	90806	30	30	6/2/2011	2008-2009	\$16.60
BLACK,MICHAEL	6/1/2011	Complete	BLACK,MICHAEL	99205	60	60	6/1/2011	2007-2008	\$16.60
								2006-2007	\$24.90
								2005-2006	\$0.00
								2004-2005	
								2003-2004	
								2002-2003	
								2001-2002	
								2000-2001	
								1999-2000	
								1998-1999	
								1997-1998	
								Not Reviewed	

To begin to enter treatment services: Click – Add New Treatment Services

Member ID
220

ProviderConnect - Treatment History BLACK, MICHAEL 6/25/2011 11:30:30 AM Lookup Client | Main Menu | Log Out

Client Name: STEPHAN, KHRISTY
Member ID: 220
SSN: 545854566

Add New Treatment Service

This page defaults to treatments with services that occur during the current fiscal year. [VIEW ALL](#) [view](#)

Treatment History							Billing		
Agency	Tx Date <small>click to view details</small>	Status	Therapist	CPTCode	Units	Duration	Bill Date	Status	Expected Disbursement
BLACK, MICHAEL	6/2/2011	Complete	BLACK, MICHAEL	90801	20	20	6/2/2011	Approved	\$16.60

7. ENTER TREATMENT CRITERIA SCREEN:

Member ID
220

ProviderConnect - Add Treatment Setup BLACK, MICHAEL 6/25/2011 12:00:41 PM Lookup Client | Main Menu | Log Out

Client Name: STEPHAN, KHRISTY
Member ID: 220
SSN: 545854566

Enter Treatment Criteria

CPT Code: Procedure Code - Description (Authorization, Level of Care, Valid Dates)
Associated Code - Description (Valid Dates)
- Please Choose One -

Clinician: - Please Choose One -

Program: - Please Choose One -

Units / Day: 1

Single Date:

Date Range: -

Multiple Dates:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

[Calendar](#)

CPT Code – drop down & choose correct one

CPT Code:	<small>Procedure Code - Description (Authorization, Level of Care, Valid Dates)</small> <small>Associated Code - Description (Valid Dates)</small> - Please Choose One -
Clinician:	- Please Choose One -
Program:	90801 - Assessment Individual (158, , 2/1/2011 - 6/30/2011)
Units / Day:	90806 - Individual Therapy 45-74 (158, , 2/1/2011 - 6/30/2011)
	90847 - FamilyTherapywithClient (158, , 2/1/2011 - 6/30/2011)
	90862 - Medication MD (158, , 2/1/2011 - 6/30/2011)
	90887 - CollateralService (158, , 2/1/2011 - 6/30/2011)
	99205 - AssessmentE&M-NewPatient(60-240Min.) (158, , 2/1/2011 - 6/30/2011)
<input checked="" type="radio"/> Single Date:	90853 - Group (367, , 7/1/2011 - 8/1/2011)

Pay attention to the Authorization Code & date.

Agency/Organization - Drop down & choose the clinician who provided the service

Clinician:	GUNTUPALLINAG (7/1/2010 -)
Program:	- Please Choose One -
Units / Day:	CLARK, OLLIE (1/20/2010 -)
	MAJORS, NATALIE (1/20/2010 -)
	ZIMMERMANN, EMERY (1/20/2010 -)
	GUNTUPALLINAG (7/1/2010 -)

Agency/Organization – Drop down & choose appropriate program RU.

