

Electronic Management of Records

(ELMR)

**Riverside County Department of Mental Health** 

# Electronic Management of Records (ELMR) *ProviderConnect* Updates

ProviderConnect v2.197

June 23, 2015

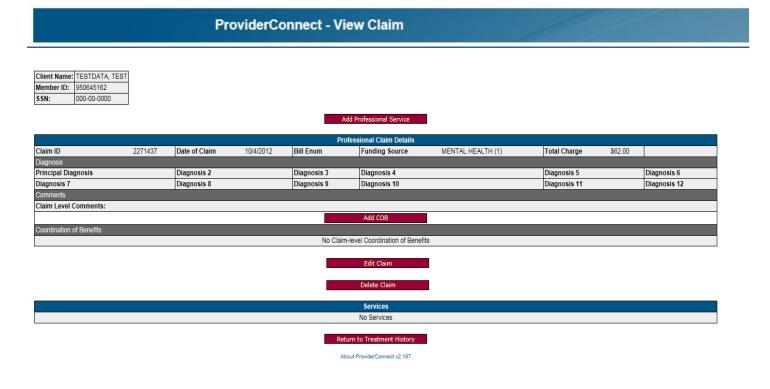
The *ProviderConnect* upgrade from v2.189 to v2.197 introduces the following changes:

## 1. Claim column:

The *Treatment History* screen now displays a "Claim" column. The claim id number and date of claim is shown in this field.

ProviderConnect - Treatment History					TEST PROVIDER 6/23/2015 3:43:19 PM Lookup Client   Main Menu					Main Menu   Log Ou	
Client Name: GENERIC, CLIEN Member ID: 777 \$\$N:	Click on I number t claim.	blue claim o view	Add Pr	ofessional Claim							
This page defaults to treatments	with services " aring th	he current fiscal year.						2014-2015 🗸 🔽	iew -		
			Treat	tment History							
								Billing			
Claim	Agency	Tx Date click to view details	Status	Therapist	CPTCode	Units	Duration	Bill Date	Status	Expected Disbursement	
ProviderConnect Claim ID 2605614 - Professional Date of Claim: 6/17/2015	TEST PROVIDER	8/20/2014	Complete	TEST,DOC	603A	4	240	6/17/2015	Not Reviewed	\$0.00	
		Auth #: 21	586 CP Program: 33	FY01 Test Program PEI	Bill	Enum: 617	201514234821	9			
	TEST PROVIDER	8/13/2014	Complete	TEST,DOC	603A	4	240	6/17/2015	Not Reviewed	\$0.00	
				FY01 Test Program PEI	-	Enum: 617	201514234821	-			
	TEST PROVIDER	8/6/2014	Complete	TEST,DOC	603A	4	240	6/17/2015	Not Reviewed	\$0.00	
				FY01 Test Program PEI	-	-	201514234821				
	TEST PROVIDER	8/2/2014	Complete	TEST,DOC	603A	4	240	6/17/2015	Not Reviewed	\$0.00	
		Auth #: 21	586 CP Program: 33	FY01 Test Program PEI	Bil	Enum: 617	201514234821	9			
ProviderConnect Claim ID: 2605613 - Professional Date of Claim: 6/17/2015	TEST PROVIDER	8/20/2014	Complete	TEST,DOC	602A	4	240	6/17/2015	Not Reviewed	\$0.00	
		Auth #: 218	8586 CP Program: 33	FY01 Test Program PEI	Bill	Enum: 617	201514234821	9			
	TEST PROVIDER	8/16/2014	Complete	TEST,DOC	602A	4	240	6/17/2015	Not Reviewed	\$0.00	
				FY01 Test Program PEI	-	Enum: 617	201514234821				
	TEST PROVIDER	8/12/2014	Complete	TEST,DOC	602A	4	240	6/17/2015	Not Reviewed	\$0.00	
		Auth #: 21	ISB6 CP Program: 33	FY01 Test Program PEI	Bill	Enum: 617	201514234821	9			
ProviderConnect Claim ID:											

- When the claim id link is chosen, the provider is taken to the "View Claim" screen. This screen allows a provider to edit/delete claim and add coordination of benefits (COB). <u>Please ignore these functions</u>
- > The provider also has the ability to add a professional service from this page.



## 2. Add Professional Claim button

In the Treatment History screen, the Add New Treatment Service now reads 'Add Professional Claim'

> To begin to enter treatment services: Click – Add Professional Claim

Member ID		ProviderConnect	Treatment History					DER 6/22/20 <sup>-</sup>	15 6:17:09 PM	Lookup Client	Main Menu   Log O
950645162											
	Client Name: TESTDATA, TEST	]									
emographic	Member ID: 950645162	-									
inancial Eligibility	SSN: 000-00-0000	]									
uthorizations	_			Add P	rofessional Claim						
reatment						•					
rovider Diagnosis (ICD-10)	This page defaults to treatments v	with services that occur during	he current fiscal year. 🖉						2014-2015 🗸 🚺 vie	ew	
xit to											
Main Menu				Tre	atment History	1		-		Billing	
	Claim	Agency	Tx Date click to view details	Status	Therapist	CPTCode	Units	Duration	Bill Date	Status	Expected
									Din Date	510103	Disbursement
	ProviderConnect Claim ID: 2271437 - Professional Date of Claim: 10/4/2012	TEST PROVIDER									
	ProviderConnect Claim ID: 2532337 - Professional Date of Claim: 10/28/2014	TEST PROVIDER	7/1/2014	Complete	TEST,DOC	90847	10	10	10/28/2014	Not Reviewed	\$0.0
	Date of Claim. 10/20/2014	Date of Claim: 10/28/2014 Auth #: 17513 CP Program: CARES FFS MD (INACTIVE) Bill Enum: 1028/2014164923219									
	ProviderConnect Claim ID: 2605618 - Professional Date of Claim: N/A	TEST PROVIDER									
	ProviderConnect Claim ID: 2605617 - Professional Date of Claim: N/A	TEST PROVIDER									
	ProviderConnect Claim ID: 2605616 - Professional Date of Claim: N/A	TEST PROVIDER									
	ProviderConnect Claim ID: 2261663 - Professional	TEST PROVIDER	6/19/2015		TEST.DOC	CitSup	30	30		Not Reviewed	\$0.0