Clinician:	GUNTUPALLINAG (7/1/2010 -)
Program:	- Please Choose One -
Units / Day:	DPSS - CHARLEE BEAUMONTN (33IT01)
	CARES - CHARLEE BEAUMONT (33ITA0)
<input checked="" type="radio"/> Single Date:	DPSS - CHARLEE MURRIETA (33JA01)
	CARES - CHARLEE MURRIETA (33JAA1)
<input type="radio"/> Date Range:	DPSS - CHARLEE RIVERSIDE (33BO00)
	CARES - CHARLEE RIVERSIDE (33BOA0)
<input type="radio"/> Multiple Dates:	DPSS - CHARLEE INDIO (33CE01)
	CARES - CHARLEE INDIO (33CEA1)
	MHSA CHARLEE TBS-RIVERSIDE (33BONC)
	MHSA CHARLEE TBS-INDIO (33CENC)
	CHARLEE TBS - BEAUMONT (33IT01)
	MHSA CHARLEE TBS - BEAUMONT (33ITNC)
	CHARLEE TBS-RIVERSIDE (33BO02)
	CHARLEE TBS-INDIO (33CE02)

The Program needs to match the Program from the authorization.

Units/Day: This section this is the actual “duration/time spent”. Residential Care & Day treatment 1 day = 1 unit of service; Outpatient Services = # of Minutes, Outreach = # of Hours, Other categories = enter actual amount rounded in whole dollars.

Units / Day:	60
--------------	----

Single Date: Use if billing for only “one” date of service for that duration.

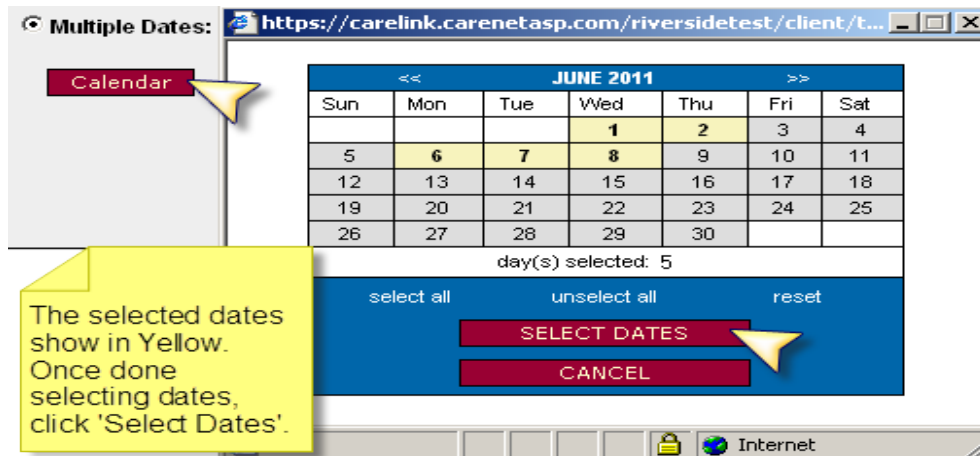
Units / Day:	60
<input checked="" type="radio"/> Single Date:	3/01/2011

Date Range: Covers “every day” for dates selected for the duration chosen. This field is useful when you have a certain range of dates of service, with no lapse, for the same units. An example of this would be, if a client received services from July 1, 2011 – July 4, 2011 and each day is the same CPT code and duration, the range could be entered. If the client didn’t receive services at any point during this range, the full range cannot be used.

Multiple Dates: Enter all dates for the service performed that match the duration time and CPT code.

Click – Set Treatment Date

Note: The calendar feature can be accessed to choose the dates, once selected dates are automatically populated in the Multiple Dates fields.



8. ADD TREATMENT DETAIL SCREEN:

Member ID	ProviderConnect - Add Treatment - Details			CHARLEE Family Care Inc. 6/25/2011 1:23:51 PM	Lookup Client Main Menu Log Out
1219					
Demographic	Client Name: LEFEVRE, DEBBIE				
Authorizations	Member ID: 1219				
Treatment	SSN: 956781234				
Provider Diagnosis					
Attachments					
Exit to Main Menu					
Treatment details		Additional Information			
Funding Source:		Duration (minutes per service): 60			
CPT Code: 90887 - CollateralService		Location : Office <input type="text" value="Office"/>			
Num of Days: 3					
Units/Day: 60					
Total Units: 180					
Cost/Unit: \$0.00					
Cost/Day: \$0.00					
Total Cost: \$0.00					
Treatment Date(s): 02/02/2011,03/02/2011,04/02/2011					
Financial Details		Review Eligibility Information			
NOTE: Treatment Service Details (Cost/Day, Billed/Allowed/Paid Amounts, Adjustments, etc.) are per date of service.					
Private Pay Amount: 0.00					
Expected Payment Amount: 0.00					
Add Treatment(s) >>					
<< Set New Treatment Date					

Duration: Enter the actual duration/time spent. Residential Care & Day treatment 1 day = 1 unit of service; Outpatient Services = # of Minutes, Outreach = # of Hours, Other categories = enter actual amount rounded in whole dollars. The Duration must have the same value as Units/Day.

Location: Drop down & select correct one.

Private Pay Amount: Only use if you have “collected” money from the client for SOC (share of cost, Medicare, private insurance) Share of Cost needs to be cleared with the State first. Print out the Share of Cost information from the website and fax it. Fax #s are found at the end of this document.

Expected Payment Amount: Populates based on County contracted rate.

CLICK – ADD TREATMENT

Takes you back to TREATMENT HISTORY SCREEN

Member ID 1219 Demographic Authorizations Treatment Provider Diagnosis Attachments Exit to Main Menu	This page defaults to treatments with services that occur during the current fiscal year.							VIEW ALL	view	
	Treatment History									
	Agency	Tx Date <small>click to view details</small>	Status	Therapist	CPTCode	Units	Duration	Bill Date	Status	Expected Disbursement
	CHARLEE Family Care Inc.	4/2/2011		MAJORS,NATALIE	90887	60	60		Not Reviewed	\$0.00
	Edit Above / Delete Above									
	CHARLEE Family Care Inc.	3/11/2011		GUNTUPALLI,NAG	90847	60	60		Not Reviewed	\$0.00
	Edit Above / Delete Above									
	CHARLEE Family Care Inc.	3/2/2011		MAJORS,NATALIE	90887	60	60		Not Reviewed	\$0.00
	Edit Above / Delete Above									
	CHARLEE Family Care Inc.	2/2/2011		MAJORS,NATALIE	90887	60	60		Not Reviewed	\$0.00
Edit Above / Delete Above										
Unit History										
CPT Code	Units Approved	Units Left	Begin Date	Exp Date						
90806 - Individual Therapy 45-74	1080	1080	1/1/2011	4/30/2011						
90847 - FamilyTherapywithClient	540	480	1/1/2011	4/30/2011						
90887 - CollateralService	180	0	1/1/2011	4/30/2011						
Treatment Billing Summary										
Unbilled								\$0.00		
	Pending								\$0.00	
Billed	Paid								\$0.00	
	Denied								\$0.00	

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Review all treatment you have entered.

- Once the treatment has been added (saved) to Provider Connect, it will appear in the Treatment History screen on the Treatment page. At this stage, it still **has not** been billed to County.
- Until the provider bills (Billing, main menu) you can use the “Edit Above/Delete Above” feature. Only the “duration” may be changed by clicking on the [Edit Above](#) link underneath each treatment service date. Any other changes have to be deleted by clicking on the [Delete Above](#) link underneath each treatment service date. **Once the provider bills the treatment, it can no longer be edited or deleted by Contractor.** If Services need to be deleted and re-keyed by County, please complete the “Service Deletion Request Form” and email it to fiscal@rcmhd.org or fax it to 951-358-4792.
- When the provider bills the treatment, the Bill Date column will contain the date on which the treatment was placed on a bill to be sent to County.
- The “Billing Status” column will say “Not Reviewed” until the County reviews the bill and determines whether to approve, pend, or deny the treatment service.
- The “Expected Reimbursement” column will remain blank until the service has been approved for payment.
- “Unit History” shows the allowed CPT Code, Units Approved, Units Left (these decrease as treatment services are added), Begin Date and Exp Date.