### **3. Funding Source**

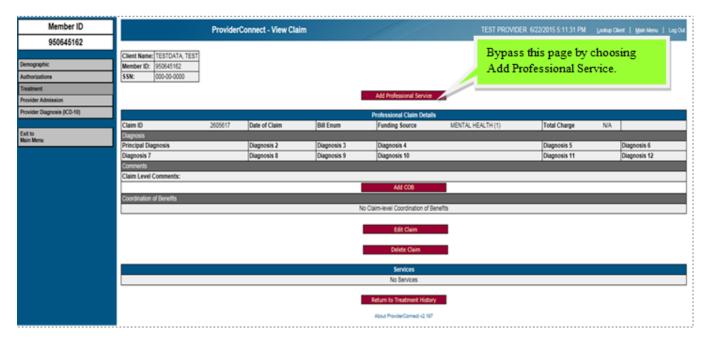
In the Add/Edit Claim screen.

- When entering a claim, providers will now have to choose a Funding Source before they can add a claim. MH Providers will need to select 'Mental Health (1)'
- **Skip the Diagnosis fields** and click on **Add Claim**

Member ID		ProviderConnect - Add/Edit Claim	/	TEST PROVIDER 6/22/2015 6:22:06 PM [Joshup Client   Main Menu						
950645162	Client Name: TESTDATA, TEST		Providers must a Funding Sour							
Demographic	Member ID: 950645162		a runding sour	ce.						
Financial Eligibility	SSN: 000-00-0000									
Authorizations	Professional Claim Details									
Treatment			Professional Calif	Details						
Provider Diagnosis (ICD-10)		Kesse Choose Che - 🗸 🗸								
	Diagnosis									
Exit to Main Menu	Principal Diagnosis			Diagnosis 2						
	Diagnosis 3			Diagnosis 4						
	Diagnosis 5			Diagnosis 6						
	Diagnosis 7			Diagnosis 8						
	Diagnosis 9			Diagnosis 10						
	Diagnosis 11			Diagnosis 12						
	Claim Level Comments:									
	Add Clam Rood Provide/Correct v2.197									

This will take you to the View Claim screen:

- > At the moment, Riverside is not using the functionality on this screen (Please skip these fields).
- > Bypass this screen by choosing "Add Professional Service".



There are no changes in the Add Treatment Set Up screen- Proceed as usual.

#### 4. Diagnosis Details

In the Add Treatment- Details screen.

- When adding treatment details (duration, location, etc) to a claim, SKIP the "Diagnosis Details" section.
- And click on "Add Treatment(s)"

Member ID	ProviderConnect - Add Treatment - Details TEST PROVIDER 6/23/2015 12/22:00 PM Looke Clevel   Man News   Log C	
950645162	Providencialization - Audi Instalment - Details (ESI Providencial Vision - Law Control - Audi Instalment - Law	
Demographic Financial Eligibility	Elevent Name:         TESTDATA, TEST           Member ID:         950645162           \$581:         000-0000	
Authorizations	Treatment Details Additional Information	
Treatment Provider Diagnosis (PCD-10)	Punding Source: MENTAL HEALTH Duration (minutes per service): 30 CPT Code: 90001 - Assessment individual-BNACTIVE: Location: "Resear Choose One Numer Days: 1. Number in Group: NA	
Exit to Main Menu	Unbacky         30         Evidence based Practices / Service Strategies (CS) (Select Up To Three):           Total Units:         30         01 - Advance Assertive Commonly Treatment           CoetUnit:         50.00         02 - Supportive Employment           CoetUnit:         50.00         03 - Supportive Employment           Testeror:         50.00         04 - Family Psychodoucation           Testeror:         CoetUnits:         50.00           Testeror:         CoetUnits:         50.00           Testeror:         CoetUnits:         50.00	
	Disposit Details       Primary Diagnosit:       Presse Choose One - v)       Second Diagnosit:       Presse Choose One - v)       Fourth Diagnosit:	
	Financial Details Review Eliphility Information	
	NOTE: Treatment Service Details (ClostDay, Billeal/MonestPari Annuntis, Algustments, etc.) are per date of service Private Pay Amount:	
	Expected Payment Amount: Add Additional Payor Records >> Add Additional Payor Records >> Add Treatment(c) >>	
	Service Comments:	
	About PrevenConvert of 107	٥

This concludes the changes that are introduced in the *ProviderConnect* v.2.197. Questions about billing procedures in *ProviderConnect* contact ELMR Support at (951) 955-7360 or ELMRSupport@rcmhd.org.