- “Treatment Billing Summary” contains two separate parts.
 - a) Unbilled – this will populate “after” the bill has been submitted
 - b) Billed – will populate “after” County completes and acts upon the review of services.

Note: Once services are entered for all clients and/services, the services are saved but not submitted to County. When you are ready to submit a bill, proceed to the Billing Section, which can be accessed from the Main Menu.

If you need to add more services for the “same” client then:

Click: Add New Treatment Service

Once all services have been entered:

Click: Set Treatment Date

Add “different” client treatment services:

Click: Right hand side top of menu – Lookup Client



Repeat steps #7 and #8.

Once you have completed all service entries for all your clients then you are ready to “Submit Billing”.

Exit to Main Menu – Left hand side menu or top of menu

MAIN MENU SCREEN:

CLICK – BILLING

Main Menu - Provider		
<u>B</u> illing	<u>L</u> ookup Client	<u>R</u> eports
Change Password	Documentation	News
Logout / Exit		

9. TREATMENT BILLING SCREEN: (shows submitted & un-submitted bills plus allow submission of new bills)

Bill Generation – Drop down & select the correct Fiscal Year

Generate New Bill - This will pull all services that have been added to the Treatment History Screen and are ready to bill.

Click Generate New Bill

Client ID	Date		Cost	
	From	To	Unbilled	Billing
1219	2/2/2011	4/2/2011	\$0.00	\$0.00
1266	5/15/2011	5/25/2011	\$0.00	\$0.00
Total:			\$0.00	\$0.00

- Cancel/Delete Bill** – After generating the bill, if the provider decides the bill needs to be removed, the cancel/delete bill function will keep the services listed on the newly generated bill but it will remain in an unbilled status.
- Save, But Not Submit** – This allows the provider to place the bill in a holding status. The provider has not yet submitted the bill to be a part of the batch process that sends the invoice(s) to County for payment. If the provider selects this option, they can view the bill at a later time by clicking the link in the Unsubmitted Bills list.

Unsubmitted Bills – Please check this section frequently since anything under this section means that the billing was not submitted to County and is waiting to be submitted. To submit the un-submitted bills you should click on the blue link under the column called “Billing Generation Date”. You will then be able to go through the process of submitting the bills to County.

Unsubmitted Bills	
Billing Generation Date	Generated By
6/25/2011 2:34:24 PM	charlee (Richard Rios)

- **View Bill Summary** – This is the next step to submit the bill. The provider will be shown a summary by client and CPT code of what will be submitted to County for payment. If you choose to not submit the bill, then select the “**Edit Bill**” option, which will take you back to the previous page.
- **To Finalize** submission of the bill:

Click - Submit Bill

ProviderConnect - Treatment Billing									
CHARLEE Family Care Inc. 6/25/2011 2:42:31 PM					Lookup Client Main Menu Log Out				
Summary By Client									
Client	Dates		Total Units	Paid Units	Cost				
	From	To			Total	Pending	Paid	Denied	
1219	2/2/2011	4/2/2011	240.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
1266	5/15/2011	5/25/2011	120.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Total:			360.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Summary By CPT Code									
CPT Code	Dates		Total Units	Paid Units	Cost				
	From	To			Total	Pending	Paid	Denied	
C-90847	3/11/2011	5/25/2011	180.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
C-90887	2/2/2011	4/2/2011	180.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Total:			360.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
<< Edit Bill					Submit Bill >>				

Once the provider has submitted the bill, it will appear on the list of Submitted Bills and the billed treatment data is put in the queue to be sent to County for processing. Once the bill has been reviewed and processed, the status of each service (paid, pended or denied) will be displayed on the billing page and in the client’s treatment record. Clicking on the ‘Bill Enum’ number system opens the bill for review.

Submitted Bills – Agency can view only the billing details by **CLICK – Bill Enum**.

Submitted Bills							
Bill Date	Contracting Provider	Bill Enum	Total Units	Total	Pending	Paid	Denied
6/10/2011	MFI	61020111694344	13	\$0.00	\$0.00	\$0.00	\$0.00
Total:			13	\$0.00	\$0.00	\$0.00	\$0.00

Bill Enumerator needs to be written on the Integrity Form when submitting bill for processing.

The Program Integrity Form (PIF) is now required in order to have billing accepted & processed by County. The PIF can be obtained from your Administrative Analyst assigned to your contract.

Fax forms to: **Long Term Care – 951-358-7312**
 Children’s Programs – 951-358-4560
 All Other Service Providers – 951-358-7361

Any questions about billing procedures in Provider Connect contact the Administrative Analyst assigned to your contract.



Electronic Management of Records (ELMR)

Provider Connect

Riverside County Department of Mental Health

PROVIDER CONNECT

Group Services

Training Manual

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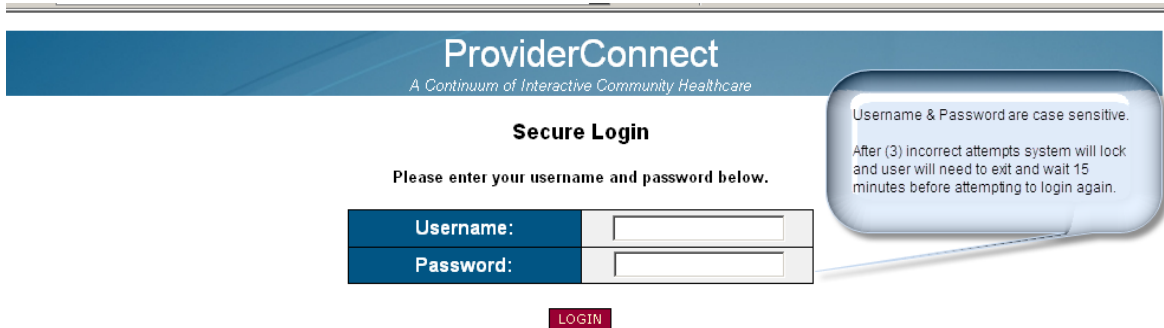


Login

From Internet Explorer, access the following URL:

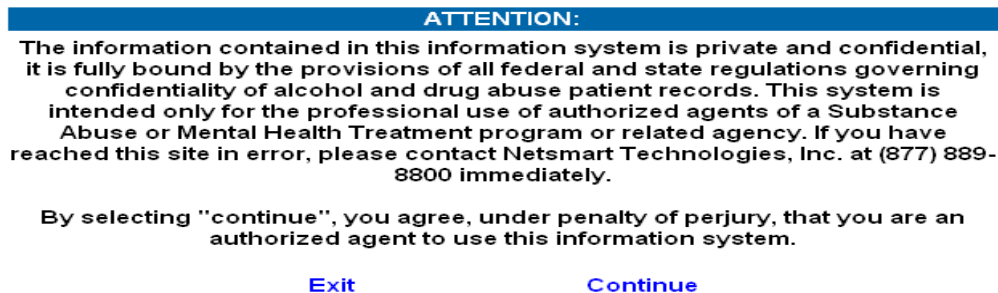
<https://carelink.carenetasp.com/riverside/login.asp>

- ▶ In the Username: Enter your “assigned” username
- ▶ In the Password: Enter your password



When entering your password, please ensure that your Caps Lock key is not depressed.

- ▶ Click – **Login**
- ▶ System displays the confidentiality message screen, click ‘**Continue**’.



- ▶ The ‘News’ screen will appear next. Click on “**Skip to Main Menu**” command button to proceed to the next screen.



ProviderConnect 2.158a © 2011 Netsmart Technologies, Inc.

Selecting a Client

From the Main Menu,

- ▶ Click **L**ookup Client

ProviderConnect - Main Menu Oasis Rehabilitation Center Inc 11/28/2011 3:50:08 PM Lookup Client Main Menu Log Out		
You are logged in as:	OASISREHAB	
Your last login was:	11/28/2011 3:27:00 PM	
Main Menu - Provider		
Billing	Lookup Client	Reports
Add New Client/Client Search	Change Password	Documentation
News		
Logout / Exit		
About ProviderConnect v2.166		

The Lookup Client screen displays

- ▶ In the **Member ID**, enter the client number (*Alternatively, you may enter the client's First Name and/or Last Name or SSN*)
- ▶ Click on the **Search by Criteria** button

ProviderConnect - Look Up Client Oasis Rehabilitation Center Inc 11/28/2011 5:01:04 PM Lookup Client Main Menu Log Out	
Search Criteria	
Member ID:	950645162
SSN:	
First Name:	
Last Name:	
Agency:	Oasis Rehabilitation Center Inc
<small>Note: Only clients with authorization requests, pending or approved authorizations, and/or provider-initiated Admissions will display.</small>	
Search by Criteria	

- ▶ From the Search Results, click on the **Client ID Number**

Search Results			
Client ID	Last Name	First Name	Agency
950645162	TESTDATA	TEST	Oasis Rehabilitation Center Inc

Search Criteria

Entering Group Services

The **Provider Connect-Demographic** screen displays.

- ▶ Click on **Treatment**

Member ID
950645162
Demographic
Cal-OMS Admission
Cal-OMS Annual Update
Cal-OMS Discharge
CSI Admission
Authorizations
Treatment
Provider Admission
Provider Diagnosis
Attachments
Exit to Main Menu

ProviderConnect Demographic	
Client Name:	TESTDATA, TEST
Member ID:	950645162
SSN:	444444444
Member	
Social Security Number 444444444	Date of Birth 4/4/1947
Member Street 1 123 CENTER ST N	Member Street 2
Member County -Please Choose One-	
Member Zip Code 92373	Member Phone
Member Language English - 7	
Race -Please Choose One-	Client Maiden I
Education Level At Admission 12 Years - 12	Citizenship Sta -Please Choose
Employment Status -Please Choose One-	Marital Status Single / Never M
Save Record	

In the **Provider Connect -Add Treatment Setup** screen,

- ▶ Select Group CPT Code (verify that you selected the correct *authorization number* and *authorization date range*).
- ▶ Select the Clinician name from the list.
- ▶ Select your organization’s program name from the list.
- ▶ Enter number of units (**IMPORTANT: $Units=Duration/Number\ in\ Group$**)
- ▶ In the Single Date, enter Date
*Alternatively, click on the **Date Range** and enter a start date and end date or
 Click on **Multiple Dates** and enter desired service dates.*
- ▶ Click on the **Set Treatment Date >>** button to continue to next screen.

ProviderConnect - Add Treatment Setup		Oasis Rehabilitation Center Inc 11/28/2011 5:37:31 PM	Lookup Client Main Menu Log Out																																								
Client Name:	TESTDATA, TEST																																										
Member ID:	950645162																																										
SSN:	444444444																																										
Enter Treatment Criteria																																											
CPT Code:	Procedure Code - Description (Authorization, Level of Care, Valid Dates) Associated Code - Description (Valid Dates) 90853G - Group (31604, , 7/1/2011 - 6/30/2012)		<div style="background-color: yellow; padding: 5px;"> <p>Units = Duration divided by the number in the Group.</p> <p>Example:</p> <p>Duration is 60 minutes and number in the group is 6.</p> <p>Units = 10</p> </div>																																								
Clinician:	BRAGG,ALICIA (7/1/2010 -)																																										
Program:	Oasis MHSA FSP TAY Rehab-Des (33HWFT)																																										
Units / Day:	10																																										
<input checked="" type="radio"/> Single Date:	11/11/2011																																										
<input type="radio"/> Date Range:	<input type="text"/> - <input type="text"/>																																										
<input type="radio"/> Multiple Dates:	<input type="button" value="Calendar"/> <table border="1" style="width: 100%; height: 100px;"> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table>																																										
Include Weekends	<input type="checkbox"/> (check this box to include weekends when adding treatment)		<input type="button" value="Set Treatment Date >>"/>																																								

In the **Provider Connect -Add Treatment Details** screen,

- ▶ Enter Duration
- ▶ Select Location from list
- ▶ Enter number of clients in the group
 - IMPORTANT:** The **Number In Group** is a required field; so, when entering an individual CPT code, enter the number "1".
- ▶ If applicable, select one or multiple EBP Service Strategies(CSI)
- ▶ In the Private Pay Amount, enter the number 0 and press the TAB key on the keyboard.
- ▶ The Expected Payment Amount will automatically populate.
- ▶ Click the **Add Treatment(s) >>**

ProviderConnect - Add Treatment - Details		Oasis Rehabilitation Center Inc 11/28/2011 7:11:13 PM	Lookup Client Main Menu Log Out
Client Name: TESTDATA, TEST	Member ID: 950645162	SSN: 444444444	
Treatment details	Additional Information		
Funding Source:	Duration (minutes per service): 60		
CPT Code: 90853G - Group	Location: Office		
Num of Days: 1	Number In Group: 6		
Units/Day: 10	Evidence-based Practices / Service Strategies (CSI):		
Total Units: 10	01 - Assertive Community Treatment		
Cost/Unit: \$2.61	02 - Supportive Employment		
Cost/Day: \$26.10	03 - Supportive Housing		
Total Cost: \$26.10	04 - Family Psychoeducation		
Treatment Date(s): 11/11/2011	Ctrl+click to choose multiple items		
Financial Details Review Eligibility Information			
<i>NOTE: Treatment Service Details (Cost/Day, Billed/Allowed/Paid Amounts, Adjustments, etc.) are per date of service.</i>			
Private Pay Amount: 0.00			
Expected Payment Amount: 26.10			
		Add Additional Payer Records >>	
			Add Treatment(s) >>
<< Set New Treatment Date			

In the **Provider Connect –Treatment History** screen,

- ▶ Review Treatment information.
- ▶ For **Group** CPT Codes if you need to make a change you **must** delete the treatment by clicking on the **Delete Above** link and re-enter it again.

CAUTION: If you choose the **Edit Above** and you change Duration and/or Number in the Group, you will **NOT** be able to edit the Units and your Expected Payment amount will **NOT** calculate correctly.

ProviderConnect - Treatment History Oasis Rehabilitation Center Inc 11/28/2011 7:35:42 PM [Lookup Client](#) | [Main Menu](#) | [Log Out](#)

Client Name:	TESTDATA, TEST
Member ID:	950645162
SSN:	444444444

[Add New Treatment Service](#)

This page defaults to treatments with services that occur during the current fiscal year. VIEW ALL

Treatment History									
Agency	Tx Date <small>click to view details</small>	Status	Therapist	CPTCode	Units	Duration	Billing		
							Bill Date	Status	Expected Disbursement
Oasis Rehabilitation Center Inc	11/11/2011		BRAGG,ALICIA	90853G	10	60		Not Reviewed	\$0.00
Edit Above / Delete Above									

Unit History					
CPT Code	Units Approved	Units Left	Begin Date	Exp Date	
90853G - Group	9999	9989	7/1/2011	6/30/2012	

Treatment Billing Summary			
Unbilled			\$0.00
	Pending		\$0.00
Billed	Paid		\$0.00
	Denied		\$0.00

About ProviderConnect v2.166

This concludes the section on entering group services.

How Can I Get Help?

1. Review Training Materials
2. Managed Care/ACT Providers- Call 951.358.7797
3. Long Term Care – 951.358.7312
4. Children’s Programs – 951.358.4560
5. All Other Mental Health Contract Providers – Contact your Administrative Analyst assigned to your contract.
6. Questions about login usernames and password reset- Call the ELMR Support line 951.955.7363.